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NCES Service Provider Manual Introduction

WELCOME TO UF’S DEPARTMENT OF PEDIATRICS NORTH CENTRAL EARLY STEPS (NCES) PROGRAM

THIS MANUAL CONTAINS GUIDANCE FOR THE PROVISION OF SERVICES FOR ELIGIBLE CHILDREN, BIRTH THROUGH 2 YEARS OF AGE, ENROLLED IN NCES.

WE URGE PROVIDERS TO BECOME FAMILIAR WITH THE CONTENTS OF THIS MANUAL AND REFER TO IT WHEN QUESTIONS ARISE. USE OF THE MANUAL WILL ASSIST IN THE ELIMINATION OF MISUNDERSTANDINGS OF ALL REQUIRED COMPONENTS OF NCES’ POLICIES AND PROCEDURES.
Section 1: NCES Mission, Principles and Core Practices of Family Guided Routines-Based Early Intervention

NCES Mission:
To build upon and provide supports and resources to assist family members and caregivers to enhance children’s learning and development through everyday activities and routines

NCES Principles of Early Intervention:
 Principle 1:
Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts

Principle 2:
All families, with the necessary supports and resources, can enhance their children’s learning and development

Principle 3:
The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives

Principle 4:
The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs

Principle 5:
IFSP outcomes must be functional and based on children’s and families’ needs and family-identified priorities

Principle 6:
A primary provider who represents and receives team and community support addresses the family’s priorities, needs and interests most appropriately

Principle 7:
Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations

CORE PRACTICES OF FAMILY-GUIDED ROUTINES-BASED EARLY INTERVENTION

1. Provider interacts with parent/caregiver and child as a dyad (rather than individual) - Teaching and learning occur between parent/caregiver and child throughout the day

2. Provider communicates respect by asking parent/caregiver preferences, listening to their choices and supporting their priorities rather than telling them what to do or doing it for them

3. Focus of intervention visit is on parent/caregiver’s attention to child’s behavior and on sharing information about child’s development

4. Embedded intervention on specific outcomes in multiple family-identified routines. Maintain the sequence of the dyad’s routine, limiting changes and adaptations (e.g. building on what works well)

5. Provider continually observes parent/caregiver and child interacting together in their typical or preferred routines

6. Included in session are the toys and/or materials typically used with the play or caregiving routine

7. Share information and focus attention on behaviors related to the child’s or family’s outcome(s) (coordinated with teams)

8. Comment on specific parent/caregiver strategies that are working well and incorporate them into routines

9. Support the parent/caregiver to connect IFSP priorities and skills being learned in the current routines to other potential routines

10. Match consultation strategies to parent/caregiver’s learning style and level

11. Summarize the visit, problem-solve, develop a “best plan of action” for between visit routines and activities with parent/caregiver

Section 2: NCES Provider Agreement

Potential and/or enrolled providers agree to the following:

- ITDS certification following is required prior to entering into an agreement with UF Department of Pediatrics:
  - Step 1: Copy of transcripts, resume, and Letter of Experience
  - Step 2: Upon qualifying, completion of CMS Early Steps ITDS and Orientation modules

- Licensed Provider following is required prior to entering into an agreement with UF Department of Pediatrics:
  - Step 1: Resume, copy of license, and Letter of Experience
  - Step 2: Completion of CMS Early Steps Orientation modules

- To have an active National Service Provider Identifier (NPI) number

- To have an active Florida Early Intervention Medicaid number and Florida Medicaid Therapy Service Provider number as applies

- To be credentialed by all Health Plans in Region 3 (Humana, Staywell, Sunshine, Wellcare-CMS and United)

- To have a signed UF DEPT OF PEDIATRICS NCES Memorandum of Agreement (MOA) on file with UF DEPT OF PEDIATRICS

- To have Wi-Fi and an email account established with Florida’s MOVE it®

- To have completed the following required trainings through UF NCES:
  - FL-EPIC Training (Note – Services provided in a clinic setting are exempt from this training)
  - New Provider Orientation Training
    - Battelle Developmental Inventory Training
    - Authentic Assessment Tools
    - Including Assessment, Evaluation, and Programming System for Infants and Children (AEPS) and Child Outcome Summary (COS)
  - Autism Navigator® for Early Intervention Providers
Section 3: Important Tips about Early Intervention

1. Early Intervention (EI) is Part C of the "Individuals with Disabilities Education Act" and is a developmental program serving children birth through age 2 with developmental delays, disabilities and at-risk conditions. Services are authorized based upon functional outcomes.

2. Part C requires services in “Natural Environments”. Under Section 303.18 of Part C, Natural Environments are defined as settings that are natural or normal for the child’s same age peers who have no disabilities.

3. Early intervention services under Florida’s Statewide Medicaid Managed Care (SMMC) fall under a fixed rate and are authorized under the Individual Family Support Plan (IFSP).

4. Therapy services under Florida’s Statewide Medicaid Managed Care (SMMC) fall under a capitated rate specific to the five Health plans in Region 3.

5. All services are pre-authorized. Never provide a service without an authorization in hand.

6. Recommendations for outcomes and strategies for services, with frequency, intensity, duration and location will be determined at the Individual Family Support Plan (IFSP) meeting in collaboration with the child's family and are based on the family’s identified priorities and concerns. It is inappropriate for a service provider to approach a child's family to discuss eligibility for EI services and/or recommendations for frequency, duration and location of services prior to the IFSP meeting.

7. Prior to making any changes to an IFSP such as increasing/decreasing the frequency or intensity of services that were originally identified as a need on the IFSP or changing the location from an offsite location to an onsite location, an IFSP team meeting must be convened to discuss the recommendation and justification for the change. The service coordinator must facilitate the meeting and the parent/caregiver must be present.

8. Service providers must verify insurance company coverage of benefits and comply with insurance company requirements, including network enrollment and documentation requests.

9. Never submit a claim to UF NCES for services not provided. This is an illegal practice and could result in the loss of a provider’s EI credential and termination of MOA.

10. If a service provider bills for one hour of early intervention and/or therapy, the service provider must have actually delivered that length of service.

11. Once a service provider accepts an authorization, the service provider commits to provision of services based upon a frequency, intensity and duration identified as a need on a child’s IFSP.
Section 4: Provider Training(s)

Florida Embedded Practices and Intervention with Caregivers (FL-EPIC):
FL-EPIC is an evidence-based coaching model focused on helping caregivers embed learning opportunities during every day routines and activities with their children. (See Appendix P)
(Note: Providers who provide services in a clinic-based setting are exempt from participation)

- **Who:** In collaboration with the Early Steps State Office (ESSO), Institutes of Higher Education (University of Florida and Florida State University), and North Central Early Steps (NCES), providers will participate in evidence-based professional development training on coaching caregivers to embed intervention practices.
- **What:** Focuses on the provider supporting the caregiver to identify, reflect, and problem solve around their child’s developmental and learning targets and opportunities for embedding learning opportunities in everyday routines and activities.
- **When:** All new providers must participate in FL-EPIC at the start of their MOA. After successful completion of the implementation phase of FL-EPIC, all providers contracted with NCES are required to participate in ongoing FL-EPIC professional development.
- **Where:** Providers will participate in an initial 2-day workshop training and monthly trainings here at North Central Early Steps. Further activities will primarily occur through a video-conferencing platform.
- **Why:** Provide evidence-based professional development to Early Steps providers, coach caregivers to embed intervention practices into their everyday routines and activities, evaluate whether professional development was implemented as planned, and improve child and family outcomes.

*Please contact Chelsea Saganich Rojas at (352) 681-2817 or cjsaganich@ufl.edu For additional information*

New Provider Orientation
- All new providers must attend an orientation training focused on the Individualized Family Support Plan (IFSP) and outcome development.

Battelle Developmental Inventory II (BDI-2 NU)
- All new providers must attend an introductory training focused on the BDI-2 NU assessment. BDI-2 NU is used for entrance and exit evaluations. Refer to Section 7 for additional information regarding evaluations and procedures.

Assessment, Evaluation, and Programming System for Infants and Children (AEPS)
- All new providers must attend an introductory training focused on the AEPS assessment. AEPS is used for ongoing, authentic assessment for every child and supports the development of the IFSP on a periodic and annual basis. Refer to Section 13 for Continued Service Authorization Requirements.

Child Outcome Summary (COS)
- All new providers must attend an introductory training focused on the COS process. The COS is a collaborative team process to provide a “snapshot” rating of a child’s functioning in everyday routines, activities, and situations relative to same-age peers in all three global outcomes. Please see Section 18 regarding IDEA Child Outcomes.
Section 5: NCES Directory

Service Authorizations
Child's Respective Service Coordinator and provide the following:
Provider Name – Short description tag – child’s Name/ESID #
MOVE it® Address: See next page for contact info

Provider Reimbursements & Claims Processing
NCES Fiscal Team and provide the following:
Provider Name – Short description tag – child’s Name/ESID #/DOS
MOVE it® Address: ncesfiscal@peds.ufl.edu

Service Provider Status
Sharon Hennessy
MOVE it® Address: hennesd@peds.ufl.edu
352.273.8553; W-Cell 352.681.2812

Florida EPIC – Lead Implementation Coach
Chelsea Saganich Rojas, Education/Training Specialist II
MOVE it® Address: cjsaganich@ufl.edu
352-294-8462; W-Cell 352. 681.2817

Service Coordination Supervision
Tamelia Malcolm and provide the following:
Provider Name – Short description tag – child’s Name/ESID#
MOVE it® Address: tmalcolm@peds.ufl.edu
352.273. 8571; W-Cell 352.681.2813

Scheduling of Clinic and/or Home Eligibility Evaluations
Tamelia Malcolm
MOVE it® Address: tmalcolm@peds.ufl.edu
352.273.8571; W-Cell 352.681.2813

Family Information, Support & Training
Doris Tellado
MOVE it® Address: dtellado@peds.ufl.edu
352.273.8562
### Intake Coordinator(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>Assigned Area(s)</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly Erickson</td>
<td>Alachua, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee, and Union</td>
<td>Phone: (352) 273-8556; Fax: (352) 294-8088; Email: <a href="mailto:kerickson1996@ufl.edu">kerickson1996@ufl.edu</a></td>
</tr>
<tr>
<td>Jeffrey Frazier</td>
<td>Marion</td>
<td>Phone: (352) 273-8560; Fax: (352) 294-8088; Email: <a href="mailto:jeffreyhfrazier@ufl.edu">jeffreyhfrazier@ufl.edu</a></td>
</tr>
</tbody>
</table>

### Service Coordinator(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>Assigned Area(s)</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brewer, Joan</td>
<td>Hamilton Co., Columbia Co., Except High Springs, Columbia Co. (Wellborn)</td>
<td>Phone: 352-273-8565; W-Cell 352-681-2803; MOVE it® address: <a href="mailto:joanebrewer@ufl.edu">joanebrewer@ufl.edu</a></td>
</tr>
<tr>
<td>Buchanan, Tonneika – At-Risk</td>
<td>All Counties</td>
<td>Phone: 352-273-8563; W-Cell 352-681-2804; Email: <a href="mailto:neikab@ufl.edu">neikab@ufl.edu</a></td>
</tr>
<tr>
<td>Davis, Trea</td>
<td>Dixie Co., Lafayette Co., Suwannee Co. (Live Oak, O’Brien, McAlpin, Branford)</td>
<td>Phone: 352-273-8564; 352-681-2806; <a href="mailto:trea.davis@ufl.edu">trea.davis@ufl.edu</a></td>
</tr>
<tr>
<td>Frazier, Laura</td>
<td>Gainesville (Q-Z); SHINE Coord.</td>
<td>Phone: 352-273-8570; 352-681-2810; <a href="mailto:lauraf@ufl.edu">lauraf@ufl.edu</a></td>
</tr>
<tr>
<td>Green, Kathryn</td>
<td>Gainesville (F-H), Alachua, High Springs Waldo, Earleton, Melrose, Lake Alto, Lacrosse, Union Co., Columbia Co - High Springs only</td>
<td>Phone: 352-273-6083; 352-681-2811; <a href="mailto:khgreen@ufl.edu">khgreen@ufl.edu</a></td>
</tr>
<tr>
<td>James, Kenneth</td>
<td>Gainesville (A-E); Hawthorne Lochloosa and Island Grove</td>
<td>Phone: 352-273-8554; 352-681-2819; <a href="mailto:k.james@peds.ufl.edu">k.james@peds.ufl.edu</a></td>
</tr>
<tr>
<td>Fouquet, MaryJoan</td>
<td>Ocala(G-N) except zip codes 34475&amp;34479</td>
<td>Phone: 352-294-8586; 352-681-2820; <a href="mailto:maryjoan.fouquet@peds.ufl.edu">maryjoan.fouquet@peds.ufl.edu</a></td>
</tr>
<tr>
<td>Drummond, Jacqueline</td>
<td>Gilchrist Co. and Levy Co.</td>
<td>Phone: 352-273-8568; 352-681-2807; <a href="mailto:jlew@peds.ufl.edu">jlew@peds.ufl.edu</a></td>
</tr>
<tr>
<td>Malcolm, Tamelia D – Supervisor</td>
<td>Archer, Newberry, Micanopy (Alachua &amp; Marion Co.)</td>
<td>Phone: 352-273-8571; 352-681-2813; <a href="mailto:tmalcolm@peds.ufl.edu">tmalcolm@peds.ufl.edu</a></td>
</tr>
<tr>
<td>Nixon, Sandra</td>
<td>Ocala (A-D) except zip codes 34475&amp;34479 Dunnellon, Romeo, and Morriston</td>
<td>Phone: 352-294-8588; 352-681-2821; <a href="mailto:lreshard@ufl.edu">lreshard@ufl.edu</a></td>
</tr>
<tr>
<td>Reshard-Wallace, LaToya</td>
<td>Ocala zip codes 34475 &amp; 34479 (A-Z) Reddick, Fairfield, Citra, Ft. McCoy, Anthony, Sparr, Orange Lake, Flemington, Evinston, Orange Springs, Micanopy (Assign to SN)</td>
<td>Phone: 352-273-8561; 352-681-2809; <a href="mailto:candis.vinson@ufl.edu">candis.vinson@ufl.edu</a></td>
</tr>
<tr>
<td>Vinson, Candis</td>
<td>Ocala (E-G) except zip codes 34475&amp;34479 Belleview, Summerfield Silver Springs, Salt Springs, Candler, Weirsdale, Lake Weir/ E. Lake Weir, Ocklawaha, Umatilla</td>
<td>Phone: 352-273-8566; 352-681-2822; <a href="mailto:vouisdr@peds.ufl.edu">vouisdr@peds.ufl.edu</a></td>
</tr>
<tr>
<td>Vouis, Dina</td>
<td>Gainesville (I-P); SHINE Coord.</td>
<td>Phone: 352-294-8587; 352-681-2815; <a href="mailto:danishawilliams@peds.ufl.edu">danishawilliams@peds.ufl.edu</a></td>
</tr>
<tr>
<td>Williams, Danisha</td>
<td>Ocala (O-Z) except zip codes 34475&amp;34479</td>
<td>Phone: 352-273-5171; 352-681-2825; <a href="mailto:vvwilliams6919@ufl.edu">vvwilliams6919@ufl.edu</a></td>
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<tr>
<td>Williams, Vincent</td>
<td>Ocala (E-F) except zip codes 34475&amp;34479</td>
<td>Phone: 352-273-5171; 352-681-2825; <a href="mailto:vvwilliams6919@ufl.edu">vvwilliams6919@ufl.edu</a></td>
</tr>
</tbody>
</table>
### NCES Directory Cont.

<table>
<thead>
<tr>
<th>Direct Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aldridge, Rebecca · ITDS</td>
<td>352-681-2802; <a href="mailto:rebecca.aldridge@ufl.edu">rebecca.aldridge@ufl.edu</a></td>
</tr>
<tr>
<td>Buchanan, Tonneika – At-Risk ITDS</td>
<td>352-273-8563; 352-681-2804; <a href="mailto:neikab@ufl.edu">neikab@ufl.edu</a></td>
</tr>
<tr>
<td>Conrad, Cheyenne · ITDS</td>
<td>352-681-2808; <a href="mailto:clkconrad@ufl.edu">clkconrad@ufl.edu</a></td>
</tr>
<tr>
<td>Marte, Melina · Occupational Therapist</td>
<td>352-681-2814; <a href="mailto:meli1026@ufl.edu">meli1026@ufl.edu</a></td>
</tr>
<tr>
<td>McMillan, Jaime · ITDS</td>
<td>352-681-2805; <a href="mailto:jfrick@ufl.edu">jfrick@ufl.edu</a></td>
</tr>
<tr>
<td>Nixon, Sandra · ITDS</td>
<td>352-273-8567; 352-681-2816; <a href="mailto:fenixon@ufl.edu">fenixon@ufl.edu</a></td>
</tr>
<tr>
<td>Stein, Heidi · Speech Therapist</td>
<td>352-681-2818; <a href="mailto:heidistein@ufl.edu">heidistein@ufl.edu</a></td>
</tr>
<tr>
<td>Weinbender, Elizabeth · ITDS</td>
<td>352-681-2823; <a href="mailto:elizabethmorchel@ufl.edu">elizabethmorchel@ufl.edu</a></td>
</tr>
<tr>
<td>Westby, Shanon · ITDS</td>
<td>352-681-2824; <a href="mailto:shanonwestby@ufl.edu">shanonwestby@ufl.edu</a></td>
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## Section 6: Services and Codes for Billing FY 20-21

<table>
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<tr>
<th>EARLY STEPS CODE</th>
<th>CPT CODE/MODIFIER</th>
<th>BILLING UNIT = One (1) unit for each increment reflected below Units: 15 min = .25 30 min = .50 45 min = .75 1 hour = 1.0</th>
<th>Maximum Fee per unit (1.0)</th>
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<td>ASTE</td>
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<td>EXIT</td>
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<td>OCTF - RE-EVAL EST PLAN CARE</td>
<td>97168</td>
<td>each eval</td>
<td>$51.05</td>
</tr>
<tr>
<td>PHY</td>
<td>97110</td>
<td>each hour</td>
<td>$71.44</td>
</tr>
<tr>
<td>PSTH - LOW COMPLEXITY</td>
<td>97161</td>
<td>each eval</td>
<td>$51.05</td>
</tr>
<tr>
<td>PSTH - MODERATE COMPLEXITY</td>
<td>97162</td>
<td>each eval</td>
<td>$51.05</td>
</tr>
<tr>
<td>PSTH - HIGH COMPLEXITY</td>
<td>97163</td>
<td>each eval</td>
<td>$51.05</td>
</tr>
<tr>
<td>PSTF - RE-EVAL EST PLAN CARE</td>
<td>97164</td>
<td>each eval</td>
<td>$51.05</td>
</tr>
<tr>
<td>SPCH – Evaluation of fluency</td>
<td>92521</td>
<td>each eval</td>
<td>$51.05</td>
</tr>
<tr>
<td>SPCH – Evaluation of speech sound production</td>
<td>92522</td>
<td>each eval</td>
<td>$51.05</td>
</tr>
<tr>
<td>SPCH – Evaluation of speech sound production and language comprehension and expression</td>
<td>92523</td>
<td>each eval</td>
<td>$51.05</td>
</tr>
<tr>
<td>EARLY STEPS CODE</td>
<td>CPT CODE/MODIFIER</td>
<td>BILLING UNIT = One(1) unit for each increment reflected below Units: 15 min = .25 30 min = .50 45 min = .75 1 hour = 1.0</td>
<td>EARLY STEPS CODE</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>SPL</td>
<td>92507</td>
<td>each hour</td>
<td>$71.44</td>
</tr>
</tbody>
</table>
| Evaluation Travel| A0080             | Provider will be reimbursed for travel to a clinic and/or natural environment setting for an IPDEI/IPDEF only.  
A0160 is not to be used with A0080  
Provider will be reimbursed for travel back to their home base  
If provider is traveling to home evaluations with service coordinator in a state vehicle, reimbursement to fall under natural environment support fee only  
When seeking reimbursement for mileage, State of Florida Voucher for Reimbursement of Travel Expenses Form (DFS-AA-15) must be submitted and include a detailed accounting of travel with map and vicinity mileage listed as applicable | $0.445/mile     |
| TRAV             | A0160             | To be used for ongoing services only  
When mileage exceeds 25 miles provider to use this code for excess mileage in addition to 99600 - $10.00 (which covers up to 25 miles)  
Provider will not be compensated for loss of professional time for a “no-show”  
Provider will not be reimbursed for travel back to their home base | $0.445/mile     |
| NATURAL ENVIRONMENT SUPPORT FEE (NESF) | 99600 | Provider to be reimbursed for traveling to natural environment for therapy and/or EI service(s)  
Provider traveling to natural environment for therapy and/or EI services to be reimbursed up to 25 miles under the Natural Environment Support Fee. If travel exceeds 25 miles reimbursement will include both 99600 and Travel - A0160 $0.445/mile for mileage in excess of 25 miles  
Provider will not be reimbursed with NESF for travel to childcare center or other location where parent/guardian is not present. Per mile travel (A0160) will be used instead for one way (to location) only  
When seeking reimbursement for mileage, State of Florida Voucher for Reimbursement of Travel Expenses Form (DFS-AA-15) must be submitted and include a detailed accounting of travel with map and vicinity mileage listed as applicable. | FLAT RATE: $10.00 |

**COVID-19 Fee Schedule and Procedures (see Appendix O)**
A child under the age of three is eligible for Early Steps if he/she meets one of the following eligibility criteria:

Established Condition:

A. An established condition falls in one of the following areas:
   1. Genetic and metabolic disorders
   2. Neurological disorder
   3. Autism Spectrum Disorder
   4. Severe attachment disorder
   5. Sensory impairment (vision/hearing)
   6. Infants who weigh less than 1,200 grams at birth
   7. Other

B. If the child has an established condition, a written confirmation from a licensed physician of the diagnosis is required to establish eligibility

   OR

   In the case of (a) severe attachment disorder or autism spectrum disorder, a healthcare practitioner acting within his/her scope of practice or (b) hearing loss, a licensed audiologist.

   Written confirmation of the diagnosed condition must be in the child’s Early Steps record.

   See Appendix A - Established Conditions List

Developmental Delay

A. Developmental delay as measured by appropriate diagnostic instruments and procedures and informed clinical opinion that exceeds:
   1. 1.5 standard deviations below the mean in two or more developmental domains or
   2. 2.0 standard deviations below the mean in one or more developmental domains

B. The developmental domains include:
   1. Cognitive
   2. Physical (including vision and hearing)
   3. Communication
   4. Social or Emotional
   5. Adaptive

C. A child’s medical and other records may be used to establish eligibility on the basis of developmental delay without conducting an evaluation, if the records:
   1. Indicate the child’s level of functioning meets Florida’s eligibility criteria as described above or that the child otherwise meets the criteria set forth by Florida’s Policy Handbook and Operations Guide,
   2. Are from within the past 90 days.
D. Informed clinical opinion may be used to establish a child's eligibility for Early Steps even when an evaluation instrument does not indicate eligibility; however, in no event may informed clinical opinion be used to deny a child's eligibility for Early Steps when scores on the evaluation instrument(s) meet Early Steps eligibility criteria.

A physical or mental condition known to create a risk of developmental delay.

Written confirmation from a licensed physician is required to establish eligibility and must be in the child's Early Steps record.

Services for infants and toddlers with a physical or mental condition known to create a risk of developmental delay will include, at a minimum, the following:

1. Individualized family support planning
2. Service coordination
3. Developmental surveillance
4. Family support

See Appendix B – At-Risk Conditions
**What does a Team Evaluation look like?**

**Required Tools:**
- Service coordinator(s) to make available their laptops to enable the team to complete the Child Assessment page of the IFSP.
- BDI-2 NU Kit, Early Language Milestone (ELM), Brief Infant-Toddler Social and Emotional Assessment (BITSEA) and any other evaluation tool(s)
- BDI-2 NU Mobile Data Solution (MDS)

**First: Introduce Team and Begin Time:**
- Each team member is assigned a role.
- Service coordinator reviews what will be taking place and answers any questions regarding the Getting to Know Your Child and Family, Health Status and Your Child’s Service Coordination/Targeted Case Management Plan of the IFSP previously shared with team, along with results from ASQ-3 and/or ASQ-SE.

**Second: Begin Eligibility Evaluation:**
- Warm-up period or unstructured facilitation: Child takes the lead; play facilitator follows the child’s lead with non-BDI-2 NU toy.
- Structured period - Complete standard items on BDI-2 NU: After standard items are completed or if child needs a break, team member assigned to record completes interview portion of BDI-2 NU. Team recorder inputs item level data into the BDI-2 NU Mobile Data Solution (MDS) or on hard copy protocol.

**Third: Eligibility Determination – Child Assessment Page of the IFSP**
- If not eligible:
  - One Team member interprets BDI-2 NU Scores and eligibility status to parent/caregiver. During discussion, other team member completes the Child Assessment page of the IFSP. The team should suggest strategies for providing natural learning opportunities to increase skills when they identify the child has the ability to perform certain skills, but lacks the opportunity. Recommendations may also include resources and information to address family concerns and any appropriate referrals.

  - **End Time - Team signs - Your Child's Assessment/Eligibility Determination Part II Page of the IFSP**

- If eligible:
  - One Team member interprets BDI-2 NU scores and eligibility status to parent/caregiver. During discussion, other team member completes the Child Assessment page of the IFSP.

**Fourth: Your Child's Assessment/Eligibility Determination Part I and II Page of the IFSP**
- The purpose of the assessment is to provide a useful summary that integrates information gathered during the IFSP process prior to the assessment. Team must summarize what they know about child and family's various abilities, strengths, and needs through every day routines and activities.
- Vision and hearing status to documented.
  - **Note: Team must document on Child Assessment Page of IFSP one or more of the following areas were observed: Sensory motor, activity level, emotional or behavioral interactions, or behavior patterns.**

**Fifth: Outcomes Page of the IFSP**
- Team assists parent/caregiver in developing outcome(s) describing changes and benefits with which they want assistance.
- Meaningful outcomes are developed with the parent/caregiver through discussion to ensure all members of the team understand what they are working toward and why it is important.

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**Policy 3.1.4**
No single procedure will be used as the sole criterion for determining a child’s eligibility for Early Steps. Procedures must include:
A. Taking the child’s history (including interviewing the parent);
B. Identifying the child’s level of functioning in each developmental area;
C. Gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child’s unique strengths and needs; and
D. Reviewing medical, educational, or other records.

HTTP://WWW.CMS-KIDS.COM/HOME/RESOURCES/ES_POLICY/ES_POLICY.HTML
Team discusses what progress will look like in 3 and 6 months to meet the outcome(s) by asking the following:

- What specific outcomes are desired for child and family?
- What learning opportunities are available now to ensure active engagement of child toward specific outcome?
- What supports, adaptations or specific strategies are needed to assure the child’s successful acquisition and/or practice of new behavior/skills?
- Who is able to provide the learning opportunities needed?
- Whom among the IFSP team of early intervention professionals is most appropriate to provide coaching and/or guidance to family?
- What will the support team look like?

*Note: This is also a good time to discuss if child will be in need of an Assistive Technology Evaluation in the future.*

Identify Primary Provider on the team by asking the following:

- What community resources does the family already have in place?
- What community resources could assist the family in meeting the outcome?
- Who on the team could address the outcome best?
- Does this team member have knowledge and skills to address outcome?
- Does the team member have a good rapport with family?

Identify Consultants on Team and Community Resources:

- The team asks the following to be used in determining supports and resources needed by the Primary Provider:
  - Does the Primary Provider need help in supporting the caregiver in meeting this outcome?
  - Who on the team will support the Primary Provider?
  - What type of support does the Primary Provider need? (E.g. Consultation)

**Sixth: WRAP-UP**

Team signs Assessment Page of IFSP

- Team assigns ICD-10 code and start/end time of IPDEI (T1024**)/IPDEF (T1024**) to be used for billing purposes.
- Service coordinator provides team with all needed documentation for submission of claim.

- IFSP, to include:
  - Consent to bill insurance
  - ICD-10 Code
  - Early Steps Identification Number
  - Medicaid and/or insurance information

**SMART Outcomes:**
- **Specific** – clear to everyone
- **Measurable** – will be obvious to everyone when met
- **Attainable** – something parent/caregiver wants to happen
- **Relevant** – is the routine/activity and/or ritual embedded and clear
- **Tied to Priority** – is this directly related to parent/child’s expressed concern – not discipline specific or instrument driven
Program Note 2 use the following options:

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART C ENTRY</td>
<td>Child is eligible for Part C supports</td>
</tr>
<tr>
<td>PART C EXIT</td>
<td>Child exiting program (&gt; 6 months of service from initial IFSP)</td>
</tr>
<tr>
<td>0</td>
<td>Child is not eligible for Part C supports</td>
</tr>
<tr>
<td>1</td>
<td>Other not for child outcomes</td>
</tr>
<tr>
<td>2</td>
<td>Child is eligible (&gt; 30 months of age at eligibility evaluation)</td>
</tr>
</tbody>
</table>

Electronic protocol must be uploaded within **24 hours** of completion

Please contact Sharon Hennessy with any issues pertaining to the BDI-2 NU – Mobile Data Solution
Phone: 352.681.2812  
Email: hennesd@peds.ufl.edu
Private Insurance Claims for Initial and Follow-up Team Evaluations

For a Licensed Therapy provider the following applies:

- If child has private insurance and parent/caregiver provides consent to bill insurance for IPDEI/IPDEF then service provider to bill insurance for service at the Medicaid rate.
- If non-covered service, submit hardcopy explanation of benefits (EOB) with 1500 claim to NCES Fiscal Team.
- If child has private insurance and parent/caregiver **does not** provide consent to bill insurance for IPDEI/IPDEF the service coordinator to update Early Steps Data Base (ESDS) to authorize CONT as primary payer for IPDEI/IPDEF and provide fiscal with copy of Consent Form.

For an ITDS and Licensed EI provider (e.g. LCSW, LSP, RN) the following applies:

- If child has private insurance and parent/caregiver provides consent to bill insurance for IPDEI/IPDEF no action needs to take place.
- Service Coordinator to enter appropriate procedure code along with CONT as payer of service.
Section 8: New Service(s)

What documentation can I expect to receive upon receipt of a new referral?

1) Complete IFSP
2) Service Initiation Form
3) Informed Consent for the Use of Private Insurance

Please Note: UF NCES will not provide prescription(s) for service(s). It is up to the service provider to obtain this from pediatrician.

What do I need to do when I receive a referral?

1) To initiate Part C services within **30-days** from date the service is added to IFSP, may be different from the date you receive the referral.

2) To complete and return the **Service Initiation Form** to the attention of Fiscal Team within 10 days of the initial visit (see Appendix C)
   - If service(s) not initiated on time, Service Provider will notify Service Coordinator no later than five (5) working days after receipt of the written referral. Attempts to initiate services must be documented on the Service Initiation Form, and a reason (barrier code) must be designated on the form if services are not initiated within the 30-day period

3) For early intervention service the following applies:
   a. If using IFSP as Plan of Care (POC) to obtain appropriate signatures on Early Steps Services Page of IFSP and submit to NCES Fiscal Team
   b. If not using IFSP as POC, submit self-created POC or UF NCES POC to NCES Fiscal Team (see Appendix D)

4) If therapy service, to submit EOB with initial claim to NCES Fiscal Team. One EOB per calendar year shall be sufficient for a blanket denial (non-covered service, out-of-network provider, etc.). Denials related to deductible, partial payments, exceeds max benefits, etc. are required with each claims submission.
Section 9: Required Monthly Documentation

What documentation is required for each child enrolled in UF NCES regardless of funding source or service?

By the 15th of each month, the following documentation is required:

- Monthly Progress Note (See Appendix E)
- Consultation Form if applicable (See Appendix H)

Note: Payment will not be made if submitted documentation does not match Early Steps Services Page of the IFSP

SECTION 10: Unauthorized Service(s)

All early intervention, therapy services and assistive technology devices are pre-authorized:

- Service providers should never provide services without an authorization in hand.
- Services provided prior to the begin date and after the end date of the authorization are considered non-authorized services and will not be paid by UF NCES.
- Time spent on the phone with a parent/caregiver or service coordinator is not billable.
- Time spent helping the family to identify/access other services/resources that early intervention does not pay for (ex. housing, SSI) falls under the role/responsibility of the service coordinator. The service provider should notify the service coordinator of the family’s needs.

SECTION 11: Rescheduling of Missed Appointments

A service provider can reschedule a missed visit based upon the guidelines stated below:

- Service providers should make every effort to avoid missing or changing date/time of session(s).
- If a session cannot be rescheduled within the week originally planned, it should be considered a missed session.
- Service frequency cannot exceed what is authorized on IFSP.
- Never provide a make-up session on same date a regular session has been scheduled or as back-to-back sessions.
- If service provider needs to miss consecutive sessions (e.g. greater than 3 weeks) due to an extended vacation or a prolonged illness/injury, etc. Service provider to alert service coordinator to ensure continuation of sessions by another qualified service provider.

Send to the attention of:
UF NCES Fiscal Team
PO Box 100296
1701 SW 16th Avenue, CMS Bldg. B
Gainesville, FL 32610-0296
Fax: 352.294.8088
Via Move-it: NCESFiscal@peds.ufl.edu
Section 12: Consultation Policy and Procedures

- Consultation services are pre-authorized on the IFSP - pay attention to the duration/frequency/intensity of the service.

- *Consultation Documentation Form* must be submitted with claim. *(See Appendix H).*

- Consultation should support family/caregiver competence related to child learning by assisting the other team member with strategies or activities used to meet IFSP goals and outcomes.

- Consultation is not used solely to discuss recommended changes in services, frequency, and/or duration of services, this falls under an IFSP review and *requires* the attendance and participation of both the parent/caregiver and service coordinator.

- Consultation may be face-to-face or by phone (when face-to-face contact is not required, then use of technology is strongly encouraged).

- Consultation between service providers on the IFSP team may occur as consultations between IFSP team members and/or as joint visits.
  - Joint visits may be conducted in one of two ways:
    1) One professional provides the service (typically the Primary Service Provider - PSP) and the other provides consultation and expert advice to the professional who is providing the service.
    2) A professional who is not the PSP provides a regularly scheduled session and the PSP consults for the purpose of observing and listening to the other provider’s coaching with the caregivers on how to implement strategies so that the PSP can reinforce this information on subsequent visits.

- Consultation services are billed to UF NCES as described in Section 6: Services and Codes for Billing FY 2020 – 2021.

- Consultation form is completed and signed by team members and submitted to UF NCES by the 15th of each month following date of service.
Section 13: Continued Service Authorization Requirements

The process of assessment of child functioning is ongoing and is the responsibility of the service provider. This process includes observing the child participating in routine activities, interviewing parent/caregiver for their interest in daily routines, preferences, challenges and priorities.

In addition, it is required that the service provider incorporate the use of an approved assessment tool such as the Assessment Evaluation and Programing (AEPS), Carolina Curriculum for Birth to Three and/or the Help Strands.

The following documentation is required at least 2 weeks prior to end of the authorization period:

- Completed Electronic Version of Child Assessment page of the IFSP
- Printed dated/signed Child Assessment Page of the IFSP

Fax and/or Send via MOVE IT directly to Service Coordinator listed on IFSP

Fax: 352.294.8088
Section 14: Policy Guidelines for Billing Private Insurance and Medicaid Managed Health Care Plans

For All Service Providers Billing Florida Medicaid Managed Health Care Plans and Private Insurance, the following applies:

- A parent/caregiver whose child is enrolled under Florida Medicaid Managed Health Care Plan or private insurance is required to use their benefits to assist in meeting the costs of covered services and assistive technology devices.

- It is always the responsibility of the service provider to verify the Medicaid status of a child through Florida Medicaid Management Information System (FLMMIS) on a regular basis.

- It is always the responsibility of the service provider to check in with the parent/caregiver to determine if a child’s health coverage has changed and notify child’s service coordinator of any changes to coverage.

- If child is covered under a Florida Medicaid Managed Health Care Plan or Private Insurance, service provider must become a provider for that particular network.

- If unable to become a provider or if billing claim is denied, refer to next page for submission of claim process.

- If a therapy provider has been denied enrollment with a private insurance plan due to “panels closed” or other reason, provider should attempt to enroll again annually. Documentation of annual attempts to enroll (whether successful or not) should be documented on the TPIN Summary Form, attached as “Appendix J.”

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Early Steps State Policy:

1.4.4
A. The LES or service provider must bill public or private sources or third party payer for direct services for eligible children and their families unless the family denies permission per policy 1.7.1.
B. Service Providers shall not be paid Individuals with Disabilities Education Act (IDEA), Part C funds for direct services unless third party collection is denied by the third party payer, and written evidence of denial is on file with the service provider. The provider will be reimbursed in accordance with contract specifications.
C. Part C funds may be used rather than billing Insurance when the Early Steps rate for the service is less than the rate Early Steps would pay for the family’s insurance copay and/or deductible.

Section 15: Standard Operation Procedures for Billing: Therapy Providers

Third Party Insurance
- One EOB per calendar year shall be sufficient for a blanket denial (non-covered service, out-of-network provider, etc.).
- Denials related to deductible, partial payments, exceeds max benefits, etc. are required with each claims submission.
- Please process claims per the individual insurance plan's requirements

Medicaid Managed Health Care Plans and Title 21
- EOBs must be provided for each service for each child
- EOBs must show a legitimate denial reason for why the MMA did not cover services.
- Please process per the individual MMA plan's requirements
- Region 3 MMA Plans Info at: https://flmedicaidmanagedcare.com/
  - United Healthcare
  - Sunshine Health
  - Humana
  - Staywell
  - Wellcare CMS

Standard Operating Procedures – Billing, MMA Plans
1. Coverage Determination and Verification
   a. Verify eligibility and plan info via FLMMIS, prior to seeing child
   b. Ensure verification of coverage by month for the date of service to be billed
   c. Title XXI coverage must be verified on card via parent. FLMMIS portal will not show XXI coverage.
   d. If MMA is not specified but coverage is active, bill directly to Medicaid via FLMMIS. Continue to verify coverage with each service. MMA should be specified shortly.

2. Obtain Authorizations
   a. NCES authorizes CONT for first evaluation via the Early Steps Service Page of the IFSP by SC
   b. Evaluate child and create Plan of Care (POC)
   c. Send POC to appropriate MMA plan for authorization of services
   d. Refer to respective MMA's Provider handbook for allowable fees and units
     Bill Medicaid or Respective MMA Plan
       a. FL Medicaid billing via FLMMIS portal
       b. MMA Plan billing per corresponding MMA's handbook claims filing instructions

3. Payment Receipt or Denial?
   a. If payment received in full
      - End of process
   b. If partial payment received
      - If plan states this is considered payment in full, process ends (MMA contract pays at Medicaid approved rate)
        - Refer to codes and rates in Therapy Services Procedure Codes and Maximum Fee Schedule to determine if considered full payment per Medicaid rate. Info at: https://ahca.myflorida.com/medicaid/review/fee_schedules.shtml
c. If denied
   • Determine reason for denial
     a. 1. If denied due to billing error or other unacceptable denial reason, Rebill with corrections made.
     2. If denied due to medical necessity or other acceptable denial reason,
        a. Send the following via USPS or Fax to “NCES Fiscal Team” to request either assistance in resolving or an update to CONT
           • Denial / EOB
           • 1500 form or original claim filing documentation
           • Evidence of appeal to MMA with secondary denial
           • AHCA complaint copy

Important Notes:
You must have followed the credentialing process and be listed as a provider with each corresponding MMA plan in order to receive payment of claims from the MMA. Please refer to Appendix I, Medicaid Managed Care Plan Enrollment Summary Form.
Section 16: Standard Operation Procedures for Billing: EI Licensed and ITDS

Early Intervention providers are not required to become credentialed with private insurance plans; however, they must be enrolled with all Medicaid MMA plans in our coverage area.

Standard Operating Procedures – Billing, MMA Plans

1. Coverage Determination and Verification
   a. Verify eligibility and plan info via FLMMIS, prior to seeing child
   b. Ensure verification of coverage by month for the date of service to be billed
   c. Title XXI CMS coverage must be verified on card via parent. FLMMIS portal will not show coverage.
   d. If MMA is not specified but coverage is active, bill directly to Medicaid via FLMMIS. Continue to verify coverage with each service. MMA should be specified shortly.

Region 3 MMA Plans Info at: https://flmedicaidmanagedcare.com/
   • United Healthcare
   • Sunshine Health
   • Humana
   • Staywell
   • Wellcare CMS

2. Bill Medicaid or Respective MMA Plan
   a. FL Medicaid billing via FLMMIS portal
   b. MMA Plan billing per corresponding MMA's handbook claims filing instructions

3. Payment Receipt or Denial?
   a. If payment received in full
      • End of process
   b. If partial payment received
      • If rate not equal to Medicaid rate due for respective service code, contact respective MMA Provider Service Representative to request resolution
      • If resolution not achieved, follow procedures with respective MMA to file a claim dispute, and file an AHCA complaint
   d. If denied
      • Determine reason for denial
         a. If denied due to billing error or other unacceptable denial reason, rebill with corrections made.
         b. Send the following via USPS or Fax to “NCES Fiscal Team” to request assistance in resolving
            • Denial / EOB
            • 1500 form or original claim filing documentation
            • Evidence of MMA appeal and secondary denial
            • AHCA complaint copy

Important Notes:
You must have followed the credentialing process and be listed as a provider with each corresponding MMA plan in order to receive payment of claims from the MMA. Please refer to Appendix H, Medicaid Managed Care Plan Enrollment Summary Form.
Section 17: Service Provider Claim Procedures

UF NCES UTILIZES THE ACCOUNTS PAYABLE SYSTEM WITHIN UF TO STREAMLINE THE CLAIMS PAYMENT PROCESS FOR ALL CONT PAYMENTS TO CONTRACTED PROVIDERS. IN ORDER TO MAINTAIN THIS PROCESS, THE FOLLOWING ACTIONS ARE REQUIRED ON THE PART OF EACH PROVIDER AND UF NCES:

1. **Vendor Setup and Maintenance**
2. **NCES Provider Claims Filing Process**
3. **Quality Assurance Audits**

1. **Vendor Setup**

All contracted providers are required to be set-up as a UF Vendor in order to receive payments from NCES. Vendor process has been moved to an electronic format and is available on the UF Supplier Portal at https://www.fa.ufl.edu/directives/supplier-portal/. Instructions for set-up and all needed forms are available through this link. Additionally, periodic maintenance is required to maintain status as a UF Vendor:
   a. If you have not been paid by UF in the last fiscal year, you will need to complete a new application.
   b. If any of your information (name, address, business info, tax info) has changed, you will need to complete an update on the portal immediately.
   c. If you are an individual supplier, you will need to complete an update annually to ensure you remain in approved status, even if no information has changed.
   d. If you are an agency, you will need to complete an update every other year to ensure you remain in approved status, even if no information has changed.

Vendor set-up is no longer facilitated by NCES Fiscal. Please utilize the UF Supplier Portal at the link below. Any questions should be addressed to addsupplier@ufl.edu.

2. **NCES Provider Claims Filing Process**

Below, is the process which improves, streamlines, and ensures quality assurance of claims filing and state required reporting.

*Please note: The NCES Claims Form is attached to this manual as Appendix F. Download the most current form in Excel format from the Provider Resource page of the NCES website. Claims Forms submitted for dates of service on or after July 1, 2020 will be returned if not submitted on this form.*

*State of Florida Voucher for Reimbursement of Travel Expenses [Form DFS-AA-15] is attached to this manual as Appendix G. All per mile travel reimbursement claims for dates of service on or after July 1, 2020 will be denied if not submitted on this form.*

**Service Coordinator**

A1 – Authorizations AKA FSPSAs entered into ESDS (Early Steps Data System) for authorized CPT codes, NESF, and any Travel Codes in alignment with those authorized on IFSP

**Provider**

B1 – Provider delivers service
B2 – Provider files claim in timely manner to appropriate payer source (TPIN, MED, NCES)
B3 – Provider submits claim to NCES along with EOB if denied by MED or TPIN by 15th of month following month of service, or as soon as EOB is received. Terms are Net 30 with date of invoice not prior to date completed and submitted. Send claims via Move-It to ncesfiscal@peds.ufl.edu.

NCES Fiscal Team
C1 – Invoices received, downloaded, and entered into ESDS.
C2 – Claims with issues will be either resolved or denied and noted for provider to file on next claims form, depending on issue.
C3 – Fiscal Team will process invoices twice per month. Invoices will include all clean entries received by the 1st and 15th, respectively. Fiscal Team will submit invoices to UF Marketplace for payment with copy to Provider.
C4 – Payments will be approved in UF Marketplace. Invoice copies provided to provider will include reference to each claim paid for provider reconciliation.
C5 – Once paid and financials received, payment data will be extracted from UF Marketplace and entered to ESDS.

Non-compliance to the above claims filing instructions will result in a delay of invoice processing and payment.

Payments are expected on the “pay date” specified on each invoice. Payment typically deposits in provider bank account by the following day. NCES Fiscal makes every effort to ensure payments are made on the date specified on invoice copy. Holidays and system issues may cause delay in payments beyond the control of NCES Fiscal. UF Disbursements can assist with payments that are lost or delayed.

UF Disbursements | 352.392.1241 | disbursements@ufl.edu

3. PROGRESS NOTES
Send Monthly progress to NCES Fiscal Team for each associated billing period by the 15th of the following month.

Progress notes may be mailed, faxed, or sent via Move-it to the NCES Fiscal Team (see Section 9 of this manual). Invoice payments will only proceed for those in compliance with this agreement, as the progress notes are necessary for contract compliance and quality of care provided to the children and families we serve.

4. QUALITY ASSURANCE (Q/A) AUDITS
Q/A will occur on an ongoing basis and/or if any ongoing issues have been found to be out of compliance with these terms or the terms of the provider’s contract. This will result in a consult with provider to help get resolved; excessive non-compliance may result in suspension or termination of contract.
Section 18: IDEA Child Outcomes and EXIT Evaluations

States report data annually to the Office of Special Education Programs (OSEP) in the U.S. Department of Education on three child outcomes for Part C and Part B Preschool programs:

**Three global outcome indicators:**

*Indicator a: Positive social-emotional skills (including social relationships):*
Making new friends and learning to get along with others is an important accomplishment of the early childhood years. The outcome includes concepts and behaviors such as attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations in social situations, and social interactions and social play.

*Indicator b: Acquisition and use of knowledge and skills (including early language/communication [and early literacy]):*
Over the early childhood period, children display tremendous changes in what they know and can do. The knowledge and skills acquired in the early childhood years, such as those related to communication, pre-literacy and pre-numeracy, provide the foundation for success in kindergarten and the early school years. This outcome involves activities such as thinking, reasoning, remembering, problem solving, number concepts, counting, and understanding the physical and social worlds.

*Indicator c: Use of appropriate behaviors to meet their needs:*
As children develop, they become capable of acting on their world. With the help of supportive adults, young children learn to address their needs in ways that are more sophisticated and with increasing independence. They integrate their developing skills, such as fine motor skills and increasingly complex communication skills, to achieve goals that are of value to them. This outcome involves behaviors such as taking care of basic needs, getting from place to place, using tools (such as forks, toothbrushes, and crayons), and, in children 24 months or older, contributing to their own health, safety, and well-being.

**Criteria - EXIT evaluations**
Child has had six months of services from initial IFSP and falls within one of the following categories:
- Turning three transitioning to Pre-K
- Turning three not transitioning to Pre-K
- Met outcomes on IFSP and to be discharged
- No longer eligible and to be discharged.
- Parent/caregiver withdrawals from program

EXIT evaluations authorized by Service Coordinator.

Refer to Section 19 - EXIT Decision Tree - BDI-2 NU or BDI-2 NU Screener
Section 19: EXIT Decision Tree - BDI-2 NU or BDI-2 NU Screener

When to use the BDI-2 NU Full Assessment or BDI-2 NU Screener for Exits

Decision Tree

When to use a Criterion and/or Curriculum-Based assessment tool (i.e. AEPS):
- Ongoing monitoring of child’s development
- Assist with developing a quality Plan of Care
- Develop quality IFSP outcomes/goals/strategies
- Used to determine if child has met their IFSP outcomes
  - Including scheduled Periodic and Annual Reviews

Why are we being trained and provided with Criterion and/or Curriculum-Based assessment tool(s):
- Tools are comprehensive and linked system that includes both assessment/evaluation, curricular, and family participation components. Provider user with absolute progress of child’s development.
- Normed-Referenced tool(s) (e.g. BDI-2 NU assessment and Screener) provides relative progress as compared to child’s same age peers and only required for Entrance and EXITS.

Did the child complete at least 6 months of service from the development of the IFSP (i.e. date of evaluation)?

- Yes
- No

Did the child age-out of Early Steps (i.e. turned 3 at time of Exit)?

- No
- Yes

Neither a BDI-2 NU Full Assessment or Screener needs to be completed

A BDI-2 NU Screener must be completed for children who:
1. Child met their outcomes and caregiver has no further concerns
2. Caregiver has withdrawn from Early Steps services after an IFSP is in place
3. Child is determined no longer eligible

A BDI-2 NU Full Assessment must be completed for ALL children who age out of Early Steps regardless of Part B eligibility or determination

Please note: BDI-2 NU Full Assessments are due within 30 days of the child’s 3rd birthday
Section 20: Assistive Technology Policy and Procedures

Step 1: Referral for AT Assessment:
Referral for an AT Assessment must be submitted at least 3 months prior to child’s 3rd Birthday. It is preferred the team evaluating child for eligibility to consider and document the need for an AT assessment at time of eligibility.

Step 2: Responsibility of Service Provider:
Information collected during the assessment process should include:

- UF NCES Activity Based Provider AT Assessment Form (See Appendix L)
- Physician’s Authorization (Must be written within the previous six-month time frame)
- Separate letter of developmental necessity from a credentialed evaluator is required. The letter must be dated within the recent six-month timeframe and include information on the child’s developmental need and current functioning level.
- Vendor quotes including options/accessories breakdown and picture of AT device
- Picture and description of item including manufacturer pricing

Step 3: Responsibility of Service Coordinator:
If an AT assessment is needed, service coordinator makes a referral to Pediatric Physical Therapy Services/Children’s Medical Service (CMS) and or appropriate local provider to complete an AT evaluation and recommendation for AT device.

The referral packet to include:

- Service Initiation Form (See Appendix C)
- IFSP
- UF NCES Activity Based Provider AT Assessment Form (See Appendix L)
- UF NCES AT Request Form (See Appendix M)

Service Coordinator to authorize in ESDS the following:

- ASTE – 97755
- ASST – T1999

Step 4: Responsibility of Service Coordinator:
Upon receipt of AT request, Service Coordinator ensures that all paper work is complete and then turns into NCES fiscal team for review.

Step 5: Responsibility of Fiscal:
The sole purpose of this step is to ensure that all paperwork is complete and that the team and service provider making request have followed the Five Principles of Assistive Technology (Refer to Page 39 and

Early Steps Policy and Guidance Documents

The assistive technology assessment is recommended and conducted by the IFSP team and should not occur outside of the IFSP process. (PHOG Policy 6.4.1, 6.4.2)

The assistive technology assessment must be completed prior to the purchase of the equipment by the IFSP “TEAM” (PHOG Policy 6.4.1)

The IFSP team must include at least one of the following for children needing an assistive technology assessment: audiologist, LATS, OT, Orientation and Mobility Specialist, PT, SLP (PHOG Policy 6.4.3).

Recommendations should not be driven by technology and should consider the use of low-cost alternatives. (PHOG 6.4.4, Guidance)

Hearing aids and (frequency modulation) FM systems are recommended by the audiologist. (PHOG 6.4.6 guidance)
ESSO policy for AT needs.) If paperwork is complete, fiscal team will return to service coordinator with AT Device Request form signed and dated.

**Step 6: Responsibility of Service Coordinator:**
Service coordinator provides letter of notification to service provider

**Step 7: Responsibility of Service Provider:**
✓ Service provider must bill all other resources prior to Part C and if seeking payment through our program must provide EOB
✓ Service provider submits EOB with AT claim to NCES Fiscal Team.

**Step 8: Responsibility of Service Coordinator:**
✓ To ensure receipt of UF NCES Assistive Technology Receipt Form (See Appendix N) has been signed by parent and returned to Fiscal Staff

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Florida Early Steps Policy 6.4.6
A. If a vendor accepts Medicaid, it is considered payment in full

B. Equipment that is not covered by Medicaid’s Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook, which is purchased from an assistive technology vendor, should be reimbursed at no more than 80% of the usual and customary charge to the general public

C. If the vendor is unwilling to accept a reduced amount and bills the parents for the remaining difference for a child without Medicaid, the parents are not required to pay and Part C funds may be used to cover the remaining balance.


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AT Claims:
UF NCES
Attn: NCES Fiscal Team
Mailing Address:
PO Box 100296
Gainesville, FL 32610-0296
352.294.8088 FAX
Critical Areas to Consider When Assessing the Need for an AT Device

**Child**
- What activity does the child need or want to do?
- What are the child’s current abilities?
- What are the child’s special needs?

**Environment(s)**
- Where will the activity take place? Describe the physical arrangements. Are there any special concerns?
- What materials and equipment are currently available in the environment?
- Who is available to the child and the family for supporting the use of assistive technology?
- What resources are available to the family for exploring the use of assistive technology?
- What are the attitudes and expectations of the family regarding the child’s use of assistive technology in order to accomplish an activity or outcome?

**Task(s)**
- What activities does the child currently enjoy which may enable progress toward mastery of identified goals?
- What are this child’s peers doing?
- What are the critical elements of the activities involved in the desired outcome? Of these, what can the child do now, what do you expect the child to master, and how will assistive technology help?
- How might the activity be modified to accommodate the child’s special needs?

**Tool(s)**
- What no tech or low tech options should be considered in an assistive technology system for a child with these needs and abilities doing these activities in these environments?
- What high tech options should be considered?
- What assistive technology options appeal most to the family?
- What strategies might be used to increase the child’s interest in the activity?
- How might the child try out the proposed assistive technology in the environment in which it will be used?
Section 20: Discharge Policy and Procedures

A child may be discharged from a service provider’s caseload due to one of the following reasons:

- Child was made eligible based on clinical opinion and screening indicates that the child no longer meets Early Steps eligibility criteria
- Child has met IFSP outcomes and is no longer demonstrating any concerns
- Child has met discipline specific goals and is no longer in need of service
- Parent/Caregiver requested new provider or declined service
- Child turned three
- Transfer out of district/to other state
- Attempts to contact parent have been unsuccessful

For all of the reasons above the following documentation is required upon discharge:

- Discharge Summary (See Appendix K)
- Monthly Progress Note (See Appendix E)
- EXIT BDI-2 NU or BDI-2 NU Screener

Hard copy BDI-2 NU or BDI-2 NU Screener(s) please put at top of protocol: Part C EXIT

Send protocol to attention of:
UF NCEs Fiscal Team
PO Box 100296
1701 SW 16th Avenue, CMS Bldg. B
Gainesville, FL 32610-0296
### Section 20: GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Glossary</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptive Behavior</td>
<td>Skills that children develop that allow them to take care of themselves and become independent (such as feeding, eating, and dressing).</td>
</tr>
<tr>
<td>Adaptation</td>
<td>A change to a core component (essential function) of an intervention as necessary when implementing an intervention in a new setting, with different conditions, or with families that are different from those in the original test groups.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Process of gathering ongoing and comprehensive information about specific aspects of a child’s knowledge, behavior, skill level, or personality for the purpose of making evaluative decisions.</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>Equipment or devices used to increase, maintain, or improve the capabilities of an individual with disabilities. Also includes evaluation to determine the need for equipment, instruction in the use of the equipment, and on-going monitoring of the use of the equipment.</td>
</tr>
<tr>
<td>Benchmark</td>
<td>A standard or point of reference for comparing one’s performance or outcomes.</td>
</tr>
<tr>
<td>Bond</td>
<td>An emotional tie or attachment between caregiver and infant.</td>
</tr>
<tr>
<td>Child Outcomes</td>
<td>The changes experienced because of the Early Intervention services and supports provided to a child. All children in Early Intervention will have their skills compared to other children their age in three areas: positive social/emotional skills, acquisition and use of knowledge and skills, and taking appropriate action to meet needs.</td>
</tr>
<tr>
<td>Coaching</td>
<td>An adult learning strategy in which the coach promotes the learner’s ability to reflect on his/her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.</td>
</tr>
<tr>
<td>Cognitive Development</td>
<td>Skills and knowledge that children develop that allow them to think, learn, problem solve, and remember.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Interactive relationships between adults, such as family members and professionals who work together to achieve mutually agreed upon outcomes/goals.</td>
</tr>
<tr>
<td>Concerns</td>
<td>What family members identify as needs, issues, or problems they want to address as part of the IFSP process.</td>
</tr>
<tr>
<td>Communication Development</td>
<td>Skills that a child develops as he grows that allows the child to tell others what he wants by using signs, sounds, and gestures when he is very young (such as looking and pointing) and using verbal language (speech) as he gets older</td>
</tr>
<tr>
<td>Community of Practice</td>
<td>A group of professionals and other stakeholders in pursuit of a shared learning enterprise commonly focused on a particular topic.</td>
</tr>
<tr>
<td>Congenital Condition or</td>
<td>A condition present since birth.</td>
</tr>
<tr>
<td>Anomaly</td>
<td></td>
</tr>
<tr>
<td>Core Components</td>
<td>All the components of an intervention that are considered necessary in order for the intervention to be successful and result in the desired outcomes. The core components include the necessary principles, contextual factors, and intervention elements or activities, and constitute the defining features of an intervention.</td>
</tr>
<tr>
<td>Data</td>
<td>Information that is collected during the course of a study through surveys, observations, or interviews. Data can be quantitative (numeric information) or qualitative (text-based information). Data serve as the basis for information, discussion, and interpretation.</td>
</tr>
<tr>
<td>Developmental age</td>
<td>The age at which a person is currently functioning</td>
</tr>
<tr>
<td>Developmental Milestones</td>
<td>The skills a child learns at certain times throughout infancy and childhood (e.g., sitting, crawling, walking, etc.).</td>
</tr>
<tr>
<td>Dosage</td>
<td>Duration and frequency of which an intervention is offered following the guidelines of the intervention developer. For example, dosage could be once a week for six weeks, two hours per week for a year, two half-day trainings, one full-day training, or a six-week course.</td>
</tr>
<tr>
<td>Emotional development</td>
<td>The basic sense of self that a child develops about himself as a person. The skills and abilities needed to understand and respond.</td>
</tr>
<tr>
<td><strong>Evaluation to determine eligibility</strong></td>
<td>The procedures used by appropriate qualified personnel to determine a child’s initial and continuing eligibility, consistent with the state definition of infants and toddlers with disabilities</td>
</tr>
<tr>
<td><strong>Evidence-based intervention</strong></td>
<td>An intervention comprised of a set of coordinated activities that have been researched and found effective through some form of evaluation.</td>
</tr>
<tr>
<td><strong>Evidence-based professional development</strong></td>
<td>Specific strategies, interventions, and models that are supported by evidence to facilitate teaching and learning experiences that are transactional and designed to support the acquisition of professional knowledge, skills, and dispositions, as well as the application of this knowledge into practice.</td>
</tr>
<tr>
<td><strong>Failure to Thrive</strong></td>
<td>A clinical term applied to an infant or young child who is failing to meet the growth standards for their age. Failure to thrive may be of either organic (biological) or nonorganic (psychosocial) origin</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>Two or more people who regard themselves as family and who carry out the functions that families typically perform. This means that people who are not related by birth, marriage, or adoption and who do not reside together may be a family unit if they regard each other as family and if they jointly carry out the functions that are typically assumed by families. Parental roles may include a single parent, grandparents as parents, two parents of the same sex, and other constellations that differ from the traditional mother-father roles. In addition to parents, families are comprised of siblings and the full range of extended family, including grandparents, aunts/uncles, and cousins.</td>
</tr>
<tr>
<td><strong>Family Capacity Building</strong></td>
<td>As stated in IDEA – the purpose of early intervention is to support the development of infants and minimize delay by enhancing the capacity of families to meet the special needs of their infants and toddlers.</td>
</tr>
<tr>
<td><strong>Family Educational Rights and Privacy Act (FERPA)</strong></td>
<td>Federal law that protects the privacy rights of students and parents.</td>
</tr>
<tr>
<td><strong>Family Functioning</strong></td>
<td>Refers to activities that families typically undertake to nurture, care, and provide for one another to meet their members’ individual and collective needs. There are eight categories of family functions: (1) affection, (2) self-esteem, (3) spiritual, (4) economics, (5) daily care, (6) socialization, (7) recreation, and (8) education.</td>
</tr>
<tr>
<td><strong>Family Guided Routines-Based Intervention</strong></td>
<td>Systematic approach to embed intervention consistently by all family members and service providers throughout the day rather than in individual, isolated therapy sessions.</td>
</tr>
<tr>
<td><strong>Family-Centered Practice(s)</strong></td>
<td>A way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on children’s safety and needs within the context of their families and communities and builds on families’ strengths to achieve optimal outcomes.</td>
</tr>
<tr>
<td><strong>Family-Centered Principles</strong></td>
<td>Interconnected beliefs and attitudes that shape directions of program philosophy and behavior of personnel as they organize and deliver services to children and families.</td>
</tr>
<tr>
<td><strong>Family Outcomes</strong></td>
<td>The changes experienced by the family because of early intervention services and supports. These outcomes are measured by a survey that is sent to a portion of the families whose children participated in the program each year.</td>
</tr>
<tr>
<td><strong>Fidelity</strong></td>
<td>Extent to which the intervention is delivered as intended based on the essential functions (core components) of the intervention. For example, for a parenting intervention for mothers of infants, fidelity would involve using the intervention for the proper age group that was recommended by the developer. Fidelity focuses on ensuring that the intervention as delivered in practice and the intervention as described by its developer match.</td>
</tr>
<tr>
<td><strong>Fine Motor</strong></td>
<td>Skills that include reaching and grasping, release of objects and pincer grasp, and visual fixation followed by refinement of each skill. Skills which children develop that rely on their small muscles, such as holding things, turning knobs, buttoning clothes.</td>
</tr>
<tr>
<td>Fiscal Year</td>
<td>The budget year. For Early Steps, it is from July 1 to June 30</td>
</tr>
<tr>
<td>Fit and feasibility</td>
<td>Fit refers to how well the intervention fits with the program, state, or network’s current initiatives, priorities, structures, supports, and parent/community values. Feasibility refers to the program, state, or network’s capacity and resources for implementing the intervention.</td>
</tr>
<tr>
<td>FL-EPIC</td>
<td></td>
</tr>
<tr>
<td>Fraud and Abuse</td>
<td>Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under federal or state law. Abuse refers to provider practices that are not usually considered fraudulent, but which are inconsistent with sound medical, fiscal, or business practice, and may result in unnecessary costs to the Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. Abuse also includes beneficiary practices that result in unnecessary costs to the Medicaid program.</td>
</tr>
<tr>
<td>Functional Assessment</td>
<td>Assessment that includes the parent’s description of the child’s medical and developmental history and abilities across developmental domains; discussion with the parents about their desires and concerns about when, where and how the child participates; an observation of the child within a familiar context (people, places, things); a focused assessment of specific areas. Functional assessment links intervention services to adaptive outcomes.</td>
</tr>
<tr>
<td>Functional Intervention</td>
<td>Services and supports provided in the context of the child and family’s everyday routines, activities, and places that are developmentally appropriate and relevant to the family’s life.</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>A combination of a child’s strength, coordination, and balance of muscles for his movement skills. Skills that children develop which rely on their large muscles, such as crawling, sitting, and walking</td>
</tr>
<tr>
<td>Head Start</td>
<td>Federal programs providing comprehensive health, educational, nutritional, social, and other services to &quot;economically disadvantaged&quot; preschool children and their families, in order to improve their chances for success in school</td>
</tr>
<tr>
<td>Health Insurance Portability and Accountability Act (HIPAA)</td>
<td>A federal law, which among other things protects the confidentiality of medical records and other personal health information. It limits the use and release of individually identifiable health information, gives patients the right to access their medical records, and restricts most disclosure of health information to the minimum needed for the intended purpose</td>
</tr>
<tr>
<td>High-risk</td>
<td>Conditions, which have the potential for causing problems in a child’s development.</td>
</tr>
<tr>
<td>Implementation practices</td>
<td>Include methods and procedures used by the implementation agents (lead coach, supervisors, etc.) to promote the interventionists use of evidenced-based intervention practices</td>
</tr>
<tr>
<td>Implementation of fidelity</td>
<td>The degree to which coaching, in-service training, instruction, or any other kind of evidence-based professional development practice is implemented as intended and has the effect of promoting the adoption and use of evidence-based intervention practices</td>
</tr>
<tr>
<td>Improvement Cycles</td>
<td>The framework used by teams to understand the current challenges, find solutions and build upon strengths in order to increase the likelihood that a new innovation or practice is implemented with fidelity and sustained.</td>
</tr>
<tr>
<td>Individuals with Disabilities Education Act (IDEA)</td>
<td>Federal law that requires special services for children birth to age twenty-one years with special needs. Part B provides for children age three to twenty-one. Part C provides for children birth to age three</td>
</tr>
<tr>
<td>Individualized Family Service Plan (IFSP)</td>
<td>A process to plan services for a child 0-3 years and his/her family and a written document of that process. The process involves a joint effort between parents and specialists. The written document lists the early intervention services a child needs in order to grow and develop and services the family needs to help the child grow and develop.</td>
</tr>
<tr>
<td>Installation stage</td>
<td>The second stage in an implementation process. This stage involves all tasks that must be accomplished before implementation can begin. These tasks may include hiring qualified staff, conducting pre-service training, setting up data systems, establishing supervisory and fidelity-monitoring systems, and establishing relevant partnerships.</td>
</tr>
<tr>
<td>Interdisciplinary</td>
<td>A type of team approach for providing evaluation and intervention. Interdisciplinary teams are composed of parents and professionals from several disciplines. Teams have formal channels of communication that encourage team members to share their information and discuss individual results. Various professionals</td>
</tr>
</tbody>
</table>
assess children separately or together, and the team comes together to discuss the results of their individual assessments and to develop plans for intervention. While program planning is more collaborative than with the multidisciplinary approach, service delivery may still be done in isolation.

<table>
<thead>
<tr>
<th>Intervention Practices</th>
<th>Methods and strategies used by intervention agents (therapists, ITDS, parents, caregivers, etc.) to affect change or produce desired outcomes in a targeted population or group of recipients (e.g. children).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention Fidelity</td>
<td>The degree to which evidence-based intervention practices are used as intended by therapists, caregivers, parents, families or other intervention personnel.</td>
</tr>
<tr>
<td>Language Development</td>
<td>Skills that a child develops as he grows that allow him to tell others what he wants by using signs, sounds, and gestures when he is very young [such as looking and pointing], and using words and phrases and sentences when he is older.</td>
</tr>
<tr>
<td>Legal Guardian</td>
<td>A person appointed by a Judge to look after an individual who cannot look after himself/herself. The guardian makes all decisions and signs all documents for the individual concerning any medical treatment or placement. If an individual has a legal guardian, documentation from the court should be obtained, if available, for the individual’s file. For children under age 18, their parent(s) are considered the legal guardian unless the parents’ rights have been terminated or the parents are deceased.</td>
</tr>
<tr>
<td>Local Education Agency (LEA)</td>
<td>A term used to describe the local public school system</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>An infant who weighs less than 3 pounds 5 oz. (1500 grams) at birth</td>
</tr>
<tr>
<td>Natural Environment</td>
<td>Settings that are natural or normal for the child’s age peers who have no disability. – has nothing to do with an actual service.</td>
</tr>
<tr>
<td>Neonatal</td>
<td>Pertaining to the first 4 weeks after birth.</td>
</tr>
<tr>
<td>Modeling</td>
<td>An instructional strategy in which skills or strategies are demonstrated (live or through video) so that students (children or adults) can tell what is expected of them.</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Measurable changes in the knowledge, skills, attitudes, values and/or behavior of individuals who have participated in an intervention.</td>
</tr>
<tr>
<td>Practice Based Coaching</td>
<td>A cyclical process for supporting providers and families’ use of effective intervention practices that lead to positive outcomes (planning goals and action steps, engaging in focused observation, and reflecting on and sharing feedback about practices).</td>
</tr>
<tr>
<td>Premature</td>
<td>A baby who is born too early, usually before the 35th week of the pregnancy and weighing less than 5 lb. 8 oz.</td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td>Generally, most insurance plans allow family physicians, pediatricians, or general internists to serve as primary care providers. Sometimes, obstetricians, gynecologists, nurse practitioners, certified nurse midwives, or physician assistants can be primary care providers. Primary care is distinguished from specialty care, which is often concerned with a particular health condition. In some Health Maintenance Organizations, services provided by specialists or other practitioners will require a referral by the child’s primary care provider in order for the health plan to cover the cost of care.</td>
</tr>
<tr>
<td>Primary Service Provider (PSP)</td>
<td>One professional provides weekly support to the family, backed up by a team of other professionals who provide services to the child and family through joint home visits with the primary service provider. The intensity of joint home visits depends on child, family, and primary-service-provider needs.</td>
</tr>
<tr>
<td>Pyramid Model</td>
<td>An evidence-based prevention/intervention framework for promoting the social and emotional development of infants and young children through a tiered framework of supports</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>Quality assurance activities verify that the services and supports provided meet all required quality standards. Targeted areas include ensuring that services are minimally adequate, child and family rights are protected, organizations are fiscally sound, documentation requirements are met, providers comply with established standards, and relevant licensure and certification requirements are met.</td>
</tr>
<tr>
<td>Routines-Based</td>
<td>Use of predictable and repetitive sequences of naturally occurring play, caregiving, social and community activities and routines to develop functional skills throughout the day.</td>
</tr>
<tr>
<td>Tele-intervention</td>
<td>Specific use of technology to deliver intervention services and supports directly to families/caregiver. This delivery model uses telehealth technology to provider early intervention services at a distance.</td>
</tr>
<tr>
<td>Social-emotional development</td>
<td>Skills that a child develops as he grows that allow him to interact with others (playing, and responding to adults or other children), as well as to express emotions (laughing, crying, and talking about feelings).</td>
</tr>
</tbody>
</table>
## Appendix A: Established Conditions

### (Not an Exhaustive List)

<table>
<thead>
<tr>
<th>Genetic and Metabolic Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Established Conditions</strong></td>
</tr>
</tbody>
</table>

- Albinism
- Albright’s Hereditary Osteodystrophy
- Angelman Syndrome (Happy Puppet Syndrome)
- Adrenoleukodystrophy
- Antley-Bixler Syndrome (Multisynostotic Osteodysgenesis, Craniosynostosis, Choanal Atresia, Radial Humeral Synostosis, Trapezioidephaly-Multiple Synostosis Syndrome, ABS, Multisynostotic Osteodysgenesis with Long Bone Fractures)
- Apert Syndrome (Acrocephalosyndactyly)
- Arthronyposis Multiplex Congenita
- Ataxia-Telangiectasia Syndrome (Louis-Bar Syndrome)
- Canavan Disease
- Cardio-Facio-Cutaneous Syndrome
- Cerebral Lipodisosis
- Cerebro-Oculo-Facio-Skeletal (COFS) Syndrome
- CHARGE Syndrome/Association
- Chromosome Syndromes 10p+, 13q+, 3q+, 4q+
- Chromosome Syndromes 11p- (this one also called Jacobsen syndrome), 12p- 13q-, 18q-, 21q-, 22q-, 4q- (this is also Wolf-Hirschhorn syndrome, already below as cri-du-chat syndrome)
- Coffin-Lowry Syndrome
- Coffin-Siris Syndrome
- Cornelia de Lange Syndrome (Brachmann de Lange)
- Cri-du-chat Syndrome (Deletion 5p Syndrome)
- Cystic Fibrosis
- Dandy Walker Syndrome
- Down Syndrome (Trisomy 21)
- Duchenne Muscular Dystrophy
- Dyggve-Melchior-Clausen Syndrome (DMC Disease, DMC Syndrome, Smith-McCort Dysplasia)
- Fragile X Syndrome
- Fraser Syndrome (Cryptophthalmos Syndrome, Meyer-Schwickerath’s syndrome, Fraser-Francois syndrome, Ullrich-Feichtiger syndrome)
- Galactosemia
- Gaucher Syndrome (Glucosylceramide storage disease; GSD)
- Glutaric Aciduria
  - Type I
  - Type II
- Glycogen Storage Disease
  - Jeune Syndrome
  - Joubert Syndrome
  - Krabbe’s disease
- Lesch-Nyhan Syndrome
- Lissencephaly Syndrome (Miller-Dieker Syndrome, Agyria)
- Maple Syrup Urine
  - Mucopolysaccharidosis I (MPS I)
- Mucolipidosis II, III
- Organic Acidemias

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<table>
<thead>
<tr>
<th>Pelizaeus-Merzbacher disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peroxisomal Disorders</td>
</tr>
<tr>
<td>Phenylketonuria (PKU)</td>
</tr>
<tr>
<td>Phelan-McDermid syndrome</td>
</tr>
<tr>
<td>Pompe</td>
</tr>
<tr>
<td>Prader-Willi Syndrome</td>
</tr>
<tr>
<td>Rubenstein-Taybi Syndrome</td>
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<tr>
<td>Schwartz-Jampel Syndrome</td>
</tr>
<tr>
<td>Spinal Muscular Atrophy (SMA)</td>
</tr>
<tr>
<td>Steinert Myotonic Dystrophy Syndrome (Curschmann-Batten-Steinert syndrome)</td>
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<tr>
<td>Tay-Sachs disease (Sandhoff)</td>
</tr>
<tr>
<td>Trisomy 8</td>
</tr>
<tr>
<td>Trisomy 9</td>
</tr>
<tr>
<td>Tetrasomy 12p</td>
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<tr>
<td>Trisomy 13 (Patau Syndrome)</td>
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<tr>
<td>Trisomy 18 (Edward’s Syndrome)</td>
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<tr>
<td>Tuberous Sclerosis Complex</td>
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<td>Urea Cycle Defect</td>
</tr>
<tr>
<td>Very long chain fatty acid storage diseases</td>
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<td>Walker-Warburg Syndrome (XO)</td>
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<tr>
<td>Williams Syndrome</td>
</tr>
<tr>
<td>Zellweger Syndrome (Cerebro-Hepato-Renal Syndrome)</td>
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**Neurological Disorders**

<table>
<thead>
<tr>
<th>Agryria (Miller-Dieker lissencephaly syndrome (MDLS), agryria syndrome, agryria-pachygyria syndrome, classical lissencephaly)</th>
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<tbody>
<tr>
<td>Aicardi Syndrome</td>
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<tr>
<td>Alpers Syndrome/Disease</td>
</tr>
<tr>
<td>Aphasia</td>
</tr>
<tr>
<td>Arachnoid cyst with Neuro-Developmental Delay</td>
</tr>
<tr>
<td>Arhinencephaly (Holoprosencephaly)</td>
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<tr>
<td>Arnold-Chiari Syndrome, type II (Malformation d’Arnold-Chiari)</td>
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<tr>
<td>Ataxia</td>
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<tr>
<td>Cerebral Palsy</td>
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<tr>
<td>Cerebral Aneurysm with Neuro-Developmental Delay</td>
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<tr>
<td>CNS Tumor with Neuro- Developmental Delay</td>
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<td>Encephalopathy, Congenital Only</td>
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<td>Encephalopathy, Static</td>
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<tr>
<td>Erb’s Palsy (Brachial Plexus Injury, Perinatal Origin)</td>
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<td>Extracorporeal Membrane Oxygenation (ECMO)</td>
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<td>Holoprosencephaly</td>
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<td>Hypertonia (persistent only)</td>
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<td>Hypoxic Ischemic Encephalopathy (HIE)</td>
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<td>Lennox-Gastaut Syndrome</td>
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<td>Intracranial Calcifications</td>
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<td>Intraventricular Hemorrhage</td>
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<td>Grade 3</td>
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<tr>
<td>Grade 4</td>
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<tr>
<td>Meningocele (cervical)</td>
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<tr>
<td>Microcephaly</td>
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<tr>
<td>Miller-Dieker Syndrome</td>
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<td>Mitochondrial Disorder</td>
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<td>Multiple Anomalies of the Brain</td>
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<tr>
<td>Myopathy</td>
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<td>Neonatal/Perinatal Asphyxia (5 minute Apgar score of 6 or less, Cord PH &lt; 7, Evidence of Central Nervous System involvement, Organ failure, Resuscitation)</td>
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<tr>
<td>Periventricular Leukomalacia (PVL)</td>
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<td>Spina Bifida</td>
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<td>Spinocerebellar Disorders</td>
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<td>Anxiety Disorders of Infancy and Early Childhood</td>
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<td>Depression of Infancy and Early Childhood</td>
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<td>Infantile Anorexia</td>
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<tr>
<td>Asperger's Disorder</td>
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<td>Autism Spectrum Disorder</td>
</tr>
<tr>
<td>Pervasive Developmental Disorder</td>
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<tr>
<td>Rett's Syndrome</td>
</tr>
<tr>
<td>Significant Sensory Impairment</td>
</tr>
<tr>
<td>Auditory Neuropathy</td>
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<tr>
<td>Aural Atresia (bilateral or unilateral)</td>
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<tr>
<td>Blindness (&quot;legal&quot; blindness or 20/200 best acuity with correction)</td>
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<tr>
<td>Optic Nerve Hypoplasia (De Morsier's Syndrome)</td>
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<tr>
<td>Retinopathy of Prematurity Stage III and/or IV (ROP)</td>
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<tr>
<td>Stage 3 unspecified</td>
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<tr>
<td>o Bilateral</td>
</tr>
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<tr>
<td>o Right eye</td>
</tr>
<tr>
<td>Sensorineural hearing loss in excess of 25 dB HL</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Fetal Alcohol Syndrome</td>
</tr>
<tr>
<td>Hydrocephalus (congenital or acquired)</td>
</tr>
<tr>
<td>Lead Poisoning</td>
</tr>
<tr>
<td>Low Birth Weight (&lt;1,200 grams at birth)</td>
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<tr>
<td>Zika Confirmed Congenital with Symptoms</td>
</tr>
<tr>
<td>Zika Confirmed Congenital No Symptoms</td>
</tr>
<tr>
<td>Zika Probable Congenital with Symptoms</td>
</tr>
<tr>
<td>Zika Probable Congenital No Symptoms</td>
</tr>
</tbody>
</table>

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APPENDIX B: ESTABLISHED AT RISK CONDITIONS

Early Steps eligibility is expanding under IDEA, Part C effective: January 1, 2018

WHAT WILL BE DIFFERENT?

Eligibility

**Eligibility EXPANSION:**
At-Risk for Developmental Delay
*will be added to current eligibility

- Certain documented physical or mental at-risk conditions, such as: low birthweight (1,200 to 1,500 grams), congenital Hypothyroidism, congenital Cataracts, Neonatal Abstinence Syndrome (NAS).
- Contact the Local Early Steps program serving your area for the list of limited at-risk conditions. No conditions other than those on the list meet at-risk eligibility.

**CURRENT Eligibility:**
Developmental Delay/Established Condition
*will continue

- Confirmed developmental delay or documented established condition with high probability of leading to delay, such as: very low birthweight (under 1,200 grams), Down syndrome, Cerebral Palsy, Microcephaly, Spina Bifida, Autism Spectrum Disorder, congenital Zika virus infection.
- Contact the Local Early Steps program serving your area for the list of established conditions. It is not an exhaustive list, as evidence that another condition has a high probability of leading to delay is acceptable to confirm eligibility.

Services

- Only the services below unless the child later becomes eligible as developmental delay or documented established condition:
  - Abbreviated Individualized Family Support Plan (IFSP)
  - Service coordination
  - Developmental surveillance/monitoring (in partnership with community/medical home)
  - Family support

- Individualized Family Support Plan (IFSP), service coordination, evaluation/assessment, and services that may include:
  - Assistive technology devices
  - Audiology services, behavioral services
  - Family training and home visits
  - Occupational, physical, and speech therapy
  - Vision services
  - Other individualized services

WHAT WILL BE THE SAME?

Referral Process

- Continue to contact the Local Early Steps office to make a referral.

Ages Served

- All eligibility categories cover children from birth to 36 months of age.

Income Requirement

- There is no income requirement for children with at-risk conditions, established conditions or developmental delay.

Family Rights under Individuals with Disabilities Education Act, Part C

- All rights such as access to records, ability to consent or decline services, confidentiality, and prior written notice are protected for all eligibility categories.

Contact your Local Early Steps for more information or 1-800-215-0001 or www.earlystepsdirectory.com
<table>
<thead>
<tr>
<th>At-Risk Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(An Exhaustive List)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Anomalies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achondroplasia</td>
</tr>
<tr>
<td>Gastrochisis</td>
</tr>
<tr>
<td>Short Gut Syndrome</td>
</tr>
<tr>
<td>Omphalocele</td>
</tr>
<tr>
<td>Congenital Diaphragmatic Hernia</td>
</tr>
<tr>
<td>Congenital Renal Failure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth weight 1200 grams to 1500 grams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataracts (Congenital)</td>
</tr>
<tr>
<td>Chronic Heart Condition</td>
</tr>
<tr>
<td>Congenital Contractural Arachnodactyly (Beals Syndrome, Hecht-Beals Syndrome)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Congenital Heart Disease/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coarctation of the Aorta</td>
</tr>
<tr>
<td>Tetrallogy of Fallot</td>
</tr>
<tr>
<td>Transposition of the Great Vessels</td>
</tr>
<tr>
<td>Single Ventricle Defects</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Congenital/Neonatal Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn Group B Streptococcus Sepsis</td>
</tr>
<tr>
<td>Group B Streptococcus Sepsis</td>
</tr>
<tr>
<td>Meningitis</td>
</tr>
<tr>
<td>Cytomegalovirus (CMV)</td>
</tr>
<tr>
<td>Toxoplasmosis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Glaucoma (Congenital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperbilirubinemia requiring exchange transfusion</td>
</tr>
<tr>
<td>Hypophosphatasia-Infantile</td>
</tr>
<tr>
<td>Hypothyroidism (congenital)</td>
</tr>
<tr>
<td>Intrauterine Growth Retardation (IUGR) - Severe</td>
</tr>
<tr>
<td>Intraventricular Hemorrhage Grade II</td>
</tr>
<tr>
<td>Klinefelter Syndrome</td>
</tr>
<tr>
<td>Meconium Aspiration Syndrome/True Respiratory Distress Syndrome with Mechanical Respiratory Support</td>
</tr>
<tr>
<td>Neonatal Abstinence Syndrome with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding</td>
</tr>
<tr>
<td>Neonatal Seizures</td>
</tr>
<tr>
<td>Noonan Syndrome</td>
</tr>
<tr>
<td>Small for Gestational Age (SGA)</td>
</tr>
<tr>
<td>Thrombocytopenia-Absent Radii Syndrome</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
</tr>
<tr>
<td>Treacher-Collins Syndrome</td>
</tr>
<tr>
<td>Vater Anomaly</td>
</tr>
<tr>
<td>Waardenburg Syndrome, Types I and II</td>
</tr>
</tbody>
</table>

Rev. 3/1/2018
## APPENDIX C: SERVICE INITIATION FORM

**UF DEPARTMENT OF PEDIATRICS NORTH CENTRAL EARLY STEPS SERVICE INITIATION FORM**

Federal Policy 6.1.1: Early intervention services and supports will be delivered in a timely manner, which is defined by Early Steps to be as soon as possible, but within 30 calendar days from when the family consented to the service or by the start date of the authorization period listed on the IFSP unless there is documentation of a child or family related issue or natural disaster which caused the delay.

If you are unable to make an initial visit as soon as possible or prior to 30 calendar days from the authorization period on the IFSP you must contact the service coordinator listed on this form.

After your Initial visit please send form to the attention of: NICE Fiscal Team PO Box 109236 1701 SW 16th Avenue, Building B Gainesville, FL 32610-0923

<table>
<thead>
<tr>
<th>Date of Referral Sent:</th>
<th>Provider/Agency Name:</th>
<th>Service Coordinator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Service Start Date (IFSP date):</th>
<th>Service Must Begin Prior To*:</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Service Type:</th>
<th>Frequency:</th>
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<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Child's MM/DD:</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>IFSP Authorization Period:</th>
<th>Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Provider Section:

*If first visit is past the 30 day deadline, check the barrier that prevented initiating services:

- Child Issues
- Early Steps Capacity Issues
- Family/Caregiver Issues
- Natural Disaster
- Unsuccessful Attempts to Contact
- Provider Issues

Attachments:
APPENDIX D: PLAN OF CARE

NCES PLAN OF CARE

Child’s Name: DOB: Gender:

ESID#: Medicaid Numbers: Eligibility Dates:

IFSP Date: Authorization Period: Start Date: End Date:

ICD to Coda and Medical Diagnosis/Description:

Early Interventionist Name: Service Coordinator:

Areas Addressed: Gross Motor  Fine Motor  Social-Communication

Cognitive  Social-Emotional  Adaptive/Self-help

Vision  Hearing  Behavior

Outcome(s) For Authorization Period:

Goal(s) to Reach Outcome for Authorization Period:

Strategies/Activities to Reach Goal(s) for Authorizations Period:

Procedure Code: Service Frequency: Service Length: Service Location:

Medical Necessity: If child is a Medicaid recipient, the services reimbursed by Medicaid must be medically necessary (Refer to Early Steps Services Page of IFSP)

I am in agreement with the proposed Plan of Care and authorize the Plan:

Licensed Professional Name/Agency: Professional Credential and License #:

Licensed Professional Signature: Date:

Early Interventionist Signature: Date:
# APPENDIX E: MONTHLY PROGRESS NOTE

<table>
<thead>
<tr>
<th>Section</th>
<th>Instructions</th>
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</thead>
<tbody>
<tr>
<td>1 Name and DOB of Child:</td>
<td>Enter child’s name and date of birth here</td>
</tr>
<tr>
<td>2 Service Authorization Period Section:</td>
<td>Current service authorization period as stated on current IFSP</td>
</tr>
<tr>
<td>3 Service Coordinator:</td>
<td>From drop down list enter in service coordinator for this family</td>
</tr>
<tr>
<td>4 Three and Six month IFSP Outcome(s):</td>
<td>Enter outcome from the Outcomes Page of the IFSP</td>
</tr>
<tr>
<td>5 Next steps to reaching IFSP Outcome(s):</td>
<td>Enter three and six month expected Outcome Progress</td>
</tr>
</tbody>
</table>
| 6 Supports and Progress Section - When completing this section please answer the following questions (1-6): | 1. Any changes in the child’s development, learning or behavior  
2. Progress toward achieving outcomes on the IFSP  
3. Whether intervention strategies have been effective  
4. Whether family concerns have been addressed or whether there are new concerns  
5. The quality of the child/ caregiver interactions and whether developmental needs are being met.  
6. What environmental supports/adaptation have been suggested around the family’s daily routines and activities? |
| 7 Parent /Caregiver Signature Section:       | Parent/caregiver signs after each home visit and/or session                 |
| 8 Initial IFSP Section:                      | Date IFSP was initially developed                                           |
| 9 IFSP Outcome(s) Review:                   | From drop down menu please choose from the following:  
1. We did it!  
2. We’re making progress  
3. Let’s make adjustments  
4. No longer needed |
| 10 Primary Provider Signature and Title Section: | Signature of provider, provider credentials, and date must be completed |
UF HEALTH NORTH CENTRAL EARLY STEPS PROGRESS NOTE

Child’s Name: ___________________________ Child’s MMI: _______________ Service Authorization: ___________________________ To: ___________________________

Three and Six month IFSP Outcome(s): ___________________________

Service Coordinator: ___________________________ Child DOB: ___________________________

Next steps to reaching IFSP Outcome(s):

Supports and Progress Made Toward IFSP Outcome(s):

<table>
<thead>
<tr>
<th>Parent / Caregiver Signature</th>
<th>Date of Service</th>
<th>Time In and Time Out</th>
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</thead>
<tbody>
<tr>
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</table>

Initial IFSP: ___________________________ IFSP Outcome(s) Review:

Primary Service Provider Signature and Title / Date: ___________________________

Print Name and Title
By typing my name here I attest that the following information is true and accurate
**APPENDIX F: CLAIMS FORM**

*(Please download most recent Excel form from www.myearlysteps.com)*

<table>
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<tr>
<th>Date of Service</th>
<th>Child's Name</th>
<th>ES ID #:</th>
<th>Location</th>
<th>Service</th>
<th>Units or Miles</th>
<th>Rate</th>
<th>Insurance Payment</th>
<th>Totals</th>
<th>Provider Note</th>
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*Claim Sheet Total: $ *
APPENDIX G: STATE OF FLORIDA VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES

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<tr>
<th>STATE OF FLORIDA</th>
<th>TRAVELER</th>
<th>AGENCY</th>
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<tr>
<td>VOUCHER FOR REIMBURSEMENT</td>
<td>SOCIAL SECURITY NO.</td>
<td>(PAID BY)</td>
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<td>AIRLINE</td>
<td>DAILY</td>
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<td>FLIGHT</td>
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<td>RESIDENCE</td>
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Statement of Refund to the State (Condition of Condition)

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Voucher Total

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<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Meals</td>
<td></td>
</tr>
<tr>
<td>Less: Non-Reimbursable Items Included On Purchasing Card</td>
<td></td>
</tr>
</tbody>
</table>

Net Amount Due Traveler

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

Voucher Total

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Meals</td>
<td></td>
</tr>
<tr>
<td>Less: Non-Reimbursable Items Included On Purchasing Card</td>
<td></td>
</tr>
</tbody>
</table>

Net Amount Due To State

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

Traveler's Signature

<table>
<thead>
<tr>
<th>SUPERVISORS TITLE</th>
</tr>
</thead>
</table>

Date

<table>
<thead>
<tr>
<th>SUPERVISORS SIGNATURE</th>
</tr>
</thead>
</table>

Attachment: A copy of the airfare or flight ticket and a receipt for meals and other expenses incurred.

NOTE: Meals claimed may be less than actual expenses due to the nature of the event.
APPENDIX H: CONSULTATION DOCUMENTATION FORM

Consultation Documentation
(To be completed by those participating in consultation session)

Parent was notified and invited to participate on __________________________ by (method)

If the consultation meeting will potentially result in change of outcomes or services, the Primary Service Provider will contact Service Coordinator prior to meeting. Service Coordinator contacted on __________________________ by (method).

Child’s Name: __________________________ DOB: __________________________
Service Coordinator: __________________________ Date of Consultation: __________________________
Start Time: ___________ End Time: ___________ Location: __________________________

* Successes to implementing strategies and achieving goals for Outcome # ______

________________________________________

________________________________________

* Challenges to implementing strategies and achieving goals for Outcome # ______

________________________________________

________________________________________

The team (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals for Outcome # ______

________________________________________

________________________________________

IFSP Team meeting is needed to discuss recommended changes in services, frequency, and/or duration of services:
☐ YES  ☐ NO

<table>
<thead>
<tr>
<th>Participating Team Members/Signatures: (IFSP indicated with *)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian: __________________________</td>
</tr>
<tr>
<td>OT: __________________________</td>
</tr>
<tr>
<td>SLP: __________________________</td>
</tr>
<tr>
<td>Service Coordinator: __________________________</td>
</tr>
</tbody>
</table>

Copy to: Family Guardian
Early Steps Service Coordinator within 5 business days
Team Providers (whether present or not)

Revised Jan 2013
Consultation Documentation, Continued

Child’s Name: ____________________________  DOB: ____________________________
Service Coordinator: _______________________  Date of Consultation: _______________________

- Successes to implementing strategies and achieving goals for Outcome # ________

- Challenges to implementing strategies and achieving goals for Outcome # ________

The team (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals for Outcome # ________

- Successes to implementing strategies and achieving goals for Outcome # ________

- Challenges to implementing strategies and achieving goals for Outcome # ________

The team (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals for Outcome # ________

---

Copy to: Family Guardian  Revised Jan 2015
Early Steps Service Coordinator within 5 business days
Team Providers (whether present or not)
CONSULTATION DOCUMENTATION FORM INSTRUCTIONS

This form serves two primary purposes:
- Statewide uniform documentation of Consultation services paid for by contract funds
- Statewide uniform billing documentation for providers participating in Consultation

Each team member must have a form completed for each Consultation in which they participate. During consultation sessions, the members participating should appoint a recorder to LEGIBLY complete the form from Child’s Name to IFSP Team Meeting Yes No. Copies should then be made for each participant and the family. The original goes to the Service Coordinator to place in the child’s file. Consultation is between direct service providers on the child’s IFSP team. Each enrolled Early Steps provider can bill for Consultation using the form as invoice documentation. Although they may participate in the consultation, professionals and providers who are not enrolled would not be able to bill. If any team provider did not participate in the Consultation session, a copy should be provided to them so they can be informed.

Field Entry Guidance:

Child’s Name: Full name of child  DOB: Date of birth of child
Service Coordinator: Name  Date of Consultation: MM/DD/YYYY
Start Time: Beginning time of consultation session  End Time: End time of consultation session
Location: This is the location where the meeting was scheduled to be. If face-to-face, enter the location as i.e. Home, Local Early Steps, Playpen Therapy; if scheduled to be by phone, enter the location as Phone.

Successes and Challenges to implementing strategies and achieving goals: Narrative of the discussion, by individual outcome.

The team (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals: Narrative of the recommendation(s) resulting from the consultation, by individual outcome.

FSP: Name and credentials of the current Primary Service Provider
Consulting Team Members: List all members participating in the consultation and check Face-to-Face or Phone and obtain signatures of those present.
Family Participation: The name(s) of the family member(s) and check Phone, Face-to-Face or Declined Invitation

ALL THE ABOVE FIELDS SHOULD BE IDENTICAL FOR ALL PARTICIPANTS’ FORMS

When each provider receives their copy of the completed form, they will complete the remaining fields before billing.

Provider/Participant Name (Print): LEGIBLE name of provider/participant  Signature: Provider/Participant signature

(Each participant should find their designation and sign, if face-to-face. Provider signature lines should include the code signifying if participation was Face-to-Face or Phone)

Consultation time must be authorized on the Individualized Family Support Plan (IFSP). Billing is based on the location of the Consultation session.

Revised Jan 2015
APPENDIX I: MEDICAID MANAGED CARE PLAN
ENROLLMENT SUMMARY FORM

MEDICAID MANAGED CARE PLAN ENROLLMENT SUMMARY FORM

Provider Name ___________________________ Medicaid Provider # ______________________

DBA ___________________________ Medicaid Expiration __________________________

PLEASE READ: As part of Medicaid Managed Care in Florida, all Medicaid recipients have been
enrolled in one of the Medicaid MMA plans, which will coordinate their care and services.
Therefore, to ensure that Part C remains the payer of last resort, the service provider must be
enrolled in all of the Medicaid MMA plans for the UF NCES area. To demonstrate enrollment
efforts, the Service Provider must provide letters from any out-of-network Medicaid MMA
plans annually documenting a reason for denial. [Taken from the 2020-21 Provider MOA,
Section II, Paragraph 5]

I am currently enrolled as a provider with the following MMA plans (check all that apply):

<table>
<thead>
<tr>
<th>MMA Plan</th>
<th>Provider Number</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>United</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellcare (Staywell)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunshine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For those with whom you have NOT become enrolled, please provide us with information below.

<table>
<thead>
<tr>
<th>MMA Plan</th>
<th>Provider Number</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>United</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have not applied to become enrolled with this MMA plan

Explanation (required) ____________________________________________________________
I applied to become enrolled with this MMA plan on ____________ (date).
Current status ____________________________
Please attach any applicable correspondence associated with this application.
Additional information: ____________________________

Wellcare (Staywell)

I have not applied to become enrolled with this MMA plan
Explanation (required) ____________________________

I applied to become enrolled with this MMA plan on ____________ (date).
Current status ____________________________
Please attach any applicable correspondence associated with this application.
Additional information: ____________________________

Humana (At this time EI providers are able to bill out-of-network. If you are an EI provider only, please just confirm that you are loaded in Humana’s system and able to bill for services.)

I have not applied to become enrolled with this MMA plan
Explanation (required) ____________________________

I applied to become enrolled with this MMA plan on ____________ (date).
Current status ____________________________
Please attach any applicable correspondence associated with this application.
Additional information: ____________________________

Sunshine (At this time most NCES providers are able to bill out-of-network. If this applies, please just confirm that you are loaded in Sunshine’s system and able to bill for services.)

I have not applied to become enrolled with this MMA plan
Explanation (required) ____________________________

I applied to become enrolled with this MMA plan on ____________ (date).
Current status ____________________________
Please attach any applicable correspondence associated with this application.
Additional information: ____________________________
APPENDIX J: THIRD PARTY INSURANCE SUMMARY FORM

Vendor Application - University of Florida
Please fill out these forms directly to Vendor Relations by mail or fax:
Mail: University of Florida, Attn: Vendor Relations, PO Box 113550, Gainesville, FL 32611-1350
Fax: Attn: Vendor Relations at 352-395-4200

*If you have any questions or require assistance in filling out these forms please feel free to e-mail us at advendor@uf.edu*

Note: This application is valid for one year from the last payment or application date, whichever is later.

A W-9 must be attached to process this application.

### Part 1 - Contact Information

<table>
<thead>
<tr>
<th>Name of Business or Payee</th>
<th>Date of Application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main Address</th>
<th>Remit Address</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Phone Number</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contact Phone Number</td>
</tr>
<tr>
<td></td>
<td>Contact Email</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Fax Number</th>
<th>Business Website</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part 2 - Small and/or Minority Status Information – Check all that apply

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>African American</td>
<td>African American</td>
<td>Minority Board of Directors</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>Hispanic</td>
<td>Minority Community Served</td>
</tr>
<tr>
<td></td>
<td>Minority Business Certification</td>
<td>Minority Business Certification</td>
<td>Other Non-Profit</td>
</tr>
<tr>
<td></td>
<td>HUBZone Certification</td>
<td>HUBZone Certification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asian/Hawaiian</td>
<td>Asian/Hawaiian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Native American</td>
<td>Native American</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Non-Profit</td>
<td>Other Non-Profit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service Disabled Veteran</td>
<td>Service Disabled Veteran</td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Woman</td>
<td>American Woman</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women Veteran</td>
<td>Women Veteran</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minority-Owned Business</td>
<td>Minority-Owned Business</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Small Business</td>
<td>Small Business</td>
<td></td>
</tr>
</tbody>
</table>

### Check all that apply

A. If you select a classification that is certified by a Federal or State agency, please supply your certification numbers and expiration dates for each certification and the agencies along with this application.

B. To determine your Federal Size Standard, please access the U.S. Small Business Administration’s web site (http://www.sba.gov/smallbusinessplaner/) or the SBA’s Size Standards web site (http://www.sba.gov/sizestandards) to look up your North American Industry Classification System (NAICS) Code and the qualifying number of employees or annual amount.

If you are using Federal Size Standards, please specify the codes used:

| NAICS Code | Number of Employees | OR Annual Amount | $ |

### Part 3 – Purchase Order and Payment Preferences

By which delivery method do you prefer to receive purchase orders?

- [ ] Fax
- [ ] Email

Payment Discount Terms:

- [ ] 2% Net 10
- [ ] Other:  

By which delivery method do you prefer to receive payment?

- [ ] ACH (To receive payment by Electronic Funds Transfer, please complete the attached form and submit to the address)
- [ ] Visa ePayables (You will be contacted by University Disbursement Services staff)

### Part 4 – Additional Payment Information and Signature

I certify that the information supplied herein is correct to the best of my knowledge.

Name of Person Completing/Authorizing Application: ________________________________

Title of Person Completing/Authorizing Application: ________________________________

Signature of Person Completing/Authorizing Application: ____________________________

Date: __________________________

Authorizing Application:

FA-PDS-UF/JA 11/2017
Current status
Please attach any applicable correspondence associated with this application.
Additional information: 

AvMed
☐ I have not applied to become enrolled with this plan.
Re: [reason for not applying]

☐ I applied to become enrolled with this plan on [date].
Current status [status]
Please attach any applicable correspondence associated with this application.
Additional information: 

Cigna
☐ I have not applied to become enrolled with this plan.
Re: [reason for not applying]

☐ I applied to become enrolled with this plan on [date].
Current status [status]
Please attach any applicable correspondence associated with this application.
Additional information: 

TriCare
☐ I have not applied to become enrolled with this plan.
Re: [reason for not applying]

☐ I applied to become enrolled with this plan on [date].
Current status [status]
Please attach any applicable correspondence associated with this application.
Additional information: 

Aetna
☐ I have not applied to become enrolled with this plan.
Re: [reason for not applying]

☐ I applied to become enrolled with this plan on [date].
Current status [status]
Please attach any applicable correspondence associated with this application.
Additional information: 

Page 2 | 2
# APPENDIX K: DISCHARGE SUMMARY

## UF Health North Central Early Steps Provider Discharge Summary

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Discharge Date</th>
<th>Service Coordinator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Name</td>
<td>MMD</td>
<td>Child's DOB:</td>
</tr>
</tbody>
</table>

**Reason for Discharge:**

**Progress Made Toward Stated Outcomes Upon Discharge:**

**Provider Signature/Date:**

*By typing my name here I attest that the following information is true and accurate*
**APPENDIX L: UF NCES ACTIVITY BASED PROVIDER AT ASSESSMENT FORM**

Activity-Based Provider AT Assessment Form

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Provider Name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td></td>
</tr>
<tr>
<td>Service Coordinator:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Use this form to document steps taken for determining need for Assistive technology (AT) device.

**1st Step:** What are child’s strengths, abilities, preferences and needs?

**2nd Step:** Identify routine activities for participation. What is preventing the child from participating more?

**3rd Step:** Brainstorm AT solution: List what is presently available and adaptable (consider a full range of options, from low-to-high tech, and strategies to support use) and where and when is device to be used?

<table>
<thead>
<tr>
<th>Service Provider Signature(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
APPENDIX M: UF NCES ASSISTIVE TECHNOLOGY REQUEST FORM

UF DEPT OF PEDIATRICS NORTH CENTRAL EARLY STEPS ASSISTIVE TECHNOLOGY REQUEST FORM

UF Dept of Pediatrics North Central Early Steps
1701 SW 16th Ave, Bldg B | PO Box 100296
Gainesville, FL 32610
Tel: 352.273.8555 or 1.800.334.1447
Fax: Fax 352.294.8000

Date of Submission: ____________________________
Requested By: __________________________________

Please print clearly, complete entire request form and include required attachments.

Child’s Name: ___________________________
DMR: ___________________________

Medicaid Eligible? (Circle one) NO
If YES, enter 9-digit Medicaid # here: ___________________________

IF TPIN, (Please Attach Insurance Denial):

Assistive Technology Assessment Date and Established IFSP Outcome with use of Assistive Technology Tool Recommended:

Where is the device used? — (List the specific locations where the device will be used (home, child care, etc.)):

When is the device to be used? — (Identify the daily routine that device will be used in to support the child’s independence):

Loaner or natural supports were provided and used by the family/caregiver, if available? Yes □ No □

Comments:

IFSP Team members:

Item(s) recommended: (Please attach: Copy of Catalog Description and Price)

<table>
<thead>
<tr>
<th>Item</th>
<th>Model</th>
<th>Manufacturer</th>
<th>Vendor</th>
<th>Medicaid DME Code</th>
<th>Price at Medicaid Rate</th>
</tr>
</thead>
</table>

The Following Documentation must be included with this request:

——— IFSP sections: Page 3, 7 and 8
   Copy of Dated & Signed credentialled evaluator letter of necessity supporting request
   Copy of Dated & Signed Physician’s Prescription
   Copy of vendor quote including shipping/accessories breakdown
   Picture & pricing of item(s)
# APPENDIX N: UF NCES ASSISTIVE TECHNOLOGY RECEIPT

[Image of form]

## ASSISTIVE TECHNOLOGY DEVICE RECEIPT FORM

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM #:</td>
<td>DOB:</td>
</tr>
<tr>
<td>Service Coordinator:</td>
<td>Cost of A.T.:</td>
</tr>
</tbody>
</table>

### AT Device and Signature

**AT Device Received:** (e.g. Brand, Model, and Description)

<table>
<thead>
<tr>
<th>AT Device Received By:</th>
<th>Signature/Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

### Relationship to Child

### Notes:
- If the assistive technology (equipment, device) is no longer in use, please notify North Central Early Steps within 30 days of not needing equipment.
- If the assistive technology (equipment, device) is damaged, lost or stolen, please notify North Central Early Steps within 10 days of occurrences.

**Notas:** (en Español)
- Si el aparato, dispositivo, equipo ya no está siendo utilizado, favor comunicarlo inmediatamente a North Central Early Steps, para que pueda ser re-asignado a otro niño(a).
- Si el aparato, dispositivo, equipo se daña, se pierde o es robado, favor comunicarlo inmediatamente a North Central Early Steps entro de 10 días después de ocurrido el incidente.

### Comments/Observations

<table>
<thead>
<tr>
<th>Comments/Observations</th>
</tr>
</thead>
</table>

### AT Claims:
**UF NCES**  
Attn: NCES Fiscal Team  
Mailing Address:  
PO Box 100296  
Gainesville, FL 32610-0296  
Fax: 352.294.8088  
Move-it: ncelfiscal@peds.ufl.edu
APPENDIX O: UF NCES PROCEDURES DURING COVID-19 OR OTHER PANDEMIC SITUATIONS

Health Plans - Telehealth

All four MMA plans have responded with instructions:
- Humana – no training or attestation needed
- Wellcare – no training or attestation needed
- Sunshine – training (free) sent 3/24/20; follow instructions on website
- United – no training or attestation needed; follow instruction in email sent 3/31/20

Side notes:
- United mentioned modifier 95 in the email. Both modifiers GT and 95 are for telemedicine. Modifier 95 has limited uses – certain CPT codes only. We have requested clarification for EI but have not heard back from United yet. Please use GT for HCPCS (T-codes) unless you hear differently from United.

- Sunshine and United are requiring 02 location code for telemedicine (GT modifier) claims. Likely, Humana and Wellcare will require it also. 02 = telemedicine. Please continue to use the family’s location (regardless of where you are) as the location when billing NCES.

Submission of claims procedures:
- Therapy:
  - Private insurance
  - Medicaid MMA plans
  - Early Steps CONT
- EI Sessions:
  - Medicaid MMA plans
  - Early Steps CONT

For both therapists and ITDS - TELEC (phone) is to be billed directly to Early Steps for CONT payment

Part C Coverage (Telehealth and Phone) Early Intervention and Therapy
- NCES will cover first visits via telemedicine if health plan denies.
- Bill MMA, make due diligence to get reimbursement. If you cannot obtain reimbursement, NCES will cover CONT.
- Please list only CONT claims on NCES claims form. You will continue to submit progress notes for all services. Do not include services on claims form for which you are not seeking NCES reimbursement.

For both therapists and ITDS - TELEC (phone) is to be billed directly to Early Steps for CONT payment

Procedure for billing TELEC
- If unable to conduct a home visit and/or parent not attending clinic session move to a telemedicine(video) format
- If telemedicine not an option moves to phone conferencing.
- Please remember, TELEC is to be a last resort option. Attempts should be made to carry out services via telemedicine instead. If using TELEC, please document reason/necessity on progress note.
Fee schedule lists the same rates for telemedicine sessions as regular sessions.

- Health plan coverage for therapy is subject to negotiated rate as always.
- TELEC is Early Steps (EI and Therapy) code. Reimbursement is at a reduced rate ($9.25 per 15 minutes /$37.00 per hour)

Provider Referrals

- Referral procedure will not change
- Continue to submit Service Initiation form with claim
- First session can be done via telehealth

Annual and Periodic Reviews

ARs and PRs may be completed via telemedicine or via phone:

- IFSP Consult face-to-face (in person) = COIFF - $12.50/15 min. ($50/hour)
- IFSP Consult face-to-face (via telemedicine) = COIFFGT - $12.50/15 min. ($50/hour)
- IFSP Consult via phone = COIFP - $6.25/15 min. ($25/hour)

Ongoing Authorization of Services

The following documentation is required at least 2 weeks prior to end of the authorization period:

- Completed Electronic Version of Child Assessment page of the IFSP
- Printed dated/signed Child Assessment Page of the IFSP

Please note - BDI-2 NU cannot be used via Telehealth and phone.
You may complete functional assessments (i.e. AEPS, Carolina, HELP) required for Periodic and Annual reviews via Teleconferencing. Remember that those assessments are based on your observation of the child and family over several sessions and any missing data can be filled in with parent report. Your completed assessment and update of the “Assessment” page of the IFSP is still required two weeks prior to all PR and AR due dates.

For families receiving services through agency that has suspended services, our internal staff will be using the ASQ-2 to complete child assessment page.

Obtaining Parental Signatures for Early Intervention or Therapy Sessions

If session is via Telemedicine and parent signature is not available, please document format of session (telehealth, phone). Additionally, during or after the session, please have family respond to an email or text confirming the session was carried out. Include date and start/end times.

Consultation

Consults in person (face-to-face):

- ITDS: CONIF - $12.50/15 min. ($50/hour)
- OT: CONOF - $12.50/15 min. ($50/hour)
- PT: CONPF - $12.50/15 min. ($50/hour)
- SPL: CONSIF - $12.50/15 min. ($50/hour)

Consults via telemedicine (face-to-face):

- ITDS: CONIFGT - $12.50/15 min. ($50/hour)
- OT: CONOFGT - $12.50/15 min. ($50/hour)
- PT: CONPFGT - $12.50/15 min. ($50/hour)
- SPL: CONSFGT - $12.50/15 min. ($50/hour)
Consults via telephone:
- ITDS: CONIP - $6.25/15 min. ($25/hour)
- OT: CONOP - $6.25/15 min. ($25/hour)
- PT: CONPP - $6.25/15 min. ($25/hour)
- SPL: CONSP - $6.25/15 min. ($25/hour)

EXIT Evaluations:
- BDI-2 NU will not be administered via Telehealth nor phone. If you are providing services in natural environment, you may administer BDI-2 NU.
- You may complete functional assessments (i.e. AEPS, Carolina, and HELP) via Telehealth.
- Continue with usual process for submission of completed assessment/evaluation

Claims Form
Claims forms have been updated to include all additions listed above
Welcome to the Early Steps Program!

Early Intervention may be a new experience for you and your family. Below is a list of beliefs our program promotes as your Early Steps provider works with you, your family and other caretakers:

- Children learn best from those with whom they interact the most, in environments in which they spend the most time, and during every day routines and activities in which the family already naturally participates.
- Every interaction is a learning opportunity for you and your child and can happen anytime or anywhere (grocery shopping, bath time, mealtime, etc.). Expanding upon these learning opportunities is the primary focus during your early intervention visits with your provider.
- YOU are the expert on your child! YOU will take the lead in your child’s sessions. Your provider is there to listen and collaborate with YOU in creating an action plan on how to address both session targets and IFSP progress statements.
- Practice makes perfect progress! Not only will you be able to create an action plan with your provider, you will be able to practice out identified strategies, reflect upon those strategies, and problem-solve with the support of your provider.
- Development is interconnected regardless of primary concern (communication, motor, self-help, cognitive, and social-emotional). Early Intervention providers are able to address all areas of development and consult with other members of your team to ensure best supports are in place for you and your family.

By signing below, I acknowledge that I have read and agree to be an active participant in my child’s Early Intervention sessions with my provider:

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<th>Caregiver (Print Name)</th>
<th>Caregiver Signature</th>
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