

Proposed Changes to Early Steps Operations Guide

For Public Participation: 2/10/14 – 4/10/14

Comments Accepted: 3/3/14 – 4/1/14

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Related Policy Component	Guidance/Procedures	Reference/Related Documents
Component 1 – General Supervision and Administration		
1.2.22	<p>A. The Florida Legislature makes a specific annual appropriation for Early Steps. Early Steps legislative appropriations include state funding for the program and budget authority for spending federal grant funds. Local funds will be accessed by LES.</p> <p>B. <u>Early Steps may perform fundraising activities to support program expenses, provided that no Part C funds are used to support the cost of fundraising activities. The following guidelines should be followed when performing fundraising activities:</u></p> <ol style="list-style-type: none"> 1. <u>Funds may not be solicited, collected or tabulated by Early Steps staff members during work hours or using Part C funded equipment, facilities, or supplies during Early Steps hours of operation.</u> 2. <u>Early Steps resources may be used on an occasional basis during a time the Early Steps program is closed. An LES, for example, could use their office building to host a fundraising event on a weekend or in the evening.</u> 3. <u>Fundraising activities conducted under the auspices of Early Steps should be related to generating revenue for the benefit of the Early Steps children and families.</u> 4. <u>Any funds generated from fundraising must be treated as program income. The Florida Legislature makes a specific annual appropriation for <u>Early Steps</u>. Early Steps legislative appropriations include state funding for the program and budget authority for spending federal grant funds. Local funds will be accessed by <u>LES</u>.</u> 	
1.4.4	<p>A. <u>Exceptions may be made, however, and Part C funds used rather than billing insurance in those cases where payment of the family's insurance copay and/or deductible for any service would result in a higher payment than full Part C payment at the</u></p>	

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	<p>reduced Early Steps rate.</p> <p>B. When a child is enrolled in the Medicaid program and the service to be provided is a Medicaid reimbursable service and the child’s IFSP team recommends a level of service provision which exceeds the Medicaid service limitations, then the child’s service coordinator or service provider must ensure that the Medicaid service exception procedure is followed to obtain Medicaid payment approval for the service prior to accessing IDEA, Part C funds.</p>	
<p><u>1.4.14</u></p>	<p><u>The following guidelines should be followed when performing fundraising activities:</u></p> <p><u>A. Funds may not be solicited, collected or tabulated by Early Steps staff members during work hours or using Part C-funded equipment, facilities, or supplies during Early Steps hours of operation.</u></p> <p><u>B. Early Steps resources may be used on an occasional basis during a time the Early Steps program is closed. An LES, for example, could use their office building to host a fundraising event on a weekend or in the evening.</u></p> <p><u>C. Fundraising activities conducted under the auspices of Early Steps should be related to generating revenue for the benefit of the Early Steps children and families.</u></p> <p><u>D. Any funds generated from fundraising must be treated as program income.</u></p>	
<p>1.6.1</p>	<p>A. The LES may choose to designate someone other than the service coordinator to discuss the use of insurance with the family, but the service coordinator maintains responsibility to serve as the single point of contact in helping families obtain needed services. The LES may use local discretion and determine the service coordinator’s level of involvement with insurance companies.</p> <p>B. The service coordinator or the designee should:</p> <ol style="list-style-type: none"> 1. Review with the family their insurance coverage: 2. Contact, with the family’s consent, the family’s 	<p>Written Notice Related to Private Insurance and Medicaid</p> <p>Written Notice Related to Private Insurance and Medicaid - Creole</p> <p>Written Notice Related to Private Insurance and</p>

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	<p>insurance company to determine the following information:</p> <p>a. Will evaluation/assessment services apply to the lifetime policy cap?</p> <p>b. How much is the family policy cap?</p> <p>a. What is needed in order to get evaluation services covered (e.g., physician’s referral)?</p> <p>b. What types of early intervention services, therapies, and other services are included in the benefit package and are there service requirements or limitations?</p> <p>c. What is the family co-payment and/or deductible?</p> <p>d. Is there a tax-favored health plan connected with the benefit package or otherwise provided by or on behalf of the family? If so, determine which type and how it may impact payment of insurance, family co-payment/deductible or other resources beyond and including Part C. This may include a health savings account (HSA), medical savings account (MSA), health flexible spending arrangement (FSA), or health reimbursement arrangement (HRA).</p> <p>e. Whether or not a provider is available, able to provide services in the natural environment and covered under the insurance plan.</p> <p>3. Use the Insurance Information Update letter at a minimum annually to ensure that insurance information is current.</p>	<p>Medicaid - Spanish</p> <p>Informed Consent For Use of Insurance/ Medicaid form</p> <p>Informed Consent for Use of Private Insurance - Creole</p> <p>Informed Consent for Use of Private Insurance - Spanish</p> <p>Insurance Information Update letter - Creole</p> <p>Insurance Information Update letter - Spanish</p>
<p>Component 2 – <u>Child Find and Referral</u></p>		
<p>There are no proposed changes to Component 2.</p>		
<p>Component 3 – First Contacts/Evaluation/Assessment</p>		
<p>3.2.3</p>	<p>A. While a face-to-face meeting is not required as part of the first contacts process, it is still preferable and considered best practice.</p> <p>The appointment for first contacts should be scheduled in enough time to allow the IFSP to be developed within 45</p>	

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	days from the referral date.	
3.2.4	<p>A. If the first contacts activities include a face-to-face meeting, the meeting must be in a location convenient to the family.</p> <p>B. It is best practice for a face-to-face meeting to take place in the natural environment if the family's circumstances allow.</p>	
3.3.1	<p>A. Families should be given the <i>Informed Notice and Consent</i> form to indicate if they wish to provide or decline consent for their child to receive a screening, an evaluation or an assessment. If the family is provided notice of the screening and evaluation/assessment and consents to both on the same day, they may sign one consent form.</p> <p>B. If a developmental screening is conducted, the screening tools that are recommended for use as general developmental screeners and should be considered first are: the <i>Ages and Stages Questionnaire <u>Third Edition</u> (ASQ-3)</i>, <i>Birth to Three Screener</i>, the <i>Battelle Screening Tool</i> or the <i>Early Learning Accomplishment Profile (ELAP) Screener</i>. Screening may occur by:</p> <ol style="list-style-type: none"> 1. Conducting a developmental questionnaire or other appropriate parent report tool face-to-face or by telephone; or 2. Mailing a developmental questionnaire to families with instructions on how to check their child's development; or 3. A combination of a face-to-face visit using an approved tool, telephone contact and mailed questionnaire. <p>C. For children who appear to have a specific area of developmental concern, the LES may choose a screening instrument developed for that specific area.</p> <p><u>D. For children who have social-emotional concerns, the ASQ-SE should be considered first as a screening instrument.</u></p> <p>E. For children suspected of having Autism Spectrum</p>	<p>Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review - English</p> <p>Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review- Spanish</p> <p>Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review- Creole</p>

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	<p>Disorder, Local Early Steps will obtain screening results from the child’s medical home or other local community screening initiatives. When no community resources are available or the child does not have a medical home, the Local Early Steps may provide at any time a screening for those children who are identified with communication or social/emotional concerns that may indicate Autism Spectrum Disorder. The Modified Checklist for Autism in Toddlers (M-CHAT) or the Communication and Symbolic Behavior Scales Developmental Profile (CSBS DP) should be considered first.</p> <p>F. If a child suspected of having Autism Spectrum Disorder fails the first screening, Early Steps may conduct another screening to confirm the results of the first screening. The Modified Checklist for Autism in Toddlers (M-CHAT) Interview should be considered first.</p> <p>G. When screening is completed, the results are documented on Form B of the IFSP document.</p> <p>H. Screening records from other agencies, (e.g., Early Head Start, Healthy Start, the county health department, etc.), should be considered if they were conducted no earlier than thirty days prior to the time of referral and the screening tool addressed each of the five developmental domains.</p>	
3.6.3	<p>The assessment process results in a statement on the IFSP of the child’s level of functioning in the required developmental domains. The child’s assessment information is documented on Form E of the IFSP.</p>	<p>Instructions for Completing the Early Steps IFSP, Form E</p>
Component 4 – Service Coordination		
4.2.6	<p><u>Upon notification from a provider that a family has missed two consecutive appointments without advance notice, the service coordinator will:</u></p> <p><u>A. make at least two attempts to contact the family, starting with the mode of communication previously successful, within three (3) days of notification by provider. The contact should include the following information:</u></p> <p><u>1. LES concern for the family’s health and well-being</u></p>	<p><u>6.1.3.B. and C. Guide</u></p>

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	<p><u>since two consecutive appointments were missed:</u></p> <p><u>2. an offer to schedule an IFSP review to determine if the outcomes, services/supports, and/or provider(s) are not meeting the needs of the family; and</u></p> <p><u>3. an offer to coordinate with the provider(s) to reestablish services.</u></p> <p><u>B. contact other providers working with the family to determine if the family has kept those appointments and/or been in contact with the provider;</u></p> <p><u>C. coordinate follow up activities the family reported necessary to fully participate in services and supports, including rescheduling with the provider(s), once contact has been established with the family</u></p> <p><u>D. proceed to the activities in Policy 6.12.2 [provide link] if follow-up activities for contact are unsuccessful; or and</u></p> <p><u>E. document the above in the Early Steps record..</u></p>	
Component 5 – Individualized Family Support Plan (IFSP)		
5.2.1	<p><u>A. A parent may audio or video tape an IFSP meeting to help understand the IFSP, share information with the other parent, family member, or advocate who cannot attend, or better understand their rights.</u></p> <p><u>B. The LES may audio or video tape an IFSP meeting, with the approval of the family, and must ensure the recording becomes a part of the child’s Early Steps record.</u></p> <p><u>C. If an IFSP team member refuses to be recorded, they are not required to participate however must send their recommendations ahead of time in writing which becomes part of the child’s Early Steps record.</u></p> <p><u>D. Each LES should make a substantial good faith effort to find a translator, professional, extended family member, or community resource person to translate or interpret for the IFSP meeting whenever Each LES should make a substantial good faith effort to find a translator, professional, extended family member, or community resource person to translate or interpret for the IFSP meeting whenever needed.</u></p>	

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<p>5.5.2</p>	<p>A. If the initial IFSP does not take place within 45 days of receipt of the referral by the LES, the reason for delay must be documented in the child’s record and entered as a barrier in the Early Steps data system. <u>Barriers codes for the initial IFSP are as follows:</u></p> <p><u>1. Barriers considered to be beyond the LESs control:</u></p> <ul style="list-style-type: none"> a. <u>Child issues (such as illness, appointment conflict, etc.)</u> b. <u>Office closure due to hurricane or other official state of emergency</u> c. <u>Family/caregiver issues (such as illness, child care, convenience, family appointments, transportation, vacation, work, emergencies, etc.)</u> d. <u>Family did not show for scheduled evaluation and/or initial IFSP</u> e. <u>Unsuccessful attempts to contact to schedule first contacts activities, evaluation/assessment and/or initial IFSP meeting (.e.g. unreturned phone calls, disconnected phone, or unable to locate family)</u> f. <u>Re-referral (Child was enrolled previously, closed, and re-opened)</u> <p><u>2. Barriers that are not an acceptable reason for delay and are considered noncompliant.</u></p> <ul style="list-style-type: none"> a. <u>LES capacity issue (such as no available appointment, appointment canceled due to staffing issues, inability to contact family due to staffing issues, etc.)</u> b. <u>Insurance approval pending for evaluation/assessment</u> c. <u>External provider issues (e.g. team not available.</u> <p>B. The reason for the delay may also be documented on Form A.</p>	<p>Instructions for Completing IFSP Form A</p>
<p>5.6.1</p>	<p>A. If the periodic review occurs before six months, the next periodic review should occur six months from</p>	<p><u>Instructions for</u></p>

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	<p>that date. No more than a 6-month period can lapse between IFSP reviews.</p> <p>B. If the periodic review meeting is held reasonably close and prior to the due date of the annual review of the IFSP and all conditions for the annual review are met during the periodic review meeting, then the periodic review can suffice for the annual review of the IFSP.</p> <p>C. If the periodic review is held a short time prior to the child’s third birthday, then the transition conference may be held in conjunction with the periodic review, if all conditions are met for conducting the Transition Conference as stated in Policy Handbook 7.3.0 and 7.4.0.</p> <p>D. Examples of conditions that warrant more frequent periodic reviews of the IFSP include:</p> <ol style="list-style-type: none">1. Any time a change, <u>including closure from Early Steps, or modification</u> is requested on the IFSP by any member of the IFSP team.2. When the service coordinator is aware of problems/concerns that need to be discussed between the times when required meetings or reviews are due.3. When the service coordinator/service provider receives a request from the family regarding problems/concerns that need to be discussed between the times when required meetings or reviews are due.4. When an IFSP outcome is not being met, or progress is not being made, you would not need to wait six months to figure out new strategies.5. When the outcomes were achieved in four months, you would not need to wait two additional months to develop new ones. If an outcome has a projected achieve date in 4 months, then a periodic review just prior to that achieve date may be necessary to determine next steps. However, if an IFSP outcome was achieved yet there continue to be other outcomes to be addressed, an earlier IFSP review may not be necessary.6. When a child and family transfer from another	<p><u>Completing IFSP Form J</u></p>
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	<p>LES in Florida.</p> <p>E. The review should ensure the services, goals, and objectives on the service coordination/ targeted case management service plan continue to be appropriate or are revised as necessary.</p>	
Component 6 – Early Intervention Services and Supports		
<p>6.1.1</p>	<p>A. Other services needed to meet IFSP outcomes may include the following:</p> <ol style="list-style-type: none"> 1. SHINE (Serving Hearing Impaired Newborns Effectively) component for children with hearing impairment 2. Blind Babies Program <p>A. <u>An individualized outcome and primary service location must be developed for TCM/service coordination for all eligible children and families.</u></p> <p>B. <u>Appropriate reasons for infants and toddlers, and their families, who receive no services other than TCM/service coordination, include developmental monitoring for:</u></p> <ol style="list-style-type: none"> <u>1. children eligible based on an established condition yet not showing developmental delays;</u> <u>2. families with extended time planned outside of the LES service area;</u> <u>3. children residing in a residential and/or nursing facility;</u> <u>4. children receiving services in a Prescribed Pediatric Extended Care Facility (PPEC); and</u> <u>5. other reasons determined appropriate by the IFSP team.</u> <p>C. <u>If during the developmental monitoring process it is determined that the child and family would benefit from other Part C services, the IFSP should be revised as necessary.</u></p>	<p><u>Early Steps Service Code Taxonomy</u></p> <p><u>SHINE Procedural Guidance</u></p>

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6.1.3	<p>A. When a service provider has advance notice of an event (child or family related issue, holiday, vacation, jury duty, etc.) and is not able to provide services at the frequency and intensity authorized on the IFSP, it is expected that the IFSP team will plan around these events in order to serve the child. The following are possible scenarios:</p> <ol style="list-style-type: none">1. Sessions are usually scheduled on Monday and Thursday. Monday is a holiday. The Monday session is re-scheduled for Tuesday.2. The family is going on a two-week vacation. Prior to the family's departure, the provider discusses activities the family can use within the context of everyday routines during the vacation in order to address outcomes. Service resumes at the previously authorized frequency when the family returns.3. The provider is called for jury duty for one week and arranges for a substitute to provide services during that week.4. The child will be hospitalized for one week and will have a two-week recovery time. Following hospitalization and recovery, the IFSP team reconvenes to consider whether a modification to the frequency or intensity of services is necessary for a period of time or whether the previously authorized frequency/intensity remains appropriate. <p>B. When services are missed, the team should review the child/family's needs to determine whether a revision to the frequency or intensity of services is necessary and appropriate to address the outcomes on the IFSP. It should not be automatically assumed that increasing the frequency or intensity of services will compensate or make up for a period when no services were provided. If a family misses an appointment without advance notice, the provider should leave a note or a message, as applicable, for the family that explains that he/she will be contacting them to reschedule, remind them of their cancellation policy, and document the missed appointment/follow up activity in the provider record.</p> <p><u>C. If a family misses two consecutive appointments</u></p>	<p>IFSP Instructions Form G</p>
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	<p><u>without advance notice, the provider:</u></p> <ol style="list-style-type: none"> 1. <u>should notify the family’s service coordinator of the missed appointments within three (3) days following the second missed appointment;</u> 2. <u>will not be responsible for further service provision until notified by the service coordinator that contact with the family has been established and continued interest in services verified; and</u> 3. <u>should document missed appointments and follow up activity in the provider record.</u> <p>D. E. <u>It should not be automatically assumed that increasing the frequency or intensity of services will compensate or make up for a period when no services were provided.</u></p> <p>E. C. When a provider is not available to provide an authorized service, the IFSP team should reconvene to ensure that services are provided to meet the outcomes identified on the IFSP.</p> <p>F. D. The LES is not responsible for ensuring the provision of services not authorized by the IFSP team, or “other services.”</p> <p>G. E. Services authorized by the IFSP team are reflected on Form G of the IFSP</p>	
<p><u>6.1.20</u></p>	<p><u>The opportunity to submit a survey should be provided to every family that meets the criteria in Policy 6.1.20, utilizing a face-to-face contact with the family during the exit process.</u></p>	
<p>6.3.2</p>	<p>A. <u>There are two types of consultation:</u></p> <ol style="list-style-type: none"> 1. <u>Meetings between providers on a child’s IFSP team to discuss strategies or</u> 2. <u>A co-visit with another provider on the child’s IFSP team during an intervention.</u> <p>B. Consultation is typically between the PSP and other direct service providers. Each enrolled Early Steps provider can bill for consultation using the form as invoice documentation. Although they may participate in the consultation, professionals and providers who are not enrolled would not be able to bill.</p>	<p>Consultation form-e</p>

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	<p>C. The original Consultation form is kept in the child’s Early Steps record and participating providers use signed copies for billing.</p>	
<p><u>6.12.1</u></p>	<p><u>Possible reasons for closure are:</u></p> <ul style="list-style-type: none"> A. <u>Attempts to contact unsuccessful - Children without current service authorizations whom Early Steps personnel have been unable to contact or locate after making at least three consecutive documented attempts.</u> B. <u>Deceased - Children who died on or before their third birthday.</u> C. <u>Completion of IFSP prior to reaching age 3 - Children who have not reached age 3, have completed their IFSP outcomes, and no longer require services under Early Steps. This does NOT include children who were determined to be no longer eligible during the required re-determination of eligibility.</u> D. <u>Transfer to Other Center/District - Children whose family has moved to another LES region for continued service and for whom contact has been made with the receiving LES.</u> E. <u>Not eligible for IDEA, Part B, exit with referrals to other programs - Children who reached their third birthday, were evaluated and determined not eligible for IDEA, Part B, and were referred to other programs, which may include preschool learning centers, Head Start (but not receiving IDEA, Part B services), and child care centers, and/or were referred for other services, which may include health and nutrition services, such as Women, Infants and Children (WIC).</u> F. <u>Not eligible for IDEA, Part B, exit with no referrals - Children who reached their third birthday, were evaluated and determined not eligible for IDEA, Part B, but were not referred to other programs.</u> G. <u>Withdrawal by parent or guardian prior to IFSP - Children whose parents declined all services prior to IFSP development.</u> H. <u>Withdrawn by parent or guardian after IFSP - Children whose parents declined all services after</u> 	

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	<p><u>an IFSP was in place or declined consent for re-determination of eligibility, as well as children whose parents declined to consent to IFSP services and provided written or verbal indication of withdrawal from services.</u></p> <p>I. <u>IDEA, Part B eligible, exiting IDEA, Part C - Children determined to be eligible for IDEA, Part B who exited (or will soon exit) IDEA, Part C. This includes children who receive IDEA, Part B services in conjunction with Head Start.</u></p> <p>J. <u>Moved out of state - Children who moved out of state before their third birthday. Do not use this category for a child who moved within state (i.e., from one program to another).</u></p> <p>K. <u>Not Part C/DEI eligible based on developmental screening – Children determined to NOT meet Part C/DEI eligibility criteria based on a developmental screening prior to initial evaluation. Do not use this category if the child received a multidisciplinary evaluation.</u></p> <p>L. <u>Not Eligible for Early Steps services - Children determined to NOT meet IDEA, Part C /DEI eligibility criteria at initial evaluation or based on review of relevant collateral information (not eligible for Early Steps services).</u></p> <p>M. <u>No Longer Eligible – Children for whom the required re-determination of eligibility indicated the child no longer met eligibility criteria. This includes children who were closed after an initial IFSP and then re-referred for a different reason, but did not meet eligibility criteria upon re-referral.</u></p> <p>N. <u>Not considered for IDEA, Part B - Children who reached their third birthday and were not referred to IDEA, Part B. This category may be used to report children whose parent did not consent to an IDEA, Part B referral.</u></p> <p>O. <u>IDEA, Part B eligibility not determined - Children who reached their third birthday and their IDEA, Part B eligibility has not been determined. This category includes children who were referred for IDEA, Part B evaluation, but for whom the eligibility determination has not yet been made or reported.</u></p>	
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<p><u>6.12.2</u></p>	<p><u>A. Attempts that include at least two or more different methods may also include a telephone call, note left on the door, e-mail, regular mail, and/or message through a neighbor or other family member.</u></p> <p><u>B. During follow up with the original referral source to verify contact information, no new information may be provided by Early Steps about the child and family.</u></p>	
<p>Component 7 – Transitions</p>		
<p><u>7.2.3</u></p>	<p><u>When discussing notification and the opt-out option with parents, the LES will let parents know the locally agreed upon time lines for providing notification to the DOE and school district so that parents are aware of:</u></p> <p><u>A. whether they will have another opportunity to discuss notification, and</u></p> <p><u>B. how long they will have to decide whether they will opt-out of notification.</u></p>	
<p><u>7.2.5</u></p>	<p>The information in the Understanding Notification Brochure must be discussed verbally with the family. It is not enough to provide the brochure without discussion or verbal explanation.</p>	<p>Understanding Notification Brochure– Spanish</p> <p>Understanding Notification Brochure– Creole</p>
<p>7.2.7</p>	<p>A. Discussion of the intent to provide notification to the Department of Education (DOE) and the school district and the decision of the parent related to opting out of notification is appropriately documented by the LES service coordinator in a dated case note in the Early Steps record. Evidence of notification to the DOE and the school district may be in the form of a letter, a list, a data report or any other format agreed to by the LES, and school district <u>and/or DOE</u>.</p> <p>B. If a notification list or report includes names, dates of birth or addresses of other children/families, that information will be redacted before placing in a child's</p>	

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	<p>Early Steps record.</p> <p>C. If evidence of notification is kept at a separate location from the Early Steps record, this location should be noted in a case note.</p> <p>D. The provision of non-personally identifiable information to the school district when a parent opts out of notification is not equivalent to notification.</p>	
<p>7.3.1</p>	<p>A. Any delays or declinations regarding the transition conference are documented on the transition plan of the IFSP, in the case notes and in the Early Steps data system.</p> <p>A. <u>If the transition conference does not take place within the required timeframe, the reason for delay will be documented in the transition plan of the IFSP, the case notes and in the Early Steps data system. Barriers to be used in this situation for the transition conference are as follows:</u></p> <ol style="list-style-type: none"> 1. <u>Child issues (such as illness, appointment conflict, etc.) prevented the transition conference from occurring at least 90 days prior to the child's third birthday.</u> 2. <u>Family/caregiver issues (such as illness, child care, convenience, family appointments, transportation, vacation, work, emergencies, etc.) prevented the transition conference from occurring at least 90 days prior to the child's third birthday.</u> 3. <u>Office closure due to hurricane or other official state of emergency prevented the transition conference from occurring at least 90 days prior to the child's third birthday.</u> 4. <u>Family did not show for scheduled transition conference which prevented the transition conference from occurring at least 90 days prior to the child's third birthday.</u> 5. <u>Inability to contact the family after appropriate and reasonable attempts to schedule the transition conference (.i.e., unreturned phone calls, disconnected phone, or unable to locate) prevented the transition conference from occurring at least 90 days prior to the child's third birthday.</u> 6. <u>The family declined to participate in a transition</u> 	<p>IFSP Instructions, Form-I</p>

Proposed Changes to Early Steps Operations Guide

For Public Participation: 2/10/14 – 4/10/14

Comments Accepted: 3/3/14 – 4/1/14

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	<p><u>conference.</u></p> <p><u>NOTE: This barrier should not be used when the family declines pursuing services with IDEA, Part B. In this case, the transition conference still needs to be held no later than 90 days prior to the child's third birthday.</u></p> <p>7. <u>The child was determined eligible for Early Steps 90 days or less prior to the child's third birthday, which prevented the transition conference from occurring at least 90 days prior to the child's third birthday.</u></p> <p>8. <u>LES capacity issue (such as no available appointment, appointment canceled due to staffing issues, inability to contact family due to staffing issues, etc.) prevented the transition conference from occurring at least 90 days prior to the child's third birthday.</u></p> <p><u>NOTE: This barrier is not an acceptable reason for delay and is considered noncompliant.</u></p> <p>9. <u>Local school district representative issues (such as unavailability of local school district representative, appointment canceled by local school district representative, local school district representative did not show for conference, etc.) prevented the transition conference from occurring at least 90 days prior to the child's third birthday.</u></p> <p><u>NOTE: This barrier is not an acceptable reason for delay and is considered noncompliant.</u></p> <p>B. For the purpose of holding a transition conference, approval of the family is not required to be in writing and can be verbal consent that is <u>should be</u> documented in a case note.</p> <p>C. If the child's birthday is in the summer, the transition conference should occur in the spring to allow for availability of local school district staff and time for the plan to be in place before the school year begins.</p> <p>D. With consent of the family, information that will be helpful to the local school district may be shared in advance of the transition conference. Sharing of such information prior to the transition conference does not constitute a referral to the local school district.</p>	
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Proposed Changes to Early Steps Operations Guide

For Public Participation: 2/10/14 – 4/10/14

Comments Accepted: 3/3/14 – 4/1/14

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	<p>E. For a child who may be eligible for the school district Prekindergarten Program for Children with Disabilities, items to be discussed during the transition conference and documented on the Transition Page (Form I) should include:</p> <ol style="list-style-type: none">1. Services available from the local school district and how and when the evaluation(s) and eligibility determination will occur. This will be provided by the local school district representative. In the event the representative is not in attendance, the LES will obtain this information from the local school district.2. Other agencies and community providers that may benefit the child and family.3. Existing child/family information.4. Family concerns regarding transition.5. Activities to address identified concerns.6. Services/activities that need to be completed before child moves into the new setting.7. Persons involved in completing identified activities.8. Timeframes for when each activity should be completed.9. Need for scheduling visits to program sites.	
7.3.2	<p>A. It is the responsibility of the LES to invite, with <u>parental consent approval of the family</u>, the local school district representative to the transition conference.</p> <p>B. For the purpose of inviting the local school district representative to the transition conference, approval of the family is not required to be in writing and can be verbal consent that is <u>should be</u> documented in a case note.</p> <p>C. Although it is preferable for the participants in the transition conference to meet face-to-face, if the local school district representative is unable to be physically present for the transition conference, he/she may participate via phone conference, videoconferencing, etc.</p>	

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	<p>D. In the event that the local school district representative is unable to participate in the transition conference due to unforeseen circumstances, the transition conference can be postponed and re-scheduled if acceptable to the LES and the family and if the rescheduling will not jeopardize compliance with the required timelines. However, if rescheduling is not acceptable to the LES and family or if rescheduling will jeopardize compliance, then the transition conference should proceed without local school district participation. The exception to this would be that the family requests that the conference be postponed until the school district representative is available.</p> <p>E. The following individuals may also be present, with parental consent <u>approval of the family</u>, for the transition conference as appropriate:</p> <ol style="list-style-type: none">1. Early Steps service providers2. Head Start staff3. Child Care staff4. Children’s Medical Services staff5. Agency for Persons with Disabilities representative6. Other individuals of family's choice7. FDLRS representative <p>F. It is the responsibility of the Early Steps service coordinator or designee to facilitate the transition conference. If the transition conference is scheduled in conjunction with an initial or annual IFSP meeting, all requirements related to IFSP meetings as stated in policy component 5 will apply, in addition to the requirements related to the transition conference stated in this component.</p> <p>The transition conference might be an appropriate time to complete a periodic review or annual meeting to review the IFSP if the child’s third birthday is a short time prior to the next required periodic review or annual review of the IFSP. All requirements related to IFSP meetings as stated in policy components 5.2.0, 5.6.0 and 5.7.0 will apply, in addition to the requirements related to the transition conference stated in this component.</p>	
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For Public Participation: 2/10/14 – 4/10/14

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<p>7.4.1</p>	<p>A. For the purpose of holding a transition conference, approval of the family is not required to be in writing and can be verbal consent that is <u>should be</u> documented in a case note.</p> <p>B. With consent of the family, information that will be helpful to the receiving program or agency may be shared in advance of the transition conference.</p> <p>C. The following items should be discussed during the transition conference and documented on the Transition Page (Form I).</p> <ol style="list-style-type: none"> 1. Services that child and family may be eligible for. 2. How and when the evaluation(s) and eligibility determination for other programs and services will occur. 3. Other agencies and community providers that may benefit the child and family. 4. Existing child/family information. 5. Family concerns regarding transition. 6. Activities to address identified concerns. 7. Services/activities that need completed before child moves into the new setting. 8. Persons involved in completing identified activities. 9. Timeframes for when each activity should be completed. 10. Need for scheduling visits to program sites. <p>D. The transition conference might be an appropriate time to complete a periodic review or annual meeting to review the IFSP if the child's third birthday is a short time prior to the next required periodic review or annual review of the IFSP. All requirements related to IFSP meetings stated in policy components 5.2.0, 5.6.0 and 5.7.0 will apply, in addition to the requirements related to the transition conference stated in this component.</p>	
<p>7.4.2</p>	<p>A. The following individuals may also be present, with parental consent <u>approval of the family</u>, for the transition conference as appropriate:</p>	

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	<ol style="list-style-type: none"> 1. Current service providers 2. Head Start staff 3. Child Care staff 4. Children’s Medical Services staff 5. Agency for Persons with Disabilities representative 6. Other individuals of family's choice <p>B. For the purpose of inviting other individuals to the transition conference, approval of the family is not required to be in writing and can be verbal consent that is <u>should be</u> documented in a case note.</p> <p>C. It is the responsibility of the Early Steps service coordinator or designee to facilitate the transition conference.</p>	
7.8.1	<p>A. For infants determined eligible for Early Steps while in the hospital, the service coordinator should:</p> <ol style="list-style-type: none"> 1. Conduct a review of the IFSP, its implementation and impact of the services provided prior to hospital discharge to determine whether any changes need to be made in the services provided. 2. Obtain input from other service providers and family regarding the appropriateness of the current IFSP. (Note: For children dually enrolled and served by Early Steps and CMS Network, the Early Steps service coordinator will include the CMS Network care coordinator in the flow of activities and sequence of events delineated throughout the transition process.) 3. Address issues related to the transition from hospital to home. 4. Coordinate Early Steps transition activities with hospital discharge planning. <p>B. For children transitioning between LES in Florida:</p> <ol style="list-style-type: none"> 1. The sending service coordinator should: <ol style="list-style-type: none"> a. Conduct a review of the IFSP to add concerns, priorities, resources and outcomes regardless of the next IFSP review due date. This may be considered 	Operations Guide 3.1.7

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	<p>either a periodic review or annual IFSP meeting.</p> <ul style="list-style-type: none">b. Share information with the receiving entity.c. Document transition planning activities in case notes.d. Provide name and phone number of the contact person at the receiving entity to the family.e. Notify current service providers regarding family's plans and expected end date for services.f. Ensure the Early Steps record is transferred from the sending LES to the receiving LES.g. Contact the family after the transition to ensure that a link was made with the receiving entity within 30 days of the transition.h. Close the child's Early Steps record in the Early Steps data system. <p>2. The receiving service coordinator should:</p> <ul style="list-style-type: none">a. Open the child's Early Steps record in the Early Steps data system.b. Conduct an IFSP periodic review shortly after family arrives.c. Refer family to other agencies and services as appropriate, with consent of the family. <p>C. For children transitioning and leaving the state, the service coordinator should:</p> <ul style="list-style-type: none">1. With parental consent, send information such as IFSPs, case notes, provider notes, and other pertinent information from the Early Steps record to the receiving state program. .2. Notify current service providers regarding family's plans and expected end date for services.3. Close the child's Early Steps records in the Early Steps data system. <p>D. <u>If a child has not yet turned three, is functioning</u></p>	
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	<p><u>comparable to same age peers, and no longer meets eligibility criteria, the service coordinator should:</u></p> <ol style="list-style-type: none"> <u>1. Schedule a transition meeting;</u> <u>2. Complete Form I, identifying needed transition steps;</u> <u>3. Provide prior written notice, including procedural safeguards; and</u> <u>4. Close the child's Early Steps record in the Early Steps data system.</u> 	
Component 8 – Procedural Safeguards		
8.9.3	<p>A. <u>It is best practice for both parties to disclose who, if anyone, will be accompanying the party prior to the mediation session. Either party has the right not to participate if they object to the person(s) the other party wishes to bring to the mediation session. For example, if a parent wishes to bring an attorney and the LES objects, they parent may choose not to participate in the mediation session.</u></p> <p>B. The mediation process may be an intervening step after a due process hearing has been requested or it may be offered prior to a request for due process hearing or the filing of a complaint.</p> <p>The parties should be informed and/or aware that mediation:</p> <ol style="list-style-type: none"> 1. Is confidential and the parties must sign a Confidentiality Agreement. 2. Promotes positive working relationships between parents and LES personnel. 3. Requires give-and-take of ideas and offers before an agreement can be reached. 4. Is used to clarify issues causing disagreement and stimulates mutual problem-solving efforts. 5. Provides uninterrupted opportunities to present points of view. 6. Allows their positions and/or views related to the dispute to be clearly outlined. 7. Allows the opportunity to consider solutions that may be either short-term or long range. 	

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	<ol style="list-style-type: none"> 8. Allows the opportunity for the parties to state what they want from or are proposing for the other party. 9. Should focus on the child’s needs. Finding fault, fixing blame, or making accusations sidetrack the aim of mediation and should be avoided. 10. Is likely to be successful when participants, in addition to parties to the dispute, have knowledge of the child and the child’s needs or specialized knowledge of the issues(s) in dispute. 11. Operates effectively when the mediator makes the final decision as to who attends the mediation session. 12. Allows the opportunity to develop a list of alternatives or solutions that could be offered to settle the dispute, starting with the most important item first. 13. If either party is dissatisfied with the decision reached in the mediation, a due process hearing can be requested. 	
Component 9 – Family Involvement		
There are no proposed changes to Component 9.		
Component 10 – Personnel Development and Standards		
10.4.2	<p>After a service coordinator is hired, the following will occur:</p> <ol style="list-style-type: none"> A. The LES will verify the degree is from an accredited university by checking the following website: http://ope.ed.gov/accreditation/Search.aspx. B. After checking and completing all attestations, the LES will forward the completed <u>LES Service Coordinator Attestation Checklist</u> to the ESSO. C. All hard copy documents that verify a service coordinator meets the stated service coordinator criteria will be maintained by the LES. 	Medicaid Targeted Case Management Checklist

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	<p>D. Upon receipt, ESSO will review and sign the <u>LES Service Coordinator Attestation Checklist</u> if all requirements are met and will return the checklist to the LES. This attestation checklist will serve as a recommendation to Medicaid Provider Enrollment that all CMS Early Steps requirements are met and the service coordinator should be approved as a Medicaid TCM provider.</p> <p>E. The newly hired service coordinator will apply directly to Medicaid Provider Enrollment, to become a Medicaid Targeted Case Management Provider. It is highly recommended that an electronic application be sent to expedite approval. Scanned documents can be uploaded with electronic applications and attached. The Medicaid Targeted Case Management checklist may be used to ensure the application includes all required documentation.</p> <p>F. It is the LES/provider's responsibility to send the attestation checklist along with their Medicaid Application to Medicaid Provider Enrollment.</p> <p>G. After the LES has attested to all items on the LES Service Coordinator Attestation Checklist and the service coordinator has completed the apprenticeship, the LES will forward the following information to the ESSO data manager.</p> <ol style="list-style-type: none">1. Enrollment Status (New Enrollment, Update Provider, Termination)2. Last Name3. First Name4. Middle Initial5. Address 16. Address 27. City8. State9. Zip Code10. County11. Telephone12. Fax	
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	<p>13. Email Address</p> <p>14. NPI Number</p> <p>15. Last Name of person submitting information</p> <p>16. First Name of person submitting information</p> <p>17. Service Area of person submitting information</p> <p>18. Telephone Number of person submitting information</p> <p>19. Email Address of person submitting information</p> <p>20. Attestation of completion of apprenticeship, <u>online orientation modules and apprenticeship training</u>.</p> <p>H. The ESSO Data Manager will then enter the service coordinator in the Early Steps data system as fully approved.</p>	
Component 11 – Interagency Agreements		
There are no proposed changes to Component 11.		
Component 12 – Data Collection/Reporting and Record Keeping		
<p><u>12.3.2</u></p>	<p>A. The referral date in the Early Steps data system should be updated with the new referral date every time a child is re-referred, regardless of former eligibility and existence of an Individualized Family Support Plan.</p> <p>B. Data regarding “child’s race” and “child’s gender” are reported to U.S. DOE/OSEP.</p> <p>C. Local Early Steps should make every effort to accurately identify and enter the child’s race.</p> <p>D. Parent report of race is acceptable.</p> <p>E. Very few children should be labeled as “unknown” for race.</p> <p>F. Data regarding income and family size are tracked by Early Steps State Office and used to determine the number of children who may potentially be eligible for Medicaid.</p>	<p>C & D moved to 12.7.1 Guide</p>

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<p><u>12.3.4</u></p>	<p><u>The date of closure is not necessarily the same date that the data is being entered into the Early Steps data system.</u></p>	
<p>12.3.3</p>	<p>A. The <u>initial contact</u> date which is entered in demographics is the date that the <u>LES</u> made contact with the <u>family</u>.</p> <p>B. First face-to-face contact date is the date that the LES met with the family in person for the first time. The first face-to-face contact date is reflected in interventions with the designation of the face-to-face status code for the service provided.</p>	
<p>12.3.4</p>	<p>A. If data is originally entered showing the child as developmentally delayed and documentation is later presented that the child has an established condition, then the data should be updated.</p> <p>B. Entering <u>evaluation</u> data such as tests used and scores is optional.</p>	
<p>12.3.5</p>	<p>A. If the initial <u>IFSP</u> does not take place within 45 days of receipt of the <u>referral</u> by the <u>LES</u>, the reason for delay must be documented in the child's record and entered as a barrier in the <u>Early Steps data system</u>. Barrier codes for the initial IFSP are as follows:</p> <p>1. Barriers considered to be beyond the LESs control:</p> <ul style="list-style-type: none"> — Child issues (such as illness, appointment conflict, etc.) — Office closure due to hurricane or other official state of emergency — <u>Family/caregiver</u> issues (such as illness, child care, convenience, family appointments, transportation, vacation, work, emergencies, etc.) — Family did not show for scheduled evaluation and/or initial IFSP — Unsuccessful attempts to contact to schedule <u>first contacts</u> activities, <u>evaluation/assessment</u> and/or initial IFSP meeting (e.g. unreturned phone calls, disconnected phone, or unable to locate family) 	<p>Barriers moved to 5 Guide</p>

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	<p>– Re-referral (Child was enrolled previously, closed, and re-opened)</p> <p>2. Barriers that are not an acceptable reason for delay and are considered noncompliant.</p> <p>– <u>LES</u> capacity issue (such as no available appointment, appointment canceled due to staffing issues, inability to contact family due to staffing issues, etc.)</p> <p>– Insurance approval pending for <u>evaluation/assessment</u></p> <p>– External provider issues (e.g. team not available)</p> <p>B. All authorized <u>early intervention services</u> should be entered into the <u>Early Steps data system</u>, regardless of payor.</p> <p>C. Initial, periodic review, and <u>annual review of the IFSP data</u> are directly related to two compliance indicators, so it is critical that this data be correct.</p> <p>D. <u>Data</u> regarding whether or not <u>service location</u> is the <u>natural environment</u> are directly related to a performance indicator, so it is critical that this data be correct.</p> <p>E. It is not necessary to authorize <u>IFSP consultation, screenings, evaluations, assessments, provider travel, transition conferences, service coordination</u> (targeted case management or case management) and service coordination travel time</p> <p>F. Authorization dates for the same service may not overlap or exceed six months. However, the original authorization date can be extended if the service remains the same at the time it is reauthorized.</p>	
12.3.10	<p>A. A transition conference barrier code can and should be used in the <u>Early Steps data system</u> when a transition conference is late or never held.</p> <p>B. If the transition conference does not take place within the required timeframe, the reason for delay will be documented in the child's record and entered as a barrier in the <u>Early Steps data system</u>. Barriers for the transition conference are as follows:</p> <p>– Child issues (such as illness, appointment conflict, etc.)</p>	<p>IFSP Instructions, Form †</p> <p>Transition Barriers moved to 7 Guide</p>

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	<p>prevented the transition conference from occurring at least 90 days prior to the child's third birthday.</p> <ul style="list-style-type: none">—Family/caregiver issues (such as illness, child care, convenience, family appointments, transportation, vacation, work, emergencies, etc.) prevented the transition conference from occurring at least 90 days prior to the child's third birthday.—Office closure due to hurricane or other official state of emergency prevented the transition conference from occurring at least 90 days prior to the child's third birthday.—Family did not show for scheduled transition conference which prevented the transition conference from occurring at least 90 days prior to the child's third birthday.—Inability to contact the family after appropriate and reasonable attempts to schedule the transition conference (i.e., unreturned phone calls, disconnected phone, or unable to locate) prevented the transition conference from occurring at least 90 days prior to the child's third birthday.—The family declined to participate in a transition conference. <p>NOTE: This barrier should not be used when the family declines pursuing services with IDEA, Part B. In this case, the transition conference still needs to be held no later than 90 days prior to the child's third birthday.</p> <ul style="list-style-type: none">—The child was determined eligible for Early Steps 90 days or less prior to the child's third birthday, which prevented the transition conference from occurring at least 90 days prior to the child's third birthday.—LES capacity issue (such as no available appointment, appointment canceled due to staffing issues, inability to contact family due to staffing issues, etc.) prevented the transition conference from occurring at least 90 days prior to the child's third birthday. <p>NOTE: This barrier is not an acceptable reason for delay and is considered noncompliant.</p> <ul style="list-style-type: none">—Local school district representative issues (such as unavailability of local school district representative, appointment canceled by local school district repre-	
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	<p>sentative, local school district representative did not show for conference, etc.) prevented the transition conference from occurring at least 90 days prior to the child's third birthday.</p> <p>NOTE: This barrier is not an acceptable reason for delay and is considered noncompliant.</p> <p>C. The date in the “transition conference date” field in the Early Steps data system should be left blank when a transition conference is never held.</p> <p>D. The “transition conference date” field in the Early Steps data system indicates when the conference is actually held, not when it is due, scheduled, or anticipated to occur.</p>	
<p>12.3.11</p>	<p>A. The date of closure is the date that child exited <u>Early Steps</u> which should be the same as the date noted on the written prior notice and should not be later than the child's third birthday. It is not allowable to bill Medicaid for any action/service provided on or after a child's third birthday.</p> <p>B. The date of closure is not necessarily the same date that the <u>data</u> is being entered into the <u>Early Steps data system</u>, since <u>LES</u> have up to ten days to enter the closure data.</p> <p>C. Following are the possible reasons for closure:</p> <ul style="list-style-type: none"> — Attempts to contact unsuccessful – Children without current service authorizations whom Early Steps personnel have been unable to contact or locate after making at least three consecutive documented attempts. — Deceased – Children who died on or before their third birthday. — Completion of <u>IFSP</u> prior to reaching age 3 – Children who have not reached age 3, have completed their IFSP outcomes, and no longer require services under Early Steps. This does NOT include children who were determined to be no longer eligible during the required re-determination of eligibility. — Transfer to Other Center/District – Children whose family has moved to another LES region for continued service and for whom contact has been made with the 	<p>A & B now 12.3.4 policy and guidance</p> <p>Closure reasons moved to 6 guide</p>

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	<p>receiving LES.</p> <p>— Not eligible for IDEA, Part B, exit with referrals to other programs – Children who reached their third birthday, were evaluated and determined not eligible for IDEA, Part B, and were referred to other programs, which may include preschool learning centers, Head Start (but not receiving IDEA, Part B services), and child care centers, and/or were referred for other services, which may include health and nutrition services, such as Women, Infants and Children (WIC).</p> <p>— Not eligible for IDEA, Part B, exit with no referrals – Children who reached their third birthday, were evaluated and determined not eligible for IDEA, Part B, but were not referred to other programs.</p> <p>— Withdrawal by parent or guardian prior to IFSP – Children whose parents declined all services prior to IFSP development.</p> <p>— Withdrawn by parent or guardian after IFSP – Children whose parents declined all services after an IFSP was in place or declined consent for re-determination of eligibility, as well as children whose parents declined to consent to IFSP services and provided written or verbal indication of withdrawal from services.</p> <p>— IDEA, Part B eligible, exiting IDEA, Part C – Children determined to be eligible for IDEA, Part B who exited (or will soon exit) IDEA, Part C. This includes children who receive IDEA, Part B services in conjunction with Head Start.</p> <p>— Moved out of state – Children who moved out of state before their third birthday. Do not use this category for a child who moved within state (i.e., from one program to another).</p> <p>— Not Part C/DEI eligible based on developmental screening – Children determined to NOT meet Part C/DEI eligibility criteria based on a developmental screening prior to initial evaluation. Do not use this category if the child received a multidisciplinary evaluation.</p> <p>— Not Eligible for Early Steps services – Children determined to NOT meet IDEA, Part C /DEI eligibility criteria at initial evaluation or based on review of</p>	
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Proposed Changes to Early Steps Operations Guide

For Public Participation: 2/10/14 – 4/10/14

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	<p>relevant collateral information (not eligible for Early Steps services).</p> <p>— No Longer Eligible— Children for whom the required re-determination of eligibility indicated the child no longer met eligibility criteria. This includes children who were closed after an initial IFSP and then re-referred for a different reason, but did not meet eligibility criteria upon re-referral.</p> <p>— Not considered for IDEA, Part B— Children who reached their third birthday and were not referred to IDEA, Part B. This category may be used to report children whose <u>parent</u> did not consent to an IDEA, Part B referral.</p> <p>— IDEA, Part B eligibility not determined— Children who reached their third birthday and their IDEA, Part B eligibility has not been determined. This category includes children who were referred for IDEA, Part B evaluation, but for whom the eligibility determination has not yet been made or reported.</p>	
12.5.1	<p>A. LES may use the Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records.</p> <p>B. If LES choose to use the <i>Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records</i>, the following actions should be taken by the LES:</p> <ol style="list-style-type: none"> 1. Distribute the <i>Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records</i> to all LES staff and instruct staff to: <ol style="list-style-type: none"> a. Write out words/phrases rather than using abbreviations/acronyms in documents that are routinely shared with families, providers, and others (i.e. IFSPs). b. Use approved abbreviations/acronyms rather than writing out words/phrases in documents that are primarily kept within the LES (i.e. case notes). c. Use abbreviations/acronyms <u>exactly</u> as listed on the approved list. d. Use only the abbreviations/acronyms that appear on the list, or other locally recognized abbreviations/acronyms for local agencies or 	Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records

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	<p>public places that do not conflict with or duplicate those that are listed on the <i>Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records</i> document.</p> <ol style="list-style-type: none">2. Ensure that a legend of any locally recognized abbreviations/acronyms used is kept in the Early Steps record so that reviewers, auditors, families, or others will be able to understand what is written in the Early Steps record.3. Ensure that hard copy of the <i>Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records</i> document is kept in each child's Early Steps record so that reviewers, auditors, families, or others will be able to understand what is written in the Early Steps record. <p>C. The Early Steps record may exist in electronic format if it is:</p> <ol style="list-style-type: none">1. Saved securely in an electronic filing system.2. Easily accessible upon request. <p>D. The Early Steps record should be in the following format with all items in chronological order per section with the most recent items on top:</p> <ol style="list-style-type: none">1. Front of Record: Log of Access to Confidential Record:<ol style="list-style-type: none">a. Form DH-CMS 1063, Log of Access to Confidential Record2. Section 1: Notes/Service Implementation:<ol style="list-style-type: none">a. Service Coordination/Targeted Case Management Notesb. Documentation of the substance of all contacts with or related to the child/family including telephone contacts, home visits, office visits, meetings, emails, and etc.3. Section 2: Intake/Referral:<ol style="list-style-type: none">a. Referral formb. Intake formsc. Enrollment information4. Section 3: Medical: (This section primarily includes	
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	<p>collateral information obtained from medical providers outside Early Steps.)</p> <ul style="list-style-type: none"> a. Medical Progress notes b. Nursing notes c. Physical examination reports d. Growth charts e. Discharge summaries f. Birth history/delivery records g. Radiology/Laboratory reports h. CMS clinic reports i. CMAT medical information <p>5. Section 4: Evaluation/Assessment/Eligibility:</p> <ul style="list-style-type: none"> a. Evaluation and assessment reports b. Evaluation and assessment protocols c. Collateral information/reports used for eligibility determination d. Therapy prescriptions and care plans (Physical Therapy - filed together, Occupational Therapy - filed together, Speech Therapy - filed together) e. Hearing screens and evaluations f. Vision screening information g. Progress reports generated by service providers (therapy, special instructions) <p>6. Section 5: Individualized Family Support Plan:</p> <ul style="list-style-type: none"> a. Individualized Family Support Plans and updates <p>7. Section 6: Consent/Legal:</p> <ul style="list-style-type: none"> a. Authorization to Disclose Confidential Information b. Court documents (custody orders, treatment orders, etc.) c. Informed Notice and Consent for Screening Evaluation, Assessment and Follow-Up Review d. Informed Consent for the Use of Private 	<p>Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review - English</p> <p>Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review- Spanish</p> <p>Informed Notice and Consent for Screening,</p>
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	<p>Insurance</p> <ul style="list-style-type: none"> e. Permission to video/photograph, if appropriate <p>8. Section 7: Financial/Data:</p> <ul style="list-style-type: none"> a. Documentation of Insurance/Medicaid b. Medicaid eligibility information c. Service/payment authorization, when applicable d. Invoices and billing information (may be in a separate child-specific file) e. Early Steps data forms - not required (Interventions/Appointments/Referrals) <p>9. Section 8: Correspondence/Miscellaneous:</p> <ul style="list-style-type: none"> a. Prior Written Notice forms b. Copies of correspondence sent out by Early Steps, record requests, notification of meetings/appointments/missed appointments, referrals to services (to implement Individualized Family Support Plan or for transition from Early Steps) c. Copies of correspondence received by Early Steps: responses to referrals, requests for information, etc. <p>E. If there is concern for the foster parent(s) who have provided consent, the names and personally identifiable information can be redacted from copies of the IFSP or copies of other related documents in the records before being released to the natural parent(s).</p> <p>F. If there has been an adoption, <u>the process below should be followed to ensure the confidentiality of pre-adoption Early Steps records of children who are subsequently adopted</u></p> <p><u>1. Initiating the Adoption Data Process. When notified by a court order or adoption decree that an adoption has occurred, the Early Steps service coordinator will:</u></p> <ul style="list-style-type: none"> <u>a. Send an encrypted email to the supervisor and the data custodian informing them of the adoption.</u> <u>b. Obtain the hard copy Early Steps record, including all volumes and any records that may</u> 	<p>Evaluation, Assessment and Follow-Up Review-Creole</p> <p>Informed Consent for the Use of Private Insurance-English</p> <p>Informed Consent for the Use of Private Insurance-Spanish</p> <p>Informed Consent for the Use of Private Insurance-Creole</p> <p>Operations Guide 8.5.1</p> <p>Consent to Disclose Pre and Post Adoption Information to Providers</p> <p>Provider Notification of Adoption</p> <p>Letter to Adoptive Parent – Child to be Closed</p> <p>Adoption Closure Log</p>
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	<p><u>have been archived in storage.</u></p> <p><u>c. File the court order/adoption decree in the current volume of the pre-adoption Early Steps record under the “Legal” tab.</u></p> <p><u>d. Contact the adoptive family within 5 calendar days from the date the LES is notified of the adoption to confirm whether it is their intent for the child to remain open to Early Steps post-adoption or be closed post-adoption.</u></p> <p><u>2. Children Closed to Early Steps Services Post-Adoption. If the adoptive parents express intent to decline services post-adoption, the service coordinator will close the child’s record and ensure the pre-adoption record is sealed by doing the following:</u></p> <p><u>a. Notify all current providers of child’s closure to Early Steps.</u></p> <p><u>b. Schedule a transition meeting, following the process outlined in the Early Steps Policy Handbook components 6.12.1, 7.4.1 and 7.4.2.</u></p> <p><u>c. Close the data record for the child by completing the steps shown in 6 below.</u></p> <p><u>d. Complete the steps in 5 below for sealing the pre-adoption record.</u></p> <p><u>3. Children Who Remain Open to Early Steps Services Post-Adoption. The service coordinator will meet with the adoptive parents if they have expressed the intent to continue receiving Early Steps services post-adoption. During the meeting, the service coordinator will provide information about Early Steps (including family rights and procedural safeguards), and collect updated information. The service coordinator will then create a post-adoption record, using the pre-adoption hard copy of the Early Steps record as the basis for the new record. There will be no reference to the adoption noted in the new record.</u></p> <p><u>a. For adoptive parents who have expressed intent to continue with Early Steps services post-adoption, the service coordinator will:</u></p> <p><u>1) Collect new Medicaid and/or insurance</u></p>	
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	<p><u>information, obtain consent forms and any other necessary forms in preparation for an Individualized Family Support Plan (IFSP) meeting.</u></p> <p><u>2) If it is determined during the IFSP meeting that the pre-adoptive IFSP team members will provide services post-adoption:</u></p> <p><u>a) Obtain consent from the parent to notify current providers of the adoption and name change using the Consent to Disclose Pre and Post Adoption Information to Provider letter.</u></p> <p><u>b) Notify providers of the adoption and name change using the Provider Notification of Adoption letter after written consent is obtained from the adoptive parents.</u></p> <p><u>3) Schedule an assessment and IFSP meeting within 30 days of being notified of the adoption (eligibility does not need to be re-established).</u></p> <p><u>b. To create the new post-adoption record, the Early Steps service coordinator will use the pre-adoption hard copy of the Early Steps record as the basis to take the following steps:</u></p> <p><u>1) Temporarily remove and copy pertinent documents from the original record, including, but not limited to: any medical documentation related to the diagnosis or medical condition of the child, early intervention service records and IFSPs.</u></p> <p><u>2) Using the documents removed and copied from the pre-adoption record, the service coordinator will redact all pre-adoption identifiers, including: child's birth name, social security number (if changed), and all references to the birth parents and/or foster parents using white-out or white corrective tape so that no pre-adoption information is visible. No reference to the adoption will be noted in the new record.</u></p> <p><u>3) Insert the child's adoptive name, adoptive parent's information and the new demographic information where needed in the documents in the redacted record.</u></p>	
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	<p><u>4) Copy the documents that now have the new information and create a new record under the child's adoptive name.</u></p> <p><u>5) Shred the redacted documents covered with "white-out" that were removed from the pre-adoption record.</u></p> <p><u>6) File the Consent to Disclose Pre and Post Adoption Information to Providers and Provider Notification of Adoption letter(s) under the "Correspondence" tab in the pre-adoption record.</u></p> <p><u>7) File the court order/adoption decree under the "Legal" tab in the pre-adoption record.</u></p> <p><u>4. Adoption Closure Log. The Early Steps service coordinator will document the following information on a password-protected electronic Confidential Adoption Closure Log which is used to document all adoptions, as well as track the progress of the adoption closures:</u></p> <p><u>a. Date of the adoption decree;</u></p> <p><u>b. Date Early Steps was notified of the adoption;</u></p> <p><u>c. Child's pre-adoptive name;</u></p> <p><u>d. Child's date of birth;</u></p> <p><u>e. Child's post-adoptive name;</u></p> <p><u>f. Parental consent to share adoption information with providers (and date);</u></p> <p><u>g. Date name was changed in the Early Steps data system;</u></p> <p><u>h. Date closure was completed in the Early Steps data system;</u></p> <p><u>i. Date the pre-adoption record was sealed.</u></p> <p><u>5. Sealing the Pre-Adoption Record. The service coordinator will ensure that the pre-adoption record is sealed by taking the steps shown below:</u></p> <p><u>a. Print any electronic records in their entirety and add it to the hard copy record, ensuring that all records are included.</u></p> <p><u>b. Place the entire hard copy record in a sealed</u></p>	
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	<p><u>envelope marked "CONFIDENTIAL."</u></p> <p><u>c. Place the confidential envelope into another envelope and seal it. Mark the outside envelope with the child's adoptive name. Place a notation on the envelope: "THESE RECORDS CAN ONLY BE OPENED BY COURT ORDER". (A court order must be obtained to open or release a sealed record. A written release by either parent or child upon reaching the age of majority is insufficient to allow for accessing the information and/or releasing a sealed record from the office.)</u></p> <p><u>d. Place the envelope(s) in a locked file cabinet in an area with limited access.</u></p> <p><u>6. Data Records</u></p> <p><u>a. For children dually enrolled in Early Steps and the CMS Network: CMS is responsible for contacting MED 3000 to initiate the process of changing the child's record. They are also responsible for notifying the Local Early Steps about the child's adoption if they become aware of the event first. After being contacted by CMS, MED 3000 will send the LES a customer service ticket that indicates the child has been adopted. This is notification only – no response or action is expected from the LES.</u></p> <p><u>1) If the CMS area office coordinator did not notify the service coordinator of the adoption, the LES service coordinator will contact the child's identified CMS area office coordinator to determine whether the care coordinator is aware of the adoption and to coordinate the demographic change.</u></p> <p><u>2) The service coordinator will check to determine whether the CMS Network has submitted a Customer Service Ticket to MED3000. For a child who has Medicaid, the service coordinator will verify that the name change has been made in the Florida Medicaid Management Information System (FMMIS).</u></p> <p><u>3) After receiving the Customer Service Ticket, MED 3000 will terminate the pre-adoption record as of the date indicated on the</u></p>	
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	<p><u>ticket.</u></p> <p><u>4) CMS will create a new record and MMI (Master Member Index) number and notify the LES.</u></p> <p><u>5) The LES will then follow the post-adoption process.</u></p> <p><u>b. For a child who is enrolled only in Early Steps:</u></p> <p><u>1) Create a new ED record for the child with the new name and a new MMI number. The referral date will be the date the LES was notified of the adoption.</u></p> <p><u>2) For a child who has Medicaid, verify that the name change has been made in the Florida Medicaid Management Information System (FMMS) prior to submitting a Customer Service Ticket.</u></p> <p><u>3) Submit a Customer Service Ticket that includes the identifier, “Child’s pre-adoptive name - Specialized Review” to MED3000 requesting that the child’s pre-adoption record be closed. Ensure the ticket includes in the “Notes” section the date the LES was notified of the adoption (effective date), the pre-adoption and post-adoption name of the child, confirmation that a new ED record was created, and the new MMI number.</u></p> <p><u>4) After receipt of the customer service ticket, MED3000 will terminate the pre-adoption record as of the effective date indicated on the Customer Service Ticket.</u></p> <p><u>5) Enter pertinent information into ED such as medical diagnoses and eligibility results from the newly created hard copy, post-adoption record to begin the new electronic record for the child.</u></p> <p><u>6) Add new information gathered from the adoptive family during the IFSP process to ED, including the adoptive parents’ names, demographic information, insurance information, family concerns, priorities, resources, assessment results, outcomes developed with the family, strategies, services and supports, to</u></p>	
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	<u>document the new IFSP.</u>	
12.5.2	<p>There may be limited items in the Early Steps record for children for whom contact is not successful, eligibility is never determined, or an IFSP is never developed.</p> <p>B. While considered a part of the Early Steps record, invoices and billing information may be kept in a separate place.</p>	
12.6.1	<p>A. To ensure timely and accurate data, LES should have mechanisms in place for the following:</p> <ol style="list-style-type: none"> 1. Resolving discrepancies or data errors or omissions when identified. 2. Entering and reviewing exception records and making appropriate staff aware of problems with excessive or inappropriate exception records. 3. Reviewing and making appropriate corrections to data fixes reports. 4. Ensuring Medicaid numbers are consistently entered into the Early Steps data system for all Medicaid eligible children. 5. Assuring that each child entered into the Early Steps data system has an assigned service coordinator, including utilizing data reports to ensure compliance. 6. Requiring in the contract, memorandum of agreement or interagency agreement with LES providers that the start date for a service is reported to the service coordinator within a specific timeframe. 	
12.6.2	<p>A. An LES may choose to use one or both reimbursement options.</p> <p>B. The Natural Environment Travel Log serves as statewide uniform billing documentation for provider travel that is being reimbursed on a per minute basis.</p> <p>C. Travel is reimbursable when a provider travels from their official place of business to the first service delivery destination and each subsequent destination for service delivery, and back to the provider's official place of business.</p>	

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12.7.1	<p>A. ESSO will report on the number of infants and toddlers, ages birth through 2 (children who have not yet reached their third birthday), and their families receiving early intervention services under IDEA, Part C according to an individualized family service plan (IFSP) in place on a specific date.</p> <p>B. ESSO will report on the number of infants and toddlers with disabilities, ages birth through age 2, who exited IDEA, Part C services during a 12-month reporting period. All children who reached their third birthday while still receiving IDEA, Part C services should also be reported as exits. Only infants and toddlers who had an active individualized family service plan (IFSP) in place at some time during the State-determined 12-month reporting period are to be reported.</p> <p>C. <u>Parent report of race is acceptable.</u></p> <p>D. <u>Very few children should be labeled as “unknown” for race.</u></p>	
Component 13 –		
<p>There are no proposed changes to Component 13.</p>		