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AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

CHILD: _____
Last First Middle ID: DOB:

PARENT /LEGAL GUARDIAN: _____
Last First Middle Phone#

I have placed my initials beside the agencies/providers below for which I have given permission to disclose and/or obtain information for the purposes of improving the well being of my child named above via mail, phone, fax, video, or secure encrypted email. I understand the following:

- That information may be disclosed to parties not listed below as required for billing and access to services and continuity of care.
- Only the minimum amount of information necessary to fulfill a request will be released/obtained.
- There may be a charge per page, plus postage and handling, for copy services unless copies are provided directly to an entity for the purposes of continuity of care.

- | | |
|---|--|
| <input type="checkbox"/> Children's Medical Services Program(s) | <input type="checkbox"/> Local Education Agency/School System |
| <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> Florida Diagnostic & Learning Resources System (FDLRS/child find) |
| <input type="checkbox"/> Office of Disability Determinations (SSI) | <input type="checkbox"/> Parent/Legal Guardian |
| <input type="checkbox"/> Children and Families Voluntary Family Services | <input type="checkbox"/> Department of Health Birth Defects Registry |
| <input type="checkbox"/> Department of Education, including the Florida Outreach Project for the deaf/blind | |
| <input type="checkbox"/> Pediatrician/Physician | _____ |
| Name | Phone |
| <input type="checkbox"/> Specialty Physician | _____ |
| Name | Phone |
| <input type="checkbox"/> Other | _____ |
| Name | Phone |
| <input type="checkbox"/> Hospital | _____ |
| Name | Phone |

INFORMATION TO BE DISCLOSED/OBTAINED: (initial selection)

- | | | |
|--|---|---|
| <input type="checkbox"/> General Medical Record(s) | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> History and Physical Results, including diagnostic information |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Consultations | <input type="checkbox"/> Evaluation/Assessment Reports |
| <input type="checkbox"/> Other: (specify) _____ | | |

I specifically authorize release of information relating to: (initial selection if applicable)

- HIV test results for non-treatment purposes Substance Abuse Service Provider Client Records Mental Health notes

EXPIRATION DATE: This authorization will expire (insert date or event) _____. I understand that if I fail to specify an expiration date or event, this authorization will expire twelve (12) months from the date on which it was signed.

RE-DISCLOSURE: I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

CONDITIONING: I understand that completing this authorization form is voluntary. I realize that services will not be denied if I refuse to sign this form.

REVOCAION: I understand that I have the right to revoke this authorization any time. If I revoke this authorization, I understand that I must do so in writing and that I must present my revocation to my service coordinator. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company, Medicaid and Medicare.

PARENT/LEGAL GUARDIAN: Signature Date

Local Early Steps name here



Eligibility Evaluation Appointment

Early Steps Welcomes child's name and family

We are looking forward to meeting you and your child at the upcoming eligibility evaluation.

Date: _____

Time: _____

Location: _____

The eligibility evaluation meeting could last as long as two hours, so you may wish to bring formula, juice, snacks, diapers, etc., (anything you think your child will need). Some families find it helpful to bring additional family members or another support person(s).

Our program will use an appropriate evaluation tool, observations, and reports from you, to determine if your child is eligible for Early Steps services. When the eligibility evaluation and assessment are completed, we will discuss the findings and recommendations. If your child qualifies for Early Steps services, an Individualized Family Support Plan (IFSP) will be developed.

You will be provided with a copy of the IFSP that summarizes the results of the evaluation. With your signed permission, a copy of the IFSP report will be sent to your child's pediatrician, as well as to any other agencies or medical specialists you request.

If you are unable to keep your scheduled appointment due to illness or family emergency, immediately call your Service Coordinator to reschedule or cancel. If your child is ill (vomiting, fever, diarrhea, green discharge from nose, started antibiotic within 24 hours), please reschedule the appointment. We want your child to have the opportunity to be evaluated at his/her best. We also want to protect others from getting sick.

Additional instructions:

Thank you and we'll see you soon!

Service Coordinator:
Phone:
Email:



Local Early Steps name here



Referral

Referral Date:

Referral From:

Referral To:

Child's Name:
Child's Early Steps ID:

Date of Birth:

Age	Sex	Ethnicity	Race
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:

Primary Guardian	Relationship	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referral Notes:

This child is currently enrolled in Early Steps. Children may receive services from Early Steps until they turn three years old or no longer meet Early Steps eligibility criteria. The parent/guardian is interested in your services.

Service Coordinator:
Phone:
Fax:
Email:

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INFORMED NOTICE AND CONSENT FOR EVALUATION AND ASSESSMENT

Child's Name: (date of birth:) may be eligible to receive early intervention services.

Before we can provide services to your child, we must conduct an evaluation and an assessment to determine eligibility and to plan for services that will best meet his/her needs.

An evaluation and/or assessment shall be done by a team made up of you and at least two professionals. Specific types of evaluations will be carefully selected based on your child's age, developmental level and needs. You will be asked to provide information about your family and its needs for services and support. 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. The results of previous evaluations and assessments may also be used.

A copy of my rights under the Individuals with Disabilities Education Act has been provided with this form and explained to me. I understand this evaluation and assessment request and as such,

I do not give my permission for the evaluation(s) and assessment(s) recommended above and understand that my child will not receive early intervention services from the State of Florida.

I give my permission for the evaluation(s) and assessment(s) recommended above.

INFORMED NOTICE AND CONSENT FOR USE OF INSURANCE

I understand that if my child receives Medicaid and is covered by private insurance, my private insurance must be billed.

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 my insurance if our family would incur a financial loss as described below.

I **do not** give permission to bill my insurance for **evaluation and assessment services** because it is reasonable to expect this action to cause our family to incur the following financial loss:

- Significant decrease in available lifetime coverage
- Increase in premiums

- Reduction in other insurance benefits
- Discontinuance of insurance

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 my insurance if our family would incur a financial loss as described below.

I **do not** give permission to bill my insurance for services listed on our **Individualized Family Support Plan** because it is reasonable to expect this action to cause our family to incur the following financial loss:

- Significant decrease in available lifetime coverage
- Increase in premiums

- Reduction in other insurance benefits
- Discontinuance of insurance

Medicaid Number

Insurance Company

Policy Holder

Policy Number

If insurance is billed, the insurance company may send the Explanation of Benefits and payment to our family rather than directly to the provider. These checks and paperwork should be turned over to the local Early Steps Office for payment.

Signature of Parent or Guardian

Witness

Print Name

Print Name

Date

Date

Consent must be obtained before conducting the initial evaluation and assessment of a child in accordance with the Individuals with Disabilities Education Act (34 CFR 303.404).

Date Mailed/
Provided to Family: _____

Local Early Steps Contact Information:

LES name &
address here

Child's Name: _____

Please contact your Service Coordinator:

Name: _____

Phone: _____

Email: _____



UNDERSTANDING NOTIFICATION



Local Early Steps (LES) notification to Local School Districts for Child Find Purposes

Early Steps (Part C) and preschool special education (Part B) are both parts of the Individuals with Disabilities Education Act (IDEA). Early Steps is responsible for providing services to eligible children from birth to age three. When a child turns three, services from Early Steps must end. If the child is eligible for Part B, he/she may receive preschool special education services through the local school district.

Through the process of Child Find, a school district has the responsibility to find, evaluate and identify children who may be eligible for special education services from birth through age 21. Early Steps is required by the IDEA to assist school districts in meeting Child Find requirements through a process called **notification**. Some of the questions that parents may have about notification are:

Why have I received this brochure?

For children enrolled in Early Steps prior to their 2nd birthday, the LES provides this brochure to parents to make them aware of the requirements related to notification. It is provided in a reasonable time prior to the IFSP meeting or periodic review closest to the child's 2nd birthday, ensuring that it is prior to the date notification is required.

For children found eligible for Early Steps after their 2nd birthday, Early Steps provides the brochure to parents on the date the child is determined eligible.

What is notification and why is it important?

Notification is the process of informing school districts that a child living in their district is receiving services from Early Steps. Notification is an important part of the Child Find process and is required under the IDEA. It helps school districts plan for children who may need preschool special education at age three.

What notification information is sent?

Notification information is: the child's name, the child's date of birth, parent(s) name, and parent contact information.

When is notification information sent?

Notification information must be sent to your local school district by the LES at least 9 months prior to your child's third birthday (by the time your child is 27 months of age), unless you opt out of notification. If your child becomes eligible for Early Steps at 27 months of age or older, notification will be sent by the LES to the school district within 30 calendar days of the initial IFSP meeting.

Will I have a chance to discuss notification further?

Yes. School district notification and the opt-out option will be discussed with parents no later than the IFSP meeting or periodic review closest to the child's 2nd birthday and, for those children found eligible for Early Steps after the child's 2nd birthday, at the initial IFSP meeting.

How long will I have to decide whether I want to opt-out of notification?

Parents will verbally 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.

May I share more information with the school district?

Yes. With your written permission, the LES may share additional information including your child's evaluation/assessment information or Individualized Family Support Plan (IFSP). Sharing this information will be helpful to the school district for planning purposes.

How is notification information used?

Every school district has a policy for how they will use the information. How a school district uses the notification information will depend on their Child Find policies and procedures, but many districts use it to anticipate the number of children who may be referred for preschool special education. Some school districts also use the information to introduce themselves to families by calling or sending a letter. They may send you information on the preschool program and your rights related to special education. The school district cannot share the notification information with any other person or agency. Contact your local school district for more information about how they use the notification information.

What if I do not want the LES to send notification information for my child?

While your written consent is not required to send notification information, Florida does allow parents to "opt out" of having the LES send notification information of your child's name, date of birth, the parent's name, and parent's contact information. Tell your LES service coordinator if you do not wish to have the notification information shared with the school district.

If I choose to opt out of notification, does this mean my child will not receive special education services from the school district?

No. If you choose to opt out of having personally identifying information sent to the school district, it does not mean that your child cannot receive preschool special education services from the school district, if they are determined eligible. As part of transition planning, you will have the opportunity to discuss whether or not you wish to refer your child to the school district to be considered for preschool special education eligibility.

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Date of Report: _____

LEA name and address

This letter is to serve as notification to the Local Education Agency for child find purposes that the following children will soon turn three: The list includes the information below for each child:

- child's name
- child's date of birth
- parent(s) name(s)
- parent or caregiver contact information
- service coordinator name

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Insurance Information Update

Dear *name of parent/caregiver*:

Child's Name:

DOB:

This is a reminder that Under Early Steps, Part C of the Individuals with Disabilities Education Act (IDEA), Part C is the payer of last resort. It is important that you update your insurance information when coverage changes.

Please let your service coordinator know if there have been changes in any of the following:

1. insurance carrier
2. policy number
3. policy cap
4. types of early intervention services, therapies, and other services included in the benefit package
5. service requirements or limitations
6. family co-payment and/or deductible
7. Is there a tax-favored health plan connected with the benefit package or otherwise provided by or on behalf of the family? This may include a health savings account (HSA), medical savings account (MSA), health flexible spending arrangement (FSA), or health reimbursement arrangement (HRA).

Additional instructions:

If you have any questions, please contact your service coordinator, service coordinator name, at service coordinator phone number, or email service coordinator email.



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**WRITTEN PRIOR NOTICE
UNDER EARLY STEPS, PART C OF THE INDIVIDUAL WITH DISABILITIES ACT (IDEA)**

Dear: (Parent/Guardian)

RE: (Child's Name)

The Local Early Steps is required to notify you in writing, within a reasonable time, before taking actions regarding your child's eligibility, early intervention services or termination. This is called **Written Prior Notice**. If you do not agree with the actions in this notice, there are informal ways of sharing your concerns with your team and Early Steps. If informal steps do not work to satisfy your concerns or you believe that a violation of Part C has occurred, you may file a written, signed complaint with the Early Steps State Office Part C Coordinator at the following address:

Part C Coordinator
Florida Department of Health
Children's Medical Services
Early Steps State Office
4052 Bald Cypress Way, BIN # A06
Tallahassee, FL 32399-1707

The following action(s) have been recommended:

- Description of the action that the Local Early Steps proposes or refuses to take:

[Empty text box for description of action]

- Effective date of the action:

[Empty text box for effective date]

- The reasons for taking the action:

[Empty text box for reasons for action]

If you have questions or concerns about the action in this Written Prior Notice, please contact your Service Coordinator.

(Service Coordinator)

(Date)

(Phone)

(Email)

The *Summary of Family Rights and Procedural Safeguards Within Early Steps* is attached. If you have questions concerning your rights and procedural safeguards, contact your Family Resource Specialist or the **Central Directory at: 1-800-654-4440**.

(Family Resource Specialist)

(Phone)

(Email)

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Request for Transfer of Assistive Technology

Date:

Child's Name:

DOB:

The individual requesting the transfer of assistive technology for the child listed above must complete the following information.

Name:

Phone:

Relationship to child:

I request the transfer of the following assistive technology: *(Be as specific as possible. Use additional sheets if necessary.)*

Item name:

Brand name:

Model or serial number:

This assistive technology will be transferred from:

Early Steps Region:

This assistive technology will be transferred to:

School/agency/person:

District/County

Address:

Phone:

Parent/Caregiver signature: _____

Agency receipt /date: _____

**Agency Signature: We acknowledge receipt of the written request.
(Must be signed and 1 copy returned to parent/caregiver within 10 working days)**

Agency Certification of Assistive Technology Transfer Decision

The Early Steps of the _____ Region

- approves (complete section 1 only)
- denies (complete section 2 only) the attached assistive technology (AT) transfer request

Section 1: (Local Early Steps to complete for approval of transfer)

_____ Does not request reimbursement for the AT being transferred.

_____ Requests reimbursement for the AT being transferred at the amount of \$_____.

We have mutually agreed on _____ as the transfer date.

Child

Receiving Agency

Date of Notification of transfer date. _____
(Parent/caregiver must be notified within 30 working days of original request.)

The receiving agency will assume responsibility for support, maintenance, repair, or replacement of the device as of the date of transfer.

Section 2: (Complete for denial of transfer)

Please provide reasons for denial:

Agency Signature _____ Date _____

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SERVICES INITIATED REPORT

Services authorized on the IFSP must begin within 30 days

Agency: _____
 Provider: _____
 Child's Name: _____ Date of Birth: _____
 Service Coordinator: _____
 Email: _____ IFSP Date: _____
 Phone: _____ Date Service ***MUST*** start by: _____
 Fax: _____

Should service not begin within 30 days, cite reason (i.e. POC not signed, unable to contact family)

Provider	Authorized Service Type	Date of First Appointment
If services begin more than 30 days from date authorized, describe reason		

Documentation of attempts to contact the family to arrange for services to begin:	
Date	Comment

Provider Signature: _____

Please send the completed form to the service coordinator after first appointment.

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**Early Steps/Medicaid Freedom of Choice Statement
Declaración de libertad de elección de Pasos Tempranos/Medicaid**

Child's Name

Nombre del niño

Medicaid #

de Medicaid

Medicaid Funded Service(s) on IFSP

Servicios pagados por Medicaid identificados en el *Plan Individualizado de Apoyo Familiar (IFSP)*

Dated:

Fecha:

Parent/guardian must initial all that apply:

Padre/Guardián debe poner las iniciales certificando todos los siguientes comentarios que apliquen a su caso individual:

- I understand that I have the right to freely choose from any Medicaid provider within my service area to obtain any Medicaid reimbursable items or services recommended, identified or authorized on the Individualized Family Support Plan (IFSP).**

Entiendo que tengo el derecho de escoger libremente cualquier proveedor de Medicaid dentro de mi área de servicio para obtener servicios reembolsables por Medicaid o servicios recomendados, identificado o autorizado en el *Plan Individualizado de Apoyo Familiar*.

- I have a current (dated) list of names and addresses of Medicaid-enrolled providers in my service delivery area, who can deliver recommended, identified or authorized items or services, if service providers are available in the community.**

Tengo la lista corriente (fecha) de nombres y direcciones de los proveedores matriculados en Medicaid en mi área de servicio que puedan proveer los servicios recomendados, identificados o autorizados, siempre y cuando (el proveedor) este disponible.

- I have been informed whether my Early Steps service coordinator/targeted case manager has a financial interest in the service or item being recommended, identified or authorized on the IFSP.**

He sido informado si mi coordinador de servicios del programa Pasos Tempranos tiene un interés financiero en el servicio o artículo recomendado, identificado o autorizado en el *Plan Individualizado de Apoyo Familiar (IFSP)*.

Parent/Guardian Signature _____ **Date** _____

Firma del Padre/ Guardián

Fecha

This statement must be completed, signed and dated by the parent, guardian or legally responsible caretaker when a Medicaid-funded service is recommended, identified or authorized on the Individualized Family Support Plan (IFSP) and maintained in the child's Early Steps record.

Esta declaración debe ser completada, firmada y fechada por el padre, guardian o persona legalmente responsable cuando un servicio pagado por Medicaid esta recomendado, identificado, o autorizado en el Plan Individualizado de Apoyo Familiar (IFSP). El programa de Pasos Tempranos debe mantener una copia del mismo en el archivo.

Early Steps

Summary of Family Rights

The partnership between families and Early Steps is a key component of the Early Steps system. Ongoing communication between you and Early Steps is important so your concerns and priorities are addressed. If you have concerns about Early Steps, you should discuss them with your service coordinator and Individualized Family Support Plan (IFSP) team. Your IFSP team needs and wants to hear any and all issues you might have. You are also entitled to procedural safeguards and rights in Early Steps, which for the purpose of this summary, is Part C of the Individuals with Disabilities Education Act and its regulations. Your rights are summarized in this document. For more detailed information on the policies and rights you have in Early Steps, you may visit http://www.cms-kids.com/home/resources/es_policy/es_policy.html or call (800) 654-4440.

This summary includes information about:

- *RECORDS*
- *WRITTEN PRIOR NOTICE and NATIVE LANGUAGE*
- *PARENTAL CONSENT*
- *CONFIDENTIALITY AND RELEASE OF INFORMATION*
- *ACCEPT OR DECLINE SERVICES*
- *SURROGATE PARENTS*
- *MEDIATION*
- *COMPLAINT PROCEDURES*
- *DUE PROCESS HEARING*



RECORDS

You, and a representative, have the right to review information in your Early Steps record relating to evaluations and assessments, eligibility determinations, development and implementation of the Individualized Family Support Plan (IFSP), individual complaints dealing with your child, and any other records involving your child and family, unless you do not have the authority to do so. You have the right to review this information before any Individualized Family Support Plan (IFSP) meeting or due process hearing, and it will be provided within 45 days after you make the request. If the Early Steps record includes information on more than one child, you may only review the information related to your child or will be informed of that specific information. Early Steps may charge a fee for copies of the record, but only if this does not prevent you from inspecting and reviewing the record. Early Steps may not charge a fee to search for or collect information. Early Steps will respond to reasonable requests for explanations and interpretations of your child's record. You may request that Early Steps provide copies of the record if failure to provide copies would prevent you from exercising your right to inspect and review the record.

Early Steps keeps a record of people who request or receive access to records they collect, maintain, or use, except access by you and authorized employees of Early Steps. The record they keep includes the name, date, and reason why the party was authorized to use the record. Early Steps will keep this information with your records as long as they maintain it. Early Steps will make sure you receive a list, upon request, of the types of Early Steps records kept on your child, where they are kept, and how you can gain access to them.

If you feel that any statement in the record is wrong or misleading, or violates the privacy or other rights of your child, you may submit a written request for Early Steps or the service provider to change it. Early Steps or the service provider will either change the statement(s) in a reasonable period of time or formally refuse to do so. If Early Steps or the service provider refuses to do so, you will be informed in writing of that refusal, be provided information about your right to dispute the decision to refuse to change the record, and informed of your right to a due process hearing. Early Steps will provide an opportunity for a due process hearing, upon request, if you challenge information in the record to ensure that it is not inaccurate, misleading, or violates your child's privacy or rights. If a due process hearing occurs and it is determined that information in the record is inaccurate, misleading, or violates your child's privacy or rights, the records will be changed accordingly and you will be notified in writing. If a due process hearing occurs and it is determined that the information in the record is not inaccurate, not misleading, or does not violate your child's privacy or rights, you will be informed of your right to place a statement in the record commenting on the information or reasons for disagreeing with the decision. This information will be maintained in the Early Steps record. If your Early Steps record or the section that is disagreed upon is disclosed to any party, the statement you provided must also be provided to the party.

Personally identifiable information includes your child's name, your name or other family members, address, social security number or other personal identifiers, and other information that might make it possible to identify your child. Early Steps keeps this information on referred children and those who receive or have received services. This includes information related to screening, evaluation and assessment, eligibility, the Individualized Family Support Plan (IFSP), and services. Early Steps will also gather information from individuals or agencies that have information about your child and those providing services to your child. This information will be used to determine eligibility and make decisions about services for your child. Early Steps is responsible for protecting your personally identifiable information and is trained on these responsibilities. Your personally identifiable information will be protected to ensure the confidentiality of your information when it is collected, stored, disclosed, used, and destroyed. Early Steps will inform you when they no longer need your personally identifiable information in order to provide services to your child. This information must be destroyed at your request however, a permanent record of your child's name, address, phone number, and services received, including dates, may be kept without time limitation. Once your child and family no longer receive services, Early Steps will maintain your child's Early Steps record for a minimum of five years from the date your child was closed from Early Steps. You may review the names and positions of anyone who may have access to your personally identifiable information.

WRITTEN PRIOR NOTICE and NATIVE LANGUAGE

You must be given written prior notice in a reasonable time before Early Steps or a service provider proposes to initiate or change, or refuses to initiate or change the identification, evaluation, or placement of your child, or the provision of appropriate early intervention services for your child and family. The notice will help you be more prepared and will state information including:

- the action that is being proposed or refused;
- the reasons for taking the action;
- all procedural safeguards that are available under Early Steps; and
- the Early Steps complaint procedures and timelines.

Early Steps wants you to understand so that you can be an informed team member and decision maker. The written prior notice must be written in understandable language and provided in your native language, unless it is clearly not feasible to do so. Native language means the language or mode of communication you use. If your native language or other mode of communication is not a written language, Early Steps will take steps to ensure that the notice is translated orally or by other means to you in your native language or other mode of communication, you understand the notice, and there is written evidence that these requirements have been met. If you are deaf, blind, or have no written language, the way in which you communicate will be used by Early Steps.

PARENTAL CONSENT

Early Steps needs your permission to take actions that affect your child. You will be asked to give your consent in writing before Early Steps conducts an evaluation and assessment or provides early intervention services. Consent means that you are fully informed, in your native language or other mode of communication, of all information related to the activity that Early Steps is requesting your consent, that you understand and agree in writing to the carrying out of the activity in which your consent is being requested, and the consent describes the activity and lists the records (if any) that will be released and to whom, and that you understand that giving your consent is voluntary and can be taken away at any time. If you do not give consent for the evaluation and assessment or services, Early Steps will make reasonable efforts to ensure that you are fully aware of the nature of the evaluation and assessment or the services that would be available and that you understand that your child will not be able to receive the evaluation and assessment or services unless consent is given. You may take away consent for your child at any time.

Early Steps must provide written notice and obtain written consent from you in order to obtain, release or exchange personally identifiable information concerning your child and family except in certain circumstances. This also includes the verbal sharing of personally identifiable information. If you do not give Early Steps consent to release your personally identifiable information, your information will not be released.

CONFIDENTIALITY AND RELEASE OF INFORMATION

Early Steps will ensure the confidentiality of personally identifiable information, data and records collected, used or maintained, including your right to written prior notice and written parental consent to the exchange of personally identifiable information among agencies, consistent with Federal and State law. Early Steps will keep a record of anyone who requests or receives your Early Steps record.

The protections of the Family Educational Rights and Privacy Act (FERPA) regarding the confidentiality of personally identifiable information also apply to you.

ACCEPT OR DECLINE SERVICES

You have the right to determine whether you will accept or decline any Early Steps service and may decline a service after first accepting it, without it affecting other services.

SURROGATE PARENTS

Early Steps will ensure the rights of eligible children are protected if no parent can be identified, the parent(s) whereabouts cannot be discovered after reasonable efforts, or your child is a ward of the state. This is done by assigning a surrogate parent. If a surrogate parent is assigned, they may represent your child during the evaluation and assessment, development and implementation of the Individualized Family Support Plan (IFSP), ongoing service delivery for your child, and other rights in Early Steps. Early Steps has procedures in place to determine whether a child needs a surrogate parent, and the assignment and selection of a surrogate parent.

MEDIATION

Mediation is an informal option to resolve disputes regarding any matter concerning your involvement with Early Steps. Mediation is voluntary on the part of all parties who must sign the request form. In mediation, an impartial trained mediator, who is qualified and knowledgeable in laws and regulations related to Early Steps, helps the parties reach a mutually satisfactory agreement. Mediation is free to you and does not interfere with your right to a due process hearing or any other rights in Early Steps. Mediation discussions are confidential and will not be used in a subsequent due process hearing or civil proceeding. Mediation will be scheduled in a timely manner, within 21 calendar days of the receipt of a request signed by both parties, and will be held in a location that is convenient to all parties. Any agreements reached in Mediation will be put in writing and signed by all parties.

COMPLAINT PROCEDURES

You have the right to file a complaint alleging that Early Steps, or a service provider, has violated a requirement of Early Steps. Complaints must be written and signed and include the following information:

- a statement that Early Steps or a service provider has violated your rights; and
- the facts on which the complaint is based.

Complaints must be filed within one year of the date of the alleged violation unless the violation is continuing, or the complainant is requesting reimbursement or corrective action for a violation that occurred within three years of the date of the complaint.

Complaints must be mailed to the Florida Department of Health, Children's Medical Services, Early Steps State Office at:

IDEA, Part C Coordinator
Department of Health
Children's Medical Services
Early Steps State Office
4052 Bald Cypress Way, BIN# A06
Tallahassee, FL 32399-1707

Once a complaint is received, the Early Steps State Office will conduct an independent investigation of the complaint. You will have the opportunity to submit additional information, either orally or in writing, about your allegations. The Early Steps State Office will review all relevant information and make an independent determination as to whether a violation of your rights has occurred. A written decision will be issued (within 60 days of the receipt of the complaint, unless exceptional circumstances exist) that includes the findings of fact, conclusions, and the reasons for the final decision. The written decision can include technical assistance activities, negotiations, and corrective actions to achieve compliance, if a violation is found. If the investigation finds a failure to provide appropriate services, the Early Steps State Office will address how to correct the issue, as appropriate, including awarding monetary reimbursement or other corrective actions to meet the needs of your child and family, and appropriate future services for all infants and toddlers with disabilities, and their families.

Mediation will be offered when a complaint is received. If a written complaint is received that is also the subject of a due process hearing, Early Steps will set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the complaint timelines. If an issue is raised in a complaint that has been previously decided in a due process hearing involving the same parties, Early Steps will inform you that the hearing decision is binding.

A complaint alleging failure to implement a due process hearing decision must be resolved by the Early Steps State Office.

DUE PROCESS HEARING

You have the right to request a due process hearing when there is a disagreement regarding the proposal to initiate or change, or refusal to initiate or change the identification, evaluation, or placement of your child, or the provision of appropriate early intervention services to your child or family.

A due process hearing request must be filed with the Florida Department of Health, Children's Medical Services, Early Steps State Office at:

IDEA, Part C Coordinator
Florida Department of Health
Children's Medical Services
Early Steps State Office
4052 Bald Cypress Way, BIN # A06
Tallahassee, FL 32399-1707

Mediation will be offered when a due process hearing request is received. A due process hearing is conducted by an impartial person who is not an employee of Early Steps, or any other entity involved in the services or care for your child, though Early Steps pays for their services. They do not have a personal or professional interest that would conflict with their ability to be objective and implement the process. The hearing officer will have knowledge about Early Steps, including Part C of the Individuals with Disabilities Education Act and its regulations and the needs of, and services available for, eligible children and their families. The officer will listen to relevant viewpoints about the issue, examine all information related to the issues, and seek to reach a timely resolution regarding the issue. It will be at a time and place that is convenient to you and you will be notified of the date, time, and place of the hearing in a reasonable time in advance. A hearing will be held and a written decision mailed within 30 days of the request of a hearing. The written decision will be based on the evidence and will include a summary of the evidence and the reasons for the decision.

Summary of family rights and procedural safeguards within Early Steps

During a due process hearing, you have the right to:

- be accompanied and advised by counsel and by individuals with special knowledge or training on Early Steps at your own expense;
- present evidence and confront, cross examine, and require attendance of witnesses;
- not allow evidence that has not been disclosed to you at least five days before the hearing;
- receive a written or electronic word for word copy of the hearing; and
- receive the written findings and decisions from the hearing.

A record of the proceedings and a written decision will be provided to you. Unless you and Early Steps agree, Early Steps will continue to provide the early intervention services to which you have provided consent or if applying for initial services, will provide the early intervention services not in dispute as authorized on your Individualized Family Support Plan (IFSP). You have a right to file a civil action in a state or federal court if you are not satisfied with the outcome of a due process hearing. The decision of the hearing officer is binding unless it is reversed on appeal.





Rick Scott
Governor

H. Frank Farmer, Jr., MD, PhD, FACP
State Surgeon General

November 3, 2011

Name
Address
Address
City, State, Zip

Re: Upcoming Changes to Children's Medical Services (CMS) Billing System for CMS KidCare, Early Steps, and CMS Safety Net programs.

Dear CMS Provider:

I would like to take this opportunity to inform you that Children's Medical Services is changing its enrollment and claims payment system for CMS KidCare, Early Steps, and CMS Safety Net programs. These changes will affect the way the Children's Medical Services (CMS) program handles claims, receipts, and payments for health care goods and services. There is no action that you need to take at this time.

Children's Medical Services contracted with MED3000 to be its third party administrator (TPA) for services that you provide to children enrolled in the CMS program, including Early Steps. This letter summarizes some of changes that will affect you and your staff. CMS and MED3000 will send more detailed information and training opportunities closer to the time that you will need to participate in this new system.

Below, we summarize key changes that you can expect.

- Third Party Administrator Phase-In: MED3000 and CMS will phase-in the system at different dates across the state. The phase-in schedule is attached at the end of this letter.
- Training: MED3000 will provide you and your staff with training to use the system, including how to access the system and how to submit and track claims. MED3000 will first contact you about available training two months before we have scheduled your area to transition to the new system.
- Provider Portal: You will access the MED3000 third party administrator system through the company's provider portal. This secure portal is HIPAA compliant. Using this portal, you will be able to look up each child's eligibility, verify the child's enrollment in one of the CMS program's, view service authorizations, and review the status of any of your claims.

- Electronic Claims: MED3000 would prefer that you submit electronic claims, but it will accept paper claims. The training will show you how to submit both types of claims. You will be paid faster if you submit electronic claims.
- Electronic Funds Transfer (EFT): MED3000 can send approved payments directly to the financial account that you choose. When you receive training, MED3000 staff will instruct you on the steps needed to set up the EFT system to have approved payments automatically sent to your account.
- Customer Support: Once MED3000 begins working with your area, the company will answer your claims inquiries or questions. During training, you will receive information on how to contact MED3000 with your questions. Your local CMS office will remain your contact for questions about allowable services, referrals to other providers, and other programmatic support needs.

If you have any questions about this information, please send it via email to the following address: CMS_Inquires@doh.state.fl.us with *TPA Provider Inquiry* in the subject line. This information and future changes can also be found at <http://www.cms-kids.com/providers/providers.html>

Sincerely,



Phyllis J. Sloyer, R.N., Ph.D.
Division Director
CMS Network and Related Programs

PJS/rhl

CMS Third Party Administrator Phase-In Schedule To Implement Billing Services with MED3000

Prior to implementing each phase, all clients from that area who are actively enrolled in the CMS program will be added into the MED3000 third party administrator system. All claims with service dates that occur on or after the phase-in start date will be processed and paid by MED3000. Any claims with dates of service prior to the phase-in start date will be processed and paid through the existing payment system.

Pilot Phase: March 1, 2012 through May 31, 2012

CMS Network

Pensacola
Orlando
Viera

Early Steps

Western Panhandle - Pensacola:
Central Florida - Orlando
Space Coast - Viera

Phase 1: June 1, 2012 through June 30, 2012

CMS Network

Panama City
Tallahassee
Lakeland
Tampa
St. Petersburg

Early Steps

Big Bend – Panama City
Big Bend - Tallahassee
Bay Area – Tampa USF
Bay Area –Infants and Young Children, Tampa
West Central – St. Petersburg

Phase 2: July 1, 2012 through July 31, 2012

CMS Network

Sarasota
Fort Myers
Naples

Early Steps

Gulf Central - Sarasota
Southwest Florida - Ft. Myers
Treasure Coast - West Palm Beach
Treasure Coast – Port St. Lucie
Gold Coast – Ft. Lauderdale
North Dade – North Miami
Southernmost Coast – South Miami

Phase 3: August 1, 2012 through August 31, 2012

CMS Network

Jacksonville
Gainesville
Daytona Beach
Ocala
Fort Pierce
West Palm Beach
Fort Lauderdale
North Miami
South Miami
Marathon

Early Steps

Northeastern - Jacksonville
North Central - Gainesville
North Beaches – Daytona Beach

List order: Name

Omit Service Filter: TCON

EI Class Filter: 01

Eligibility Filter: Program Patients

Services	Number of Children	Number of Units	Fee Reported	Avg Fee Per/Unit
Service Coordination, Class #01				
CASE-CASE-NON-TCM CASE MANAGEMENT	795	295.75	10942.75	37
SCTT-SCTT-SERVICE COORDINATOR TRAVEL	229	221.75	8204.75	37
TCM-T1017TL-TARGETED CASE MANAGEMENT	1609	2585.75	95635.75	36.9857
Subtotal (Total Children Is Unduplicated)	1786	3103.25	114783.25	36.9881
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Total		3103.25	114783.25	36.9881
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Number of Children (Unduplicated) With at Least	One	Service	1786	
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of Service Coordination FTE 34.45 (Actual FTE for month from Service Coordinator Report with invoice for the month of reporting)

Class 01 Hours per FTE 90.08 (Units divided by FTE)

Total Work Hours in Month 160 (average @ 40 hours X 4 weeks)

Productivity 56%

File Prefix #	Form	On Demand	Batch Printed Next Day for Mailing	Certain Business Rules Prompt Automatic Letter/Form Generation
1	Release of Information	X		
2	Eligibility Evaluation Appt Query LESs	X		
3	Transition Referral Form to school and other agencies	X		
4	Inform Consent for Evaluation		X	
5	Understanding Notification Brochure			X
6	LEA Notification list and letter			X
7	Annual update of insurance information to families			X
8	Written Prior Notices		X	
9	ASST Transfer Form	X		

File Prefix #	Form	On Demand	Batch Printed Next Day for Mailing	Certain Business Rules Prompt Automatic Letter/Form Generation
10	30 Day Service Initiation Documentation Form			X
11	Freedom of Choice		X	
12	Assignment of Benefits		X	
13	Procedural Safeguards Summary_English	X		