

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	—	(Y/N)
ADOPTED AS AMENDED	—	(Y/N)
ADOPTED W/O OBJECTION	—	(Y/N)
FAILED TO ADOPT	—	(Y/N)
WITHDRAWN	—	(Y/N)
OTHER	—	

1 Committee/Subcommittee hearing bill: Health Quality
2 Subcommittee
3 Representative Gonzalez offered the following:

Amendment (with title amendment)

Remove 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.—

(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

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18 resources for obtaining relevant support services, including
19 hotlines, resource centers, and information clearinghouses
20 related to Down syndrome or other prenatally diagnosed
21 developmental disabilities; support programs for parents and
22 families; and developmental evaluation and intervention services
23 under this part s. 391.303.

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

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

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

41 (c) Education and training for health care providers to
42 recognize and respond appropriately to developmental
43 disabilities, delays, and conditions related to disabilities or

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44 delays. Specific information approved by the advisory council
45 shall be made available to health care providers for use in
46 counseling parents whose unborn children have been prenatally
47 diagnosed with developmental disabilities or whose children have
48 diagnosed or suspected developmental delays.

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

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

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70 ~~use in counseling pregnant women whose unborn children have been~~
71 ~~prenatally diagnosed with developmental disabilities.~~

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

77 1. Three members appointed by the Governor;

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

79 and

80 3. Three members appointed by the Speaker of the House of
81 Representatives.

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

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

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

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96 (e) The council members shall be appointed to 4-year
97 terms, except that, to provide for staggered terms, one initial
98 appointee each from the Governor, the President of the Senate,
99 and the Speaker of the House of Representatives shall be
100 appointed to a 2-year term, one appointee each from these
101 officials shall be appointed to a 3-year term, and the remaining
102 initial appointees shall be appointed to 4-year terms. All
103 subsequent appointments shall be for 4-year terms. A vacancy
104 shall be filled for the remainder of the unexpired term in the
105 same manner as the original appointment.

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

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

112 Section 2. Paragraph (c) of subsection (1) of section
113 391.025, Florida Statutes, is amended to read:

114 391.025 Applicability and scope.—

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

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

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

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122 391.026 Powers and duties of the department.—The
123 department shall have the following powers, duties, and
124 responsibilities:

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

129 Section 4. Section 391.301, Florida Statutes, is amended
130 to read:

131 391.301 Early Steps Program; establishment and goals
132 ~~Developmental evaluation and intervention programs; legislative~~
133 ~~findings and intent.—~~

134 (1) The Early Steps Program is established within the
135 department to serve infants and toddlers who are at risk of a
136 developmental disability based on a physical or mental
137 condition, or who have a developmental delay, by providing such
138 infants and toddlers with developmental evaluation and early
139 intervention services. In addition, the program is established
140 to provide families of such infants and toddlers with training
141 and support services in a variety of home and community settings
142 in order to enhance family and caregiver competence, confidence,
143 and capacity to meet their child's developmental needs and
144 desired outcomes. ~~The Legislature finds that the high-risk and~~
145 ~~disabled newborn infants in this state need in-hospital and~~
146 ~~outpatient developmental evaluation and intervention and that~~
147 ~~their families need training and support services. The~~

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148 ~~Legislature further finds that there is an identifiable and~~
149 ~~increasing number of infants who need developmental evaluation~~
150 ~~and intervention and family support due to the fact that~~
151 ~~increased numbers of low birthweight and sick full-term newborn~~
152 ~~infants are now surviving because of the advances in neonatal~~
153 ~~intensive care medicine; increased numbers of medically involved~~
154 ~~infants are remaining inappropriately in hospitals because their~~
155 ~~parents lack the confidence or skills to care for these infants~~
156 ~~without support; and increased numbers of infants are at risk~~
157 ~~due to parent risk factors, such as substance abuse, teenage~~
158 ~~pregnancy, and other high-risk conditions.~~

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

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

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174 newborn screening program, and the Blind Babies Program.

175 (4) The program must:

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

178 (b) Educate and provide information to care providers,
179 families, and the public of the significant brain development
180 that occurs during a child's first 3 years of life.

181 (c) Maintain the importance of the family in all areas of
182 the child's development and support the family's participation
183 in early intervention services and decisions affecting the
184 child.

185 (d) Operate a comprehensive, coordinated interagency
186 system of early intervention services and supports in accordance
187 with part C of the federal Individuals with Disabilities
188 Education Act.

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

192 (f) Build the service capacity and enhance the
193 competencies of health care providers serving infants and
194 toddlers with unique needs and abilities.

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

198 Section 5. Section 391.302, Florida Statutes, is amended
199 to read:

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200 391.302 Definitions.—As used in ss. 391.301-391.308 ~~ss.~~
201 ~~391.301-391.307~~, the term:

202 (1) "Developmental delay" means a condition, identified
203 and measured through appropriate instruments and procedures,
204 which may delay physical, cognitive, communication, social or
205 emotional, or adaptive development.

206 (2) "Developmental disability" means a condition,
207 identified and measured through appropriate instruments and
208 procedures, which may impair physical, cognitive, communication,
209 social or emotional, or adaptive development.

210 (3) "Developmental intervention" or "early intervention"
211 means individual and group individualized therapies and services
212 needed to enhance both the infant's or toddler's growth and
213 development and family functioning. The term includes
214 habilitative services and assistive technology devices,
215 rehabilitative services and assistive technology devices, and
216 parent support and training.

217 (4) "Habilitative services and devices" means health care
218 services and assistive technology devices that help a child
219 maintain, learn, or improve skills and functioning for daily
220 living.

221 (5)~~(2)~~ "Infant or toddler" or "child" means a child from
222 birth until the child's third birthday.

223 ~~(3) "In-hospital intervention services" means the~~
224 ~~provision of assessments; the provision of individualized~~
225 ~~services; monitoring and modifying the delivery of medical~~

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226 ~~interventions; and enhancing the environment for the high-risk,~~
227 ~~developmentally disabled, or medically involved infant or~~
228 ~~toddler in order to achieve optimum growth and development.~~

229 (7) "Local program office" means an office that
230 administers the Early Steps Program within a municipality,
231 county, or region.

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

240 (9) "Rehabilitative services and devices" means
241 restorative and remedial services that maintain or enhance the
242 current level of functioning of a child if there is a
243 possibility of improvement or reversal of impairment.

244 Section 6. Section 391.308, Florida Statutes, is amended
245 to read:

246 391.308 Early Steps ~~Infants and Toddlers Early~~
247 ~~Intervention Program.~~—The department shall ~~Department of Health~~
248 ~~may~~ implement and administer part C of the federal Individuals
249 with Disabilities Education Act (IDEA), which shall be known as
250 the "Early Steps ~~"Florida Infants and Toddlers Early~~
251 ~~Intervention Program."~~

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252 (1) PERFORMANCE STANDARDS.—The department shall ensure
253 that the Early Steps Program complies with the following
254 performance standards:

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

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

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

273 (d) The program must offer families access to quality
274 services that effectively enable infants and toddlers with
275 developmental disabilities and developmental delays to achieve
276 optimal functional levels as measured by an independent
277 evaluation of outcome indicators in social or emotional skills,

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278 communication, and adaptive behaviors.

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

280 (a) Jointly with the Department of Education, shall
281 Annually prepare a grant application to the United States
282 Department of Education for funding early intervention services
283 for infants and toddlers with disabilities, from birth through
284 36 months of age, and their families pursuant to part C of the
285 federal Individuals with Disabilities Education Act.

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

289 (c) Annually develop a state plan for the Early Steps
290 Program.

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

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

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

302 (e) Establish standards and qualifications for
303 developmental evaluation and early intervention service

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304 providers, including standards for determining the adequacy of
305 provider networks in each local program office service area.

306 (f) Establish statewide uniform protocols and procedures
307 to determine eligibility for developmental evaluation and early
308 intervention services.

309 (g) Establish a consistent, statewide format and procedure
310 for preparing and completing an individualized family support
311 plan.

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

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

327 2. Coordination with education programs pursuant to part B
328 of the federal Individuals with Disabilities Education Act shall
329 be developed and maintained through written agreements with the

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330 Department of Education. The department shall assist local
331 program offices to negotiate agreements with school districts in
332 the service areas of the local program offices.

333 (i) Develop and disseminate the knowledge and methods
334 necessary to effectively coordinate benefits among various payer
335 types.

336 (j) Provide a mediation process and if necessary, an
337 appeals process under chapter 120 for applicants found
338 ineligible for developmental evaluation or early intervention
339 services or denied financial support for such services.

340 (k) Competitively procure local program offices to provide
341 services throughout the state in accordance with chapter 287.
342 The department shall specify the requirements and qualifications
343 for local program offices in the procurement document.

344 (l) Establish performance standards and other metrics for
345 evaluation of local program offices, including standards for
346 measuring timeliness of services, outcomes of early intervention
347 services, and administrative efficiency. Performance standards
348 and metrics shall be developed in consultation with local
349 program offices.

350 (m) Provide technical assistance to the local program
351 offices.

352 (3) ELIGIBILITY.—The department shall apply the following
353 eligibility criteria if specific funding is provided in the
354 General Appropriations Act.

355 (a) Infants and toddlers are eligible for an evaluation to

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356 determine the presence of a developmental disability or risk of
357 a developmental delay based on a physical or medical condition.

358 (b) Infants and toddlers determined to have a
359 developmental delay based on a standardized evaluation
360 instrument that results in a score that is 1.5 standard
361 deviations from the mean in two or more of the following
362 domains: physical, cognitive, communication, social or
363 emotional, and adaptive.

364 (c) Infants and toddlers determined to have a
365 developmental delay based on a standardized evaluation
366 instrument that results in a score that is 2.0 standard
367 deviations from the mean in one of the following domains:
368 physical, cognitive, communication, social or emotional, and
369 adaptive.

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

372 (e) Infants and toddlers at risk of developmental delay
373 based on an established condition known to result in
374 developmental delay, or a physical or mental condition known to
375 create a risk of developmental delay.

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

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

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

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

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

388 (d) Provide services directly or procure services from
389 health care providers that meet or exceed the minimum
390 qualifications established for service providers. The local
391 program office must become a Medicaid provider if it provides
392 services directly.

393 (e) Provide directly or procure services that are, to the
394 extent possible, delivered in a child's natural environment,
395 such as in the child's home or community setting. The inability
396 to provide services in the natural environment is not a
397 sufficient reason to deny services.

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

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

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

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

407 4. Include steps to transition to school or other future

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408 services by the child's third birthday.

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

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

415 (i) Provide service coordination, including contacting the
416 appropriate service provider to determine whether the provider
417 can timely deliver the service, providing the parent or legal
418 guardian with the name and contact information of the service
419 provider and the date and location of the service of any
420 appointment made on behalf of the child, and contacting the
421 parent or legal guardian after the service is provided to ensure
422 that the service is delivered timely and to determine whether
423 the family requests additional services.

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

426 1. With the parent's or legal guardian's permission, the
427 services in the child's approved individualized family support
428 plan shall be communicated to the Medicaid managed care
429 organization. Services that cannot be funded by Medicaid must be
430 specifically identified and explained to the parent or legal
431 guardian.

432 2. The agreement between the local program office and
433 Medicaid managed care organizations must establish methods of

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434 communication and procedures for the timely approval of services
435 covered by Medicaid.

436 (k) Develop agreements and arrangements with private
437 insurers in order to coordinate benefits and services for any
438 mutual enrollee.

439 1. The child's approved individualized family support plan
440 may be communicated to the child's insurer with the parent's or
441 legal guardian's permission.

442 2. The local program office and private insurers shall
443 establish methods of communication and procedures for the timely
444 approval of services covered by the child's insurer, if
445 appropriate and approved by the child's parent or legal
446 guardian.

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

449 (5) ACCOUNTABILITY REPORTING.—By December 1 of each year,
450 the department shall prepare and submit a report that assesses
451 the performance of the Early Steps Program to the Governor, the
452 President of the Senate, the Speaker of the House of
453 Representatives, and the Florida Interagency Coordinating
454 Council for Infants and Toddlers. The department must address
455 the performance standards in subsection (1) and report actual
456 performance compared to the standards for the prior fiscal year.
457 The data used to compile the report must be submitted by each
458 local program office in the state. The department shall report
459 on all of the following measures:

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

462 (b) Number and percentage of infants and toddlers
463 demonstrating improved social or emotional skills after the
464 program.

465 (c) Number and percentage of infants and toddlers
466 demonstrating improved use of knowledge and cognitive skills
467 after the program.

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

471 (e) Progress toward meeting the goals of individualized
472 family support plans.

473 (f) Any additional measures established by the department
474 reasonably believed to provide insight regarding the performance
475 of the Early Steps Program.

476 (6) STATE INTERAGENCY COORDINATING COUNCIL.—The Florida
477 Interagency Coordinating Council for Infants and Toddlers shall
478 serve as the state interagency coordinating council required by
479 34 C.F.R. s. 303.600. The council shall be housed for
480 administrative purposes in the department, and the department
481 shall provide administrative support to the council.

482 (7) TRANSITION TO EDUCATION.—

483 (a) At least 90 days before a child reaches 3 years of
484 age, the local program office shall initiate transition planning
485 to ensure the child's successful transition from the Early Steps

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486 Program to a school district program for children with
487 disabilities or to another program as part of an individual
488 family support plan.

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

491 1. Notify the local school district in which the child
492 resides and the Department of Education that the child may be
493 eligible for special education or related services as determined
494 by the local school district pursuant to ss. 1003.21 and
495 1003.57, unless the child's parent or legal guardian has opted
496 out of such notification; and

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

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

505 (d) The local program office, in conjunction with the
506 local school district, shall modify a child's individual family
507 support plan or, if applicable, the local school district shall
508 develop an individual education plan for the child pursuant to
509 ss. 1003.57, 1003.571, and 1003.5715, which identifies special
510 education or related services that the child will receive and
511 the providers or agencies that will provide such services.

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512 (e) If a child is determined to be ineligible for school
513 district program services, the local program office and the
514 local school district shall provide the child's parent or legal
515 guardian with written information on other available services or
516 community resources.

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

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

525 413.092 Blind Babies Program.—

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

537 (2) The program is not an entitlement but shall promote

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538 early development with a special emphasis on vision skills to
539 minimize developmental delays. The education shall lay the
540 groundwork for future learning by helping a child progress
541 through normal developmental stages. It shall teach children to
542 discover and make the best use of their skills for future
543 success in school. It shall seek to ensure that visually
544 impaired and blind children enter school as ready to learn as
545 their sighted classmates. The program shall seek to link these
546 children, and their parents, families, and caregivers, to other
547 available services, training, education, and employment programs
548 that could assist these families in the future. This linkage may
549 include referrals to the school districts and the Early Steps
550 ~~Infants and Toddlers Early Intervention~~ Program for assessments
551 to identify any additional services needed which are not
552 provided by the Blind Babies Program. The division shall develop
553 a formula for eligibility based on financial means and may
554 create a means-based matrix to set a copayment fee for families
555 having sufficient financial means.

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

558 1003.575 Assistive technology devices; findings;
559 interagency agreements.-Accessibility, utilization, and
560 coordination of appropriate assistive technology devices and
561 services are essential as a young person with disabilities moves
562 from early intervention to preschool, from preschool to school,
563 from one school to another, and from school to employment or

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564 independent living. If an individual education plan team makes a
565 recommendation in accordance with State Board of Education rule
566 for a student with a disability, as defined in s. 1003.01(3), to
567 receive an assistive technology assessment, that assessment must
568 be completed within 60 school days after the team's
569 recommendation. To ensure that an assistive technology device
570 issued to a young person as part of his or her individualized
571 family support plan, individual support plan, or an individual
572 education plan remains with the individual through such
573 transitions, the following agencies shall enter into interagency
574 agreements, as appropriate, to ensure the transaction of
575 assistive technology devices:

576 (1) The Early Steps Florida Infants and Toddlers Early
577 Intervention Program in the Division of Children's Medical
578 Services of the Department of Health.

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

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

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590 Section 10. Section 391.304, Florida Statutes, is
591 repealed.

592 Section 11. Section 391.305, Florida Statutes, is
593 repealed.

594 Section 12. Section 391.306, Florida Statutes, is
595 repealed.

596 Section 13. Section 391.307, Florida Statutes, is
597 repealed.

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

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601 **T I T L E A M E N D M E N T**

602 Remove everything before the enacting clause and insert:

603 A bill to be entitled

604 An act relating to prenatal services and early childhood
605 development; amending s. 383.141, F.S.; revising the
606 requirements for the Department of Health to maintain a
607 clearinghouse of information for parents and health care
608 providers and to increase public awareness on developmental
609 evaluation and early intervention programs; requiring the
610 clearinghouse to use a specified term; revising the information
611 to be included in the clearinghouse; amending s. 391.025, F.S.;
612 renaming the "Infants and Toddlers Early Intervention Program"
613 as the "Early Steps Program"; revising the components of the
614 Children's Medical Services program; amending s. 391.026, F.S.;
615 requiring the department to serve as the lead agency in

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 943 (2016)

Amendment No.

616 administering the Early Steps Program; amending s. 391.301,
617 F.S.; establishing the Early Steps Program within the
618 department; deleting provisions relating to legislative
619 findings; authorizing the program to include certain screening
620 and referral services for specified purposes; providing
621 requirements and responsibilities for the program; amending s.
622 391.302, F.S.; defining terms; revising the definitions of
623 certain terms; and deleting outdated terms; amending s. 391.308,
624 F.S.; renaming the "Infants and Toddlers Early Intervention
625 Program" as the "Early Steps Program"; requiring, rather than
626 authorizing, the department to implement and administer the
627 program; requiring the department to ensure that the program
628 follows specified performance standards; providing requirements
629 of the program to meet such performance standards; revising the
630 duties of the department; requiring the department to apply
631 specified eligibility criteria for the program based on an
632 appropriation of funds; providing duties for local program
633 offices; requiring the development of an individualized family
634 support plan for each child served in the program; requiring
635 referral for services by a local program office under certain
636 circumstances; requiring the local program office to negotiate
637 and maintain agreements with specified providers and managed
638 care organizations; requiring the local program office to
639 coordinate with managed care organizations; requiring the
640 department to submit an annual report, subject to certain
641 requirements, to the Governor, the Legislature, and the Florida

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Amendment No.

642 Interagency Coordinating Council for Infants and Toddlers by a
643 specified date; designating the Florida Interagency Coordinating
644 Council for Infants and Toddlers as the state interagency
645 coordinating council required by federal rule subject to certain
646 requirements; providing requirements for the local program
647 office and local school district to prepare certain children for
648 the transition to school under certain circumstances; amending
649 ss. 413.092 and 1003.575, F.S.; conforming provisions to changes
650 made by the act; repealing ss. 391.303, 391.304, 391.305,
651 391.306, and 391.307, F.S., relating to requirements for the
652 Children's Medical Services program, program coordination,
653 program standards, program funding and contracts, and program
654 review, respectively; providing an effective date.

655