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1. **Assemble the documentation packet in the order identified in the contract's Payment Schedule and Invoice Requirements (Exhibit 1 of this document). Please do not staple invoices, use paper clips.**
2. **INVOICE** – This is the cover sheet for your invoice packet.
   - *Amount Requested* is the Early Steps System of Care Implementation Fixed Price amount in the contract.
   - *Cash Management Deduction* is an optional amount determined by the LES analysis of contract payment receipts and expenditures to ensure receipts do not exceed expenditures by the end of the fiscal year, creating unexpended funds which will require a spending plan. The amount entered here should be what the LES would like deducted from their monthly invoice allotment.
   - *Number of Children Open at the End of the Month*: For each month beginning with July enter the Number of Children Open at the End of the Period from the CMS/Early Steps Child Count Report. See Exhibit 2. Update the AVERAGE of the months reported each month.
   - *Number of Service Coordinator Positions Filled* is the total FTE from the Monthly Report of Service Coordinator Positions.
   - *Number of Family Resource Specialist Hours* is the total compensated hours reported on the Monthly Family Resource Specialist Certifications. Please enter the number of hours worked not required.
3. **REQUIRED REPORTS –** See the Payment Schedule and Invoice Requirements for a comprehensive list of each months requirements (Exhibit 1)

   a. **CHILD COUNT**

   FOR SUPPORT OF MONTHLY PAYMENT: This report is for only the month of the invoice.

   SYSTEM OF CARE IMPLEMENTATION DOCUMENTATION:

   b. **SERVICE COORDINATION DOCUMENTATION**: None

   FOR SUPPORT OF MONTHLY PAYMENT: Monthly Report of Service Coordinator Positions Status, indicating caseload size and SHINE service coordinator(s), supervisors and the percentage of their FTE devoted to SC. You can make adjustments to FTE if supervisors or dually enrolled employees (SC & ITDS) have shifted their time due to SC vacancies. This report is for only the month of the invoice.

   SYSTEM OF CARE IMPLEMENTATION DOCUMENTATION: Service Coordinator Fiscal Report for each service coordinator for class code **01** services with all payers. Any fiscal report that shows no data will require an approved explanation in order to avoid an FTE deduction for previously paid FTE. This report will be, as and example, August data for the October invoice.

   c. **MONTHLY FAMILY RESOURCE SPECIALIST CERTIFICATIONS**

   FOR SUPPORT OF MONTHLY PAYMENT: NEW Monthly Family Resource Specialist Hours Report Certification for each FRS, which should show the total number of paid hours for each date on the calendar as well as an explanation of activities performed. Also include the Excel hours tracking sheet by month for total hours. This report is for only the month of the invoice.

SYSTEM OF CARE IMPLEMENTATION DOCUMENTATION: None

d. DIRECT SERVICE FISCAL REPORT should include:

FOR SUPPORT OF MONTHLY PAYMENT: None

SYSTEM OF CARE IMPLEMENTATION DOCUMENTATION: Fiscal Report for services provided by community providers (Agency code EXT or EXTC) for **02** and **03** codes, for CONT and CONTM payers. This report will be, as an example, data from July 1, 2009 through August for the October invoice.

e. DIRECT SERVICE STAFF FISCAL REPORT should include:

FOR SUPPORT OF MONTHLY PAYMENT: None

SYSTEM OF CARE IMPLEMENTATION DOCUMENTATION: Fiscal Report for class code **02** and **03** services provided by Early Steps staff and sub-contractors (NOT community providers) with all payers (Agency Code Filter (DEI, EIP, DEIP). This report is for only the month of the invoice.

4. BILLING REPORTS

a. Billing Reports are ***NOT*** required for the following, do ***NOT*** send them. They should be printed and maintained in your records for audit purposes and may be requested by the Contract Manager:

- Service Coord Fiscal Reports for each Service Coord for the Period of Report
- Direct Services Staff Fiscal Report for the Period of Report
- Direct Services Fiscal Reports for the Period of Report

b. Billing Reports ARE required for the Exceptions Report with a brief explanation of the exception circumstances for E2 exceptions.

c. Billing Reports ARE required for ASST and SENS documentation, including a copies of the receipts.

5. SPECIFIC INSTRUCTIONS FOR RUNNING EACH REFERENCED REPORT:

- **CHILD COUNT**

  Report Name: your preference

  Report Period: current month range

  List Order: your preference, retain for your records *

  Eligibility: Program Patients

  Leave all other filters Blank

  Highlight the report output as shown in Exhibit 2

- **SERVICE COORDINATION**

  Report Name: your preference, suggest include provider code

  Service Starting: current month range

  List Order: your preference, retain for your records *

  Print Services: yes

  Payer Code: leave blank

Provider Code: individual service coordinator code **

Class Codes: 01

Leave all other filters Blank.

*You may prefer to run a combined report for all service coordinators to retain the billing report in your records. Simply run a last report that leaves Provider Code blank.

** You must include a separate fiscal report for each Service Coordinator or a summary fiscal report of all service coordinators and a pivot table from the billing report with dollar amounts that match the Fiscal Report for the month of reporting. Each position which shows no data on the fiscal report will require an approved explanation (i.e. new hire, pending enrollment, extended leave). If the explanation for no data is not approved, an appropriate FTE deduction will be taken from subsequent invoices.

Since the current contract requires reporting of all services and all payers, you may want to run a separate report for CONT and CONTM payers if you want to flag w/P or T.

- **DIRECT SERVICES**

  Report Name: your preference

  Services Starting: 07/01/08 - last day of month for invoice period*

  List Order: your preference, retain for your records

  Print Services: yes

  Agency Codes: EXT

  Payer Codes: CONT CONTM

  Class Codes: 02 03

  You must use consistent filters from among the following, depending on your Center's procedures, to ensure that services submitted on previous reimbursement invoices are not duplicated:

  Reference #'s:

  Claim Paid Between:

  Bill flags:

  Omit Bill flags:

  Contact your TA Liaison if you need assistance with this.

  *For any services prior to July 1, 2008, include a separate report.

- **DIRECT SERVICE STAFF**

  Report Name: your preference

  Services Starting: current month

  List order: your preference, retain for your records

  Print Services: yes

  Agency Codes: EIP (or other code signifying your agency)

  Payer Codes: leave blank

Class Codes: 02 & 03

Leave all other filters blank.

Since the current contract requires reporting of all services and all payers, you may want to run a separate report for CONT and CONTM payers if you want to flag w/P or T. This report should reflect all paid services, not billed services.

- EXCEPTION REPORT

  Report Name: your preference

  Services Starting: 07/01/08 - last day of month for invoice period*

  List order: your preference, retain for your records

  Print Services: yes

  Agency Codes: leave blank

  Payer Codes: CONT CONTM

  Class Codes: leave blank

  Filter by Exception Code E2

- ASST/SENS REPORT

  Report Name: your preference

  Services Starting: 07/01/08 - last day of month for invoice period*

  List order: your preference, retain for your records

  Print Services: yes

  Agency Codes: leave blank

  Payer Codes: CONT CONTM

  Class Codes: leave blank

  Filter by service codes of ASST and SENS

6. Please **EMAIL** the following reports to your Contract Manager and Program Manager by the indicated due date.

   - Family Resource Specialist Plan of Action
   - Family Involvement Plan
   - Quarterly Expenditure & Third Party Revenue Report
   - Quarterly LES Training Coordinator Report
   - Updated Continuous Improvement Plan or notification that plan is not required
   - FRS Action Plan Bi-Annual Status Report of Accomplishments
   - Local Quality Assurance Activities Plan
   - Annual Inventory Report

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Exhibit 1

Payment Schedule & Invoice Requirements

a. Payment will be made upon submission and approval of a monthly invoice. The schedule below shows the required documentation for each period's invoice. Invoices will not be paid without receipt of the required documentation. *The table below is a summary of contract deliverables, the invoice period and the due date for each.*

PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR JULY	
N/A	8/31	a. Family Resource Specialist Plan of Action b. Family Involvement Plan
7/1 thru 7/31	8/31	c. Child Count Report d. Monthly Report of Service Coordinator Positions Status e. Monthly Family Resource Specialist certifications f. Minority Business Expenditures Report
5/1 thru 5/31	8/31	g. Service Coord Fiscal Reports for each Service Coord for the Period of Report h. Direct Services Staff Fiscal Report for the Period of Report
7/1/2009 thru 5/31	8/31	i. Direct Services Fiscal Reports for the Period of Report j. Exceptions Fiscal and Billing Report

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR AUGUST	
8/1 thru 8/31	9/30	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
6/1 thru 6/30	9/30	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 6/30	9/30	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR SEPTEMBER	
9/1 thru 9/30	10/31	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
7/1 thru 7/31	10/31	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 7/31	10/31	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR OCTOBER	
10/1 thru 10/31	11/30	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
8/1 thru 8/31	11/30	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 8/31	11/30	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report
7/1 thru 9/30	11/30	i. Quarterly Expenditure & 3rd Party Revenue Report j. Quarterly LES Training Coordinator Report k. Updated Continuous Improvement Plan if required per B.4.c.(6)

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR NOVEMBER	
11/1 thru 11/30	12/31	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
9/1 thru 9/30	12/31	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 9/30	12/31	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR DECEMBER	
12/1 thru 12/31	1/31	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
10/1 thru 10/31	1/31	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 10/31	1/31	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR JANUARY	
1/1 thru 1/31	2/28(29)	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
11/1 thru 11/30	2/28(29)	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 11/30	2/28(29)	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report
10/1 thru 12/31	2/28(29)	i. Quarterly Expenditure & 3rd Party Revenue Report j. Quarterly LES Training Coordinator Report k. Updated Continuous Improvement Plan if required per B.4.c.(6) l. FRS Action Plan Bi-Annual Status Report of Accomplishments

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR FEBRUARY	
2/1 thru 2/28(29)	3/31	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
12/1 thru 12/31	3/31	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 12/31	3/31	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR MARCH	
3/1 thru 3/31	4/30	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
1/1 thru 1/31	4/30	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 1/31	4/30	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR APRIL	
4/1 thru 4/30	5/31	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
2/1 thru 2/29(28)	5/31	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 2/29(28)	5/31	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report
1/1 thru 3/31	5/31	i. Quarterly Expenditure & 3rd Party Revenue Report j. Quarterly LES Training Coordinator Report k. Updated Continuous Improvement Plan if required per B.4.c.(6)

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR MAY	
5/1 thru 5/31	6/30	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
3/1 thru 3/31	6/30	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 3/31	6/30	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR JUNE	
6/1 thru 6/30	7/30	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
4/1 thru 4/30	7/30	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 4/30	7/30	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

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	FINAL REQUIRED SUBMISSIONS	
5/1 thru 5/31 AND 6/1 thru 6/30	8/31	a. Service Coord Fiscal Reports for each Service Coord for the Period of Report b. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 6/30	8/31	c. Quarterly Expenditure & 3rd Party Revenue Report d. Quarterly LES Training Coordinator Report e. Updated Continuous Improvement Plan if required per B.4.c.(6) f. Local Quality Assurance Activities Plan per B.4.c.(10) g. Semi Annual Report of FRS Action Plan Activities h. Annual Inventory Report D.9.

Exhibit 2

CMS/Early Steps Child Count Report Statewide

Report Period: 07-01-XX - 07-30-XX Date of Report: 08-01-XX
Elig. Filter: Program
List order: Name

NUMBER OF CHILDREN ENROLLED DURING THE PERIOD

DEI Only	1626	
DEI and Part C	2302	
Part C Only	33763	
Subtotal Early Steps Program Patients	37691	
Closed as N (Not Eligible for Part C) During Period		4075
Subtotal - NON-Program Patients	0	
Total ALL Patients	37691	
NON-Program patients eligible for IHIP	0	
Program Patients eligible for IHIP	133	

NUMBER OF CHILDREN OPEN AT THE END OF THE PERIOD

DEI Only	703
DEI and Part C	1130
Part C Only	14466
Subtotal Early Steps Program Patients	16299
Subtotal - NON-Program Patients	0
Total ALL patients	16299
NON-Program Patients eligible for IHIP	0
Program Patients eligible for IHIP	29

CHARLIE CRIST
GOVERNOR

FETAL ALCOHOL SYNDROME AWARENESS DAY

WHEREAS, Children are the most important resource in the great State of Florida; and

WHEREAS, Fetal Alcohol Syndrome (FAS) is the leading cause of mental retardation in Florida, the United States, and all of western civilization; and

WHEREAS, Fetal Alcohol Syndrome is the most identifiable and serious disorder under the umbrella of Fetal Alcohol Spectrum Disorders (FASD), and its effects are permanent and irreversible; and

WHEREAS, as many as 1 in every 100 individuals in the United States may be adversely affected by prenatal exposure to alcohol; and

WHEREAS, Fetal Alcohol Spectrum Disorders are 100 percent preventable if women do not drink during pregnancy; and

WHEREAS, Fetal Alcohol Spectrum Disorders are a root cause of numerous social disorders, including learning disabilities, juvenile delinquency, school drop-outs, homelessness, unemployment, mental illness, and crime; and

WHEREAS, economists estimate that Fetal Alcohol Spectrum Disorders cost taxpayers nearly $6 billion annually; and

WHEREAS, people around the world will observe the 12th annual International FAS Awareness Day on September 9, 2010, a commemoration that was first observed on September 9, 1999 at 9:09 a.m., so that on the ninth day of the ninth month of the year, the world will be reminded that women should abstain from alcohol during the nine months of pregnancy; and

WHEREAS, the Florida Developmental Disabilities Council (FDDC) has launched a campaign entitled *Florida Fights FASD* to help reduce the prevalence of Fetal Alcohol Spectrum Disorders in Florida and will enlist the support of dozens of FASD advocates to join the fight against this growing problem during a Summit to be held in Tallahassee on October 20 and 21, 2010;

NOW, THEREFORE, I, Charlie Crist, Governor of the State of Florida, do hereby extend greetings and best wishes to all observing September 9, 2010 as Fetal Alcohol Syndrome Awareness Day.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed at Tallahassee, the Capitol, this 10th day of August, in the year two thousand ten.

Governor

THE CAPITOL
TALLAHASSEE, FLORIDA 32399 • (850) 488-2272 • FAX (850) 922-4292

Dear Directors/coordinators,

The ASD Ad Hoc Committee is asking for your help so they can gather baseline information about the Early Steps providers who are considered “specialists” in ASD. These are the questions we would like to answer.

1. Does each LES have ES providers they consider “specialists” to support IFSP teams, children with ASD and their families?
2. What characteristics do the providers currently in the ”ASD specialist/IFSP team support” role have?
3. Do LES use providers to support children with ASD who are not considered specialists?
4. Do all LES have a similar perception of an ASD specialist?
5. How many of these providers do we have enrolled in the system?
6. What are the backgrounds, education, discipline, and training in ASD, of these providers?
7. Do we have the capacity to meet the needs of the children with ASD in the program now?

We are asking you to send us names and email addresses of ES enrolled providers who you would use in a specialist type/supporting role when a child has a diagnosis of ASD.

The providers may deliver services to children/families, be involved in evaluation of children with ASD or suspected ASD, or maybe someone who provides information and support on ASD to the IFSP team. We are beginning our data collection with those providers who are enrolled in the CMS provider system.

Please also indicate if “you” would consider this person to be a ASD specialist.

We will send the identified providers a link to our survey to gather the information we need to answer our questions.

Thank you for your assistance.

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1. **Assemble the documentation packet in the order identified in the contract's Payment Schedule and Invoice Requirements (Exhibit 1 of this document). Please do not staple invoices, use paper clips.**
2. **INVOICE** – This is the cover sheet for your invoice packet.
   - *Amount Requested* is the Early Steps System of Care Implementation Fixed Price amount in the contract.
   - *Cash Management Deduction* is an optional amount determined by the LES analysis of contract payment receipts and expenditures to ensure receipts do not exceed expenditures by the end of the fiscal year, creating unexpended funds which will require a spending plan. The amount entered here should be what the LES would like deducted from their monthly invoice allotment.
   - *Number of Children Open at the End of the Month*: For each month beginning with July enter the Number of Children Open at the End of the Period from the CMS/Early Steps Child Count Report. See Exhibit 2. Update the AVERAGE of the months reported each month.
   - *Number of Service Coordinator Positions Filled* is the total FTE from the Monthly Report of Service Coordinator Positions.
   - *Number of Family Resource Specialist Hours* is the total compensated hours reported on the Monthly Family Resource Specialist Certifications. Please enter the number of hours worked not required.
3. **REQUIRED REPORTS –** See the Payment Schedule and Invoice Requirements for a comprehensive list of each months requirements (Exhibit 1)

   a. **CHILD COUNT**

   FOR SUPPORT OF MONTHLY PAYMENT: This report is for only the month of the invoice.

   SYSTEM OF CARE IMPLEMENTATION DOCUMENTATION:

   b. **SERVICE COORDINATION DOCUMENTATION**: None

   FOR SUPPORT OF MONTHLY PAYMENT: Monthly Report of Service Coordinator Positions Status, indicating caseload size and SHINE service coordinator(s), supervisors and the percentage of their FTE devoted to SC. You can make adjustments to FTE if supervisors or dually enrolled employees (SC & ITDS) have shifted their time due to SC vacancies. This report is for only the month of the invoice.

   SYSTEM OF CARE IMPLEMENTATION DOCUMENTATION: Service Coordinator Fiscal Report for each service coordinator for class code **01** services with all payers. Any fiscal report that shows no data will require an approved explanation in order to avoid an FTE deduction for previously paid FTE. This report will be, as and example, August data for the October invoice.

   c. **MONTHLY FAMILY RESOURCE SPECIALIST CERTIFICATIONS**

   FOR SUPPORT OF MONTHLY PAYMENT: NEW Monthly Family Resource Specialist Hours Report Certification for each FRS, which should show the total number of paid hours for each date on the calendar as well as an explanation of activities performed. Also include the Excel hours tracking sheet by month for total hours. This report is for only the month of the invoice.

SYSTEM OF CARE IMPLEMENTATION DOCUMENTATION: None

d. DIRECT SERVICE FISCAL REPORT should include:

FOR SUPPORT OF MONTHLY PAYMENT: None

SYSTEM OF CARE IMPLEMENTATION DOCUMENTATION: Fiscal Report for services provided by community providers (Agency code EXT or EXTC) for **02** and **03** codes, for CONT and CONTM payers. This report will be, as an example, data from July 1, 2009 through August for the October invoice.

e. DIRECT SERVICE STAFF FISCAL REPORT should include:

FOR SUPPORT OF MONTHLY PAYMENT: None

SYSTEM OF CARE IMPLEMENTATION DOCUMENTATION: Fiscal Report for class code **02** and **03** services provided by Early Steps staff and sub-contractors (NOT community providers) with all payers (Agency Code Filter (DEI, EIP, DEIP). This report is for only the month of the invoice.

4. BILLING REPORTS

a. Billing Reports are ***NOT*** required for the following, do ***NOT*** send them. They should be printed and maintained in your records for audit purposes and may be requested by the Contract Manager:

- Service Coord Fiscal Reports for each Service Coord for the Period of Report
- Direct Services Staff Fiscal Report for the Period of Report
- Direct Services Fiscal Reports for the Period of Report

b. Billing Reports ARE required for the Exceptions Report with a brief explanation of the exception circumstances for E2 exceptions.

c. Billing Reports ARE required for ASST and SENS documentation, including a copies of the receipts.

5. SPECIFIC INSTRUCTIONS FOR RUNNING EACH REFERENCED REPORT:

- **CHILD COUNT**

  Report Name: your preference

  Report Period: current month range

  List Order: your preference, retain for your records *

  Eligibility: Program Patients

  Leave all other filters Blank

  Highlight the report output as shown in Exhibit 2

- **SERVICE COORDINATION**

  Report Name: your preference, suggest include provider code

  Service Starting: current month range

  List Order: your preference, retain for your records *

  Print Services: yes

  Payer Code: leave blank

Provider Code: individual service coordinator code **

Class Codes: 01

Leave all other filters Blank.

*You may prefer to run a combined report for all service coordinators to retain the billing report in your records. Simply run a last report that leaves Provider Code blank.

** You must include a separate fiscal report for each Service Coordinator or a summary fiscal report of all service coordinators and a pivot table from the billing report with dollar amounts that match the Fiscal Report for the month of reporting. Each position which shows no data on the fiscal report will require an approved explanation (i.e. new hire, pending enrollment, extended leave). If the explanation for no data is not approved, an appropriate FTE deduction will be taken from subsequent invoices.

Since the current contract requires reporting of all services and all payers, you may want to run a separate report for CONT and CONTM payers if you want to flag w/P or T.

- **DIRECT SERVICES**

  Report Name: your preference

  Services Starting: 07/01/08 - last day of month for invoice period*

  List Order: your preference, retain for your records

  Print Services: yes

  Agency Codes: EXT

  Payer Codes: CONT CONTM

  Class Codes: 02 03

  You must use consistent filters from among the following, depending on your Center's procedures, to ensure that services submitted on previous reimbursement invoices are not duplicated:

  Reference #'s:

  Claim Paid Between:

  Bill flags:

  Omit Bill flags:

  Contact your TA Liaison if you need assistance with this.

  *For any services prior to July 1, 2008, include a separate report.

- **DIRECT SERVICE STAFF**

  Report Name: your preference

  Services Starting: current month

  List order: your preference, retain for your records

  Print Services: yes

  Agency Codes: EIP (or other code signifying your agency)

  Payer Codes: leave blank

Class Codes: 02 & 03

Leave all other filters blank.

Since the current contract requires reporting of all services and all payers, you may want to run a separate report for CONT and CONTM payers if you want to flag w/P or T. This report should reflect all paid services, not billed services.

- EXCEPTION REPORT

  Report Name: your preference

  Services Starting: 07/01/08 - last day of month for invoice period*

  List order: your preference, retain for your records

  Print Services: yes

  Agency Codes: leave blank

  Payer Codes: CONT CONTM

  Class Codes: leave blank

  Filter by Exception Code E2

- ASST/SENS REPORT

  Report Name: your preference

  Services Starting: 07/01/08 - last day of month for invoice period*

  List order: your preference, retain for your records

  Print Services: yes

  Agency Codes: leave blank

  Payer Codes: CONT CONTM

  Class Codes: leave blank

  Filter by service codes of ASST and SENS

6. Please **EMAIL** the following reports to your Contract Manager and Program Manager by the indicated due date.

   - Family Resource Specialist Plan of Action
   - Family Involvement Plan
   - Quarterly Expenditure & Third Party Revenue Report
   - Quarterly LES Training Coordinator Report
   - Updated Continuous Improvement Plan or notification that plan is not required
   - FRS Action Plan Bi-Annual Status Report of Accomplishments
   - Local Quality Assurance Activities Plan
   - Annual Inventory Report

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Exhibit 1

Payment Schedule & Invoice Requirements

a. Payment will be made upon submission and approval of a monthly invoice. The schedule below shows the required documentation for each period's invoice. Invoices will not be paid without receipt of the required documentation. *The table below is a summary of contract deliverables, the invoice period and the due date for each.*

PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR JULY	
N/A	8/31	a. Family Resource Specialist Plan of Action b. Family Involvement Plan
7/1 thru 7/31	8/31	c. Child Count Report d. Monthly Report of Service Coordinator Positions Status e. Monthly Family Resource Specialist certifications f. Minority Business Expenditures Report
5/1 thru 5/31	8/31	g. Service Coord Fiscal Reports for each Service Coord for the Period of Report h. Direct Services Staff Fiscal Report for the Period of Report
7/1/2009 thru 5/31	8/31	i. Direct Services Fiscal Reports for the Period of Report j. Exceptions Fiscal and Billing Report

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR AUGUST	
8/1 thru 8/31	9/30	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
6/1 thru 6/30	9/30	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 6/30	9/30	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR SEPTEMBER	
9/1 thru 9/30	10/31	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
7/1 thru 7/31	10/31	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 7/31	10/31	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR OCTOBER	
10/1 thru 10/31	11/30	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
8/1 thru 8/31	11/30	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 8/31	11/30	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report
7/1 thru 9/30	11/30	i. Quarterly Expenditure & 3rd Party Revenue Report j. Quarterly LES Training Coordinator Report k. Updated Continuous Improvement Plan if required per B.4.c.(6)

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR NOVEMBER	
11/1 thru 11/30	12/31	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
9/1 thru 9/30	12/31	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 9/30	12/31	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR DECEMBER	
12/1 thru 12/31	1/31	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
10/1 thru 10/31	1/31	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 10/31	1/31	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR JANUARY	
1/1 thru 1/31	2/28(29)	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
11/1 thru 11/30	2/28(29)	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 11/30	2/28(29)	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report
10/1 thru 12/31	2/28(29)	i. Quarterly Expenditure & 3rd Party Revenue Report j. Quarterly LES Training Coordinator Report k. Updated Continuous Improvement Plan if required per B.4.c.(6) l. FRS Action Plan Bi-Annual Status Report of Accomplishments

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR FEBRUARY	
2/1 thru 2/28(29)	3/31	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
12/1 thru 12/31	3/31	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 12/31	3/31	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR MARCH	
3/1 thru 3/31	4/30	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
1/1 thru 1/31	4/30	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 1/31	4/30	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR APRIL	
4/1 thru 4/30	5/31	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
2/1 thru 2/29(28)	5/31	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 2/29(28)	5/31	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report
1/1 thru 3/31	5/31	i. Quarterly Expenditure & 3rd Party Revenue Report j. Quarterly LES Training Coordinator Report k. Updated Continuous Improvement Plan if required per B.4.c.(6)

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PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR MAY	
5/1 thru 5/31	6/30	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
3/1 thru 3/31	6/30	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 3/31	6/30	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

PERIOD of REPORT	DUE NO LATER THAN	REQUIRED DOCUMENTATION
	INVOICE FOR JUNE	
6/1 thru 6/30	7/30	a. Child Count Report b. Monthly Report of Service Coordinator Positions Status c. Monthly Family Resource Specialist certifications d. Minority Business Expenditures Report
4/1 thru 4/30	7/30	e. Service Coord Fiscal Reports for each Service Coord for the Period of Report f. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 4/30	7/30	g. Direct Services Fiscal Reports for the Period of Report h. Exceptions Fiscal and Billing Report

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	FINAL REQUIRED SUBMISSIONS	
5/1 thru 5/31 AND 6/1 thru 6/30	8/31	a. Service Coord Fiscal Reports for each Service Coord for the Period of Report b. Direct Services Staff Fiscal Report for the Period of Report
7/1/2008 thru 6/30	8/31	c. Quarterly Expenditure & 3rd Party Revenue Report d. Quarterly LES Training Coordinator Report e. Updated Continuous Improvement Plan if required per B.4.c.(6) f. Local Quality Assurance Activities Plan per B.4.c.(10) g. Semi Annual Report of FRS Action Plan Activities h. Annual Inventory Report D.9.

Exhibit 2

CMS/Early Steps Child Count Report Statewide

Report Period: 07-01-XX - 07-30-XX Date of Report: 08-01-XX
Elig. Filter: Program
List order: Name

NUMBER OF CHILDREN ENROLLED DURING THE PERIOD

DEI Only	1626	
DEI and Part C	2302	
Part C Only	33763	
Subtotal Early Steps Program Patients	37691	
Closed as N (Not Eligible for Part C) During Period		4075
Subtotal - NON-Program Patients	0	
Total ALL Patients	37691	
NON-Program patients eligible for IHIP	0	
Program Patients eligible for IHIP	133	

NUMBER OF CHILDREN OPEN AT THE END OF THE PERIOD

DEI Only	703
DEI and Part C	1130
Part C Only	14466
Subtotal Early Steps Program Patients	16299
Subtotal - NON-Program Patients	0
Total ALL patients	16299
NON-Program Patients eligible for IHIP	0
Program Patients eligible for IHIP	29

2010 Family Survey Process
Results

Local Early Steps	Total Sent from ESSO	Total Undistributed	Total Distributed	Distribution Rate (2010)	Distribution Rate (2009)	Total Hardcopy	Total Electronic	Total Received by PDS	Response Rate (2010)	Response Rate (2009)
Bay Area	616	46	570	93%	95%	89	18	107	19%	19%
Big Bend	250	31	219	88%	88%	50	0	50	23%	17%
Central Florida	482	59	423	88%	87%	80	38	118	28%	20%
Gold Coast	561	52	509	91%	83%	97	8	105	21%	23%
Gulf Central	326	33	293	90%	91%	50	3	53	18%	26%
North Beaches	196	5	191	97%	93%	36	3	39	20%	18%
North Central	159	31	128	81%	93%	33	17	50	39%	31%
North Dade	467	36	431	92%	94%	206	2	208	48%	19%
Northeastern	325	21	304	94%	98%	54	10	64	21%	22%
Southernmost Coast	428	28	400	93%	90%	51	9	60	15%	16%
Southwest Florida	240	19	221	92%	94%	33	5	38	17%	32%
Space Coast	194	18	176	91%	90%	44	8	52	30%	26%
Treasure Coast	653	52	601	92%	88%	104	8	112	19%	22%
West Central	530	75	455	86%	89%	106	28	134	29%	27%
Western Panhandle	209	32	177	85%	78%	31	8	39	22%	29%
Statewide Total	**5636**	**538**	**5098**	**90%**	**90%**	**1064**	**165**	**1229**	**24%**	**23%**

Please Help Us Recognize
the 12th Annual International

Fetal Alcohol Spectrum Disorders Awareness Day

September 9, 2010

Every year on September 9th, communities throughout the world observe Fetal Alcohol Spectrum Disorders Awareness Day. Events are held at 9:09, the 9th minute of the 9th hour of the 9th day of the 9th month of the year. This date and time is used to remind women not to drink during the 9 months of pregnancy.

Did you know?

- **FASDs are the leading known cause of preventable mental retardation**
- **FASDs effect an estimated 40,000 newborns each year in the United States**
- **FASDs are more common than autism**
- **The effects of FASDs last a lifetime.**
- **People with an FASD *can* grow, improve, and function well in life with proper support.**
- **FASD is 100% PREVENTABLE**

The Florida Center for Child and Family Development currently conducts comprehensive Fetal Alcohol Spectrum Disorders Diagnostic evaluations for families throughout the State of Florida. For more information please contact Samantha Ericson at 941-371-8820 or 1-800-587-1385. Additional information may also be found at: www.thefloridacenter.org

THE FLORIDA CENTER
FOR CHILD AND FAMILY DEVELOPMENT

FLORIDA DEPARTMENT OF
HEALTH

THE FLORIDA SCHOOL FOR THE DEAF AND BLIND

SMALL AND RURAL DISTRICT OUTREACH NEWS

SEPTEMBER 2010

IN MEMORY OF DAWN SAUNDERS

By Diana McMenemy-Deacon

For many who do not know, Dawn Saunders passed away on June 3, 2010, after losing an 18-month battle with breast cancer. Dawn was the consultant for programs serving students with visual impairments and students who are deaf or hard-of-hearing for Florida's Department of Education.

A tireless advocate for children, Dawn sought to make positive changes for all of us who, directly or indirectly, work with students with sensory loss. She began working at the Department of Education in 2003, and was the head of the deaf leadership team working on the National Agenda for Florida's deaf and hard of hearing students. Dawn also worked with Suzanne Dalton on the NIMAS Project and with Outreach, FIMC, the Florida Outreach Project, along with Nancy Tolle from Texas for "Building Local Capacity" which trained school districts across Florida, incorporating best practices for students with visual impairments. Over the years, Dawn was the Bureau Liaison for five DOE projects: Critical Initiative in Visual Impairments (CIVI), Educational Interpreters, FIMC-VI, FSDB Outreach for Small and Rural Districts, and Resource. As a classroom teacher at Auburndale Elementary School in Miami-Dade County, she worked with students who were deaf-blind. Dawn stayed in touch with many of her former students and spoke of them often.

Dawn made the world a brighter place. None of us will forget her ability to bring administrators, teachers, parents and students together in one place or the love she had for her family, especially her nephews and, of course, her love of Duran Duran! Now that she has brought us together, I can think of no better way to honor her memory than to continue in her footsteps, striving to make positive changes for the students in Florida who are blind/visually impaired or deaf and hard of hearing.

The Department of Education is going to purchase an inscribed stone in memory of Dawn to be placed on the Wall of Tribute to "Friends of Leaders and Legends" in the Hall of Fame, located at the American Printing House for the Blind. If you are interested in contributing to this tribute stone, an account has been established at APH. Individuals can write a check payable to the APH Hall of Fame and indicate in the memo portion of the check that the contribution is being made in memory of Dawn Saunders. Donations should be received by no later than October 29, 2010.

Please mail contributions to: American Printing House for the Blind
Attn. Alice Garrett
P.O. Box 6085
Louisville, KY 40206-0085

Small and Rural District Outreach

Training

Technical Assistance

Information Referral

Your Potential Is Our Passion

Florida School for the Deaf and the Blind
Small & Rural District Outreach
207 North San Marco Avenue
St. Augustine, FL 32086
1-800-356-6729
www.fsdb.k12.fl.us/outreach