

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.; revising the components of the Children's
12 Medical Services program; conforming a reference;
13 amending s. 391.026, F.S.; requiring the department to
14 serve as the lead agency in administering the Early
15 Steps Program; amending s. 391.301, F.S.; establishing
16 the Early Steps Program within the department;
17 deleting provisions relating to legislative findings;
18 authorizing the program to include certain screening
19 and referral services for specified purposes;
20 providing requirements and responsibilities for the
21 program; amending s. 391.302, F.S.; providing,
22 revising, and deleting definitions; amending s.
23 391.308, F.S.; renaming the "Florida Infants and
24 Toddlers Early Intervention Program" as the "Early
25 Steps Program"; requiring, rather than authorizing,
26 the department to implement and administer the

27 | program; requiring the department to ensure that the
28 | program follows specified performance standards;
29 | providing requirements of the program to meet such
30 | performance standards; revising the duties of the
31 | department; requiring the department to apply
32 | specified eligibility criteria for the program based
33 | on an appropriation of funds; providing duties for
34 | local program offices; requiring the development of an
35 | individualized family support plan for each child
36 | served in the program; requiring referral for services
37 | by a local program office under certain circumstances;
38 | requiring the local program office to negotiate and
39 | maintain agreements with specified providers and
40 | managed care organizations; requiring the local
41 | program office to coordinate with managed care
42 | organizations; requiring the department to submit an
43 | annual report, subject to certain requirements, to the
44 | Governor, the Legislature, and the Florida Interagency
45 | Coordinating Council for Infants and Toddlers by a
46 | specified date; designating the Florida Interagency
47 | Coordinating Council for Infants and Toddlers as the
48 | state interagency coordinating council required by
49 | federal rule, subject to certain requirements;
50 | providing requirements for the local program office
51 | and local school district to prepare certain children
52 | for the transition to school under certain

53 | circumstances; amending ss. 413.092 and 1003.575,
54 | F.S.; conforming provisions to changes made by the
55 | act; repealing ss. 391.303, 391.304, 391.305, 391.306,
56 | and 391.307, F.S., relating to requirements for the
57 | Children's Medical Services program, program
58 | coordination, program standards, program funding and
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 to read:

66 | 383.141 Prenatally diagnosed conditions; patient to be
67 | provided information; definitions; information clearinghouse;
68 | advisory council.—

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

79 | under this part ~~s. 391.303~~.

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

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
110 prenatally diagnosed developmental disabilities. The hotlines
111 and the department's clearinghouse must provide information to
112 parents and families or other caregivers regarding the Early
113 Steps Program established under s. 391.301, the Florida
114 Diagnostic Learning and Resource System, the Early Learning
115 program, Healthy Start, Help Me Grow, and any other intervention
116 programs. Information offered must include directions on how to
117 obtain early intervention, rehabilitative, and habilitative
118 services and devices ~~establish on its Internet website a~~
119 ~~clearinghouse of information related to developmental~~
120 ~~disabilities concerning providers of supportive services,~~
121 ~~information hotlines specific to Down syndrome and other~~
122 ~~prenatally diagnosed developmental disabilities, resource~~
123 ~~centers, educational programs, other support programs for~~
124 ~~parents and families, and developmental evaluation and~~
125 ~~intervention services under s. 391.303. Such information shall~~
126 ~~be made available to health care providers for use in counseling~~
127 ~~pregnant women whose unborn children have been prenatally~~
128 ~~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
140 assistance to the Department of Health in the establishment of
141 the information clearinghouse and give the department the
142 benefit of the council members' knowledge and experience
143 relating to the needs of patients and families of patients with
144 developmental disabilities and available support services.

145 (c) Members of the council shall elect a chairperson and a
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
154 terms, 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
173 the following components:

174 (c) The developmental evaluation and intervention program,
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
180 department shall have the following powers, duties, and
181 responsibilities:

182 (19) To serve as the lead agency in administering the

183 Early Steps Program pursuant to part C of the federal
 184 Individuals with Disabilities Education Act and part III of this
 185 chapter.

186 Section 4. Section 391.301, Florida Statutes, is amended
 187 to read:

188 391.301 Early Steps Program; establishment and goals
 189 ~~Developmental evaluation and intervention programs; legislative~~
 190 ~~findings and intent.-~~

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

209 ~~infants are now surviving because of the advances in neonatal~~
210 ~~intensive care medicine; increased numbers of medically involved~~
211 ~~infants are remaining inappropriately in hospitals because their~~
212 ~~parents lack the confidence or skills to care for these infants~~
213 ~~without support; and increased numbers of infants are at risk~~
214 ~~due to parent risk factors, such as substance abuse, teenage~~
215 ~~pregnancy, and other high-risk conditions.~~

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

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

232 (4) The program must:

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

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

238 (c) Maintain the importance of the family in all areas of
 239 the child's development and support the family's participation
 240 in early intervention services and decisions affecting the
 241 child.

242 (d) Operate a comprehensive, coordinated interagency
 243 system of early intervention services and supports in accordance
 244 with part C of the federal Individuals with Disabilities
 245 Education Act.

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

249 (f) Build the service capacity and enhance the
 250 competencies of health care providers serving infants and
 251 toddlers with unique needs and abilities.

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

255 Section 5. Section 391.302, Florida Statutes, is amended
 256 to read:

257 391.302 Definitions.—As used in ss. 391.301-391.308 ~~ss.~~
 258 ~~391.301-391.307~~, the term:

259 (1) "Developmental delay" means a condition, identified
 260 and measured through appropriate instruments and procedures,

261 which may delay physical, cognitive, communication, social or
 262 emotional, or adaptive development.

263 (2) "Developmental disability" means a condition,
 264 identified and measured through appropriate instruments and
 265 procedures, which may impair physical, cognitive, communication,
 266 social or emotional, or adaptive development.

267 (3) "Developmental intervention" or "early intervention"
 268 means individual and group ~~individualized~~ therapies and services
 269 needed to enhance both the infant's or toddler's growth and
 270 development and family functioning. The term includes
 271 habilitative services and devices, rehabilitative services and
 272 devices, and parent support and training.

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

277 (5)-(2) "Infant or toddler" or "child" means a child from
 278 birth until the child's third birthday.

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

282 (7) "Rehabilitative services and devices" means
 283 restorative and remedial services and assistive technology
 284 devices that maintain or enhance the current level of
 285 functioning of a child if there is a possibility of improvement
 286 or reversal of impairment.

287 ~~(3) "In-hospital intervention services" means the~~
 288 ~~provision of assessments; the provision of individualized~~
 289 ~~services; monitoring and modifying the delivery of medical~~
 290 ~~interventions; and enhancing the environment for the high-risk,~~
 291 ~~developmentally disabled, or medically involved infant or~~
 292 ~~toddler in order to achieve optimum growth and development.~~

293 ~~(4) "Parent support and training" means a range of~~
 294 ~~services to families of high-risk, developmentally disabled, or~~
 295 ~~medically involved infants or toddlers, including family~~
 296 ~~counseling; financial planning; agency referral; development of~~
 297 ~~parent-to-parent support groups; education concerning growth,~~
 298 ~~development, and developmental intervention and objective~~
 299 ~~measurable skills, including abuse avoidance skills; training of~~
 300 ~~parents to advocate for their child; and bereavement counseling.~~

301 Section 6. Section 391.308, Florida Statutes, is amended
 302 to read:

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

309 (1) PERFORMANCE STANDARDS.—The department shall ensure
 310 that the Early Steps Program complies with the following
 311 performance standards:

312 (a) The program must provide services from referral

313 through transition in a family-centered manner that recognizes
314 and responds to unique circumstances and needs of infants and
315 toddlers and their families as measured by a variety of
316 qualitative data, including satisfaction surveys, interviews,
317 focus groups, and input from stakeholders.

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

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

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

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

337 (a) ~~Jointly with the Department of Education, shall~~
338 Annually prepare a grant application to the United States

339 Department of Education for funding early intervention services
340 for infants and toddlers with disabilities, from birth through
341 36 months of age, and their families pursuant to part C of the
342 federal Individuals with Disabilities Education Act.

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

346 (c) Annually develop a state plan for the Early Steps
347 Program.

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

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

355 (d) Ensure that local program offices educate hospitals
356 that provide Level II and Level III neonatal intensive care
357 services about the Early Steps Program and the referral process
358 for the provision of developmental evaluation and intervention
359 services.

360 (e) Establish standards and qualifications for
361 developmental evaluation and early intervention service
362 providers, including standards for determining the adequacy of
363 provider networks in each local program office service area.

364 (f) Establish statewide uniform protocols and procedures

365 to determine eligibility for developmental evaluation and early
366 intervention services.

367 (g) Establish a consistent, statewide format and procedure
368 for preparing and completing an individualized family support
369 plan.

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

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

385 2. Coordination with education programs pursuant to part B
386 of the federal Individuals with Disabilities Education Act shall
387 be developed and maintained through written agreements with the
388 Department of Education. The department shall assist local
389 program offices to negotiate agreements with school districts in
390 the service areas of the local program offices.

391 (i) Develop and disseminate the knowledge and methods
 392 necessary to effectively coordinate benefits among various payor
 393 types.

394 (j) Provide a mediation process and, if necessary, an
 395 appeals process under chapter 120 for applicants found
 396 ineligible for developmental evaluation or early intervention
 397 services or denied financial support for such services.

398 (k) Competitively procure local program offices to provide
 399 services throughout the state in accordance with chapter 287.
 400 The department shall specify the requirements and qualifications
 401 for local program offices in the procurement document.

402 (l) Establish performance standards and other metrics for
 403 evaluation of local program offices, including standards for
 404 measuring timeliness of services, outcomes of early intervention
 405 services, and administrative efficiency. Performance standards
 406 and metrics shall be developed in consultation with local
 407 program offices.

408 (m) Provide technical assistance to the local program
 409 offices.

410 (3) ELIGIBILITY.—The department shall apply the following
 411 eligibility criteria if specific funding is provided in the
 412 General Appropriations Act:

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

416 (b) Infants and toddlers determined to have a

417 developmental delay based on a standardized evaluation
418 instrument that results in a score that is 1.5 standard
419 deviations from the mean in two or more of the following
420 domains: physical, cognitive, communication, social or
421 emotional, and adaptive.

422 (c) Infants and toddlers determined to have a
423 developmental delay based on a standardized evaluation
424 instrument that results in a score that is 2.0 standard
425 deviations from the mean in one of the following domains:
426 physical, cognitive, communication, social or emotional, and
427 adaptive.

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

430 (e) Infants and toddlers at risk of a developmental delay
431 based on an established condition known to result in a
432 developmental delay, or a physical or mental condition known to
433 create a risk of a developmental delay.

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

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

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

443 process for making such an appeal.

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

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

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

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

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

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

463 3. Be reviewed at least every 6 months with the parent or
464 legal guardian and updated if needed; and

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

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

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

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

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

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

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

494 (k) Develop agreements and arrangements with private

495 insurers to coordinate benefits and services for any mutual
496 enrollee.

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

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

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

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

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

520 (b) Number and percentage of infants and toddlers

521 demonstrating improved social or emotional skills after the
522 program.

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

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

529 (e) Progress toward meeting the goals of individualized
530 family support plans.

531 (f) Any additional measures established by the department
532 reasonably believed to provide insight regarding the performance
533 of the program.

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
542 age, the local program office shall initiate transition planning
543 to 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
548 age, 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
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
564 local 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:

583 413.092 Blind Babies Program.—

584 (1) The Blind Babies Program is created within the
585 Division of Blind Services of the Department of Education to
586 provide community-based early-intervention education to children
587 from birth through 5 years of age who are blind or visually
588 impaired, and to their parents, families, and caregivers,
589 through community-based provider organizations. The division
590 shall enlist parents, ophthalmologists, pediatricians, schools,
591 the 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
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
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
649 repealed.

650 Section 11. Section 391.305, Florida Statutes, is

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651 repealed.

652 Section 12. Section 391.306, Florida Statutes, is

653 repealed.

654 Section 13. Section 391.307, Florida Statutes, is

655 repealed.

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