Tab 1	**SB 500** by **Montford**; (Identical to H 0241) Children and Youth Cabinet

Tab 2	**SB 536** by **Smith**; After-school Child Care Programs

The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS
Senator Sobel, Chair
Senator Altman, Vice Chair

MEETING DATE: Wednesday, November 4, 2015
TIME: 2:00—4:00 p.m.
PLACE: 301 Senate Office Building

MEMBERS: Senator Sobel, Chair; Senator Altman, Vice Chair; Senators Dean, Detert, Garcia, Hutson, and Ring

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	**SB 500** Montford (Identical H 241)	Children and Youth Cabinet; Revising the membership of the cabinet, etc. CF 11/04/2015 Favorable ED RC	Favorable Yeas 5 Nays 0
2	**SB 536** Smith	After-school Child Care Programs; Requiring the Department of Children and Families to create a tiered after-school licensure program; requiring the department to adopt rules to implement the tiered after-school program; requiring the department to initiate rulemaking to implement the program by a certain date; requiring the department to submit a report to the Governor and Legislature by a certain date, etc. CF 11/04/2015 Temporarily Postponed AHS AP	Temporarily Postponed
3	Presentation on the Early Steps Program Mary Alice Nye, Chief Legislative Analyst, OPPAGA Ellie Schrot, Children's Diagnostic and Treatment Center, Broward County		Discussed
4	Review of Proposed Language on the Early Steps Program		Discussed
	Other Related Meeting Documents		

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL:	SB 500
INTRODUCER:	Senator Montford
SUBJECT:	Children and Youth Cabinet
DATE:	November 2, 2015 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Hendon	CF	**Favorable**
2.			ED	
3.			RC	

I. Summary:

SB 500 adds a superintendent of schools to the membership of the Florida Children and Youth Cabinet. The superintendent is to be appointed by the Governor.

The bill does not have a fiscal impact on state government.

The bill has an effective date of July 1, 2016.

II. Present Situation:

The Florida Children and Youth Cabinet (cabinet) was created in 2007[1] for the purpose of developing and implementing a shared vision among the branches of government in order to improve child and family outcomes statewide.[2]

Current cabinet membership includes the Governor and 14 members.[3] These members include the Secretary of Children and Families, the Secretary of Juvenile Justice, the director of the Agency for Persons with Disabilities, the director of the Office of Early Learning, the State Surgeon General, the Secretary of Health Care Administration, the Commissioner of Education, the director of the Statewide Guardian Ad Litem Office, the director of the Office of Child

[1] Chapter 2007-151, L.O.F.
[2] Section 402.56, F.S.
[3] Section 402.56, F.S., currently states that the "cabinet shall consist of 14 members including the Governor and the following persons . . ." However, there are 14 specific members listed in addition to the Governor, bringing the total membership to 15 members. The bill changes the total number to 16 members, which will correct an inaccuracy in current law.

Abuse Prevention,[4]and five members representing children and youth advocacy organizations, who are not service providers and who are appointed by the Governor.[5]

III. Effect of Proposed Changes:

Section 1 amends s. 402.56, F.S., to expand cabinet membership to include a superintendent of schools to be appointed by the Governor.

Section 2 provides for an effective date of July 1, 2016.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

[4] The Office of Child Abuse Prevention was created in 2006 and the name was changed to the Office of Adoption and Child Protection in 2007. See chapters 2006-194 and 2007-124, L.O.F., respectively.
[5] Section 402.56, F.S.

VIII. Statutes Affected:

This bill substantially amends section 402.65 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Montford

3-00603-16 2016500__

A bill to be entitled

An act relating to the Children and Youth Cabinet; amending s. 402.56, F.S.; revising the membership of the cabinet; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (4) of section 402.56, Florida Statutes, is amended to read:

402.56 Children's cabinet; organization; responsibilities; annual report.—

(4) MEMBERS.—The cabinet shall consist of 16 ~~14~~ members including the Governor and the following persons:

(a)1. The Secretary of Children and Families;

2. The Secretary of Juvenile Justice;

3. The director of the Agency for Persons with Disabilities;

4. The director of the Office of Early Learning;

5. The State Surgeon General;

6. The Secretary of Health Care Administration;

7. The Commissioner of Education;

8. The director of the Statewide Guardian Ad Litem Office;

9. The director of the Office of Adoption and Child Protection ~~Child Abuse Prevention~~; ~~and~~

10. A superintendent of schools, appointed by the Governor; and

11.~~10.~~ Five members who represent ~~representing~~ children and youth advocacy organizations and~~,~~ who are not service providers, ~~and who are~~ appointed by the Governor.

3-00603-16 2016500__

(b) The President of the Senate, the Speaker of the House of Representatives, the Chief Justice of the Supreme Court, the Attorney General, and the Chief Financial Officer, or their appointed designees, shall serve as ex officio members of the cabinet.

(c) The Governor or the Governor's designee shall serve as the chair of the cabinet.

(d) Nongovernmental members of the cabinet shall serve without compensation, but are entitled to receive per diem and travel expenses in accordance with s. 112.061 while in performance of their duties.

Section 2. This act shall take effect July 1, 2016.

The Florida Senate

COMMITTEE VOTE RECORD

COMMITTEE: Children, Families, and Elder Affairs
ITEM: SB 500
FINAL ACTION: Favorable
MEETING DATE: Wednesday, November 4, 2015
TIME: 2:00—4:00 p.m.
PLACE: 301 Senate Office Building

FINAL VOTE								
Yea	**Nay**	**SENATORS**	**Yea**	**Nay**	**Yea**	**Nay**	**Yea**	**Nay**
		Dean						
		Detert						
X		Garcia						
X		Hutson						
X		Ring						
X		Altman, VICE CHAIR						
X		Sobel, CHAIR						
5	0	**TOTALS**						
Yea	**Nay**		**Yea**	**Nay**	**Yea**	**Nay**	**Yea**	**Nay**

CODES: FAV=Favorable
UNF=Unfavorable
-R=Reconsidered
RCS=Replaced by Committee Substitute
RE=Replaced by Engrossed Amendment
RS=Replaced by Substitute Amendment
TP=Temporarily Postponed
VA=Vote After Roll Call
VC=Vote Change After Roll Call
WD=Withdrawn
OO=Out of Order
AV=Abstain from Voting

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL:	SB 536
INTRODUCER:	Senator Smith
SUBJECT:	After-school Child Care Programs
DATE:	November 3, 2015 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Hendon	CF	**Pre-meeting**
2.			AHS	
3.			AP	

I. Summary:

SB 536 requires the Department of Children and Families (DCF or department) to develop a tiered licensure program for after-school child care programs. The bill requires the tiered licensure program to apply licensure criteria based on the risk levels of activities offered and the populations of children served by after-school child care programs.

The bill requires the department to promulgate rules to implement the tiered licensure program by a date certain and to submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report shall include a description of the tiered licensing program and implementation activities, public comment received regarding the development of the program and recommendations for statutory change.

The bill is anticipated to have a fiscal impact on state government.

The bill has an effective date of July 1, 2016.

II. Present Situation:

Legislative Intent Related to Child Care and Child Care Facilities

Florida law provides that it is the intent of the Legislature to protect the health, safety, and well-being of the children of the state and to promote their emotional and intellectual development and care.[1] To further that intent, laws were enacted to:

- Establish statewide minimum standards for the care and protection of children in child care facilities, to ensure maintenance of these standards, and to provide for enforcement to regulate conditions in such facilities through a program of licensing;[2] and

[1] Section 402.301, F.S.
[2] Sections 402.301 - 402.319, F.S.

- Require that all owners, operators, and child care personnel shall be of good moral character.[3]

Child Care

Child care is defined as the care, protection, and supervision of a child, for a period of less than 24 hours a day on a regular basis, which supplements parental care, enrichment, and health supervision for the child, in accordance with his or her individual needs, and for which a payment, fee, or grant is made for care.[4]

While legislative intent related to child care finds that many parents with children under age 6 are employed outside the home[5] and child care is typically thought of as care and supervision for children under school age, the definition of child care does not specify a maximum or minimum age.

Florida law and administrative rules related to child care recognize that families may also have a need for care and supervision for children of school age:

- The term indoor recreational facility means an indoor commercial facility which is established for the primary purpose of entertaining children in a planned fitness environment through equipment, games, and activities in conjunction with food service and which provides child care for a particular child no more than 4 hours on any one day. An indoor recreational facility must be licensed as a child care facility.[6]
- A school-age child care program is defined as any licensed child care facility serving school-aged children[7] or any before and after school programs that are licensed as a child care facility and serve only school-aged children.[8]
- Any of the after school programs accepting children under the age of the school-age child must be licensed.[9]
- An after school program serving school-age children is not required to be licensed if the program provides after school care exclusively for children in grades six and above and complies with the minimum background screening requirements.[10]

Child Care Facilities

The term "child care facility" is defined to include any child care center or child care arrangement that cares for more than five children unrelated to the operator and receives a payment, fee, or grant for the children receiving care, wherever the facility is operated and whether it is operated for profit or not for profit.[11] The definition excludes the following:

[3] Good moral character is based upon screening that shall be conducted as provided in chapter 435, using the level 2 standards for screening set forth in that chapter. See s. 402.305, F.S.
[4] Section 402.302, F.S.
[5] *Id*.
[6] *Id*.
[7] Chapter 65C-22.008, F.A.C. "School-age child" means a child who is at least 5 years of age by September 1, of the beginning of the school year and who attends kindergarten through grade five.
[8] *Id*.
[9] *Id*.
[10] *Id*.
[11] Section 402.302, F.S.

- Public schools and nonpublic schools and their integral programs, except as provided in s. 402.3025. F.S.;
- Summer camps having children in full-time residence;
- Summer day camps;
- Bible schools normally conducted during vacation periods; and
- Operators of transient establishments, as defined in chapter 509,[12] which provide child care services solely for the guests of their establishment or resort, provided that all child care personnel are screened according to the level 2 screening requirements of chapter 435.[13]

Every child care facility in the state is required to have a license that is renewed annually. The department or the local licensing agencies[14] approved by the department are the entities responsible for the licensure of such child care facilities.[15]

Facilities Serving School-Age Children

The department established minimum standards for child care facilities serving school-age children including criteria for specific afterschool activities or programs that would not require licensure to operate.[16] School-age programs not required to be licensed include:

- Programs operated and staffed directly by a public or nonpublic school, serving only children who attend the public/nonpublic school during the school day.
- Programs that provide strictly instructional and tutorial/academic services (e.g., karate, ballet or tutoring-only services) where no other activities occur beyond skill instruction.
- Programs that meet all of the following criteria:[17]
    - Operate for a period not to exceed 4 hours in any one day.
    - Allow children to enter and leave the program at any time without adult supervision.
    - Do not provide transportation (directly or indirectly) for field trips.
    - Do not serve or prepare any meals, except those administered through the USDA Afterschool Meal Program (AMP). Those programs not participating in the AMP may provide drinks, snacks or vending machine items that do not require refrigeration.
    - Provides afterschool care exclusively for children in grades six and above.

III. Effect of Proposed Changes:

Section 1 amends s. 402.305, F.S., relating to licensing standards for child care facilities, to require the department to develop a tiered licensure program for after-school child care programs. The tiered licensure program must apply licensure criteria based on the risk levels of activities offered and the populations of children served by after-school child care programs.

[12] "Transient public lodging establishing" means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests more than three times in a calendar year for periods of less than 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests.
[13] Section 402.302, F.S.
[14] Currently, there are five counties that regulate child care programs: Broward, Hillsborough, Palm Beach, Pinellas and Sarasota. Department of Children and Families, House Bill 11 Analysis (Dec. 8, 2014).
[15] Section 402.308, F.S.
[16] Chapter 65C-22.008(2)(c), F.A.C.
[17] *Id*.

Section 2 requires the department to promulgate rules to implement the tiered licensure program by a date certain and to submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report shall include a description of the tiered licensing program and implementation activities, public comment received regarding the development of the program and recommendations for statutory change.

Section 3 reenacts s. 1002.88, F.S., relating to school readiness program provider standards, to incorporate the amendment to s. 402.305, F.S.

Section 4 provides an effective date of July 1, 2016.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Local Government

The department regulates child care programs in 62 of 67 counties in Florida. Child care programs are regulated by the county in Broward, Hillsborough, Palm Beach, Pinellas and Sarasota counties. The cost associated with licensing in these counties is an expense paid by the county's local government. It is unclear what fiscal impact, if any, the bill will have on these 5 counties.[18]

[18] Department of Children and Families. 2016 Agency Legislative Bill Analysis. SB 536, October 26, 2015. (On file with the Committee on Children, Families and Elder Affairs).

State Government

The department reports that the minimal costs associated with rule development will be absorbed by the department. If the intent of the bill is for the department to create and develop rule for a statewide tiered licensure system that expands beyond the 62 counties currently overseen by the department, there may be additional costs when including the local licensing counties.[19]

Costs associated with technology development following the implementation of tiered licensure will be unknown until the rule is finalized and the tiered system structure is in place. Up to three developers would be assigned to create this portion of the system. The hourly rate for each developer would be $85 per hour. The estimated length of time required to execute the inspection and database construction would range from 4-14 months; which equates to a total estimated cost range from $380,800-$462,400 for project completion.[20]

VI. Technical Deficiencies:

None.

VII. Related Issues:

The state will be required to monitor programs receiving School Readiness funding based on federal requirements for the Child Care and Development Block Grant. The tiered system would have to align with and be recognized by the federal government to ensure it meets the requirements for participation in the Child Care and Development Block Grant Reauthorization.[21]

The term "after school" does not fully capture the range of care that is provided, given that care for school-age children can be provided before or after school, and during school intercessions. Additionally, the current rule regarding this age group is referenced in Chapter. 65C-22.008, F.A.C, and titled "School Age Child Care".

Licensure requirements for child care facilities are typically related to health and safety standards. Requiring the proposed tiered licensure structure to apply licensure criteria based on the risk levels of activities offered and the populations of children served by after-school child care programs may expose after-school programs to unintended liability.

VIII. Statutes Affected:

This bill substantially amends section 402.305 of the Florida Statutes.
This bill reenacts section 1002.88 of the Florida Statutes.

[19] *Id*.
[20] *Id*.
[21] *Id*.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Smith

31-00561-16 2016536__

A bill to be entitled

An act relating to after-school child care programs; amending s. 402.305, F.S.; requiring the Department of Children and Families to create a tiered after-school licensure program; requiring the department to adopt rules to implement the tiered after-school program; requiring the department to initiate rulemaking to implement the program by a certain date; requiring the department to submit a report to the Governor and Legislature by a certain date; reenacting s. 1002.88(1)(a), F.S., relating to school readiness program provider standards, to incorporate the amendment made to s. 402.305, F.S., in a reference thereto; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (c) of subsection (1) of section 402.305, Florida Statutes, is amended to read:

402.305 Licensing standards; child care facilities.—

(1) LICENSING STANDARDS.—The department shall establish licensing standards that each licensed child care facility must meet regardless of the origin or source of the fees used to operate the facility or the type of children served by the facility.

(c) The minimum standards for child care facilities shall be adopted in the rules of the department and shall address the areas delineated in this section. The department, in adopting rules to establish minimum standards for child care facilities,

31-00561-16 2016536__

shall recognize that different age groups of children may require different standards. The department may adopt different minimum standards for facilities that serve children in different age groups, including school-age children. The department shall also adopt by rule a definition for child care which distinguishes between child care programs that require child care licensure and after-school programs that do not require licensure. Notwithstanding any other ~~provision of~~ law to the contrary, minimum child care licensing standards shall be developed to provide for reasonable, affordable, and safe before-school and after-school care. The department shall develop a tiered after-school child care licensure program that applies licensing criteria based on the risk levels of the activities offered in a program and the populations served by that program. The department shall adopt rules to implement the tiered after-school licensure program required by this paragraph. After-school programs that otherwise meet the criteria for exclusion from licensure may provide snacks and meals through the federal Afterschool Meal Program (AMP) administered by the Department of Health in accordance with federal regulations and standards. The Department of Health shall consider meals to be provided through the AMP only if the program is actively participating in the AMP, is in good standing with the department, and the meals meet AMP requirements. Standards, at a minimum, shall allow for a credentialed director to supervise multiple before-school and after-school sites.

Section 2. The Department of Children and Families shall initiate rulemaking to implement the tiered after-school child

care licensure program required by s. 402.305(1)(c), Florida Statutes, by September 30, 2016. The department shall submit a report, including a description of the licensure program and implementation activities, any public comment received regarding the development of the program, and any recommendations for statutory changes, to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 30, 2016.

Section 3. For the purpose of incorporating the amendment made by this act to section 402.305, Florida Statutes, in a reference thereto, paragraph (a) of subsection (1) of section 1002.88, Florida Statutes, is reenacted to read:

1002.88 School readiness program provider standards; eligibility to deliver the school readiness program.—

(1) To be eligible to deliver the school readiness program, a school readiness program provider must:

(a) Be a child care facility licensed under s. 402.305, a family day care home licensed or registered under s. 402.313, a large family child care home licensed under s. 402.3131, a public school or nonpublic school exempt from licensure under s. 402.3025, a faith-based child care provider exempt from licensure under s. 402.316, a before-school or after-school program described in s. 402.305(1)(c), or an informal child care provider to the extent authorized in the state's Child Care and Development Fund Plan as approved by the United States Department of Health and Human Services pursuant to 45 C.F.R. s. 98.18.

Section 4. This act shall take effect July 1, 2016.

Florida's Early Steps Program

A Presentation to the Senate Committee on Children, Families, and Elder Affairs

Mary Alice Nye, Ph.D.
Chief Legislative Analyst

November 4, 2015

Early Steps Program Review

- Performance
- Eligibility determination
- Service delivery
- Issues related to payor of last resort requirements
- Changes in the program office in the spring of 2015

Early Intervention

- A child's early experiences influence brain development, which influences a child's
  - health
  - language and communication
  - cognitive development
  - social/emotional development
- Infants and toddlers who have or are at risk of a developmental delay can benefit from early intervention services

Federal Early Intervention Legislation

- Individuals with Disabilities Education Act, passed by Congress in 1975, subsequently amended
  - IDEA Part C – Early Intervention Program for Infants and Toddlers, serves children birth through age 2
  - IDEA Part B – Assistance for Education of All Children with Disabilities, serves children age 3 through 22

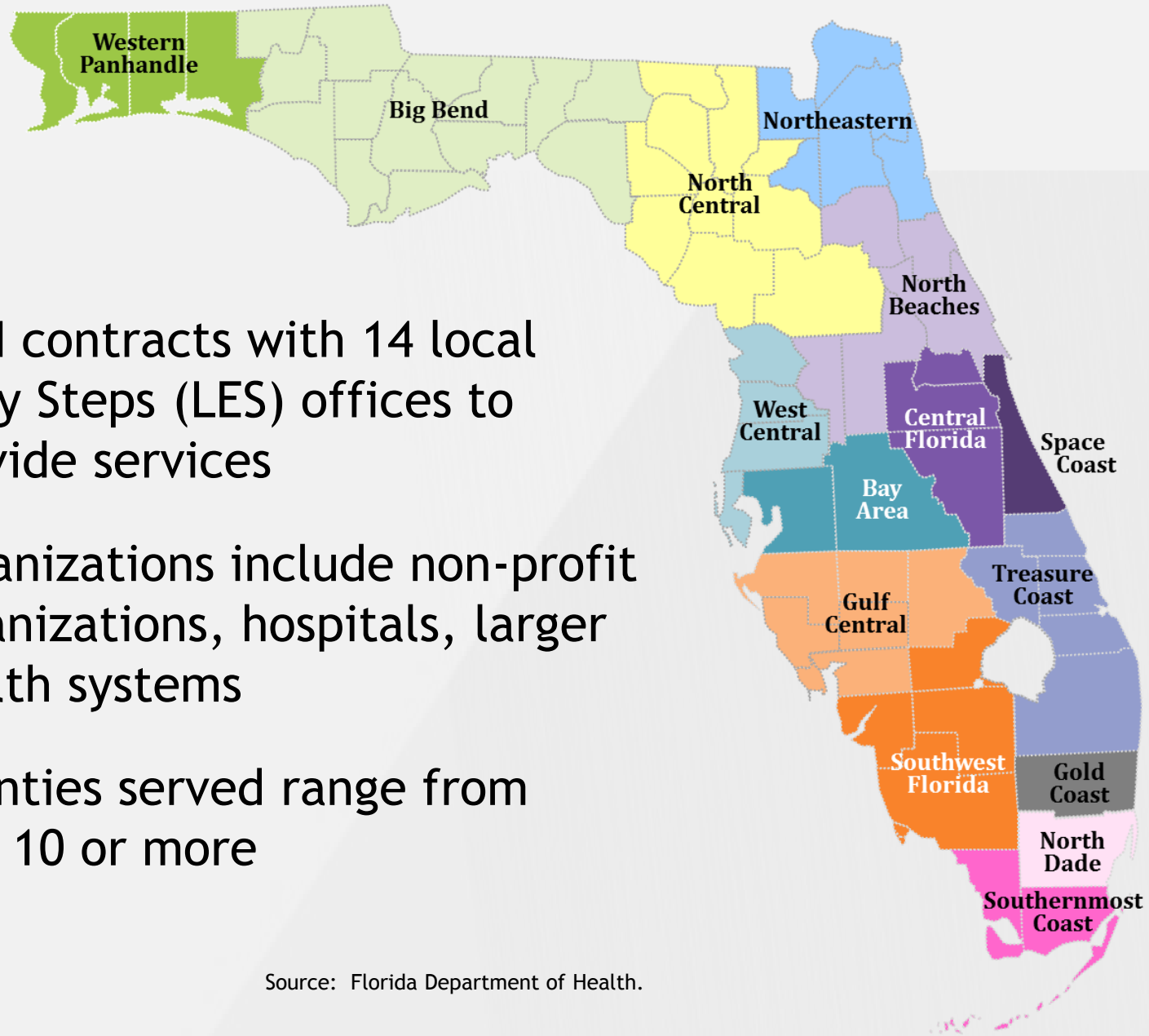
Early Intervention Funding

- IDEA Part C allocates funding based on the state's population of children birth through age two as a proportion of the nationwide total population
- For Fiscal Year 2015-16
  - Florida's estimated federal allocation was $25 million
  - The 2015 Florida Legislature allocated $45.3 million, including $13 million in new funds from general revenue

Eligibility for Early Intervention, Part C

- Children with an established condition
  - Diagnosed physical or mental condition that has a high probability of resulting in a developmental delay
- Children experiencing a developmental delay, as measured by appropriate diagnostic instruments
  - Within statutory limits, states define developmental delay—definitions differ across states
- Children can also be determined eligible using informed clinical opinion

Department of Health, Part C Lead Agency



- DOH contracts with 14 local Early Steps (LES) offices to provide services
- Organizations include non-profit organizations, hospitals, larger health systems
- Counties served range from 1 to 10 or more

Source: Florida Department of Health.

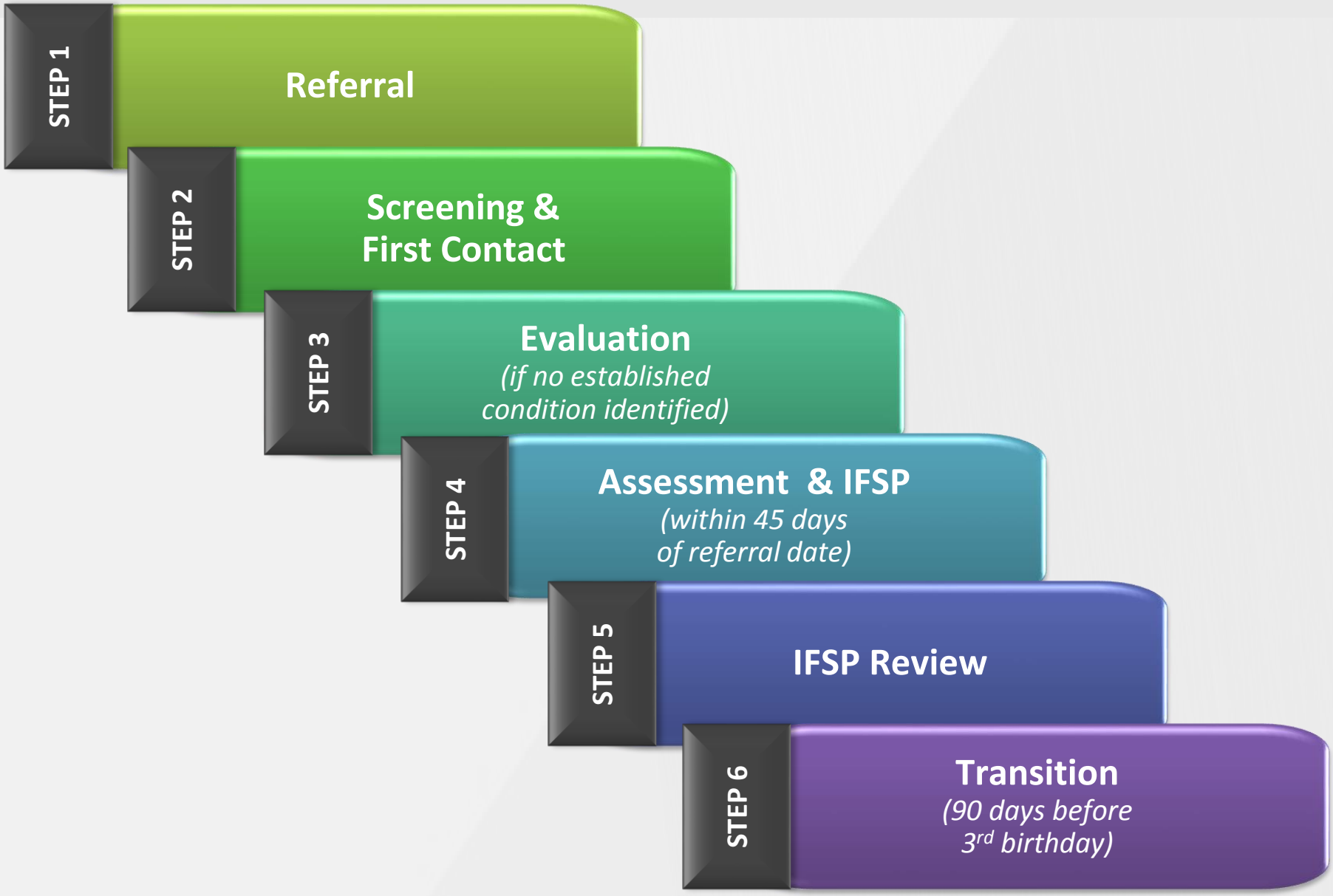
Child Count by LES Office

In Fiscal Year 2014-15, Early Steps served 45,000 children

Region (County)	Child Count
Gold Coast (Broward)	6,014
Bay Area (Hillsborough and Polk)	4,565
Northeastern (Baker, Bradford, Clay, Duval, Nassau, and St. John)	4,199
Treasure Coast (Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie)	3,968
North Dade (North Miami-Dade)	3,489
West Central (Citrus, Hernando, Pasco, and Pinellas)	3,387
Central Florida (Orange, Osceola, and Seminole)	3,232
Southernmost Coast (South Miami-Dade and Monroe)	2,855
Gulf Central (Charlotte, Desoto, Hardee, Highlands, Manatee, and Sarasota)	2,838
Southwest Florida (Collier, Glades, Hendry, and Lee)	2,178
North Central (Alachua, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Suwanee, and Union)	1,939
North Beaches (Flagler, Lake, Putnam, Sumter, and Volusia)	1,855
Big Bend (Bay, Calhoun, Franklin, Gadsden, Gulf, Homes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington)	1,601
Western Panhandle (Escambia, Okaloosa, Santa Rosa, and Walton)	1,496
Space Coast (Brevard)	1,471
Total	**45,087**

Source: Department of Health child count figures used for the Fiscal Year 2015-16 LES funding allocations.

Early Steps Process



Department Changes in Spring 2015 to Address Early Steps $6.9 Million Deficit

- The department used $1.5 million in Title V funds and $5.4 million in existing trust funds
- The department implemented administrative efficiencies
  - A reduction in central office staff from 22 to 7 FTEs
  - Budget controls
  - Contract management efficiencies
  - Discontinued its contract for a third party administrator for claims processing

Early Steps Placed on Needs Assistance Status by U. S. Department of Education

- Based on federal measures, if states do not meet requirements, they
  - need assistance
  - need intervention, or
  - need substantial intervention
- States are measured on compliance and results indicators
  - Compliance indicators require 100% achievement
- Florida determined to *need assistance* for 2014 and 2015

In 2010, the Department Narrowed Eligibility Criteria

- Assess developmental delays in five areas
  - Physical, cognitive, communication, social/emotional, and adaptive/self-help
  - Use Battelle Developmental Inventory—2 (BDI-2)
- Current criteria
  - A standard score of 78 or below **(-1.5 standard deviations)** in two or more domains, or
  - A standard score of 70 or below **(-2.0 standard deviations)** in one domain

Statewide Variation in Eligibility Determination

- Research found variation across the state in eligibility determination
  - Less than 50% of children referred for services in some areas of the state to as high as 80% to 90% in other areas
  - Lack of training and lack of confidence in evaluation instrument (BDI-2)
- Early intervention researchers and experts suggest that Florida's criteria may not capture all children who could benefit from services

Numerous Factors Influence Service Timeliness and Quality

- Part C established to promote quality services; performance measures include two timeliness standards
  - 45 days from referral to eligibility determination and IFSP meeting
  - 30 days for service delivery
- For the most recent year (2013) Florida did not meet standards
- Family circumstances affect ability to make appointments

Numerous Factors Influence Service Timeliness and Quality

- Caseloads for service coordinators
  - 70 to 80 children and families per service coordinator in some areas
- Provider availability issues
  - Natural environment may reduce provider pool
  - Certain therapy professions in high demand
- Transition to Part B with school districts
  - School districts vary in working with LES offices
  - LES offices may experience difficulties during the summer months

Using Early Steps Funds for Children with Insurance

- Part C is an entitlement and there are no financial requirements
- LES offices are required to ensure that Early Steps is the payor of last resort
  - Requires consent to access private insurance
- LES offices report using Early Steps funds to pay claims for children with insurance
- Federal law allows state law to mandate private insurance

LES Offices Report Challenges Related to Spring 2015 Program Changes

- New contract provisions require
  - 15% administrative cap,
  - 35% for service coordination, and
  - 50% for direct patient care services
- Additional concerns
  - Reduction in program office staff affected communication and support for the LES offices
  - Fulfilling claims processing responsibilities within the administrative cap

Contact Information

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Questions?

OPPAGA
research memorandum
THE FLORIDA LEGISLATURE'S OFFICE OF PROGRAM POLICY ANALYSIS & GOVERNMENT ACCOUNTABILITY

Florida's Early Steps Program

November 3, 2015

Summary

As directed by the Legislature, OPPAGA examined Florida's Early Steps program, including program eligibility, service provision, issues related to the program being the payor of last resort, and recent administrative changes.[1] Our major research conclusions are described below.

- Following a series of public hearings in 2010, the Department of Health (DOH) refined and narrowed the program's eligibility criteria. However, recent research findings suggest that considerable variation exists across the state in the percentage of children determined eligible. Stakeholders also have expressed concern that Florida's eligibility criteria may not capture some children who would benefit from early intervention services.
- Federal guidelines for early intervention services emphasize quality and timeliness of services. OPPAGA found that various factors can influence timeliness and quality, including family circumstances, service delivery requirements, service coordination caseloads, provider availability, and transition planning.
- Federal rules require the Early Steps program to be the payor of last resort. However, the Local Early Steps (LES) offices use Early Steps funds to pay claims for children with insurance.
- In the spring of 2015, DOH modified the Early Steps program in response to a $6.9 million funding deficit. Changes included restructuring LES contracts and other administrative efficiencies, including staffing reductions and elimination of the program's third party administrator. LES offices perceive a lack of communication and direction from the program office due to these recent staff reductions.

Background

A child's early experiences influence brain development which in turn influences the child's health, language and communication, cognitive development, and social/emotional development. Accordingly, infants and toddlers who have or are at risk of having a developmental delay can benefit from early intervention services that may change a child's developmental trajectory. In addition to benefiting the child, services can benefit the family, the community, and society, for example, by lowering the costs of special education and social welfare programs.

The federal government provides grant funding to states for early intervention and early education services. The Individuals with Disabilities Education Act (IDEA), originally passed by Congress in 1975 and subsequently amended, provides funding for services to children with disabilities throughout the country. The Early Intervention Program for Infants and Toddlers, IDEA Part C, serves children birth through age two. Children in need of services beginning at age 3 through 22 are served through IDEA Part B, Assistance for Education of All Children with Disabilities.[2]

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[1] As part of our research, we interviewed Department of Health officials, Local Early Steps offices, U.S. Department of Education officials, and other stakeholders including experts in the field. We also gathered information from other states.

[2] The Florida Department of Education administers IDEA Part B through the Bureau of Exceptional Education and Student Services.

The United States Department of Education (U.S. DOE) funds IDEA Part C programs at the state level; funding allocations are based on each state's number of children from birth through age two as a proportion of the nationwide child population from birth through age two. Florida's estimated share of these federal funds in federal Fiscal Year 2016 is $25 million; for state Fiscal Year 2015-16, the Legislature appropriated $45.3 million in general revenue for the program.[3] U.S. DOE receives and reviews state Part C grant applications, makes grant awards, and also provides policy direction, performance monitoring and oversight, and technical assistance.

The federal government allows states flexibility in determining Part C eligibility. Under Part C, states provide early intervention services to eligible children with disabilities from birth through age two and their families.[4] Infants and toddlers with disabilities include children

- experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following five areas: 1) cognitive, 2) physical, 3) communication, 4) social/emotional, or 5) adaptive; or
- diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay and includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

Within statutory limits, each state establishes its definition of a developmental delay. As a safeguard against eligibility determined only on the basis of isolated information or test scores, federal regulations further provide that states must ensure that eligibility can be determined by an evaluation team using informed clinical opinion. Informed clinical opinion uses qualitative and quantitative information to assist in forming an eligibility determination regarding difficult aspects of current developmental status and the potential need for early intervention that may not be easily measured by evaluation instruments.[5]

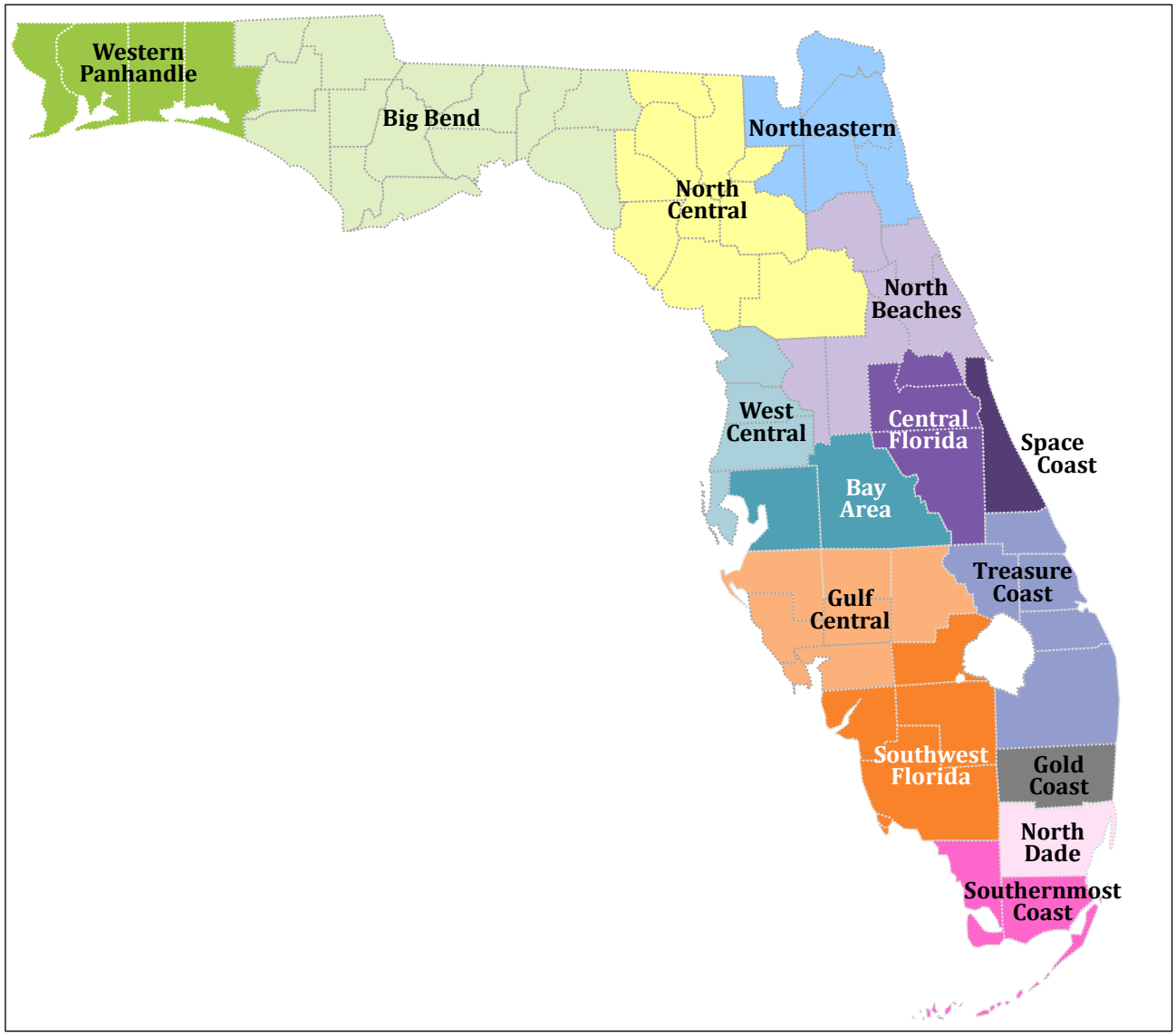
The Department of Health serves as the state's lead agency for IDEA Part C and administers the Early Steps program; Local Early Steps (LES) offices provide services. Florida's Department of Health, Division of Children's Medical Services administers the state's Part C program, which is named Early Steps. The Early Steps program office's responsibilities include policy direction, funding allocation, contract management, performance measurement, and monitoring. The state contracts with 14 local organizations that serve as LES offices for 15 geographic areas and provide Early Steps services. (See Exhibit 1.)

[3] The state's general revenue funds include an amount for Medicaid matching funds. In Ch. 2015-232, *Laws of Florida*, the General Appropriation Act, the early intervention Medicaid match totaled $3.84 million.

[4] Eligibility for Part C includes Indian children and families who reside on reservations geographically located in the state.

[5] Informed clinical opinion cannot be used to negate eligibility determined through administration of evaluation instruments.

Exhibit 1
The Department of Health Contracts With 14 Local Providers Covering 15 Geographic Areas for Early Intervention Services



Source: Florida Department of Health.

LES offices vary in type of organization, counties served, and number of children served. LES offices are not-for-profit organizations such as the Health Planning Council of Southwest Florida, the Children's Home Society of Florida, and Easter Seals of Florida; large hospitals or health systems such as Nicklaus Children's Hospital, Orlando Health System, and Broward Health; and university medical schools including the University of Florida, University of South Florida, and the University of Miami. Parent organizations may provide in-kind services to the LES offices including human resource, finance and accounting, and information technology support and assistance. LES offices may serve all or a portion of one county. For example, Gold Coast LES serves all of Broward County, and North Miami LES serves a portion of Miami-Dade County. Other LES offices serve multiple counties, with the North Central LES office serving 10 counties.

Exhibit 2 presents the child count numbers used to allocate LES funding for Fiscal Year 2015-16 and includes all children referred whether or not the child was determined eligible. As shown, the number of children served by the LES offices ranges from 1,471 in Space Coast to 6,014 in Gold Coast LES.[6]

Exhibit 2
Some Local Early Steps Offices Serve Fewer Than 1,500 Children in a Year While the Largest Office Serves More Than 6,000 Children

Region (County)	Child Count
Gold Coast (Broward)	6,014
Bay Area (Hillsborough and Polk)	4,565
Northeastern (Baker, Bradford, Clay, Duval, Nassau, and St. Johns)	4,199
Treasure Coast (Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie)	3,968
North Dade (North Miami-Dade)	3,489
West Central (Citrus, Hernando, Pasco, and Pinellas)	3,387
Central Florida (Orange, Osceola, and Seminole)	3,232
Southernmost Coast (South Miami-Dade and Monroe)	2,855
Gulf Central (Charlotte, Desoto, Hardee, Highlands, Manatee, and Sarasota)	2,838
Southwest Florida (Collier, Glades, Hendry, and Lee)	2,178
North Central (Alachua, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Suwanee, and Union)	1,939
North Beaches (Flagler, Lake, Putnam, Sumter, and Volusia)	1,855
Big Bend (Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington)	1,601
Western Panhandle (Escambia, Okaloosa, Santa Rosa, and Walton)	1,496
Space Coast (Brevard)	1,471
Total	**45,087**

Source: Department of Health child count figures used for Fiscal Year 2015-16 LES funding allocations.

Like Florida, most other states place Part C programs in health or human services agencies. At the time of our review, 35 states, including Florida, place Part C programs in departments of Health, Health and Human Services, Developmental Disabilities, and Rehabilitation Services; 10 states have programs located in departments of Education or Early Learning; and the remaining 5 states have unique program placements.[7]

While each state has a designated state lead agency, states vary in terms of whether state or county governments administer early intervention programs or states contract with local governments and/or private organizations to provide services. Illinois, like Florida, contracts with local entities through a request for proposal process and has 25 local Child and Family Connections offices that

[6] According to LES offices, there are different methods for counting children served. For example, all children referred and evaluated can be counted toward children served regardless of whether they are determined eligible; the count also can be based on children with active support plans.

[7] Michigan places its early intervention program in an Office of Early Childhood Education and Family Services, Pennsylvania in a Department of Education and Welfare, Arizona in the Department of Economic Security, Nebraska has co-coordinators for its program in the Department of Education and Department of Health and Human Services, and South Carolina has a public-private partnership administering its program.

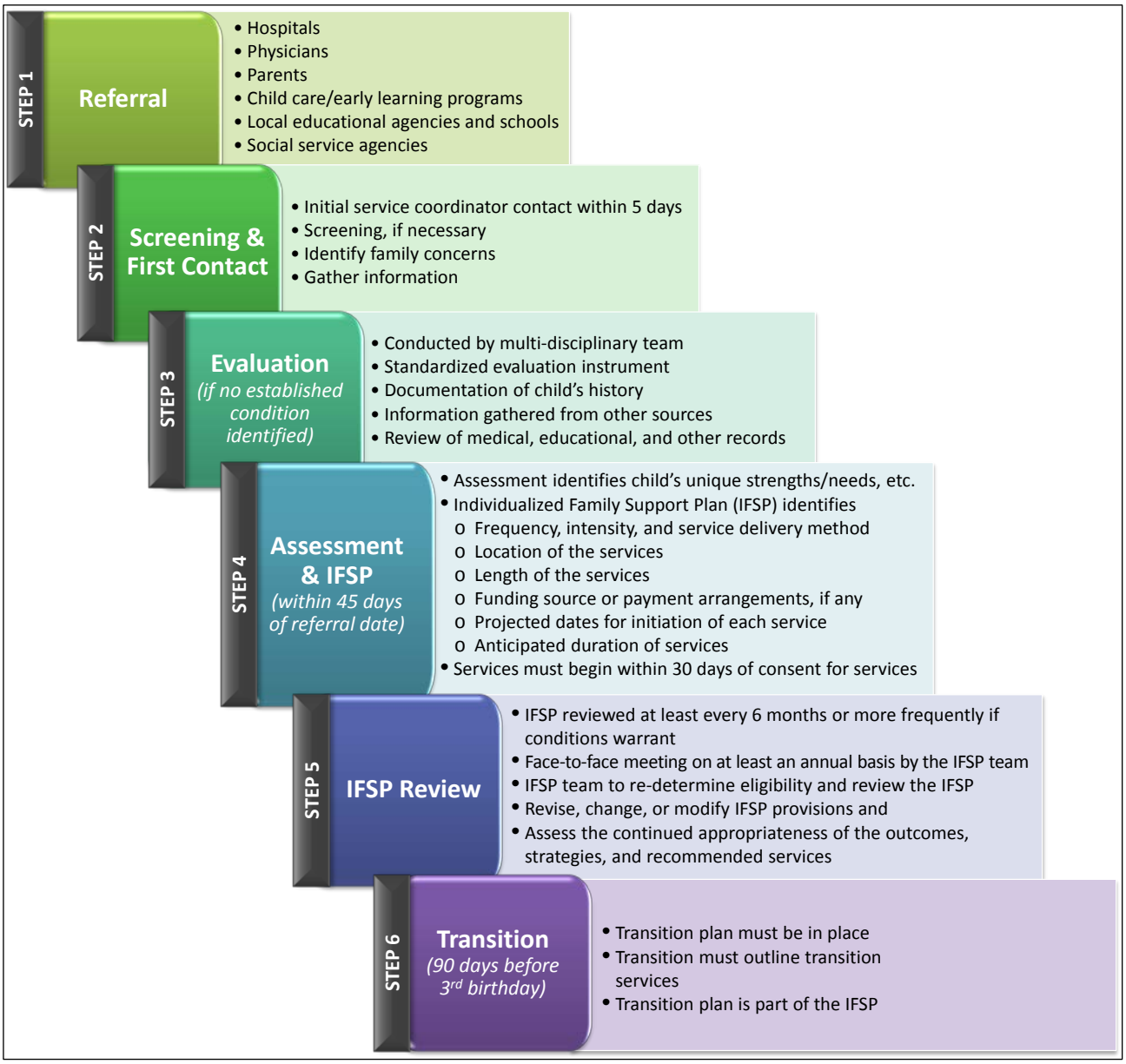
geographically cover the entire state. New Jersey contracts with local providers that can be government or non-government entities; providers include county governments, hospitals, universities, and private for-profit and not-for-profit organizations. Other states administer early intervention services primarily through local government entities. For example, Ohio's 88 counties administer its Part C program, and contracts and provider rates are determined at the county level. In Pennsylvania, local county governments also administer services; some local programs span two or more sparsely populated counties. North Carolina early intervention services are provided by 16 Children's Developmental Services Agencies; 12 of the 16 agencies are state-operated and 4 are county-operated.

Federal regulation also requires states to establish a state interagency coordinating council for Part C programs. The council must be appointed by the governor who must ensure that council membership reasonably represents the state's population. While federal regulation does not prescribe the council's size, its membership must include individuals from state agencies involved in early intervention services, parents of infants or toddlers with disabilities, and at least one member of the state's legislature. The council must also have sufficient authority to engage in policy planning and implementation. Florida's interagency council is the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) whose responsibilities include advising and assisting the lead agency in the performance of its duties, advising and assisting on transition, and preparing and submitting an annual report to the governor and secretary.[8]

Federal guidelines mandate the steps for enrolling and serving children in Part C programs. As shown in Exhibit 3, the steps follow a typical path beginning with referral to Early Steps; LES offices then conduct intake, evaluation, eligibility determination, service coordination, and transition planning. LES intake staff receives early steps referrals from a variety of sources including families who self-refer, pediatricians, and other state programs including the Department of Health's Healthy Start program, the Florida Developmental Disabilities' Help Me Grow referral system, the Florida Diagnostic & Learning Resources System, the Florida Early Learning Coalitions, and Early Head Start. The Department of Children and Families also refers to Early Steps those children in verified cases of child abuse and neglect.

[8] 34 CFR 303.600.

Exhibit 3
Early Intervention Steps Services Begin With Referral and End With Transition



Source: OPPAGA analysis of the Early Steps process.

Some children referred to Early Steps already have been screened for developmental milestones and did not meet the screening milestones, such as those included in the Ages and Stages Questionnaire, a commonly used questionnaire in childcare and early learning settings. For children who have been referred without screening, the LES office/service coordinator conducts an initial screening to assess developmental milestones. For a child that does not meet developmental milestones, the LES office schedules an evaluation by a team including the family, an LES service coordinator, and other practitioners such as Infant Toddler Developmental Specialists and licensed physical, occupational, and speech therapists. At the conclusion of the evaluation, the team makes a determination as to the child's eligibility for services. Parental consent is necessary throughout the process.

Once determined eligible, the evaluation team prepares an Individualized Family Support Plan (IFSP) that outlines the services that the child should receive.[9] Under federal law, the IFSP must include a statement of specific early intervention services, based on peer-reviewed research to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family; the IFSP should include the frequency, intensity, and method of delivering services as well as measurable goals and outcomes. It also must include the projected dates for the initiation of services and the anticipated length and duration.

Children served by LES offices receive a range of services, depending on need. (See Appendix A for a list of services.) All children receive service coordination; the other most frequently provided services are speech therapy and early intervention. In addition to using community providers, some LES offices employ direct care staff that may provide some direct therapy services. Providers receive reimbursement from private insurance or Medicaid managed care plans for children who have these types of coverage. For children without access to health care coverage, the LES offices use Early Steps funds to reimburse services.

LES offices periodically assess children to determine if they are achieving individual goals or if changes to the IFSP are necessary. Early Steps serves children through age two; prior to the child's third birthday, Early Steps must prepare for and conduct a meeting for a child completing the program to transition them to IDEA Part B services. The transition plan includes, notification to the local education agency and the state education agency that the child needs Part B services following his or her third birthday. If the family chooses not to receive Part B services or does not want the school to be notified, the transition conference includes referral to other community services that may be available for the child, if needed.

After experiencing a budget deficit, the Early Steps program made several administrative changes during spring 2015. During Fiscal Year 2014-15, the Early Steps program experienced a $6.9 million deficit. To make up for the deficit, the Department of Health used $1.5 million in Title V funds and received legislative permission to use $5.4 million in existing trust funds. The department also implemented administrative efficiencies including a reduction in central office staff and additional budget controls and contract management efficiencies, and it also discontinued its contract for a third party administrator for claims processing.

In response to the budget deficit, the 2015 Legislature increased the state's general revenue appropriation for Early Steps by $13 million. Program officials said that $11 million was allocated to LES offices; the Department of Health reserved $2 million for Medicaid reserve, a University of Florida data system, and support for innovative projects designed to better serve the Early Steps population.

Findings

The U.S. Department of Education placed Florida's Early Steps program on needs assistance status

U.S. DOE annually determines whether states' IDEA Part C programs meet federal requirements; if they do not meet the federal requirements, U.S. DOE categorizes them in one of three ways—needs assistance, needs intervention, or needs substantial intervention. To measure performance, U.S. DOE established 11 performance indicators for Part C programs that address timeliness, outcomes, and service delivery. As shown in Exhibit 4, U.S. DOE has created compliance and results indicators for Part C programs. U.S. DOE set performance standards at 100% for the compliance indicators; each state, in consultation with stakeholders, sets performance standards for the results indicators.[10]

[9] The federal regulations reference the IFSP as the Individualized Family Service Plan. This memorandum references it as the Individualized Family Support Plan, according to the Department of Health.

[10] U.S. DOE must approve the state-established standards.

Exhibit 4
Certain Federal Early Intervention Indicators Require 100% Compliance

Performance Indicators	Description (Compliance Indicators: yellow rows Results Indicators: white rows)	Source	Standard (standard set by state or federal program office)
1. Timely Service Delivery	Percentage of infants/toddlers with IFSPs receiving early intervention services specified in the IFSPs in a timely manner	Self-Assessment	100% (Federal)
2. Settings	Percentage of infants/toddlers with IFSPs primarily receiving early intervention services in the home or community-based settings	Statewide, one day each year	89% (State)
3. Early Childhood Outcomes	Percentage of infants/toddlers with IFSPs demonstrating improved (a) positive social/emotional skills, (b) acquisition and use of knowledge and skills, and (c) use of appropriate behaviors to meet their needs[1]	Joint measure with DOE	(a) 33.5%/70% (b) 57%/46% (c) 56%/69.7 (State)
4. Family Outcomes	Percentage of families reporting that early intervention services helped the family (a) know their rights, (b) effectively communicate child's needs, and (c) help their children develop and learn	Family Satisfaction Survey	(a) 76% (b) 75% (c) 88% (State)
5. Child Find, Ages birth to 1	Percentage of infants and toddlers birth to age 1 in the state with an IFSP	Statewide and National Data	0.73% (State)
6. Child Find, Ages birth to 3	Percentage of infants and toddlers birth to age 3 in the state with an IFSP	Statewide and National Data	1.91% (State)
7. Timeliness of IFSP	Percentage of eligible infants/toddlers with IFSPs with evaluation, assessment, and initial IFSP meeting, within 45 days	Self-Assessment	100% (Federal)
8. Early Childhood Transition	Percentage of toddlers exiting Part C with timely transition planning for whom lead agency, within required timeline (a) developed IFSP with transition steps, (b) notified state and local education agencies of toddler's potential eligibility, and (c) conducted transition conference	Self-Assessment	100% (Federal)
9. Hearing Requests Resolved	Percentage of hearing requests resolved through resolution session settlement agreements	State Office	No baseline requirements
10. Mediation Agreements	Percentage of mediations held resulting in mediation settlements	State Office	No baseline requirements
11. State Systemic Improvement Plan	State systemic improvement plan/annual progress report includes comprehensive, ambitious, achievable, multi-year SSIP, with Phase 1 analysis, Phase 2 Plan, Phase 3 implementation and evaluation with stakeholder involvement in all phases for improving results for infants/toddlers with disabilities and their families	State Office	Not applicable

[1] For each of three areas (social/emotional skills, acquisition of knowledge and skills, and use of appropriate behaviors to meet their needs), this indicator assesses the percentage of children who were functioning below same-aged peers upon Early Steps entry who improved to a level nearer or comparable to same-aged peers.

Source: Florida Department of Health and U.S. Department of Education.

To gather information for its Part C compliance indicators, the Department of Health requires the LES offices to conduct a self-assessment using a sample of case files identified by the program office, reporting child-specific information on each case. Using the self-assessment data, the department calculates performance on the compliance indicators. Information for the results indicators come from various sources including a survey of Early Steps parents, evaluations for children entering and exiting the program, as well as other state and national data.[11]

[11] The Department of Health conducts additional monitoring of the local offices through site visits and contract monitoring reviews to ensure local offices operate according to contract guidelines.

U.S. DOE determined that Florida's Part C program needs assistance; 25 other states also are in the needs assistance category. In 2014 and 2015, U.S. DOE determined that Florida's Part C program performance did not meet requirements and placed Florida in the needs assistance category.[12, 13] In 2015, Florida had not met the 100% standard for any of the compliance indicators. U.S. DOE based the 2015 needs assistance determination on federal Fiscal Year 2013; Florida's performance was above 90% for Outcomes 7 (96.67%), 8(a) (93.7%) and 8(c) (94.07%). To improve performance and address the needs assistance determination, department officials established an action plan to improve the timely delivery of Early Steps services.

According to U.S. DOE data, in 2015, 25 other state Part C programs were determined to need assistance. Along with performance on the compliance indicators, U.S. DOE's evaluation process includes the totality of the state's data and information. U.S. DOE officials said they focus on helping states improve their programs through technical support and other assistance rather than sanctioning or penalizing programs; needs assistance status also does not put states in jeopardy of losing federal funds.

The Department of Health is in the second year of a state improvement plan. Part C annual performance requirements include the development of state systemic improvement plans (SSIP) that must include comprehensive, ambitious, achievable, multi-year plans. The SSIP Phase 1 includes analyzing state data, building state infrastructure to improve and build program capacity, and selecting improvement strategies. Phase 2 includes implementation of evidence-based practices, and Phase 3 is the implementation and evaluation of the improvement plan. Florida's Early Steps program is in Phase 2 of its SSIP. The plan focuses on improving the program's ability to address child delays and development in the social/emotional domain. In August 2015, a technical assistance team visited Florida to assist with the next steps in the SSIP.

Florida's eligibility determination process results in variation in children's eligibility across the state

States may determine children eligible for early intervention services that have a developmental delay in any of five domains: 1) physical, 2) cognitive, 3) communication, 4) social/emotional, and 5) adaptive. Florida's eligibility determination process and criteria are established by the Department of Health and found in the Early Steps policy guidelines. In addition to federally established conditions for early intervention, the department's developmental delay criteria require

- a standard score of 78 or below (-1.5 standard deviations) in two or more domains, or
- a standard score of 70 or below (-2.0 standard deviations) in one domain.

When evaluating children using this criterion, the LES offices primarily rely on the Battelle Developmental Inventory-2, also known as the BDI-2, though other instruments can be used. Other evidence can be considered, including informed clinical opinion, based on the consensus of the evaluation and assessment team.

The Department of Health changed eligibility criteria for Early Steps in 2010 following a series of public hearings that included various stakeholders. The eligibility criteria prior to the change made children eligible if they met or exceeded 1.5 standard deviations below the mean on a standardized assessment tool or experienced a 25% chronological delay in only one developmental area.

[12] Due to the lag in gathering and reporting data, Florida's 2015 determination is based on 2013 program data.

[13] Based on federal performance measures for Florida's Part B program, operated by the Florida Department of Education, U.S. DOE determined that Florida's Part B program also needs assistance.

Research suggests that considerable variation exists in the percentage of children determined eligible. To ensure that children receive services they are eligible for, the state needs a clear eligibility determination process that is consistently applied. LES officials said that the eligibility criteria for established conditions and the state's developmental delay criteria are clear.

However, research results reported in March 2015 found that eligibility determination across the state varied considerably, from less than 50% of children referred for services in some areas of the state to as high as 80% to 90% in other areas. Research findings suggested the considerable differences in eligibility determination resulted from a lack of training on the evaluation tool, the Battelle Developmental Inventory-2, and/or a lack of confidence in the tool.[14] LES offices also use informed clinical opinion to determine eligibility as an alternative to a standardized evaluation instrument. However, they reported variation within LES areas and across the state in the use of informed clinical opinion. In addition, some LES officials expressed concern regarding a lack of clarity for using informed clinical opinion when determining eligibility.

The federal indicators for the program compare the percentage of Florida's children determined eligible to national levels. U.S. DOE indicator 5 measures the number of Florida infants and toddlers birth to age one with an IFSP as a percentage of the state's total population birth to age one, comparing it to the national average. U.S. DOE indicator 6 measures the number of Florida infants and toddlers birth to age three with an IFSP as a percentage of the state's total population birth to age three, comparing it to the national average. The state, with input from stakeholders and federal approval, establishes the standard for this measure. In Fiscal Year 2013-14, the state exceeded the standard for both measures; 0.75% for birth to age one compared to the standard of 0.72% for indicator 5 and 2.04% for birth to age three compared to the 1.91% standard for indicator 6.[15] However, the percentages vary considerably across the state, ranging from 0.51% to 1.64% for birth to age one and from 1.58% to 2.78% for birth to age three.

Stakeholders express concern regarding Florida's eligibility for early intervention services. Florida needs eligibility criteria broad enough to appropriately capture the children who need early intervention services. If eligibility criteria are too broad, the state may serve children with delays that might naturally be remedied with age; if criteria are too narrow, the program may serve only those children with the most significant delays rather than including children with moderate delays who also could benefit from services.

Florida uses the same developmental delay criteria as seven other states (Connecticut, Kentucky, Maine, New Jersey, Oklahoma, Oregon, and Rhode Island). Five states use criteria similar to those used by Florida prior to 2010 where children were eligible based on a delay in one domain of 1.5 standard deviations below the norm (Massachusetts, Minnesota, Ohio, South Dakota, and Utah). A total of 19 states determine eligibility based on a percentage delay such as a 25% delay in a single domain. Florida moved away from using a percentage delay, because experts suggested it was difficult to interpret delays with this criterion. A small number of states include children as eligible for Part C who are at risk of developmental delay due to the presence of environmental risk factors, including domestic violence, substance abuse, severe mental illness, abuse and neglect, or any risk factor that may pose a threat to a child's development.

[14] The research did not examine other factors that could influence the percentage of children determined eligible, such as differences in local referrals.

[15] The national average for indicator 5 for federal Fiscal Year 2013 was 1.11%, and the national average for indicator 6 in federal Fiscal Year 2013 was 2.82%.

Using U.S. DOE data, the national IDEA Infant and Toddler Coordinators Association compared all 50 states regarding early intervention eligibility; compared to other states, Florida ranked among 19 states with the most narrow eligibility criteria. Early intervention researchers and experts OPPAGA interviewed suggest that Florida's criteria may not capture all children who could benefit from early intervention services. If the program misses the opportunity to serve children that might benefit the most from early intervention services, these children may enter the school system with more severe delays, which places a greater burden on the children, their families, and the schools.

Numerous factors influence Early Steps service timeliness and quality

The federal government provides funding for early intervention services in an effort to provide quality services. Federal requirements establish timeliness standards that states must meet and standards for providing services in children's natural environment, including a justification of the extent to which services will not be provided in the natural environment.

Two federal compliance indicators pertain to timely service delivery. One measures the timely completion of the evaluation, assessment, and initial IFSP meeting, which must be held within 45 days of referral and parental consent. The second indicator measures timely service delivery. Florida defines timely as within 30 days of the service being included on the IFSP. The standard for both measures, as established by the federal government, is 100% compliance. As shown in Exhibit 5, Florida is not meeting the 100% standard for either of the timeliness measures; performance for timely evaluation, assessment, and initial IFSP meeting is 96.6%; statewide performance for timely services on the IFSP is 87.8%. Performance varies across the LES offices. Fiscal Year 2013-14 performance on timely IFSPs ranged from 85% to 100% while performance on timely service delivery ranged from 75% to 100%.

Exhibit 5
In Fiscal Year 2013-14, Florida's Early Steps Program Performed Better on IFSP Timeliness Than Overall Service Delivery Timeliness

Local Early Steps Office	Compliance Indicator 7 Timeliness of IFSP	Compliance Indicator 1 Timely Service Delivery
North Beaches	100%	80.0%
Northeastern	100%	75.0%
Space Coast	100%	90.0%
Western Panhandle	100%	100%
Bay	93.0%	80.0%
Gold Coast	87.0%	90.0%
North Central	100%	90.0%
Southernmost Coast	100%	90.0%
Treasure Coast	100%	93.0%
Big Bend	100%	90.0%
Central Florida	85.0%	80.0%
Gulf Central	100%	95.0%
North Dade	100%	100%
Southwest	100%	90.0%
West Central	100%	80.0%
Statewide	**96.6%**	**87.8%**

Source: Department of Health.

Factors related to family circumstances of the children being served also may influence timeliness of services. Families, for example, may be in crisis over a child's serious diagnosis, they may have housing instability and move frequently, or lack adequate transportation making it difficult to bring their child to a clinic for services. Although the Department of Health did not have data on clients by payer for services, LES officials said that anywhere from 50% to 80% of clients are Medicaid-eligible, which may suggest a number of poverty-related challenges for these families.

Federal program officials reported that the goal of early intervention services is to ensure that children thrive and are successful in their everyday environments, and thus, the federal requirement is to provide services in the natural environment. Because children spend the bulk of their time at home or in childcare, federal program officials believe that addressing their needs in these environments furthers their progress. In addition, they believe this approach will further their progress if providers can work with and coach parents to continue activities in the home. Federal program officials define the natural environments as the home and community settings in which children participate, e.g. a childcare setting that serves children with and without disabilities. According to federal officials, states should only provide services in a setting other than the natural environment for reasons specific to the child's disability; if services cannot be provided in the natural environment, the program should develop a plan that eventually moves all services to the natural environment.

U.S. DOE results indicator for the services in the natural environment setting measures the percentage of infants and toddlers with an IFSP receiving early intervention services in the home or community-based settings.[16] Because this measure is a results indicator, Florida sets its own performance standard at 87%; as shown in Exhibit 6, the Fiscal Year 2013-14 statewide performance was just under the standard at 85.2%. Performance by the LES offices varied from a low of 68.4% to a high of 98%.

Exhibit 6
In Fiscal Year 2013-14, Florida's Early Steps Program Performance for Serving Children in the Natural Environment Almost Met the 87% Performance Standard

Local Early Steps Office	Results Indicator 2 Natural Environment
North Beaches	93.0%
Northeastern	92.4%
Space Coast	90.2%
Western Panhandle	83.8%
Bay	90.1%
Gold Coast	69.1%
North Central	68.4%
Southernmost Coast	75.7%
Treasure Coast	98.0%
Big Bend	73.3%
Central Florida	85.6%
Gulf Central	94.9%
North Dade	90.3%
Southwest	95.7%
West Central	88.5%
Statewide	**85.2%**

Source: Department of Health.

[16] The Department of Health gathers data for this measure on a single day during the year.

Several program factors influence service timeliness and quality. Service coordinators help families by identifying, contacting, and scheduling therapists and other providers. Identifying providers and making appointments takes time and a number of factors influence the ability to provide timely and quality services.

Service Coordinator Caseloads. Service quality may be influenced by high service coordination caseloads. Service coordinator responsibilities include coordinating all required services; serving as the single point of contact for carrying out service coordination activities; and implementing the early intervention services identified in the IFSP, including transition services and coordination with other agencies. Service coordinators also serve as the first contact for families new to Early Steps, help uninsured families apply for insurance or other services as needed, and monitor services. LES officials expressed concern about high caseloads for service coordinators; for some areas of the state, officials said caseloads were 70 to 80 children and families per service coordinator, which can affect the quality of services. States vary considerably in caseloads for service coordinators. A 2012 study of caseloads found only a few states mandated caseloads for service coordinators. This study found that actual caseloads ranged from 10 to 60 depending on the type of services provided by the service coordinators. One state—Illinois—mandates caseloads through its provider contracts, specifying a caseload of 43:1.

Natural Environments. LES officials report difficulty providing services in the natural environment, especially specialized therapy services such as physical or occupational therapy. LES offices reported that travel time reduces the number of children a therapist can serve. In addition, if a therapist travels to the home but finds the family is not at home, the therapist cannot be paid. In contrast, therapists working in hospitals and clinics can serve more children on-site than if they have to travel by car to provide services in the natural environment. Travel reimbursement policies also may deter providers from offering services in the natural environment. Due to department changes in the LES contracts, LES offices only pay the state mileage rate for travel along with a $10 natural environment support fee.[17]

To meet the federal mandate to serve children in the natural environment, some LES offices employ physical, occupational, and speech therapists as direct staff to provide care. However, LES officials reported that the department is encouraging the LES offices to reduce the number of employees providing direct care to 10 or fewer. Department of Health officials explained that they want to ensure a balance of community providers in the LES areas.

In addition, LES offices also rely heavily on Early Interventionists to provide services. Early Interventionists provide broad, general developmental services and can be a licensed professional such as a speech therapist; they also can be an Infant Toddler Developmental Specialist (ITDS). While ITDSs consult, as needed, with licensed therapists about the specific service needs of children enrolled in Early Steps, they are not licensed health care professionals regulated by the Department of Health. The requirements for an ITDS include an ITDS certificate, a bachelor's degree in a related field, and one year work experience in early intervention.[18] To address workforce shortages, LES offices can submit an ITDS waiver for applicants who do not meet the qualifications; the department approves the applicant pending completion of an online training

[17] Other states also report difficulty finding providers willing to serve in the natural environment. One state reported challenges in providing services in the natural environment due to remoteness (long distance to travel for providers) and unsafe neighborhoods in some areas of the state. Another reported challenges related to finding enough qualified providers to serve in the natural environment. Without identifying specific challenges, other states reported that they were working to increase the services provided in the natural environment.

[18] The degrees include early childhood education, early childhood/special education, child and family development, family life specialist, communication sciences, psychology, or social work.

program within 30 days. Some stakeholders expressed concern about the reliance on ITDSs by the Early Steps program and whether this model of service delivery provides adequate care. LES officials also expressed concern that Medicaid reimburses Early Interventionists at the same rate whether the individual is licensed or an ITDS which may deter some licensed professionals from serving as interventionists.

Provider Availability Issues. LES officials noted a lack of available providers for certain therapy services, particularly physical and occupational therapy. They discussed the high demand for physical therapists by hospitals, nursing homes, and other health care entities, and they expressed concern that available therapy providers may not have specific pediatric training or experience. Provider availability also can be affected by the variation in reimbursement rates across payors. In addition, LES officials commented on administrative procedures that providers perceive as burdensome. To serve Early Steps children, providers must enroll both with Children's Medical Services as well as Medicaid. LES officials reported that they lose some providers, because it can take months for the Department of Health approval.

Transition to Part B. A final component of the service delivery process concerns the transition conference and planning for children approaching their third birthdays to transition to IDEA Part B services provided through the local school districts. In most areas of the state, LES officials reported smooth transition planning that ensures that schools have identified children that need services so they can establish an individualized education plan for them. Some LES officials mentioned working with the University of Central Florida's Technical Assistance and Training Center on transition practices to help pre-kindergarten programs with interagency agreements to promote successful transition to Part B programs.[19]

However, the participation of the school district in transition planning varies by school district. Officials in two LES offices reported difficulty in obtaining local school participation in transition conferences during the summer months. According to these officials, they meet the programs' performance guidelines for having transition conferences but may hold these meetings without local school personnel. Holding a transition meeting without school personnel means that while families receive information about Part B and the next steps for their child, the family will have to make contact with the school directly to pursue services. If school personnel are not involved, children who transition out of Part C during the summer months may experience a delay in services if they have to wait until school starts to move forward with a Part B evaluation and service determination.

LES offices use Early Steps funds to reimburse services for children insurance

Early Steps is an entitlement program and states must serve all clients regardless of ability to pay. The federal IDEA designates Part C as the payor of last resort for early intervention services, meaning that states must first access other funding sources such as private insurance or Medicaid prior to paying with Early Steps funds.

LES offices are required to ensure that Early Steps is the payor of last resort; they report using Early Steps funds to pay claims for children with insurance. In order to access private insurance funds to pay for early intervention services, federal law requires state programs to obtain written

[19] The Technical Assistance and Training Program is a grant-funded program at the University of Central Florida. The program's mission is to build capacity and empower school districts and their early childhood partners to plan, implement, and evaluate evidence-based programs and practices that improve outcomes for young children with disabilities and their families. The grant priorities include successful transition planning from Part C to district or community-based pre-kindergarten programs.

parental consent.[20] In at least two areas of the state, LES offices reported that a significant portion of clients decline the use of their private insurance. As a result, Part C funds pay for services for children who have private insurance.

In one region, where parents frequently decline consent to bill their private insurance, LES officials reported that providers coach or encourage parents to decline or revoke consent. By declining or revoking consent, parents can receive services from Early Steps and also receive additional services through their private insurance. In other areas, LES offices reported that a much smaller number of parents decline consent in order to protect health savings accounts' funds or to retain private insurance resources for children with significant disabilities.

Federal law provides states the option to adopt legislation requiring the use of private insurance. Federal Part C regulations allow states to mandate the use of private insurance by passing state legislation.[21] States can require the use of private health insurance to pay for Part C services as long as they provide for the following exceptions.

- The use of private health insurance to pay for Part C services cannot count toward or result in a loss of benefits due to the annual or lifetime health insurance coverage caps for the infant or toddler with a disability or the child's family members who are covered under that health insurance policy.
- The use of private health insurance to pay for Part C services cannot negatively affect the availability of health insurance to the infant or toddler with a disability or the child's family members who are covered under that health insurance policy, and health insurance coverage may not be discontinued for these individuals due to the use of the health insurance to pay for services under Part C.
- The use of private health insurance to pay for Part C services cannot be the basis for increasing the health insurance premiums of the infant or toddler with a disability or the child's family members covered under that health insurance policy.

States including Connecticut, Ohio, Rhode Island, and Virginia passed such legislation to provide for the use of private insurance for early intervention services; however, statutory language varies.[22] Ohio's law may qualify a family for Part C funding if the use of their health insurance will result in a financial loss, such as exhausting their lifetime benefit coverage during the service period, discontinuation of the policy, or increased premiums.

Local Early Steps offices identify challenges due to 2015 program changes

In accordance with guidelines established by the federal government, the Department of Health's Early Steps program office acts as the contract administrator for the local LES offices; monitors compliance with federal regulations, state policies, and contract requirements; and provides technical assistance and training. The LES offices rely on the program office for support and direction for the program. During spring 2015, the Department of Health made changes to the Early Steps program in response to a $6.9 million deficit; changes included restructuring LES contracts and other administrative efficiencies.

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[20] Parental consent to use private insurance is not required when both Medicaid and private insurance coverage are available since existing private insurance use is a prerequisite for the use of Medicaid. (Early Steps Policy Handbook 1.7.1c.)

[21] 34 CFR 303.520(b)(2).

[22] If a state adopts legislation requiring the use of private insurance to pay for Part C services, the state may reestablish a new baseline of state and local expenditures in the next federal fiscal year following the effective date of the statute.

Revisions to LES contracts may not support LES program operations. Chapter 2015-232, *Laws of Florida*, included proviso language requiring that at least 85% of LES funds must be spent on direct client services, capping administrative spending at 15%. In implementing the proviso, the department revised LES contracts to require that 35% of the 85% of direct client services should account for service coordination and 50% for direct patient services. Service coordination, as defined by federal regulations and Department of Health policy, refers to the assistance and services provided by a service coordinator to a child or the child's family.[23] Direct patient care services include physical, speech, and occupational therapy as well as services provided by Infant Toddler Development Specialists. Some LES offices expressed concern regarding the department's position on direct services and the restrictions on how funds may be spent. LES offices reported that the new structure of the contract does not reflect how the Early Steps program operates. For example, LES officials consider service coordination a direct service and are concerned that the current contract restrictions do not fully encompass the various support positions necessary for service delivery. Department of Health officials reported that the changes were made to increase the amount of direct services provided to children and encourage administrative efficiency.

LES offices perceive a lack of communication and direction from the program office due to staff reductions that occurred during spring 2015. As a result of staff reductions in the program office from 22 to 7 FTEs, LES offices report delays and a lack of communication from the program office. According to the LES offices, the reorganization of the program office resulted in a loss of institutional knowledge and Early Steps program expertise. With fewer program office staff that understands the program, LES officials reported they are unable to get timely answers to questions and concerns. The program office has cancelled monthly conference calls and Email updates, and LES offices believe that information is not being disseminated effectively to the LES offices and that guidance is limited. Initiatives to improve the program that were in progress have been delayed or discontinued and there has been an increase in the time for credentialing and enrolling providers. LES officials expressed concern regarding approval of corrective improvement plans as well as the lack of information on the program's quality assurance processes.

In addition to these staffing and leadership changes, the Department of Health terminated the program's contract with the LES's third party administrator that had been processing LES claims. Most LES offices supported the termination because of problems related to the third party administrator claims processing system; they described the process as complex and time-consuming and reported issues with the accuracy of the data, the high cost of operating the system, and the inaccuracy of payments. Consequently, the LES offices' administrative functions now include processing claims for travel reimbursement, consultations, reimbursement for partial payments to private insurers, and payment for services that private insurance and Medicaid will not reimburse, such as specific assistive equipment. The LES offices have taken responsibility for claims processing at the same time that the 15% administrative cap has occurred which reduces the LES offices' ability to hire staff to perform these functions.

Guidance and support from the department would facilitate LES efforts to address issues efficiently and consistently across the state so that they can focus on timely and quality services for children. For example, recent changes in health care delivery have required the LES offices to work more with managed care organizations than in the past. The LES offices could benefit from the department's assistance in facilitating LES efforts to make changes in service coordination and delivery and to develop effective relationships with the managed care organizations.

[23] 34 CFR 303.23.

In response to the combination of reduced administrative budget and additional claims processing responsibilities, LES officials indicated that they will no longer gather all service data information on Early Steps children. Prior to these changes, LES offices collected as much data on services as they could; they required providers who billed Medicaid and private insurance directly to report information on those services to the LES office. Without a systematic way to obtain service information, the Early Steps program may not be able to clearly assess program performance.

Conclusion

The Legislature could consider improvements to the Early Steps program in four areas: 1) eligibility determination, 2) timely and quality services, 3) payor of last resort, and 4) communication and leadership by the Early Steps program office. Based on our review of the Early Steps program, we identified potential areas for improvement.

- Eligibility determination. To ensure that children receive services they are eligible for, the state needs a clear eligibility determination process that is consistently applied. LES officials said that the eligibility criteria for established conditions and the state's developmental delay criteria are clear. However, research suggests that considerable variation exists in the percentage of children determined eligible. LES offices also expressed concern regarding a lack of clarity for using informed clinical opinion when determining eligibility. In addition, early intervention researchers and experts suggest that Florida's criteria may not capture all children who could benefit from early intervention services.
- Factors affecting timeliness and quality of service provision. Federal requirements establish timeliness standards that states must meet and standards for providing services in children's natural environment, including a justification of the extent to which services will not be provided in the natural environment. We identified several factors that may influence service timeliness and quality. Service coordinators, who fulfill many responsibilities related to determining eligibility, establishing service needs, and ensuring that services are delivered, carry high caseloads, as high as 70 to 80 children and families in some areas of the state. Due to provider constraints and issues related to paying providers for travel time, LES officials report difficulty providing services in the natural environment. To meet the federal mandate to serve children in the natural environment, some LES offices employ Infant Toddler Developmental Specialists who may not be as highly trained as master's level therapists. In addition, a general lack of providers, especially physical therapists, places pressure on the LES offices to provide services in a timely manner. Finally, while transitioning children from Early Steps to the school system is important for ensuring that they continue to receive needed services, the participation of school districts in the transition process varies by school district.
- Payor of last resort. LES offices are required to ensure that Early Steps is the payor of last resort. In order to access private insurance funds to pay for early intervention services, federal law requires state programs to obtain written parental consent. In at least two areas of the state, LES offices reported that a significant portion of clients decline the use of their private insurance. As a result, Part C funds pay for services for children who have private insurance.
- Early Steps program office leadership and direction. In the spring of 2015, the Department of Health made changes to the Early Steps program in response to a $6.9 million deficit; changes included restructuring LES contracts and other administrative efficiencies, including staffing reductions and elimination of the program's third party administrator. Contract revisions related to restructuring spending caps on service coordination present challenges to the LES offices. LES offices also reported delays and a lack of communication and direction from the program office.

Appendix A

The Federal Government Defines the Services That States Must Offer When Using IDEA Part C Funds

Exhibit A-1 lists the early intervention services and supports defined in the Individuals with Disabilities Education Act (IDEA). Federal legislation provides funding to state programs to offer these services to the qualifying population. Federal legislation also requires that these services must be provided by a qualified professional in the natural environment, unless justification is provided in the Individualized Family Support Plan (IFSP).

Exhibit A-1
Early Steps Programs Directly Provide or Ensure a Variety of Services

- Assistive technology devices and services
- Audiology
- Family training, counseling, and home visits
- Health services
- Medical services
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services (including mental health and behavioral services)
- Respite
- Service coordination
- Sign language and cued language
- Social work services
- Special instruction
- Speech language pathology
- Translation/Interpretation
- Transportation and related cost
- Vision services

Source: Department of Health, Early Steps Handbook.

A bill to be entitled

An act relating to early childhood development; amending s. 383.141, F.S.; revising the requirement for the Department of Health to maintain a clearing house for information for parents and health care providers on developmental evaluation and early intervention programs; amending s. 391.025, F.S.; revising the components of the Children's Medical Services program; amending s. 391.026, F.S.; designating the Department of Health as agency to administer the Early Steps Program; amending s. 391.301, F.S.; revising legislative intent and establishing goals for the Early Steps Program; amending s. 391.302, F.S.; adding definitions, amending s. 391.308, F.S.; renaming the "Florida Infants and Toddlers Early Intervention Program" as the "Early Steps Program"; providing performance standards; specifying duties of the department; establishing eligibility for the program;; providing duties for local Early Steps offices ; requiring the development of an individual family support plan for each child served in the program; requiring referral for services by a local office under certain circumstances; requiring the local office to negotiate and maintain agreements with specified providers and managed care plans; requiring the local office to coordinate with managed care plans; requiring the department to provide an annual report to the Governor, the Legislature, and the State

Interagency Coordinating Council; designating the Florida Interagency Coordinating Council for Infants and Toddlers as the State Interagency Coordinating Council required by federal rule; providing requirements of the Early Steps Program to prepare children for the transition to school; amending s. 413.092, F.S.; revising a program reference; amending s. 1003.575, F.S.; revising a program reference; repealing ss. 391.303 - 391.307, F.S.; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (3) of section 383.141, Florida Statutes, is amended to read:

383.141 Prenatally diagnosed conditions; patient to be provided information; definitions; information clearinghouse; advisory council.—

(3) The Department of Health shall develop and implement a comprehensive information clearinghouse to educate providers, inform parents, and increase public awareness regarding brain development, developmental disabilities and delays, and all services, resources and interventions available to mitigate the effects of impaired development among children. The clearinghouse shall use the term "unique abilities" to identify infants or children with developmental delays to the fullest extent feasible. The clearing house shall provide:

(a) Health information on conditions that may lead to impaired development of physical, learning, language, or

behavior skills;

(b) Education and information to support parents whose unborn children have been prenatally diagnosed with developmental disabilities or who have a child with diagnosed or suspected developmental delays.

(c) Education and training for health care providers to recognize and appropriately respond to developmental disabilities, delays, and related conditions; specific information, approved by the advisory council, shall be made available to health care providers for use in counseling parents whose unborn children have been prenatally diagnosed with developmental disabilities or who have a child with diagnosed or suspected developmental delays.

(d) Promotion of public awareness of availability of supportive services, such as resource centers, educational programs, other support programs for parents and families, and developmental evaluation and intervention services.

(e) Hotlines specific to Down syndrome and other prenatally diagnosed developmental disabilities; the hotlines and the department's clearinghouse shall provide information for parents or other caregivers regarding the Early Steps Program under s. 391.301 and any other developmental evaluation and intervention programs. Information offered must include directions on how to obtain early intervention, rehabilitative, and habilitative services.

~~establish on its Internet website a clearinghouse of information related to developmental disabilities concerning providers of supportive services, information hotlines specific to Down syndrome and other prenatally diagnosed developmental~~

~~disabilities, resource centers, educational programs, other support programs for parents and families, and developmental evaluation and intervention services under s. 391.303. Such information shall be made available to health care providers for use in counseling pregnant women whose unborn children have been prenatally diagnosed with developmental disabilities.~~

(f~~a~~) There is established an advisory council within the Department of Health which consists of health care providers and caregivers who perform health care services for persons who have developmental disabilities, including Down syndrome and autism. This group shall consist of nine members as follows:

1. Three members appointed by the Governor;

2. Three members appointed by the President of the Senate; and

3. Three members appointed by the Speaker of the House of Representatives.

(g~~b~~) The advisory council shall provide technical assistance to the Department of Health in the establishment of the information clearinghouse and give the department the benefit of the council members' knowledge and experience relating to the needs of patients and families of patients with developmental disabilities and available support services.

(h~~c~~) Members of the council shall elect a chairperson and a vice chairperson. The elected chairperson and vice chairperson shall serve in these roles until their terms of appointment on the council expire.

(i~~d~~) The advisory council shall meet quarterly to review this clearinghouse of information, and may meet more often at the call of the chairperson or as determined by a majority of

members.

(j~~e~~) The council members shall be appointed to 4-year terms, except that, to provide for staggered terms, one initial appointee each from the Governor, the President of the Senate, and the Speaker of the House of Representatives shall be appointed to a 2-year term, one appointee each from these officials shall be appointed to a 3-year term, and the remaining initial appointees shall be appointed to 4-year terms. All subsequent appointments shall be for 4-year terms. A vacancy shall be filled for the remainder of the unexpired term in the same manner as the original appointment.

(k~~f~~) Members of the council shall serve without compensation. Meetings of the council may be held in person, without reimbursement for travel expenses, or by teleconference or other electronic means.

(l~~g~~) The Department of Health shall provide administrative support for the advisory council.

Section 2. Paragraph (c) of subsection (1) of section 391.025, Florida Statutes, is amended to read:

391.025 Applicability and scope.—

(1) The Children’s Medical Services program consists of the following components:

(c) The developmental evaluation and intervention program, including the Early Steps ~~Florida Infants and Toddlers Early Intervention~~ Program.

Section 3. Subsection (19) is added to section 391.026, Florida Statutes, to read:

391.026 Powers and duties of the department.—The department shall have the following powers, duties, and responsibilities:

(19) To serve as the lead agency and administer the Early Steps Program pursuant to Part C of the federal Individuals with Disabilities Education Act and part III of this chapter.

Section 4. Section 391.301, Florida Statutes, is amended to read:

391.301 Early Steps program ~~Developmental evaluation and intervention programs~~ establishment and goals.~~—~~ ~~legislative findings and intent.—~~

(1) The Early Steps program is established within the Department of Health to serve infants and children at risk of developmental disabilities and infants and children with developmental delays by providing evaluation and early intervention and by providing families with training and support services in a variety of home and community settings. ~~The Legislature finds that the high-risk and disabled newborn infants in this state need in-hospital and outpatient developmental evaluation and intervention and that their families need training and support services. The Legislature further finds that there is an identifiable and increasing number of infants who need developmental evaluation and intervention and family support due to the fact that increased numbers of low-birthweight and sick full-term newborn infants are now surviving because of the advances in neonatal intensive care medicine; increased numbers of medically involved infants are remaining inappropriately in hospitals because their parents lack the confidence or skills to care for these infants without support; and increased numbers of infants are at risk due to parent risk factors, such as substance abuse, teenage pregnancy, and other high-risk conditions.~~

(2) The program shall include ~~It is the intent of the Legislature to establish~~ developmental evaluation and early intervention services at all hospitals providing Level II or Level III neonatal intensive care services, in order to promptly identify newborns with disabilities or with conditions associated with risks of developmental delays so that families ~~with high-risk or disabled infants~~ may gain as early as possible the services and skills they need to support their infant's development ~~infants~~.

(3) ~~It is the intent of the Legislature that a methodology be developed to~~ The program shall integrate information ~~on infants with potentially disabling conditions~~ and coordinate services with other early developmental evaluation and intervention programs, including but not limited to ~~Part C of Pub. L. No. 105-17 and~~ the Healthy Start program, the newborn screening program, the Blind Babies program, and the Early Steps program.

(4) The program is responsible for advancing the following goals:

(a) To enhance the development of infants and toddlers with disabilities in order to mitigate any potential developmental delays.

(b) To expand the recognition by providers, families, and the public of the significant brain development that occurs during a child's first three years of life.

(c) To affirm the importance of the family in all areas of the child's development and support the family's participation in early intervention services and decisions affecting their child.

(d) To operate a comprehensive, coordinated interagency system of early intervention services and supports in accordance with Part C of the federal Individuals with Disabilities Education Act.

(e) To ensure timely evaluation, individual planning, and early intervention services necessary to meet the unique needs of eligible children.

(f) To build the service capacity and enhance the competencies of providers serving children with unique needs and abilities.

(g) To ensure programmatic and fiscal accountability through establishment of a robust data system, active monitoring of performance indicators, and ongoing quality improvement.

Section 5. Section 391.302, Florida Statutes, is amended to read:

391.302 Definitions.—As used in ss. 391.301-391.308 ~~307~~, the term:

(1) "Developmental disability or delay" is a condition, identified and measured through appropriate instruments and procedures, that may impair development in one or more of the following domains: physical, cognitive, communication, social or emotional, or adaptive.

(2) "Developmental intervention" or "early intervention" means individualized therapies and services needed to enhance both the infant's or toddler's growth and development and family functioning. Interventions include habilitative services and devices, rehabilitative services and devices, and parent or caregiver support and training.

(3) "Habilitative services and devices" means health care

services and devices that help a child maintain, learn, or improve skills and functioning for daily living.

(4) “Infant or toddler” or "child" means a child from birth until the child’s third birthday.

(5)~~(3)~~ “In-hospital intervention services” means the provision of assessments; the provision of individualized services; monitoring and modifying the delivery of medical interventions; and enhancing the environment for the high-risk, developmentally disabled, or medically involved infant or toddler in order to achieve optimum growth and development.

(6)~~(4)~~ “Parent support and training” means a range of services to families of high-risk, developmentally disabled, or medically involved infants or toddlers, including family counseling; financial planning; agency referral; development of parent-to-parent support groups; education concerning growth, development, and developmental intervention and objective measurable skills, including abuse avoidance skills; training of parents to advocate for their child; and bereavement counseling.

(7) “Rehabilitative services and devices” means those restorative and remedial services and mechanisms that maintain or enhance current function where there is an opportunity for improvement or reversal of impairment.

Section 6. Section 391.308, Florida Statutes, is amended to read:

391.308 Early Steps ~~Infants and Toddlers Early Intervention~~ Program.—The Department of Health shall ~~may~~ implement and administer part C of the federal Individuals with Disabilities Education Act (IDEA), which shall be known as the “Early Steps ~~Infants and Toddlers Early Intervention~~ Program.”

(1) PERFORMANCE STANDARDS.—The department is directed to ensure that the Early Steps program complies with the following performance standards:

(a) The program provides services from referral through transition in a family-centered manner that recognizes and responds to unique circumstances and needs of children and their families as measured through a variety of qualitative data including satisfaction surveys, interviews, focus groups and input from stakeholders.

(b) Individual family support plans that are understandable and usable by families, providers, and payers; identify present functional levels, family supports and resources, expected outcomes, and specific early intervention services needed to achieve the expected outcomes; as measured by user feedback and periodic independent evaluation.

(c) The program assists each family to use available resources in a way that maximizes their child's access to services necessary to achieve the outcomes of the individual family support plan as measured by family feedback and by independent assessments of per child service utilization.

(d) The program offers families access to quality services that effectively enable children with developmental disabilities and delays to achieve optional functional levels as measured by an independent evaluation of outcome indicators in each of the following areas: social relationships, communication, and adaptive behaviors.

(2) DUTIES OF THE DEPARTMENT.—

(a) J~~The department, j~~ointly with the Department of Education, ~~shall~~ annually prepare a grant application to the

United States Department of Education for funding early intervention services for infants and toddlers with disabilities, from birth through 36 months of age, and their families pursuant to part C of the federal Individuals with Disabilities Education Act.

(b)~~(2)~~ J~~The department, j~~ointly with the Department of Education, ~~shall include~~ provide a reading initiative as an early intervention service for infants and toddlers.

(c) Annually develop a state plan for the Early Steps program.

1. The plan shall assess the need for early intervention services, evaluate the extent of the statewide need that is met by the program, identify barriers to fully meeting the need, and recommend specific action steps to improve program performance.

2. The plan shall be developed through an inclusive process that involves families, local Early Steps offices, providers, and other stakeholders.

(d) Ensure the provision of developmental evaluation and intervention services in each hospital that provides Level II and Level III neonatal intensive care services to an infant or toddler identified as being at risk for developmental disabilities or identified as medically involved, who, along with his or her family, would benefit from early intervention services.

(e) Establish standards and qualifications for developmental evaluation and early intervention service providers, including standards for determining the adequacy of provider networks in each local Early Step office service area.

(f) Establish uniform protocols and procedures to determine

eligibility consistently statewide.

(g) Establish a consistent, statewide format and procedure for preparing and completing an individual family support plan.

(h) Promote interagency cooperation and coordination, particularly with the Medicaid program and the Department of Education Part B program.

1. Coordination with the Medicaid program shall be developed and maintained through written agreements with the Agency for Health Care Administration and the Medicaid managed care organizations as well as through active and ongoing communication with these entities. The department shall assist local Early Steps office to negotiate agreements with Medicaid managed care organizations in their service areas.

2. Coordination with Part B programs shall be developed and maintained through written agreements with the Department of Education. The department shall assist local Early Steps offices to negotiate agreements with school districts in their service areas.

(i) Develop and disseminate the knowledge and methods necessary to effectively coordinate benefits among various payer types.

(j) Provide an appeal procedure under chapter 120 for applicants found ineligible for early intervention services or denied financial support for such services.

(k) Competitively procure local Early Steps offices to provide services throughout the state in accordance with Chapter 287. The department shall specify the requirements and qualifications for local Early Steps offices in the procurement document.

(l) Establish performance standards and other metrics for evaluation of local Early Steps offices, including standards for measuring timeliness of services, outcomes of early intervention services, and administrative efficiency.

(m) Provide technical assistance to the local Early Steps offices.

(3) ELIGIBILITY.— The department will apply the following eligibility criteria as authorized in the General Appropriations Act.

(a) All children in this state from birth to 36 months of age are eligible for an evaluation to determine the presence of a developmental disability or conditions that cause or increase the risk of developmental delays.

(b) All children determined to have a developmental disability based on an established condition or determined to be at risk of developmental delays based on an informed clinical opinion are eligible for Early Steps services.

(c) An infant or child is eligible for Early Steps services when the application of a standardized evaluation instrument results in a score that is 1.5 standard deviations from the mean in two or more of the following domains: physical, cognitive, communication, social or emotional, and adaptive.

(d) An infant or child is eligible for Early Steps services when the application of a standardized evaluation instrument results in a score that is 2.0 standard deviations from the mean in one of the following domains: physical, cognitive, communication, social or emotional, and adaptive.

(e) An infant or child is eligible for Early Steps services when diagnosed with a physical or mental condition that has a

high probability of resulting in a developmental delay.

(4) DUTIES OF THE LOCAL EARLY STEPS OFFICES.—

(a) Evaluate a child to determine eligibility within 45 calendar days after the child is referred to the program.

(b) Notify the parent or legal guardian of his or her child's eligibility status initially and at least annually thereafter. If a child is determined not to be eligible, the agency must provide the parent or legal guardian with written information on the right to an appeal and the process for making such an appeal.

(c) Secure and maintain interagency agreements or contracts with local school districts and the Medicaid managed care plans in a local service area.

(d) Provide directly or procure services from providers that meet or exceed the minimum qualifications established for service providers. The agency must become a Medicaid provider if it provides services directly.

(e) Provide directly or procure services that are, to the extent possible, delivered in a child's natural environment, such as in the child's home or community setting. The inability to provide services in the natural environment is not a sufficient reason to deny services.

(f) Develop an individual family support plan for each child served. The plan must:

1. Be completed within 45 calendar days after enrollment in the program;

2. Be developed in conjunction with the child's parent or legal guardian who provides written consent for the services included in the plan;

3. Be reviewed at least annually with the parent or legal guardian, and updated if needed; and

4. Include steps to transition to school or other future services by the child’s third birthday.

(g) Assess the progress of the child and his or her family in meeting the goals of the individual family support plan.

(h) For each service required by the individual family support plan, refer the child to an appropriate service provider or work with Medicaid managed care organizations or private insurers to secure the needed services.

(i) Provide care coordination services including contacting the appropriate service provider to determine whether the provider can timely deliver the service, providing the parent or legal guardian with the name and location of the service provider and the date of any appointment made on behalf of the child, and contacting the parent or legal guardian after the service is provided to ensure that the service is delivered timely and to determine whether additional services are needed.

(j) Negotiate and maintain agreements with Medicaid providers and Medicaid managed care organizations in its area.

1. With the parent's permission, the services in the child’s approved individual family support plan shall be communicated to the Medicaid managed care organization. Services that cannot be funded by Medicaid must be specifically identified and explained to the family.

2. The agreement between the Local Early Steps office and Medicaid Managed Care plans shall establish methods of communication and procedures for the timely approval of services covered by Medicaid.

(k) Develop agreements and arrangements with private insurers in order to coordinate benefits and services for any mutual enrollees.

1. The child’s approved individual family support plan may be communicated to the child's insurer with the parent's permission.

2. The Local Early Steps office and private insurers shall establish methods of communication and procedures for the timely approval of services covered by the child's insurer, if appropriate and approved by the child's parent.

(l) Provide data to the department necessary for an evaluation of the agency performance.

(4) ACCOUNTABILITY REPORTING.—By October 1 of each year, the department shall prepare and submit a report that assesses the performance of the Early Steps Program to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the State Interagency Coordinating Council. The department must address the performance standards in subsection (1) and report actual performance compared to the standards for the prior state fiscal year. The data used to compile the report must be submitted by each local Early Steps Program agency in the state. The department shall report on all of the following measures:

(a) Number and percent of infants and toddlers served.

(b) Number and percent of infants and toddlers demonstrating improved social or emotional skills at exit.

(c) Number and percent of infants and toddlers demonstrating improved use of knowledge and skills at exit.

(d) Number and percent of families that report early

intervention services assisted the family to help infants and toddlers develop.

(e) Progress toward meeting the goals of individual family support plans.

(f) Any additional measures established by the department.

(5) STATE INTERAGENCY COORDINATING COUNCIL.—The Florida Interagency Coordinating Council for Infants and Toddlers shall serve as the State Interagency Coordinating Council required by 34 C.F.R. s. 303.600. The council shall be housed for administrative purposes in the department, and the department shall provide administrative support to the council.

(6) TRANSITION TO EDUCATION.—

(a) The local Early Steps Office shall initiate transition planning to ensure a child's successful transition from the Early Steps Program to the school district as part of the individual family support plan for the child. The plan must be revised, with the participation of the child's parent or legal guardian, at least 6 months before the child reaches 36 months of age.

(b) The local Early Steps Office shall notify the appropriate school district in the service area of the enrollment of a child served by the agency at least 6 months before the child reaches 36 months of age.

(c) The local Early Steps Office shall negotiate and maintain an interagency agreement with the school districts in its service area. Interagency agreements must be reviewed at least annually and updated upon review, if needed.

(d) The local Early Steps Office and school officials shall meet with a child's parent or legal guardian to determine the

child’s eligibility for school supports or other services at least 3 months before the child reaches 36 months of age.

(e) The local Early Steps Office, in conjunction with the local school district, shall modify the child’s individual family support plan or shall develop an individual education plan for the child, as applicable, to specify the services that the child will receive and the agency or school district that will provide the needed services. If the child is determined to be ineligible for program services, the local Early Steps Office shall provide the child’s parent or legal guardian with written information on other available services.

Section 7. Subsections (1) and (2) of section 413.092, Florida Statutes, are amended to read:

413.092 Blind Babies Program.—

(1) The Blind Babies Program is created within the Division of Blind Services of the Department of Education to provide community-based early-intervention education to children from birth through 5 years of age who are blind or visually impaired, and to their parents, families, and caregivers, through community-based provider organizations. The division shall enlist parents, ophthalmologists, pediatricians, schools, the Early Steps Program ~~Infant and Toddlers Early Intervention Programs~~, and therapists to help identify and enroll blind and visually impaired children, as well as their parents, families, and caregivers, in these educational programs.

(2) The program is not an entitlement but shall promote early development with a special emphasis on vision skills to minimize developmental delays. The education shall lay the groundwork for future learning by helping a child progress

through normal developmental stages. It shall teach children to discover and make the best use of their skills for future success in school. It shall seek to ensure that visually impaired and blind children enter school as ready to learn as their sighted classmates. The program shall seek to link these children, and their parents, families, and caregivers, to other available services, training, education, and employment programs that could assist these families in the future. This linkage may include referrals to the school districts and the Early Steps ~~Infants and Toddlers Early Intervention~~ Program for assessments to identify any additional services needed which are not provided by the Blind Babies Program. The division shall develop a formula for eligibility based on financial means and may create a means-based matrix to set a copayment fee for families having sufficient financial means.

Section 8. Subsection (1) of section 1003.575, Florida Statutes, is amended to read:

1003.575 Assistive technology devices; findings; interagency agreements.—Accessibility, utilization, and coordination of appropriate assistive technology devices and services are essential as a young person with disabilities moves from early intervention to preschool, from preschool to school, from one school to another, and from school to employment or independent living. If an individual education plan team makes a recommendation in accordance with State Board of Education rule for a student with a disability, as defined in s. 1003.01(3), to receive an assistive technology assessment, that assessment must be completed within 60 school days after the team’s recommendation. To ensure that an assistive technology device

issued to a young person as part of his or her individual family support plan, individual support plan, or an individual education plan remains with the individual through such transitions, the following agencies shall enter into interagency agreements, as appropriate, to ensure the transaction of assistive technology devices:

(1) The Early Steps ~~Infants and Toddlers Early Intervention~~ Program in the Division of Children's Medical Services of the Department of Health.

Interagency agreements entered into pursuant to this section shall provide a framework for ensuring that young persons with disabilities and their families, educators, and employers are informed about the utilization and coordination of assistive technology devices and services that may assist in meeting transition needs, and shall establish a mechanism by which a young person or his or her parent may request that an assistive technology device remain with the young person as he or she moves through the continuum from home to school to postschool.

Section 9. Section 391.303, Florida Statutes, is repealed.

Section 10. Section 391.304, Florida Statutes, is repealed.

Section 11. Section 391.305, Florida Statutes, is repealed.

Section 12. Section 391.306, Florida Statutes, is repealed.

Section 13. Section 391.307, Florida Statutes, is repealed.

Section 14. This act shall take effect July 1, 2016.