

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Fiscal Policy

BILL: CS/SB 112

INTRODUCER: Education Pre-K – 12 Committee and Senator Harrell

SUBJECT: Children with Developmental Disabilities

DATE: March 5, 2025 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brick, Sabitsch, Morgan	Bouck	ED	Fav/CS
2.	Brick, Sabitsch, Morgan	Siples	FP	Pre-Meeting

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 112 expands services and funding opportunities for children with autism spectrum disorder (ASD or autism) and other developmental disabilities. The bill aims to improve early intervention, school readiness, educational opportunities, and workforce training related to ASD. Key provisions include:

- Expanding the Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program to include screenings and referrals for autism.
- Establishing the Early Steps Extended Option, allowing a child to remain in the Early Steps Program until the child’s fourth birthday.
- Providing startup grants for the development of charter schools for students with autism.
- Providing grants for specialized summer programs for children with autism.
- Requiring the University of Florida Center for Autism and Neurodevelopment to collaborate with state and local agencies to improve autism awareness and services, and oversee grants related to services and programs for children with ASD.
- Providing for an autism micro-credential for instructional and child care personnel at no cost to eligible participants.
- Requiring the Commissioner of Education to review autism-related training curricula and report findings to the Legislature.
- Specifying training related to ASD in requirements for renewal of a professional certificate.

The bill is effective upon becoming law.

II. Present Situation:

The present situation for the relevant portions of the bill is discussed under the Effect of Proposed Changes of this bill analysis.

III. Effect of Proposed Changes:

Autism and Autism Spectrum Disorder

Definition and characteristics of Autism Spectrum Disorder

Autism spectrum disorder (ASD or autism) is a developmental disability caused by differences in the brain. Some people with ASD have a known difference, such as a genetic condition. Other causes are not yet known. Scientists believe there are multiple causes of ASD that act together to change the most common ways people develop. There is still much to learn about the causes and how they impact people with ASD. Early intervention services can greatly improve the development of a child with ASD.¹

Behavioral and Developmental Aspects

People with ASD may behave, communicate, interact, and learn differently from neurotypical individuals. However, there are often no outward physical characteristics that distinguish them. The abilities of people with ASD can vary widely. For example, some people with ASD may have advanced conversation skills, whereas others are nonverbal. Some require significant daily support, while others live and work independently.²

ASD begins before the age of 3 years and can last throughout a person's life, although symptoms may change over time. Some children show signs as early as 12 months, while others develop typically until 18 to 24 months, then stop gaining new skills or even lose previously acquired skills.³

As individuals with ASD transition to adolescence and adulthood, they may face challenges in developing and maintaining friendships, communicating with peers and adults, or understanding what behaviors are expected in school or on the job.⁴

Severity Levels for ASD

In 2013, the American Psychiatric Association released the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the handbook used to diagnose mental disorders, including ASD. The DSM-5 introduced three ASD levels of severity:⁵

- Level 1:⁶ “Requiring Support”

¹ Centers for Disease Control and Prevention, *About Autism Spectrum Disorder*, <https://www.cdc.gov/autism/about/index.html> (last visited Feb, 7, 2025).

² *Id.*

³ *Id.*

⁴ *Id.*

⁵ Autism Speaks, *ASD levels of severity*, available at <https://www.autismspeaks.org/levels-of-autism> (last visited Feb. 12, 2025).

⁶ Asperger syndrome, or Asperger’s, is a previously used diagnosis on the autism spectrum. It was one of five forms of autism defined by the DSM-IV. In 2013, Asperger syndrome and the other autism-related diagnoses were folded into the

- Difficulty initiating social interactions and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful. Without supports in place, deficits in social communication cause noticeable impairments.
- Difficulty switching between activities. Problems of organization and planning hamper independence. Inflexibility of behavior causes significant interference with functioning in one or more contexts.
- Level 2: “Requiring Substantial Support”
 - Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks in simple sentences, exhibits markedly odd nonverbal communication, and whose interaction is limited to narrow special interests.
 - Inflexibility of behavior; difficulty coping with change; or other restricted or repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
- Level 3: “Requiring Very Substantial Support”
 - Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.
 - Inflexibility of behavior; extreme difficulty coping with change; or other restricted or repetitive behaviors that markedly interfere with functioning in all spheres. Great distress or difficulty changing focus or action.

ASD Screening & Diagnosis

Currently, there is no medical ASD test, like a blood test, to diagnose the disorder. Instead, experienced medical professionals examine a person’s developmental history and behavior, interview and observe the person and their loved ones, and use professional screening and diagnostic tools to make a diagnosis.⁷

While an ASD diagnosis can only be determined by a health care professional, there are several screening tools that can alert parents, caregivers, and persons with autism to potential ASD symptoms. Early screening for ASD can result in access to services and supports, which in turn

broader ASD diagnosis in the DSM-5, now the DSM-5-TR. In essence, those who would have previously met the criteria for Asperger syndrome are diagnosed with level 1 ASD. There is no difference between Asperger's and autism level 1 diagnoses. Autism Speaks, *Asperger syndrome*, available at <https://www.autismspeaks.org/asperger-syndrome> (last visited Feb. 12, 2025).

⁷ Autism Speaks, *Autism screening*, available at <https://www.autismspeaks.org/autism-screening> (last visited Feb. 12, 2025).

can influence future outcomes for autistic individuals. The following screening tools⁸ are designed to help identify children and adults who might have ASD:⁹

- Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R),¹⁰ for ages 16 to 30 months. The M-CHAT-R is a free parent-completed questionnaire that will ask a series of 20 questions about a child's behavior. Results can be used to discuss concerns with a child's health care provider.
- Social Attention and Communication Surveillance, Revised (SACS-R) and SACS-Preschool (SACS-PR) Tools, for ages 12 to 60 months. The SACS-R and SACS-PR¹¹ are ASD screening tools developed by La Trobe University that are designed to identify behaviors characteristic of children on the spectrum from as young as 12 months old through preschool. This tool is meant to be administered by a trained psychologist, early childhood educator, allied health professional, or other professional.
- Social Challenges Screening Questionnaire (SCSQ),¹² for school-aged children. Developed to be taken by parents, educators, and medical professionals, Southwest Autism Research & Resource Center's (SARRC) 15-question Social Challenges Screening Questionnaire can identify children who may have symptoms that were once characterized as Asperger syndrome, now level 1 ASD.
- Autism Spectrum Quotient (AQ) Test,¹³ for ages 16 and older. The AQ Test is a self-administered 50-question questionnaire used to measure autistic traits in adolescents and adults aged 16 and older. The questionnaire is suitable for persons with an intelligence quotient over 80.

The Comprehensive Diagnostic Evaluation (CDE) is the national practice standard necessary to diagnose ASD, as well as other developmental or behavioral disorders. A CDE can indicate the most appropriate treatment(s) to address the child's needs as it is a thorough review and assessment of the child's development and behavior. A CDE may be performed by a multidisciplinary team or individual practitioner, however, in either case, the CDE must be led by a licensed practitioner working within his or her scope of practice. The following components may be included in CDE testing:¹⁴

- Parent or guardian interview;
- Teacher assessment;
- Diagnostic testing using screening tools, such as M-CHAT-R;
- Hearing and vision testing;

⁸ This list is *not* exhaustive and other tests are available.

⁹ Autism Speaks, *Autism screening*, available at <https://www.autismspeaks.org/autism-screening> (last visited Feb. 12, 2025).

¹⁰ Autism Speaks, *M-CHAT-R (Modified Checklist for Autism in Toddlers, Revised)*, available at <https://www.autismspeaks.org/screen-your-child> (last visited Feb. 12, 2025).

¹¹ La Trobe University, *The Social Attention and Communication Surveillance (SACS) Tool*, available at <https://www.latrobe.edu.au/otarc/research/autism-detection-diagnosis/social-attention-communication> (last visited Feb. 12, 2025).

¹² Southwest Autism Research & Resource Center, *Social Challenges Screening Questionnaire*, available at <https://autismcenter.org/social-challenges-screening-questionnaire/> (last visited Feb. 12, 2025).

¹³ Clinical Partners, *Take our quick autism test*, available at <https://www.clinical-partners.co.uk/for-adults/autism-and-aspergers/adult-autism-test> (last visited Feb. 12, 2025).

¹⁴ Florida Agency for Health Care Administration, *Behavior Analysis Services Information*, available at <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/medical-and-behavioral-health-coverage-policy/behavioral-health-and-health-facilities/behavior-analysis-services-information> (last visited Feb. 12, 2025).

- Genetic testing; and
- Neurological and other medical testing.

ASD Risk Factors

Research suggests¹⁵ that ASD may develop from a combination of genetic and environmental influences. Most influences appear to affect crucial aspects of early brain development. Many ASD-risk genes impact other networks of genes, increasing or decreasing expression. Some appear to affect how brain nerve cells, or neurons, communicate with each other. Others appear to affect how entire regions of the brain communicate with each other. Research continues to explore these differences with an eye to developing interventions and supports that can improve quality of life.

Investigations¹⁶ into the cause of ASD have found that 60 to 90 percent of the risk is genetic. For instance, an individual who has a child with ASD is more likely to have another child with ASD.¹⁷ Other family members of this individual would also be more likely to have a child with ASD. Research also suggests that a high risk for ASD can be associated with a genetic disorder, such as Rett syndrome¹⁸ or fragile X¹⁹ syndrome.²⁰

According to the National Institute of Environmental Health Sciences,²¹ the following environmental influences may increase ASD risk:

- Advanced parental age;
- Prenatal exposure to air pollution or certain pesticides;
- Maternal obesity, diabetes, or immune system disorders;
- Extreme prematurity or very low birth weight; and
- Birth complications leading to periods of oxygen deprivation to the baby's brain.

These factors appear to increase the risk of ASD and shape the type of ASD a child may develop. However, increased risk is not the same as a cause. For example, some gene changes associated with ASD can also be found in people who do not have the disorder. Similarly, not everyone

¹⁵ National Institutes of Health, National Library of Medicine, National Center for Biotechnology Information, *Environmental risk factors for autism: an evidence-based review of systematic reviews and meta-analyses*, available at <https://pubmed.ncbi.nlm.nih.gov/28331572/> (last visited Feb. 12, 2025).

¹⁶ National Institutes of Health, National Library of Medicine, National Center for Biotechnology Information, *Heritability of autism spectrum disorders: a meta-analysis of twin studies*, available at <https://pubmed.ncbi.nlm.nih.gov/26709141/> (last visited Feb. 12, 2025).

¹⁷ National Institutes of Health, National Library of Medicine, National Center for Biotechnology Information, *Recurrence Risk of Autism in Siblings and Cousins: A Multinational, Population-Based Study*, available at <https://pubmed.ncbi.nlm.nih.gov/30851399/> (last visited Feb. 12, 2025).

¹⁸ National Institutes of Health, National Center for Advancing Translation Sciences, Genetic and Rare Diseases Information Center, *Rett syndrome*, available at <https://rarediseases.info.nih.gov/diseases/5696/rett-syndrome> (last visited Feb. 12, 2025).

¹⁹ Centers for Disease Control, *Fragile X Syndrome (FXS)*, available at <https://www.cdc.gov/fragile-x-syndrome/> (last visited Feb. 12, 2025).

²⁰ Autism Speaks, *What causes autism?*, available at <https://www.autismspeaks.org/what-causes-autism> (last visited Feb. 12, 2025).

²¹ National Institutes of Health, National Institute of Environmental Health Sciences, *Autism*, available at <https://www.niehs.nih.gov/health/topics/conditions/autism> (last visited Feb. 12, 2025).

exposed to an environmental risk factor for ASD will develop the disorder. In fact, most will not.²²

ASD Treatment

There are many types of treatments available for ASD. Generally, these treatments can be broken down into the following categories, although some treatment involves more than one approach depending on the level of ASD, as well as the unique nature of each individual case.²³

- Behavioral approaches focus on changing behaviors by understanding what happens before and after the behavior. Behavioral approaches are the most effective in treating symptoms of ASD and improving overall patient health.²⁴ They have become widely accepted among educators and health care professionals and are used in many schools and treatment clinics. A notable behavioral treatment for people with ASD is called applied behavior analysis (ABA). ABA encourages desired behaviors and discourages undesired behaviors to improve a variety of skills. Progress is tracked and measured.
- Developmental approaches focus on improving specific developmental skills, such as language skills or physical skills, or a broader range of interconnected developmental abilities. The most common developmental therapy for people with ASD is speech and language therapy. Speech and language therapy helps to improve the person's understanding and use of speech and language. Some people with ASD communicate verbally. Others may communicate through the use of signs, gestures, pictures, or an electronic communication device. Developmental approaches are often combined with behavioral approaches.
- Educational treatments are given in a classroom setting. One type of educational approach is the Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH) approach. TEACCH is based on the idea that persons with autism thrive on consistency and visual learning. It provides teachers with ways to adjust the classroom structure and improve academic and other outcomes. For example, daily routines can be written or drawn and placed in clear sight. Boundaries can be set around learning stations. Verbal instructions can be complemented with visual instructions or physical demonstrations.
- Social-relational treatments focus on improving social skills and building emotional bonds. Some social-relational approaches involve parents or peer mentors.
- While there are no medications that treat the core symptoms of ASD, some medications treat co-occurring symptoms and can help persons with ASD function better. For example, medication might help manage high energy levels, inability to focus, or self-harming behavior, such as head banging or hand biting. Medication can also help manage co-occurring psychological conditions, such as anxiety or depression, in addition to medical conditions such as seizures, sleep problems, or stomach or other gastrointestinal problems.
- Psychological approaches can help persons with ASD cope with anxiety, depression, and other mental health issues. Cognitive-behavior therapy (CBT) is one psychological approach

²² Autism Speaks, *What causes autism?*, available at <https://www.autismspeaks.org/what-causes-autism> (last visited Feb. 12, 2025).

²³ Centers for Disease Control, *Treatment and Intervention for Autism Spectrum Disorder*, available at <https://www.cdc.gov/autism/treatment/index.html> (last visited Feb. 12, 2025).

²⁴ The Lovaas Institute for Early Intervention, *Are Applied Behavior Analysis (ABA) and Early Intensive Behavioral Intervention (EIBI) Effective, Medically Necessary Treatments for Autism?*, available at <https://behavior.org/wp-content/uploads/2017/06/Larsson2021AreABAandEIBIEffectiveTreatmentsforAutismReviews.pdf> (last visited Feb. 12, 2025).

that focuses on learning the connections between thoughts, feelings, and behaviors. During CBT, the therapist and the person with ASD work together to identify goals. The idea is to change the way a person with ASD thinks about a situation to alter his or her reaction.

- Some persons with ASD and their families use treatments that do not fit into any of the other categories. These treatments are known as complementary and alternative treatments. Complementary and alternative treatments are often used to supplement more traditional approaches. They might include special diets, herbal supplements, chiropractic care, animal therapy, arts therapy, mindfulness, or relaxation therapies.

Prevalence and Trends in Autism Diagnosis

The Centers for Disease Control and Prevention (CDC) estimates that, in the United States, 1 in 36 children have been identified as having ASD, based on 2020 data from the Autism and Developmental Disabilities Monitoring (ADDM) network. This is a significant increase from prior years where:²⁵

- 1 in 44 children were identified in 2018.
- 1 in 59 children were identified in 2014.
- 1 in 68 children were identified in 2010.
- 1 in 110 children were identified in 2006.
- 1 in 150 children were identified in 2002.

Globally, the United States has the fourth highest rate of autism behind the United Kingdom, Sweden, and Japan according to data gathered by the World Population Review. The source acknowledges some of the difficulties in making comparisons among different countries due to the lack of uniform criteria for assessing and diagnosing autism, lack of resources, and failure of some counties to track or report autism rates.²⁶

Why is ASD on the rise?

A number of factors may have influenced the recent increase in the prevalence of ASD:²⁷

- Increased awareness: Greater autism awareness in the public, as well as among medical professionals, has led to an increase in diagnoses. In 2007, the American Academy of Pediatrics formally recommended that pediatricians begin incorporating standardized ASD screening at 18- and 24-month well-child visits, leading to a rise in diagnosis and improved access to early intervention.
- Changes in diagnostic criteria: Diagnostic guidelines have evolved from the DSM-III to the current DSM-5, broadening the definition of ASD. The modern ASD diagnosis now includes people with lower support needs who previously received a different diagnosis or were overlooked entirely.

²⁵ Centers for Disease Control and Prevention, *Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years – Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020*, available at <https://www.cdc.gov/mmwr/volumes/72/ss/ss7202a1.htm> (last visited Feb. 12, 2025).

²⁶ World Population Review, *Autism Rates by Country 2024*, available at <https://worldpopulationreview.com/country-rankings/autism-rates-by-country>

²⁷ Autism Speaks, *What causes autism?*, available at <https://www.autismspeaks.org/what-causes-autism> (last visited Feb. 12, 2025).

- Improved screening tools and standardized screening processes: The development and widespread use of more effective screening tools, such as M-CHAT-R (published in 2001), have enabled earlier and more accurate identification of ASD in all young children.

While the impact of other genetic and environmental factors on prevalence is still being studied, these influences may account for only a small part of the increase in ASD diagnoses.²⁸

Federal Individuals with Disabilities Education Act

Present Situation

The Individuals with Disabilities Education Act (IDEA)²⁹ is the main federal statute governing special education and early intervention services for children with disabilities from birth through age 21. The IDEA makes available a free appropriate public education (FAPE) to eligible children with disabilities and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than eight million (as of school year 2022-23) eligible infants, toddlers, children, and youth with disabilities.³⁰

Part C of the IDEA authorizes state grants for programs serving infants and toddlers with disabilities. Part B of the IDEA contains provisions relating to the education of school-aged children.

Infants and toddlers with disabilities are defined as children who:³¹

- Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following five areas:
 - Cognitive development,
 - Physical development,
 - Communication development,
 - Social or emotional development, or
 - Adaptive development; or
- Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

The IDEA authorizes each state to determine the definition of a developmental delay for children under age three years of age.³²

²⁸ Autism Speaks, *What causes autism?*, available at <https://www.autismspeaks.org/what-causes-autism> (last visited Feb. 12, 2025).

²⁹ The Education for All Handicapped Children Act became law in 1975 and was reauthorized as the Individuals with Disabilities Education Act.

³⁰ Individuals with Disabilities Education Act, *About IDEA, History of the IDEA*, available at <https://sites.ed.gov/idea/about-idea/#IDEA-History> (last visited Feb. 12, 2025).

³¹ U.S. Department of Education, *Early Intervention Program for Infants and Toddlers with Disabilities, Purpose*, available at <https://www2.ed.gov/programs/osepeip/index.html> (last visited Feb. 12, 2025).

³² 20 U.S.C. ss. 1432(3) and 1435(a)(1); also 34 C.F.R. s. 303.10.

The Grants for Infants and Families Program (Part C of IDEA)

The Grants for Infants and Families program, also known as Part C of the IDEA (part C), awards formula grants to assist states in implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs and making early intervention services (EIS) available to children with disabilities, aged birth through two, and their families,³³ usually as provided pursuant to an individualized family support or service plan (IFSP).³⁴

EIS provides for the early identification and treatment of recipients under the age of three years (36 months), who are at-risk³⁵ of having, or who have, developmental delays or related conditions.³⁶ The IDEA requires that EIS be provided, to the maximum extent appropriate, in natural environments. These services can be provided in another setting only when EIS cannot be achieved satisfactorily for the infant or toddler in a natural environment. The natural environment includes the home and community settings where children would be participating if they did not have a disability.³⁷

An IFSP is a document or written plan that contains information on the child's present level of development in all areas, outcomes for the child and family, and services the child and family will receive to help them achieve the outcomes.³⁸

State agencies identified as the lead agency for the part C program may apply for grant funds.³⁹ Funds allocated under part C can be used to:⁴⁰

- Maintain and implement a state's EIS system;
- Fund direct EIS for infants and toddlers with disabilities and their families that are not otherwise provided by other public or private sources;
- Expand and improve services that are otherwise available;
- Provide a FAPE to children with disabilities from their third birthday to the beginning of the following school year;
- Continue to provide EIS to children with disabilities from their third birthday until such children enter or are eligible to enter kindergarten or elementary school; and
- Initiate, expand, or improve collaborative efforts related to identifying, evaluating, referring, and following up on at-risk infants and toddlers in states that do not provide direct services for these children.

³³ U.S. Department of Education, *Early Intervention Program for Infants and Toddlers with Disabilities, Purpose*, available at <https://www2.ed.gov/programs/osepeip/index.html> (last visited Feb. 12, 2025).

³⁴ Pacer Center, *What is the difference between an IFSP and an IEP?*, available at <https://www.pacer.org/parent/php/PHP-c59.pdf> (last visited Feb. 12, 2025).

³⁵ 34 C.F.R. s. 303.5.

³⁶ Florida Agency for Health Care Administration, *Early Intervention Services Coverage Policy*, available at https://ahca.myflorida.com/content/download/5946/file/59G-4.085_EIS_Coverage_Policy_9.22.2023.pdf (last visited Feb. 12, 2025).

³⁷ U.S. Department of Education, *Early Intervention Program for Infants and Toddlers with Disabilities, Purpose*, available at <https://www2.ed.gov/programs/osepeip/index.html> (last visited Feb. 12, 2025).

³⁸ Pacer Center, *What is the difference between an IFSP and an IEP?*, available at <https://www.pacer.org/parent/php/PHP-c59.pdf> (last visited Feb. 12, 2025).

³⁹ Individuals with Disabilities Education Act, *Section 1437*, available at <https://sites.ed.gov/idea/statute-chapter-33/subchapter-iii/1437> (last visited Feb. 12, 2025).

⁴⁰ U.S. Department of Education, *Early Intervention Program for Infants and Toddlers with Disabilities, Purpose*, available at <https://www2.ed.gov/programs/osepeip/index.html> (last visited Feb. 12, 2025).

Part C Extended Option

The IDEA gives states the discretion to provide an option for eligible children with disabilities to continue to receive part C services after the child ages-out or turns three years old. The child must be enrolled in part C and deemed eligible for services under part B of the IDEA. The state has the flexibility to extend part C services until the child enters or is eligible under state law to enter kindergarten or elementary school, as appropriate.⁴¹

The state of Florida has not extended part C services to eligible children over the age of three. To implement the part C extended option, the state must indicate its intent in Section II. A. 13 of its annual IDEA part C grant application. However, both the State Part C Lead Agency (DOH), and part B, Section 619 State Educational Agency (DOE) must work with the U.S. Department of Education, Office of Special Education Programs (OSEP) to develop a joint policy supporting the part C extended option.⁴²

Before an application is submitted, a state should review—and possibly revise—its policies, procedures, and interagency agreements under the following:⁴³

- Section II. A. 3a: System of Payments;
- Section II. A. 3b: Methods; and
- Section II. A. 9: Transition Policies and Agreement.

These policies must be approved by OSEP before implementation of the extended option and are also subject to public participation requirements under 34 C.F.R. §303.208.⁴⁴

If the appropriation for part C exceeds \$460 million, the U.S. Department of Education reserves funds to award State Incentive Grants (SIGs) to states implementing the part C extended option. To receive a SIG award, the state must describe how award funds will be used in a separately submitted Section III of their annual grant application, consistent with the following:⁴⁵

- 34 C.F.R. §303.205: Description of use of funds;
- 34 C.F.R. §303.501(d): Permissive use of funds by the lead agency; and
- 34 C.F.R. §303.734: Reservation for State incentive grants.

A state's ability to offer the part C extended option is not dependent on the availability or acceptance of a SIG award.⁴⁶

⁴¹ U.S. Department of Education, *Early Intervention Program for Infants and Toddlers with Disabilities, Purpose*, available at <https://www2.ed.gov/programs/osepeip/index.html> (last visited Feb. 12, 2025).

⁴² Early Childhood Technical Assistance Center, *Part C Extension Option (for Services Beyond Age 3)*, available at https://ectacenter.org/partc/partc_option.asp (last visited Feb. 12, 2025).

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ *Id.*

⁴⁶ *Id.*

Florida's Early Steps Program and Part C Implementation

Florida's Early Steps Program,⁴⁷ administered by the Florida Department of Health (DOH),⁴⁸ under the Division of Medical Services (CMS)⁴⁹ provides free,⁵⁰ individual and group therapies and services needed to enhance the growth and development and family functioning of infants and toddlers from birth until three years of age who have or are at risk of developmental delays or disabilities. For purposes of the Early Steps Program, the state of Florida defines "developmental disability" to mean a condition, identified and measured through appropriate instruments and procedures, which may impair physical, cognitive, communication, social or emotional, or adaptive development.⁵¹

Children can be referred to the Early Steps Program in various ways. Referrals can be submitted by anyone involved in the care of the child, including parents, caregivers, and physicians. To be enrolled in the Early Steps Program, a child must first be found eligible.⁵²

Children with an established condition⁵³ that places them at-risk of developmental delay, as well as children with certain documented physical or mental at-risk conditions,⁵⁴ may be eligible for services through the Early Steps Program.⁵⁵

If a child has no diagnosed condition but there are concerns about potential developmental delay, a team of early intervention professionals will collaborate to screen, evaluate, and assess the child in the following areas:⁵⁶

- Physical: health, hearing, vision;
- Cognitive: thinking, learning, problem-solving;
- Gross and Fine Motor Skills: moving, walking, grasping, coordination;
- Communication: babbling, languages, speech, conversation;
- Social and Emotional: playing and interacting with others; and
- Adaptive Development: self-help skills (feeding, toileting, dressing).

If a child is determined eligible, Early Steps Program staff will put together a team to address the child's needs and develop an IFSP. The IFSP team includes the family, service coordinator and at least two professionals from two different disciplines that have been or are currently involved

⁴⁷ Section 391.308, F.S.

⁴⁸ Section 381.001, F.S.

⁴⁹ Florida Department of Health, *Division of Children's Medical Services*, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/childrens-medical-services/index.html> (last visited Feb. 12, 2025).

⁵⁰ Florida Department of Health, Early Steps, *Milestone Development Guide*, available at https://floridaearlysteps.com/wp-content/uploads/2022/04/ES_MilestoneDevelopmentGuide_English_sm.pdf (last visited Feb. 12, 2025).

⁵¹ Section 391.302, F.S.

⁵² Florida Early Steps, *Eligibility and Screening*, available at <https://floridaearlysteps.com/eligibility-and-screening/> (last visited Feb. 12, 2025).

⁵³ Florida Department of Health, Children's Medical Services, Early Steps, *Established Conditions*, available at <https://floridaearlysteps.com/wp-content/uploads/2022/03/Established-Conditions.pdf> (last visited Feb. 12, 2025).

⁵⁴ Florida Department of Health, Children's Medical Services, Early Steps, *At-Risk Conditions*, available at <https://floridaearlysteps.com/wp-content/uploads/2024/02/At-Risk-Conditions.pdf> (last visited Feb. 12, 2025).

⁵⁵ Florida Early Steps, *Eligibility and Screening*, available at <https://floridaearlysteps.com/eligibility-and-screening/> (last visited Feb. 12, 2025).

⁵⁶ *Id.*

in the assessment and provision of the child's services. Specialists are also available to address the child's individualized needs.⁵⁷

The Early Steps Program provides the following services working closely with families to understand their child's needs to help them succeed:⁵⁸

- Developmental monitoring, screening, and evaluation;
- Professional support and service coordination;
- Individualized early intervention sessions;
- Occupational, physical, and speech therapies;
- Hearing and vision services; and
- Assistive technology.

Early Steps Program Funding

Florida's Early Steps Program is funded through a combination of federal grant and state general revenue (GR) funds. Allocations are based on the number of children in the general population under the age of three in each state. The U.S. Department of Education uses data provided by the United States Census Bureau in making this calculation. This is a forward funded program. Funds become available for obligation on July 1 of the federal fiscal year in which they are appropriated and remain available through September 30 of the following year.⁵⁹

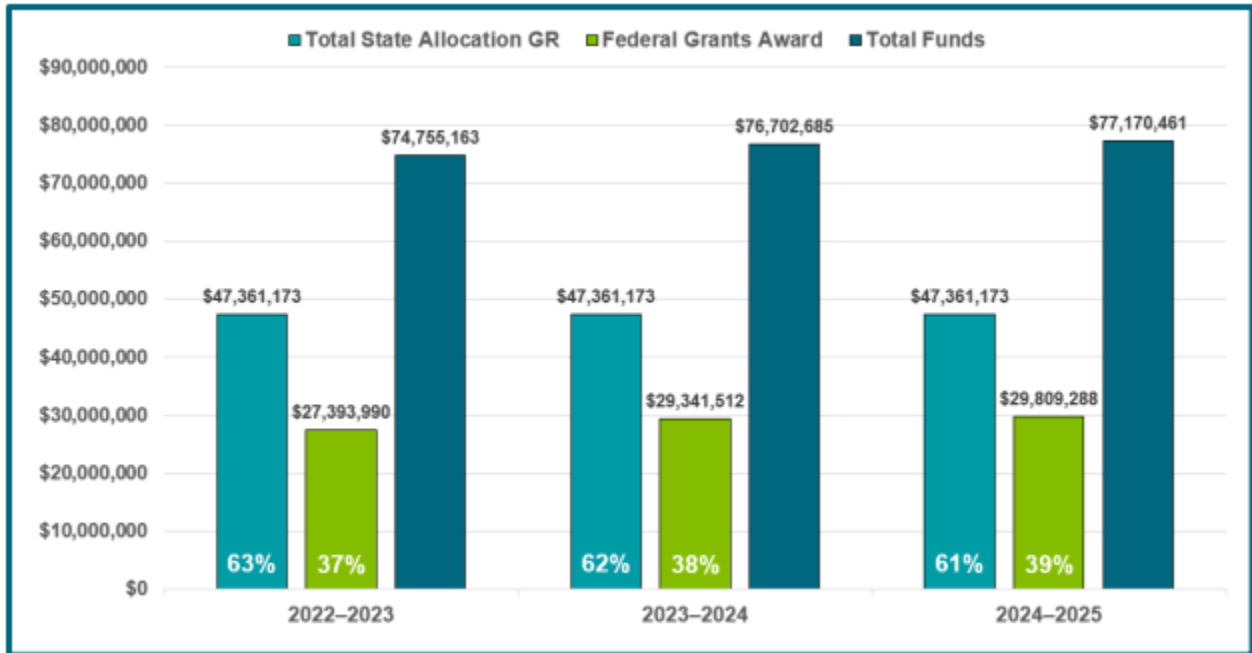
Federal and state funds allocated to the Early Steps Program can only be used to pay for services that are not covered by another public or private funding source. This requirement is referred to as payor of last resort in federal law.⁶⁰

⁵⁷ Florida Early Steps, *Eligibility and Screening*, available at <https://floridaearlysteps.com/eligibility-and-screening/> (last visited Feb. 12, 2025).

⁵⁸ Florida Early Steps, *About Early Steps*, available at <https://floridaearlysteps.com/about/> (last visited Feb. 12, 2025).

⁵⁹ U.S. Department of Education, *Early Intervention Program for Infants and Toddlers with Disabilities, Purpose*, available at <https://www2.ed.gov/programs/osepeip/index.html> (last visited Feb. 12, 2025).

⁶⁰ Florida Department of Health, Children's Medical Services, Early Steps, *Early Steps Annual Report and State Plan (December 1, 2024)*, available at <https://floridaearlysteps.com/wp-content/uploads/2024/12/Early-Steps-Annual-Report-and-State-Plan-2024.pdf> (last visited Feb. 12, 2025).



This figure displays Florida’s GR funds, federal grants, and the total of these funds for the current-year financing and provides the annual funding trend for the two preceding fiscal years. Early Steps Program funding has increased by 0.6 percent from state fiscal year (SFY) 2023-24 through SFY 2024-25, due to a continued increase in federal allocations.⁶¹

The Early Steps Program remains in compliance with part C of the IDEA maintenance of effort requirement. Florida’s annual state budget for EIS must be at least equal to the number of state funds expended for EIS for the preceding SFY.⁶²

The Early Steps Program worked with a contracted vendor to develop a funding allocation methodology, which began in SFY 2020-21. The methodology relies upon the two local program core functions to allocate funds: referral and service delivery. There was also an adjustment to the service component allocation based on population density and geographic size, in addition to budget neutrality, ensuring allocated funds do not exceed the overall budget.⁶³

Services for School-Age Children (Part B of the IDEA)

The grant programs authorized under Part B of the IDEA⁶⁴ (part B) and Florida law⁶⁵ mandate that all students who are between the ages of 3 to 21 and have a disability have the right to a free, appropriate public education (FAPE). School districts have the responsibility to ensure that students suspected of having a disability are subject to general education intervention

⁶¹ Florida Department of Health, Children’s Medical Services, Early Steps, *Early Steps Annual Report and State Plan (December 1, 2024)*, available at <https://floridaearlysteps.com/wp-content/uploads/2024/12/Early-Steps-Annual-Report-and-State-Plan-2024.pdf> (last visited Feb. 12, 2025).

⁶² *Id.*

⁶³ Florida Department of Health, Children’s Medical Services, Early Steps, *Early Steps Annual Report and State Plan (December 1, 2024)*, available at <https://floridaearlysteps.com/wp-content/uploads/2024/12/Early-Steps-Annual-Report-and-State-Plan-2024.pdf> (last visited Feb. 12, 2025).

⁶⁴ 34 C.F.R. Part 300.

⁶⁵ Section 1003.5716, F.S.

procedures.⁶⁶ Each district school board is required to provide for an appropriate program of special instruction, facilities, and services for exceptional students. Each district program must:⁶⁷

- Provide the necessary professional services for diagnosis and evaluation of exceptional students.
- Provide the special instruction, classes, and services, either within the district school system, in cooperation with other district school systems, or through contractual arrangements with approved private schools or community facilities.

To be covered under part B, a child with a disability must meet two criteria. First, the child must be in one of several categories of disabilities, and second, the child must require special education and related services as a result of the disability in order to benefit from public education.⁶⁸ Once a child meets Part B eligibility criteria, FAPE is implemented through the Individualized Education Program (IEP), which is the plan for providing special education and related services by the LEA. The IEP is the primary tool for outlining a student's specialized education needs.⁶⁹ The IEP is developed by an IEP team composed of school personnel and the child's parents or guardian.⁷⁰ A student must be properly evaluated and found eligible as an exceptional student before receiving special instruction or services as follows:⁷¹

- A school district must evaluate a student within 60 days after receiving signed parental consent.⁷²
- An IEP team, to include the parents of the affected student, must then review the evaluation and determine the educational needs of the student.⁷³

Special Education Services Available to Students with ASD

“Special education services” are specially designed instruction and related services necessary for an exceptional student to benefit from education. These services may include transportation; diagnostic and evaluation services; social services; physical and occupational therapy; speech and language pathology services; job placement; orientation and mobility training; braillists, typists, and readers for the blind; interpreters and auditory amplification; services provided by a certified listening and spoken language specialist; rehabilitation counseling; transition services; mental health services; guidance and career counseling; specified materials, assistive technology devices, and other specialized equipment; and other such services as approved by rules of the State Board of Education (SBE).⁷⁴

⁶⁶ Rule 6A-6.0331, F.A.C.

⁶⁷ Section 1003.57(1)(b), F.S.

⁶⁸ Congressional Research Service, *The Individuals with Disabilities Education Act (IDEA), Part B: Key Statutory and Regulatory Provisions* (August 20, 2024), available at <https://crsreports.congress.gov/product/pdf/R/R41833>, at 7.

⁶⁹ Florida Department of Education, *Developing Quality Individual Education Plans* (2015), available at <http://www.fldoe.org/core/fileparse.php/7690/urlt/0070122-qualityieps.pdf>, at 9.

⁷⁰ Congressional Research Service, *The Individuals with Disabilities Education Act (IDEA), Part B: Key Statutory and Regulatory Provisions* (August 20, 2024), available at <https://crsreports.congress.gov/product/pdf/R/R41833>, at 2.

⁷¹ Section 1003.57(1)(c), F.S.

⁷² Rule 6A-6.0331(3)(f), F.A.C.

⁷³ Rule 6A-6.0331(6)(a), F.A.C.

⁷⁴ Section 1003.01(9)(b), F.S.

The SBE defines related terms for students with ASD in SBE rule and provides guidance regarding the definition of ASD, evaluation of students and criteria for eligibility for classification.⁷⁵

Student Eligibility for Exceptional Student Education (ESE)

The SBE determines the procedures for qualifying a student as eligible to receive exceptional student education (ESE).⁷⁶ Exceptional students include students who are gifted and students with disabilities who have an intellectual disability; ASD; a speech impairment; a language impairment; an orthopedic impairment; another health impairment; traumatic brain injury; a visual impairment; an emotional or behavioral disability; or a specific learning disability, including, but not limited to, dyslexia, dyscalculia, or developmental aphasia; students who are deaf or hard of hearing or dual sensory impaired; students who are hospitalized or homebound; children with developmental delays ages birth through five years, or children, ages birth through two years, with a diagnosed physical or mental condition known to have a high probability of resulting in developmental delay.⁷⁷

Children with autism in Florida are offered a variety of services through the state's 67 school districts and various other organizations operating within the state. The most recent data indicate that there are 66,152 students with ASD enrolled in Florida for the 2024-2025 school year.⁷⁸

In providing for the education of exceptional students, the district school superintendent, principals, and teachers are required to utilize the regular school facilities and adapt them to the needs of exceptional students to the maximum extent appropriate. In addition, each public agency must ensure that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services.⁷⁹

To the extent appropriate, students with disabilities, including those students in public or private institutions or other facilities, must be educated with students who are not disabled. Segregation of exceptional students may occur only if the nature or severity of the exceptionality is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.⁸⁰

Extended School Year (ESY) Services

District school boards must ensure that extended school year (ESY) services are available as necessary to provide FAPE.⁸¹ An exceptional student is entitled to ESY services only if the ESY

⁷⁵ Rule 6A-6.03023, F.A.C.

⁷⁶ Section 1003.57(1)(c), F.S.

⁷⁷ Section 1003.01(9)(a), F.S. *See also* Rule 6A-6.03030, F.A.C.

⁷⁸ FLDOE, *PK-12 Public School Data Publications and Reports – Membership in Programs for Exceptional Students, Survey 2, 2024-2025* <https://www.fldoe.org/accountability/data-sys/edu-info-accountability-services/pk-12-public-school-data-pubs-reports/students.shtml> (last visited February 11, 2025)

⁷⁹ 34 C.F.R. s. 300.114(a).

⁸⁰ Section 1003.57(1)(e), F.S.

⁸¹ 34 C.F.R. s. 300.106(a)(1).

is necessary to avoid regression so severe that the child would not be able to catch up during the following school year.⁸²

Effect of Proposed Changes

The bill amends s. 391.302, F.S., revising the applicability of definitions to conform to changes made to Florida’s Early Steps Program and defining the term “department” to mean the DOH.

The bill amends s. 391.308, F.S., revising requirements for the annual Early Steps Program grant application submitted by the DOH to conform to changes made to the age-limit for service eligibility.

The bill creates s. 391.3081, F.S., requiring the DOH to establish the Early Steps Extended Option (Extended Option), an option for eligible children to continue to receive services offered via the Early Steps Program after the child ages-out or turns three years old. The bill provides legislative intent, establishes the purpose, and defines “child” to mean a child from birth until the child’s fourth birthday as it relates to the Extended Option. The bill requires the DOH to:

- Submit its application for federal approval to extend eligibility for services under Part C of the IDEA (part C) no later than July 1, 2026.
- Jointly with the Florida Department of Education (DOE), develop or amend any rule, policy, procedure, written agreement, or contract necessary to implement the Extended Option in accordance with state law and part C.
- Seek additional federal grant funds, as available, for the implementation of the Extended Option, including a state incentive grant. However, the DOH may implement the Extended Option regardless of the availability or acceptance of supplemental federal grant funds, contingent upon the appropriation of state funds.

The bill requires that as part of the IFSP, a local program office include steps for a child to transition to Part B of the IDEA (part B) or other future services by the child’s fourth birthday.

The bill requires the DOH to apply the following eligibility criteria if specific funding is provided in the General Appropriations Act:

- All of the following criteria must be met for a child to continue receiving Early Steps Program services under the Extended Option:
 - The child must be determined eligible for EIS through the Early Steps Program at least 45 days before the child’s third birthday.
 - The child must be determined eligible for services under part B.
 - Before the child’s third birthday, the family must choose to continue services through the Extended Option, which shall include an educational component to promote school readiness and incorporate pre-literacy, language, and numeracy skills.
- A child may continue to receive services under the Extended Option until the child’s fourth birthday.
- A child becomes ineligible to reenter the Extended Option upon exiting the program. If a family chooses to exit the Extended Option before the child’s fourth birthday, the local

⁸² 34 C.F.R. s. 300.106(a)(2) and *Bd. of Educ. of Fayette Cnty., Ky. v. L.M.*, 478 F.3d 307, 314–15 (6th Cir. 2007) (citing *Cordrey v. Euckert*, 917 F.2d 1460, 1473 (6th Cir.1990)).

school district, in conjunction with the local program office, must notify the child's parent or legal guardian of his or her rights under part B.

- A child may not receive services under part B while receiving services through the Extended Option.
- A child may not receive a state scholarship under s. 1002.394, F.S., while receiving services through the Extended Option.

The bill requires each Early Steps local program office to initiate transition planning at least 90 days before a child enrolled in the Extended Option reaches his or her fourth birthday to ensure the child's successful transition from the Extended Option to a school district program under part B or to another program as part of an IFSP. Specifically, the local program office shall:

- Notify the DOE and the local school district in which the child resides that the eligible child is exiting the Extended Option, unless the child's parent or legal guardian has opted out of such notification.
- Upon approval by the child's parent or legal guardian, convene a transition conference that includes participation of a local school district representative and the parent or legal guardian to discuss options for and availability of services.

The bill requires the Early Steps local program office, in conjunction with the local school district, to modify a child's IFSP, or, if applicable, the local school district shall develop or review an IEP for the child pursuant to ss. 1003.57, 1003.571, and 1003.5715, F.S., which identifies special education or related services that the child will receive and the providers or agencies that will provide such services.

If a child is found to be no longer eligible for part B of the IDEA during the review of an IEP, the bill requires the Early Steps local program office and the local school district to provide the child's parent or legal guardian with written information on other available services or community resources.

The bill requires the DOH to include a performance assessment of the Extended Option in the annual report specified in s. 391.308(5), F.S. The assessment must include:

- The number and percentage of children eligible under part B who receive services through the Extended Option.
- The number and percentage of children determined eligible to receive services under part B.
- The number and percentage of children determined ineligible to receive services under part B.

The bill requires the DOE to provide the DOH with the data necessary for the evaluation of the Early Steps Program and the Extended Option, including, but not limited to, the number and percentage of children who are referred by either program and who elect to receive services under part B of the IDEA.

Florida Agency-based Support for Children with ASD

Present Situation

University of Florida Center for Autism and Neurodevelopment

The University of Florida (UF) College of Medicine operates, within its Department of Psychiatry, the UF Center for Autism and Neurodevelopment (UF CAN). The mission of UF CAN is to:⁸³

- Provide centralized and state of the art transdisciplinary diagnostic and clinical treatment services for children and adults with neurodevelopmental disorders.
- Use basic, clinical, and translational science approaches to answer key questions and accelerate research about autism and other neurodevelopmental disorders.
- Inform, expand, and facilitate innovative university training programs in assessment, treatment, and education of individuals with neurodevelopmental disorders among medical, nursing, psychology, education, and other professionals.
- Empower families to partner with clinicians and researchers to expand community outreach, increase advocacy efforts, and extend the care of individuals with neurodevelopmental disorders throughout the lifespan.
- Create an inclusive local community by providing support during the transition to adulthood for individuals autism and neurodevelopmental disorders.

The UF CAN offers clinical care that includes ASD diagnostic evaluation, assessment and treatment, coordination of care across specialties and various therapy types. The UF CAN has activities focused on transition to adulthood for individual with ASD as well as supporting autism research through direct grants and partnerships.⁸⁴

Individuals with autism are supported by the Autism Centers of Excellence (ACE) Program. The ACE program is a National Institute of Health initiative that supports large-scale multidisciplinary studies on ASDs, with the goal of determining the disorders' causes and potential treatments.⁸⁵ The UF CAN currently has a National Institute of Health (NIH) grant of \$10 million to study what happens to people living with autism as they grow older.⁸⁶

Florida State University Autism Institute

The Florida State University Autism Institute was established in 2008 to coordinate and promote research, education and service related to autism spectrum disorders. The specific aims of the Autism Institute are:⁸⁷

⁸³ University of Florida, Center for Autism and Neurodevelopment, *About Overview* <https://autism.psychiatry.ufl.edu/about-overview/> (last visited February 10, 2025).

⁸⁴ University of Florida, Center for Autism and Neurodevelopment, *Homepage* <https://autism.psychiatry.ufl.edu/> (last visited February 10, 2025).

⁸⁵ U.S. Department of Health and Human Services, National Institutes of Health, *Autism Centers of Excellence (ACE) Program* <https://www.nichd.nih.gov/research/supported/ace> (last visited February 12, 2025)

⁸⁶ Center for Autism and Neurodevelopment, post- NIH Funds 5-Year, \$10 Million ASD Study <https://autism.psychiatry.ufl.edu/2022/10/03/nih-funds-5-year-10-million-asd-study/> (last visited February 11, 2025)

⁸⁷ Florida State University College of Medicine, *Autism Institute*, <https://med.fsu.edu/autisminstitute/about-institute> (last visited Feb. 14, 2025).

- To promote interdisciplinary research that advances scientific knowledge of autism spectrum disorders;
- To bridge the gap between scientific knowledge and clinical/educational practice;
- to build the capacity of primary care and other service providers, educators, employers, family members, and individuals with autism spectrum disorders to improve outcomes through research and training; and
- To maximize the use of innovative video and computer information technology in research, education, and service related to autism spectrum disorders.

Florida Diagnostic & Learning Resource System

Florida Supports Individuals with ASD through the Florida Diagnostic & Learning Resource System (FDLRS). FDLRS is a state project funded by Part B of the IDEA through the DOE's Bureau of Exceptional Education and Students Services (BEESS).⁸⁸ There are four main functions of FDLRS as follows:⁸⁹

- FDLRS Child Find, in coordination with the school districts, locates children who are potentially eligible for services under the IDEA and links them with needed services.
- FDLRS Parent & Family Services provides information, training, and support to districts and families to promote effective parental participation in the education of children with disabilities or exceptionalities.
- FDLRS Human Resources Development personnel have knowledge of research-based instructional practices and resources in the areas of classroom behavior management, instructional strategies (reading, math, and science), differentiated instruction, Universal Design for Learning, explicit instruction, secondary transition, collaborative teaching, and other DOE initiatives.
- FDLRS Technology Personnel provides assistance and support in the appropriate use of a variety of technologies for students, teachers, professional staff, and parents.⁹⁰

Centers for Autism & Related Disabilities

Seven regional Centers for Autism and Related Disabilities (CARD)⁹¹ provide nonresidential resource and training services for persons of all ages and of all levels of intellectual functioning who have autism, a pervasive developmental disorder not otherwise specified, an autistic-like disability, have a dual sensory impairment, or who have a sensory impairment with other handicapping conditions.⁹² These centers operate independently and coordinate services within a specific region between the state, local agencies and school districts without duplicating services. These centers are funded by the state through general revenue and for fiscal year 2024-2025 received \$12 million to operate the seven centers. The main functions of the CARDS are to:⁹³

- Provide information about an individual's disability.
- Refer families to federal, state or local services.

⁸⁸ Florida Diagnostic & Learning Resources System, *About* <https://www.fdlrs.org/about> (last visited February 10, 2025).

⁸⁹ *Id.*

⁹⁰ *Id.*

⁹¹ Center for Autism and Related Disabilities, *About Us* <https://www.florida-card.org/aboutUs.htm> (last visited Feb. 10, 2025).

⁹² Section 1004.55, F.S.

⁹³ Center for Autism and Related Disabilities, *About Us*, <https://www.florida-card.org/aboutUs.htm> (last visited Feb. 10, 2025).

- Locate support groups.
- Support family planning.
- Provide training sessions on how to work effectively with individuals with ASD and related disabilities.
- Provide consultation to caregivers and professionals related to working with individuals with ASD and related disabilities.

The CARD sites are located at Florida Atlantic University, Florida State University, the University of Central Florida, the University of Florida at Gainesville, the University of Florida at Jacksonville, the University of Miami, and the University of South Florida.⁹⁴

Agency for Persons with Disabilities

The Agency for Persons with Disabilities (APD) supports individuals with unique abilities and their families in living, learning, and working within their communities by creating multiple pathways to possibilities. APD offers services through multiple pathways for individuals with unique abilities.

The iBudget Florida waiver is APD's most traditional and recognized pathway to serve individuals with developmental disabilities. The iBudget Florida Waiver is a Home and Community-Based Services Medicaid program that provides a variety of social, medical, behavioral, therapeutic, and residential services to individuals in community-based settings that would otherwise require services in an institutional setting.⁹⁵

Florida Department of Health

The Florida Department of Health (DOH) is responsible for the state's public health system, which is designed to promote, protect, and improve the health of all people in the state.⁹⁶ The DOH Division of Children's Medical Services (CMS) is a collection of programs that serve children with special health care needs, providing family-centered care using statewide networks of specially qualified doctors, nurses, and other health care professionals.⁹⁷ CMS is responsible for administering grant funds awarded to the state of Florida under part C to implement the state's EIS program, which is known as the "Early Steps Program."⁹⁸ The Early Steps program provides educational services to infants, toddlers, and their families, supporting individuals with the achievement of learning and developmental milestones during the early years.

Florida Department of Education

The Bureau of Exceptional Education and Student Services administers programs for students with disabilities. Additionally, the bureau coordinates student services throughout the state and

⁹⁴ Center for Autism and Related Disabilities, *CARD Sites*, <https://www.florida-card.org/map.htm> (last visited Feb. 14, 2025).

⁹⁵ Agency for Persons with Disabilities, *Empowering Individuals and Families to Thrive, Final Report and Recommendations* (2024), at 27.

⁹⁶ Section 381.001, F.S.

⁹⁷ Florida Department of Health, *Division of Children's Medical Services*, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/childrens-medical-services/index.html> (last visited Feb. 12, 2025).

⁹⁸ Section 391.308, F.S.

participates in multiple inter-agency efforts designed to strengthen the quality and variety of services available to eligible students with disabilities.⁹⁹

Florida Department of Children and Families

The mission of the Florida Department of Children and Families (DCF) is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. DCF offers a wide range of services aimed at protecting vulnerable populations, supporting families, and promoting mental and physical health. Services include:¹⁰⁰

- Supplemental Nutrition Assistance Program (SNAP);
- Temporary Assistance for Needy Families (TANF)/Temporary Cash Assistance (TCA);
- Medicaid;
- Adult Protective Services (APS) – Community Care for Disabled Adults; and
- Hope Florida – A Pathway to Prosperity

Effects of Proposed Changes

The bill creates s. 1004.551, F.S., to identify the responsibilities of the UF CAN. The bill expands the role of the UF CAN to coordinate autism-related research, training, and services. It requires the UF CAN to collaborate with state and local agencies that provide early intervention, education, medical, employment, financial, and daily living services. These collaborations must include, but are not limited to:

- Florida State University Autism Institute.
- CARD centers.
- FDLRS.
- Agency for Persons with Disabilities.
- DOH.
- DOE.
- Department of Children and Families.

The UF CAN duties related to coordination and development include:

- Coordinating information and resources related to research, best practices, training, and public awareness to support families of children with autism.
- Developing strategies to promote public awareness of autism signs, the importance of early screening, and available interventions, which includes assisting in the assignment of a toll-free number for autism support.
- Cataloging and distributing best practices related to screening tools, diagnosis, and interventions.
- Cataloging best practices for: screening, referral, and diagnosis; access to therapy services; and public and private insurance coverage for autism-related services, including those provided in schools.

⁹⁹ Florida Department of Education, *Exception Student Education*, <https://www.fldoe.org/academics/exceptional-student-edu/> (last visited Feb. 14, 2025).

¹⁰⁰ Agency for Persons with Disabilities, *Empowering Individuals and Families to Thrive, Final Report and Recommendations* (2024), at 31-32.

UF CAN duties related to a qualified workforce to support students with autism include:

- Developing strategies to increase the workforce qualified to provide autism-related services in public and private settings.
- Developing and cataloging professional learning activities for healthcare, child welfare, and instructional personnel.
- Developing an autism micro-credential.

The UF CAN will also serve as an administrator and fiscal agent for the following:

- Review and approve applications for specialized summer programs for children with autism.
- Administer startup grants for autism charter schools and provide technical assistance to grant applicants and recipients.
- Review access to federal funding sources for establishing charter schools for students with autism and include recommendations for improving access in its annual report.

The UF CAN must publish an annual report beginning August 1, 2026, and each August 1 thereafter, detailing the UF CAN's activities, expenditures, and outcomes; grants administered by the UF CAN; and recommendations for improvement.

The bill prohibits the host state university from charging the UF CAN any indirect administrative fees.

Expanding the role of the UF CAN may enhance statewide coordination of autism-related research, training, and services, leading to more consistent and evidence-based approaches across agencies. Additionally, collaboration with state and local agencies may improve service delivery efficiency by reducing duplication of efforts and increasing access to autism-related support programs for families. By coordinating information and resources, the UF CAN may also help families and professionals gain better access to best practices, training, and support, potentially improving early identification and intervention for children with autism.

Funding for Autism Education and Supports in Florida

Present Situation

ESE Funding Formula and Weighted Cost Factors

The Florida Education Finance Program (FEFP) is the primary mechanism for funding the operating costs of Florida school districts.¹⁰¹ Program cost factors assure that each program receives an equitable share of funds in relation to its relative cost per student.¹⁰²

ESE program cost factors are determined by using a matrix of services that documents the services that each exceptional student will receive. The nature and intensity of the services

¹⁰¹ Florida Department of Education, *Funding for Florida School Districts, 2024-2025*, available at <https://www.fl DOE.org/file/7507/Fefpdist.pdf>, at 1.

¹⁰² Florida Department of Education, *Funding for Florida School Districts, 2024-2025*, available at <https://www.fl DOE.org/file/7507/Fefpdist.pdf>, at 11. Programs include Basic Programs, Programs for Exceptional Student Education, English for Speakers of Other Languages, and Programs for Grades 9-12 Career Education.

indicated on the matrix must be consistent with the services described in each exceptional student's IEP.¹⁰³

The FEFP calculation applies a weighted cost factor to fund students in support levels 4 and 5, which are the two highest levels of need.¹⁰⁴ For the 2024-2025 fiscal year, the state funded students in support level 4 at 3.697 times the base student allocation of \$5,330.98 for students in basic programs, and students in support level 5 are funded at 5.992 times the base student allocation. ESE services for students who do not require a support level 4 or 5 is funded through a guaranteed ESE allocation.¹⁰⁵

A state funding mechanism must not result in placements that violate the preference to place students in a classroom with students who are not disabled.¹⁰⁶ A state must not use a funding mechanism by which the state distributes funds on the basis of the type of setting in which a child is served that will result in the failure to provide a child with a disability a FAPE according to the unique needs of the child, as described in the child's IEP.¹⁰⁷

State Scholarship for Students with Disabilities

Florida supports families of students with ASD and other disabilities with educational choice options through the Family Empowerment Scholarship (FES). The FES for students with disabilities (FES-UA) provides an education savings account (ESA), which allows families of students with disabilities, as young as 3 years of age, to customize their child's education by covering expenses such as private school tuition, therapies, instructional materials, and specialized services.¹⁰⁸

To receive funds under the FES-UA program, a student must be a Florida resident, be at least three years old or eligible to enroll in kindergarten through grade 12, have a specified disability, and be the subject of an IEP or have received a diagnosis of a disability from a physician or psychologist with specified licensure.¹⁰⁹

Federal IDEA Funding

Under the IDEA, the federal government provides funding for special education programs, which is administered by the DOE and allocated to school districts based on student needs. The IDEA authorizes formula grants¹¹⁰ to states and discretionary grants to state educational agencies,

¹⁰³ Section 1011.62(1)(d), F.S.

¹⁰⁴ Cost factors in the Florida Education Finance Program are based on desired relative cost differences between educational programs. Section 1011.62(1)(c), F.S.

¹⁰⁵ The base student allocation is the amount for each student in grades kindergarten through grade 12 that is determined annually by the Legislature. Section 1011.62(1)(b), F.S. The base student allocation does not include different cost factors among programs, or categorical or incentive funding available. *See generally*, s. 1011.62, F.S.

¹⁰⁶ 34 C.F.R. s. 300.114(b)(1)(i).

¹⁰⁷ 34 C.F.R. s. 300.114(b)(1)(ii).

¹⁰⁸ FLDOE, *Family Empowerment Scholarship*, <https://www.fldoe.org/schools/school-choice/k-12-scholarship-programs/fes/index.stml> (last visited February 10, 2025)

¹⁰⁹ Section 1002.394(3)(b), F.S.

¹¹⁰ Formula grants are awarded to states annually to support early-intervention services for infants and toddlers with disabilities and their families, preschool children ages three through five, and special education for children and youth with

postsecondary institutions, and other nonprofit organizations subject to specific conditions on the receipt of federal IDEA funds.¹¹¹

Federal 21st Century Community Learning Centers (21st CCLC)

The 21st Century Community Learning Centers (21st CCLC) program¹¹² aims to provide students with academic enrichment opportunities during non-school hours.¹¹³ The program authorizes eligible entities to offer services for individuals with disabilities¹¹⁴ and a broad array of additional services, programs, and activities, such as youth development activities, service learning, nutrition and health education, drug and violence prevention programs, counseling programs, arts, music, physical fitness and wellness programs, technology education programs, financial literacy programs, environmental literacy programs, mathematics, science, career and technical programs, internship or apprenticeship programs, and other ties to an in-demand industry sector or occupation for high school students that are designed to reinforce and complement the regular academic program of participating students.¹¹⁵

The program serves more than 1.5 million youth and their families, through grants awarded by state education agencies.¹¹⁶ The DOE identified thirty schools to receive funding through the 21st CLCC program for funding in the 2024 fiscal year.¹¹⁷

Effects of Proposed Changes

The bill creates s. 1003.5712, F.S., to provide support for specialized summer programs for children with autism and related disorders. The bill includes a legislative finding that many children with ASD face challenges during the summer months due to limited access to ESY programs, summer school, and traditional summer camps that can accommodate their needs. It further states the Legislature's intent to support specialized summer programs that provide structured, supportive environments for these children, ensuring continuity of care, skill development, and social engagement.

The bill requires the University of Florida Center for Autism and Neurodevelopment (UF CAN) to administer a grant program to fund specialized summer programs for children with ASD who also have significant emotional, behavioral, or cognitive disabilities. These grants must be awarded annually, subject to available appropriations. The bill further directs the UF CAN to

disabilities. U.S. Department of Education, *Individuals with Disabilities Education Act: State Formula Grants*, <https://sites.ed.gov/idea/state-formula-grants/> (last visited Nov. 1, 2021).

¹¹¹ U.S. Department of Education, *Protecting Students with Disabilities*, <https://www2.ed.gov/about/offices/list/ocr/504faq.html> (last visited Feb. 12, 2025).

¹¹² Authorized under Title IV, Part B of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA), and codified at 20 U.S.C. ss. 7171-7176.

¹¹³ U.S. Department of Education, *Nita M. Lowey 21st Century Community Learning Centers (Title IV, Part B)*, <https://www.ed.gov/grants-and-programs/formula-grants/school-improvement/nita-m-lowey-21st-century-community-learning-centers> (last visited Feb. 12, 2025).

¹¹⁴ 20 U.S.C. s. 7175(a)(5).

¹¹⁵ 20 U.S.C. s. 7171(a)(2).

¹¹⁶ Afterschool Alliance, *21st Century Community Learning Centers*, <https://www.afterschoolalliance.org/policy21stccclcfm> (last visited Feb. 12, 2025).

¹¹⁷ Florida Department of Education, *21st Century Community Learning Centers: LEA Determined Schools 2024-25*, available at [21st Century Community Learning Centers LEA Determined Schools List 2024-25](#).

develop and publish guidelines for grant applications, which must include eligibility criteria for programs, allowable uses of funds, and reporting and accountability requirements.

Additionally, the bill requires the UF CAN to provide technical assistance to grant applicants and recipients.

To qualify for funding, programs must serve children diagnosed with ASD for whom placement in a typical summer camp would be inappropriate. Programs must also provide a structured schedule of activities, which may include:

- Behavioral and social skill development.
- Recreational and leisure activities tailored to individual needs.
- Therapy-based support, including speech, occupational, or behavioral therapies, as appropriate.
- Family support and training workshops.

Programs must also meet staffing and operational requirements, including:

- Employing staff with relevant experience or training in working with children with autism and severe emotional, behavioral, or cognitive disorders.
- Maintaining a safe and inclusive environment with appropriate staff-to-participant ratios.
- Operating in compliance with all applicable state and federal laws, including health and safety regulations.
- Providing a full-day program for at least four weeks.
- Leveraging other available funding sources, including Medicaid waivers, IDEA funding, or private contributions, to supplement state grants.

The bill specifies that grants are subject to legislative appropriation and may be used for:

- Facility costs.
- Staff salaries and training.
- Curriculum or instructional activity costs.
- Property and liability insurance.
- Equipment purchase or rental.
- Transportation for camp participants.

The bill directs the UF CAN to prioritize grant funding for programs that:

- Serve rural and underserved areas where specialized summer programs are unavailable.
- Provide comprehensive support services, including family involvement and community integration.

Additionally, the UF CAN is authorized to set maximum grant amounts and require matching fund contributions from recipients based on available funds and projected participation. Grant amounts may also vary depending on the services provided and the duration of the program.

The bill requires all grant recipients to submit a report to the UF CAN within 45 days after the summer program concludes. Reports must include program enrollment and participation data; use of grant funds; and outcomes related to participant engagement, skill-building, and family satisfaction.

Charter Schools and Autism-Specific Education in Florida

Present Situation

Florida's Charter Schools

Charter schools are tuition-free public schools created through an agreement or “charter” that provides flexibility relative to regulations created for traditional public schools. During the 2022-2023 school year, 382,367 students were enrolled in 726 charter schools in 46 school districts.¹¹⁸

Charter schools are open to all students residing within the district; however, charter schools are allowed to target students within specific age groups or grade levels, students considered at-risk of dropping out or failing, students wishing to enroll in a charter school-in-the-workplace or charter school-in-a-municipality, students residing within a reasonable distance of the school, students who meet reasonable academic, artistic or other eligibility standards established by the charter school, or students articulating from one charter school to another.¹¹⁹

Charter schools are created when an individual, a group of parents or teachers, a business, a municipality, or a legal entity applies to the school district; the school district approves the application; the applicants form a governing board that negotiates a contract with the district school board; and the applicants and district school board agree upon a charter or contract. The district school board then becomes the sponsor of the charter school. The negotiated contract outlines expectations of both parties regarding the school's academic and financial performance.¹²⁰

A charter school must be organized as, or be operated by, a nonprofit organization. The charter school may serve at-risk students, or offer a specialized curriculum or core academic program, provide early intervention programs, or serve exceptional education students.¹²¹

All charter applicants must prepare and submit an application on a model application form prepared by the DOE, which:¹²²

- Demonstrates how the school will use the guiding principles.
- Provides a detailed curriculum.
- Contains goals and objectives for improving student learning.
- Describes the separate reading curricula and differentiated strategies.
- Contains an annual financial plan.

¹¹⁸ Florida Department of Education, Office of Independent Education & Parental Choice, *Fact Sheet Florida's Charter Schools* (October 2023), available at <https://www.fldoe.org/core/fileparse.php/7696/urlt/Charter-Sept-2022.pdf>.

¹¹⁹ Florida Department of Education, *Frequently Asked Questions (Charter Schools)*, <https://www.fldoe.org/schools/school-choice/charter-schools/charter-school-faqs.shtml> (last visited Feb. 11, 2025). Section 1002.33(10), F.S.

¹²⁰ Florida Department of Education, *Frequently Asked Questions (Charter Schools)*, <https://www.fldoe.org/schools/school-choice/charter-schools/charter-school-faqs.shtml> (last visited Feb. 11, 2025). See also s. 1002.33(6), F.S.

¹²¹ Florida Department of Education, *Frequently Asked Questions (Charter Schools)*, <https://www.fldoe.org/schools/school-choice/charter-schools/charter-school-faqs.shtml> (last visited Feb. 11, 2025). See also s. 1002.33(6), F.S.

¹²² Florida Department of Education, *Frequently Asked Questions (Charter Schools)*, <https://www.fldoe.org/schools/school-choice/charter-schools/charter-school-faqs.shtml> (last visited Feb. 11, 2025). See also s. 1002.33(6), F.S.

A school board is required to review all charter school applications and, within 90 days of receipt, approve or deny the application.¹²³

Autism Charter Schools in Florida

Florida offers specialized charter schools dedicated to serving students with ASD, providing tailored educational and therapeutic services to meet their unique needs. However, there do not appear to be any charter schools specifically for students with ASD in rural counties. Below are examples of charter schools for students with autism.

South Florida Autism Charter School (SFACS)

South Florida Autism Charter School (SFACS) provides education and therapeutic services to individuals diagnosed with ASD from Miami-Dade and Broward Counties. The school focuses on students with communication deficits and behavioral challenges, offering a comprehensive curriculum that integrates educational instruction with therapeutic interventions. The methodologies of B.F. Skinner's Theory of Applied Behavioral Analysis (ABA) and Verbal Behavior (VB) are applied in conjunction with State Standards for students on a modified curriculum to provide the most effective individualized educational programs possible.¹²⁴

Palm Beach School for Autism

Located in Lake Worth, Florida, the Palm Beach School for Autism is a public charter school serving individuals with ASD from age 3 through 21.¹²⁵ The school offers specialized programs across various age groups, including preschool, elementary, middle, high school, and a Project Next program designed to prepare students for life after graduation. Their mission is to provide innovative education and behavioral support to empower individuals with autism, ensuring they lead fulfilling lives.¹²⁶

Florida Autism Center of Excellence

The Florida Autism Center of Excellence (FACE) in Hillsborough County is a tuition-free charter school dedicated to supporting children and young adults age 3-22 with autism. At FACE, students with autism gain the academic, behavioral, social-emotional, functional, and vocational skills for a more independent and higher quality of life. FACE designs its school program based on the principles of Applied Behavior Analysis (ABA), an evidence-based and research-supported practice for educating students with autism. Essentially, FACE allows students with autism to benefit from ABA through their free public education.¹²⁷

¹²³ Florida Department of Education, *Frequently Asked Questions (Charter Schools)*, <https://www.fldoe.org/schools/school-choice/charter-schools/charter-school-faqs.shtml> (last visited Feb. 11, 2025). *See also* s. 1002.33(6), F.S.

¹²⁴ South Florida Autism Charter School, *About SFACS*, <https://sfacs.org/about/> (last visited Feb. 12, 2025).

¹²⁵ Palm Beach School for Autism, *Our Story*, <https://pbsfa.org/our-story/> (last visited Feb. 12, 2025).

¹²⁶ Palm Beach School for Autism, *Project Next*, <https://pbsfa.org/project-next/> (last visited Feb. 12, 2025).

¹²⁷ FACE, Florida Autism Center of Excellence, <https://www.faceprogram.org/> (last visited Feb. 14, 2025).

Hope Center for Autism

The Hope Center for Autism is a public charter school in Martin County designed to prepare students to transition to less restrictive environments through the implementation of evidence-based interventions designed to support the learning needs of students with ASD.¹²⁸

Laboratory Schools (Lab Schools)

Laboratory schools (lab schools) are public K-12 institutions affiliated with universities, designed to function as research and demonstration sites for best practices in education.¹²⁹ To encourage innovation, lab schools are exempted from many of the requirements that govern schools operated by a district school board.¹³⁰ Lab schools are authorized to establish two advisory bodies: one to be responsible for the development and implementation of a school improvement plan, and one to be responsible for general oversight and guidance.¹³¹

Charter School Funding & Capital Outlay

Charter schools are funded through the Florida Education Finance Program (FEFP) in the same way as all other public schools in the school district. The charter school receives operating funds from the FEFP based on the number of full-time (FTE) students enrolled.¹³²

Funds provided for capital outlay purposes are allocated to eligible schools based upon a statutory formula, which considers each school's student enrollment in the elementary, middle, and high school grade levels.¹³³ To be eligible to receive charter school capital outlay funding, a charter school must:¹³⁴

- Have been in operation for two or more years, be part of an expanded feeder pattern of a charter school that is currently receiving capital outlay funding, have been accredited by a regional accrediting association, or serve students in facilities that are provided by a business partner for a charter-school-in-the-workplace;
- Have financial stability for future operation;
- Have satisfactory student achievement;
- Have received final approval from sponsor for operation; and
- Serve students in facilities not provided by the sponsor.

Lab schools also receive operating funds as provided in the FEFP based on the county in which the school is located and other funds as specified in the General Appropriations Act.¹³⁵ Lab schools and other charter schools sponsored by a state university or Florida College System institution received approximately \$9.2 million for fixed capital outlay in the 2024 fiscal year.¹³⁶

¹²⁸ The Hope Center for Autism, <https://www.hopecenterforautism.org/> (last visited Feb. 14, 2025).

¹²⁹ Section 1002.32(2)-(3), F.S.

¹³⁰ Section 1002.32(10), F.S.

¹³¹ Section 1002.32(8), F.S.

¹³² Florida Department of Education, *Frequently Asked Questions (Charter Schools)*, <https://www.fldoe.org/schools/school-choice/charter-schools/charter-school-faqs.shtml> (last visited Feb. 11, 2025). Section 1002.33(17), F.S.

¹³³ Section 1013.62, F.S.

¹³⁴ Section 1013.62(1)(a), F.S.

¹³⁵ Section 1002.32(9), F.S.

¹³⁶ Specific Appropriation 16, s. 2, Ch. 2024-231, L.O.F.

Federal Charter School Funding via Charter School Program (CSP) Grants

Charter schools may access federal funds through a competitive grant process that awards funds to charter schools for the following purposes:¹³⁷

- Planning and Implementation - the DOE administers the Charter School Program¹³⁸ (CSP) Planning and Implementation grant through a request for proposals (RFP) process each year. The general purpose of this grant is to provide financial assistance for the planning, program design, and initial implementation of charter schools and expand the number of high-quality charter schools in Florida.
- Dissemination - This competitive grant aids successful charter schools in the dissemination of best practices and other information about charter schools. Charter schools in operation for at least three years who have not previously received a dissemination grant may be eligible to apply. Additional eligibility criteria may be established by the DOE and may vary with each application cycle.

The CSP aims to expand opportunities for all students, particularly traditionally underserved students, to attend charter schools and meet challenging state academic standards. The program provides financial assistance for the planning, program design, and initial implementation of public charter schools. The CSP awards grants to State Educational Agencies (SEAs), which in turn offer subgrants to eligible charter school developers for planning, program design, and initial implementation.¹³⁹

SEAs must use at least 90 percent of the CSP funds to provide subgrants to eligible charter schools, and may reserve seven percent for technical assistance and oversight and three percent for administrative costs.¹⁴⁰ Grant periods are set at a maximum of five years for both SEA grants and charter school subgrants, with up to 18 months for planning and program design.¹⁴¹

For the 2024 fiscal year, the DOE estimated that \$20.42 million was available under the CSP Grant to provide financial assistance for the initial implementation of high-quality charter schools and to expand the number of high-quality charter schools in Florida. The DOE solicited 11 awards of \$860,000 each for new operators, 11 awards of \$860,000 each for established operators, and 1 award from a School of Hope operator or a school in an opportunity zone of approximately \$1.5 million.¹⁴² The grants included a maximum performance period of 24 months.¹⁴³

¹³⁷ Florida Department of Education, *Frequently Asked Questions (Charter Schools)*, <https://www.fldoe.org/schools/school-choice/charter-schools/charter-school-faqs.stml> (last visited Feb. 11, 2025). See also s. 1002.33(17), F.S.

¹³⁸ Established under Title IV, Part C of the Elementary and Secondary Education Act (ESEA) of 1965, as amended by the Every Student Succeeds Act, codified at 20 U.S.C. §§ 7221–7221j.

¹³⁹ U.S. Department of Education, *Charter School Programs*, <https://www.ed.gov/grants-and-programs/grants-birth-grade-12/charter-school-programs> (last visited Feb. 12, 2025).

¹⁴⁰ 20 U.S.C. s. 7221b(c)(1).

¹⁴¹ 20 U.S.C. s. 7221b(d)(1).

¹⁴² Florida Department of Education, *Request for Proposal* (DOE 905D May 2024), available at <https://www.fldoe.org/core/fileparse.php/7694/urlt/2425CSPG-PIRFPEO.pdf>.

¹⁴³ Florida Department of Education, *Request for Proposal* (DOE 905D May 2024), available at <https://www.fldoe.org/core/fileparse.php/7694/urlt/2425CSPG-PIRFPEO.pdf>.

Effects of Proposed Changes

The bill creates s. 1003.5711, F.S., to establish a program for startup grants for autism charter schools. Such startup grants may supplement existing federal funds, or provide funds to charter schools that did not receive a CSP grant. The startup grants may also supplement activities not covered by a CSP grant, in a timeframe determined by the UF CAN. Such activities may include facility renovation to include security upgrades, or salaries after the school opens to supplement funding per student.

The bill includes a legislative finding that students identified as having ASD may require highly specialized educational environments and resources to achieve their full potential. It further states the Legislature's intent to support the creation of schools exclusively serving this population by providing startup funding to offset the costs of developing and implementing these specialized programs.

The bill requires the UF CAN to oversee the application, evaluation, and distribution of grants. It also directs the UF CAN to develop guidelines for grant administration, which must include:

- Application procedures and deadlines.
- Criteria for program eligibility and funding priorities.
- Reporting and accountability standards for grant recipients.
- A preapproval process to assist applicants in planning for the charter school application process.

The bill requires the UF CAN to establish guidelines for specific requirements for applicants seeking approval for a startup grant. Before receiving approval, applicants must:

- Demonstrate intent, in accordance with the UF CAN's guidelines, to establish or expand a charter school or laboratory school exclusively serving students diagnosed with ASD who are classified as exceptional students.
- Provide evidence of community need and stakeholder support, which may include letters of intent to enroll from families or organizations.
- Provide evidence of financial stability and programmatic expertise.
- Attest to compliance with state and federal laws.
- Submit a detailed plan outlining:
 - Instructional methods and proposed support services, including evidence-based practices for students with autism.
 - Family engagement strategies and coordination of necessary services for students outside school hours and during the transition to adulthood.
 - Anticipated startup costs and a budget for the use of grant funds.
 - Strategies for leveraging other federal and state funding sources.

The bill authorizes grants to be used for:

- Facility acquisition, renovation, or modification.
- Purchase or development of specialized instructional materials, curriculum, assistive technology, and adaptive equipment.
- Recruitment, salaries, and training of staff experienced in working with students with autism and significant cognitive disabilities.
- Student transportation.

- Ancillary equipment related to student safety.

Grants are subject to legislative appropriation, and the bill requires the UF CAN to annually determine the maximum grant amount for each school based on available funding and projected applications. The bill also authorizes the UF CAN to prioritize grant allocations for:

- Programs serving rural and underserved areas.
- Programs serving other underserved populations.
- Programs with a proven track record of successfully establishing and operating autism-focused charter schools.
- Programs that utilize existing facilities.

Additionally, the bill prohibits an applicant from receiving grant funds until the applicant has either:

- Received approval from a sponsoring entity to operate a charter school or modify an existing charter, or
- Established a school advisory body for a laboratory school.

To provide accountability, the bill requires all grant recipients to submit an annual report to the UF CAN, detailing how grant funds were expended, enrollment and program outcomes following first complete school year of operation, and challenges encountered and recommendations for improvement.

Professional Learning to Support Students with Autism

Present Situation

Florida's various instructional and child care personnel work to educate and care for children and students with ASD. "Instructional personnel" in kindergarten through grade 12 are defined as staff members whose function includes the provision of direct instructional services to students. Instructional personnel also includes K-12 personnel whose functions provide direct support in the learning process of students. These personnel include:¹⁴⁴

- Classroom teachers;
- Student personnel services;
- Librarians/media specialists;
- Other instructional staff; and
- Education paraprofessionals.

Additionally, Florida's Voluntary Pre-kindergarten (VPK) program requires that each classroom have at least one instructor having a Child Development Associate (CDA) credential or higher in each VPK classroom during the school year program for both private¹⁴⁵ and public¹⁴⁶ programs. For VPK programs operated during the summer both private and public programs are required to have at least one certified instructor (holding a valid Florida educatory certificate) in each classroom.¹⁴⁷

¹⁴⁴ Section 1012.01(2), F.S.

¹⁴⁵ Section 1002.55(3), F.S.

¹⁴⁶ Section 1002.63(4), F.S.

¹⁴⁷ Section 1002.61(4), F.S.

Children and students with ASD also receive services and care from individuals classified as “child care personnel” which encompasses all owners, operators, employees, and volunteers working in a child care facility.¹⁴⁸ These individuals are subject to level 2 background screening¹⁴⁹. Child care personnel employed by a provider delivering the School Readiness program must meet the same background screening requirement as well as training required by the Department of Education.¹⁵⁰

Florida supports the academic achievement of students with ASD by offering various ESE certificates to ensure teachers are qualified to deliver instruction to students with disabilities, including students with ASD. Such ESE teachers are able to earn a specialized Autism Endorsement specifically aimed to equip teachers to better deliver instruction to ASD students. The Autism Endorsement requires 12 semester hours to include:¹⁵¹

- Nature of ASD (to include student characteristics, appropriate learning goals, teaching approaches, environmental arrangements, etc.);
- Use of assistive and instructional technology and natural, alternative and augmentative communication systems for students with ASD;
- Behavior management and positive behavior supports for students with ASD;
- Assessment and diagnosis of ASD, and
- Field-based experience with students with ASD.

Florida also provides tuition support for those teachers earning the endorsement through the Autism Endorsement Tuition Support Program.¹⁵²

Continuing education and inservice training for instruction personnel focuses on students with ASD and other disabilities by requiring the Commissioner of Education to make recommendations related to:¹⁵³

- Early identification and intervention for students with ASD and other disabilities.
- Curriculum planning and modifications to curricula to address modifications, adaptations and specialized strategies for instruction.
- Use of state and local resources.
- Use of behavioral and de-escalation supports.
- Use of restraints and classroom behavior management strategies.¹⁵⁴

Further, when renewing a professional certificate, an applicant must earn a minimum of 6 college credits or 120 inservice points or a combination of the two. This includes a minimum of one college credit or the equivalent inservice points in instruction for teaching students with disabilities.¹⁵⁵ For each area of specialization to be retained on a certificate the applicant must earn at least 3 of the required credit hours or equivalent inservice point the specialization area.

¹⁴⁸ Section 402.302(3), F.S.

¹⁴⁹ Section 435.12, F.S.

¹⁵⁰ Section 1002.88(1)(e), F.S.

¹⁵¹ Rule 6A-4.01796, F.A.C.

¹⁵² FLDOE, *Autism Endorsement Support Program*, https://florida-ese.org/docs/Autism_Application_Revised%2010_8_21.pdf (last visited February 10, 2025)

¹⁵³ Section 1012.582(1), F.S.

¹⁵⁴ Section 1012.582(1), F.S.

¹⁵⁵ Section 1012.585(3)(e), F.S.

However, the following college credits or inservice points may be applied to any specialization area:¹⁵⁶

- Education in “clinical educator” training.
- Participation in mentorship and induction activities, including as a mentor.
- Training in the area of scientifically researched, knowledge-based reading literacy grounded in the science of reading, including explicit, systematic, and sequential approaches to reading instruction, developing phonemic awareness, and implementing multisensory intervention strategies, and computational skills acquisition, ESE, normal child development, and the disorders of development.

Florida supports educators through the Partnership for Effective Programs for Students with Autism (PEPSA).¹⁵⁷ The partnership works with the CARD centers to create free professional development opportunities for Florida educators.¹⁵⁸

Effect of Proposed Changes

The bill modifies s. 1012.582, F.S., to require the Commissioner of Education (commissioner) to review the curricula used in continuing education and inservice training for instructional personnel. The review must be based on the commissioner’s recommendations and must consider incorporating instruction on ASD, Down Syndrome, other developmental disabilities, and emotional or behavioral disabilities into continuing education and inservice training requirements.

The bill further requires the commissioner to submit a report to the President of the Senate and the Speaker of the House of Representatives no later than December 1, 2025, detailing findings and recommendations for updates to instructional requirements.

Additionally, the bill modifies s. 1012.585, F.S., to include training in the knowledge and skills required to support students with autism as an eligible component of continuing education requirements for teachers. Credits or inservice points earned through this training may be applied toward any specialization area to satisfy required continuing education requirements for renewal of a professional educator’s certificate.

The bill includes in the requirements under s. 1004.551, F.S., the UF CAN to develop an autism micro-credential to provide both certified and non-certified instructional personnel, prekindergarten instructors, and child care personnel with the knowledge and skills needed to support children and students with autism. The micro-credential must be:

- Provided at no cost to instructional personnel, prekindergarten instructors, and child care personnel.
- Competency-based, allowing completion either in person or online.
- Awarded at any time during training once competency is demonstrated.
- Stackable toward the autism endorsement.

¹⁵⁶ Section 1012.585(3)(a), F.S.

¹⁵⁷ Partnership for Effective Programs for Students with Autism, About Us <https://doepartnership.fmhi.usf.edu/about.html> (last visited February 11, 2025)

¹⁵⁸ *Id.*

The micro-credential must also require participants to demonstrate competency in:

- Identifying behaviors associated with autism.
- Supporting learning environments in both general and specialized classroom settings.
- Promoting the use of assistive technologies.
- Applying evidence-based instructional practices.

The bill provides that eligible individuals who complete the micro-credential are eligible for a one-time stipend, as determined in the General Appropriations Act. The bill requires the UF CAN to administer stipends for the micro-credential.

Other State Programs Supporting Public Health and Accessibility

Present Situation

The Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program

The Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program (Cinotti Grant Program) was created in 2024 to expand access to no-cost health care screenings or services for the general public facilitated by nonprofit entities. The DOH is responsible for the implementation of the Cinotti Grant Program, publicizing the availability of funds, and enlisting the aid of county health departments (CHDs) for outreach to potential applicants at the local level.¹⁵⁹

A nonprofit entity may apply for Cinotti Grant Program funds to implement new health care screening or service programs that the entity has not previously provided related to the following conditions:¹⁶⁰

- Hearing;
- Vision;
- Dental;
- Cancer;
- Diabetes;
- Renal disease;
- Chronic obstructive pulmonary disease;
- Hypertension;
- Heart disease;
- Stroke; and
- Scoliosis.

Any nonprofit entity that has previously implemented a specific health care screening or services program at one or more specific locations may apply for grant funds in order to provide the same

¹⁵⁹ Section 381.9855, F.S.

¹⁶⁰ Florida Department of Health, *RFA 24-001, Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program, Request for Applications, Application Guidelines, FY (2024-2025)*, available at <https://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/HealthResourcesandAccess/Cinotti-Grant-Program/RFA24-001CinottiGrantProgram.pdf> (last visited Feb. 12, 2025).

or similar screenings or services at new locations or through a mobile health clinic or mobile unit in order to expand the program's delivery capabilities.¹⁶¹

The published Request for Applications (RFA) on the DOH's website lists the estimated funds available as \$10 million. The number of awards is dependent on the number of applications, as well as the amount of funding requested by each applicant. The maximum award is \$500,000.¹⁶²

The Cinotti Grant Program application deadline was September 3, 2024, and the DOH received 54 applications.¹⁶³ The anticipated award notification date for the Cinotti Grant Program was October 1, 2024; however, the inaugural Notice of Award has been delayed and is anticipated to post soon on the DOH website.¹⁶⁴

Effect of Proposed Changes

The bill amends s. 381.9855, F.S., revising the scope of the Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program to allow grant funds to be used for screenings, referrals for treatment, and related services for autism.

The bill takes effect upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

¹⁶¹ Florida Department of Health, *RFA 24-001, Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program, Request for Applications, Application Guidelines, FY (2024-2025)*, available at <https://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/HealthResourcesandAccess/Cinotti-Grant-Program/RFA24-001CinottiGrantProgram.pdf> (last visited Feb. 12, 2025).

¹⁶² *Id.*

¹⁶³ Florida Department of Health, *2024 Health Care Legislation Implementation Update for Senate Health Policy Committee (Feb. 4, 2025)*, available at https://www.flsenate.gov/Committees/Show/HP/MeetingPacket/6276/10950_MeetingPacket_6276_2.pdf (last visited Feb. 12, 2025).

¹⁶⁴ Florida Department of Health, *Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program*, available at <https://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/HealthResourcesandAccess/Cinotti-Grant-Program/index.html> (last visited Feb. 12, 2025).

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The provisions of the bill implementing the following provisions are subject to legislative appropriation:

- Early Steps Extended Option. The extension of Florida's Early Steps Program will have a significant but undetermined fiscal impact to state expenditures, subject to appropriation.
- Startup grants for autism charter schools.
- Specialized summer programs for children with ASD.
- Assignment of duties to the University of Florida Center for Autism and Neurodevelopment, including the development of an autism micro-credential.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.9855, 391.302, 391.308, 1012.582, and 1012.585.

The bill creates the following sections of the Florida Statutes: 391.3081, 1003.5711, 1003.5712, and 1004.551.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Education Pre-K -12 on February 18, 2025:

The committee substitute:

- Modifies the Early Steps Extended Option (EO) created in the bill to consistently apply eligibility for the EO from a child’s third birthday to his or her fourth birthday.
- Corrects an inaccurate name of each CARD to each Center for Autism and Related Disabilities.
- Expands eligibility for the autism micro-credential to include specified prekindergarten and child care personnel, and provides for an incentive for earning the micro-credential, subject to legislative appropriation.

- B. **Amendments:**

None.