

FOR CONSIDERATION By the Committee on Children, Families, and Elder Affairs

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1 A bill to be entitled
2 An act relating to prenatal services and early
3 childhood development; amending s. 383.141, F.S.;
4 revising the requirements for the Department of Health
5 to maintain a clearinghouse of information for parents
6 and health care providers on developmental evaluation
7 and early intervention programs; requiring the
8 clearinghouse to use a specified term; revising the
9 information to be included in the clearinghouse;
10 amending s. 391.025, F.S.; revising the components of
11 the Children's Medical Services program; amending s.
12 391.026, F.S.; requiring the department to serve as
13 the lead agency to administer the Early Steps Program;
14 amending s. 391.301, F.S.; deleting a provision
15 relating to legislative findings and establishing the
16 Early Steps Program within the department; providing
17 requirements and responsibilities for the program;
18 amending s. 391.302, F.S.; defining terms; revising
19 the definitions of certain terms; amending s. 391.308,
20 F.S.; renaming the "Infants and Toddlers Early
21 Intervention Program" as the "Early Steps Program";
22 requiring, rather than authorizing, the department to
23 implement and administer the program; providing
24 performance standards; revising the duties of the
25 department; establishing eligibility criteria for the
26 program; providing duties for local program offices;
27 requiring the development of an individual family
28 support plan for each child served in the program;
29 requiring referral for services by a local program

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30 office under certain circumstances; requiring the
31 local program office to negotiate and maintain
32 agreements with specified providers and managed care
33 plans; requiring the local program office to
34 coordinate with managed care plans; requiring the
35 department to submit an annual report to the Governor,
36 the Legislature, and the Florida Interagency
37 Coordinating Council for Infants and Toddlers;
38 designating the Florida Interagency Coordinating
39 Council for Infants and Toddlers as the state
40 interagency coordinating council required by federal
41 rule; providing requirements for the local program
42 office and local school district to prepare children
43 for the transition to school; amending s. 413.092,
44 F.S.; conforming provisions to changes made by the
45 act; amending s. 1003.575, F.S.; conforming provisions
46 to changes made by the act; repealing ss. 391.303,
47 391.304, 391.305, 391.306, and 391.307, F.S., relating
48 to requirements for the Children's Medical Services
49 program, program coordination, program standards,
50 program funding and contracts, and program review,
51 respectively; providing an effective date.

52
53 Be It Enacted by the Legislature of the State of Florida:

54
55 Section 1. Subsections (2) and (3) of section 383.141,
56 Florida Statutes, are amended to read:

57 383.141 Prenatally diagnosed conditions; patient to be
58 provided information; definitions; information clearinghouse;

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59 advisory council.—

60 (2) When a developmental disability is diagnosed based on
61 the results of a prenatal test, the health care provider who
62 ordered the prenatal test, or his or her designee, shall provide
63 the patient with current information about the nature of the
64 developmental disability, the accuracy of the prenatal test, and
65 resources for obtaining relevant support services, including
66 hotlines, resource centers, and information clearinghouses
67 related to Down syndrome or other prenatally diagnosed
68 developmental disabilities; support programs for parents and
69 families; and developmental evaluation and intervention services
70 under this part ~~s. 391.303~~.

71 (3) The Department of Health shall develop and implement a
72 comprehensive information clearinghouse to educate health care
73 providers, inform parents, and increase public awareness
74 regarding brain development, developmental disabilities and
75 delays, and all services, resources, and interventions available
76 to mitigate the effects of impaired development among children.
77 The clearinghouse must use the term "unique abilities" as much
78 as possible when identifying infants or children with
79 developmental disabilities and delays. The clearinghouse must
80 provide:

81 (a) Health information on conditions that may lead to
82 impaired development of physical, learning, language, or
83 behavioral skills.

84 (b) Education and information to support parents whose
85 unborn children have been prenatally diagnosed with
86 developmental disabilities or whose children have diagnosed or
87 suspected developmental delays.

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88 (c) Education and training for health care providers to
89 recognize and respond appropriately to developmental
90 disabilities, delays, and conditions related to disabilities or
91 delays. Specific information approved by the advisory council
92 shall be made available to health care providers for use in
93 counseling parents whose unborn children have been prenatally
94 diagnosed with developmental disabilities or whose children have
95 diagnosed or suspected developmental delays.

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

100 (e) Hotlines specific to Down syndrome and other prenatally
101 diagnosed developmental disabilities. The hotlines and the
102 department's clearinghouse must provide information to parents
103 and families or other caregivers regarding the Early Steps
104 Program under s. 391.301 and any other developmental evaluation
105 and intervention program. Information offered must include
106 directions on how to obtain early intervention, rehabilitative,
107 and habilitative services and devices ~~establish on its Internet~~
108 ~~website a clearinghouse of information related to developmental~~
109 ~~disabilities concerning providers of supportive services,~~
110 ~~information hotlines specific to Down syndrome and other~~
111 ~~prenatally diagnosed developmental disabilities, resource~~
112 ~~centers, educational programs, other support programs for~~
113 ~~parents and families, and developmental evaluation and~~
114 ~~intervention services under s. 391.303. Such information shall~~
115 ~~be made available to health care providers for use in counseling~~
116 ~~pregnant women whose unborn children have been prenatally~~

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117 ~~diagnosed with developmental disabilities.~~

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

123 1. Three members appointed by the Governor;

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

125 and

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

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

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

138 (d) The advisory council shall meet quarterly to review
139 this clearinghouse of information, and may meet more often at
140 the call of the chairperson or as determined by a majority of
141 members.

142 (e) The council members shall be appointed to 4-year terms,
143 except that, to provide for staggered terms, one initial
144 appointee each from the Governor, the President of the Senate,
145 and the Speaker of the House of Representatives shall be

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146 appointed to a 2-year term, one appointee each from these
147 officials shall be appointed to a 3-year term, and the remaining
148 initial appointees shall be appointed to 4-year terms. All
149 subsequent appointments shall be for 4-year terms. A vacancy
150 shall be filled for the remainder of the unexpired term in the
151 same manner as the original appointment.

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

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

158 Section 2. Paragraph (c) of subsection (1) of section
159 391.025, Florida Statutes, is amended to read:

160 391.025 Applicability and scope.—

161 (1) The Children's Medical Services program consists of the
162 following components:

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

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

168 391.026 Powers and duties of the department.—The department
169 shall have the following powers, duties, and responsibilities:

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

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

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175 391.301 Early Steps Program; establishment and goals
176 ~~Developmental evaluation and intervention programs; legislative~~
177 ~~findings and intent.-~~

178 (1) The Early Steps Program is established within the
179 department to serve infants and children who are at risk of
180 developmental disabilities and infants and children with
181 developmental delays by providing developmental evaluation and
182 early intervention and by providing families with training and
183 support services in a variety of home and community settings ~~The~~
184 ~~Legislature finds that the high-risk and disabled newborn~~
185 ~~infants in this state need in-hospital and outpatient~~
186 ~~developmental evaluation and intervention and that their~~
187 ~~families need training and support services. The Legislature~~
188 ~~further finds that there is an identifiable and increasing~~
189 ~~number of infants who need developmental evaluation and~~
190 ~~intervention and family support due to the fact that increased~~
191 ~~numbers of low birthweight and sick full-term newborn infants~~
192 ~~are now surviving because of the advances in neonatal intensive~~
193 ~~care medicine; increased numbers of medically involved infants~~
194 ~~are remaining inappropriately in hospitals because their parents~~
195 ~~lack the confidence or skills to care for these infants without~~
196 ~~support; and increased numbers of infants are at risk due to~~
197 ~~parent risk factors, such as substance abuse, teenage pregnancy,~~
198 ~~and other high-risk conditions.~~

199 (2) The program must include ~~It is the intent of the~~
200 ~~Legislature to establish developmental evaluation and~~ early
201 intervention services at all hospitals providing Level II or
202 Level III neonatal intensive care services, in order to promptly
203 identify newborns with disabilities or with conditions

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204 associated with risks of developmental delays so that families
205 with high risk or disabled infants may gain as early as possible
206 the services and skills they need to support their infants'
207 development infants.

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

215 (4) The program must:

216 (a) Enhance the development of infants and toddlers with
217 disabilities in order to mitigate any potential developmental
218 delay.

219 (b) Expand the recognition by health care providers,
220 families, and the public of the significant brain development
221 that occurs during a child's first 3 years of life.

222 (c) Affirm the importance of the family in all areas of the
223 child's development and to support the family's participation in
224 early intervention services and decisions affecting the child.

225 (d) Operate a comprehensive, coordinated interagency system
226 of early intervention services and supports in accordance with
227 part C of the federal Individuals with Disabilities Education
228 Act.

229 (e) Ensure timely evaluation, individual planning, and
230 early intervention services necessary to meet the unique needs
231 of eligible children.

232 (f) Build the service capacity and enhance the competencies

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233 of health care providers serving children with unique needs and
234 abilities.

235 (g) Ensure programmatic and fiscal accountability through
236 establishment of a high-capacity data system, active monitoring
237 of performance indicators, and ongoing quality improvement.

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

240 391.302 Definitions.—As used in ss. 391.301-391.308 ~~ss.~~
241 ~~391.301-391.307~~, the term:

242 (1) “Developmental delay” means a condition, identified and
243 measured through appropriate instruments and procedures, which
244 may delay physical, cognitive, communication, social or
245 emotional, or adaptive development.

246 (2) “Developmental disability” means a condition,
247 identified and measured through appropriate instruments and
248 procedures, which may impair physical, cognitive, communication,
249 social or emotional, or adaptive development.

250 (3) “Developmental intervention” or “early intervention”
251 means individual individualized therapies and services needed to
252 enhance both the infant’s or toddler’s growth and development
253 and family functioning. The term includes habilitative services
254 and devices, rehabilitative services and devices, and parent
255 support and training.

256 (4) “Habilitative services and devices” means health care
257 services and devices that help a child maintain, learn, or
258 improve skills and functioning for daily living.

259 (5) ~~(2)~~ “Infant or toddler” or “child” means a child from
260 birth until the child’s third birthday.

261 (6) ~~(3)~~ “In-hospital intervention services” means the

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262 provision of assessments; the provision of individual
263 ~~individualized~~ services; monitoring and modifying the delivery
264 of medical interventions; and enhancing the environment for the
265 high-risk, developmentally disabled, or medically involved
266 infant or toddler in order to achieve optimum growth and
267 development.

268 (7) "Local program office" means an office that administers
269 the Early Steps Program within a municipality, county, or
270 region.

271 (8)-(4) "Parent support and training" means a range of
272 services to families of high-risk, developmentally disabled, or
273 medically involved infants or toddlers, including family
274 counseling; financial planning; agency referral; development of
275 parent-to-parent support groups; education concerning growth,
276 development, and developmental intervention and objective
277 measurable skills, including abuse avoidance skills; training of
278 parents to advocate for their child; and bereavement counseling.

279 (9) "Rehabilitative services and devices" means restorative
280 and remedial services and mechanisms that maintain or enhance
281 the current level of functioning of a child if there is a
282 possibility of improvement or reversal of impairment.

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

285 391.308 Early Steps ~~Infants and Toddlers Early Intervention~~
286 ~~Program.~~—The department shall ~~Department of Health may~~ implement
287 and administer part C of the federal Individuals with
288 Disabilities Education Act (IDEA), which shall be known as the
289 "Early Steps ~~"Florida Infants and Toddlers Early Intervention~~
290 ~~Program."~~

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291 (1) PERFORMANCE STANDARDS.—The department shall ensure that
292 the Early Steps Program complies with the following performance
293 standards:

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

300 (b) The program must provide individual family support
301 plans that are understandable and usable by families, health
302 care providers, and payors and that identify the current level
303 of functioning of the family, family supports and resources,
304 expected outcomes, and specific early intervention services
305 needed to achieve the expected outcomes, as measured by user
306 feedback and periodic independent evaluation.

307 (c) The program must help each family to use available
308 resources in a way that maximizes the child's access to services
309 necessary to achieve the outcomes of the individual family
310 support plan, as measured by family feedback and by independent
311 assessments of services used by each child.

312 (d) The program must offer families access to quality
313 services that effectively enable children with developmental
314 disabilities and developmental delays to achieve optimal
315 functional levels as measured by an independent evaluation of
316 outcome indicators in social relationships, communication, and
317 adaptive behaviors.

318 (2) DUTIES OF THE DEPARTMENT.—The department shall: ~~7~~

319 (a) Jointly with the Department of Education, shall

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320 annually prepare a grant application to the United States
321 Department of Education for funding early intervention services
322 for infants and toddlers with disabilities, from birth through
323 36 months of age, and their families pursuant to part C of the
324 federal Individuals with Disabilities Education Act.

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

328 (c) Annually develop a state plan for the Early Steps
329 Program.

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

334 2. The plan must be developed through an inclusive process
335 that involves families, local program offices, health care
336 providers, and other stakeholders.

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

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

348 (f) Establish statewide uniform protocols and procedures to

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349 determine eligibility for developmental evaluation and early
350 intervention services.

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

353 (h) Promote interagency cooperation and coordination,
354 particularly with the Medicaid program and the Department of
355 Education program pursuant to part B of the federal Individuals
356 with Disabilities Education Act.

357 1. Coordination with the Medicaid program shall be
358 developed and maintained through written agreements with the
359 Agency for Health Care Administration and Medicaid managed care
360 entities as well as through active and ongoing communication
361 with these entities. The department shall assist local program
362 offices to negotiate agreements with Medicaid managed care
363 entities in the service areas of the local program offices.

364 2. Coordination with education programs pursuant to part B
365 of the federal Individuals with Disabilities Education Act shall
366 be developed and maintained through written agreements with the
367 Department of Education. The department shall assist local
368 program offices to negotiate agreements with school districts in
369 the service areas of the local program offices.

370 (i) Develop and disseminate the knowledge and methods
371 necessary to effectively coordinate benefits among various payor
372 types.

373 (j) Provide an appeals process under chapter 120 for
374 applicants found ineligible for developmental evaluation or
375 early intervention services or denied financial support for such
376 services.

377 (k) Competitively procure local program offices to provide

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378 services throughout the state in accordance with chapter 287.

379 The department shall specify the requirements and qualifications
380 for local program offices in the procurement document.

381 (1) Establish performance standards and other metrics for
382 evaluation of local program offices, including standards for
383 measuring timeliness of services, outcomes of early intervention
384 services, and administrative efficiency.

385 (m) Provide technical assistance to the local program
386 offices.

387 (3) ELIGIBILITY.—The department shall apply the following
388 eligibility criteria as authorized in the General Appropriations
389 Act.

390 (a) All children in this state are eligible for an
391 evaluation to determine the presence of a developmental
392 disability or conditions that cause or increase the risk of
393 developmental delays.

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

398 (c) A child is eligible for Early Steps Program services if
399 the application of a standardized evaluation instrument results
400 in a score that is 1.5 standard deviations from the mean in two
401 or more of the following domains: physical, cognitive,
402 communication, social or emotional, and adaptive.

403 (d) A child is eligible for Early Steps Program services if
404 the application of a standardized evaluation instrument results
405 in a score that is 2.0 standard deviations from the mean in one
406 of the following domains: physical, cognitive, communication,

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407 social or emotional, and adaptive.

408 (e) A child is eligible for Early Steps Program services if
409 diagnosed with a physical or mental condition that has a high
410 probability of resulting in a developmental delay.

411 (4) DUTIES OF THE LOCAL PROGRAM OFFICES.—A local program
412 office shall:

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

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

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

424 (d) Provide services directly or procure services from
425 health care providers that meet or exceed the minimum
426 qualifications established for service providers. The local
427 program office must become a Medicaid provider if it provides
428 services directly.

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

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

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

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

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

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

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

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

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

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

461 1. With the parent's or legal guardian's permission, the
462 services in the child's approved individual family support plan
463 shall be communicated to the Medicaid managed care entity.

464 Services that cannot be funded by Medicaid must be specifically

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465 identified and explained to the family.

466 2. The agreement between the local program office and
467 Medicaid managed care entities must establish methods of
468 communication and procedures for the timely approval of services
469 covered by Medicaid.

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

473 1. The child's approved individual family support plan may
474 be communicated to the child's insurer with the parent's or
475 legal guardian's permission.

476 2. The local program office and private insurers shall
477 establish methods of communication and procedures for the timely
478 approval of services covered by the child's insurer, if
479 appropriate and approved by the child's parent or legal
480 guardian.

481 (1) Provide to the department data necessary for an
482 evaluation of the local program office performance.

483 (5) ACCOUNTABILITY REPORTING.—By October 1 of each year,
484 the department shall prepare and submit a report that assesses
485 the performance of the Early Steps Program to the Governor, the
486 President of the Senate, the Speaker of the House of
487 Representatives, and the Florida Interagency Coordinating
488 Council for Infants and Toddlers. The department must address
489 the performance standards in subsection (1) and report actual
490 performance compared to the standards for the prior fiscal year.
491 The data used to compile the report must be submitted by each
492 local program office in the state. The department shall report
493 on all of the following measures:

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- 494 (a) Number and percentage of children served.
- 495 (b) Number and percentage of children demonstrating
496 improved social or emotional skills after the program.
- 497 (c) Number and percentage of children demonstrating
498 improved use of knowledge and cognitive skills after the
499 program.
- 500 (d) Number and percentage of families reporting positive
501 outcomes in the development of children as a result of early
502 intervention services.
- 503 (e) Progress toward meeting the goals of individual family
504 support plans.
- 505 (f) Any additional measures established by the department.
- 506 (6) STATE INTERAGENCY COORDINATING COUNCIL.—The Florida
507 Interagency Coordinating Council for Infants and Toddlers shall
508 serve as the state interagency coordinating council required by
509 34 C.F.R. s. 303.600. The council shall be housed for
510 administrative purposes in the department, and the department
511 shall provide administrative support to the council.
- 512 (7) TRANSITION TO EDUCATION.—
- 513 (a) At least 6 months before a child reaches 3 years of
514 age, the local program office shall:
- 515 1. Initiate transition planning to ensure the child's
516 successful transition from the Early Steps Program to a school
517 district program for children with disabilities or to another
518 program as part of an individual family support plan.
- 519 2. Notify the appropriate local school district located in
520 its service area that the child may be eligible for specialized
521 instruction or related services as determined by the local
522 school district pursuant to ss. 1003.21 and 1003.57.

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523 (b) The local program office shall convene a transition
524 conference that includes participation by a local school
525 district representative and a child's parent or legal guardian
526 to discuss options for and availability of services at least 3
527 months before the child reaches 3 years of age.

528 (c) The local school district shall evaluate and determine
529 a child's eligibility for receiving specialized instruction or
530 related services pursuant to ss. 1003.21 and 1003.57.

531 (d) The local program office, in conjunction with the local
532 school district, shall modify a child's individual family
533 support plan, or, if applicable, the local school district shall
534 develop an individual education plan for the child pursuant to
535 ss. 1003.57, 1003.571, and 1003.5715, which identifies
536 specialized instruction or related services that the child will
537 receive and the providers or agencies that will provide such
538 services.

539 (e) If a child is determined to be ineligible for school
540 district program services, the local program office shall
541 provide the child's parent or legal guardian with written
542 information on other available services or community resources.

543 (f) The local program office shall negotiate and maintain
544 an interagency agreement with each local school district in its
545 service area pursuant to the federal Individuals with
546 Disabilities Education Act, 20 U.S.C. s. 1435(a)(10)(F). Each
547 interagency agreement must be reviewed at least annually and
548 updated upon review, if needed.

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

551 413.092 Blind Babies Program.—

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

563 (2) The program is not an entitlement but shall promote
564 early development with a special emphasis on vision skills to
565 minimize developmental delays. The education shall lay the
566 groundwork for future learning by helping a child progress
567 through normal developmental stages. It shall teach children to
568 discover and make the best use of their skills for future
569 success in school. It shall seek to ensure that visually
570 impaired and blind children enter school as ready to learn as
571 their sighted classmates. The program shall seek to link these
572 children, and their parents, families, and caregivers, to other
573 available services, training, education, and employment programs
574 that could assist these families in the future. This linkage may
575 include referrals to the school districts and the Early Steps
576 ~~Infants and Toddlers Early Intervention~~ Program for assessments
577 to identify any additional services needed which are not
578 provided by the Blind Babies Program. The division shall develop
579 a formula for eligibility based on financial means and may
580 create a means-based matrix to set a copayment fee for families

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581 having sufficient financial means.

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

584 1003.575 Assistive technology devices; findings;
585 interagency agreements.—Accessibility, utilization, and
586 coordination of appropriate assistive technology devices and
587 services are essential as a young person with disabilities moves
588 from early intervention to preschool, from preschool to school,
589 from one school to another, and from school to employment or
590 independent living. If an individual education plan team makes a
591 recommendation in accordance with State Board of Education rule
592 for a student with a disability, as defined in s. 1003.01(3), to
593 receive an assistive technology assessment, that assessment must
594 be completed within 60 school days after the team's
595 recommendation. To ensure that an assistive technology device
596 issued to a young person as part of his or her individualized
597 family support plan, individual support plan, or an individual
598 education plan remains with the individual through such
599 transitions, the following agencies shall enter into interagency
600 agreements, as appropriate, to ensure the transaction of
601 assistive technology devices:

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

605

606 Interagency agreements entered into pursuant to this section
607 shall provide a framework for ensuring that young persons with
608 disabilities and their families, educators, and employers are
609 informed about the utilization and coordination of assistive

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610 technology devices and services that may assist in meeting
611 transition needs, and shall establish a mechanism by which a
612 young person or his or her parent may request that an assistive
613 technology device remain with the young person as he or she
614 moves through the continuum from home to school to postschool.

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

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

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

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

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

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