

***UF Department of Pediatrics North Central Early Steps  
Memorandum of Agreement as a Part C Service Provider***

This Memorandum of Agreement (MOA) by and between The University of Florida Board of Trustees (*University of Florida*) for the benefit of the *North Central Early Steps (UF NCES)* of the Department of Pediatrics, College of Medicine, University of Florida and

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(Service Provider) [Individual's name, or if business is incorporated, legal name of Business] is to confirm the terms and conditions of services and payments for Part C Services. The UF NCES is operated by the University of Florida under contract with the Florida Department of Health, Division of Children's Medical Services, Bureau of Early Steps and Newborn Hearing Screening.

**I. In Relation to Service Delivery: Service Provider agrees:**

1. To support the provision of interest-based child learning opportunities as part of everyday family and community activities where caregiver responsiveness and encouragement are used to support child learning and functional capabilities within the natural learning environment. To incorporate a family's values, culture and strengths into strategies and activities that the family is comfortable implementing or put in place plans how to build those skills.

To practice the coaching approach with caregivers and other members of the team. Coaching consists of collaborating with team members on creating an action plan that ensures best supports are in place for the family. Coaching also supports the caregiver's ability to identify short-term developmental targets and practice strategies within a variety of routines, activities, and partners in order to increase the child's learning opportunities. Finally, coaching consists of problem solving, reflection, and reviewing of what was practiced in session in order to monitor the child's developmental targets, review caregiver's priorities, and develop the best plan of action moving forward.

To provide support in the child's natural environment with interventions embedded in the child and family's daily routines and activities. Exceptions to this model must be justified on the Early Steps Services Page of the Individual Family Support Plan (IFSP).

2. To utilize the team-based approach to service decision making by achieving consensus with the parent/caregiver, IFSP team and the UF NCES Service Coordinator prior to implementing any family-approved changes in type of service or frequency and duration of service. Regardless of funding source, all services, including changes in methods of service delivery, must be documented on the IFSP by the UF NCES Service Coordinator before Part C funding can be authorized as payer of last resort.
3. To apply knowledge of current research and evidenced based practices to the development and implementation of strategies and interventions with the child and family.
4. To accept assignments to cover geographical areas of need and, if assigned to a particular county, to cover the entire county and not just specific areas within that county. When accepting assignments provider may not decline case(s) on the basis of gender, disability, race, color, national origin, age, socio-economic or educational status, or religious, political, or sexual orientation. The assignment includes a commitment to participate on IFSP reviews and other services as authorized on the child's IFSP. Service Providers cannot be guaranteed specific numbers of referrals, geographical locations or service delivery hours. For providers participating

in our eligibility teams to accept at least 25% of the referrals and to act as a consult on the IFSPs developed during the eligibility evaluations.

5. To recognize the IFSP as the authorizing document for services including:
  - a. Frequency (how often you see the child each week, for example one time per week)
  - b. Duration of services (authorization period, for example a maximum of six months)
  - c. Payor (utilize Early Steps Part C funding as payor of last resort).
  - d. Location of Services: Service provision will be provided in the child's natural environment as defined on the IFSP and any changes will be done in collaboration with the family and UF NCES IFSP Team.
6. To initiate Part C services within thirty (30) calendar days from the date the service is added to the IFSP and to complete and return to UF NCES within ten (10) calendar days of the initial visit, the UF North Central Early Steps Services Initiation Form, which is attached to this MOA as Exhibit A. If services cannot be initiated by the Service Provider within this time period, the Service Provider will notify the UF NCES Service Coordinator no later than five (5) working days after receipt of the written referral. Failure to abide by this requirement may result in termination of this MOA.
7. According to Medicaid, third-party Insurance, and the Florida Department of Health rules, the provider will keep client records on file. Each session with the family will be documented by the provider using either the session note supplied by UF NCES attached to this MOA as Exhibit B, or an alternative note used by the provider that meets the documentation requirements.
8. To submit an assessment on child's progress at least two weeks prior to the end of the authorization period. Required documentation is attached to this MOA as Exhibits C and D.
9. To notify the UF NCES Service Coordinator within two (2) working days if the Service Provider discharges a child from services for any reason including, but not limited to: Three attempts to contact family are unsuccessful, parent declined services, child met outcomes, child transferred to another district/state or child turned three. In addition, the Service Provider will complete and return the UF North Central Early Steps Discharge Summary, attached to this MOA as Exhibit E stating the child's progress at the time of discharge towards meeting the goals of their IFSP.
10. To become familiar with the contents of the Procedural Safeguards as delineated in Component 8 of the most current version of the Early Steps Policy Handbook and Operations Guide, whose summary is attached to this MOA as Exhibit F.
  - a. By doing so the Service Provider agrees:
    - i. To adhere to the requirements of the Procedural Safeguards.
    - ii. To ensure that service provider or one representative from each provider agency signs the *Statement of Understanding of Part C Procedural Safeguards*, which is attached to this MOA as Exhibit G, stating they have read and understand the Part C Procedural Safeguards. These signed statements must be forwarded to UF NCES prior to providing service to any UF NCES child.
    - iii. To recognize that families have full access to records the Service Provider maintains on their children and that these records may not be released to

individuals or agencies (other than UF NCES) without specific written permission of the family member or other person with legal authority to authorize such a release and further agrees to release under such authorization, only records originated by the Service Provider.

## **II. In Relation to Reimbursement for Services: Service Provider agrees:**

1. To ensure that, under no circumstances, is the child's family to be billed for services authorized by the IFSP team and those services will be compensated based on the family's funding source. There are no co-payments or deductibles in this program.
2. To accept the payment rate as established by the State of Florida, Agency for Health Care Administration, the Florida Department of Health, and/or UF NCES and ensure that payment in excess of the Medicaid or CMS/Early Steps program payment rate is not requested from the family or UF NCES. The service fee schedule for Fiscal year 2023-24 is attached to this MOA as Exhibit H.
3. To verify and pre-authorize any current third-party private insurance and Florida Medicaid Managed Care entity coverage for eligible children being served at least monthly and report any changes to UF NCES.
4. To immediately inform the child's Service Coordinator if the Service Provider becomes aware of the availability or loss of insurance coverage of NCES recipient.
5. As part of Medicaid Managed Care in Florida (MMC), 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.
6. To bill all Medicaid Managed Care entities in which the child is enrolled.
7. To bill any identified third-party payer within **thirty (30)** calendar days of date of service according to the terms and conditions of said payer source, and to report the intervention to UF NCES with the monthly deliverables.
8. To bill UF NCES for travel when a child is in the natural environment as specified on the IFSP. And to make every effort to group clients together to avoid multiple trips to and from their home / office. UF NCES will not reimburse for travel back to a Service Provider's home and/or office.
9. To acknowledge MapQuest (for vicinity mileage) or FDOT Mileage Matrix/Viewer (for map mileage) will be used as the quality assurance document when travel claims are reviewed.

## **III. In Relation to Billing Requirements: Service Provider Agrees:**

1. To submit the following documentation to UF NCES Fiscal Team by the 15<sup>th</sup> of the month following the month in which date of service took place:

**Note: Payment may not be made to provider if submitted documentation does not match current authorizations listed on the IFSP.**

- a. UF NCES Claim Form attached to this MOA as Exhibit I.

- b. State of Florida Voucher for Reimbursement of Travel Expenses Form (DFS-AA-15) attached to this MOA as Exhibit J
  - c. Consultation amongst Provider form Attached to this MOA as Exhibit K.
  - d. Third party insurance EOB denials and/or Medicaid denials must be submitted in order to receive a documented exception on the Provider's Authorization to bill UF NCES directly.
2. To bill insurance and/or Medicaid within thirty (30) calendar days of date of service, if applicable, as Part C is the payer of last resort.
  3. To document Natural Environment Support Fee using UF's North Central Early Steps Claims Form attached to this MOA as Exhibit I, and to document per mile travel using Form DFS-AA-15 attached to this MOA as Exhibit J.
  4. To reimburse UF NCES for any payment made to Service Provider for a service, which is subsequently reimbursed by a third-party payer source.
  5. To submit accurate reports and/or data as required. In the event incorrect data is submitted, UF NCES is authorized to follow-up and resolve incorrect data received from Service Provider, including, but not limited to, such data as unauthorized services, discrepancies in number of units of service or inappropriate rates.
  6. To bill all services to UF NCES Fiscal Team directly:

a. Claims filing without an EOB (Contracted Services)

When invoicing UF NCES for Part C payment for contracted services, claims shall be submitted to UF NCES Fiscal Team by the 15<sup>th</sup> of the month for the previous months' activities and per University of Florida business status requirements, on the claims form titled: UF NCES Claims, a sample of which is attached to this MOA as Exhibit I.

b. Claims filing with an EOB (Contracted with EOB Denials)

For services billed to a Medicaid Managed Care or a Third Party Insurance company that are denied and payment via contracted dollars is requested, such claims should also be submitted to UF NCES Fiscal Team on the claims form titled UF NCES Claims, a sample of which is attached to this MOA as Exhibit I. Claims must be submitted along with or covered by a provided EOB sent via fax, USPS, or Move-it directly to UF NCES Fiscal Team, within 30 days of the billed service to access Part C funding.

If there is a delay in receipt of an EOB and provider can document that claim was submitted within 30 days of date of service, a grace period of 30 days will be allowed. One EOB per calendar year (per child, per service) shall be sufficient for a blanket denial (non-covered service, medical necessity, out-of-network), however, each EOB must be submitted for denials related to partial payments, deductibles, co-pays, or exceeds max benefits.

c. Claims filing for Assistive Technology

For assistive technology (AT) claims filing, which has been previously approved with all required documentation, such claims should also be submitted to UF NCES Fiscal Team on the claims form titled NCES Claims, a sample of which is attached to this MOA as Exhibit I within 30 days of the billed service to access Part C funding.

d. Fiscal Year End Claims Filing

Provider shall submit all claims for the current fiscal year to UF NCES no later than July 15, 2024. If there is a delay in receipt of an EOB, provider shall notify NCES Fiscal Team by July 15<sup>th</sup>.

**Please see Provider Manual for instructions and remember that when creating and sending email communication, use only the child's ES ID number, as no HIPAA protected identifiers shall be used, except via Move-It encrypted email.**

**All claims for payment should be submitted to UF NCES Fiscal Team via:**

Move-It e-mail: in Microsoft Excel format to [ncesfiscal@peds.ufl.edu](mailto:ncesfiscal@peds.ufl.edu) The file(s) must be attached to the email and not embedded within the email.

**SEND all monthly required documentation directly to attention of NCES Fiscal Team. DO NOT SEND** multiple copies of claims forms, as this will delay payment processing.

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

**IV. In Relation to Third Party Insurance and Medicaid Payer Sources: The Service Provider agrees:**

1. The federal IDEA Part C legislation mandates that Part C be the payer of last resort.
2. Bill and accept the Florida Medical Managed Care (MMC) plan rates according to each plan's fee schedule as payment in full for services provided pursuant to this Agreement. Only if payment by the responsible insurance provider or third-party payer is denied, can the Service Provider then seek payment from UF NCES for reimbursement and must accept the CMS Early Steps Service Taxonomy rate as payment in full for services provided.
3. Inform UF NCES Fiscal Team within five (5) working days in the event that a child becomes ineligible for Medicaid or Private Insurance. Likewise inform the UF NCES Fiscal Team if a child becomes newly eligible for Medicaid or Private Insurance.

**V. In Relation to Assistive Technology Supports: Service Provider Agrees:**

1. When determining the need for Assistive Technology services and/or equipment, to adhere to the stated processes and procedures in the North Central Early Steps Provider Manual.
2. To certify through UF Pediatrics IT on a yearly basis any technology equipment that has been provided for your use in UF NCES eligibility clinics. And to return to UF NCES any equipment (computers, cameras), technology, devices, manuals, books, tools or other materials that may become obsolete, damaged, no longer in use, or in the case that the contract with the service provider is terminated or not renewed.

## **VI. In Relation to Service Provider Enrollment: Service Provider Agrees:**

To complete the enrollment process and training as specified in the Early Steps Handbook and Policy Guide Component 10 which can be reviewed online at: [https://cms-kids.com/home/resources/es\\_policy/es\\_policy.html](https://cms-kids.com/home/resources/es_policy/es_policy.html) . All enrolling Service Providers are required:

- a) To apply for a National Service Provider Identifier (NPI) number.
- b) To submit a packet of required documentation that will be specified in an email response to the Service Provider from UF NCES. For further detail see the Early Steps Policy Handbook and Operations Guide 10.3.0 [cms-kids.com/resources/as\\_policy/index.htm](https://cms-kids.com/resources/as_policy/index.htm).
- c) To complete the online Training Modules within ninety (90) days of submitting the online application submitted to UF NCES.
- d) To obtain a separate Florida Medicaid Service Provider number to perform as an Early Intervention (EI) Service Provider by applying online.
- e) To also obtain a Florida Medicaid Service Provider number in own area of specialty, if applicable, if Service Provider has not already done so. Service Provider Specialty Codes are listed on page 31 of the Guide for Completing a Medicaid Service Provider Enrollment Application.
- f) Effective January 1, 2021, subcontractors performing work or providing services pursuant to this Contract use the U.S. Department of Homeland Security's E-Verify system (see Exhibit L, attached to this MOA) to verify employment eligibility of all newly hired employees used by the subcontractor for the performance of services under this Contract. The subcontractor must provide the Provider with an affidavit (see Exhibit M, attached to this MOA) stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. The Provider must maintain a copy of such affidavit for the duration of the Contract. If the Department has a good faith belief that a subcontractor knowingly violated section 448.095(1), Florida Statutes, and notifies the Provider of such, but the Provider otherwise complied with this statute, the Provider must immediately terminate the contract with the subcontractor.
- g) To complete the University of Florida Supplier application process in order to be reimbursed when Part C funding is used for service provision. Supplier Portal: <https://www.fa.ufl.edu/directives/supplier-portal/>.
- h) Provider is an independent contractor and is solely liable for the performance of all tasks and deliverables contemplated by this contract.
- i) Except where Provider is a state agency, Provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, will act in the capacity of an independent contractor and not as an officer, employee, or agent of the State. Provider will not represent to others that it has the authority to bind the Department unless specifically authorized to do so.

- j) Except where Provider is a state agency, Provider, its officers, agents, employees, subcontractors, or assignees are not entitled to state retirement or state leave benefits, or to any other compensation of state employment as a result of performing the duties and obligations of this contract.
- k) Provider agrees to take such actions as may be necessary to ensure that each subcontractor of Provider understand they are independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the state of Florida.
- l) Department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to Provider, or its subcontractor or assignee.
- m) All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for Provider, Provider's officers, employees, agents, subcontractors, or assignees will be the responsibility of Provider.

***NOTE: ONLY EARLY STEPS ENROLLED AND APPROVED SERVICE PROVIDERS ARE AUTHORIZED FOR PART C BACK UP FUNDING WHEN PROVIDING SERVICES FOR CHILDREN ENROLLED IN UF NCES.***

1. The enrolled Service Provider agrees:
  - a) To maintain provider certification throughout the period of this MOA.
  - b) To provide their Medicaid provider number(s) to the UF NCES Fiscal Team along with completion of Medicaid Managed Care Plan Enrollment Summary Form, Exhibit N.
  - c) To enroll with all applicable private insurance plans and to submit a Private Insurance Enrollment Summary Form, Exhibit O, to the UF NCES Fiscal Team. If past attempts to enroll have been unsuccessful, provider agrees to attempt enrollment annually and to document denial reasons on Exhibit O. This paragraph applies only to licensed therapy providers.
  - d) To maintain professional liability insurance coverage in amounts consistent with those maintained by similar entities, and to provide evidence of such insurance to UF NCES Fiscal Team with this MOA, and annually thereafter or upon any change in coverage.
  - e) To ensure a current copy of the Business License, the Certificate of Insurance, the Certificate of Incorporation and a service brochure or written description of business operations is on file with the UF NCES office.
  - f) To comply with the Health Insurance Portability Accountability Act (HIPAA) as well as all regulations promulgated there under (45 CFR Parts 160, 162, and 164). Such compliance shall include providing the child's parent/guardian with Service Provider's *Notice of Privacy Practices* during the first occasion the child receives service. (<http://www.cms.hhs.gov/>)



- g) To retain all records, financial records and supporting documents (including electronic storage) for each UF NCES child in compliance with HIPAA regulations governing the maintenance, disposal and destruction of patient information.
- h) To keep abreast of Florida Medicaid Health Care Alerts / Provider Alerts Messages from AHCA by visiting/subscribing to <http://ahca.myflorida.com/> State of Florida Agency for Health Care Administration.
- i) i)To establish and maintain books, records, and documents in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the Department under this contract.
- j) To retain all client records, financial records, supporting documents, statistical records, and any other documents pertinent to this contract for a period of six years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of six years, the records must be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
- k) Upon completion or termination of this contract and at the request of the Department, Provider must, at its expense, cooperate with the Department in the duplication and transfer of any said records or documents during the required retention period as specified.
- l) Persons duly authorized by the Department and federal auditors, pursuant to 2 C.F.R. section 200.336, will have full access to and the right to examine any of Provider's records and documents related to this contract, regardless of the form in which kept, at all reasonable times for as long as records are retained.

**VII. In Relation to Records and Quality Assurance: Service Provider Agrees:**

1. Providers must take part in activities for quarterly quality assurance monitoring. The necessary paperwork for the monitoring will be requested in writing by UF NCES. If any deficiencies are found, the provider will be required to complete a remedial action plan. The monitoring results will be communicated to the provider in writing.
2. To pre-authorize any services authorized on the IFSP in accordance with the current Medicaid, Medicaid Managed Care, and/or third-party insurance guidelines as appropriate.
3. To notify UF NCES and the family of eligible children currently served of gaps in service of more than one week, at least two (2) weeks prior to said change.
4. To notify UF NCES in the event that the Service Provider is suspended, or other action is taken which could result in the loss of privilege to provide services.
5. Each contract year, the Service Provider must attend any mandatory in-services trainings or meetings held by UF NCES with regard to Service Provider's participation in UF NCES.
6. Service Providers are required to participate in the Early Steps State Office's professional development system, Florida Embedded Practices in Intervention with Caregivers (FLEPIC). Services provided in a clinic setting and consultation-only providers are exempt from this training. Initial participation includes providing UF NCES a minimum of one video recordings of an early intervention session per Service Provider per month, with the written permission of the



family for the purpose of quality assurance review and implementation of the EPIC model of practice. Monthly feedback sessions with the Lead Implementation Coach will occur to review the Service Provider's home visit, implementation of set practices, and set goals to enhance the Service Provider's professional development. Service Providers participating will also submit a checklist to the Lead Implementation Coach per video to enhance reflection, review, and problem solving. Additional supports include monthly trainings and regular communication with the Lead Implementation Coach. Time commitments include approximately 10 hours per month over the course of 6 months. Please see UF NCES's Lead Implementation Coach for additional information. .

7. To accommodate **at least** one (1) on-site visit if requested by UF NCES staff to review security policies, client files and financial records. In addition, each Service Provider is required to annually submit at minimum one (1) video recording of an early intervention session with a complementary FLEPIC coaching practices checklist while providing services for quality assurance monitoring and fidelity of FLEPIC coaching practices. After the UF NCES staff member has completed the observation or video review, feedback will be provided to the Service Provider via video conference at a later date. A record of these visits will be kept in the Service Provider's file at UF NCES. If a Service Provider is not meeting fidelity expectations, additional video recordings and feedback sessions will be required until fidelity is met.
8. To complete a corrective action plan if the Service Provider is found to be out of compliance in administrative or service delivery provision. The successful completion of said corrective action plan will be required in order for the Service Provider to continue to deliver services under this MOA.

#### **VIII. In Relation to UF NCES Code of Conduct: Service Provider Agrees:**

1. Service Provider must comply with the Pro-Children Act of 1994, 20 U.S.C. section 6081-6084, which requires that smoking not be permitted in any portion of an indoor facility used for the provision of federally funded services including health, day care, early childhood development, education or library services on a routine or regular basis, to children up to 18. Service Provider's failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty up to \$1,000.00 for each violation and the imposition of an administrative compliance order on the responsible entity. If applicable, Service Provider will include a similar provision in any subcontracts it enters under this Agreement.
2. To hold paramount the welfare of the children and families served professionally. When engaged in their duties, Service Providers must act for the child's and family's wellbeing, respect family values and reinforce trust.
3. To demonstrate cultural sensitivity and respect of the individual(s) they serve and to always be neutral, impartial and unbiased, to not discriminate on the basis of gender, disability, race, color, national origin, age, socio-economic or educational status, or religious, political, or sexual orientation.
4. To disclose to the child's Service Coordinator any real or perceived conflicts of interest that would affect objectivity in the delivery of services.
5. To arrive promptly to each scheduled visit and adhere to a set schedule with minimizing changes to schedule.

6. To adhere to UF HIPAA privacy and security standards and under no circumstances while rendering services to have personal acquaintances attend home visits.
7. To not have religious worship, instruction, or proselytizing as part of or in connection with the provision of early intervention services.
8. To maintain a proper and professional appearance at all times. IN SHORT, BE MODEST AND PROFESSIONAL.
9. To immediately withdraw from encounters perceived as violations of this Code of Conduct.
10. To ensure and warrant that neither it nor any person employed by it who performs services for the other shall have been debarred, excluded, or otherwise ineligible for participation in any federally funded health care program.

**IX. Contractual Relationship - Disciplinary Policy:**

1. The following actions may result in disciplinary action, including but not limited to immediate suspension of the MOA pending investigation, immediate termination of this MOA, and disenrollment from the Part C Provider Network. Actions leading to disciplinary investigation include but are not limited to:
  - i. The revocation, suspension or limitation of a provider's health care license;
  - ii. The revocation, suspension or limitation of a provider's right to participate in the Medicaid program;
  - iii. Findings of professional misconduct or incompetence;
  - iv. Failure to provide competent service or to comply with Early Steps Policy Handbook and Operations Guide;
  - v. Findings of fraud, embezzlement, acts of moral turpitude, dishonesty, or any other acts which might adversely affect Children's Medical Services, and UF NCES clients or families;
  - vi. Legal incompetence, repeated or untreated substance abuse or total and/or permanent incapacity;
  - vii. Failure to comply with the CMS provider approval and re-approval processes and criteria;
  - viii. Willful falsification of any documents including, but not limited to, enrollment documents, training documents, invoices, mileage logs, children's records;
  - ix. Misrepresentation of use of service delivery time, e.g. conducting personal business during times reported for service delivery, and travel;
  - x. Any intimidating or threatening behavior targeted towards children and/or families or UF NCES staff or any other provider or professional;

- xi. Failure to maintain confidentiality concerning children and families;
- xii. Failure to comply with quality assurance monitoring;
- xiii. Failure to comply with UF NCES code of conduct
- xiv. Inadequate correction of non-compliance with UF NCES policies or procedures identified during quality assurance monitoring.

**X. In Relation to Payment to Service Provider: UF NCES agrees:**

To pay for authorized services from funding provided to UF NCES by the State of Florida, according to the terms and conditions identified on the eligible child's Individualized Family Support Plan (IFSP), subject to the availability of funds. Rates may be adjusted during the authorization period based on changes determined by the Florida Department of Health, Division of Children's Medical Services, Bureau of Early Steps and Newborn Hearing Screening. Service Provider understands and agrees that the funding for payment to Service Provider thereunder is provided by the State of Florida. UF NCES performance and obligation to pay under this agreement is contingent upon the availability of funds provided by the State of Florida as referenced herein. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract.

**XI Both parties agree:**

1. That both parties expressly intend that with regard to the provisions of the MOA, that said parties are independent contractors and no party hereto shall receive any other benefits besides those expressly provided for herein.
2. Upon execution of the MOA, UF NCES shall list the Service Provider as an authorized Part C Service Provider and shall make payments to Service Provider as specified in Section III of this MOA. Payment is contingent upon continued funding under the prime contract between the University of Florida and the Florida Department of Health, Division of Children's Medical Services, Bureau of Early Steps and Newborn Hearing Screening. Should funds for the prime contract become unavailable, UF NCES will provide written notice to Service Provider by certified mail, return receipt requested, within twenty-four (24) hours of UF NCES' notification from CMS.
3. Termination for breach: Unless the Service Provider's breach is waived by the UF NCES in writing, UF NCES may, by written notice to the Service Provider, terminate this MOA after no less than twenty-four (24) hours' notice. Said notice shall be delivered by certified mail, return receipt requested or in person, with proof of delivery. Waiver of breach of any provision of this MOA shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this MOA.
4. This MOA is effective upon the signature of both parties and will expire on June 30, 2024. This MOA may be terminated upon thirty (30) days written notice by either party. Notification of termination to the Service Provider will be sent by certified mail to the name on Page 1 of this MOA. Notification of termination to UF NCES must be sent to:

UF Dept. of Pediatrics  
North Central Early Steps  
Attn: NCES Fiscal Team  
PO Box 100296  
Gainesville, FL 32610

5. This MOA and its accompanying Exhibits, if any, sets forth the entire MOA with respect to the subject matter hereof and supersedes any prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This MOA shall not be modified or amended except by mutual written agreement. All continuing covenants, duties and obligations shall survive the expiration or termination of this Agreement.
6. This MOA shall be governed by and interpreted in accordance with the laws of the State of Florida.
7. The terms set forth in this MOA constitute all the terms and conditions agreed upon by the parties hereto, and no other terms or conditions shall be valid and binding on the parties unless reduced to writing and executed by the parties.

**The University of Florida Board of Trustees  
for the benefit of the North Central Early Steps  
of the Department of Pediatrics, College of  
Medicine, University of Florida**

**Service Provider**

By: \_\_\_\_\_  
Colleen G. Koch, M.D., M.S., MBA      Date  
Dean, College of Medicine  
University of Florida

By: \_\_\_\_\_  
Service Provider Signature  
Title: \_\_\_\_\_

\_\_\_\_\_  
Service Provider Business/Legal Name  
(If individual, please print name)

\_\_\_\_\_  
FEI/EIN Number (if an agency or business)  
**(Please do not put Social Security# here)**

\_\_\_\_\_  
Billing Contact Address and phone number

\_\_\_\_\_  
Florida Early Intervention Medicaid Number

\_\_\_\_\_  
Florida Therapy Medicaid Number

\_\_\_\_\_  
Fax # and email address

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

Federal Policy 6.11.1 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:

NCES Fiscal Team  
PO Box 100296  
1701 SW 16th Avenue, Building B  
Gainesville, FL 32610-0296  
Fax: 352.352.294.8088



Date Referral Sent:

Provider/Agency Name:

Service Coordinator:

Service Start Date (IFSP date):

Service Must Begin Prior To\*:

IFSP Authorization Period:

Service Type:

Frequency:

Duration:

Child's Name:

DOB:

Child's MMI#:

Address:

#### PROVIDER SECTION:

Date of First Visit:

Document Steps to Initiate First Visit:

1.

2.

3.

Attachments:

\*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:**

*updated 2.15.23*

**IFSP Barrier Codes (For Service Initiation Purposes)**

Code	Descriptor	Definition
C	Child Issues	Child issues preventing IFSP mtg, like illness, appt conflict, etc.
E	Early Steps Capacity Issues	ES capacity issue (e.g. no appts available, appt cancellation due to staffing issues, unable to contact family due to staffing issues, etc.)
F	Family Issues	Family/caregiver issues delayed IFSP meeting (family illness, sibling child care, convenience, family appointments, transportation, vacation, work schedule, emergencies, etc.)
D	Natural Disaster	Office closure due to hurricane or other official state of emergency
U	Unsuccessful Attempts to Contact	Unsuccessful attempts to contact family for 1st contacts, eval/assessment, IFSP mtg (i.e., unreturned phone calls, disconnected phone, unable to locate)
P	Provider Issues	External provider issues, like team not available, etc.





Provider: \_\_\_\_\_

### North Central Early Steps Weekly Progress Note

Child's Name: \_\_\_\_\_ MMI #: \_\_\_\_\_ DOB: \_\_\_\_\_

IFSP Outcome(s): \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

Outcome 1:

Outcome 2:

Session #: \_\_\_\_\_ Procedural Code: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Contact: \_\_\_:\_\_\_ am/pm to \_\_\_:\_\_\_ am/pm

Place:  Home  Daycare  By Phone  Other: \_\_\_\_\_ Type of Service:  Individual  Group

Progress (Goals achieved, areas to continue to work on, new concerns, present status, health status):

Summary of Session (Who, what, when, where, and how; progress achieved during session):

Plan & Follow-up (Caregiver homework; session planning; follow-up by provider):

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



Provider: \_\_\_\_\_

### North Central Early Steps Weekly Progress Note

Child's Name: \_\_\_\_\_ MMI #: \_\_\_\_\_ DOB: \_\_\_\_\_

Session #: \_\_\_\_\_ Procedural Code: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Contact: \_\_:\_\_ am/pm to \_\_:\_\_ am/pm

Place:  Home  Daycare  By Phone  Other: \_\_\_\_\_ Type of Service:  Individual  Group

Progress (Goals achieved, areas to continue to work on, new concerns, present status, health status):

Summary of Session (Who, what, when, where, and how; progress achieved during session):

Plan & Follow-up (Caregiver homework; session planning; follow-up by provider):

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Session #: \_\_\_\_\_ Procedural Code: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Contact: \_\_:\_\_ am/pm to \_\_:\_\_ am/pm

Place:  Home  Daycare  By Phone  Other: \_\_\_\_\_ Type of Service:  Individual  Group

Progress (Goals achieved, areas to continue to work on, new concerns, present status, health status):

Summary of Session (Who, what, when, where, and how; progress achieved during session):

Plan & Follow-up (Caregiver homework; session planning; follow-up by provider):

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Exhibit C



**UF North Central Early Steps Assessment Report**

<b>Child's Name:</b>	
<b>Child's MMI:</b>	
<b>Date:</b>	
<b>DOB:</b>	
<b>CA:</b>	
<b>Service Coordinator:</b>	
<b>IFSP Auth. Dates:</b>	

**Assessment Tool Used and Sources of Information:** *If AEPS-3 was used, please attached AEPS-3 Protocol Calculation sheet when submitting this document.*

**Assessment Results:**

**Progress made toward IFSP Outcomes and Goals:**

**Print Name and Date:**

**Signature:**

Updated: 2.15.23

# AEPS-3 Calculation Sheet

Child's Name:  
MMI #:

Assessment Date:  
Provider Name:

## AEPS-3 Cut Scores

Add **GOALS Only** (whole numbers)

Refer to "Cut Scores" graph with the child's chronological age

Exhibit: D

Developmental Area	Area Goal Scores Sum	Cut Score Values	Pass or Refer
Fine Motor			
Gross Motor			
Adaptive			
Social-Emotional			
Social-Communication			
Cognitive			



## Cut Scores

Age Interval	Fine Motor	Gross Motor	Adaptive	Social-Emotional	Social-Communication	Cognitive
0-6 months	0	0	0	1	0	0
7-12 months	1	0	0	3	0	0
13-18 months	5	5	1	7	1	2
19-24 months	7	7	3	11	2	5
25-30 months	8	8	6	14	2	6
31-36 months	9	10	11	19	4	12

## Child Age Calculator

Date of Birth	Date of Testing	Year(s)	Month(s)	Day(s)
1/0/1900	1/0/1900	0	0	0

updated 2.15.23

**UF Health North Central Early Steps Provider Discharge Summary**

**Exhibit E**

Provider Name:	Discharge Date:	Service Coordinator Name:	<input type="text"/>
Child's Name:	MMI#:	Child's DOB:	<input type="text"/>

Reason for Discharge:

COS Completed:

**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*







## Early Steps Summary of Family Rights

The partnership between families and Early Steps is a key component of the Early Steps system. Ongoing communication between you and Early Steps is important so your concerns and priorities are addressed. If you have concerns about Early Steps, you should discuss them with your service coordinator and Individualized Family Support Plan (IFSP) team. Your IFSP team needs and wants to hear any and all issues you might have. You are also entitled to procedural safeguards and rights in Early Steps, which for the purpose of this summary, is Part C of the Individuals with Disabilities Education Act and its regulations. Your rights are summarized in this document. For more detailed information on the policies and rights you have in Early Steps, you may visit for [http://www.cms-kids/home/resources/es\\_policy/es\\_policy.html](http://www.cms-kids/home/resources/es_policy/es_policy.html) or call (800) 218-0001.

This summary includes information about:

- *RECORDS/ CONFIDENTIALITY AND RELEASE OF INFORMATION*
- *PRIOR WRITTEN NOTICE and NATIVE LANGUAGE*
- *PARENTAL CONSENT*
- *SURROGATE PARENTS*
- *MEDIATION*
- *COMPLAINT PROCEDURES*
- *DUE PROCESS HEARING*



## RECORDS

You, and a representative, have the right to review information in your Early Steps record relating to evaluations/assessments, screenings, eligibility determinations, development and implementation of the Individualized Family Support Plan (IFSP), provision of early intervention services, individual complaints dealing with your child, and any other records involving your child and family, unless you do not have the authority to do so. You have the right to review this information before any Individualized Family Support Plan (IFSP) meeting or due process hearing, and it will be provided not more than 10 days after you make the request. If the Early Steps record includes information on more than one child, you may only review the information related to your child or will be informed of that specific information. Early Steps may charge a fee for copies of the record, but only if this does not prevent you from inspecting and reviewing the record. This does not include a copy of each evaluation, assessment, and IFSP, as those are provided as soon as possible after each IFSP meeting and at no cost. Early Steps may not charge a fee to search for or collect information. Early Steps will respond to reasonable requests for explanations and interpretations of your child's record. You may request that Early Steps provide copies of the record if failure to provide copies would prevent you from exercising your right to inspect and review the record.

Early Steps keeps a record of people who request or receive access to records they collect, maintain, or use, except access by you and authorized representatives of Early Steps. The record they keep includes the name, date, and reason why the party was authorized to use the record. Early Steps will keep this information with your records as long as they maintain it. Early Steps will make sure you receive a list, upon request, of the types of Early Steps records kept on your child, where they are kept, and how you can gain access to them.

If you feel that any statement in the record is wrong or misleading, or violates the privacy or other rights of your child, you may submit a written request for Early Steps or the service provider to change it. Early Steps or the service provider will either change the statement(s) in a reasonable period of time or formally refuse to do so. If Early Steps or the service provider refuses to do so, you will be informed in writing of that refusal, be provided information about your right to dispute the decision to refuse to change the record, and informed of your right to a due process hearing. Early Steps will provide an opportunity for a due process hearing, upon request, if you challenge information in the record to ensure that it is not inaccurate, misleading, or violates your child's privacy or rights. The protections of the Family Educational Rights and Privacy Act (FERPA) regarding the confidentiality of personally identifiable information apply to you, including the procedures under FERPA to conduct a hearing to challenge information in your child's record. If a due process hearing occurs and it is determined that information in the record is inaccurate, misleading, or violates your child's privacy or rights, the records will be changed accordingly and you will be notified in writing. If a due process hearing occurs and it is determined that the information in the record is not inaccurate, not misleading, or does not violate your child's privacy or rights, you will be informed of your right to place a statement in the record commenting on the information or reasons for disagreeing with the decision. This information will be maintained in the Early Steps record. If your Early Steps record or the section that is disagreed upon is disclosed to any party, the statement you provided must also be provided to the party.

Early Steps will ensure the confidentiality of personally identifiable information, data and records collected, used or maintained, including your right to prior written notice and written parental consent to the exchange of personally identifiable information among agencies. Early Steps will keep a record of anyone who requests or receives your Early Steps record. Personally identifiable information includes your child's name, your name or other family members, address, social security number or other personal identifiers, and other information that might make it possible to identify your child. Early Steps keeps this information on referred children and those who receive or have received services. This includes information related to screening, evaluation and assessment, eligibility, the Individualized Family Support Plan (IFSP), and services. Early Steps will also gather information from individuals or agencies that have information about your child and those providing services to your child. This information will be used to determine eligibility and make decisions about services for your child. Early Steps is responsible for protecting your personally identifiable information and is trained on these responsibilities. Your personally identifiable information will be protected to ensure the confidentiality of your information when it is collected, stored, disclosed, used, and

destroyed. Early Steps will inform you when they no longer need your personally identifiable information in order to provide services to your child. This information must be destroyed at your request however; a permanent record of your child's name and date of birth, parent contact information, name(s) of service coordinators and providers, and exit data (year and age upon exit, and any programs entered into upon) may be kept without time limitation. Once your child and family no longer receive services, Early Steps will maintain your child's Early Steps record for a minimum of six years from the date your child was closed from Early Steps. You may review the names and positions of anyone who may have access to your personally identifiable information.

### **PRIOR WRITTEN NOTICE and NATIVE LANGUAGE**

You must be given prior written notice in a reasonable time before Early Steps or a service provider proposes to initiate or change, or refuses to initiate or change the identification, evaluation, or placement of your child, or the provision of appropriate early intervention services for your child and family. The notice will help you be more prepared and will state information including:

- the action that is being proposed or refused;
- the reasons for taking the action;
- all procedural safeguards that are available under Early Steps; and
- the Early Steps complaint procedures and timelines.

Early Steps wants you to understand so that you can be an informed team member and decision maker. The prior written notices, evaluations/assessments, and IFSPs must be written in understandable language and provided in your native language, unless it is clearly not feasible to do so. Native language means the language or mode of communication you use. If your native language or other mode of communication is not a written language, Early Steps will take steps to ensure that the notice is translated orally or by other means to you in your native language or other mode of communication, you understand the notice, and there is written evidence that these requirements have been met. If you are deaf, blind, or have no written language, the way in which you communicate will be used by Early Steps.

### **PARENTAL CONSENT**

Early Steps needs your permission to take actions that affect your child. You will be asked to give your consent in writing before Early Steps conducts a screening, evaluation/assessment, private insurance is used, personally identifiable information is disclosed, or before early intervention services are provided. Consent means that you are fully informed, in your native language or other mode of communication, of all information related to the activity that Early Steps is requesting your consent, that you understand and agree in writing to the carrying out of the activity in which your consent is being requested, and the consent describes the activity and lists the records (if any) that will be released and to whom, and that you understand that giving your consent is voluntary and can be taken away at any time. If you do not give consent, for the evaluation and assessment or services, Early Steps will make reasonable efforts to ensure that you are fully aware of the nature of the evaluation/assessment or the services that would be available and that you understand that your child will not be able to receive the evaluation and assessment or services unless consent is given. You may take away consent for your child at any time however you cannot take away consent for an action that has already occurred. You have the right to determine whether you will accept or decline any Early Steps service and may decline a service after first accepting it, without it affecting other services.

Early Steps must provide written notice and obtain consent from you in order to obtain, release or exchange personally identifiable information concerning your child and family except in certain circumstances. This also includes the verbal sharing of personally identifiable information. If you do not give Early Steps consent to release your personally identifiable information, your information will not be released.

Early Steps cannot use due process hearing procedures to challenge a parent's refusal to provide consent.

### **SURROGATE PARENTS**

Early Steps will ensure the rights of eligible children are protected if no parent can be identified, the parent(s) whereabouts cannot be discovered after reasonable efforts, or your child is a ward of the state. This is done by assigning a surrogate parent. If a surrogate parent is assigned, they may represent your child during the evaluation and assessment, development and implementation of the Individualized Family Support Plan (IFSP), ongoing service delivery for your child, and other rights in Early Steps. Early Steps has procedures in place to determine whether a child needs a surrogate parent, and the assignment and selection of a surrogate parent. All the rights in this document apply to surrogate parents. If a child is a ward of the state, a surrogate parent may be appointed by the judge overseeing the infant or toddler's case provided that the surrogate parent meets federal and state requirements.

### **MEDIATION**

Mediation is an informal option to resolve disputes regarding any matter concerning your involvement with Early Steps. Mediation is voluntary on the part of all parties who must sign the request form. In mediation, an impartial trained mediator, who is qualified and knowledgeable in laws and regulations related to Early Steps, helps the parties reach a mutually satisfactory agreement. Mediation is free to you and does not interfere with your right to a due process hearing or any other rights in Early Steps. Mediation discussions are confidential and will not be used in a subsequent due process hearing or civil proceeding. Mediation will be scheduled in a timely manner, within 21 calendar days of the receipt of a request signed by both parties, and will be held in a location that is convenient to all parties. Any agreements reached in Mediation will be put in writing and signed by all parties.

### **COMPLAINT PROCEDURES**

You have the right to file a complaint alleging that Early Steps, or a service provider, has violated a requirement of Early Steps. Complaints must be written and signed and include the following information:

- a statement that Early Steps or a service provider has violated your rights;
- the facts on which the complaint is based;
- your signature and contact information;
- the name and address of the residence of your child;
- the name of the provider serving your child;
- a description of the nature of the problem of the child, including facts relating to the problem;
- a proposed resolution of the problem to the extent known and available to you at the time the complaint is filed; and
- an allegation of a violation that occurred within one year prior to the date the complaint is received.

Complaints must be mailed to the Florida Department of Health, Children's Medical Services, Early Steps State Office at:

**IDEA, Part C Coordinator**  
**Department of Health**  
**Children's Medical Services**  
**Early Steps State Office**

**4052 Bald Cypress Way, BIN# A06**

**Tallahassee, FL 32399-1707**

Once a complaint is received, the Early Steps State Office will conduct an independent investigation of the complaint. You will have the opportunity to submit additional information, either orally or in writing, about your allegations. The Early Steps State Office will review all relevant information and make an independent determination as to whether a violation of your rights has occurred. A written decision will be issued (within 60 days of the receipt of the complaint, unless exceptional circumstances exist) that includes the findings of fact, conclusions, and the reasons for the final decision. The written decision can include technical assistance activities, negotiations, and corrective actions to achieve compliance, if a violation is found. If the investigation finds a failure to provide appropriate services, the Early Steps State Office will address how to correct the issue, as appropriate, including awarding monetary reimbursement or other corrective actions to meet the needs of your child and family, and appropriate future services for all infants and toddlers with disabilities, and their families.

Mediation will be offered when a complaint is received. If a written complaint is received that is also the subject of a due process hearing, Early Steps will set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the complaint timelines. If an issue is raised in a complaint that has been previously decided in a due process hearing involving the same parties, Early Steps will inform you that the hearing decision is binding.

A complaint alleging failure to implement a due process hearing decision must be resolved by the Early Steps State Office.

### **DUE PROCESS HEARING**

You have the right to file a due process hearing request when there is a disagreement regarding the proposal to initiate or change, or refusal to initiate or change the identification, evaluation, or placement of your child, the provision of appropriate early intervention services to your child or family, or to challenge information in the Early Steps record to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of your child.

A due process hearing request must be filed with the Florida Department of Health, Children's Medical Services, Early Steps State Office at:

**IDEA, Part C Coordinator**  
**Florida Department of Health**  
**Children's Medical Services**  
**Early Steps State Office**  
**4052 Bald Cypress Way, BIN # A06**  
**Tallahassee, FL 32399-1707**

The party submitting a due process hearing request, or their attorney, must ensure the other party receives a copy of the hearing request, which must remain confidential. A due process hearing request must include the following:

- name of your child;
- the address of the residence of your child;
- the name of the early intervention provider serving your child;
- a description of the nature of the problem of your child relating to the proposed or refused initiation or change, including facts relating to the problem;

- a proposed resolution of the problem to the extent known and available to you at the time; and
- an allegation that the action forming the basis for the due process complaint occurred within 2 years of the date you Early Steps or the provider knew (or should have known) about the alleged action.

Within 10 days of a due process hearing request, you will receive a written response from the other party addressing each issue you raised in your due process hearing request. If you have not received prior written notice regarding the issues addressed in your due process hearing request, then the response will also include the following:

- an explanation of why Early Steps proposed or refused to take the action raised in the due process hearing request;
- a description of other options that the IFSP team considered and the reasons why those options were rejected;
- a description of each evaluation procedure, assessment, record, or report used as the basis for the proposed or refused action; and
- a description of the other factors relevant to the proposed or refused action.

The hearing officer will determine the sufficiency of a due process hearing request. Either party may challenge the sufficiency of the due process hearing request by filing a written claim with the hearing officer within 15 days of the hearing request. Within 5 days of receipt of the challenge, the hearing officer will issue a ruling on the sufficiency of the due process hearing request.

Mediation will be offered when a due process hearing request is received and you will be notified of free or low cost legal and other relevant advocacy services that are available. The Early Steps State Office will conduct a resolution meeting within 15 days of the receipt of a due process hearing request with the parent(s) and the relevant IFSP team members, as agreed by both parties. The purpose of the resolution meeting is to allow the Early Steps State Office the opportunity to resolve the issues in the due process hearing request. The Early Steps State Office may not bring an attorney unless you bring an attorney. If you file a due process hearing request and do not participate in the resolution meeting after reasonable efforts by the Early Steps State Office, your due process hearing request may be dismissed. If the Early Steps State Office does not hold or participate in a resolution meeting within 15 days of receipt of the hearing request, you may request the hearing officer to initiate the 45 day due process timeline. The 45 day due process hearing timeline begins after:

- both parties agree in writing to waive the resolution meeting or seek mediation;
- after the resolution meeting or mediation starts but before the end of the 30 day period and the parties agree in writing that no agreement is possible; or
- both parties agree in writing to continue the resolution or meditation process at the end of the 30 day period but later withdraws.

If a resolution to the dispute is reached at the resolution meeting, a legally binding agreement is written that is signed by both parties and enforceable in federal or state court. Either party may void the agreement within 3 business days of execution. The Early Steps State Office may use methods to seek enforcement of a written agreement resulting from a mediation or resolution meeting as long as those mechanisms are not mandatory and does not delay or deny the parents right to seek enforcement of the written agreement in a federal or state court.

A party may amend a due process hearing request if either the other party consents in writing to the amendment and is given the opportunity to resolve the issues in the due process hearing request through a resolution meeting or the hearing officer grants permission not later than five days before the due process hearing is scheduled. If a party files an amended due process hearing request, the 30 day timeline for the resolution meeting begins again with the filing of the amended due process hearing request.

A due process hearing is conducted by an impartial person who is not an employee of Early Steps, or any other entity involved in the services or care for your child, though Early Steps pays for their services. They

do not have a personal or professional interest that would conflict with their ability to be objective and implement the process. The hearing officer will have knowledge about Early Steps, including Part C of the Individuals with Disabilities Education Act, applicable federal and state regulations, and legal interpretations by federal and state courts. The officer will listen to relevant viewpoints about the issue, examine all information related to the issues, seek to reach a timely resolution regarding the issue, and make decisions based on substantive grounds. It will be at a time and place that is convenient to you and you will be notified of the date, time, and place of the hearing in a reasonable time in advance. A hearing will be held and a written decision mailed within 45 days of the request of a hearing. The written decision will be based on the evidence and will include a summary of the evidence and the reasons for the decision.

During a due process hearing, you have the right to:

- be accompanied and advised by counsel and by individuals with special knowledge or training on Early Steps at your own expense;
- present evidence and confront, cross examine, and require attendance of witnesses;
- not allow evidence that has not been disclosed to you at least five days before the hearing;
- receive a written or electronic (based on your preference) word for word copy of the hearing at no cost;
- receive a written or electronic (based on your preference) findings and decisions from the hearing at no cost; and
- request the hearing be open to the public (it will be closed unless the parties request it be open).

Parties involved in the due process hearing must disclose all evaluations and recommendations at least 5 business days before the proceeding. The hearing officer may bar any party that fails to comply without the consent of the other party. The party requesting a due process hearing may not raise issues at the due process hearing that were not raised in the due process complaint unless the other party agrees.

In matters alleging a procedural violation, a hearing officer may find that your child was not appropriately identified, evaluated, placed, or provided early intervention services only if it:

- Impeded your child's right to identification, evaluation, and placement or provision of early intervention services for your child and family;
- Significantly impeded the your opportunity to participate in the decision-making process regarding identification, evaluation, placement or provision of early intervention services for your child and family; or
- Caused a deprivation of developmental benefit.

Unless you and Early Steps agree, Early Steps will continue to provide the early intervention services to which you have provided consent or if applying for initial services, will provide the early intervention services not in dispute as authorized on your Individualized Family Support Plan (IFSP). A decision made in a due process hearing is final, except that either party may file a civil action. This must be done in state or federal court within 90 days of the due process decision. In a civil action, the court will receive the records of the due process hearing, hear additional evidence at the request of a party, and grant the relief the court determines to be appropriate, based on the preponderance of the evidence.

Parents also have rights, procedures, and remedies available under the Constitution, Americans With Disabilities Act, title V of the Rehabilitation Act, and other federal laws protecting the rights of children with disabilities.



College of Medicine  
Department of Pediatrics  
North Central Early Steps

P.O. Box 100296  
Gainesville, FL 32610  
PH: 352-273-8555/1-800 334-1447  
FAX: 352-294-8088

**UF College of Medicine Department of Pediatrics North Central Early Steps  
Statement of Understanding of Part C Procedural Safeguards**

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**Statement of Understanding of Part C Procedural Safeguards**

\_\_\_\_\_ I certify that I have read the Procedural Safeguards

\_\_\_\_\_ I understand that the intent of the Procedural Safeguards is to protect the rights of the child  
and his/her parents/guardians

\_\_\_\_\_ I agree to abide by the Procedural Safeguards

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed or Typed)



UF Department of Pediatrics - North Central Early Steps

Fee Schedule

Codes and rates effective as of July 1, 2022\*

As of 4/1/20, therapists must use additional TL modifier (in first place) when billing MMA's.

UF NCES Codes	Category	Service Description	CPT / HCPCS Code	NCES Billing Code	Authorizing Unit [1 unit = ]	UF NCES Rate	UF NCES Max Rate	Billing Unit [1 unit for...]	Payer and Billing Information	Note or Additional Information
ASST	AT	ASSISTIVE TECHNOLOGY	T1999	T1999	EACH ITEM	N/A	\$ 5,000.00	EACH ITEM	TPIN and/or MED. If EOB or no coverage, CONT	Rate TBD, not auto calculated
ASTE	AT	ASSISTIVE TECHNOLOGY EVAL	97755	97755	1 EVAL	\$ 48.50	\$ 48.50	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
COIFF	All	IFSP CONSULT, PROF, FACE-TO-FACE	n/a	COIFF	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
COIFF	All	IFSP CONSULT, PROF, FACE-TO-FACE via Telemedicine	n/a	COIFFGT	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
COIFP	All	IFSP CONSULT, PROF, BY PHONE	n/a	COIFP	1 HOUR	\$ 25.00	\$ 25.00	1 HOUR	CONT	
CONIF	EI	CONSULT FACE-TO-FACE, ITDS	n/a	CONIF	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
CONIF	EI	CONSULT FACE-TO-FACE, ITDS via Telemedicine	n/a	CONIFGT	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
CONIP	EI	CONSULT, PHONE, ITDS	n/a	CONIP	1 HOUR	\$ 25.00	\$ 25.00	1 HOUR	CONT	
EIGF	EI	EI GROUP SESSION BY EI PROF	T1027TT	T1027TSC	1 HOUR	\$ 25.00	\$ 25.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
EIIF	EI	EI INDIVIDUAL SESSION BY EI PROF	T10275C	T10275C	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
EIIF	EI	EI INDIVIDUAL SESSION BY EI PROF via Telemedicine	T10275CGT	T10275CGT	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
CONOF	OT	CONSULT FACE-TO-FACE, OT	n/a	CONOF	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
CONPF	PT	CONSULT FACE-TO-FACE, PT	n/a	CONPF	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
CONSF	Speech	CONSULT FACE-TO-FACE, ST	n/a	CONSF	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
CONOF	OT	CONSULT FACE-TO-FACE, OT via Telemedicine	n/a	CONOFGT	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
CONPF	PT	CONSULT FACE-TO-FACE, PT via Telemedicine	n/a	CONPFGT	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
CONSF	Speech	CONSULT FACE-TO-FACE, ST via Telemedicine	n/a	CONSGT	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
CONOP	OT	CONSULT, PHONE, OT	n/a	CONOP	1 HOUR	\$ 25.00	\$ 25.00	1 HOUR	CONT	
CONPP	PT	CONSULT, PHONE, PT	n/a	CONPP	1 HOUR	\$ 25.00	\$ 25.00	1 HOUR	CONT	
CONSP	Speech	CONSULT, PHONE, ST	n/a	CONSP	1 HOUR	\$ 25.00	\$ 25.00	1 HOUR	CONT	
EXIT	All	EXIT ASSESSMENT	n/a	EXIT	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
INTR	Interpreter	INTERPRETER	T1013	T1013	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
IPDEF	EI	F/U PSYCH AND DEV EVAL BY EI PROF	T1024TLTS	T1024TLTS	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEF	EI	F/U PSYCH AND DEV EVAL BY EI PROF via Telemedicine	T1024TLTSGT	T1024TLTSG	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEF	EI	F/U PSYCH AND DEV EVAL BY ITDS	T1024TS	T1024TS	1 HOUR	\$ 55.50	\$ 111.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEF	EI	F/U PSYCH AND DEV EVAL BY ITDS via Telemedicine	T1024TSGT	T1024TSGT	1 HOUR	\$ 55.50	\$ 111.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEI	EI	INITIAL PSYCH AND DEV EVAL BY EI PROF	T1024TL	T1024TL	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEI	EI	INITIAL PSYCH AND DEV EVAL BY EI PROF via Telemedicine	T1024TLGT	T1024TLGT	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEI	EI	INITIAL PSYCH AND DEV EVAL BY ITDS	T1024HNUK	T1024HNUK	1 HOUR	\$ 55.50	\$ 111.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEI	EI	INITIAL PSYCH AND DEV EVAL BY ITDS via Telemedicine	T1024HNUKGT	T1024HNUKGT	1 HOUR	\$ 55.50	\$ 111.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEF	OT	F/U PSYCH AND DEV EVAL BY OT	T1024GOTS	T1024GOTS	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	OT	F/U PSYCH AND DEV EVAL BY OT via Telemedicine	T1024GOTSGT	T1024GOTSG	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	PT	F/U PSYCH AND DEV EVAL BY PT	T1024GPTS	T1024GPTS	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	PT	F/U PSYCH AND DEV EVAL BY PT via Telemedicine	T1024GPTSGT	T1024GPTSG	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	Speech	F/U PSYCH AND DEV EVAL BY SLP	T1024GNST	T1024GNST	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	Speech	F/U PSYCH AND DEV EVAL BY SLP via Telemedicine	T1024GNSTGT	T1024GNSTGT	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	OT	INITIAL PSYCH AND DEV EVAL BY OT	T1024GOUK	T1024GOUK	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	OT	INITIAL PSYCH AND DEV EVAL BY OT via Telemedicine	T1024GOUKGT	T1024GOUKGT	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	PT	INITIAL PSYCH AND DEV EVAL BY PT	T1024GPUK	T1024GPUK	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	PT	INITIAL PSYCH AND DEV EVAL BY PT via Telemedicine	T1024GPUKGT	T1024GPUKGT	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	Speech	INITIAL PSYCH AND DEV EVAL BY SLP	T1024GNUK	T1024GNUK	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	Speech	INITIAL PSYCH AND DEV EVAL BY SLP via Telemedicine	T1024GNUKGT	T1024GNUKGT	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
NESF	Travel	NATURAL ENVIRONMENT SUPPORT FEE	99600	99600	FLAT RATE	\$ 10.00	\$ 10.00	FLAT RATE	CONT	
OCCT	OT	OT SESSION BY LICENSED OT	97530	97530	1 HOUR	\$ 71.96	\$ 71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
OCCT	OT	OT SESSION BY LICENSED OT via Telemedicine	97530GT	97530GT	1 HOUR	\$ 71.96	\$ 71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
OCTF	OT	OT EVAL BY LICENSED OT, FOLLOW-UP	97168	97168	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTF	OT	OT EVAL BY LICENSED OT, FOLLOW-UP via Telemedicine	97168GT	97168GT	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTH	OT	OT EVAL BY LICENSED OT, INITIAL (LOW COMPLEXITY)	97165	97165	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTH	OT	OT EVAL BY LICENSED OT, INITIAL (LOW COMPLEXITY) via Telemedicine	97165GT	97165GT	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTH	OT	OT EVAL BY LICENSED OT, INITIAL (MODERATE COMPLEXITY)	97166	97166	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTH	OT	OT EVAL BY LICENSED OT, INITIAL (MODERATE COMPLEXITY) via Telemedicine	97166GT	97166GT	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTH	OT	OT EVAL BY LICENSED OT, INITIAL (HIGH COMPLEXITY)	97167	97167	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	

OCTH	OT	OT EVAL BY LICENSED OT, INITIAL (HIGH COMPLEXITY) via Telemedicine	97167GT	97167GT	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PHY	PT	PT SESSION BY LICENSED PT	97110	97110	1 HOUR	\$ 71.96	\$ 71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
PHY	PT	PT SESSION BY LICENSED PT via Telemedicine	97110GT	97110GT	1 HOUR	\$ 71.96	\$ 71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
PSTF	PT	EVAL BY LICENSED PT, FOLLOW-UP	97164	97164	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTF	PT	EVAL BY LICENSED PT, FOLLOW-UP via Telemedicine	97164GT	97164GT	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (LOW COMPLEXITY)	97161	97161	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (LOW COMPLEXITY) via Telemedicine	97161GT	97161GT	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (MODERATE COMPLEXITY)	97162	97162	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (MODERATE COMPLEXITY) via Telemedicine	97162GT	97162GT	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (HIGH COMPLEXITY)	97163	97163	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (HIGH COMPLEXITY) via Telemedicine	97163GT	97163GT	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SCREEN	All	SCREENING	T1023	T1023	1 SCREEN	\$ 50.00	\$ 50.00	EACH SCREEN	MED if primary or secondary. CONT if only TPIN.	
SPCH	Speech	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	92524	92524	EACH EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE via Telemedicine	92525GT	92524GT	EACH EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	EVALUATION OF SPEECH FLUENCY (E.G., STUTTERING, CLUTTERING)	92521	92521	EACH EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	EVALUATION OF SPEECH FLUENCY (E.G., STUTTERING, CLUTTERING) via Telemedicine	92521GT	92521GT	EACH EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	EVALUATION OF SPEECH SOUND PRODUCTION (E.G., ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHIA)	92522	92522	EACH EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	EVALUATION OF SPEECH SOUND PRODUCTION (E.G., ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHIA) via Telemedicine	92522GT	92522GT	EACH EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	EVALUATION OF SPEECH SOUND PRODUCTION (E.G., ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (E.G., RECEPTIVE AND EXPRESSIVE LANGUAGE)	92523	92523	EACH EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	EVALUATION OF SPEECH SOUND PRODUCTION (E.G., ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (E.G., RECEPTIVE AND EXPRESSIVE LANGUAGE) via Telemedicine	92523GT	92523GT	EACH EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	EVALUATION OF ORAL, PHARYNGEAL SWALLOWING FUNCTION	92610	92610	EACH EVAL	\$ 44.86	\$ 44.86	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	EVALUATION OF ORAL, PHARYNGEAL SWALLOWING FUNCTION via Telemedicine	92610GT	92610GT	EACH EVAL	\$ 44.86	\$ 44.86	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPL	Speech	TREATMENT OF SWALLOWING DYSFUNCTION	92526	92526	EACH EVAL	\$ 52.93	\$ 52.93	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPL	Speech	GROUP SLP SESSION PER CHILD	92508	92508	1 HOUR	\$ 13.96	\$ 13.96	1 HOUR	TPIN and/or MED ONLY.	
SPL	Speech	SPL THERAPY SESSION BY LICENSED SLP	92507	92507	1 HOUR	\$ 71.96	\$ 71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
SPL	Speech	SPL THERAPY SESSION BY LICENSED SLP via Telemedicine	92507GT	92507GT	1 HOUR	\$ 71.96	\$ 71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
SPL	Speech	SPL THERAPY SESSION BY SLP ASST	92507HM	92507HM	1 HOUR	\$ 57.60	\$ 57.60	HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
TCM	Service Coordinator	TARGETED CASE MANAGEMENT	T1017TL	T1017TL	1 HOUR	\$ 37.20	\$ 296.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	MAX RATE IS PER DAY PER CHILD
TELEC	Telephone	TELECONFERENCE, PROVIDER TO FAMILY, PHONE	n/a	TELEC	1 HOUR	\$ 37.00	\$ 37.00	1 HOUR	CONT	
TRAV	Travel	PROVIDER TRAVEL TO NATURAL ENVIRONMENT - BY MILE (A0160 - over 25 miles) - entered on state travel form only	n/a	A0160	1 MILE	\$ 0.445	N/A	EACH MILE	CONT	
TRAV	Travel	PROVIDER TRAVEL, EVALUATIONS ROUND-TRIP - BY MILE (A0080) and Travel to Daycare or other non-NESF location - entered on state travel form only	n/a	A0080	1 MILE	\$ 0.445	N/A	EACH MILE	CONT	UF NCES DIFFERENTIATOR ONLY Evaluation Travel (IPDEI or IPDEF, Round Trip)

\*Taxonomy rates subject to change based on Medicaid rate changes and Department of Health discretion.

PAYER CODES		
TPIN	Private Insurance	Primary
MED	Medicaid	Secondary
CONT	Part C	Tertiary

Updated 2.15.23





UF Department of Pediatrics - North Central Early Steps

## Instruction Sheet

### 1. Template Creation

Download this form from [www.myearlysteps.com](http://www.myearlysteps.com).

Add provider name and provider type to top of Claims Sheet Tab.

Complete Caseload Tab (optional).

*Completing first two columns will facilitate Claims Sheet autofill.*

Save template as an Excel file (.xls or .xlsx) on your computer.

### 2. Completing the Claims Sheet

Always start with the template (do not overwrite on a previous from)

Enter ALL claims on the blue "Claims Sheet" tab.

Enter Invoice Number and Date at the top of the sheet

Working left to right in the grid, begin entering your claims as follows:

date of service

child's name

ES ID # - if you are using the optional case load tab, # will autofill

location - home/hospital/childcare/clinic/agency/other

service - restricted to services listed on Taxonomy

units - 1 unit = 1 hour (unless flat rate)

*(enter time as .25, .5, .75, 1.00, 1.25, etc.)*

insurance payment - licensed providers only with EOB/denial evidence

*(enter payment as positive number; form will subtract and total)*

provider note - please use this for any communication about claim line

Claims Sheet will total at bottom

### 4. Submitting the Claims Sheet

Save the entire Excel Workbook on your computer

*(new name, different from template)*

Send the entire Excel Workbook as an attachment in a Move-it message.

Send via Move-it to [NCESFiscal@peds.ufl.edu](mailto:NCESFiscal@peds.ufl.edu)

Expect a response. If not received, check with NCES fiscal.

<b>STATE OF FLORIDA</b>	TRAVELER	AGENCY
<b>VOUCHER FOR REIMBURSEMENT</b>	SOCIAL SECURITY NO. (SSN on file)	HEADQUARTERS
<b>OF TRAVEL EXPENSES</b>	CHECK ONE: <input type="checkbox"/> OFFICER/EMPLOYEE <input checked="" type="checkbox"/> NONEMPLOYEE IND. CONTRACTOR <input type="checkbox"/> OPS	RESIDENCE (CITY)

DATE	Travel Performed From Point of Origin To Destination	Purpose or Reason (Name of Conference)	Hour of Departure And Hour of Return	Meals for Class A & B Travel	Per Diem or Actual Lodging Expenses	Class C Meals	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses	
									Amount	Type

Statement of Benefits to the State: (Conference or Convention)	Column Total	Column Total	Column Total	0 Mi. 44.5 ¢ Mi.	Column Total	Summary Total
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Revolving Fund:	Advance:	LESS ADVANCE RECEIVED
Check No.	Warrant No.	LESS CLASS C MEALS (Officers/Employees Only)
Check Date	Warrant Date	LESS NON-REIMBURSABLE ITEMS INCLUDED ON PURCHASING CARD
Agency Voucher No.	Statewide Doc. No.	NET AMOUNT DUE TRAVELER
	Agency Voucher No.	NET AMOUNT DUE THE STATE
		\$ 0.00
		\$ 0.00

I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter; that the travel expenses were actually incurred by me as necessary in the performance of official duties; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me, and that this voucher conforms in every respect with the requirements of Section 112.061, Florida Statutes	Pursuant to Section 112.061 (3) (a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the travel was on official business of the State of Florida and was for the purpose(s) stated above.
	SUPERVISOR'S SIGNATURE:
TRAVELER'S SIGNATURE:	SUPERVISOR'S TITLE:
SIGNATURE DATE:	SIGNATURE DATE:
TITLE:	
FOR AGENCY USE:	

**TRAVEL PERFORMED BY COMMON CARRIER OR STATE VEHICLE**

*THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN COMMON CARRIER IS BILLED DIRECTLY TO THE STATE AGENCY*

Date	Ticket Number or State Vehicle Number	From	To	Amount	Name of Common Carrier or State Agency Owning Vehicle

**STATE OF FLORIDA PURCHASING CARD CHARGES**

*THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID BY USING THE STATE OF FLORIDA PURCHASING CARD*

Date	Merchant/Vendor	Description of Item Acquired	Amount of Charge

*THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN NON-REIMBURSEABLE ITEMS WERE PURCHASED USING THE STATE OF FLORIDA PURCHASING CARD*

Date	Merchant/Vendor	Description of Item Acquired	Amount of Charge
Total (This amount must appear on the line "Less Non-Reimbursable Items Included on Purchasing Card" on the reverse side of this form.)			\$ -

**GENERAL INSTRUCTIONS**

Class A travel -- Continuous travel of 24 hours or more away from official headquarters.  
 Class B travel -- Continuous travel of less than 24 hours which involves overnight absence from official headquarters.  
 Class C travel -- Travel for short or day trips where the traveler is not away from his official headquarters overnight.

Breakfast --- when travel begins before 6 a.m. and extends beyond 8 a.m.  
 Lunch ----- when travel begins before 12 Noon and extends beyond 2 p.m.  
 Dinner ----- when travel begins before 6 p.m. and extends beyond 8 p.m. or when travel occurs during night-time hours due to special assignment.

NOTE: No allowance shall be made for meals when travel is confined to the city or town of official headquarters or immediate vicinity except assignments of official business outside the traveler's regular place of employment if travel expenses are approved and such special approval is noted on the travel voucher. Rate of Per Diem and Meals shall be those prescribed by Section 112.061, Florida Statutes.

Non-reimbursable items may not be charged on the State of Florida Purchasing Card. Inadvertent non-reimbursable charges are to be deducted from the travel reimbursement claimed on the reverse side of this form on the line "Less Non-reimbursable Items Included on Purchasing Card" and the above "Non-reimbursable Items" section of "State of Florida Purchasing Card Charges" section above must be completed.

Per diem shall be completed at one-fourth of authorized rate for each quarter or fraction thereof. Travel over a period of 24 hours or more will be calculated on the basis of 6-hour cycles, beginning at midnight; less than 24-hours travel will be calculated on the basis of 6-hour cycles, beginning at the hour of departure from official headquarters. Hour of departure and hour of return should be shown for all travel. When claiming per diem, the meal allowance columns should not be used. Claims for actual lodging at single occupancy rate plus meal allowances should be put in the "Per Diem or Actual Lodging Expenses" column and include the appropriate meal allowances in the "Meals for Class A & B Travel" column. Claims for meals allowance involving travel that did not require the traveler to be away from headquarters overnight should be included in the "Class C Meals" column. Vicinity travel must appear in the separate column. When travel is by common carrier and billed directly to the traveler, the amount and description should be included in the "Other Expenses" column. A copy of the ticket or invoice should be attached to this form. If travel is by common carrier and billed directly to the State agency, then the "Travel Performed by Common Carrier or State Vehicle" section above should be completed. If travel is by common carrier and the carrier is paid by the use of the State of Florida Purchasing Card, then the "State of Florida Purchasing Card Charges" section above should be completed. The name of the common carrier should be inserted in the "Map Mileage Claimed" column in these instances. Justification must be provided for use of a noncontract airline (or one offering equal or lesser rates than the contract airline) or rental car (or one having lower net rate) when contract carriers are available. Additionally, justification must be provided for use of a rental car larger than a Class "B" car. If travel is performed by the use of a State-owned vehicle, the word "State" should be inserted in the "Map Mileage Claimed" column on the reverse side of this form, and the above section designated as "Travel Performed by Common Carrier or State Vehicle" should be completed. If lodging is paid by the use of the State of Florida Purchasing Card, the words "Purchasing Card" should be inserted in the "Per Diem or Actual Lodging Expenses" column on the reverse side of this form, and the above section designated as "State of Florida Purchasing Card Charges" should be completed. Incidental travel expenses which may be reimbursed include: (a) reasonable taxi fare; (b) ferry fares and bridge, road, and tunnel tolls; (c) storage and parking fees; (d) telephone and telegraph expenses; (e) convention or conference registration fee. If meals are included in the registration fee, per diem should be reduced accordingly. Receipts should be obtained when required. The official Department of Transportation map should be used in computing mileage from point of origin to destination whenever possible. When any State employee is stationed in any city or town for over 30 days continuous work days, such city or town shall be deemed to be his official headquarters and he shall not be allowed per diem or subsistence after the period of 30 continuous work days has elapsed, unless extended by the approval of the agency head. If travel is to a conference or convention, the "Statement of Benefits to the State" section must be completed or a copy of the Authorization to Incur Travel Expense, Form DFS-AA-13, must be attached. Additionally, a copy of a agenda and and registration receipt must be attached. Any fraudulent claim for mileage, per diem or other travel expense is subject to prosecution as a misdemeanor.



**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 # \_\_\_\_\_**

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- **Challenges to implementing strategies and achieving goals for Outcome # \_\_\_\_\_**

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

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**IFSP Team meeting is needed to discuss recommended changes in services, frequency, and/or duration of services:**

YES  NO

Participating Team Members/Signatures: (PSP indicated with \*)

Parent/ Guardian: \_\_\_\_\_

ITDS \_\_\_\_\_

Face-to-Face Phone

Face-to-Face Phone

OT \_\_\_\_\_

PT \_\_\_\_\_

Face-to-Face Phone

Face-to-Face Phone

SLP \_\_\_\_\_

EI \_\_\_\_\_

Face-to-Face Phone

Face-to-Face Phone

Service Coordinator: \_\_\_\_\_

Other \_\_\_\_\_

Face-to-Face Phone

Face-to-Face Phone

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

Revised Jan 2015



Consultation Documentation, Continued

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Date of Consultation: \_\_\_\_\_

- **Successes to implementing strategies and achieving goals for Outcome # \_\_\_\_\_**

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- **Challenges to implementing strategies and achieving goals for Outcome # \_\_\_\_\_**

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

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- **Successes to implementing strategies and achieving goals for Outcome # \_\_\_\_\_**

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- **Challenges to implementing strategies and achieving goals for Outcome # \_\_\_\_\_**

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

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## CONSULTATION DOCUMENTATION FORM INSTRUCTIONS

The purpose of this form is to serve as uniform documentation of consultation services. Each team member who is billing 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. 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.

### Instructions:

**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 occurred. If face-to-face, enter the location as i.e. Home, Local Early Steps, Playpen Therapy; if occurred 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.*

**PSP:** *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

**STATE OF FLORIDA**  
**OFFICE OF THE GOVERNOR**  
**EXECUTIVE ORDER NUMBER 11-116**  
**(Superceding Executive Order 11-02; Verification of Employment Status)**

WHEREAS, Federal law requires employers to employ only individuals eligible to work in the United States; and

WHEREAS, the U.S. Department of Homeland Security's E-Verify system allows employers to quickly verify employee eligibility in an efficient and cost-effective manner.

NOW, THEREFORE, I, RICK SCOTT, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, and all other applicable laws, do hereby promulgate the following Executive Order, to take immediate effect:

**Section 1.** I hereby direct all agencies under the direction of the Governor to verify the employment eligibility of all new agency employees through the U.S. Department of Homeland Security's E-Verify system.

**Section 2.** I hereby direct all agencies under the direction of the Governor to include, as a condition of all contracts for the provision of goods or services to the state in excess of nominal value, an express requirement that contractors utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the contractor during the contract term, and an express requirement that contractors include in such subcontracts the requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

**Section 3.** Agencies not under the direction of the Governor are encouraged to verify the employment eligibility of their new employees utilizing the E-Verify system and to include as a provision of all contracts for the provision of goods or services to the state or subdivision in excess of nominal value, a requirement that contractors and subcontractors utilize the E-Verify system to verify the employment eligibility of all new employees hired during the contract term.

**Section 4.** This Order supersedes Executive Order 11-02.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 27th day of May, 2011.



GOVERNOR



ATTEST:

  
SECRETARY OF STATE

2011 MAY 27 PM 5:04  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Exhibit M**

**AFFIDAVIT OF Early Steps Provider**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me, a notary public, personally appeared \_\_\_\_\_ (print name) who, being duly sworn, says as follows:

I Hereby attest that as \_\_\_\_\_ (your position) for the Early Steps Provider \_\_\_\_\_ (name of business entity/employer/provider) said early steps provider certifies the use of the US Department of Homeland security's E-Verify system to verify employment eligibility of (a) all new persons hired during the contract term to perform employment duties pursuant to this agreement and section 448.095, Florida statues and (b) the provider does not and will not employ, contract with, or subcontract with an unauthorized alien.

\_\_\_\_\_

Signature of Affiant

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

\_\_\_\_\_

Signature and Seal of Notary Public

**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 maintain enrollment in all of the Medicaid MMA plans for the UF NCES area.

I am currently enrolled as a provider with the following MMA plans (If you do not have an actual provider number, please just confirm enrollment):

**United**

- Provider Number \_\_\_\_\_
- Effective Date \_\_\_\_\_
- End Date \_\_\_\_\_

**Humana**

- Provider Number \_\_\_\_\_
- Effective Date \_\_\_\_\_
- End Date \_\_\_\_\_

**Sunshine and CMS**

- Provider Number \_\_\_\_\_
- Effective Date \_\_\_\_\_
- End Date \_\_\_\_\_

Enrollment with each managed care plan for UF NCES coverage area is required prior to becoming a provider with UF - NCES. If you are not enrolled with any/all of the plans above, your application to become a provider may be declined. Please provide a detailed explanation below if this is applicable to you.

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**THIRD PARTY INSURANCE SUMMARY FORM**  
*(Therapy Providers Only)*

Provider Name \_\_\_\_\_ DBA \_\_\_\_\_

**PLEASE READ:** Service Provider agrees to seek enrollment with all applicable private insurance plans and to submit a Private Insurance Enrollment Summary Form to the UF NCES Fiscal Team annually.  
Service provider agrees to reattempt enrollment annually with all applicable private insurance plans with whom past attempts have been unsuccessful.

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

- Blue Cross Blue Shield**
  - Provider Number \_\_\_\_\_
  - Effective Date \_\_\_\_\_
  - End Date \_\_\_\_\_
  
- AvMed**
  - Provider Number \_\_\_\_\_
  - Effective Date \_\_\_\_\_
  - End Date \_\_\_\_\_
  
- Cigna**
  - Provider Number \_\_\_\_\_
  - Effective Date \_\_\_\_\_
  - End Date \_\_\_\_\_
  
- TriCare**
  - Provider Number \_\_\_\_\_
  - Effective Date \_\_\_\_\_
  - End Date \_\_\_\_\_
  
- Aetna**
  - Provider Number \_\_\_\_\_
  - Effective Date \_\_\_\_\_
  - End Date \_\_\_\_\_

Please list any other plans (any accompanying information) with which are you enrolled:  
\_\_\_\_\_  
\_\_\_\_\_

For those with whom you have NOT become enrolled, please provide us with the following information:

- Blue Cross Blue Shield**
- I have not applied to become enrolled with this plan.  
Explanation (required) \_\_\_\_\_  
\_\_\_\_\_
  
  - I applied to become enrolled with this plan on \_\_\_\_\_ (date).

Current status \_\_\_\_\_  
Please attach any applicable correspondence associated with this application.  
Additional information: \_\_\_\_\_  
\_\_\_\_\_

**AvMed**

I have not applied to become enrolled with this plan.  
Explanation (required) \_\_\_\_\_  
\_\_\_\_\_

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

**Cigna**

I have not applied to become enrolled with this plan.  
Explanation (required) \_\_\_\_\_  
\_\_\_\_\_

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

**TriCare**

I have not applied to become enrolled with this plan.  
Explanation (required) \_\_\_\_\_  
\_\_\_\_\_

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

**Aetna**

I have not applied to become enrolled with this plan.  
Explanation (required) \_\_\_\_\_  
\_\_\_\_\_

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