

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 and to increase public  
7       awareness on developmental evaluation and early  
8       intervention programs; requiring the clearinghouse to  
9       use a specified term; revising the information to be  
10      included in the clearinghouse; amending s. 391.025,  
11      F.S.; renaming the "Infants and Toddlers Early  
12      Intervention Program" as the "Early Steps Program";  
13      revising the components of the Children's Medical  
14      Services program; amending s. 391.026, F.S.; requiring  
15      the department to serve as the lead agency in  
16      administering the Early Steps Program; amending s.  
17      391.301, F.S.; establishing the Early Steps Program  
18      within the department; deleting provisions relating to  
19      legislative findings; authorizing the program to  
20      include certain screening and referral services for  
21      specified purposes; providing requirements and  
22      responsibilities for the program; amending s. 391.302,  
23      F.S.; defining terms; revising the definitions of  
24      certain terms; amending s. 391.308, F.S.; renaming the  
25      "Infants and Toddlers Early Intervention Program" as  
26      the "Early Steps Program"; requiring, rather than  
27      authorizing, the department to implement and  
28      administer the program; requiring the department to  
29      ensure that the program follows specified performance

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30 standards; providing requirements of the program to  
31 meet such performance standards; revising the duties  
32 of the department; requiring the department to apply  
33 specified eligibility criteria for the program;  
34 providing duties for local program offices; requiring  
35 the development of an individualized family support  
36 plan for each child served in the program; requiring  
37 referral for services by a local program office under  
38 certain circumstances; requiring the local program  
39 office to negotiate and maintain agreements with  
40 specified providers and managed care entities;  
41 requiring the local program office to coordinate with  
42 managed care plans; requiring the department to submit  
43 an annual report, subject to certain requirements, to  
44 the Governor, the Legislature, and the Florida  
45 Interagency Coordinating Council for Infants and  
46 Toddlers by a specified date; designating the Florida  
47 Interagency Coordinating Council for Infants and  
48 Toddlers as the state interagency coordinating council  
49 required by federal rule subject to certain  
50 requirements; providing requirements for the local  
51 program office and local school district to prepare  
52 certain children for the transition to school under  
53 certain circumstances; amending ss. 413.092 and  
54 1003.575, F.S.; conforming provisions to changes made  
55 by the act; repealing ss. 391.303, 391.304, 391.305,  
56 391.306, and 391.307, F.S., relating to requirements  
57 for the Children's Medical Services program, program  
58 coordination, program standards, program funding and

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59 contracts, and program review, respectively; providing  
60 an effective date.

61

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

63

64 Section 1. Subsections (2) and (3) of section 383.141,  
65 Florida Statutes, are amended, and subsection (4) is added to  
66 that section, to read:

67 383.141 Prenatally diagnosed conditions; patient to be  
68 provided information; definitions; information clearinghouse;  
69 advisory council.—

70 (2) When a developmental disability is diagnosed based on  
71 the results of a prenatal test, the health care provider who  
72 ordered the prenatal test, or his or her designee, shall provide  
73 the patient with current information about the nature of the  
74 developmental disability, the accuracy of the prenatal test, and  
75 resources for obtaining relevant support services, including  
76 hotlines, resource centers, and information clearinghouses  
77 related to Down syndrome or other prenatally diagnosed  
78 developmental disabilities; support programs for parents and  
79 families; and developmental evaluation and intervention services  
80 under this part ~~s. 391.303~~.

81 (3) The Department of Health shall develop and implement a  
82 comprehensive information clearinghouse to educate health care  
83 providers, inform parents, and increase public awareness  
84 regarding brain development, developmental disabilities and  
85 delays, and all services, resources, and interventions available  
86 to mitigate the effects of impaired development among children.  
87 The clearinghouse must use the term "unique abilities" as much

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88 as possible when identifying infants or children with  
89 developmental disabilities and delays. The clearinghouse must  
90 provide:

91 (a) Health information on conditions that may lead to  
92 impaired development of physical, learning, language, or  
93 behavioral skills.

94 (b) Education and information to support parents whose  
95 unborn children have been prenatally diagnosed with  
96 developmental disabilities or whose children have diagnosed or  
97 suspected developmental delays.

98 (c) Education and training for health care providers to  
99 recognize and respond appropriately to developmental  
100 disabilities, delays, and conditions related to disabilities or  
101 delays. Specific information approved by the advisory council  
102 shall be made available to health care providers for use in  
103 counseling parents whose unborn children have been prenatally  
104 diagnosed with developmental disabilities or whose children have  
105 diagnosed or suspected developmental delays.

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

110 (e) Hotlines specific to Down syndrome and other prenatally  
111 diagnosed developmental disabilities. The hotlines and the  
112 department's clearinghouse must provide information to parents  
113 and families or other caregivers regarding the Early Steps  
114 Program under s. 391.301, the Florida Diagnostic Learning and  
115 Resource System, the Early Learning program, Healthy Start, Help  
116 Me Grow, and any other intervention programs. Information

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117 offered must include directions on how to obtain early  
118 intervention, rehabilitative, and habilitative services and  
119 devices ~~establish on its Internet website a clearinghouse of~~  
120 ~~information related to developmental disabilities concerning~~  
121 ~~providers of supportive services, information hotlines specific~~  
122 ~~to Down syndrome and other prenatally diagnosed developmental~~  
123 ~~disabilities, resource centers, educational programs, other~~  
124 ~~support programs for parents and families, and developmental~~  
125 ~~evaluation and intervention services under s. 391.303. Such~~  
126 ~~information shall be made available to health care providers for~~  
127 ~~use in counseling pregnant women whose unborn children have been~~  
128 ~~prenatally diagnosed with developmental disabilities.~~

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

- 134 1. Three members appointed by the Governor;  
135 2. Three members appointed by the President of the Senate;  
136 and

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

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

145 (c) Members of the council shall elect a chairperson and a

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146 vice chairperson. The elected chairperson and vice chairperson  
147 shall serve in these roles until their terms of appointment on  
148 the council expire.

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

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

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

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

169 Section 2. Paragraph (c) of subsection (1) of section  
170 391.025, Florida Statutes, is amended to read:

171 391.025 Applicability and scope.—

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

174 (c) The developmental evaluation and intervention program,

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175 including the Early Steps ~~Florida Infants and Toddlers Early~~  
176 ~~Intervention~~ Program.

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

179 391.026 Powers and duties of the department.—The department  
180 shall have the following powers, duties, and responsibilities:

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

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

186 391.301 Early Steps Program; establishment and goals  
187 ~~Developmental evaluation and intervention programs; legislative~~  
188 ~~findings and intent.—~~

189 (1) The Early Steps Program is established within the  
190 department to serve infants and toddlers who are at risk of  
191 developmental disabilities and infants and toddlers with  
192 developmental delays by providing developmental evaluation and  
193 early intervention and by providing families with training and  
194 support services in a variety of home and community settings ~~The~~  
195 ~~Legislature finds that the high-risk and disabled newborn~~  
196 ~~infants in this state need in-hospital and outpatient~~  
197 ~~developmental evaluation and intervention and that their~~  
198 ~~families need training and support services. The Legislature~~  
199 ~~further finds that there is an identifiable and increasing~~  
200 ~~number of infants who need developmental evaluation and~~  
201 ~~intervention and family support due to the fact that increased~~  
202 ~~numbers of low-birthweight and sick full-term newborn infants~~  
203 ~~are now surviving because of the advances in neonatal intensive~~

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204 ~~care medicine; increased numbers of medically involved infants~~  
205 ~~are remaining inappropriately in hospitals because their parents~~  
206 ~~lack the confidence or skills to care for these infants without~~  
207 ~~support; and increased numbers of infants are at risk due to~~  
208 ~~parent risk factors, such as substance abuse, teenage pregnancy,~~  
209 ~~and other high risk conditions.~~

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

219 (3) The program must ~~It is the intent of the Legislature~~  
220 ~~that a methodology be developed to integrate information and~~  
221 ~~coordinate services on infants with potentially disabling~~  
222 ~~conditions with other early intervention programs, including,~~  
223 ~~but not limited to, Part C of Pub. L. No. 105-17 and the Healthy~~  
224 ~~Start program, the newborn screening program, and the Blind~~  
225 ~~Babies Program.~~

226 (4) The program must:

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

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

232 (c) Maintain the importance of the family in all areas of



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233 the child's development and support the family's participation  
234 in early intervention services and decisions affecting the  
235 child.

236 (d) Operate a comprehensive, coordinated interagency system  
237 of early intervention services and supports in accordance with  
238 part C of the federal Individuals with Disabilities Education  
239 Act.

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

243 (f) Build the service capacity and enhance the competencies  
244 of health care providers serving infants and toddlers with  
245 unique needs and abilities.

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

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

251 391.302 Definitions.—As used in ss. 391.301-391.308 ~~ss.~~  
252 ~~391.301-391.307~~, the term:

253 (1) "Developmental delay" means a condition, identified and  
254 measured through appropriate instruments and procedures, which  
255 may delay physical, cognitive, communication, social/emotional,  
256 or adaptive development.

257 (2) "Developmental disability" means a condition,  
258 identified and measured through appropriate instruments and  
259 procedures, which may impair physical, cognitive, communication,  
260 social/emotional, or adaptive development.

261 (3) "Developmental intervention" or "early intervention"

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262 means individual and group ~~individualized~~ therapies and services  
263 needed to enhance both the infant's or toddler's growth and  
264 development and family functioning. The term includes  
265 habilitative services and assistive technology devices,  
266 rehabilitative services and assistive technology devices, and  
267 parent support and training.

268 (4) "Habilitative services and devices" means health care  
269 services and devices that help a child maintain, learn, or  
270 improve skills and functioning for daily living.

271 (5)-(2) "Infant or toddler" or "child" means a child from  
272 birth until the child's third birthday.

273 (6)-(3) "In-hospital intervention services" means the  
274 provision of assessments; the provision of individual  
275 individualized services; ~~monitoring and modifying the delivery~~  
276 ~~of medical interventions;~~ and enhancing the environment for the  
277 high-risk, developmentally disabled, or medically involved  
278 infant or toddler in order to achieve optimum growth and  
279 development.

280 (7) "Local program office" means an office that administers  
281 the Early Steps Program within a municipality, county, or  
282 region.

283 (8)-(4) "Parent support and training" means a range of  
284 services to families of high-risk, developmentally disabled, or  
285 medically involved infants or toddlers, including family  
286 counseling; ~~financial planning;~~ agency referral; development of  
287 parent-to-parent support groups; education concerning growth,  
288 development, and developmental intervention and objective  
289 measurable skills, including abuse avoidance skills; and  
290 training of parents to advocate for their child; ~~and bereavement~~

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291 ~~counseling.~~

292 (9) "Rehabilitative services and devices" means restorative  
293 and remedial services that maintain or enhance the current level  
294 of functioning of a child if there is a possibility of  
295 improvement or reversal of impairment.

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

298 391.308 Early Steps ~~Infants and Toddlers Early Intervention~~  
299 ~~Program.~~-The department shall ~~Department of Health may~~ implement  
300 and administer part C of the federal Individuals with  
301 Disabilities Education Act (IDEA), which shall be known as the  
302 "Early Steps ~~"Florida Infants and Toddlers Early Intervention~~  
303 Program."

304 (1) PERFORMANCE STANDARDS.-The department shall ensure that  
305 the Early Steps Program complies with the following performance  
306 standards:

307 (a) The program must provide services from referral through  
308 transition in a family-centered manner that recognizes and  
309 responds to unique circumstances and needs of infants and  
310 toddlers and their families as measured by a variety of  
311 qualitative data, including satisfaction surveys, interviews,  
312 focus groups, and input from stakeholders.

313 (b) The program must provide individualized family support  
314 plans that are understandable and usable by families, health  
315 care providers, and payors and that identify the current level  
316 of functioning of the infant or toddler, family supports and  
317 resources, expected outcomes, and specific early intervention  
318 services needed to achieve the expected outcomes, as measured by  
319 periodic system independent evaluation.

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

325       (d) The program must offer families access to quality  
326 services that effectively enable infants and toddlers with  
327 developmental disabilities and developmental delays to achieve  
328 optimal functional levels as measured by an independent  
329 evaluation of outcome indicators in social emotional skills,  
330 communication, and adaptive behaviors.

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

332       (a) Jointly with the Department of Education, shall  
333 Annually prepare a grant application to the United States  
334 Department of Education for funding early intervention services  
335 for infants and toddlers with disabilities, from birth through  
336 36 months of age, and their families pursuant to part C of the  
337 federal Individuals with Disabilities Education Act.

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

341       (c) Annually develop a state plan for the Early Steps  
342 Program.

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

347       2. The plan must be developed through an inclusive process  
348 that involves families, local program offices, health care

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349 providers, and other stakeholders.

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

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

360 (f) Establish statewide uniform protocols and procedures to  
361 determine eligibility for developmental evaluation and early  
362 intervention services.

363 (g) Establish a consistent, statewide format and procedure  
364 for preparing and completing an individualized family support  
365 plan.

366 (h) Promote interagency cooperation and coordination, with  
367 the Medicaid program, the Department of Education program  
368 pursuant to part B of the federal Individuals with Disabilities  
369 Education Act, and programs providing child screening such as  
370 the Florida Diagnostic Learning and Resource System, the Early  
371 Learning program, Healthy Start, and Help Me Grow program.

372 1. Coordination with the Medicaid program shall be  
373 developed and maintained through written agreements with the  
374 Agency for Health Care Administration and Medicaid managed care  
375 entities as well as through active and ongoing communication  
376 with these entities. The department shall assist local program  
377 offices to negotiate agreements with Medicaid managed care

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378 entities in the service areas of the local program offices. Such  
379 agreements may be formal or informal.

380 2. Coordination with education programs pursuant to part B  
381 of the federal Individuals with Disabilities Education Act shall  
382 be developed and maintained through written agreements with the  
383 Department of Education. The department shall assist local  
384 program offices to negotiate agreements with school districts in  
385 the service areas of the local program offices.

386 (i) Develop and disseminate the knowledge and methods  
387 necessary to effectively coordinate benefits among various payor  
388 types.

389 (j) Provide an appeals process under chapter 120 for  
390 applicants found ineligible for developmental evaluation or  
391 early intervention services or denied financial support for such  
392 services.

393 (k) Competitively procure local program offices to provide  
394 services throughout the state in accordance with chapter 287.  
395 The department shall specify the requirements and qualifications  
396 for local program offices in the procurement document.

397 (l) Establish performance standards and other metrics for  
398 evaluation of local program offices, including standards for  
399 measuring timeliness of services, outcomes of early intervention  
400 services, and administrative efficiency. Performance standards  
401 and metrics shall be developed in consultation with local  
402 program offices.

403 (m) Provide technical assistance to the local program  
404 offices.

405 (3) ELIGIBILITY.—The department shall apply the following  
406 eligibility criteria as authorized in the General Appropriations

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407 Act.

408 (a) All infants and toddlers in this state are eligible for  
409 an evaluation to determine the presence of a developmental  
410 disability or conditions that cause or increase the risk of  
411 developmental delays.

412 (b) All infants and toddlers determined to have a  
413 developmental disability based on an established condition or  
414 determined to be at risk of developmental delays based on an  
415 informed clinical opinion are eligible for Early Steps Program  
416 services.

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

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

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

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

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

434 (b) Notify the parent or legal guardian of his or her  
435 child's eligibility status initially and at least annually

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436 thereafter. If a child is determined not to be eligible, the  
437 local program office must provide the parent or legal guardian  
438 with written information on the right to an appeal and the  
439 process for making such an appeal.

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

443 (d) Provide services directly or procure services from  
444 health care providers that meet or exceed the minimum  
445 qualifications established for service providers. The local  
446 program office must become a Medicaid provider if it provides  
447 services directly.

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

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

455 1. Be completed within 45 calendar days after referral in  
456 the program;

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

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

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

464 (g) Assess the progress of the child and his or her family



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465 in meeting the goals of the individualized family support plan.

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

470 (i) Provide service coordination services, including  
471 contacting the appropriate service provider to determine whether  
472 the provider can timely deliver the service, providing the  
473 parent or legal guardian with the name and location of the  
474 service and the date of any appointment made on behalf of the  
475 child, and contacting the parent or legal guardian after the  
476 service is provided to ensure that the service is delivered  
477 timely and to determine whether the family requests additional  
478 services.

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

481 1. With the parent's or legal guardian's permission, the  
482 services in the child's approved individualized family support  
483 plan shall be communicated to the Medicaid managed care entity.  
484 Services that cannot be funded by Medicaid must be specifically  
485 identified and explained to the family.

486 2. The agreement between the local program office and  
487 Medicaid managed care entities must establish methods of  
488 communication and procedures for the timely approval of services  
489 covered by Medicaid.

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

493 1. The child's approved individualized family support plan

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494 may be communicated to the child's insurer with the parent's or  
495 legal guardian's permission.

496 2. The local program office and private insurers shall  
497 establish methods of communication and procedures for the timely  
498 approval of services covered by the child's insurer, if  
499 appropriate and approved by the child's parent or legal  
500 guardian.

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

503 (5) ACCOUNTABILITY REPORTING.—By December 1 of each year,  
504 the department shall prepare and submit a report that assesses  
505 the performance of the Early Steps Program to the Governor, the  
506 President of the Senate, the Speaker of the House of  
507 Representatives, and the Florida Interagency Coordinating  
508 Council for Infants and Toddlers. The department must address  
509 the performance standards in subsection (1) and report actual  
510 performance compared to the standards for the prior fiscal year.  
511 The data used to compile the report must be submitted by each  
512 local program office in the state. The department shall report  
513 on all of the following measures:

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

516 (b) Number and percentage of infants and toddlers  
517 demonstrating improved social/emotional skills after the  
518 program.

519 (c) Number and percentage of infants and toddlers  
520 demonstrating improved use of knowledge and cognitive skills  
521 after the program.

522 (d) Number and percentage of families reporting positive

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523 outcomes in their infant's and toddler's development as a result  
524 of early intervention services.

525 (e) Progress toward meeting the goals of individualized  
526 family support plans.

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

528 (6) STATE INTERAGENCY COORDINATING COUNCIL.—The Florida  
529 Interagency Coordinating Council for Infants and Toddlers shall  
530 serve as the state interagency coordinating council required by  
531 34 C.F.R. s. 303.600. The council shall be housed for  
532 administrative purposes in the department, and the department  
533 shall provide administrative support to the council.

534 (7) TRANSITION TO EDUCATION.—

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

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

543 1. Notify the local school district in which the child  
544 resides and the Department of Education that the child may be  
545 eligible for special education or related services as determined  
546 by the local school district pursuant to ss. 1003.21 and  
547 1003.57, unless the child's parent or legal guardian has opted  
548 out of such notification; and

549 2. Upon approval by the child's parent or legal guardian,  
550 convene a transition conference that includes participation of a  
551 local school district representative and the parent or legal

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552 guardian to discuss options for and availability of services.

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

557 (d) The local program office, in conjunction with the local  
558 school district, shall modify a child's individual family  
559 support plan or, if applicable, the local school district shall  
560 develop an individual education plan for the child pursuant to  
561 ss. 1003.57, 1003.571, and 1003.5715, which identifies special  
562 education or related services that the child will receive and  
563 the providers or agencies that will provide such services.

564 (e) If a child is determined to be ineligible for school  
565 district program services, the local program office and the  
566 local school district shall provide the child's parent or legal  
567 guardian with written information on other available services or  
568 community resources.

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

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

577 413.092 Blind Babies Program.—

578 (1) The Blind Babies Program is created within the Division  
579 of Blind Services of the Department of Education to provide  
580 community-based early-intervention education to children from

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581 birth through 5 years of age who are blind or visually impaired,  
582 and to their parents, families, and caregivers, through  
583 community-based provider organizations. The division shall  
584 enlist parents, ophthalmologists, pediatricians, schools, the  
585 Early Steps Program ~~Infant and Toddlers Early Intervention~~  
586 ~~Programs~~, and therapists to help identify and enroll blind and  
587 visually impaired children, as well as their parents, families,  
588 and caregivers, in these educational programs.

589 (2) The program is not an entitlement but shall promote  
590 early development with a special emphasis on vision skills to  
591 minimize developmental delays. The education shall lay the  
592 groundwork for future learning by helping a child progress  
593 through normal developmental stages. It shall teach children to  
594 discover and make the best use of their skills for future  
595 success in school. It shall seek to ensure that visually  
596 impaired and blind children enter school as ready to learn as  
597 their sighted classmates. The program shall seek to link these  
598 children, and their parents, families, and caregivers, to other  
599 available services, training, education, and employment programs  
600 that could assist these families in the future. This linkage may  
601 include referrals to the school districts and the Early Steps  
602 ~~Infants and Toddlers Early Intervention~~ Program for assessments  
603 to identify any additional services needed which are not  
604 provided by the Blind Babies Program. The division shall develop  
605 a formula for eligibility based on financial means and may  
606 create a means-based matrix to set a copayment fee for families  
607 having sufficient financial means.

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

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610 1003.575 Assistive technology devices; findings;  
611 interagency agreements.—Accessibility, utilization, and  
612 coordination of appropriate assistive technology devices and  
613 services are essential as a young person with disabilities moves  
614 from early intervention to preschool, from preschool to school,  
615 from one school to another, and from school to employment or  
616 independent living. If an individual education plan team makes a  
617 recommendation in accordance with State Board of Education rule  
618 for a student with a disability, as defined in s. 1003.01(3), to  
619 receive an assistive technology assessment, that assessment must  
620 be completed within 60 school days after the team's  
621 recommendation. To ensure that an assistive technology device  
622 issued to a young person as part of his or her individualized  
623 family support plan, individual support plan, or an individual  
624 education plan remains with the individual through such  
625 transitions, the following agencies shall enter into interagency  
626 agreements, as appropriate, to ensure the transaction of  
627 assistive technology devices:

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

631  
632 Interagency agreements entered into pursuant to this section  
633 shall provide a framework for ensuring that young persons with  
634 disabilities and their families, educators, and employers are  
635 informed about the utilization and coordination of assistive  
636 technology devices and services that may assist in meeting  
637 transition needs, and shall establish a mechanism by which a  
638 young person or his or her parent may request that an assistive

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639 technology device remain with the young person as he or she  
640 moves through the continuum from home to school to postschool.  
641 Section 9. Section 391.303, Florida Statutes, is repealed.  
642 Section 10. Section 391.304, Florida Statutes, is repealed.  
643 Section 11. Section 391.305, Florida Statutes, is repealed.  
644 Section 12. Section 391.306, Florida Statutes, is repealed.  
645 Section 13. Section 391.307, Florida Statutes, is repealed.  
646 Section 14. This act shall take effect July 1, 2016.