



882374

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/13/2016	.	
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Appropriations Subcommittee on Health and Human Services (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, and subsection (4) is added to
that section, to read:

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



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

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

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

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

39 (c) Education and training for health care providers to



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

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

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



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69 ~~prenatally diagnosed with developmental disabilities.~~

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

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

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

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

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

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



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98 appointed to a 2-year term, one appointee each from these
99 officials shall be appointed to a 3-year term, and the remaining
100 initial appointees shall be appointed to 4-year terms. All
101 subsequent appointments shall be for 4-year terms. A vacancy
102 shall be filled for the remainder of the unexpired term in the
103 same manner as the original appointment.

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

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

110 Section 2. Paragraph (c) of subsection (1) of section
111 391.025, Florida Statutes, is amended to read:

112 391.025 Applicability and scope.—

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

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

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

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

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

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



127 391.301 Early Steps Program; establishment and goals
128 ~~Developmental evaluation and intervention programs; legislative~~
129 ~~findings and intent.-~~

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

154 (2) The program may include screening and referral ~~It is~~
155 ~~the intent of the Legislature to establish developmental~~



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156 ~~evaluation and intervention~~ services at all hospitals providing
157 Level II or Level III neonatal intensive care services, in order
158 to promptly identify newborns with disabilities or with
159 conditions associated with risks of developmental delays so that
160 ~~families with high-risk or disabled infants~~ may gain as early as
161 possible the services and skills they need to support their
162 infants' development ~~infants~~.

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

170 (4) The program must:

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

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

176 (c) Maintain the importance of the family in all areas of
177 the child's development and support the family's participation
178 in early intervention services and decisions affecting the
179 child.

180 (d) Operate a comprehensive, coordinated interagency system
181 of early intervention services and supports in accordance with
182 part C of the federal Individuals with Disabilities Education
183 Act.

184 (e) Ensure timely evaluation, individual planning, and



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185 early intervention services necessary to meet the unique needs
186 of eligible infants and toddlers.

187 (f) Build the service capacity and enhance the competencies
188 of health care providers serving infants and toddlers with
189 unique needs and abilities.

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

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

195 391.302 Definitions.—As used in ss. 391.301-391.308 ~~ss.~~
196 ~~391.301-391.307~~, the term:

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

201 (2) “Developmental disability” means a condition,
202 identified and measured through appropriate instruments and
203 procedures, which may impair physical, cognitive, communication,
204 social/emotional, or adaptive development.

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

212 (4) “Habilitative services and devices” means health care
213 services and assistive technology devices that help a child



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214 maintain, learn, or improve skills and functioning for daily
215 living.

216 (5) (2) "Infant or toddler" or "child" means a child from
217 birth until the child's third birthday.

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

224 (7) "Local program office" means an office that administers
225 the Early Steps Program within a municipality, county, or
226 region.

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

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

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

241 391.308 Early Steps ~~Infants and Toddlers Early Intervention~~
242 ~~Program.~~-The department shall ~~Department of Health may~~ implement



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243 and administer part C of the federal Individuals with
244 Disabilities Education Act (IDEA), which shall be known as the
245 "Early Steps" ~~"Florida Infants and Toddlers Early Intervention~~
246 ~~Program."~~

247 (1) PERFORMANCE STANDARDS.—The department shall ensure that
248 the Early Steps Program complies with the following performance
249 standards:

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

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

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

268 (d) The program must offer families access to quality
269 services that effectively enable infants and toddlers with
270 developmental disabilities and developmental delays to achieve
271 optimal functional levels as measured by an independent



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272 evaluation of outcome indicators in social emotional skills,
273 communication, and adaptive behaviors.

274 (2) DUTIES OF THE DEPARTMENT.—The department, shall:

275 (a) ~~Jointly with the Department of Education,~~ shall
276 Annually prepare a grant application to the United States
277 Department of Education for funding early intervention services
278 for infants and toddlers with disabilities, from birth through
279 36 months of age, and their families pursuant to part C of the
280 federal Individuals with Disabilities Education Act.

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

284 (c) Annually develop a state plan for the Early Steps
285 Program.

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

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

293 (d) Ensure local program offices educate hospitals that
294 provide Level II and Level III neonatal intensive care services
295 about the Early Steps Program and the referral process for the
296 provision of developmental evaluation and intervention services.

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



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301 (f) Establish statewide uniform protocols and procedures to
302 determine eligibility for developmental evaluation and early
303 intervention services.

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

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

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

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

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



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330 types.

331 (j) Provide a mediation process and if necessary, an
332 appeals process under chapter 120 for applicants found
333 ineligible for developmental evaluation or early intervention
334 services or denied financial support for such services.

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

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

345 (m) Provide technical assistance to the local program
346 offices.

347 (3) ELIGIBILITY.—The department shall apply the following
348 eligibility criteria if specific funding is provided in the
349 General Appropriations Act.

350 (a) Infants and toddlers are eligible for an evaluation to
351 determine the presence of a developmental disability or risk of
352 a developmental delay based on a physical or medical condition.

353 (b) Infants and toddlers determined to have a developmental
354 delay based on a standardized evaluation instrument that results
355 in a score that is 1.5 standard deviations from the mean in two
356 or more of the following domains: physical, cognitive,
357 communication, social or emotional, and adaptive.

358 (c) Infants and toddlers determined to have a developmental



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359 delay based on a standardized evaluation instrument that results
360 in a score that is 2.0 standard deviations from the mean in one
361 of the following domains: physical, cognitive, communication,
362 social/emotional, and adaptive.

363 (d) Infants and toddlers with a developmental delay based
364 on informed clinical opinion.

365 (e) Infants and toddlers at risk of developmental delay
366 based on an established condition known to result in
367 developmental delay, or a physical or mental condition known to
368 create a risk of developmental delay.

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

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

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

379 (c) Secure and maintain interagency agreements or contracts
380 with local school districts in a local service area.

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

386 (e) Provide directly or procure services that are, to the
387 extent possible, delivered in a child's natural environment,



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388 such as in the child's home or community setting. The inability
389 to provide services in the natural environment is not a
390 sufficient reason to deny services.

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

393 1. Be completed within 45 calendar days after the child is
394 referred to the program;

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

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

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

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

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

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



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417 (j) Negotiate and maintain agreements with Medicaid
418 providers and Medicaid managed care organizations in its area.
419 1. With the parent's or legal guardian's permission, the
420 services in the child's approved individualized family support
421 plan shall be communicated to the Medicaid managed care
422 organization. Services that cannot be funded by Medicaid must be
423 specifically identified and explained to the family.
424 2. The agreement between the local program office and
425 Medicaid managed care organizations must establish methods of
426 communication and procedures for the timely approval of services
427 covered by Medicaid.
428 (k) Develop agreements and arrangements with private
429 insurers in order to coordinate benefits and services for any
430 mutual enrollee.
431 1. The child's approved individualized family support plan
432 may be communicated to the child's insurer with the parent's or
433 legal guardian's permission.
434 2. The local program office and private insurers shall
435 establish methods of communication and procedures for the timely
436 approval of services covered by the child's insurer, if
437 appropriate and approved by the child's parent or legal
438 guardian.
439 (l) Provide to the department data necessary for an
440 evaluation of the local program office performance.
441 (5) ACCOUNTABILITY REPORTING.—By December 1 of each year,
442 the department shall prepare and submit a report that assesses
443 the performance of the Early Steps Program to the Governor, the
444 President of the Senate, the Speaker of the House of
445 Representatives, and the Florida Interagency Coordinating



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

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

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

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

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

463 (e) Progress toward meeting the goals of individualized
464 family support plans.

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

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

472 (7) TRANSITION TO EDUCATION.—

473 (a) At least 90 days before a child reaches 3 years of age,
474 the local program office shall initiate transition planning to



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475 ensure the child's successful transition from the Early Steps
476 Program to a school district program for children with
477 disabilities or to another program as part of an individual
478 family support plan.

479 (b) At least 90 days before a child reaches 3 years of age,
480 the local program office shall:

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

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

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

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

502 (e) If a child is determined to be ineligible for school
503 district program services, the local program office and the



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504 local school district shall provide the child's parent or legal
505 guardian with written information on other available services or
506 community resources.

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

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

515 413.092 Blind Babies Program.—

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

527 (2) The program is not an entitlement but shall promote
528 early development with a special emphasis on vision skills to
529 minimize developmental delays. The education shall lay the
530 groundwork for future learning by helping a child progress
531 through normal developmental stages. It shall teach children to
532 discover and make the best use of their skills for future



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

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

548 1003.575 Assistive technology devices; findings;
549 interagency agreements.—Accessibility, utilization, and
550 coordination of appropriate assistive technology devices and
551 services are essential as a young person with disabilities moves
552 from early intervention to preschool, from preschool to school,
553 from one school to another, and from school to employment or
554 independent living. If an individual education plan team makes a
555 recommendation in accordance with State Board of Education rule
556 for a student with a disability, as defined in s. 1003.01(3), to
557 receive an assistive technology assessment, that assessment must
558 be completed within 60 school days after the team's
559 recommendation. To ensure that an assistive technology device
560 issued to a young person as part of his or her individualized
561 family support plan, individual support plan, or an individual



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562 education plan remains with the individual through such
563 transitions, the following agencies shall enter into interagency
564 agreements, as appropriate, to ensure the transaction of
565 assistive technology devices:

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

569
570 Interagency agreements entered into pursuant to this section
571 shall provide a framework for ensuring that young persons with
572 disabilities and their families, educators, and employers are
573 informed about the utilization and coordination of assistive
574 technology devices and services that may assist in meeting
575 transition needs, and shall establish a mechanism by which a
576 young person or his or her parent may request that an assistive
577 technology device remain with the young person as he or she
578 moves through the continuum from home to school to postschool.

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

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

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

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

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

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

585
586 ===== T I T L E A M E N D M E N T =====

587 And the title is amended as follows:

588 Delete everything before the enacting clause
589 and insert:

590 A bill to be entitled



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



620 requirements of the program to meet such performance
621 standards; revising the duties of the department;
622 requiring the department to apply specified
623 eligibility criteria for the program based on an
624 appropriation of funds; providing duties for local
625 program offices; requiring the development of an
626 individualized family support plan for each child
627 served in the program; requiring referral for services
628 by a local program office under certain circumstances;
629 requiring the local program office to negotiate and
630 maintain agreements with specified providers and
631 managed care organizations; requiring the local
632 program office to coordinate with managed care
633 organizations; requiring the department to submit an
634 annual report, subject to certain requirements, to the
635 Governor, the Legislature, and the Florida Interagency
636 Coordinating Council for Infants and Toddlers by a
637 specified date; designating the Florida Interagency
638 Coordinating Council for Infants and Toddlers as the
639 state interagency coordinating council required by
640 federal rule subject to certain requirements;
641 providing requirements for the local program office
642 and local school district to prepare certain children
643 for the transition to school under certain
644 circumstances; amending ss. 413.092 and 1003.575,
645 F.S.; conforming provisions to changes made by the
646 act; repealing ss. 391.303, 391.304, 391.305, 391.306,
647 and 391.307, F.S., relating to requirements for the
648 Children's Medical Services program, program



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649 coordination, program standards, program funding and
650 contracts, and program review, respectively;;
651 providing an effective date.