

**Changes to Early Steps Policy Documents
Effective October 1, 2011**

Number	Policy	Guidance/Procedures	Summary of Change
COMPONENT 1 – GENERAL SUPERVISION AND ADMINISTRATION			
1.5.5 	The <u>LES</u> will discuss with each <u>family</u> the use of their insurance to pay for <u>early intervention services</u> . This discussion must include determining whether the family will incur a financial loss <u>as outlined in policy 1.6.9</u> if their insurance is used to pay for these services.	N/A	Policy revised to clarify that the reference to financial loss in policy 1.5.5 is equivalent to reasons a family may deny access to insurance - listed in policy 1.6.9.
1.6.1 	No change.	<p>A. The <u>LES</u> may choose to designate someone other than the <u>service coordinator</u> to discuss the use of insurance with the family, but the service coordinator maintains responsibility to serve as the single point of contact in helping families obtain needed services. The LES may use local discretion and determine the service coordinator's level of involvement with insurance companies.</p> <p>B. When the <u>family</u> has public <u>insurance</u> or private insurance, the <u>LES</u> representative should, with the family's <u>consent</u>, contact the family's insurance company to determine the following information:</p> <ol style="list-style-type: none"> 1. Will <u>evaluation/assessment</u> services apply to the lifetime policy cap? 2. How much is the family policy cap? 3. What is needed in order to get evaluation services covered (e.g., physician's <u>referral</u>)? 4. What types of <u>early intervention services</u>, therapies, and other 	Guidance updated to clarify that LES representative must determine the terms and conditions of any tax-favored health plans when connected with a family's health insurance package.

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		<p>services are included in the benefit package and are there service requirements or limitations?</p> <p>5. <u>What is the family co-payment and/or deductible?</u></p> <p>6. <u>Is there a tax-favored health plan connected with the benefit package or otherwise provided by or on behalf of the family? If so, determine which type and how it may impact payment of insurance, family co-payment/deductible or other resources beyond and including Part C. This may include a health savings account (HSA), medical savings account (MSA), health flexible spending arrangement (FSA), or health reimbursement arrangement (HRA).</u></p> <p>C. The discussion regarding the use of family insurance may also include what information is required to show that <u>IDEA, Part C</u> is payer of last resort.</p>	
<p>1.6.9 </p>	<p>The <u>family</u> may choose not to have their insurance accessed when <u>the family would incur a financial loss as described below:</u></p> <p>A. use of insurance would significantly decrease available lifetime coverage, or</p> <p>B. decrease any other insured</p>		<p>Language revised to clarify the meaning of “financial loss” and to be consistent with language in Use of Insurance Form.</p>

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	<p>benefit(s) or</p> <p>C. Use of insurance would increase premiums, or</p> <p>D. lead to the discontinuation of insurance.</p>		
<p>1.6.11</p> 	<p>A <u>family</u> may not deny access to insurance:</p> <p>A. In order to “save” benefits until after the child turns three years of age.</p> <p>B. When the child/family is enrolled in the Medicaid program and the service is a Medicaid billable service.</p> <p>C. When the child is enrolled only in the DEI component of <u>Early Steps</u>.</p> <p>D. When the child is enrolled in the <u>CMS Network</u>.</p>		<p>Policy revised to clarify reasons a family may not deny access to insurance.</p>
<p>Attachment: Form 1064 (top section) Consent for Evaluation</p> 	<p>CHECK</p>	<p>Revisions outlined below. Other elements re: consent for evaluation remain the same:</p> <p>An evaluation and/or assessment shall be done by a team made up of you and at least two professionals of the following: a social worker, an infant toddler developmental specialist, a psychologist, a speech language pathologist, an occupational therapist, a physical therapist, medical personnel or other professionals as needed. Specific types of evaluations will be carefully selected based on your child’s age, developmental level and</p>	<p>Revised to streamline information on the form.</p>

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		<p>needs. You will be asked to provide information about your family and its needs for services and support. <u>The evaluation and assessment may look at the following areas: hearing, vision, communication/speech/language, psychological, physical/health/medical, developmental, social and emotional, self-help (adaptive), behavioral, family, or other areas.</u> The results of previous evaluations and assessments may also be used.</p> <p>The evaluation and assessment may look at the following areas: hearing, vision, communication/speech/language, psychological, physical/health/medical, developmental, social and emotional, self-help (adaptive), behavioral, family, or other areas.</p>	
<p>Attachment: Form 1064 (bottom section) Consent for Use of Insurance</p> 		<p>Revisions outlined below. Other elements re: consent for evaluation remain the same:</p> <p><input type="checkbox"/> I give permission to bill my insurance for evaluation and assessment services. I understand that if my child does not receive Medicaid, I may deny access to use of my insurance if there will be a financial cost to our family <u>would incur a financial loss as described below.</u></p> <p><input type="checkbox"/> I do not give permission to bill my insurance for evaluation and assessment services for the following reason: because it</p>	<p>Revised to clarify that reasons a family may deny access to insurance are those that would cause them to incur a financial loss.</p>

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		<p><u>is reasonable to expect this action to cause our family to incur the following financial loss:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Significant decrease in available lifetime coverage <input type="checkbox"/> Reduction in other insurance benefits <input type="checkbox"/> Increase in premiums <input type="checkbox"/> Discontinuance of insurance <p><input type="checkbox"/> I give permission to bill my insurance for services listed on our Individualized Family Support Plan. I understand that if my child does not receive Medicaid, I may deny access to use of my insurance if there will be a financial cost to our family would incur a financial loss as described below.</p> <p><input type="checkbox"/> I do not give permission to bill my insurance for services listed on our Individualized Family Support Plan for the following reason: <u>because it is reasonable to expect this action to cause our family to incur the following financial loss:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Significant decrease in available lifetime coverage <input type="checkbox"/> Reduction in other insurance benefits <input type="checkbox"/> Increase in premiums <input type="checkbox"/> Discontinuance of insurance 	
COMPONENT 2 – PUBLIC AWARENESS			
Attachment: CF FSP – 5322 EARLY STEPS			Form revised in its entirety by DCF.

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REFERRAL CHECKLIST 			
COMPONENT 3– FIRST CONTACTS/EVALUATION/ASSESSMENT			
Number	Policy	Guidance/Procedures	Summary of Change
3.1.3 	No change.	<p>A. Conditions that are shown on the <i>Established Conditions</i> list will make a child eligible for IDEA, Part C; however, this is not an exhaustive list.</p> <p>B. If an established condition is suspected but a child does not have a written confirmation from a physician or appropriate healthcare practitioner, then the LES will identify for the family at least one accessible local diagnostic resource, either within the LES or in the local community.</p> <p>C. <u>When a child has both an established condition and developmental delay, the established condition takes precedence as the reason for eligibility.</u></p>	Guidance revised to clarify that a diagnosed established condition takes precedence over developmental delay as the reason for eligibility.
3.1.4 	<p>A. Developmental delay meets or exceeds 1.5 standard deviations below the mean in two or more developmental domains or 2.0 standard deviations below the mean in one or more of the following developmental domains, as measured by appropriate diagnostic instruments and procedures <u>and</u></p>	<p>A. Eligibility will be based on criteria on the date eligibility is determined for Early Steps. Children made eligible under previous, broader criteria who do not meet current eligibility criteria will not be terminated from services.</p> <p><u>B. When using standard scores as a basis for</u></p>	Policy and guidance revised to clarify eligibility for Early Steps and to add new requirements related to additional testing for eligibility for some children after the initial 6-month eligibility period.

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	<p><u>informed clinical opinion:</u></p> <ol style="list-style-type: none"> 1. Cognitive 2. Physical (including vision and hearing) 3. Communication 4. Social or Emotional 5. Adaptive <p>B. <u>For any child made eligible due to developmental delay based on documented sources beyond standard scores when the scores on the initial eligibility assessment do not meet the Early Steps eligibility criteria, the following must occur:</u></p> <ol style="list-style-type: none"> 1. <u>The rationale behind a recommendation for eligibility must be clearly delineated in the IFSP/Evaluation Report, and must document all pieces of information collected through a variety of methods.</u> 2. <u>The child's eligibility must be re-determined with parental consent no later than the end of the initial 6 month service authorization period. Informed clinical opinion must be included in the re-determination.</u> 3. <u>If the re-determination of eligibility indicates that the child is no longer developmentally delayed, the child should be exited from</u> 	<p><u>eligibility:</u></p> <ol style="list-style-type: none"> 1. <u>A standard score of 78 or below in two or more domains meets the -1.5 eligibility criteria.</u> 2. <u>A standard score of 70 or below when the delay is only in one domain meets the -2.0 eligibility criteria.</u> 3. <u>A low score in a single subdomain is not sufficient documentation of initial and/or continuing eligibility.</u> <p>C. <u>For children made eligible based on documented sources beyond standard scores, the 6 month eligibility re-determination does not require an evaluation in all 5 domains. For a child with a concern in only one domain, the IFSP team should choose an appropriate instrument to re-determine eligibility in the domain of concern.</u></p>	

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	<p><u>Early Steps.</u></p> <p>4. <u>If parental consent is not provided for the re-determination of eligibility, then continuing eligibility has not been established and the child will no longer be eligible for Early Steps. Written prior notice per policy 8.4.1 must be provided when the IFSP team proposes to discharge the child from Early Steps.</u></p> <p>C. <u>Additional testing using a standardized assessment appropriate to the communication domain is required to affirm eligibility when the child meets all of the following criteria:</u></p> <ol style="list-style-type: none"> 1. <u>Referral between 24 and 36 months of age.</u> 2. <u>Standard scores do not meet the eligibility criteria outlined in 3.1.4A above.</u> 3. <u>Scaled scores for the expressive and receptive language subdomains of the communication domain show a discrepancy of 3 or more points, and at least one of the two subdomain scores is 5 or below.</u> 4. <u>Does not have an established condition.</u> 		

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<p>3.1.11</p> 	<p><u>Determination of continuing eligibility must take place during the annual review of the IFSP for children determined eligible due to developmental delay</u></p>	<p>A. <u>The BDI-2 Screener is recommended and should be considered first as the screening instrument used at the annual review of the IFSP by the IFSP team to assist with determining continuing eligibility.</u></p> <p>B. <u>Progress reports in the Early Steps record may be used in addition to or instead of the BDI-2 screener.</u></p> <p>C. <u>If the screening indicates that the child is functioning comparably to same-aged peers, the IFSP team should determine whether the child should be closed to Early Steps or if an additional assessment is necessary to determine if the child is still in need of services.</u></p> <p>D. <u>If the screening tool or the review of progress reports indicates that the child now has additional areas of delay, these should be addressed by the IFSP team.</u></p>	<p>A new policy added requiring re-determination of eligibility for all children at each annual meeting to evaluate the IFSP. Guidance suggests use of the BDI-2 Screener to assist in determining continuing eligibility.</p>
<p>3.2.2</p> 	<p><u>Initial contact</u> must be made with the family within 5 calendar days from the date the <u>referral</u> is made <u>received at the LES.</u></p>	<p>No change</p>	<p>Policy revised to state that contact must be made with the family within 5 calendar days of when a referral is received (not “made”) – to be consistent with policy 2.3.4.</p>
<p>3.2.8</p> 	<p>A minimum of three documented consecutive unsuccessful attempts to</p>	<p>N/A</p>	<p>Language moved to new section 6.12.0 “Closure to Early Steps” (policy 6.12.2) and deleted from</p>

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	<p>contact the family using more than one method of contact must be made prior to eligibility determination and the consent for services before closing a child to <u>Early Steps</u> due to unsuccessful contact attempts</p>		<p>section 3.2.0 based on guidance from the Office of Special Education Programs (OSEP) in the US Department of Education, reversing previous guidance from OSEP related to closure due to unsuccessful attempts to contact. A child may be closed for this reason not just prior to eligibility determination but also when service authorizations expire and parent consent for services is no longer valid or when the child reaches age three.</p>
<p>3.5.1</p> 	<p>No change</p>	<p>A. The focus of the <u>evaluation</u> should be consistent with the area(s) of concern as indicated by the <u>first contact</u> information and/or <u>developmental screening</u>.</p> <p>B. The purpose of evaluation is to expeditiously confirm eligibility for early intervention <u>Part C</u> services by determining the child's level of functioning.</p> <p>C. An evaluation is conducted only for the initial IFSP to establish eligibility and is not required for <u>the annual evaluation review of the IFSP</u>.</p> <p>D. The <i>Developmental Assessment of Young Children (DAYC)</i> or the <i>Battelle Developmental Inventory (BDI-2)</i> should be considered first as the evaluation instrument, when appropriate for the child's presenting condition(s).</p>	<p>Guidance revised to be consistent with changes to policies 3.1.4 and 3.1.11. It no longer states that an evaluation is conducted only at initial eligibility determination.</p>

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		<p>E. Neither the DAYC nor the BDI-2 may be appropriate for a child with a single area of concern. If necessary, other <u>additional evaluation</u> instruments may be administered in specific <u>discipline</u> areas(s) to further determine a child's eligibility. This may especially be helpful when a child falls in the borderline area of eligibility.</p> <p>F. For children who have communication or motor skills as their only area of concern, one of the testing instruments should produce individual scores in the sub-domains of fine and gross motor or receptive and expressive language (such as the Preschool Language Scale 4 (PLS4) for communication domain).</p> <p>G. For a child who fails the secondary screening for Autism Spectrum Disorder, the <u>LES</u> may make a <u>referral</u> to the child's medical home or other community resource, if available, for a diagnostic evaluation. If no other resource is available, the Local Early Steps may evaluate the child for an Autism Spectrum Disorder (ASD) if an ASD diagnosis is necessary to ensure appropriate, quality early intervention services that meet the developmental needs of the child and the needs of the family related to enhancing the child's development. The Autism Diagnostic Observation Schedule (ADOS)</p>	

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<p>3.6.1</p> 	<p>No change.</p>	<p>should be considered first.</p> <p>A. One of the following instruments (or any portion thereof) should be considered first to conduct the initial assessment in an arena style, provide information for intervention planning, and track the child's progress:</p> <ol style="list-style-type: none"> 1. <i>Battelle Developmental Inventory (BDI-2)</i>, a norm and criterion based assessment. 2. <i>Hawaii Early Learning Profile for Infants and Toddlers (HELP)</i> a curriculum-based assessment. 3. <i>Early Learning Accomplishment Profile (ELAP)</i>, a criterion-referenced test. 4. <i>Assessment Evaluation and Programming System for Infants and Children (AEPS)</i>, a curriculum-based assessment. <p>B. An additional specialized assessment instrument that is indicated by the child's established condition or developmental delay (for example, visual impairment or autism spectrum disorder) may be used. Examples of such instruments (not inclusive) are: Language Development Scale (LDS), Auditory Skills Checklist, Preschool Language Scale(PLS-4), Vineland Adaptive Behavior Scales, Assessment of Basic Language & Learning Skills (ABLLS-R), Transactional</p>	<p>Annual evaluation of the IFSP changed to annual review of the IFSP (to reduce confusion).</p>

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		<p>Supports (SCERTS), Individual Growth and Developmental Indicators (IGDI).</p> <p>C. Assessment should be conducted by those individuals who are likely to be involved in providing direct or consultative services to the child and family.</p> <p>D. If there is not sufficient information from reviewing collateral information to provide current levels of development in each of the domains for the <u>annual review evaluation of the IFSP</u>, then the <u>IFSP team</u> must determine how best to obtain this information. This may include a discipline specific assessment using one of the instruments in 3.6.1 A or B above.</p> <p>E. When a child has previously performed within normal limits, the IFSP team may use the ASQ or other parent report method to confirm that the child is still performing within normal limits.</p>	

COMPONENT 4– SERVICE COORDINATION

Number	Policy	Guidance/Procedures	Summary of Change
<p>4.2.4</p> 	<p>The <u>service coordinator</u> will facilitate and participate in the development and review of <u>IFSPs</u> and schedule a periodic review of the IFSP at least every six months as well as <u>a review an evaluation</u> of the IFSP at least annually. ., except as stated in Policy Handbook 6.12.2</p>		<p>Annual evaluation of the IFSP changed to annual review of the IFSP (to reduce confusion), and changes made consistent with changes in policy related to inactive status.</p>
<p>4.2.11</p>	<p>No change</p>	<p>A. For any new, changed, or terminated services that occur as a result of an initial</p>	<p>Annual evaluation of the IFSP changed to annual review of the</p>

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		<p>or annual review evaluation of the IFSP, Form H of the IFSP serves as written prior notice.</p> <p>B. For any new, changed, or terminated services that occur as a result of a periodic review of the IFSP, Form G of the IFSP serves as written prior notice.</p> <p>C. However, when the IFSP team refuses to initiate or change a service that the family has requested, a separate written prior notice must be provided that meets all policy requirements.</p>	IFSP (to reduce confusion),
4.2.17 	<p>The service coordinator is required, at a minimum, to make the following contacts with the family:</p> <p>A. Face-to-face for initial IFSP meeting.</p> <p>B. Face-to-face or phone contact for periodic IFSP reviews.</p> <p>C. Face-to-face for annual review evaluation of the IFSP.</p> <p>D. Quarterly direct exchange of dialog with family and other providers, as appropriate, by telephone, email, or face-to-face, except as stated in Policy Handbook 6.12.2 .</p>		Annual evaluation of the IFSP changed to annual review of the IFSP (to reduce confusion), and changes made consistent with changes in policy related to inactive status.
4.2.18 	<u>When a child's standard scores on eligibility evaluations do not meet the Early Steps eligibility criteria and the child</u>	N/A	New policy added directing the service coordinator to ensure the family is made aware of eligibility

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	<p><u>is initially made eligible by other documented sources beyond standard scores. the service coordinator must explain to the family:</u></p> <p>A. <u>The basis on which the child is being made eligible; and that</u></p> <p>B. <u>Services may be provided for a limited period of up to six months unless the child is re-determined eligible.</u></p>		<p>rationale and potential for limited time period for services when a child is initially made eligible based on sources beyond standard scores.</p>
<p>4.3.2</p> 	<p>Average caseload ratios for those performing a dual role of (PSP and service coordinator) must not exceed the state established caseload ratio specified in the Early Steps contract.</p>		<p>Language revised to clarify that PSP and service coordinator is one of several possible dual roles in the Early Steps system.</p>
COMPONENT 5– INDIVIDUALIZED FAMILY SUPPORT PLAN (IFSP)			
Number	Policy	Guidance/Procedures	Summary of Change
<p>5.3.13</p> 	<p>No change</p>	<p>A determination of <u>initial or continuing</u> eligibility is recorded on <u>Form D</u>. <u>A diagnosed established condition takes precedence over developmental delay as the reason for eligibility</u>. This form may also be used to describe recommendations for children not found eligible, if any and as appropriate.</p>	<p>Guidance revised to address determination and documentation of continuing eligibility on Form D, consistent with policy changes in 3.1.4 and 3.1.11. Guidance also revised to clarify that when a child has both an established condition and developmental delay, the established condition takes precedence as the reason for eligibility.</p>

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Interim IFSP			
5.4.2 	No change	The date the initial IFSP is written, not the date the interim IFSP is written, serves as the date from which the periodic review and annual meeting to review, evaluate the IFSP must occur.	Language revised to reduce confusion related to the annual IFSP review/meeting.
IFSP			
5.5.3 	No change	If family members, other than the parents, and/or advocate(s) are unable to attend the initial IFSP meeting, arrangements should be made to facilitate their participation through a <u>Persons directly involved in conducting the evaluation and/or assessment and persons who will be providing services to the child or family may participate through</u> telephone conference call, emails, or videoconferencing. etc. Participation may also include the submission of reports via mail, or fax. The service coordinator should encourage the family to invite individuals involved in child's life to be part of the IFSP development.	Guidance updated to clarify that persons directly involved in conducting the evaluation and/or assessment and persons who will be providing services to the child or family may participate in initial IFSP through other means.
Periodic Review of IFSP			
5.6.1 	The IFSP must be reviewed at least every six months from the date of the initial or annual review evaluation of the IFSP, or more frequently if conditions warrant, or if the family requests such a review.	A. If the periodic review occurs before six months, the next periodic review should occur six months from that date. No more than a 6-month period can lapse between IFSP reviews. B. If the periodic review meeting is held reasonably close and prior to the due	Language revised to reduce confusion related to the annual IFSP review/meeting.

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		<p>date of the <u>annual review evaluation of the IFSP</u> and all conditions for the annual review evaluation are met during the periodic review meeting, then the periodic review can suffice for the annual <u>review evaluation</u> of the IFSP.</p> <p>C. If the periodic review is held a short time prior to the child's third birthday, then the <u>transition conference</u> may be held in conjunction with the periodic review, if all conditions are met for conducting the Transition Conference as stated in <u>Policy Handbook 7.3.0</u> and <u>7.4.0</u>.</p> <p>D. Examples of conditions that warrant more frequent periodic reviews of the IFSP include:</p> <ol style="list-style-type: none"> 1. Any time a change or modification is requested on the IFSP by any member of the <u>IFSP team</u>. 2. When the <u>service coordinator</u> is aware of problems/concerns that need to be discussed between the times when required meetings or reviews are due. 3. When the service coordinator/service provider receives a request from the <u>family</u> regarding problems/concerns that need to be discussed between the times when required meetings or reviews are due. 4. When an IFSP <u>outcome</u> is not being met, or progress is not being made, you would not need to wait six months 	

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		<p>to figure out new strategies. A periodic review can be scheduled.</p> <p>5. When the outcomes were achieved in four months, you would not need to wait two additional months to develop new ones. If an outcome has a projected achieve date in 4 months, then a periodic review just prior to that achieve date may be necessary to determine next steps. However, if an IFSP outcome was achieved yet there continue to be other outcomes to be addressed, an earlier IFSP review may not be necessary.</p> <p>6. When a child and family transfer from another <u>LES</u> in Florida, the current IFSP must be reviewed and updated as appropriate.</p>	
<p>5.6.4</p> 	<p>The periodic review of the IFSP must include the following persons:</p> <p>A. The <u>parent(s)</u></p> <p>B. Other <u>family</u> members, advocate(s), or person(s) outside the family, as <i>requested by the parent(s)</i></p> <p>C. The service coordinator</p> <p><u>D. Persons who are or will be providing services to the child or family</u></p> <p>If conditions warrant, provisions must <u>also</u> be made for the participation of:</p> <p>E. D. Persons directly involved in</p>	<p>A. If family members, other than the parents, and/or advocate(s) are unable to attend the periodic review, arrangements should be made to facilitate their participation.</p> <p>B. If the evaluators/assessors, service providers, and/or other needed persons are unable to attend the periodic review, arrangements should be made to facilitate their participation through a telephone conference call, designated knowledgeable representative, making available pertinent records, emails, videoconferencing, etc. Participation may also include the submission of reports via</p>	<p>Policy language revised to clarify the required participants in the periodic review of the IFSP. Guidance updated to remove duplicative language related to participants in the periodic review of the IFSP.</p>

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	<p>conducting the evaluation and/or assessment</p> <p>D. Persons who are or will be providing services to the child or family</p> <p>F. <u>Others as needed</u></p>	<p>mail or fax before the periodic review.</p> <p>C. In keeping with the Early Steps team-based <u>Primary Service Provider</u> approach to service delivery, all members of the <u>IFSP team</u> are encouraged to participate in the periodic review in some capacity.</p> <p>Examples of situations that may especially warrant the involvement of evaluators/ assessors, service providers, and/or others needed at the periodic review include:</p> <ol style="list-style-type: none"> 1. When a service provider is providing an update on the progress of the child toward achieving the identified <u>outcomes on the IFSP</u>, s/he will be involved in the periodic review. 2. When a service provider is acting in a dual role as a member of the <u>evaluation team</u> and then as the primary service provider, s/he will be involved in the periodic review. <p>A. When the child is served by <u>CMS</u>, then the medical professional who Any professional who conducted the evaluations and/or assessments <u>should will</u> be involved in the periodic review <u>as a resource for the IFSP Team</u>.</p> <p>B. When the child is in custody of DCF under Chapter 39 F.S., then the DCF caseworker or his/her designee will be involved in the periodic review <u>and to</u></p>	

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Number	Policy	Guidance/Procedures	Summary of Change
		provide written consent for modified medical services.	
Annual Review of the IFSP			
5.7.1 	A face-to face meeting must be conducted on at least an annual basis by the IFSP team to <u>re-determine eligibility and review evaluate</u> the IFSP , as appropriate, to revise, change or modify its provisions and assess the continued appropriateness of the outcomes, strategies and recommended services, as needed.	N/A	Language revised to reduce confusion related to the annual IFSP review/meeting and clarify that a re-determination of eligibility occurs at the annual review.
5.7.2 	The annual meeting to <u>review evaluate</u> the IFSP is due no later than one year from the date the initial IFSP was written or no later than one year after the date of the last annual IFSP meeting.	No change.	Language revised to reduce confusion related to the annual IFSP review/meeting.
5.7.3 	The results of the most current evaluations conducted and other information available from on-going assessments of the child and family must be considered at the annual <u>review evaluation</u> of the IFSP to determine <u>continuing eligibility and</u> what services are needed and will be provided	A. The annual IFSP meeting to evaluate the IFSP will include a review of the team's ongoing assessment and any status reports, or evaluations and/or assessment results from community providers and other sources and be documented on Form E . B. A formal multidisciplinary evaluation with functional scores is not required if current information in all developmental areas exists from ongoing assessment of the child and family and any other current information. The IFSP team must decide	Language revised to reduce confusion related to the annual IFSP review/meeting and clarify that a re-determination of eligibility occurs at the annual review.

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>the information necessary to determine what services are needed and will be provided.</p>	
<p>5.7.4 </p>	<p>The annual <u>review evaluation</u> of the <u>IFSP</u> includes the following persons:</p> <p>A. The <u>parent(s)</u>.</p> <p>B. Other family members, advocate(s), or person(s) outside the family, as <i>requested by the parent(s)</i>.</p> <p>C. The service coordinator.</p> <p>D. A person(s) directly involved in conducting the most current evaluation and/or <u>assessment</u>.</p> <p>E. Person(s) who are or will be providing services to the child or family, <i>as appropriate</i>.</p>	<p>A. If <u>family team</u> members, other than the <u>parents</u>, and/or advocate(s) <u>and service coordinator</u> are unable to attend the <u>annual evaluation of the IFSP meeting</u>, arrangements should be made to facilitate their participation through a telephone conference call, emails, videoconferencing, etc.</p> <p>B. Service providers who also provide on-going assessment and evaluation of the child are regarded as evaluators and assessors and therefore their participation is required at the annual evaluation of the IFSP meeting</p> <p>CORRECTED - also in document & slide</p>	<p>Policy language revised to reduce confusion related to the annual IFSP review/meeting Guidance updated to correct inaccurate language related to participants in annual IFSP meeting.</p> <p>CORRECTED</p>
<p>5.7.5 </p>	<p>A person(s) directly involved in conducting the most current <u>evaluation</u> and/or <u>assessment</u> who is unable to attend the annual review evaluation of the IFSP must be involved through other means, e.g., telephone conference call, a designated knowledgeable representative, videoconferencing or making available pertinent records.</p>		<p>Language revised to reduce confusion related to the annual IFSP review/meeting</p>
<p>5.7.6 </p>	<p>A new <u>IFSP</u> document is developed at the time of the annual evaluation meeting</p>		<p>Language revised to reduce confusion related to the annual IFSP review/meeting</p>

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Number	Policy	Guidance/Procedures	Summary of Change
<p>Attachment: IFSP Form D</p> 		<p>Revisions to Form D are outlined below. Other elements of Form D remain the same:</p> <p>Form D: Your Child's Eligibility Evaluation Information (Complete Form D for the initial IFSP only)</p> <p><i><u>For your child's first IFSP a An evaluation Testing may be completed with your child to determine <u>initial or continuing</u> eligibility, prior to or during assessment. The eligibility information is recorded on this page.</u></i></p> <p>Date of Evaluation <u>or Re-Determination Screening</u> (if performed): ...</p> <p>Method(s) of Evaluation <u>or Re-Determination Screening</u>: ...</p> <p>Eligibility Evaluation Results ...</p> <p>Signatures: Evaluator/<u> Screener</u> ...</p> <p>Eligibility Determination <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Annual</p> <p>... <input type="checkbox"/> Eligible for Early Steps (Part C: Early Intervention) based on the following (<u>please check one</u>): <input type="checkbox"/> Established Condition of _____ Date Confirmed: _____ <input type="checkbox"/> Developmental Delay in the area(s) of: _____ Date Confirmed: _____ <input type="checkbox"/> Not eligible for Early Steps (Part C: Early Intervention) based on evaluations completed this day and the IFSP does not need to be completed. Date: _____</p>	<p>Form revised to accommodate documentation of re-determination of eligibility.</p>

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Number	Policy	Guidance/Procedures	Summary of Change
Attachment: IFSP Form G 		Revisions to Form G are outlined below. Other elements of Form G remain the same: <u>Medical Necessity for Medicaid Services:</u> <u>If your child is a Medicaid recipient, the services reimbursed by Medicaid must be medically necessary. The following is an explanation of the medical necessity of your child's services, if applicable:</u> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Form revised to allow clear documentation of medical necessity for services for children who are Medicaid recipients.
Attachment: IFSP Instructions 		The following pages of the IFSP Instructions have been revised: TO BE REVISED: pp. 3-4, 14-15, 20-21, 23, 25, 28-33, 40, 45-46, 49-50, 54-55, and 67	Revisions to the IFSP Instructions are consistent with changes to the policy handbook, operations guide and IFSP form and are intended to describe the process for gathering information and how to document it on the form.

COMPONENT 6 – EARLY INTERVENTION SERVICES AND SUPPORTS

Number	Policy	Guidance/Procedures	Summary of Change
6.1.1	<u>ESSO</u> and <u>LES</u> must ensure the availability of the following services to eligible children and their families: A. <u>Assistive Technology Devices and Services</u> B. <u>Audiology</u>	No change	Language revised to clarify that that early intervention services are not limited to “family training, counseling, home visits.

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Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html

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Number	Policy	Guidance/Procedures	Summary of Change
	<p>C. Family Training, Counseling, and Home Visits (Early Intervention Sessions)</p> <p>D. Health Services</p> <p>E. Medical Services</p> <p>F. Nursing Services</p> <p>G. Nutrition Services</p> <p>H. Occupational Therapy</p> <p>I. Physical Therapy</p> <p>J. Psychological Services (including mental health and behavioral services)</p> <p>K. Respite</p> <p>L. Service Coordination</p> <p>M. Sign Language and Cued Language</p> <p>N. Social Work Services</p> <p>O. Special Instruction</p> <p>P. Speech Language Pathology</p> <p>Q. Translation/Interpretation</p> <p>R. Transportation and related costs</p> <p>S. Vision Services</p> <p>T. Other services necessary to meet IFSP outcomes</p>		
6.12.0 Requirements for Children/Families with Inactive Status			
<p>6.12.1</p> 	<p>The Local Early Steps must ensure that no child and family, who have been determined eligible for Early Steps and have an IFSP, are closed to Early Steps because the child and family could not be located.</p>	<p>"It would be inconsistent with <u>Part C</u> of the <u>IDEA</u> for a State to adopt a procedure that after the third time the early interventionist comes to a home for a scheduled visit and finds no one home . . . that the family receive prior written notice, along with a copy of their rights, that their child will be exited from the system unless they are able to call or write to</p>	<p>Section 6.12.0 Policy and Operations Guide "Requirements for Children/Families with Inactive Status" to be deleted based on anticipated guidance from Office of Special Education Programs (OSEP) in the US Department of Education and</p>

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>schedule and be present for, another visit. The State cannot assume the parent has revoked consent for services listed on the existing IFSP or that the consent provided for those services is time-limited." [Excerpt from OSEP letter to Connecticut, October 24, 2003]</p>	<p>replaced by a new section 6.12.0 as outlined below.</p>
<p>6.12.2</p> 	<p>The LES will designate a child and family that has an IFSP and cannot be located as "inactive" after appropriate and reasonable attempts to contact the family have been taken.</p>	<p>A. The LES may designate the child/family as "inactive" when:</p> <ol style="list-style-type: none"> 1. Mail is returned and not forwarded. 2. The phone is disconnected. 3. The physician(s) can't locate the child/family. 4. The provider(s) can't locate the child/family. 5. Phone calls are not being returned and/or letters are not being responded to by the family. 6. Several impromptu home visits were made and the family is not home or doesn't answer the door. <p>B. When entering data in the EarlySteps data system:</p> <ol style="list-style-type: none"> 1. Indicate inactive status by choosing disposition code of "I" for "inactive." 2. Enter a disposition date of when the child became inactive. <p>C. The service coordinator may attempt to</p>	<p>Section 6.12.0 Policy and Operations Guide "Requirements for Children/Families with Inactive Status" to be deleted based on anticipated guidance from Office of Special Education Programs (OSEP) in the US Department of Education and replaced by a new section 6.12.0 as outlined below</p>

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>contact the inactive family at least every 6 months. The service coordinator is not required to make quarterly contact with the family and other service providers.</p> <p>Suggestions related to attempting to contact families in inactive status:</p> <ol style="list-style-type: none"> 1. The service coordinator should send a letter to the family at their last known address to attempt to reestablish contact and schedule a review of the IFSP or <u>annual meeting to evaluate the IFSP.</u> 2. The <u>service coordinator</u> may also call the family at their last known phone number as back up. 3. The service coordinator may contact others who have knowledge of the family for assistance in getting information to the family. 4. The service coordinator should document, in the <u>Early Steps</u> record, all attempts to contact the family and file all returned mail in the Early Steps record along with the envelope. 5. Do not send a letter to the family stating "if we do not hear from you by this date, we will terminate you from <u>Early Steps.</u>" 	

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Number	Policy	Guidance/Procedures	Summary of Change
<p>6.12.3</p> 	<p>The <u>LES</u> shall ensure that Early Steps services and supports listed on <u>Form G</u> of the <u>IFSP</u> are terminated once the child and <u>family</u> have been designated “inactive”.</p>		<p>Section 6.12.0 Policy and Operations Guide “Requirements for Children/Families with Inactive Status” to be deleted based on anticipated guidance from Office of Special Education Programs (OSEP) in the US Department of Education and replaced by a new section 6.12.0 as outlined below</p>
<p>6.12.4</p> 	<p>The <u>service coordinator</u> will provide written prior notice to the <u>family</u> indicating the termination of the specific <u>Early Steps</u> services on the <u>IFSP</u> prior to the end date of the authorization period on the <u>IFSP</u>.</p>	<p>Written prior notice is required because the services are being terminated even though the child remains open in the <u>Early Steps data system</u>.</p>	<p>Section 6.12.0 Policy and Operations Guide “Requirements for Children/Families with Inactive Status” to be deleted based on anticipated guidance from Office of Special Education Programs (OSEP) in the US Department of Education and replaced by a new section 6.12.0 as outlined below</p>
<p>6.12.5</p> 	<p>{Reserved}</p>		<p>Section 6.12.0 Policy and Operations Guide “Requirements for Children/Families with Inactive Status” to be deleted based on anticipated guidance from Office of Special Education Programs (OSEP) in the US Department of Education and replaced by a new section 6.12.0 as outlined below</p>

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**Changes to Early Steps Policy Documents
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Number	Policy	Guidance/Procedures	Summary of Change
<p>6.12.6</p> 	<p>The <u>LES</u> will close a child and family who have been identified as “inactive” from <u>Early Steps</u> only when:</p> <p>A. The family responds to attempts to contact and withdraws from Early Steps, or</p> <p>B. The family responds to attempts to contact and it is determined via review of the <u>IFSP outcomes</u> with the family that the child has met all <u>outcomes</u> and is no longer in need of Early Steps services, or</p> <p>C. The child turns three.</p>	<p>A. When the family responds to the attempt to contact and/or the child turns three, the “I” disposition code should be changed in the <u>Early Steps data system</u>.</p> <p>B. The disposition date for when the child became inactive needs be changed to the date the family responds to the attempt to contact or the date child turns three.</p>	<p>Section 6.12.0 Policy and Operations Guide “Requirements for Children/Families with Inactive Status” to be deleted based on anticipated guidance from Office of Special Education Programs (OSEP) in the US Department of Education replaced by a new section 6.12.0 as outlined below</p>
<u>6.12.0 Closure to Early Steps</u>			
<p>6.12.1</p> 	<p>At the time of a periodic review or <u>annual meeting to review evaluate the IFSP</u>, the <u>IFSP team</u> may determine that all of the outcomes have been achieved, the family has no further concerns or needs, and there is no reason for the child or family to continue in <u>decide to end early intervention services and close the child/family to Early Steps. This decision should be made whenever the child is functioning comparably to same age peers and no longer meets the eligibility criteria for Early Steps.</u></p> <p>A. In this situation, a plan for transitioning out of Early Steps is discussed, termination dates decided, and, at the appropriate time,</p>	<p>N/A</p>	<p>Former section 6.12.0 Policy and Operations Guide “Requirements for Children/Families with Inactive Status” to be deleted based on anticipated guidance from Office of Special Education Programs (OSEP) in the US Department of Education. A new section 6.12.0 “Closure to Early Steps is created. Language moved from 7.1.1 D Guide and revised slightly to outline criteria for deciding to close a child to Early Steps during a periodic review or annual IFSP meeting.</p>

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Number	Policy	Guidance/Procedures	Summary of Change
	<p>the child's record is closed. A child should not be terminated from Early Steps based solely on developmental status. The IFSP team should consider, for example, whether the continued provision of services is required or likely to be required for the child to maintain appropriate developmental progress.</p> <p>B. Prior to closure, the service coordinator must:</p> <ol style="list-style-type: none"> 1. Provide the family with developmentally appropriate materials necessary for the child to continue making developmental gains. 2. Instruct the family how to reinstate a referral to Early Steps if new concerns arise. 		
<p>6.12.2</p> 	<p><u>A minimum of three documented consecutive unsuccessful attempts to contact the family using more than one method of contact must be made before closing a child to Early Steps due to unsuccessful contact attempts. The Early Steps record for a child/family who cannot be contacted will not be closed unless service authorizations have expired and parent consent for services is no longer valid or the child reaches age three.</u></p>	<p>N/A</p>	<p>Former section 6.12.0 "Requirements for Children/Families with Inactive Status" deleted and a new section 6.12.0 "Closure to Early Steps" created. Language from deleted policy 3.2.8 moved to this section and revised as it applies to any child closed due to unsuccessful attempts, either prior to eligibility determination, IFSP development and consent to services, when service</p>

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Number	Policy	Guidance/Procedures	Summary of Change
			<p>authorizations have expired and parent consent for services is no longer valid or when the child reaches age three.</p>
<p>6.12.3</p> 	<p><u>Early Steps</u> services must be terminated by the child's third birthday. Appropriate uses of IDEA, Part C funds after a child's third birthday would be to: IDEA, Part C funds may only be used on or beyond a child's third birthday for the following reasons:</p> <p>A. Fund a <u>service coordinator's</u> attendance at an initial <u>IEP</u> meeting for a child transitioning from <u>IDEA, Part C</u> to <u>IDEA, Part B</u>.</p> <p>B. Pay for the administration of the exit <u>evaluation</u> for child <u>outcome</u> measurement.</p> <p>C. Provide compensatory services after a child's third birthday, because it has been determined, via one of the following means, that services have been delayed or interrupted due to some failure on the part of the <u>LES</u> or service provider.</p> <ol style="list-style-type: none"> 1. Hearing decision, 2. State complaint decision, 3. Mediation agreement, or 4. Finding through other general 	<p>A. <u>IDEA, Part C</u> funds end for children as of the day of their third birthday.</p> <p>B. The timeframe for the administration of the exit <u>evaluation</u> for the child outcome measurement system is specified in the <i>Flowchart and Decision Rules for Entry and Exit for Child Outcome Assessments</i> at www.tats.ucf.edu/.</p>	<p>Former section 6.12.0 "Requirements for Children/Families with Inactive Status" deleted and a new section 6.12.0 "Closure to Early Steps" created. Language moved from 7.8.1 Policy.</p>

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Number	Policy	Guidance/Procedures	Summary of Change
	supervision activities.		
6.12.4 	IDEA, Part C does not apply to any child with disabilities receiving a free appropriate public education (FAPE) in accordance with 34 CFR, Part 300.	A child may not be provided services authorized by an IFSP under IDEA, Part C and by an IEP under IDEA, Part B . Any IDEA, Part C eligible child under three for whom an IEP is to be developed, must be closed to IDEA, Part C before they can receive services under IDEA, Part B.	Former section 6.12.0 “Requirements for Children/Families with Inactive Status” deleted and a new section 6.12.0 “Closure to Early Steps” created. Language moved from 7.8.3 Policy and Operations Guide.
Attachment: Communication Development Monitoring Form 			Form moved from Newborn Screening website to Early Steps.
COMPONENT 7 – EARLY CHILDHOOD TRANSITIONS			
Number	Policy	Guidance/Procedures	Summary of Change
7.1.1 	No change.	A. For infants determined eligible for Early Steps while in the hospital, the service coordinator should: 1. Conduct a review of the IFSP, its implementation and impact of the services provided prior to hospital discharge to determine whether any changes need to be made in the services provided. (Note: The	Content divided and moved to more appropriate sections of operations guide to highlight and clarify different procedures for children who have transitions in service provision but remain in Early Steps, those who leave Early Steps prior to age 3 and those who are closed to Early

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>eligibility process and IFSP development should not be delayed due to hospitalization, nor should they be postponed until discharge.)</p> <p>2.— Obtain input from other service providers and family regarding the appropriateness of the current IFSP. (Note: For children dually enrolled and served by Early Steps and <u>CMS Network</u>, the Early Steps service coordinator will include the CMS Network care coordinator in the flow of activities and sequence of events delineated throughout the transition process.)</p> <p>3.— Address issues related to the transition from hospital to home.</p> <p>4.— Coordinate Early Steps transition activities with hospital discharge planning.</p> <p>B.— For children transitioning between <u>LES</u> in Florida, the <u>service coordinator</u> should:</p> <p>1.— Conduct a review of the <u>IFSP</u> to add concerns, priorities, resources and <u>outcomes</u> regardless of the next IFSP review due date.</p> <p>2.— Obtain <u>consent</u> from the family to share information with the receiving entity.</p> <p>3.— Refer family to other agencies and services as appropriate, with consent</p>	<p>Steps at age 3.</p>

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Number	Policy	Guidance/Procedures	Summary of Change
		<p align="center">of the family.</p> <p>4. Document transition planning activities in case notes.</p> <p>5. Upon consent, send information such as IFSP's, case notes, provider notes, and other pertinent information from the Early Steps record to the receiving entity. Whenever permissible, the actual <u>Early Steps record</u> should be transferred when the receiving entity is another LES.</p> <p>6. Provide name and phone number of the contact person at the receiving entity to the family.</p> <p>7. Notify current service providers regarding family's plans and expected end date for services.</p> <p>8. Ensure the <u>Early Steps record</u> is transferred from the sending <u>LES</u> to the receiving LES.</p> <p>9. Conduct an <u>IFSP</u> review shortly after <u>family</u> moves, regardless of the next IFSP review due date.</p> <p>10. Contact the family after the transition to ensure that a link was made with the receiving entity within 30 days of the transition.</p> <p>11. Close the child's Early Steps record in</p>	

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Number	Policy	Guidance/Procedures	Summary of Change
		<p align="center">the <u>Early Steps data system</u>.</p> <p>C. For children transitioning and leaving the state, the service coordinator should:</p> <ol style="list-style-type: none"> 1. Obtain <u>consent</u> from the family to share information with the receiving state program, if known. 2. With consent of the family, refer family to receiving state program. 3. Upon consent, send information such as IFSPs, case notes, provider notes, and other pertinent information from the Early Steps record to the receiving state program. 4. Notify current service providers regarding family's plans and expected end date for services. 5. Close the child's Early Steps records in the <u>Early Steps data system</u>. <p>D. At the time of a periodic review or <u>annual meeting to evaluate the IFSP</u>, the <u>IFSP team</u> may determine that all of the <u>outcomes</u> have been achieved, the family has no further concerns or needs, and there is no reason for the child or <u>family</u> to continue in <u>Early Steps</u>. In this case, a plan for transitioning is discussed, termination dates decided, and, at the appropriate time, the child's record is closed. A child should not be terminated</p>	

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>from Early Steps based solely on developmental status. The IFSP team should consider, for example, whether the continued provision of services is required or likely to be required for the child to maintain appropriate developmental progress.</p> <p>E. Prior to closure, the <u>service coordinator</u> should:</p> <p>1. Provide the family with developmentally appropriate materials necessary for the child to continue making developmental gains.</p> <p>Instruct the family how to reinitiate a <u>referral</u> to <u>Early Steps</u> if new concerns arise</p>	
<p>7.2.5</p> 	<p><u>LEA</u> notification and the <u>opt-out</u> option will be discussed with the <u>parents</u> no later than the <u>IFSP</u> meeting or periodic review closest to the child's 2nd birthday and, for children determined eligible for <u>Early Steps</u> after the child's 2nd birthday, at the initial IFSP meeting.</p> <p>No later than the initial <u>IFSP</u> meeting for children referred after age two or the <u>IFSP</u> periodic review closest to the child's 2nd birthday for all other children, the <u>parents</u> will <u>be asked to verbally</u> indicate orally at the meeting whether they choose to <u>opt-out</u> of <u>LEA notification</u> for their child.</p>	<p>No change</p>	<p>Revised policy to use more appropriate language and to be consistent with other changes regarding inactive status.</p>

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Number	Policy	Guidance/Procedures	Summary of Change
	<p>Notification will be provided for children in inactive status per Policy Handbook 6.12.0 and parents of these children may not have the opportunity to opt out of LEA notification. The last known address should be used when determining which school district to notify for children in inactive status</p>		
<p>7.5.2</p> 	<p>No change.</p>	<p>A. <u>LESs</u> are not required to conduct hearing or vision screenings solely for the purpose of transitioning at age three.</p> <p>B. Additional items to be included in the <u>referral</u> packet should be specified in the interagency agreement between the LES and the local school district.</p> <p>C. <u>The</u> LES should work together with the local school district to use existing <u>Early Steps</u> information and data such as parent reports, current <u>evaluations</u> and <u>assessments</u>, <u>IFSP</u> information, and observations by service providers to assist in determining eligibility for the school district <u>Prekindergarten Program for Children with Disabilities</u></p>	<p>Grammatical errors corrected.</p>
<p>7.8.1</p> 	<p><u>The LES must assist families in preparing for transitions to new settings and changes in service delivery even when the child is not turning three years of age and/or leaving Early Steps.</u></p> <p>A. Early Steps services must be terminated by the child's third birthday.</p>	<p>CHECK FORMATTING</p> <p>A. IDEA, Part C funds end for children as of the day of their third birthday.</p> <p>B. The timeframe for the administration of the exit evaluation for the child outcome measurement system is specified in the</p>	<p>Language moved from Operations Guide 7.1.1 A-C, updated and included in a revised section (7.8.0 – Other Transitions) outlining the process related to transitions other than the transition to IDEA, Part B.</p>

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**Changes to Early Steps Policy Documents
Effective October 1, 2011**

Number	Policy	Guidance/Procedures	Summary of Change
	<p>Appropriate uses of IDEA, Part C funds after a child's third birthday would be to:</p> <p>B. Fund a service coordinator's attendance at an initial IEP meeting for a child transitioning from IDEA, Part C to IDEA, Part B.</p> <p>C. Pay for the administration of the exit evaluation for child outcome measurement.</p> <p>D. Provide compensatory services after a child's third birthday, because it has been determined, via one of the following means, that services have been delayed or interrupted due to some failure on the part of the LES or service provider.</p> <ol style="list-style-type: none"> 1. Hearing decision, 2. State complaint decision, 3. Mediation agreement, or 4. Finding through other general supervision activities. 	<p>Flowchart and Decision Rules for Entry and Exit for Child Outcome Assessments at www.tats.ucf.edu/.</p> <p>The following language moved from Guide 7.1.1 and revised:</p> <p>A. For infants determined eligible for Early Steps while in the hospital, the service coordinator should:</p> <ol style="list-style-type: none"> 1. Conduct a review of the IFSP, its implementation and impact of the services provided prior to hospital discharge to determine whether any changes need to be made in the services provided. (Note: The eligibility process and IFSP development should not be delayed due to hospitalization, nor should they be postponed until discharge, <u>unless the child is not medically stable enough for eligibility evaluation.</u>) 2. Obtain input from other service providers and family regarding the appropriateness of the current IFSP. (Note: For children dually enrolled and served by Early Steps and CMS Network, the Early Steps service coordinator will include the CMS Network care coordinator in the flow of activities and sequence of events delineated throughout the transition process.) 3. Address issues related to the 	

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>transition from hospital to home.</p> <p>4. Coordinate Early Steps transition activities with hospital discharge planning.</p> <p>B. For children transitioning between LES in Florida, the sending service coordinator should:</p> <ol style="list-style-type: none"> 1. Conduct a review of the IFSP to add concerns, priorities, resources and outcomes regardless of the next IFSP review due date. <u>This may be considered either a periodic review or annual IFSP meeting.</u> 2. Obtain consent from the family to Share information with the receiving entity. Refer family to other agencies and services as appropriate, with consent of the family. 3. Document transition planning activities in case notes. Upon consent, send information such as IFSP's, case notes, provider notes, and other pertinent information from the Early Steps record to the receiving entity. Whenever permissible, the actual <u>Early Steps record</u> should be transferred when the receiving entity is another LES. 4. Provide name and phone number of the contact person at the receiving 	

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>entity to the family.</p> <p>5. Notify current service providers regarding family's plans and expected end date for services.</p> <p>6. Ensure the Early Steps record is transferred from the sending LES to the receiving LES.</p> <p>Conduct an IFSP review shortly after family moves, regardless of the next IFSP review due date.</p> <p>7. Contact the family after the transition to ensure that a link was made with the receiving entity within 30 days of the transition.</p> <p>8. Close the child's Early Steps record in the Early Steps data system.</p> <p><u>The receiving service coordinator should:</u></p> <ol style="list-style-type: none"> 1. <u>Open the child's Early Steps record in the Early Steps data system.</u> 2. Conduct an IFSP periodic review shortly after family moves arrives, regardless of the next IFSP review due date. 3. <u>Refer family to other agencies and services as appropriate, with consent of the family.</u> <p>C. For children transitioning and leaving the</p>	

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**Changes to Early Steps Policy Documents
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Number	Policy	Guidance/Procedures	Summary of Change
		<p>state, the <u>service coordinator</u> should:</p> <ol style="list-style-type: none"> 1. <u>With parental consent, send information such as IFSPs, case notes, provider notes, and other pertinent information from the Early Steps record to the receiving state program.</u> 2. Notify current service providers regarding family's plans and expected end date for services. 3. Close the child's Early Steps records in the <u>Early Steps data system</u> <p>Obtain consent from the family to share information with the receiving state program, if known.</p> <p>Upon consent, send information such as IFSPs, case notes, provider notes, and other pertinent information from the Early Steps record to the receiving state program.</p> <ol style="list-style-type: none"> 2. Notify current service providers regarding family's plans and expected end date for services. 3. Close the child's Early Steps records in the <u>Early Steps data system</u> 	
Attachment: Understanding Notification		Revision to brochure shown below. Other elements of brochure remain the same	Revised to use more appropriate term.

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Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html

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Number	Policy	Guidance/Procedures	Summary of Change
Brochure 		<p>How long will I have to decide whether I want to opt-out of notification?</p> <p>Parents will orally <u>verbally</u> indicate whether they chose to opt out of school district notification no later than the IFSP meeting or periodic review closest to the child's 2nd birthday or at the initial IFSP meeting, for those children found eligible for Early Steps after the child's 2nd birthday.</p>	
7.8.2 	<p>LES must provide written prior notice to the family indicating termination of Early Steps services prior to closing a child to Early Steps.</p>	N/A	Language deleted as it is duplicative of language in 8.4.1 policy and operations guide.

COMPONENT 8– PROCEDURAL SAFEGUARDS

Number	Policy	Guidance/Procedures	Summary of Change
8.5.2 	<p><u>ESSO</u>, <u>LES</u> and service providers must provide written prior notice and obtain written <u>consent</u> from the <u>parent</u> or guardian in order to obtain, release or exchange <u>personally identifiable information</u> concerning the child and <u>family</u> except as specified in <u>Policy Handbook 8.5.6</u>. This also includes the verbal sharing of personally identifiable information.</p>	N/A	Revised to clarify that the requirement to provide notice in writing of the intent to obtain, release or exchange personally identifiable information per IDEA 34 CFR 303.401 is not the same as the requirement to provide 'written prior notice' per IDEA 34 CFR 303.403.
8.5.5	Each <u>LES</u> is permitted to use locally developed forms to document <u>written</u>	N/A	Revised to add language that the

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Number	Policy	Guidance/Procedures	Summary of Change
	<p><u>notice and</u> parental <u>consent</u> to release <u>personally identifiable information</u>. Each LES must ensure that the form includes the following:</p> <ul style="list-style-type: none"> A. Specific information to be released; B. To whom the information is to be released; C. A statement that the parent’s consent may be revoked at any time; D. The reasons for such release; E. Signature of <u>parent</u> or guardian; F. Date of consent; G. <u>Method of communication (phone, fax, email, etc).</u> 		<p>locally developed forms used to document the exchange of personally-identifiable information include “written notice”, in addition to consent. Also requires ‘Method of Communication (phone, fax, email, etc.)’ to be documented on the form.</p>
<p>8.6.1</p> 	<p><u>ESSO</u>, <u>Local Early Steps</u> and service providers will ensure the confidentiality of <u>personally identifiable information</u>, <u>data</u> and records collected, used or maintained, including the right of <u>parents</u> to written prior notice of and written parental <u>consent</u> to the exchange of personally identifiable information among agencies, consistent with Federal and State law.</p>	<p>N/A</p>	<p>Revised to clarify that the right to be noticed in writing regarding the exchange of personally identifiable information per IDEA 34 CFR 303.401 is not the same as the requirement regarding ‘written prior notice’ per IDEA 34 CFR 303.403.</p>
<p>COMPONENT 9– FAMILY INVOLVEMENT</p>			

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Number	Policy	Guidance/Procedures	Summary of Change
No Changes			
COMPONENT 10 – PERSONNEL DEVELOPMENT AND STANDARDS			
Number	Policy	Guidance/Procedures	Summary of Change
10.3.1 	Every prospective <u>Early Steps</u> provider must complete an online application, have an individual email address, and be approved as an individual provider within one of the following provider classes in the <u>Children's Medical Services (CMS) Early Steps (ES) Provider Management system</u> : A. Physician and Dentist B. Licensed Non-physician Healthcare Professional C. Non-licensed Healthcare Professional	The <u>CMS/ES Provider Management System</u> approves individual, independent providers; <u>CMS</u> does not approve provider agencies.	Revised to correct the name of the provider management system.
10.3.4 	Except as specified in Policy Handbook 42.4.3 <u>Policy 10.3.5</u> , LES will use providers who have active provider records in the electronic data system, who are enrolled in the provider management system and have contracts or agreements for service provision with the <u>LES</u> . The LES will enter into contracts or agreements only with providers who are enrolled in the provider management system.	Except as specified in Policy Handbook 42.4.3 <u>Policy 10.3.5</u> , the LES will use <u>only those</u> providers who have active provider records in the electronic Early Steps Data <u>system</u> , who are enrolled in the <u>CMS Provider Management System</u> and have contracts or agreements for service provision with the <u>LES</u> . The LES will enter into contracts or agreements only with providers who are enrolled in the <u>CMS Provider Management System</u>	Language moved from Component 12 (formerly at 12.4.2) to a new policy because the content is more appropriate for component 10. Corrected name of provider management system and data system.

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Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html

**Changes to Early Steps Policy Documents
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Number	Policy	Guidance/Procedures	Summary of Change
<p>10.3.5</p> 	<p><u>LES</u> will use providers who are not enrolled in the provider management system only when:</p> <p>A. The family's insurance policy requires use of a specific provider who is not enrolled, or</p> <p>B. The <u>IFSP team</u> authorizes a service for which there is no available enrolled provider.</p>	<p><u>LES</u> will use providers who are not enrolled in the <u>CMS P</u>provider <u>M</u>management <u>S</u>ystem only when:</p> <p>A. The family's insurance policy requires use of a specific provider who is not enrolled, or</p> <p>B. The <u>IFSP team</u> authorizes a service for which there is no available enrolled provider.</p>	<p>Language moved from Component 12 (formerly at 12.4.3) to a new policy because the content is more appropriate for component 10.</p>
<p>10.4.9</p> 	<p>A <u>service coordinator</u> who meets the requirements for a <u>licensed healthcare professional</u> or non-licensed healthcare professional may dually enroll <u>as a service coordinator and direct service provider</u></p>	<p>No change.</p>	<p>Revised to clarify that that in this policy “dual enrollment” refers to a service coordinator enrolling as a service coordinator and direct service provider .</p>
<p>10.6.2</p> 	<p>A. Infant Toddler Developmental Specialists (ITDS) and other non-licensed healthcare professionals without the required one-year experience must complete the ES mentorship requirements and the <u>ES Mentorship Documentation form</u>.</p> <p>B. ITDSs without the required one-year experience must complete a mentorship to receive an ITDS certificate. ITDSs that are required to complete a mentorship must provide a clear Level II background</p>	<p>N/A</p>	<p>Revised to clarify the ITDS enrollment process.</p>

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Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html

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Number	Policy	Guidance/Procedures	Summary of Change
	<p><u>screening prior to beginning the mentorship process.</u></p> <p>C. <u>Either a CMS enrolled ITDS or a CMS enrolled EI provider may serve as the primary mentor for an ITDS mentorship.</u></p> <p>D. <u>Multiple CMS enrolled ITDSs and EI providers may provide guidance and assist a mentee during the mentorship process. However, only one provider may serve as the primary mentor.</u></p> <p>E. Mentoring will be monitored at the local level with oversight through contract management reviews <u>review and approval by ESSO.</u></p>		
<p>10.6.3</p> 	<p>No change.</p>	<p>The ITDS enrollment process will be implemented as follows:</p> <p>A. The <u>LES</u> Director/Coordinator or the LES designee will mail, email or fax an ITDS Enrollment Packet to the Early Steps Training Unit Director at ITDSWaivers@doh.state.fl.us. <u>The ITDS Certificate Request Checklist</u> may be used to ensure that the packet contains all required information. The ITDS Enrollment Packet must include:</p> <ol style="list-style-type: none"> 1. Cover Letter with: <ol style="list-style-type: none"> a. Applicant's full name, middle initial, date of birth and social 	<p>Revised to clarify the ITDS enrollment process.</p>

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>security number.</p> <ul style="list-style-type: none"> b. Identification that the applicant is either an ITDS coursework graduate, a hardship waiver applicant or designated as highly qualified. c. Degree, major and number of years of experience. <p>2. Copy of degree and/or transcript. The transcript is required for an out-of-field or equivalent degree, or if the copy of the degree doesn't specify the major.</p> <ul style="list-style-type: none"> a. The LES should verify that the degree requirements, including university accreditation, are met by checking the following website: http://ope.ed.gov/accreditation/Search.aspx. If the college or university is accredited by an organization and is not listed on this website, verification of accreditation must be included in the packet. b. In order for their degree to be considered "equivalent", the applicant: <ul style="list-style-type: none"> i. Must have completed a minimum of 18 credit hours (typically six courses) in one of the fields listed in the Florida Medicaid Early Intervention 	

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Number	Policy	Guidance/Procedures	Summary of Change
		<p align="center">Services Coverage and Limitations Handbook.</p> <ul style="list-style-type: none"> ii. Will be required to submit their transcript and/or a catalog description from the university or college as verification. iii. May use placement, internship or practicum hours to meet either the education requirement or the experience requirement, but not both. <p>3. Documentation of Professional/Post Degree experience. An ITDS applicant with:</p> <ul style="list-style-type: none"> a. An in-field or equivalent degree must provide documentation of one year of post-degree professional experience in early intervention using the Early Steps Certification of Experience form. b. An in-field or equivalent degree who cannot document one year of post-degree professional experience must provide a statement of their intent to complete the Early Steps mentorship requirements. c. An out-of-field degree must provide documentation of at least five years of post-degree 	

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>professional experience in early intervention using the Early Steps Certification of Experience form.</p> <p>4. Verification of one of the following:</p> <ul style="list-style-type: none"> a. The applicant has successfully completed the university ITDS coursework at an approved university as documented by a university letter or transcripts. b. The applicant meets the hardship waiver criteria as demonstrated by submission of the information specified in 10.6.5 below. c. The applicant meets the criteria to be highly qualified as demonstrated by submitting the information specified in the Early Steps section of the CMS Provider Handbook - Non-licensed Healthcare Professionals and also indicated on the ITDS Certificate Request Checklist. <p>B. When a completed ITDS Enrollment Packet is received at ESSO, a review committee is convened. The review committee consists of the Early Steps Training Unit Director or designee and the Program Manager of the LES submitting</p>	

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>the request.</p> <p>C. The committee reviews the ITDS Enrollment Packet and will recommend that the request be either approved or denied. The Early Steps Training Unit Director makes the final decision. The Early Steps Training Unit Director or designee will notify the LES Director/ Coordinator or LES designee of the decision via email within 44 <u>30</u> calendar days.</p> <p>D. If the request is not approved, the ITDS Enrollment packet is scanned, encrypted and kept on file electronically at ESSO for 12 months. The hard copies of the ITDS Enrollment Packet will be shredded.</p> <p>E. If the request is approved, the applicant must complete the ITDS online modules within 30 calendar days of receiving approval. If the modules are not completed within 30 calendar days, the packet will be returned to the LES Director/ Coordinator or the LES designee. The applicant must reapply to be considered for ITDS enrollment in the future. An applicant who has provided verification from a university stating successful completion of university ITDS coursework will be approved as an ITDS and is not required to take the ITDS online modules.</p> <p>F. It is the responsibility of the LES</p>	

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>Director/Coordinator or their designee to notify the Early Steps Training Unit Director by email that the modules have been completed within the 30 calendar day timeline.</p> <p>G. After the Early Steps Training Unit Director or designee verifies completion of the modules or successful completion of the ITDS coursework, an ITDS Certificate will be emailed to the LES Director/Coordinator or their designee. The ITDS Certificate will be included in the ITDS Enrollment Packet and delivered by ESSO to the CMS Provider Management Unit.</p> <p>H. When a credential/certificate is from another state, it may be considered as equivalent to the Florida ITDS Certificate if coursework and/or equivalent online modules are compatible with that required by Florida.</p> <ol style="list-style-type: none"> 1. The applicant must submit their transcript to the LES and may also be required to submit a catalog description from the university or college. 2. The ESSO will compare the transcript and/or catalog coursework description from the university or college to the Florida ITDS competencies, and attest that the applicant's online coursework is compatible with that 	

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Number	Policy	Guidance/Procedures	Summary of Change
		<p align="center">offered in Florida.</p> <p>I. After receiving the ITDS Certificate, the applicant must submit an online application at https://www.cmskidsproviders.com/eis/ to continue enrollment in the CMS Provider Management System. Approval to take the online modules does not constitute approval as a CMS provider. All other requirements outlined in the CMS Provider Handbook for Non-licensed Professionals must be met.</p> <p>J. When the applicant receives an ITDS Certificate, they must also apply for enrollment with Medicaid Provider Enrollment at https://portal.flmmis.com/FLPublic/Provider_Enrollment/tabId/50/Default.aspx The applicant must include the ITDS certificate with the application.</p>	
<p>Attachment: Mentorship Documentation Form</p> 		<p>Revisions to Mentorship Form are outlined below. Other elements of the form remain the same:</p> <p align="center">Mentor Information</p> <p>Primary Mentor _____</p> <p align="center"><i>Last First MI</i></p> <p>-(Must be same discipline as mentee)- <u>(Mentor must be either a CMS enrolled ITDS or a CMS enrolled EI Provider. All</u></p>	<p>Revised to clarify mentorship requirements.</p>

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Number	Policy	Guidance/Procedures	Summary of Change
		<u>other – must be same discipline as mentee)</u>	
COMPONENT 11 – INTERAGENCY AGREEMENTS			
No Changes			
COMPONENT 12 – DATA COLLECTION/REPORTING AND RECORD KEEPING			
Number	Policy	Guidance/Procedures	Summary of Change
12.3.11 	No change.	<p>A. The date of closure is the date that child exited <u>Early Steps</u> which should be the same as the date noted on the written prior notice and should not be later than the child’s third birthday.</p> <p>B. The date of closure is not necessarily the same date that the <u>data</u> is being entered into the <u>Early Steps data system</u>, since <u>LES</u> have up to ten days to enter the closure data.</p> <p>C. When reopening a closed child in the Early Steps data system, delete the previously entered disposition date and code. Record previous closure information and re-refer/open date in the “Note” field for future reference, and check the “Closed Before” box in the Early Steps data system.</p> <p>Following are the possible reasons for closure:</p> <ul style="list-style-type: none"> - Attempts to contact unsuccessful - 	<p>Language revised to be consistent with deletion of Policy 3.2.8 and changes to Policy 6.12.3 and to clarify that a child may be closed due to unsuccessful attempts at any time, not only prior to eligibility determination, IFSP development and consent to services. The “inactive” designation to be rescinded.</p> <p>Also corrected an error regarding the use of the term "referral" in D.7, when “parent” should have been used instead.</p>

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>Children <u>without current service authorizations</u> for whom Early Steps personnel have been unable to contact or locate <u>after making at least three consecutive documented attempts before the child and family have been determined eligible and have an IFSP developed.</u></p> <ul style="list-style-type: none"> – Attempts to contact unsuccessful– Children who <u>Early Steps</u> designated as “inactive” in the <u>Early Steps</u> data system and turned three years old. – Deceased - Children who died on or before their third birthday. – Completion of <u>IFSP</u> prior to reaching age 3 - Children who have not reached age 3, have completed their IFSP and no longer require services under Early Steps. – Transfer to Other Center/District - Children whose family has moved to another LES region for continued service and for whom contact has been made with the receiving LES. – Not eligible for <u>IDEA, Part B</u>, exit with <u>referrals</u> to other programs - Children who reached their third birthday, were evaluated and determined not eligible for IDEA, Part B, and were referred to other programs, which may include preschool learning centers, Head Start (but not receiving IDEA, Part B services), and 	

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		<p>child care centers, and/or were referred for other services, which may include health and nutrition services, such as Women, Infants and Children (WIC).</p> <ul style="list-style-type: none"> - Not eligible for IDEA, Part B, exit with no referrals - Children who reached their third birthday, were evaluated and determined not eligible for IDEA, Part B, but were not referred to other programs. - Withdrawal by <u>parent referral</u> or guardian prior to IFSP - Children whose parents declined all services prior to IFSP development. - Withdrawn by parent or guardian after IFSP - Children whose parents declined all services after an IFSP was in place, as well as children whose parents declined to <u>consent</u> to IFSP services and provided written or verbal indication of withdrawal from services. - <u>IDEA, Part B</u> eligible, exiting <u>IDEA, Part C</u> -Children determined to be eligible for IDEA, Part B who exited (or will soon exit) IDEA, Part C. This includes children who receive IDEA, Part B services in conjunction with Head Start. - Moved out of state - Children who moved out of state before their third birthday. Do not use this category for a child who moved within state (i.e., from 	

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Number	Policy	Guidance/Procedures	Summary of Change
		<p>one program to another).</p> <ul style="list-style-type: none"> - <u>Not Part C/DEI eligible based on developmental screening – Children determined to NOT meet Part C;/DEI eligibility criteria based on a developmental screening prior to initial evaluation. Do not use this category if the child received a multidisciplinary evaluation.</u> - Not Eligible for Early Steps services - Children determined to NOT meet IDEA, Part C /<u>DEI</u> eligibility criteria at initial evaluation or based on review of relevant collateral information. - Not considered for IDEA, Part B - Children who reached their third birthday and were not referred to IDEA, Part B. This category may be used to report children whose <u>parent</u> did not consent to an IDEA, Part B referral. - IDEA, Part B eligibility not determined - Children who reached their third birthday and their IDEA, Part B eligibility has not been determined. This category includes children who were referred for IDEA, Part B evaluation, but for whom the eligibility determination has not yet been made or reported. 	
12.5.4	The LES will not maintain separate or	N/A	This policy moved from 12.5.1

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Number	Policy	Guidance/Procedures	Summary of Change
	shadow Early Steps records.		Operations Guide
12.5.5 	Closed Early Steps records must be maintained by the LES and Early Steps providers for a minimum of five (5) years from the date of closure.	N/A	Re-numbered as 12.5.5 (formerly 12.5.4) because new 12.5.4 was inserted.
12.6.2 	<p>A. The LES must collect the Natural Environment Travel Log from each Early Steps provider who will be reimbursed for travel to the child's natural environment for a service, IFSP meeting or consultation session destination. The minimum required fields to be completed are Provider Name, Provider Signature, Date, Point of Origin, Departure Time, Destination, and Arrival Time.</p> <p>B. <u>There is a maximum travel reimbursement of 60 minutes per child per day.</u></p> <p>C. <u>If an exception to the 60 minute maximum is found to be necessary for a particular child or children living in an outlying area, the LES must:</u></p> <ol style="list-style-type: none"> <u>Inform their program manager of their travel exception policy prior to initiating.</u> <u>Submit a justification and billing report for the travel exceptions when submitting their monthly</u> 	<p>A. The Natural Environment Travel Log serves two primary purposes:</p> <ol style="list-style-type: none"> Statewide uniform documentation of travel paid to providers with contract funds. Statewide uniform billing documentation for provider travel. <p>B. Travel is not reimbursable for providing traditional therapy sessions at the provider's official place of business.</p> <p>B. Travel is reimbursable for a provider to travel from their official place of business to the first destination for service delivery, and each subsequent destination for service delivery, and back to the provider's official place of business. A provider's official place of business could be their home; however, the provider cannot claim more than one official place</p>	Policy and guidance revised to clarify the process for reimbursement for travel and to remove basic information already stated on the Natural Environment Travel Log Form.

New language denoted by red double underline. Deleted language stricken in red.

Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html

**Changes to Early Steps Policy Documents
Effective October 1, 2011**

Number	Policy	Guidance/Procedures	Summary of Change
	<u>invoice.</u>	<p>of business.</p> <p>C. The <u>LES</u> can determine which fields, in addition to the minimum required fields, the provider will complete, depending on the process the LES will use to verify/audit travel payments to providers.</p> <p>D. The Natural Environment Travel Log is designed to print on one page, front and back.</p> <p>E. The state approved Natural Environment Travel Log – EXCEL version calculates minutes/ mileage/ charge)</p>	
Attachment: NE Travel Log 	Related to Policy 12.6.2 above	Revised to clarify the process for documentation and reimbursement of travel expenses.	Natural Environments Travel Log and Instructions revised to be consistent with changes to Policy and Guide 12.6.2
COMPONENT 13 – DEVELOPMENTAL EVALUATION AND INTERVENTION (DEI)			
No Changes			
DEFINITIONS			
Number	Policy	Guidance/Procedures	Summary of Change
Annual <u>Review</u> Evaluation of the IFSP	A face-to-face annual review of a child's development in all domains, including review of existing evaluations and assessments from community providers		Definition revised to be consistent with changes to policies 3.1.11, 3.5.1, and 5.3.13 and to reduce confusion related

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Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html

**Changes to Early Steps Policy Documents
Effective October 1, 2011**

Number	Policy	Guidance/Procedures	Summary of Change
	<p><u>and a determination of continuing eligibility.</u> The IFSP team will review the success and appropriateness of the services authorized on the IFSP and considers revision(s) of the Individualized Family Support Plan as needed and agreed upon by the Individualized Family Support Plan Team. At a minimum, the family, service coordinator and at least one other professional member of the team must attend. <u>IDEA Part C refers to this review as an annual evaluation of the IFSP.</u></p>		<p>to the annual IFSP review/meeting.</p>
<p><u>Co-payment</u></p> 		<p><u>A specified dollar amount an insured person must pay for covered health care services. The insured person pays this amount to the provider at the time of service.</u></p>	<p>Definition added to further clarify policy and guidance related to use of insurance.</p>
<p><u>Deductible</u></p> 		<p><u>The amount that must be paid out-of-pocket before an insurance company pays its share. Usually, the higher the deductible; the lower the premium.</u></p>	<p>Definition added to further clarify policy and guidance related to use of insurance.</p>
<p><u>Exclusive Provider Organizations (EPOs)</u></p> 		<p><u>In an EPO arrangement, an insurance company contracts with hospitals or specific providers. Insured members must use the contracted hospitals or providers to receive benefits from these plans.</u></p>	<p>Definition added to further clarify policy and guidance related to use of insurance.</p>
<p><u>Health</u></p>		<p><u>A health FSA allows employees to be</u></p>	<p>Definition added to further clarify</p>

New language denoted by red double underline. Deleted language stricken in red.

Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html

**Changes to Early Steps Policy Documents
Effective October 1, 2011**

Number	Policy	Guidance/Procedures	Summary of Change
<p><u>Flexible Spending Arrangement (FSA)</u></p> 		<p><u>reimbursed for medical expenses. FSAs are usually funded through voluntary salary reduction agreements with an individual's employer. No employment or federal income taxes are deducted from the contribution. The employer may also contribute. Health FSAs are employer-established benefit plans. These may be offered in conjunction with other employer-provided benefits. Employers have complete flexibility to offer various combinations of benefits in designing their plan. An individual does not have to be covered under any other health care plan to participate. Self-employed persons are not eligible for an FSA.</u></p>	<p>policy and guidance related to use of insurance.</p>
<p><u>Health Maintenance Organization (HMO)</u></p> 		<p><u>In an HMO members pay a monthly fixed dollar amount (similar to an insurance premium), which gives them access to a wide range of health care services. In many cases, members also pay a predetermined amount, or copayment, for each doctor or emergency room visit and for prescription drugs, rather than paying the provider in full and obtaining a portion of the reimbursement later. Members must use the HMO's network of providers, which may include the doctors, pharmacies and hospitals under contract with that particular HMO</u></p>	<p>Definition added to further clarify policy and guidance related to use of insurance.</p>
<p><u>Health Reimbursement Arrangement</u></p>		<p><u>A health HRA must be funded solely by an employer. The contribution cannot be paid through a voluntary salary reduction agreement on the part of an employee.</u></p>	<p>Definition added to further clarify policy and guidance related to use of insurance.</p>

New language denoted by red double underline. Deleted language stricken in red.

Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html

**Changes to Early Steps Policy Documents
Effective October 1, 2011**

Number	Policy	Guidance/Procedures	Summary of Change
<u>(HRA)</u> 		<u>Employees are reimbursed tax free for qualified medical expenses up to a maximum dollar amount for a coverage period. An HRA may be offered with other health plans, including FSAs.</u>	
<u>Health Savings Account (HSA)</u> 		<u>A health savings account is a tax-exempt trust or custodial account set up with a qualified HSA trustee to pay or reimburse certain medical expenses. To be eligible and qualify for an HSA, an individual must be covered under a high deductible health plan (HDHP) on the first day of the month. The eligible individual must have no other health coverage except the following: liabilities incurred under workers' compensation laws, tort liabilities, or liabilities related to ownership or use of property; coverage for a specific disease or illness; coverage for a fixed amount per day (or other period) of hospitalization. Coverage for accidents, disability, dental care, vision care, and long-term care is also allowed. The eligible individual must not be enrolled in Medicare and cannot be claimed as a dependent on someone else's tax return.</u>	Definition added to further clarify policy and guidance related to use of insurance.
<u>High Deductible Health Plan (HDHP)</u>		<u>A high deductible health plan (HDHP) has a higher annual deductible than typical health plans and a maximum limit on the sum of the annual deductible and out-of-pocket medical expenses that must be paid for covered</u>	Definition added to further clarify policy and guidance related to use of insurance.

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**Changes to Early Steps Policy Documents
Effective October 1, 2011**

Number	Policy	Guidance/Procedures	Summary of Change
		<u>expenses. Out-of-pocket expenses include copayments and other amounts, but do not include premiums</u>	
<u>Point of Service Plan (POS)</u> 		<u>In a POS plan, insured members may choose, at the point of service, whether to receive care from a physician within the plan's network or to go out of the network for services. The POS plan provides less coverage for health care expenses provided outside the network than for expenses incurred within the network. Also, the POS plan will usually require insured members to pay deductibles and coinsurance costs for medical care received out of network.</u>	Definition added to further clarify policy and guidance related to use of insurance.
<u>Preferred Provider Organizations (PPOs)</u> 		<u>PPOs offer a provider network to meet the health care needs of insured individuals. A traditional insurance carrier provides the health benefits. An insurer contracts with a group of health care providers to control the cost of providing benefits to insured individuals. These providers charge lower-than-usual fees because they require prompt payment and serve a greater number of patients. Insured individuals usually choose who will provide their health care, but pay less in coinsurance with a preferred provider than with a non-preferred provider.</u>	Definition added to further clarify policy and guidance related to use of insurance.
<u>Private Insurance</u>		<u>As discussed in these policy and guidance documents, private insurance refers to</u>	Definition added to further clarify policy and guidance related to

New language denoted by red double underline. Deleted language stricken in red.

Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html

**Changes to Early Steps Policy Documents
Effective October 1, 2011**

Number	Policy	Guidance/Procedures	Summary of Change
		<p><u>health coverage that can be issued to individuals, to employees of an employer offering health coverage, or to individuals that are members of association groups. Some health coverage in Florida is provided by self insured funds, not regulated by the State of Florida. Although there are other forms of health insurance, the three main categories of health insurance are:</u></p> <ul style="list-style-type: none"> • <u>Policies that offer comprehensive or “major medical” coverage;</u> • <u>Policies that provide managed care services [Preferred Provider Organizations (PPOs); Health Maintenance Organizations (HMOs); Point of Service plans (POS); Provider Service Network (PSN)]. –</u> • <u>Policies that provide limited benefits.</u> <p><u>In addition to traditional health coverage or managed care plans, some families may access programs designed to give individuals tax advantages to offset health care costs such as a health savings account (HSA), medical savings account (MSA), health flexible spending arrangement (FSA), or health reimbursement arrangement (HRA).</u></p>	<p>use of insurance.</p>

New language denoted by red double underline. Deleted language stricken in red.

Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html

**Changes to Early Steps Policy Documents
Effective October 1, 2011**

Number	Policy	Guidance/Procedures	Summary of Change
<p><u>Public Insurance</u></p> 		<p><u>As discussed in these policy and guidance documents, public insurance refers to Medicaid. Medicaid provides medical coverage to individuals and families who are categorically eligible (e.g., low income families with children, low income people who have disabilities, and foster children)</u></p> <p><u>The family-related Medicaid coverage groups in Florida are based on three pieces (or titles) of the federal Social Security Act:</u></p> <ul style="list-style-type: none"> • <u>_____ Title IV (Grants to States for Aid and Services to Needy Families with Children and for Child Welfare Services)</u> • <u>_____ Title XIX (Grants to States for Medical Assistance Programs)</u> • <u>_____ Title XXI (State Children's Health Insurance Program-SCHIP, called the Florida KidCare program)</u> <p><u>Medicaid recipients may obtain services through Medicaid providers of their choice on a "fee-for-service" basis or through Medicaid managed care plans. The Agency for Health Care Administration (ACHA) is the agency in charge of administering Medicaid services in Florida.</u></p>	<p>Definition added to further clarify policy and guidance related to use of insurance.</p>

New language denoted by red double underline. Deleted language stricken in red.

**Changes to Early Steps Policy Documents
Effective October 1, 2011**

Number	Policy	Guidance/Procedures	Summary of Change
<p>Scaled Score</p> 	<p><u>A conversion of a raw score on a test or a version of the test to a common scale that allows for a numerical comparison between children/students. Scaled scores are particularly useful for comparing test scores over time since the scale will control slight variations for a test that has changed over the years, resulting in several different versions. In Early Steps the terminology “scaled score” often refers to the score for a BDI-2 subdomain with a mean of 10.</u></p>		<p>New definition added related to changes to policy 3.1.4.</p>

New language denoted by red double underline. Deleted language stricken in red.

Current Early Steps policy documents are found at: http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html



Overview of Early Steps Policy and Guidance Documents

For Implementation 10/2011

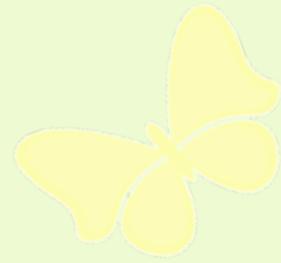
Conference Call Etiquette



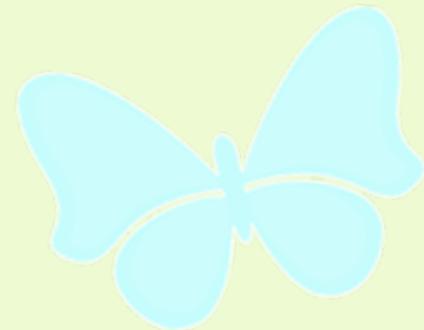
- We have muted your phone until the end of the call
- Do not put phone on hold
- Be aware that noises are heard by everyone on the call
- If your phone line is making noises, please hang up and redial



About the Q & A period



- Brief Q&A period at end, *if time allows*
- Write down questions during presentation



Purpose of Today's Call

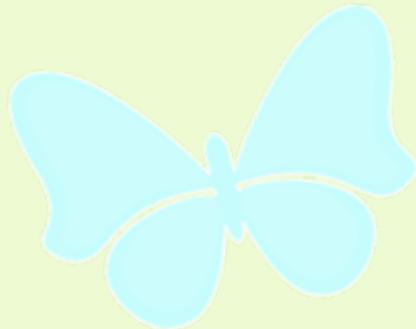


- Introduce revised policy documents (*not a training session*)
- Highlight *major* changes, additions, deletions from interim policy documents
- Focus on what field is expected to do differently, change or cease
- Point out what was previously unclear, misinterpreted, etc.



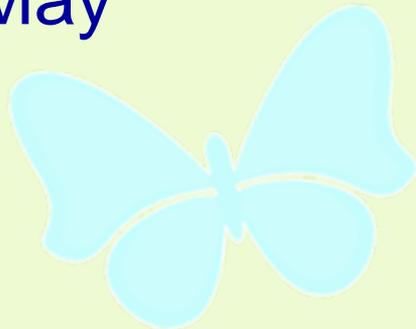
Policy Review/Revision Process



- Policy-related updates prompted by:
 - Questions and requests from the field
 - Information gathered from state general supervision activities
 - Updates will occur approximately every 6 months, unless there is an urgent need for correction or revision
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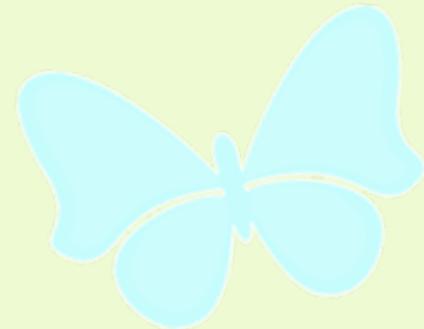
Policy Review/Revision Process



- Proposed policies and guidance released January 2011
 - Public comments accepted February – March 2011
 - All comments reviewed and considered April 2011
 - Submission to OSEP for approval May 2011
 - OSEP approval July 1, 2011
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Today's Presenters

- Renee Jenkins
- Carol Burch
- Dawn Lynch
- Kelly Purvis
- Catherine Duncan
- Carole West



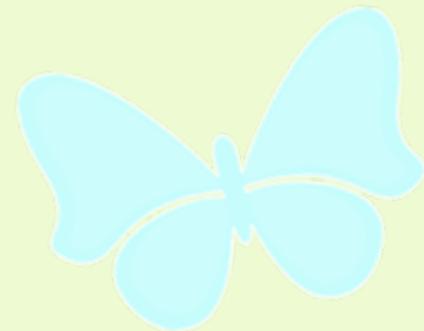
Resource Documents



- **Early Steps Policy Website**



http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html



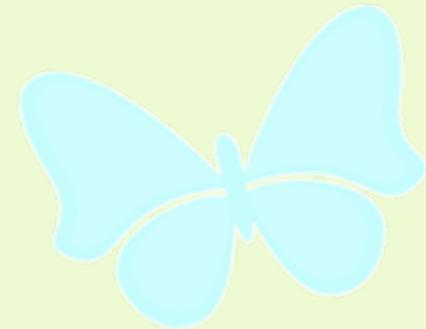
Policy Handbook

- Symbols continue to differentiate federal  and state  policies
- Formatted for electronic use
 - Links to:
 - Federal Statute & Regulations
 - State Statutes
 - Operations Guide
 - Other Policy
 - Other Relevant Documents

Operations Guide



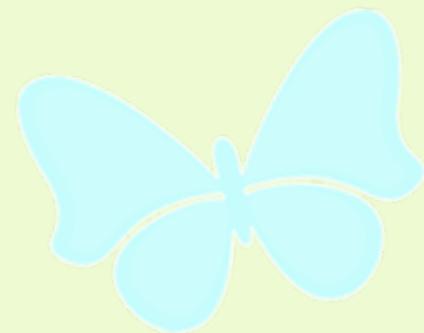
- Refers to related policy number
- Formatted for electronic use
 - Links to:
 - Attachments
 - Forms
 - Instructions
 - Websites
- Not guidance for every policy



General Rules re: Policies



- Definitions linked
- Other agency/program policies (e.g., AHCA/Medicaid, DOE, DCF, provider management) not included/repeated, but linked





Component 1 – General Supervision and Administration

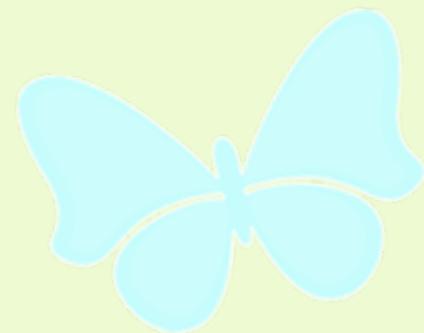
Denial of Access to Insurance/Financial Loss

- Clarifies that 'financial loss' per policy is equivalent to reasons family may deny access to insurance *(1.5.5 & 1.6.9 Policy)*
- Clarifies reasons a family may **not** deny access to insurance *(1.6.11 Policy)*

Tax-favored Health Plans



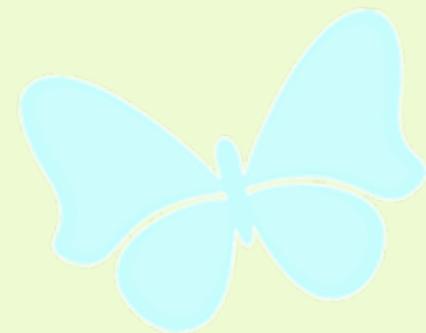
- Clarifies that LES representative must determine terms and conditions of any tax-favored health plans when connected with a family's health insurance package *(1.6.1 Guide)*



Form 1064 - Consent for Evaluation/Use of Insurance



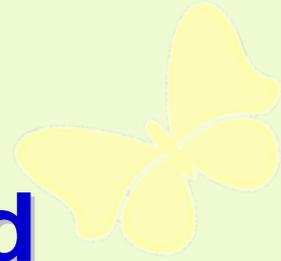
- Information on the form streamlined
- Changes to be consistent with changes to policy 1.5.1 and 1.6.9 re: reasons a family may deny access to insurance/financial loss



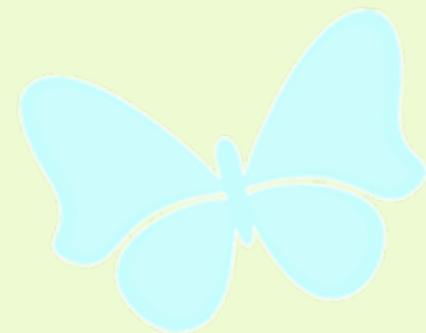
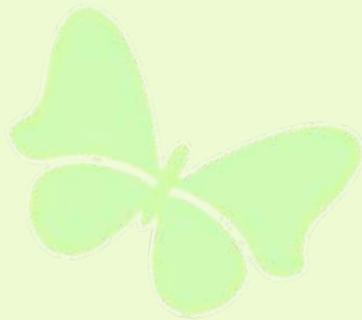


Component 2 – Public Awareness

Public Awareness/Child Find



- *No changes to Component 2 content*

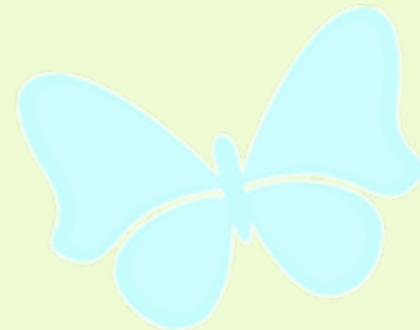


EARLY STEPS REFERRAL CHECKLIST



- Form CF FSP – 5322 EARLY STEPS REFERRAL CHECKLIST

– Form revised in its entirety by DCF





Component 3 – First Contacts/Evaluation/ Assessment

Eligibility

- When a child has both an established condition and developmental delay, the **established condition** takes precedence as the reason for eligibility *(3.1.3C Guide)*

Eligibility/Developmental Delay



- **New** policy and guidance for children made eligible due to developmental delay based on informed clinical opinion/ documented sources beyond standard scores *(3.1.4B Policy)*
 - Rationale behind recommendation for eligibility must be clearly and completely delineated in the IFSP/Evaluation Report
- 
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Eligibility/Developmental Delay



- Child's eligibility must be re-determined with parent consent no later than the end of initial 6 month authorization period
 - If re-determination of eligibility indicates child is no longer developmentally delayed, child should be closed to Early Steps
 - If parental consent for re-determination of eligibility is not provided, child will no longer be eligible for Early Steps *(3.1.4B Policy)*
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Eligibility/Developmental Delay

- The 6-month eligibility re-determination does not require an evaluation in all 5 domains. *(3.1.4C Guide)*

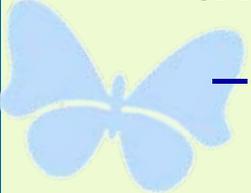
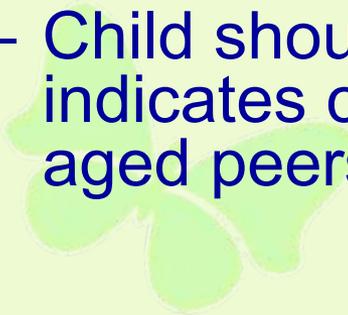
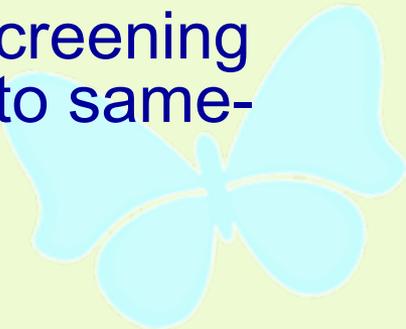
Eligibility



- **New** policy requires additional testing for eligibility determination for children referred between 24 and 36 months of age with low communication scores when specific criteria is met (*3.1.4 C Policy*)
 - Additional testing must use a standardized assessment appropriate to the communication domain
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Continuing Eligibility



- New policy requires determination of continuing eligibility take place during the annual review of the IFSP *(3.1.11 Policy)*
 - BDI-2 screener should be considered first to assist with determining continuing eligibility *(3.1.11A Guide)*
 - Progress reports may be used in addition to or instead of BDI-2 screener *(3.1.11B Guide)*
 - Child should be closed to Early Steps if screening indicates child is functioning comparably to same-aged peers *(3.1.11C Guide)*
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First Contacts



- Revises 3.2.2 Policy to delete “made” and replace with “received”. Now reads as: Initial contact must be made with the family within 5 calendar days from the date the referral is received at the LES.
 - Deletes 3.2.8 Policy. Information that applies to any child closed due to unsuccessful attempts to contact is now located in 6.12.2
- 
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Evaluation

- Replaces terminology “annual evaluation of the IFSP” with “annual review of the IFSP”
- A formal child evaluation is not required for the annual review of the IFSP

(3.5.1C Guide)



Component 4 – Service Coordination

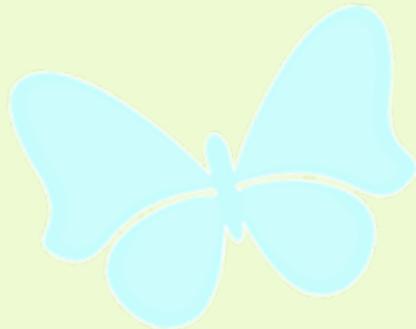
SC Responsibilities & Activities



- Revises language revised to reduce confusion related to the annual IFSP review/meeting *(4.2.4, 4.2.11, 4.2.17 Policies)*
- Revises language to be consistent with changes in policy related to inactive status *(4.2.4, 4.2.17 Policies)*

SC Responsibilities & Activities



- New policy directing the service coordinator to ensure family is aware of eligibility rationale and potential for limited time period for services when child made eligible based on sources beyond standard scores/informed clinical opinion. *(4.2.18 Policy)*
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SC Responsibilities & Activities



- Clarifies that primary service provider (PSP) & service coordinator is one of several possible “dual roles” in the Early Steps system *(4.3.2 Policy)*
- 



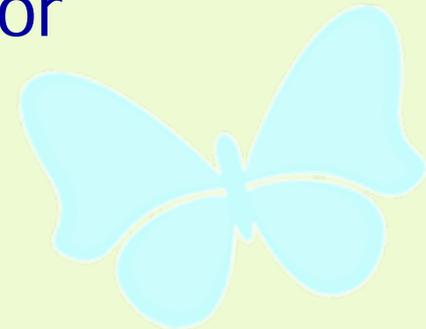


Component 5 – Individualized Family Support Plan (IFSP)

Documentation of Continuing Eligibility



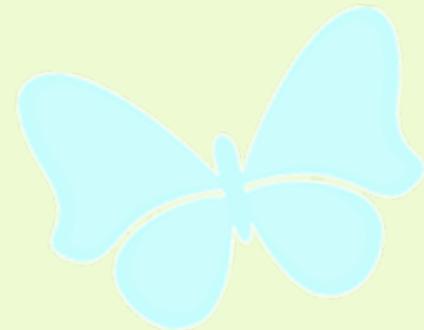
- Addresses determination and documentation of *continuing* eligibility on Form D, consistent with policy changes in 3.1.4 and 3.1.11
(5.3.13 Guide)
- Clarifies that a diagnosed established condition takes precedence over developmental delay as the reason for eligibility. *(5.3.13 Guide)*



Annual IFSP Review/Meeting



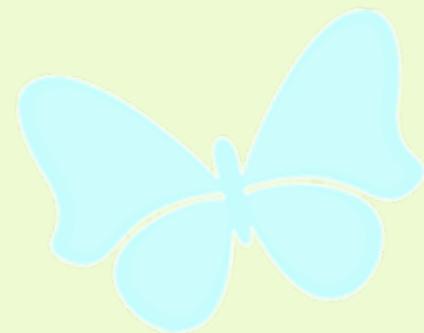
- Revises language to reduce confusion related to the annual IFSP review/meeting
(5.4.2, 5.6.1, 5.7.1, 5.7.2, 5.7.4, 5.7.5, 5.7.6 Policies)



Initial IFSP Participation



- Clarifies that those directly involved in conducting the evaluation/assessment and those who will provide services to the child/family may participate in initial IFSP via phone or videoconference *(5.5.3 Guide)*



Participants in Periodic Review of IFSP



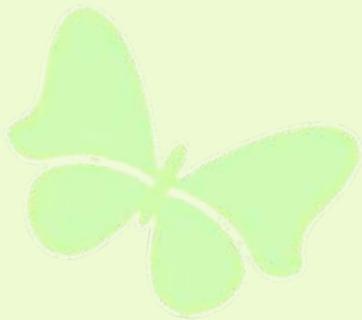
- Requires those who are or will be providing services to the child or family to participate in periodic review of the IFSP *(5.6.4 Policy)*
 - Removes duplicate language re: participants in periodic review *(5.6.4 Guide)*
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Re-determination of Eligibility



- Requires that a re-determination of eligibility occur at the annual review of the IFSP *(5.7.1 & 5.7.3 Policies)*



Annual IFSP Meeting

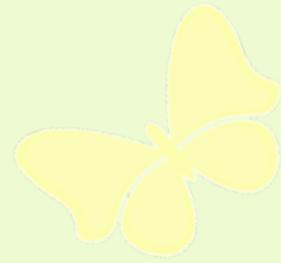


- Corrects inaccurate language related to participants in annual IFSP meeting *(5.7.4 Guide)*

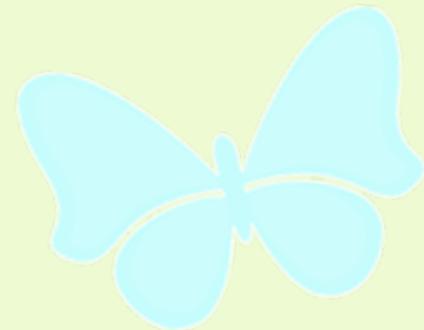




IFSP Form D

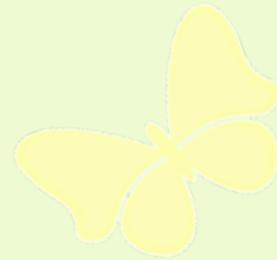


- Revises Form D to accommodate documentation of re-determination of eligibility

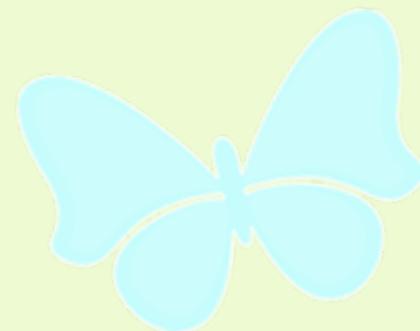




IFSP Form G



- Revises Form G to allow clear documentation of medical necessity for services for children who are Medicaid recipients





IFSP Instructions



- 
- Describes the process for gathering information to be documented on the IFSP
 - Changes instructions to be consistent with Policy Handbook, Operations Guide and IFSP form (*pp. 3-4, 14-15, 20-21, 23, 25, 28-33, 40, 45-46, 48-50, 55, & 67*)
- 



Component 6 – Early Intervention Services and Supports

Early Intervention Sessions



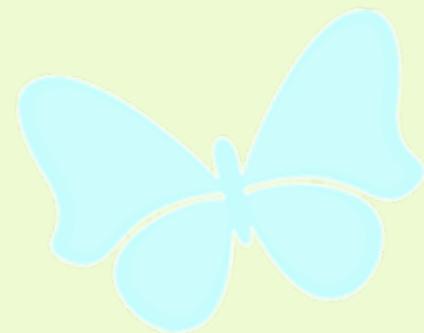
- Clarifies that early intervention services are not limited to “family training, counseling, home visits” *(6.1.1 Policy)*



Requirements for Children/Families with Inactive Status



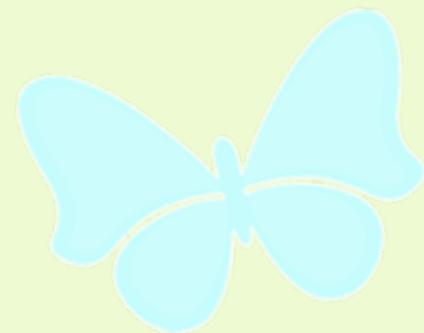
- Replaces section on inactive status with new section on Closure to Early Steps *(6.12.0 Policy and Guide)*



Closure to Early Steps



- Moves and revises language from 7.1.1 D Guide to outline criteria for deciding to close a child to Early Steps during a periodic review or annual IFSP meeting
(6.12.1 Policy)



Closure to Early Steps

- Moves and revises language from deleted Policy 3.2.8 related to closure due to unsuccessful attempts *(6.12.2 Policy and Guide)*

Closure to Early Steps



- Moves language from Policy 7.8.1 related to termination of services by third birthday and appropriate uses of IDEA, Part C funds on or beyond a child's third birthday *(6.12.3 Policy and Guide)*



Closure to Early Steps

- Moves language from Policy and Guidance 7.8.3 related to Part C and free appropriate public education (FAPE) *(6.12.4 Policy and Guide)*

Communication Development Monitoring Form

- Moved form from Newborn Screening website to Component 6 Attachments



Component 7 – Transitions

Other Transitions



- “Other Transitions” replaces section titled “Closure to Early Steps” (*7.8.0 Policy and Guide*)
- Moves information found previously in 7.1.1 Guide related to transition planning and responsibilities of the service coordinator to 7.8.1 Guide



Notification

- Deletes word “orally” and replaced with “verbally” when parents are asked to indicate whether they wish to opt-out of notification to the LEA (*7.2.5 Policy and Understanding Notification brochure*)
- Deletes requirement for notification of children and families with inactive status (*7.2.5 Policy*)

Other Transitions

- Adds language to ensure LES provides assistance to families in transition planning even when child is not turning three years of age and/or leaving Early Steps (*7.8.1 Policy*)

Other Transitions



- Adds language to clarify for children in the hospital, the eligibility process or development of an IFSP should not be delayed or postponed until discharge unless the child is not medically stable enough for eligibility evaluation (*7.8.1 A 1 Guide*)
- Clarifies responsibilities of the sending and receiving service coordinators for children transitioning between LESs in Florida (*7.8.1 B Guide*)

Other Transitions

- Adds language to clarify that when children transition between LESs in Florida, the review of the IFSP to add concerns, priorities, resources, and outcomes may be considered either a periodic or annual IFSP meeting (*7.8.1 B Guide*)

Other Transitions

- Deletes duplicative language related to provision of written prior notice (*7.8.2 Policy*)



Component 8 – Procedural Safeguards

Parental Consent



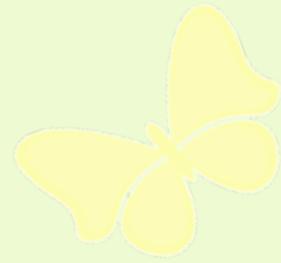
- Adds language that the locally developed forms used to document the exchange of personally identifiable information include “written notice”, in addition to consent. *(8.5.5 Policy)*
- Adds “G. Method of Communication (phone, fax, email, etc.)” as a requirement on the form to document the written notice and consent to release personally identifiable information. *(8.5.5 Policy)*



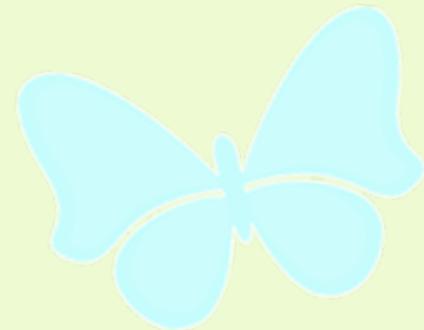


Component 9 – Family Involvement

Family Involvement



- *No changes to Component 9 content*





Component 10 – Personnel Development and Standards

Early Steps Providers



- Moves language regarding the use of providers from 12.4.2 Policy and Guide to 10.3.4 Policy and Guide
- Moves language regarding the appropriate use of providers not enrolled in the CMS Provider Management System from 12.4.3 Policy to 10.3.5 Policy





Service Coordinators

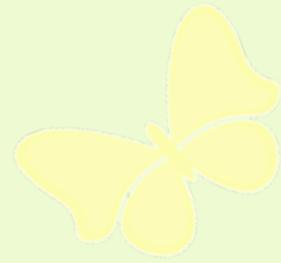


- 
- Clarifies that in this policy “dual enrollment” refers to a service coordinator enrolling as a service coordinator and direct service provider *(10.4.9 Policy)*

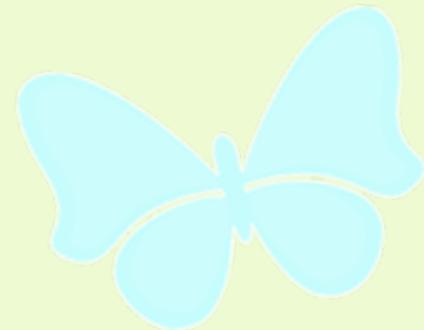
Infant Toddler Developmental Specialists

- Revises policies and documentation form related to mentorship (*10.6.2 Policy*)
 - ITDS completing mentorship may now be mentored by either a CMS enrolled ITDS or a CMS enrolled EI provider
 - An ITDS can receive guidance from multiple providers during mentorship process, but only one provider may be primary mentor

ITDS Committee Review



- Changes timeline for a decision about ITDS enrollment from 14 to 30 calendar days (*10.6.3 Guide*)



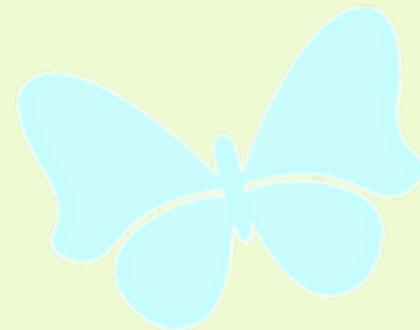


Component 11 – Interagency Agreements

Interagency Agreements



- *No changes to Component 11 content*



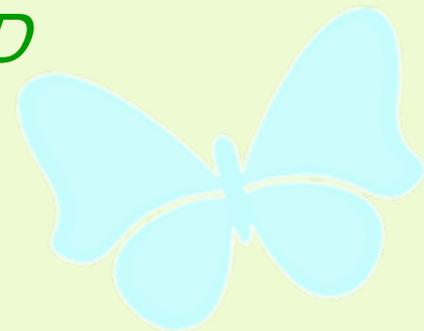


Component 12 – Data Collection/Reporting & Record Keeping

Early Steps Data System



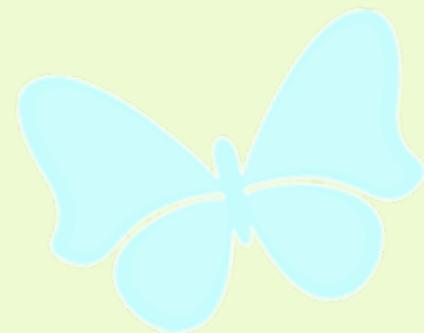
- Revises the reasons for closure in the data system to:
 - be consistent with other policy changes regarding inactive status, and
 - correct an error related to use of the term "referral", when "parent" should have been used (*12.3.11D Guide*)



Early Steps Data System



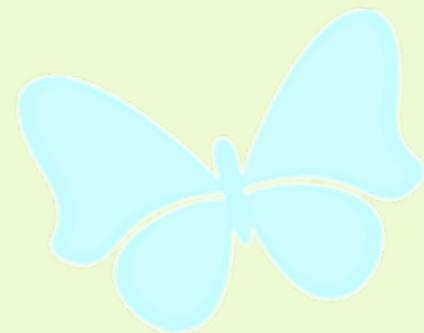
- Adds another reason for closure: Children determined to not meet Part C/DEI eligibility criteria based on a developmental screening prior to initial evaluation
(12.3.11D Guide)



Early Steps Record



- Moves language regarding separate or shadow records from 12.5.1 Guide to 12.5.4 Policy
- Renumbers 12.5.4 Policy as 12.5.5 Policy

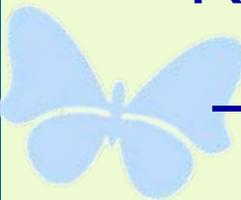


Reporting Requirements for Providers

- Clarifies the maximum travel reimbursement is 60 minutes per child per day *(12.6.2 Policy)*
- Adds requirements for the LES when an exception to the maximum is necessary *(12.6.2 Policy)*
- Removes unnecessary and duplicative language regarding completion of the Natural Environment Travel Log and re-lettered accordingly *(12.6.2 Guide)*

Natural Environment Travel Log



- Updates form to insert new logo
 - Revises instructions to:
 - Clarify that the maximum travel reimbursement is for 60 minutes per child per day (consistent with policy change)
 - Remove duplicative language
- 
- 

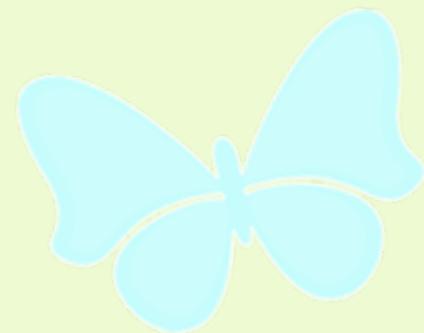


Component 13 – Developmental Evaluation and Intervention (DEI)

Developmental Evaluation and Intervention



- *No changes to Component 13 content*



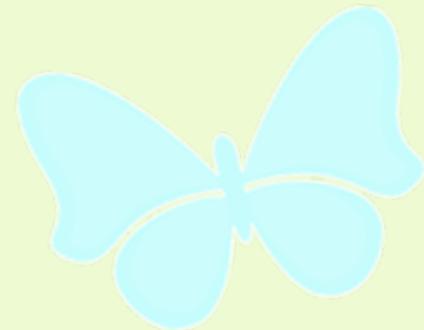


Component - Definitions

Definitions



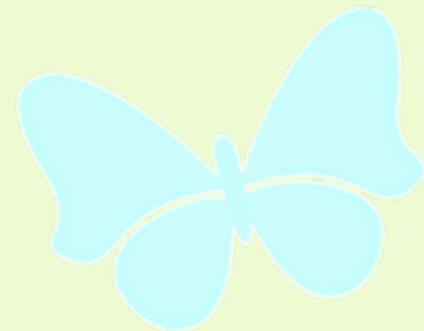
- **Revises definition for clarity:**
 - Annual Review of the IFSP (*formerly annual 'evaluation' of IFSP*)
- **Adds definition related to policy change**
 - Scaled Score



Definitions

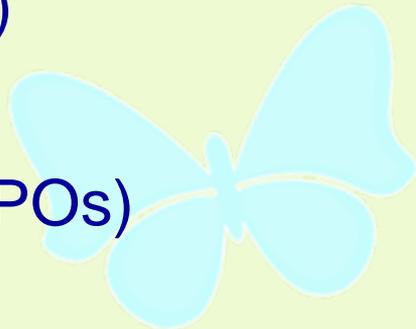


- **Adds definitions related to use of insurance:**
 - Co-payment
 - Deductible
 - Private Insurance
 - Public Insurance



Definitions

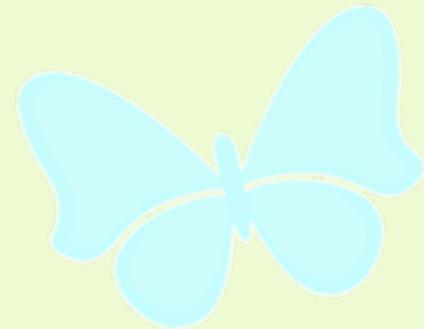


- **Adds definitions of tax-sheltered health plans:**
 - Exclusive Provider Organizations (EPOs)
 - Health Flexible Spending Arrangement (FSA)
 - Health Maintenance Organization (HMO)
 - Health Reimbursement Arrangement (HRA)
 - Health Savings Account (HSA)
 - High Deductible Health Plan (HDHP)
 - Point of Service Plan (POS)
 - Preferred Provider Organizations (PPOs)
- 
- 
- 

ESSO NEXT STEPS



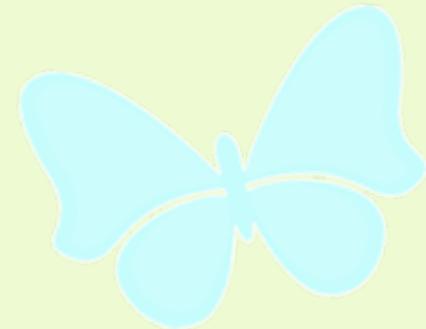
- Ensure implementation October 1, 2011
- Incorporate changes into training materials
- Ensure performance standards are consistent
- Update policies and guidance as an on-going process
- Other



LES NEXT STEPS



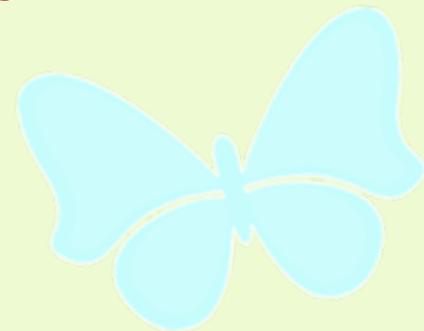
- Review all policy documents
- Orient staff, providers, families, and other stakeholders
- Inform program manager of questions or need for further clarification
- Make changes to local systems as necessary to implement revised policies and forms on October 1, 2011
- Other



Q and A Period (if time allows)



- Questions will now be taken in the order of the policy components
- Do not put your phone on hold !!!
- After call -- follow process outlined to ask implementation questions, report inconsistencies (*via program manager*)



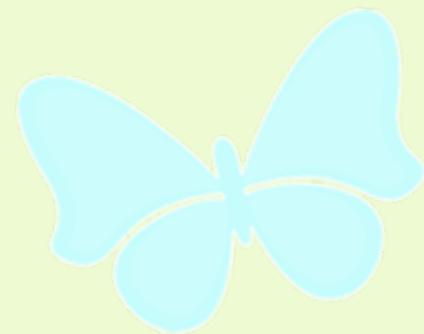


More Information at Early Steps website

www.cms-kids.com/families/early_steps/early_steps.html



Thank You!





Better Health Care for All Floridians

FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Health Care Alerts & Provider Alerts Messages August 2011

Provider Type(s): All Providers

Summer 2011 Provider Bulletin

The Spring 2011 Provider Bulletin is now available on our [Medicaid landing page](#) and on the [Public Provider Portal](#). The bulletin contains policy clarification and important Florida Medicaid information. Please note, the bulletin includes critical information regarding the ICD-10 Transition Plan and new electronic fingerprinting for providers.

LINKS

[Florida Medicaid Web Portal](#) | [Florida Medicaid Health Information Network](#) | [Florida Medicaid HIPAA Information](#) | [HIPAA Transactions & Code Sets Standard](#) | [National Identifiers](#) | [Florida Medicaid EHR Incentive Program](#) | [FloridaHealthFinder.gov](#)

QUESTIONS ABOUT FLORIDA MEDICAID?

Please direct questions about Medicaid policies to your local Medicaid area office. The Medicaid area offices' addresses and phone numbers are available on the [Area Offices](#) Web page.

ALERTS INFORMATION

The Florida Medicaid program has created an e-mail alert system to supplement the present method of receiving Provider Alerts information and to alert registered subscribers of "late-breaking" health care information. An e-mail will be delivered to your mailbox when Medicaid policy clarifications or other health care information is available that is appropriate for your selected area and provider type.

Visit the [Florida Medicaid's Health Care Alerts](#) page to subscribe now. You may unsubscribe or update your subscription at any time by clicking on the "Manage your subscription" icon in the footer of each e-mail. Other questions regarding the e-mail alert system can be sent to the [Florida Medicaid Alerts Administrator](#).

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Better Health Care for All Floridians

FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

Health Care Alerts & Provider Alerts Messages August 2011

Provider Type(s): 81 & 82

Early Intervention Services Coverage and Limitations Handbook Notice of Workshop

The notice of workshop for the Florida Medicaid Early Intervention Services Coverage and Limitations Handbook was published in Volume 37, Number 31 issue of the FAW Friday, August 5, 2011. The workshop is scheduled for Monday, August 22, 2011 from 10:30am – 11:30am at the Agency for Health Care Administration, 2727 Mahan Dr., Building 3, Tallahassee, FL.

There will NOT be a phone call-in number available.

As part of our workshop we are inviting comment on the possible regulatory impact (any added costs to small business to implement the provisions of the rule as noticed in the FAW.) To download a draft copy of this rule, go to <http://ahca.myflorida.com/Medicaid/review/index.shtml> for review.

If you wish to submit comments by mail you may address them to: Agency for Health Care Administration, 2727 Mahan Dr., M.S. # 20, Tallahassee, FL 32308
Attn: Gail Underwood.

Thank you.

LINKS

[Florida Medicaid Web Portal](#) | [Florida Medicaid Health Information Network](#) | [Florida Medicaid HIPAA Information](#) | [HIPAA Transactions & Code Sets Standard](#) | [National](#)

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Are You Signed Up for Medicaid Health Care Alerts?

We are making it easier for you to keep up-to-date with changes in Medicaid. Sign up to receive “Medicaid Health Care Alerts” by email in three easy steps at: www.ahca.myflorida.com. Instructions for subscribing are listed below. Once signed up, you will receive email updates on policy, billing, and news for the provider type(s) and geographic areas you select. You will control what you wish to receive and will be able to easily update your email address and preferences.

Here’s how:

- 1) Go to: www.ahca.myflorida.com to sign up for **Medicaid Health Care Alerts**.
- 2) Click on the [Sign Up for Medicaid Health Care Alerts](#) located at the bottom of the page.

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Elizabeth Dudek
Secretary
email

FloridaHealthFinder.gov
Florida Health Information Network

Welcome to the Agency for Health Care Administration's Web site. Our mission is Better Health Care for All Floridians, and together we are responsible for the administration of the Medicaid program, for the licensure and regulation of health facilities and for providing information to Floridians about the quality of the health care they receive in Florida... [more information](#)

Every day we look for ways to improve health care in this state, and we appreciate your partnership in that effort. Thank you for the opportunity to serve you.

Agency Alerts Agency News Public Meetings Boards and Councils

- [Emergency Rules as Filed](#) (5mb): 59GER11-01, Developmental Disabilities Waiver Provider Rate Table; 59GER11-02, Developmental Disabilities Waiver Services Procedure Codes; 59GER11-03, Developmental Disabilities Waiver Residential Habilitation Services in a Licensed Facility Provider Rate Table; 59GER 11-04 Family and Supported Living Waiver Provider Rate Table; and, 59GER11-05 Family and Supported Living Waiver Services Procedure Codes.
- [Health Alerts](#) – Alerts provided by the US Food and Drug Administration (FDA), Department of Health and Human Services Centers for Disease Control and Prevention (CDC), and other entities regarding food, pharmacy, and provider health problems.
- [Provider Emergency Actions](#) – a listing of all regulated health facilities that have been placed under a moratorium on admissions, has had their license suspended, and/or have had any other restriction or limitation on their license.
- [Sign Up for Medicaid Health Care Alerts](#) –The Florida Medicaid program has an e-mail alert system to supplement the present method of receiving Provider Alerts information and to notify registered providers or interested parties of “late-breaking” health care information.

3) The **Florida Medicaid Health Care Alerts** page allows you to subscribe to the automated alert system. To subscribe, complete the online form shown below. A confirmation email will be sent to your mailbox to avoid fraudulent subscription requests.

Note: You must return the confirmation email to complete your subscription.

Local Navigation

- Florida Medicaid Home Page
- Abuse & Oversight
- Area Offices
- Assistive Care Services
- Behavioral Health
- Child Health Services
- Cost Reimbursement
- Disease Management
- Durable Medical Equipment (DME)
- Family Planning
- HCS Waivers
- HIPAA
- Intergovernmental Transfer (IGT)
- Workgroup
- Long-Term Care Partnership
- Medicaid Ancillary Data System (MADS)
- Medicaid HIV/AIDS
- Medicaid Privacy Notice
- Medicaid Procurements
- Medicaid Reform
- Medicaid Research Contracts and Evaluations
- Medicaid State Plan
- MediDocs
- MediPass
- Medicaid Eligibility
- Nursing Facility Provider Information
- Nursing Home Transition
- Organ Transplant Advisory Council
- Payment Error Rate Measurement (PERM)
- Pharmacy Services
- Preferred Drug List
- Provider Service Network (PSN)
- Quality in Managed Care
- Recent Presentations
- Reimbursement Workgroup Meetings
- Report Medicaid Fraud
- Substance Abuse Services
- Utilization Review

[Florida Medicaid Home Page](#) | [Eligibility for Medicaid Services](#) | [Florida Medicaid Health Care Alerts](#) | [Medicaid Reimbursement](#) | [Medicaid Recipients](#) | [Regional Medicaid Programs](#) | [Summary of Medicaid Workgroup Meetings](#)

Florida Medicaid Health Care Alerts

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To subscribe to the automated alert system, complete the online form below. A confirmation e-mail will be sent to your mailbox to avoid fraudulent subscription requests. Subscribers must return the confirmation e-mail to complete their subscription.

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Provider Type

00 - All Messages/Provider Types

01 - General Hospital

04 - State Mental Hospital

05 - Community Behavioral Health Services

06 - Ambulatory Surgical Center

07 - Mental Health Practitioner

08 - Clinical Schools

09 - Skilled Nursing Unit

10 - Skilled Nursing Facility/Nursing Home

11 - State ICF/OO Facility

12 - Private ICF/OO Facility

13 - Swing Bed Facility

* = Required Field



You can check *00- All Messages/Provider Types* or as many individual provider types as you wish. You will receive information via email as soon as Medicaid Health Care Alerts are sent from AHCA. You can unsubscribe or add/change email addresses at any time.