

By the Committees on Appropriations; and 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 of 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; deleting terms; amending s. 391.308,  
25          F.S.; renaming the "Infants and Toddlers Early  
26          Intervention Program" as the "Early Steps Program";  
27          requiring, rather than authorizing, the department to  
28          implement and administer the program; requiring the  
29          department to ensure that the program follows  
30          specified performance standards; providing  
31          requirements of the program to meet such performance

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32 standards; revising the duties of the department;  
33 requiring the department to apply specified  
34 eligibility criteria for the program based on an  
35 appropriation of funds; providing duties for local  
36 program offices; requiring the local program office to  
37 negotiate and maintain agreements with specified  
38 providers and managed care organizations; requiring  
39 the development of an individualized family support  
40 plan for each child served in the program; requiring  
41 the local program office to coordinate with managed  
42 care organizations; 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  
59 contracts, and program review, respectively; providing  
60 an effective date.

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

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

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

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

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

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

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

109 (e) Hotlines specific to Down syndrome and other prenatally  
110 diagnosed developmental disabilities. The hotlines and the  
111 department's clearinghouse must provide information to parents  
112 and families or other caregivers regarding the Early Steps  
113 Program under s. 391.301, the Florida Diagnostic and Learning  
114 Resources System, the Early Learning program, Healthy Start,  
115 Help Me Grow, and any other intervention programs. Information  
116 offered must include directions on how to obtain early  
117 intervention, rehabilitative, and habilitative services and  
118 devices ~~establish on its Internet website a clearinghouse of~~

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119 ~~information related to developmental disabilities concerning~~  
120 ~~providers of supportive services, information hotlines specific~~  
121 ~~to Down syndrome and other prenatally diagnosed developmental~~  
122 ~~disabilities, resource centers, educational programs, other~~  
123 ~~support programs for parents and families, and developmental~~  
124 ~~evaluation and intervention services under s. 391.303. Such~~  
125 ~~information shall be made available to health care providers for~~  
126 ~~use in counseling pregnant women whose unborn children have been~~  
127 ~~prenatally diagnosed with developmental disabilities.~~

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

- 133           1. Three members appointed by the Governor;
- 134           2. Three members appointed by the President of the Senate;
- 135       and
- 136           3. Three members appointed by the Speaker of the House of  
137 Representatives.

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

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

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

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

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

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

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

170 391.025 Applicability and scope.—

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

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

176 Section 3. Subsection (19) is added to section 391.026,

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177 Florida Statutes, to read:

178 391.026 Powers and duties of the department.—The department  
179 shall have the following powers, duties, and responsibilities:

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

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

185 391.301 Early Steps Program; establishment and goals  
186 ~~Developmental evaluation and intervention programs; legislative~~  
187 ~~findings and intent.—~~

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

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

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

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

(4) The program must:

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

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

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



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

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

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

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

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

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

253 391.302 Definitions.—As used in ss. 391.301-391.308 ~~ss.~~  
254 ~~391.301-391.307~~, the term:

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

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

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

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

270 (4) "Habilitative services and devices" means health care  
271 services and assistive technology devices that help a child  
272 maintain, learn, or improve skills and functioning for daily  
273 living.

274 (5) ~~(2)~~ "Infant or toddler" or "child" means a child from  
275 birth until the child's third birthday.

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

282 (6) "Local program office" means an office that administers  
283 the Early Steps Program within a municipality, county, or  
284 region.

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

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

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

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

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

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

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

321 (c) The program must help each family to use available

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322 resources in a way that maximizes the child's access to services  
323 necessary to achieve the outcomes of the individualized family  
324 support plan, as measured by family feedback and by independent  
325 assessments of services used by each child.

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

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

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

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

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

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

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

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

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

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

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

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

371 1. Coordination with the Medicaid program shall be  
372 developed and maintained through written agreements with the  
373 Agency for Health Care Administration and Medicaid managed care  
374 organizations as well as through active and ongoing  
375 communication with these organizations. The department shall  
376 assist local program offices to negotiate agreements with  
377 Medicaid managed care organizations in the service areas of the  
378 local program offices. Such agreements may be formal or  
379 informal.

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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 payer  
388 types.

389       (j) Provide a mediation process and if necessary, an  
390 appeals process for applicants found ineligible for  
391 developmental evaluation or early intervention services or  
392 denied financial support for such 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 if specific funding is provided, and the  
407 associated applicable eligibility criteria are identified, in  
408 the General Appropriations Act:

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409 (a) Infants and toddlers are eligible for an evaluation to  
410 determine the presence of a developmental disability or the risk  
411 of a developmental delay based on a physical or medical  
412 condition.

413 (b) Infants and toddlers determined to have a developmental  
414 delay based on informed clinical opinion and an evaluation using  
415 a standard evaluation instrument which results in a score that  
416 is 1.5 standard deviations from the mean in two or more of the  
417 following domains: physical, cognitive, communication, social or  
418 emotional, and adaptive.

419 (c) Infants and toddlers determined to have a developmental  
420 delay based on informed clinical opinion and an evaluation using  
421 a standard evaluation instrument which results in a score that  
422 is 2.0 standard deviations from the mean in one of the following  
423 domains: physical, cognitive, communication, social or  
424 emotional, and adaptive.

425 (d) Infants and toddlers determined to have a developmental  
426 delay based on informed clinical opinion and an evaluation using  
427 a standard evaluation instrument which results in a score that  
428 is 1.5 standard deviations from the mean in one or more of the  
429 following domains: physical, cognitive, communication, social or  
430 emotional, and adaptive.

431 (e) Infants and toddlers determined to have a developmental  
432 delay based on informed clinical opinion.

433 (f) Infants and toddlers at risk of developmental delay  
434 based on an established condition known to result in  
435 developmental delay, or a physical or mental condition known to  
436 create a risk of developmental delay.

437 (4) DUTIES OF THE LOCAL PROGRAM OFFICES.—A local program

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438 office shall:

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

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

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

449 (d) Provide services directly or procure services from  
450 health care providers that meet or exceed the minimum  
451 qualifications established for service providers. The local  
452 program office must become a Medicaid provider if it provides  
453 services directly.

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

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

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

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

466 3. Be reviewed at least every 6 months with the parent or



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467 legal guardian and updated if needed; and

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

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

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

476 (i) Provide service coordination, including contacting the  
477 appropriate service provider to determine whether the provider  
478 can timely deliver the service, providing the parent or legal  
479 guardian with the name and contact information of the service  
480 provider and the date and location of the service of any  
481 appointment made on behalf of the child, and contacting the  
482 parent or legal guardian after the service is provided to ensure  
483 that the service is timely delivered and to determine whether  
484 the family requests additional services.

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

487 1. With the parent's or legal guardian's permission, the  
488 services in the child's approved individualized family support  
489 plan shall be communicated to the Medicaid managed care  
490 organization. Services that cannot be funded by Medicaid must be  
491 specifically identified and explained to the family.

492 2. The agreement between the local program office and  
493 Medicaid managed care organizations must establish methods of  
494 communication and procedures for the timely approval of services  
495 covered by Medicaid.

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

499 1. The child's approved individualized family support plan  
500 may be communicated to the child's insurer with the parent's or  
501 legal guardian's permission.

502 2. The local program office and private insurers shall  
503 establish methods of communication and procedures for the timely  
504 approval of services covered by the child's insurer, if  
505 appropriate and approved by the child's parent or legal  
506 guardian.

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

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

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

522 (b) Number and percentage of infants and toddlers  
523 demonstrating improved social or emotional skills after the  
524 program.

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525 (c) Number and percentage of infants and toddlers  
526 demonstrating improved use of knowledge and cognitive skills  
527 after the program.

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

531 (e) Progress toward meeting the goals of individualized  
532 family support plans.

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

534 (6) STATE INTERAGENCY COORDINATING COUNCIL.—The Florida  
535 Interagency Coordinating Council for Infants and Toddlers shall  
536 serve as the state interagency coordinating council required by  
537 34 C.F.R. s. 303.600. The council shall be housed for  
538 administrative purposes in the department, and the department  
539 shall provide administrative support to the council.

540 (7) TRANSITION TO EDUCATION.—

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

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

549 1. Notify the local school district in which the child  
550 resides and the Department of Education that the child may be  
551 eligible for special education or related services as determined  
552 by the local school district pursuant to ss. 1003.21 and  
553 1003.57, unless the child's parent or legal guardian has opted

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554 out of such notification; and

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

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

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

570 (e) If a child is determined to be ineligible for school  
571 district program services, the local program office and the  
572 local school district shall provide the child's parent or legal  
573 guardian with written information on other available services or  
574 community resources.

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

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

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583 413.092 Blind Babies Program.—

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

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

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612 create a means-based matrix to set a copayment fee for families  
613 having sufficient financial means.

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

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

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

637  
638 Interagency agreements entered into pursuant to this section  
639 shall provide a framework for ensuring that young persons with  
640 disabilities and their families, educators, and employers are

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641 informed about the utilization and coordination of assistive  
642 technology devices and services that may assist in meeting  
643 transition needs, and shall establish a mechanism by which a  
644 young person or his or her parent may request that an assistive  
645 technology device remain with the young person as he or she  
646 moves through the continuum from home to school to postschool.

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

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

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

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

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

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