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LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
11/19/2015	.	
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The Committee on Children, Families, and Elder Affairs (Sobel) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

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

(2) When a developmental disability is diagnosed based on



448330

11 the results of a prenatal test, the health care provider who
12 ordered the prenatal test, or his or her designee, shall provide
13 the patient with current information about the nature of the
14 developmental disability, the accuracy of the prenatal test, and
15 resources for obtaining relevant support services, including
16 hotlines, resource centers, and information clearinghouses
17 related to Down syndrome or other prenatally diagnosed
18 developmental disabilities; support programs for parents and
19 families; and developmental evaluation and intervention services
20 under this part ~~s. 391.303~~.

21 (3) The Department of Health shall develop and implement a
22 comprehensive information clearinghouse to educate health care
23 providers, inform parents, and increase public awareness
24 regarding brain development, developmental disabilities and
25 delays, and all services, resources, and interventions available
26 to mitigate the effects of impaired development among children.
27 The clearinghouse must use the term "unique abilities" as much
28 as possible when identifying infants or children with
29 developmental disabilities and delays. The clearinghouse must
30 provide:

31 (a) Health information on conditions that may lead to
32 impaired development of physical, learning, language, or
33 behavioral skills.

34 (b) Education and information to support parents whose
35 unborn children have been prenatally diagnosed with
36 developmental disabilities or whose children have diagnosed or
37 suspected developmental delays.

38 (c) Education and training for health care providers to
39 recognize and respond appropriately to developmental



448330

40 disabilities, delays, and conditions related to disabilities or
41 delays. Specific information approved by the advisory council
42 shall be made available to health care providers for use in
43 counseling parents whose unborn children have been prenatally
44 diagnosed with developmental disabilities or whose children have
45 diagnosed or suspected developmental delays.

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

50 (e) Hotlines specific to Down syndrome and other prenatally
51 diagnosed developmental disabilities. The hotlines and the
52 department's clearinghouse must provide information to parents
53 and families or other caregivers regarding the Early Steps
54 Program under s. 391.301, the Florida Diagnostic Learning and
55 Resource System, the Early Learning program, Healthy Start, Help
56 Me Grow and any other intervention programs. Information offered
57 must include directions on how to obtain early intervention,
58 rehabilitative, and habilitative services and devices establish
59 on its Internet website a clearinghouse of information related
60 to developmental disabilities concerning providers of supportive
61 services, information hotlines specific to Down syndrome and
62 other prenatally diagnosed developmental disabilities, resource
63 centers, educational programs, other support programs for
64 parents and families, and developmental evaluation and
65 intervention services under s. 391.303. Such information shall
66 be made available to health care providers for use in counseling
67 pregnant women whose unborn children have been prenatally
68 diagnosed with developmental disabilities.



448330

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

- 74 1. Three members appointed by the Governor;
75 2. Three members appointed by the President of the Senate;
76 and
77 3. Three members appointed by the Speaker of the House of
78 Representatives.

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

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

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

93 (e) The council members shall be appointed to 4-year terms,
94 except that, to provide for staggered terms, one initial
95 appointee each from the Governor, the President of the Senate,
96 and the Speaker of the House of Representatives shall be
97 appointed to a 2-year term, one appointee each from these



448330

98 officials shall be appointed to a 3-year term, and the remaining
99 initial appointees shall be appointed to 4-year terms. All
100 subsequent appointments shall be for 4-year terms. A vacancy
101 shall be filled for the remainder of the unexpired term in the
102 same manner as the original appointment.

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

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

109 Section 1. Paragraph (c) of subsection (1) of section
110 391.025, Florida Statutes, is amended to read:

111 391.025 Applicability and scope.—

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

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

117 Section 2. Subsection (19) is added to section 391.026,
118 Florida Statutes, to read:

119 391.026 Powers and duties of the department.—The department
120 shall have the following powers, duties, and responsibilities:

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

124 Section 3. Section 391.301, Florida Statutes, is amended to
125 read:

126 391.301 Early Steps Program; establishment and goals



448330

127 ~~Developmental evaluation and intervention programs; legislative~~
128 ~~findings and intent.-~~

129 (1) The Early Steps Program is established within the
130 department to serve infants and toddlers who are at risk of
131 developmental disabilities and infants and toddlers with
132 developmental delays by providing developmental evaluation and
133 early intervention and by providing families with training and
134 support services in a variety of home and community settings ~~The~~
135 ~~Legislature finds that the high-risk and disabled newborn~~
136 ~~infants in this state need in-hospital and outpatient~~
137 ~~developmental evaluation and intervention and that their~~
138 ~~families need training and support services. The Legislature~~
139 ~~further finds that there is an identifiable and increasing~~
140 ~~number of infants who need developmental evaluation and~~
141 ~~intervention and family support due to the fact that increased~~
142 ~~numbers of low-birthweight and sick full-term newborn infants~~
143 ~~are now surviving because of the advances in neonatal intensive~~
144 ~~care medicine; increased numbers of medically involved infants~~
145 ~~are remaining inappropriately in hospitals because their parents~~
146 ~~lack the confidence or skills to care for these infants without~~
147 ~~support; and increased numbers of infants are at risk due to~~
148 ~~parent risk factors, such as substance abuse, teenage pregnancy,~~
149 ~~and other high-risk conditions.-~~

150 (2) The program may include screening and referral ~~It is~~
151 ~~the intent of the Legislature to establish developmental~~
152 ~~evaluation and intervention services at all hospitals providing~~
153 ~~Level II or Level III neonatal intensive care services, in order~~
154 ~~to promptly identify newborns with disabilities or with~~
155 ~~conditions associated with risks of developmental delays so that~~



448330

156 ~~families with high risk or disabled infants~~ may gain as early as
157 possible the services and skills they need to support their
158 infants' development ~~infants~~.

159 (3) The program must ~~It is the intent of the Legislature~~
160 ~~that a methodology be developed to~~ integrate information and
161 coordinate services ~~on infants with potentially disabling~~
162 ~~conditions~~ with other early intervention programs, including,
163 but not limited to, Part C of Pub. L. No. 105-17 and the Healthy
164 Start program, the newborn screening program, and the Blind
165 Babies Program.

166 (4) The program must:

167 (a) Provide services to enhance the development of infants
168 and toddlers with disabilities delays.

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

172 (c) Maintain the importance of the family in all areas of
173 the child's development and to support the family's
174 participation in early intervention services and decisions
175 affecting the child.

176 (d) Operate a comprehensive, coordinated interagency system
177 of early intervention services and supports in accordance with
178 part C of the federal Individuals with Disabilities Education
179 Act.

180 (e) Ensure timely evaluation, individual planning, and
181 early intervention services necessary to meet the unique needs
182 of eligible infants and toddlers.

183 (f) Build the service capacity and enhance the competencies
184 of health care providers serving infants and toddlers with



448330

185 unique needs and abilities.

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

189 Section 4. Section 391.302, Florida Statutes, is amended to
190 read:

191 391.302 Definitions.—As used in ss. 391.301-391.308 ~~ss.~~
192 ~~391.301-391.307~~, the term:

193 (1) “Developmental delay” means a condition, identified and
194 measured through appropriate instruments and procedures, which
195 may delay physical, cognitive, communication, social/emotional,
196 or adaptive development.

197 (2) “Developmental disability” means a condition,
198 identified and measured through appropriate instruments and
199 procedures, which may impair physical, cognitive, communication,
200 social/emotional, or adaptive development.

201 (3) “Developmental intervention” or “early intervention”
202 means individual and group individualized therapies and services
203 needed to enhance both the infant’s or toddler’s growth and
204 development and family functioning. The term includes
205 habilitative services and assistive technology devices,
206 rehabilitative services and assistive technology devices, and
207 parent support and training.

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

211 (5) ~~(2)~~ “Infant or toddler” or “child” means a child from
212 birth until the child’s third birthday.

213 (6) ~~(3)~~ “In-hospital intervention services” means the



448330

214 provision of assessments; the provision of individual
215 ~~individualized~~ services; ~~monitoring and modifying the delivery~~
216 ~~of medical interventions;~~ and enhancing the environment for the
217 high-risk, developmentally disabled, or medically involved
218 infant or toddler in order to achieve optimum growth and
219 development.

220 (7) "Local program office" means an office that administers
221 the Early Steps Program within a municipality, county, or
222 region.

223 (8)(4) "Parent support and training" means a range of
224 services to families of high-risk, developmentally disabled, or
225 medically involved infants or toddlers, including family
226 counseling; ~~financial planning;~~ agency referral; development of
227 parent-to-parent support groups; education concerning growth,
228 development, and developmental intervention and objective
229 measurable skills, including abuse avoidance skills; and
230 training of parents to advocate for their child; ~~and bereavement~~
231 counseling.

232 (9) "Rehabilitative services and devices" means restorative
233 and remedial services that maintain or enhance the current level
234 of functioning of a child if there is a possibility of
235 improvement or reversal of impairment.

236 Section 5. Section 391.308, Florida Statutes, is amended to
237 read:

238 391.308 Early Steps ~~Infants and Toddlers Early Intervention~~
239 ~~Program.~~—The department shall ~~Department of Health may~~ implement
240 and administer part C of the federal Individuals with
241 Disabilities Education Act (IDEA), which shall be known as the
242 "Early Steps" ~~"Florida Infants and Toddlers Early Intervention~~



448330

243 Program.”

244 (1) PERFORMANCE STANDARDS.—The department shall ensure that
245 the Early Steps Program complies with the following performance
246 standards:

247 (a) The program must provide services from referral through
248 transition in a family-centered manner that recognizes and
249 responds to unique circumstances and needs of infants and
250 toddlers and their families as measured by a variety of
251 qualitative data, including satisfaction surveys, interviews,
252 focus groups, and input from stakeholders.

253 (b) The program must provide individualized family support
254 plans that are understandable and usable by families, health
255 care providers, and payers and that identify the current level
256 of functioning of the infant or toddler, family supports and
257 resources, expected outcomes, and specific early intervention
258 services needed to achieve the expected outcomes, as measured by
259 periodic system independent evaluation.

260 (c) The program must help each family to use available
261 resources in a way that maximizes the child’s access to services
262 necessary to achieve the outcomes of the individualized family
263 support plan, as measured by family feedback and by independent
264 assessments of services used by each child.

265 (d) The program must offer families access to quality
266 services that effectively enable infants and toddlers with
267 developmental disabilities and developmental delays to achieve
268 optimal functional levels as measured by an independent
269 evaluation of outcome indicators in social emotional skills,
270 communication, and adaptive behaviors.

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



448330

272 (a) ~~Jointly with the Department of Education, shall~~
273 Annually prepare a grant application to the United States
274 Department of Education for funding early intervention services
275 for infants and toddlers with disabilities, from birth through
276 36 months of age, and their families pursuant to part C of the
277 federal Individuals with Disabilities Education Act.

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

281 (c) Annually develop a state plan for the Early Steps
282 Program.

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

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

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

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

300 (f) Establish statewide uniform protocols and procedures to



448330

301 determine eligibility for developmental evaluation and early
302 intervention services.

303 (g) Establish a consistent, statewide format and procedure
304 for preparing and completing an individualized family support
305 plan.

306 (h) Promote interagency cooperation and coordination, with
307 the Medicaid program, the Department of Education program
308 pursuant to part B of the federal Individuals with Disabilities
309 Education Act, and programs providing child screening such as
310 the Florida Diagnostic Learning and Resource System, the Early
311 Learning program, Healthy Start, and Help Me Grow program.

312 1. Coordination with the Medicaid program shall be
313 developed and maintained through written agreements with the
314 Agency for Health Care Administration and Medicaid managed care
315 entities as well as through active and ongoing communication
316 with these entities. The department shall assist local program
317 offices to negotiate agreements with Medicaid managed care
318 entities in the service areas of the local program offices. Such
319 agreements may be formal or informal.

320 2. Coordination with education programs pursuant to part B
321 of the federal Individuals with Disabilities Education Act shall
322 be developed and maintained through written agreements with the
323 Department of Education. The department shall assist local
324 program offices to negotiate agreements with school districts in
325 the service areas of the local program offices.

326 (i) Develop and disseminate the knowledge and methods
327 necessary to effectively coordinate benefits among various payor
328 types.

329 (j) Provide an appeals process under chapter 120 for



448330

330 applicants found ineligible for developmental evaluation or
331 early intervention services or denied financial support for such
332 services.

333 (k) Competitively procure local program offices to provide
334 services throughout the state in accordance with chapter 287.
335 The department shall specify the requirements and qualifications
336 for local program offices in the procurement document.

337 (l) Establish performance standards and other metrics for
338 evaluation of local program offices, including standards for
339 measuring timeliness of services, outcomes of early intervention
340 services, and administrative efficiency. Performance standards
341 and metrics shall be developed in consultation with local
342 program offices.

343 (m) Provide technical assistance to the local program
344 offices.

345 (3) ELIGIBILITY.—The department shall apply the following
346 eligibility criteria as authorized in the General Appropriations
347 Act.

348 (a) All infants and toddlers in this state are eligible for
349 an evaluation to determine the presence of a developmental
350 disability or conditions that cause or increase the risk of
351 developmental delays.

352 (b) All infants and toddlers determined to have a
353 developmental disability based on an established condition or
354 determined to be at risk of developmental delays based on an
355 informed clinical opinion are eligible for Early Steps Program
356 services.

357 (c) A child is eligible for Early Steps Program services if
358 the application of a standardized evaluation instrument results



448330

359 in a score that is 1.5 standard deviations from the mean in two
360 or more of the following domains: physical, cognitive,
361 communication, social or emotional, and adaptive.

362 (d) A child is eligible for Early Steps Program services if
363 the application of a standardized evaluation instrument results
364 in a score that is 2.0 standard deviations from the mean in one
365 of the following domains: physical, cognitive, communication,
366 social or emotional, and adaptive.

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

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

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

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

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

383 (d) Provide services directly or procure services from
384 health care providers that meet or exceed the minimum
385 qualifications established for service providers. The local
386 program office must become a Medicaid provider if it provides
387 services directly.



448330

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

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

395 1. Be completed within 45 calendar days after referral in
396 the program;

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

400 3. Be reviewed at least every six months with the parent or
401 legal guardian and updated if needed; and

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

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

406 (h) For each service required by the individualized family
407 support plan, refer the child to an appropriate service provider
408 or work with Medicaid managed care entities or private insurers
409 to secure the needed services.

410 (i) Provide service coordination services, including
411 contacting the appropriate service provider to determine whether
412 the provider can timely deliver the service, providing the
413 parent or legal guardian with the name and location of the
414 service and the date of any appointment made on behalf of the
415 child, and contacting the parent or legal guardian after the
416 service is provided to ensure that the service is delivered



448330

417 timely and to determine whether the family requests additional
418 services.

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

421 1. With the parent's or legal guardian's permission, the
422 services in the child's approved individualized family support
423 plan shall be communicated to the Medicaid managed care entity.
424 Services that cannot be funded by Medicaid must be specifically
425 identified and explained to the family.

426 2. The agreement between the local program office and
427 Medicaid managed care entities must establish methods of
428 communication and procedures for the timely approval of services
429 covered by Medicaid.

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

433 1. The child's approved individualized family support plan
434 may be communicated to the child's insurer with the parent's or
435 legal guardian's permission.

436 2. The local program office and private insurers shall
437 establish methods of communication and procedures for the timely
438 approval of services covered by the child's insurer, if
439 appropriate and approved by the child's parent or legal
440 guardian.

441 (l) Provide to the department data necessary for an
442 evaluation of the local program office performance.

443 (5) ACCOUNTABILITY REPORTING.—By December 1 of each year,
444 the department shall prepare and submit a report that assesses
445 the performance of the Early Steps Program to the Governor, the



448330

446 President of the Senate, the Speaker of the House of
447 Representatives, and the Florida Interagency Coordinating
448 Council for Infants and Toddlers. The department must address
449 the performance standards in subsection (1) and report actual
450 performance compared to the standards for the prior fiscal year.
451 The data used to compile the report must be submitted by each
452 local program office in the state. The department shall report
453 on all of the following measures:

454 (a) Number and percentage of infants and toddlers served
455 with an individualized family support plan.

456 (b) Number and percentage of infants and toddlers
457 demonstrating improved social/emotional skills after the
458 program.

459 (c) Number and percentage of infants and toddlers
460 demonstrating improved use of knowledge and cognitive skills
461 after the program.

462 (d) Number and percentage of families reporting positive
463 outcomes in their infant and toddler's development as a result
464 of early intervention services.

465 (e) Progress toward meeting the goals of individualized
466 family support plans.

467 (f) Any additional measures established by the department.

468 (6) STATE INTERAGENCY COORDINATING COUNCIL.—The Florida
469 Interagency Coordinating Council for Infants and Toddlers shall
470 serve as the state interagency coordinating council required by
471 34 C.F.R. s. 303.600. The council shall be housed for
472 administrative purposes in the department, and the department
473 shall provide administrative support to the council.

474 (7) TRANSITION TO EDUCATION.—



448330

475 (a) At least 90 days before a child reaches 3 years of age,
476 the local program office shall initiate transition planning to
477 ensure the child's successful transition from the Early Steps
478 Program to a school district program for children with
479 disabilities or to another program as part of an individual
480 family support plan.

481 (b) At least 3 months before a child reaches 3 years of
482 age, the local program office shall:

483 1. Notify the local school district in which the child
484 resides and the Department of Education that the child may be
485 eligible for special education or related services as determined
486 by the local school district pursuant to ss. 1003.21 and
487 1003.57, unless the child's parent or legal guardian has opted
488 out of such notification; and

489 2. Upon approval by the child's parent or legal guardian,
490 convene a transition conference that includes participation of a
491 local school district representative and the parent or legal
492 guardian to discuss options for and availability of services.

493 (c) The local school district shall evaluate and determine
494 a child's eligibility to receive special education or related
495 services pursuant to part B of the federal Individuals with
496 Disabilities Education Act and ss. 1003.21 and 1003.57.

497 (d) The local program office, in conjunction with the local
498 school district, shall modify a child's individual family
499 support plan or, if applicable, the local school district shall
500 develop an individual education plan for the child pursuant to
501 ss. 1003.57, 1003.571, and 1003.5715, which identifies special
502 education or related services that the child will receive and
503 the providers or agencies that will provide such services.



448330

504 (e) If a child is determined to be ineligible for school
505 district program services, the local program office and the
506 local school district shall provide the child's parent or legal
507 guardian with written information on other available services or
508 community resources.

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

515 Section 6. Subsections (1) and (2) of section 413.092,
516 Florida Statutes, are amended to read:

517 413.092 Blind Babies Program.—

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

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



448330

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

548 Section 7. Subsection (1) of section 1003.575, Florida
549 Statutes, is amended to read:

550 1003.575 Assistive technology devices; findings;
551 interagency agreements.—Accessibility, utilization, and
552 coordination of appropriate assistive technology devices and
553 services are essential as a young person with disabilities moves
554 from early intervention to preschool, from preschool to school,
555 from one school to another, and from school to employment or
556 independent living. If an individual education plan team makes a
557 recommendation in accordance with State Board of Education rule
558 for a student with a disability, as defined in s. 1003.01(3), to
559 receive an assistive technology assessment, that assessment must
560 be completed within 60 school days after the team's
561 recommendation. To ensure that an assistive technology device



448330

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

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

571
572 Interagency agreements entered into pursuant to this section
573 shall provide a framework for ensuring that young persons with
574 disabilities and their families, educators, and employers are
575 informed about the utilization and coordination of assistive
576 technology devices and services that may assist in meeting
577 transition needs, and shall establish a mechanism by which a
578 young person or his or her parent may request that an assistive
579 technology device remain with the young person as he or she
580 moves through the continuum from home to school to postschool.

581 Section 8. Section 391.303, Florida Statutes, is repealed.

582 Section 9. Section 391.304, Florida Statutes, is repealed.

583 Section 10. Section 391.305, Florida Statutes, is repealed.

584 Section 11. Section 391.306, Florida Statutes, is repealed.

585 Section 12. Section 391.307, Florida Statutes, is repealed.

586 Section 13. This act shall take effect July 1, 2016.

587
588
589 ===== T I T L E A M E N D M E N T =====

590 And the title is amended as follows:



448330

591 Delete everything before the enacting clause
592 and insert:

593 A bill to be entitled
594 An act relating to prenatal services and early
595 childhood development; amending s. 383.141, F.S.;
596 revising the requirements for the Department of Health
597 to maintain a clearinghouse of information for parents
598 and health care providers on developmental evaluation
599 and early intervention programs; requiring the
600 clearinghouse to use a specified term; revising the
601 information to be included in the clearinghouse;
602 amending s. 391.025, F.S.; revising the components of
603 the Children's Medical Services program; amending s.
604 391.026, F.S.; requiring the department to serve as
605 the lead agency to administer the Early Steps Program;
606 amending s. 391.301, F.S.; deleting a provision
607 relating to legislative findings and establishing the
608 Early Steps Program within the department; providing
609 requirements and responsibilities for the program;
610 amending s. 391.302, F.S.; defining terms; revising
611 the definitions of certain terms; amending s. 391.308,
612 F.S.; renaming the "Infants and Toddlers Early
613 Intervention Program" as the "Early Steps Program";
614 requiring, rather than authorizing, the department to
615 implement and administer the program; providing
616 performance standards; revising the duties of the
617 department; establishing eligibility criteria for the
618 program; providing duties for local program offices;
619 requiring the development of an individualized family



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620 support plan for each child served in the program;
621 requiring referral for services by a local program
622 office under certain circumstances; requiring the
623 local program office to negotiate and maintain
624 agreements with specified providers and managed care
625 plans; requiring the local program office to
626 coordinate with managed care plans; requiring the
627 department to submit an annual report to the Governor,
628 the Legislature, and the Florida Interagency
629 Coordinating Council for Infants and Toddlers;
630 designating the Florida Interagency Coordinating
631 Council for Infants and Toddlers as the state
632 interagency coordinating council required by federal
633 rule; providing requirements for the local program
634 office and local school district to prepare children
635 for the transition to school; amending s. 413.092,
636 F.S.; conforming provisions to changes made by the
637 act; amending s. 1003.575, F.S.; conforming provisions
638 to changes made by the act; repealing ss. 391.303,
639 391.304, 391.305, 391.306, and 391.307, F.S., relating
640 to requirements for the Children's Medical Services
641 program, program coordination, program standards,
642 program funding and contracts, and program review,
643 respectively; providing an effective date.
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