UF Department of Pediatrics
College of Medicine
UNIVERSITY of FLORIDA

NORTH CENTRAL EARLY STEPS SERVICE PROVIDER MANUAL (NINTH EDITION) FY 24 – 25

early steps North Central

Florida HEALTH Children's Medical Services

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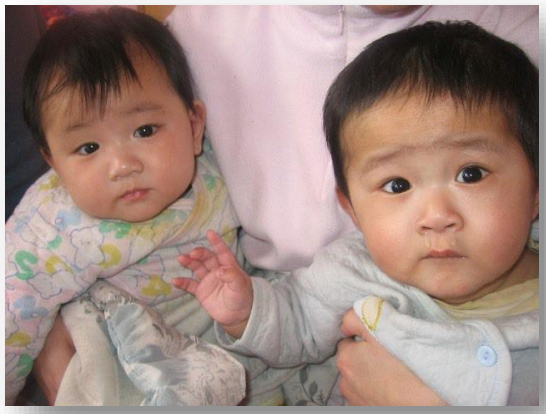
NCES Service Provider Manual Introduction

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

THIS MANUAL CONTAINS GUIDANCE FOR THE PROVISION OF SERVICES FOR ELIGIBLE CHILDREN, BIRTH THROUGH 36 MONTHS OF AGE, ENROLLED IN NCES.

THE CONTENT IN THIS MANUAL SHOULD BE FAMILIAR TO SERVICE PROVIDERS, WHO SHOULD UTILIZE IT AS A RESOURCE AS NECESSARY.



Section 1: NCES Mission and Principles

NCES Mission:

NCES collaborates with diverse families and caregivers to build upon their strengths by offering culturally informed coordination, equitable support, and inclusive resources to promote children's learning, development, and social participation through everyday activities and routines.

NCES Principles of Early Intervention:

Principle 1:
Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.

Principle 2:
All families can enhance their child's learning and development with the necessary support and resources.

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

Principle 4:
From initial contact through transition, the early intervention process must be dynamic and individualized to reflect the child's and family members' values, beliefs, customs, traditions, identities, preferences, and abilities.

Principle 5:
IFSP outcomes must be functional and based on family-identified priorities.

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

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

Source: *Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Agreed upon mission and key principles for providing early intervention services in natural environments. ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf*

Section 1: NCES Mission and Principles

NCES Principles of Professionalism:

- Maintain a proper and professional appearance at all times. In short, be modest and professional.
- Refrain from political, religious, and other similarly sensitive topics in the workplace (representing the Department of Health and the University of Florida).
  - Options when a family introduces such topics:
    - Smile and nod
    - Redirect
    - "I'm sorry. As your provider, I'm not permitted to talk about certain topics."
- When families raise potentially controversial topics related to childhood experiences and development (ex: vaccines, baby-led weaning, tongue tie, etc.) providers are obligated to either:
  - State that they do not have enough knowledge in that area to give recommendations OR
  - Provide education on **all** options, not just on what the provider perceives to be best.
    - Use credible, evidence-based sources.
    - Opinion blogs may have good arguments, but they are not evidence-based sources.
    - Even if a blog or website cites sources, the provider needs to review the literature linked to the article. Often, when quotes are taken out of context to argue a point, information is skewed.
- Understand the difference between correlation and causation.
  - Just because a set of circumstances is present, that does not mean that it is the source of concern.
  - Example: Low SES mothers are more likely to have a C-section. That is a correlation because income level does not determine whether a C-section is necessary. Access to quality healthcare (or lack thereof) is the basis (causation) for mothers needing a C-section.
- Documentation of child behaviors and participation in their natural environments is best practice when updating an IFSP.

Anti-Bias Early Intervention Principles:

Integrating anti-bias core objectives into our early intervention area is less about adding resources and more about creating possibilities for everyone to be represented. We can strive toward establishing genuine partnerships with families receiving resources by understanding and naming injustices, bias, racism, and social dynamics within our field. Four core goals provide a framework for the practice of anti-bias supports and services:

1. Service providers recognize that children are best understood and supported in the context of family, culture, community, and society.
2. Service providers respect everyone's dignity, worth, and uniqueness (child and family member).
3. Service providers recognize that children and adults achieve their full potential in relationships based on trust and respect.
4. Service providers communicate respect by asking parents'/caregivers' preferences, listening to their choices, and supporting their priorities rather than telling them what to do or do for them.

Section 2: Provider Agreement

Potential and enrolled providers agree to the following:

- ITDS certification, the following is required :
  Step 1: Copy of transcripts, resume, and Letter of Experience
  Step 2: Upon qualifying, completion of CMS Early Steps ITDS and Orientation modules
- Licensed Providers, the following is required:
  Step 1: Resume, copy of the license, and Letter of Experience
  Step 2: Completion of CMS Early Steps Orientation Modules
- To have an active National Service Provider Identifier (NPI) number
- To have an active Florida Early Intervention Medicaid number and Florida Medicaid Therapy Service Provider number as applies
- To be credentialed by all Health Plans in Region 3 (Humana, United, Sunshine, and CMS)
- To have a signed UF DEPT OF PEDIATRICS NCES Memorandum of Agreement (MOA) on file with UF DEPT OF PEDIATRICS
- To have access to a computer with reliable internet/Wi-Fi, essential Adobe software, essential Excel software, and an email account established with Florida's MOVE it®
- To have completed the required trainings through NCES:
  - **New Provider Orientation Training****
    - Individualized Family Support Plan (IFSP) Training
    - Authentic Assessment Tools, including Assessment, Evaluation, and Programming Systems for Infants and Children (AEPS)
    - Child Outcomes Summary (COS) Process

    Attendance at the above trainings will be paid at a rate of $25/hour.
    Current providers may attend these trainings as a refresher as often as needed.
    Providers will only be paid to attend each training one time per fiscal year.
  - **FL-EPIC Training**** outlined below in Section 4
- To have completed the following additional trainings, detailed below in Section 4:
  - **Autism Navigator® for Early Intervention Providers****
  - **Diversity and Inclusion Training****: NCES endorses and adheres to UF's diversity, equity, and inclusion statement. As a program, we strive to create an environment where differences are valued and respected.

****Note**
Providers who provide services only in a clinic-based setting and providers who only offer consultations are exempt from these trainings.

Section 3: Important Tips for Early Intervention

1. Early Intervention (EI) is Part C of the "Individuals with Disabilities Education Act." It is a developmental program serving children from birth through 36 months of age with developmental delays, disabilities, and at-risk conditions. Services are authorized based on functional outcomes. Children are made eligible by meeting one or more of the following criteria:
   - The child has an **established condition**.
   - The child has a **developmental delay** as measured by appropriate diagnostic instruments and procedures that exceeds:
     - 1.5 standard deviations below the mean in two or more developmental domains or
     - 2.0 standard deviations below the mean in one or more developmental domains

     The developmental domains include:
     - Cognitive
     - Physical (including vision and hearing)
     - Communication
     - Social or Emotional
     - Adaptive
   - A child's **medical and other records** may be used to establish eligibility based on developmental delay without conducting an evaluation, if the records indicate the child's level of functioning meets Florida's eligibility criteria as described above or that the child otherwise meets the requirements set forth by Florida's Policy Handbook and Operations Guide.
   - An **informed clinical opinion** may be used to establish a child's eligibility for Early Steps even when an evaluation instrument does not indicate eligibility; however, in no event may informed clinical opinion be used to deny a child's eligibility for Early Steps when scores on the evaluation instrument(s) meet Early Steps eligibility criteria.
2. Understand that it is not the role of NCES providers to label children with diagnoses.
   - Avoid making statements like, "Your child is showing red flags for Autism."
     - There is a specific ethical practice associated with the diagnosis of Autism. Our Early Intervention sessions do not set the stage for such practice.
     - If the provider has concerns, state facts instead of conclusions by discussing observed behaviors with families. This increases awareness and knowledge rather than simply saying, "He's showing red flags for autism."
       - "I noticed Johnny relies on his sister to speak for him."
       - "Have you talked to your pediatrician about him covering his ears when you clap your hands?"
   - Be careful about using diagnostic language such as "mild" and "severe."
     - Early Steps Eligibility Evaluations are **not** designed to be diagnostic.
     - We cannot take a general development tool, such as the BDI or DAYC, and use to it to a make a diagnosis such as "severe communication delay" just because the child's scores is two standard deviations below the mean.
     - Alternative dialogue: "Your child is showing a delay in communication which makes him/her eligible for our services."

Section 3: Important Tips for Early Intervention

3. Part C requires services in "Natural Environments." Under Section 303.18 of Part C, Natural Environments are defined as *natural or normal settings for the child's same-age peers with no disabilities.*
4. Early intervention services under Florida's Statewide Medicaid Managed Care (SMMC) fall under a fixed rate and are authorized under the Individual Family Support Plan (IFSP).
5. Therapy services on the IFSP are currently reimbursed according to the Medicaid fee schedule by each of the plans in our area. All services are pre-authorized. Only provide a service with authorization in hand.
6. Recommendations for outcomes and strategies for services, with frequency, intensity, duration, and location, will be determined at the Individual Family Support Plan (IFSP) meeting in collaboration with the child's family and are based on the family's identified priorities and concerns. It is inappropriate for a service provider to approach a child's family to discuss eligibility for EI services and recommendations for frequency, duration, and location of services before the IFSP meeting.
7. Before making any changes to an IFSP, such as increasing/decreasing the frequency or intensity of services that were initially identified as a need on the IFSP or changing the location from an offsite location to an onsite area, an IFSP team meeting must be convened to discuss the recommendation and justification for the change. The service coordinator must facilitate the discussion, and the parent/caregiver must be present.
8. Service providers must verify insurance coverage of benefits and comply with insurance requirements, including network enrollment and documentation requests.
9. Never file a claim with NCES for services not rendered. Because this is an illegal activity, the MOA will be terminated.
10. If a service provider bills for one hour of early intervention or therapy, the service provider must have delivered that length of service.
11. Once a service provider accepts authorization, the service provider commits to providing services based on a frequency, intensity, and duration identified as a need on a child's IFSP.

Section 4: Provider Training Requirements

***Note: Providers who provide services in a clinic-based setting and providers who only offer consultations are exempt from these training requirements.*

Providers who do not complete the trainings listed below within the specified timeframes and at risk of being placed on probationary status. Probationary status means:

- **The provider will not receive any new referrals.**
- **NCES may choose not to renew the provider's MOA.**

New Provider Orientation:

New Provider Orientation consists of three trainings that are offered on a rotating monthly basis. All new providers must attend each of the trainings within 6 months of signing the NCES MOA. Providers who do not complete each of the three trainings within the specified timeframe will not receive any new referrals and may not have their MOA renewed until all three trainings are completed.

- **Individualized Family Support Plan (IFSP)**, functional assessment, and outcome development.
- **Assessment, Evaluation, and Programming System for Infants and Children (AEPS-3)**
  AEPS-3 is used for ongoing, authentic assessment of every child and supports the development of the IFSP on a periodic and annual basis. *Refer to Section 11 for Continued Service Authorization Requirements.*
- **Child Outcomes Summary (COS) Process**
  The COS is a collaborative team process to provide a "snapshot" rating of a child's functioning in everyday routines, activities, and situations relative to same-age peers in all three global outcomes. See Section 17 for information on IDEA Child Outcomes.

Please contact Sharon Ascher at sharon.ascher@ufl.edu or 352.681.2817 for additional information.

Florida Embedded Practices and Intervention with Caregivers (FL-EPIC):

FL-EPIC is an evidence-based coaching model focused on helping caregivers embed learning opportunities during everyday routines and activities with their children.

- ***Who*:** In collaboration with the Early Steps State Office (ESSO), Institutes of Higher Education (the University of Florida and Florida State University), and North Central Early Steps (NCES), providers will participate in evidence- based professional development training on coaching caregivers to embed intervention practices.
- ***What*:** Focuses on the provider supporting the caregiver to identify, reflect, and problem-solve around their child's developmental and learning targets and opportunities for embedding learning opportunities in everyday routines and activities.
- ***When*:** The Lead Implementation Coach will notify new providers when the next cohort will begin. After completing the implementation phase of FL-EPIC, all providers contracted with NCES must participate in ongoing FL-EPIC professional development and coaching.
- ***Where*:** The initial workshop and monthly trainings, as well as further individualized activities, will primarily occur through a video conferencing platform.
- ***Why*:** Provides evidence-based professional development to Early Steps providers, coaches caregivers to embed intervention practices into their everyday routines and activities, evaluates whether professional development was implemented as planned, and improves child and family outcomes.

Please contact Stephanie Romelus at sromelus@ufl.edu or 352.318.6821 for additional information.

Section 4: Provider Training Requirements

Autism Navigator® for Early Intervention Providers:

This interactive web-based professional development course is designed to increase the capacity of early intervention providers to better serve infants and toddlers with or at risk for autism, as well as their families. This is a 30-hour self-paced course. To enroll in this course for free, complete the request form for Floridians in the "Pricing for Autism Navigator Courses" section.

- Providers who have already completed FL-EPIC: **completion by 12/31/25**
- New providers: completion within 18 months after FL-EPIC completion
- Upon completion, submit your 5 certificates to sharon.ascher@ufl.edu.

Diversity and Inclusion Training:

NCES endorses and adheres to UF's diversity, equity, and inclusion statement. As a program, we strive to create an environment where differences are valued and respected. All providers are required to complete the *Understanding Implicit Bias and Its Role in Early Learning Environments webinar*. This webinar is free and provided through the Division of Early Childhood.

- Current providers: **completion by 10/1/24**
- New providers: completion within 6 months of signing an MOA with NCES
- Upon completion, take the quiz and submit your result to sharon.ascher@ufl.edu.

ITDS Recertification:

Infant Toddler Developmental Specialists must recertify every three years.

Requirements:

- Complete the **Florida Infant Toddler Developmental Specialist Certification Renewal form**.
- Provide evidence of 24 Continuing Education Credits in each 3-year certification period: These credits must be documented using the **ITDS Continuing Education Credits Form**, with certificates of completion attached.

Due Date: 12/31/24	Due Date: 12/31/25	Due Date: 12/31/26
• Initial certification in 2021	• Initial certification before 2020 • Initial certification in 2022 • Initial certification Jan-Mar 2023	• Initial certification Apr-Dec 2023

The complete FL-EPIC training is 24 hours. For the first recertification, ITDS providers can use this training to satisfy the requirement.

Please contact Sharon Ascher at sharon.ascher@ufl.edu or 352.681.2817 for additional information.

Section 5: NCES Directory

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

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

North Central Early Steps Program Director
Sharon Hennessy
MOVE it®: hennesd@peds.ufl.edu
Ph: 352.273.8553; W-Cell 352.681.2812

Florida EPIC –Lead Implementation Coach
Stephanie Romelus, Education/Training Specialist
MOVE it®: sdhue@ufl.edu
W-Cell 352.318.6821

Professional Development and Credentialing Specialist
Sharon Ascher, Education/Training Specialist
MOVE it®: sharon.ascher@ufl.edu
W-cell 352.681.2817

Clinic Coordinator
Sharon Ascher
MOVE it®: sharon.ascher@ufl.edu
W-cell 352.681.2817

Service Coordination Supervisor
Tamelia Malcolm
MOVE it®: tmalcolm@peds.ufl.edu
Ph:352.273. 8571; W-Cell 352.681.2813

Family Information, Support & Training
Doris Tellado
MOVE it®: dtellado@peds.ufl.edu
Ph:352.273.8562; W-Cell:352. 275.6361

Chante Carter
MOVE it®: carterc3@peds.ufl.edu
Ph: 352.273.8562; W-Cell:352.810.1729

Child Find Specialist
Doris Tellado
MOVE it®: dtellado@peds.ufl.edu
Ph:352.273.8562; W-Cell:352. 275.6361

Section 5: NCES Directory

Intake Coordinator(s)	Assigned Area(s)	Contact Information
Esperanza Velez	Alachua, Dixie, Gilchrist, Lafayette, Levy, and Union	Phone: 352.273.8556 Fax: 352.294.8088 Email: ea.velez@peds.ufl.edu
Angela Ankrom	Columbia, Hamilton, Marion, and Suwannee	Phone: 352.273.8560 Fax: 352.294.8088 Email: angeladzubin@peds.ufl.edu

Service Coordinator(s)	Assigned Area(s)	Contact Information
Brewer, Joan	Hamilton Co., Columbia Co. (including High Springs), and Suwannee Co. (Wellborn, Lake City)	Ph: 352.273.8565 W-Cell: 352.681.2803 MOVE it®: joanebrewer@ufl.edu
Curtis, Trea	Dixie Co., Lafayette Co., and Suwannee Co. (Live Oak, O'Brien, McAlpin, Branford)	Ph: 352.273.8564 W-Cell: 352.681.2806 MOVE it®: trea.davis@ufl.edu
Frazier, Laura	Gainesville (N-R) and Archer; SHINE Coordinator	Ph: 352.273.8570 W-Cell: 352.681.2810. MOVE it®: lauraf@ufl.edu
Frazier, Jeffrey	Union Co., Levy Co., and Gilchrist Co	Ph: 352.273.8567 W-Cell: 352.681.2802 MOVE it®: jeffreyhfrazier@peds.ufl.edu
Gonzalez, Elizabeth	Alachua Co. (Micanopy, Waldo, Melrose ,Hawthorne, and Lacrosse); Marion Co. (Reddick, McIntosh, Citra, Ft. McCoy, Anthony, Sparr, and Orange Lake); Ocala zip codes 34475 & 34479 (A-Z)	Ph: 352.273.8568 W-Cell: 352.681.2807 MOVE it®: gonzaleze1@ufl.edu
Leon, Charise	Ocala (A-G) and Dunnellon, Morriston, and Williston	Ph: 352.273.8588 W-Cell: 352.681.2821 MOVE it®: charise.leon@peds.ufl.edu
Li, Yaqin	Gainesville (A-F) and Newberry	Ph: 352.273.8554 W-Cell: 352.681.2819 MOVE it®: yaqinli@peds.ufl.edu
Vinson, Candis	Gainesville (S-Z), Alachua, and High Springs	Ph: 352.273.8561 W-Cell: 352.681.2809 MOVE it®: candis.vinson@ufl.edu
Vouis, Dina	Gainesville (G- M); SHINE Coordinator.	Ph: 352.273.8566 W-Cell: 352.681.2822 MOVE it®: vouisdr@peds.ufl.edu
Williams, Danisha	Ocala (R-Z)	Ph: 352.294.8587 W-Cell: 352.681.2815 MOVE it®: danishawilliams@peds.ufl.edu
Williams, Vincent	Belleview, Summerfield, Silver Springs, Salt Springs, Weirsdale, Ocklawaha, and Umatilla	Ph: 352.273.5171 W-Cell: 352.681.2825 MOVE it®: vwilliams6919@ufl.edu
Vacant Position	Ocala (H-Q)	
Vacant Position	At-Risk Service Coordinator	

Section 5: NCES Directory

Direct Service	Contact Information
Conrad, Cheyenne – ITDS	W-Cell: 352.681.2808 MOVE it®: clkconrad@ufl.edu
McMillan, Jaime – ITDS	W-Cell: 352.681.2805 MOVE it®: jfrick@ufl.edu
Stein, Heidi – Speech-Language Pathologist	W-Cell: 352.681.2818 MOVE it®: heidistein@ufl.edu
Timmons, Kathryn – ITDS	W-Cell: 352.681.2811 MOVE it®: khgreen@ufl.edu
Weinbender, Elizabeth – Occupational Therapist	W-Cell: 352.681.2823 MOVE it®: elizabethmorchel@ufl.edu
Westby, Shanon – ITDS	W-Cell: 352.681.2824 MOVE it®: shanonwestby@ufl.edu

Section 6: New Service

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

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

**NCES will not provide prescription(s) for service(s). It is up to the service provider to obtain this from a pediatrician.*

What is required upon receipt of a referral?

1. To initiate Part C services within 30 days from the date the service is added to IFSP, which may differ from the date you receive the referral.

2. To Complete and return the Service Initiation Form to the attention of the Fiscal Team within ten days of the initial visit (see Appendix D)
   - After receiving the written referral, the service provider must notify the service coordinator within five (5) working days if the requested service(s) cannot be started on time.
   - The Service Initiation Form must be used to record attempts to commence services.
   - If services are not initiated within 30 days, a cause (barrier code) must be specified on the form. Barrier code definitions can be found on the *Barrier Codes Explained* tab of the Excel version of the form.

3. For therapy services, submit an EOB with the initial claim to NCES Fiscal Team. One EOB per calendar year shall be sufficient for a blanket denial (non-covered service, out-of-network provider, etc.). Denials related to deductibles, partial payments, exceeds max benefits, etc., are required with each claim's submission.

Early intervention services and supports will be delivered on time, as defined by Early Steps, as soon as possible, but within 30 calendar days from when the family consented to the service unless there is documentation of a child or family-related issue or natural disaster which caused the delay.

Florida Early Steps Policy Handbook,6.11.1 Timeline of Services

URL: https://floridaearlysteps.com/wp-content/uploads/2023/01/Policy-Handbook.pdf

Section 7: Required Monthly Documentation

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

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

- Completed **Claims Form** (Download current version from NCES website)
- **Consultation Forms** if applicable
- **IFSP Participant Documentations Forms** if applicable

Preferred Method – MOVE it: NCESFiscal@peds.ufl.edu

Also accepted via Fax: 352.294.8088 or
UF NCES Fiscal Team
PO Box 100296
1701 SW 16th Avenue, CMS Bldg. B
Gainesville, FL 32610-0296

Please note: Service providers are no longer required to submit monthly progress notes with their claims. (Refer to Section 16 for required service provider documentation.)

Section 8: Unauthorized Service(s)

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

- Service providers should only provide services with authorization in hand.
- Services provided before the beginning date and after the end date of the authorization are considered non-authorized services and will not be paid by NCES.
- Time spent on the phone with a parent/caregiver or service coordinator is not a billable service.
- Time spent helping the family to identify/access other services/resources that early intervention does not pay for (e.g., housing, SSI) falls under the role/responsibility of the service coordinator. The service provider should notify the service coordinator of the family's needs.

Section 9: Rescheduling Missed Appointments

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

- Service providers should try to avoid missing or changing the date/time of the session(s).
- If a session cannot be rescheduled within the week initially planned, it is a missed session.
- Service frequency cannot exceed what is authorized on IFSP.
- Never provide a make-up session on the same date a regular session has been scheduled or as back-to-back sessions.
- If the service provider must skip multiple sessions in a row (i.e., more than one week), the service provider must inform the service coordinator and the family.
    - Lengthy absences due to vacation or other scheduled events: Notify NCES and the family at least 2 weeks in advance.
    - Lengthy absences due to an ongoing illness or injury: Notify NCES and the family as soon as the service provider becomes aware of the absence.

Section 10: Consultation Policy and Procedures

Many professional backgrounds and areas of experience participate in consultations to support the child and family. All early intervention specialists must collaborate (not at cross-purposes or in a hierarchical manner). The main goal is to assist families and caregivers with leveraging their strengths to advance their child's development through everyday activities and routines.

- Family/caregiver **must be notified and invited** to participate.
- Consultation services are pre-authorized on the IFSP - pay attention to the service's duration/frequency/intensity.
- Consultation should support family/caregiver competence related to child learning by assisting the other team members with strategies or activities to meet IFSP goals and outcomes.
- Consultation is not used to discuss service changes, frequency, and duration of services. This falls under an IFSP review and **requires** the attendance and participation of both the parent/caregiver and service coordinator.
- Consultation may be face-to-face or by phone (when face-to-face contact is not required, technology is strongly encouraged).
- The **consultation form** is completed and signed by team members and submitted to NCES by the 15th of each month following the service date.
    - Best practice is to also send it to the service coordinator within 5 days of the service.

Section 11: Continued Service Authorization Requirements

The process of assessing a child's functioning is ongoing, and the service provider is responsible for monitoring and reporting progress. This process includes observing the child's routine activities and interviewing parents/caregivers for their interest in daily routines, preferences, challenges, and priorities.

A review of the IFSP is conducted every six months or more frequently (ES Policy Handbook 5.6.1A). The purpose of this review is to determine the following (ES Policy Handbook 5.6.2A):

- The degree to which progress toward achieving outcomes is identified on the IFSP.
- Whether modifications or revisions of the results, outcomes, or early intervention service(s) specified in the IFSP are necessary.
- Whether additional needs have been identified based on ongoing assessment/observation.

The following required documentation is submitted to the service coordinator at least two weeks before the end of the authorization period:

- Assessment page of the IFSP, including an update to vision and hearing status on the second page
- Description of the progress made toward the IFSP Outcomes
- Completed AEPS-3 (All AEPS-3 materials are available to NCES providers through Dropbox. Please contact Stephanie Romelus or Sharon Ascher if you need access.)
    - Calculation Sheet **AND**
    - Child Progress Record or Child Observation Data Form

    *(Please note: **Use of the AEPS-3 is required of all FL-EPIC trained providers for children on their caseloads.** The pass/refer designations resulting from the AEPS-3 cut scores should not be the only means of determining continued eligibility. Providers should use their informed clinical opinion, as well as any other assessments they have administered, and document the reasoning why the child continues to need early intervention services. This statement should be included in the Observations/Comments/Informed Clinical Opinion box on the Child Assessment page of the IFSP.)*

- **For children who have service coordination only or whose only direct service is in a clinic, providers assisting the service coordinator in preparation for the IFSP review can use the DAYC-2.** This is because the provider would not have had the opportunity to make observations of the child over time.

During the IFSP review, the team will then use the information gathered from the assessment to assist in completing the *Your Child's Assessment/Eligibility Determination* and *Outcomes* pages of the IFSP.

Preferred Method: Send via MOVE it directly to the Service Coordinator listed on the IFSP

Also Accepted via Fax: 352.294.8088

Section 12: Policy Guidelines for Billing Private Insurance and Medicaid Managed Care Plans

For all service providers Billing Florida Medicaid Managed Health Care Plans and Private Insurance, the following applies:

- When a parent/caregiver consents to private insurance and exchanges information with public insurance (Medicaid), the service provider must bill and use those benefits to meet the costs of covered services and assistive technology devices.
- The service provider regularly verifies a child's Medicaid status through the Florida Medicaid Management Information System (FLMMIS).
- It is always the responsibility of the service provider to check in with the parent/caregiver to determine if a child's health coverage has changed and notify the child's service coordinator of any changes to coverage.
- If a child is covered under a Florida Medicaid Managed Health Care Plan or Private Insurance, the service provider must become a provider for that network.
- If unable to become a service provider or if the billing claim is denied, refer to the next page for the submission of the claim process.
- If a therapy provider has been denied enrollment with a private insurance plan due to "panels closed" or other reasons, the provider should attempt to enroll again annually. Documentation of annual attempts to register (whether successful or not) should be documented on the TPIN Summary Form.

Florida Early Steps Policy - 1.6.0 Public and Private Insurance
URL: https://floridaearlysteps.com/wp-content/uploads/2023/01/Policy-Handbook.pdf

Section 13: Standard Operational Procedures for Billing Therapy Services

Third-Party Insurance

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

Medicaid Managed Health Care Plans and Title 21

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

Standard Operating Procedures – Billing, MMA Plans

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

2. **Obtain Authorizations**
   a. NCES authorizes CONT for first evaluation via the Early Steps Service Page of the IFSP by SC
   b. Evaluate the child and create a Plan of Care (POC). (See Section 16 for requirements)
   c. Send POC to appropriate MMA plan for authorization of services.
   d. Refer to the MMA's Provider handbook for allowable fees and units.

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

4. **Payment Receipt or Denial?**
   a. If payment is received in full:
      - End of process
   b. If partial payment is received:
      - If the plan states this is considered payment in full, the process ends (MMA contract pays at Medicaid approved rate).
        - Refer to codes and rates in Therapy Services Procedure Codes and Maximum Fee Schedule to determine if considered full payment per Medicaid rate. Info at: https://ahca.myflorida.com/medicaid/review/fee_schedules.shtml

c. If Denied:
   - Determine the reason for the denial
     1. If denied due to billing error or other unacceptable denial reason, rebill with corrections made.
     2. If denied due to medical necessity or other acceptable denial reasons,
        a. Send the following via MoveIt or Fax to NCES Fiscal Team to request either assistance in resolving or an update to CONT
           - Denial / EOB
           - 1500 form or original claim filing documentation
           - Evidence of appeal to MMA with secondary denial
           - AHCA complaint copy

Important Note:
*You must have followed the credentialing process and be listed as a provider with each corresponding MMA plan to receive payment of claims from the MMA. An updated **MMA Plan Enrollment Summary Form** must be completed and turn in annually with the MOA.*

Section 14: Standard Operational Procedures for EI Licensed and ITDS

Standard Operating Procedures – *Billing, MMA Plans*

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

      Region 3 MMA Plans Info at: https://flmedicaidmanagedcare.com/

      - United Healthcare
      - Sunshine Health
      - Sunshine - CMS
      - Humana

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

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

Important Note:
*You must have followed the credentialing process and be listed as a provider with each corresponding MMA plan to receive payment of claims from the MMA. An updated **MMA Plan Enrollment Summary Form** must be completed and turn in annually with the MOA.*

Section 15: Service Provider Claim Procedures

NCES utilizes the accounts payable system within UF to streamline the claims payment process for all contract payments to contracted providers. To maintain this process, the following actions are required on the part of each provider and NCES:

Vendor Setup and Maintenance

1. NCES Provider Claims Filing Process
2. Quality Assurance Audits

Vendor Setup

All contracted providers must be set up as UF vendors to receive payments from NCES. The vendor process has been moved to an electronic format and is available on the UF Supplier Portal. Instructions for set-up and all needed forms are available through this link. Additionally, periodic maintenance is required to maintain the status as a UF Vendor:

- If UF has not paid you in the last fiscal year, you must complete a new application.
- If your information (name, address, business info, tax info) has changed, you must complete an update on the portal immediately.
- If you are an individual supplier, you must complete an update annually to ensure you remain in approved status, even if the information has stayed the same.
- If you are an agency, you must complete an update every other year to ensure you remain in approved status, even if no information has changed.

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

NCES PROVIDER CLAIMS FILING PROCESS

Effective Dates of Service: 1 July 2024

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

Please note: Download the most current NCES claims form in Excel from the Early Intervention Provider Toolkit page of the NCES website. Claims Forms submitted for dates of service on or after July 1, 2024, will be returned unless submitted on this form.

State of Florida Voucher for Reimbursement of Travel Expenses [Form DFS-AA-15]***: All per-mile travel reimbursement claims for dates of service on or after July 1, 2024, will be denied unless submitted on this form.***

Service Coordinator

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

Section 15: Service Provider Claim Procedures

Service Provider

B1: Provider delivers service

B2: Provider files claim promptly to appropriate payer source (TPIN, MED, NCES)

B3: Provider submits a claim to NCES along with EOB if denied by MED or TPIN by the 15th of the month following the month of service or as soon as EOB is received. Terms are Net 30 with the invoice date not before the date completed and submitted. Send claims via Move-It to ncesfiscal@peds.ufl.edu.

NCES Fiscal Team

C1: Invoices received, downloaded and entered ESDS.

C2: Depending on the issue, claims with issues will be resolved or denied and noted for the provider to file on the following claims form.

C3: Fiscal Team will process invoices twice per month. , Invoices will include all clean entries received by the 1st and 15th, respectively. The fiscal Team will submit invoices to UF Marketplace for payment with a copy to the Provider.

C4: Payments will be approved in the UF Marketplace. Invoice copies provided to the provider will reference each claim paid for provider reconciliation.

C5: Payment data will be extracted from UF Marketplace and entered into ESDS once paid and financials are received.

Please comply with the above claims filing instructions to ensure invoice processing and payment.

Important Note:

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

UF Disbursements | 352.392.1241 | https://uf.tfaforms.net/f/Finance-Hub

Section 16: Quality Assurance - Service Provider

We strive for the highest standards of service, and it is an ongoing goal of continual improvement. Our Quality Assurance and Improvement (QAI) team plays a significant role in achieving that goal.

Quality assurance monitoring will occur throughout each fiscal year to assure compliance and consistency of practices, procedures, and required documentation. The necessary paperwork for the monitoring will be requested in writing by NCES. QAI team will communicate the monitoring results to the provider in writing.

If the service provider is out of compliance with our policies and procedures, a corrective action plan will be created with them. The plan aims to support the service provider by focusing on resolutions for any of the issues listed below.

QAI will focus on the following areas:

1. Service provider billing requirements as outlined in your MOA (Page 3 -Section II, bullet points 1 – 9; Page 3 – 5 Section III, bullet points 1 – 6; Page 5 – Section IV, bullet points 1 - 3)
2. The service provider required documentation as outlined in your MOA (Page 2, bullet point 7); all service providers must keep client records on file to include the following:
   a. Service Initiation Form
   b. Plan of Care to include all required documentation (See requirements below)
   c. Weekly Session Notes to include parent/caregiver signatures on the note or on a separate log (See requirements below)
   d. Child Assessment
   e. AEPS-3 Calculation Sheet
   f. Child Outcomes Summary (COS), if applicable
   g. Discharge Form, if applicable

Session Notes requirements:

Medicaid EIS Policy requirements:	**Medicaid Therapy Services documentation requirements:**
• Date of service • Diagnosis • Detail of activities provided during the session • Follow-up activities suggested for the family to work on between sessions • Progress achieved during the session • Whether an individual or group session was provided • Provider's signature, title, and date	• Date of service • Diagnosis • Time services began and time services concluded • Type of services rendered • Progress achieved during the session • Change in the child's status due to treatment • Provider's signature, title, and date

The service provider may use the ***UF NCES session progress note*** or a form created by the service provider that satisfies the required documentation.

*****Medicaid requires that all records must be accessible, legible, and comprehensible.*****
NCES strongly discourages the use of handwritten notes.

Section 16: Quality Assurance - Service Provider

Plan of Care requirements:

Medicaid EIS Policy requirements: For ITDSs and licensed EI providers, the IFSP serves as the plan of care (POC) for Medicaid-covered services. **NCES requirements:** ITDSs must consult with a licensed provider who is authorized on the child's IFSP at least once during each 6-month authorization period and have the POC signed by the licensed provider.	**Medicaid Therapy Services requirements:** Therapy providers must develop and update a recipient's POC based on the results of their discipline-specific evaluation(s). The POC must include the following: • Medical condition, including diagnostic codes • Functional limitations • Specific therapy to be provided • Short and long-term therapeutic goals and objectives • Medications, treatments, and equipment • Treatment frequency, length, and duration • Therapeutic methods and monitoring criteria • Diet as indicated, if applicable • Means of demonstrating and teaching the child, family, and other relevant caregivers • Coordination with other prescribed services • The POC must be reviewed, signed, and dated by the therapist and by the primary care provider who prescribed the therapy. The prescriber's signature indicates approval of the POC. The POC may suffice as a prescription if the signed POC indicates that the plan of care is to serve as a prescription.

The service provider may use one of the UF NCES POC forms (EI or THERAPY) or a form created by the service provider that satisfies the required documentation. ITDSs may opt to use the IFSP as the plan of care; a licensed provider must then sign on the IFSP to indicate that a plan of care review was completed within each 6-month authorization period.

3. Service provider required training as outlined in your MOA (Page 9, bullet point 7); all providers must participate in quality assurance and monitoring related to implementing the FL-EPIC coaching model. You are being asked to provide the following:
   a. Recording of a home visit session
   b. Upload your recording onto the TORSH video platform
   c. Review your video and complete a Home Visit Checklist
   d. Meet with the LIC for a coaching session

Please Note:

- You can select any family on your caseload.
- Families will need to sign a video consent form.
- Your time will be reimbursed for reviewing your home visit video, completing a Home Visit rubric on TORSH (up to 1 hour), and meeting with an NCES coach for your feedback coaching session (up to 1 hour) at the $50 per hour rate (maximum 2 hours per month).
- Your reimbursement will be processed the month after completing the above activities.
- Please see Stephanie Romelus, FL-EPIC LIC, for any additional questions about FL-EPIC QA.

Section 17: Child Outcomes

Why Gather Child Outcome Data?

All state early intervention and preschool programs must submit child outcome data to the Office of Special Education Programs (OSEP).

For local programs and state agencies to understand how successfully they serve children and families and how to promote program improvement, data on children's well-being is required.

What are the three child outcomes?

- Children have positive social-emotional skills (including social relationships).
- Children acquire and use knowledge and skills (including early language/ communication and literacy).
- Children use appropriate behaviors to meet their needs.

How do we collect this data?

Families are a crucial source of information about their children, which enhances the data quality. The Child Outcomes Summary (COS) process is one way for families to see their child's progress and to give input on program improvements.

The Child Outcomes Summary (COS) Process summarizes information on a child's functioning in each of the three child outcome areas using a 7-point scale. With the COS process, a team of individuals familiar with a child (including parents) can consider multiple sources of information about their functioning, including parent/provider observation and results from the direct assessment.

The COS form is not an assessment instrument. It is a document used for summarizing multiple sources of information about the child. The COS process allows states to address the OSEP reporting requirement as child outcomes data in other ways.

Section 17: Child Outcomes

Entry and Exit Data Collection Criteria:

For children who enter the program before the age of 30 months, a COS must be completed at two points: when the child enters the program and when the child exits the program.

Child Outcomes Summary (COS) EXIT Procedure

Complete a COS with the family for any child exiting the program **for any reason** who has had 6 months or more of services.

- Turning three transitioning to Pre-K
- Turning three not transitioning to Pre-K
- Met outcomes on IFSP and to be discharged
- No longer eligible and to be discharged
- Parent/caregiver withdraws from the program (Transferring to another local Early Steps program within the state is not considered withdrawing.)

If a child's case is closed and you are unable to make contact with the family, then you may complete the COS with another team member (i.e. Service Coordinator or another provider familiar with the family).

Important Note

Neither an Entry COS nor an Exit COS is completed for children who entered the program at age 30 months or later.

Send the completed COS form to Sharon Hennessy and assigned Service Coordinator via Move it.

Section 18: Assistive Technology (AT) Policies and Procedures

Step 1: Establishing the Need for an AT item:
Referral for an AT Assessment must be submitted at least three months before the child's 3rd birthday. The initial and ongoing IFSP team is responsible for documenting the need for an AT assessment.

Step 2: Responsibility of the Service Coordinator:
Ensure the child's IFSP includes an item request and that the service provider knows the need for a future AT evaluation. The service coordinator to authorize the UF Early Steps Data System (ESDS) the following:

- ASTE – 97755
- ASST – T1999

Step 3: Responsibility of the Service Provider:
Information collected during the assessment process should include the following:

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

Submit all documentation to the Service Coordinator

Step 4: Responsibility of the Service Coordinator:
The service coordinator verifies that all the Step 3 documentation is complete upon receiving the AT request.
Submit all documentation to the Program Director.

Step 5: Responsibility of the Program Director:
Reviews to ensure paperwork is complete and supports the purchase of the AT item.

- If approved, an email is sent to the service coordinator and fiscal administrator.
- If not approved, the service coordinator is emailed requesting further documentation to support the AT item.

Step 6: Responsibility of the Service Coordinator:

- If the AT item is approved, the service coordinator contacts and sends a notification letter to the service provider to proceed with purchasing the item.
- If the AT item is not approved, the service coordinator contacts the service provider and parent, informing them that the item was not approved.

Step 7: Responsibility of the Service Provider:
The service provider must bill all other resources before Part C, and if seeking payment from our program, the service provider must submit the following with AT Claim:

- EOB
- Claim
- NCES Assistive Technology Receipt signed by parent/caregiver

Step 8: Responsibility of the Service Coordinator:
Contact parent/caregiver to inquire about the delivery and use of AT.

Section 18: Assistive Technology (AT) Policies and Procedures

Critical Areas to Consider When Assessing the Need for an AT Device

Section 19: Discharge Policy and Procedures

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

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

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

- Discharge Summary
- EXIT Child Outcomes Summary (COS) as defined by *Section 17 of this manual.*

Send completed Discharge Summary and COS form to both Sharon Hennessy and Service Coordinator (refer to Section 5 of this manual for contact information)

Section 20: Glossary of Terms

Glossary	Definition
Adaptive Behavior	Children develop skills that allow them to care for themselves and become independent (such as feeding, eating, and dressing).
Adaptation	A change to an intervention's core component (essential function) is necessary when implementing an intervention in a new setting, with different conditions or families different from those in the original test groups.
Assessment	Process of gathering ongoing and comprehensive information about specific aspects of a child's knowledge, behavior, skill level, or personality to make evaluative decisions
Assistive Technology	Equipment or devices used to increase, maintain, or improve the capabilities of an individual with disabilities. It also includes evaluation to determine the need for equipment, instruction in the use of the equipment, and ongoing monitoring of the use of the equipment.
Benchmark	A standard or point of reference for comparing one's performance or outcomes.
Bond	An emotional tie or attachment between caregiver and infant
Child Outcomes	The changes that are experienced because of the Early Intervention services and support provided to a child. All children in Early Intervention will have their skills compared to other children their age in three areas: Positive social/emotional skills, acquiring and using knowledge and skills, and taking appropriate action to meet needs.
Child Outcomes Summary Process	A standardized tool that summarizes information on a child's functioning in each of the three Global Outcomes using a 7-point scale.
Coaching	An adult learning strategy in which the coach promotes the learner's ability to reflect on their actions to determine the effectiveness of an act or practice and develop a plan for refinement and use of the action in immediate and future situations.
Cognitive Development	Children develop skills and knowledge that allow them to think, learn, problem-solve, and remember.
Collaboration	Interactive relationships between adults, such as family members and professionals, work together to achieve mutually agreed-upon outcomes/goals.
Concerns	What family members identify as needs, issues, or problems they want to address as part of the IFSP process
Communication Development	Skills that children develop as they grow that allow them to tell others what they want by using signs, sounds, and gestures when they are very young (such as looking and pointing) and using verbal language (speech) as they get older
Community of Practice	A group of professionals and other stakeholders pursuing a shared learning enterprise commonly focused on a particular topic
Congenital Condition or Anomaly	A condition present since birth
Core Components	An intervention's components are necessary to succeed and achieve the desired outcomes. The core components include the essential principles, contextual factors, and intervention elements or activities and constitute the defining features of an intervention.
Data	Information is collected through surveys, observations, or interviews. Data can be quantitative (numeric information) or qualitative (text-based information). Data serves as the basis for discussion and interpretation.
Developmental age	The age at which a person is currently functioning
Developmental Milestones	The skills a child learns at certain times throughout infancy and childhood (e.g., sitting, crawling, walking, etc.)
Disinformation	Deliberately misleading or biased information; manipulated narrative or facts; propaganda. Either way, false information should never be spread or relied on.

Dosage	Duration and frequency of which an intervention is offered. For example, the dosage could be once a week for six weeks, two hours per week for a year, two half- day trainings, one full-day training, or a six-week course.
Emotional development	The primary sense of self that a child develops about themselves as a person; the skills and abilities needed to understand and respond
Evaluation to determine eligibility	The procedures used by appropriately qualified personnel to determine a child's initial and continuing eligibility, consistent with the state definition of infants and toddlers with disabilities
Evidence-based intervention	An intervention comprises a set of coordinated activities researched and found effective through some form of evaluation.
Evidence-based professional development	Specific strategies, interventions, and models that are supported by evidence to facilitate transactional teaching and learning experiences and designed to help acquire professional knowledge, skills, and dispositions and apply this knowledge to practice
Failure to Thrive	A clinical term that applies to an infant or young child who fails to meet their age's growth standards. Failure to thrive may be either organic (biological) or nonorganic (psychosocial).
Family	Two or more people who regard themselves as a family and perform the functions that families typically perform. This means that people who are not related by birth, marriage, or adoption and who do not reside together may be a family unit if they regard each other as family and if they jointly carry out the functions that rely typically on assuming roles. May include a single parent, grandparents as parents, two parents of the same sex, and other constellations that differ from the traditional mother-father roles.
Family Capacity Building	As stated in IDEA – the purpose of early intervention is to support the development of infants and minimize delay by enhancing the capacity of families to meet the unique needs of their infants and toddlers.
Family Educational Rights and Privacy Act (FERPA)	A federal law that protects the privacy rights of students and parents.
Family Functioning	Refers to activities that families typically undertake to nurture, care, and provide for one another to meet their members' individual and collective needs. There are eight categories of family functions: (1) affection, (2) self-esteem, (3) spiritual, (4) economics, (5) daily care, (6) socialization, (7) recreation, and (8) education.
Family Guided Routines-Based Intervention	A systematic approach embedding intervention consistently by all family members and service providers throughout the day rather than in individual, isolated therapy sessions
Family-Centered Practice(s)	A way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on children's safety and needs within the context of their families and communities and builds on families' strengths to achieve optimal outcomes.
Family-Centered Principles	Interconnected beliefs and attitudes that shape the direction of program philosophy and the behavior of personnel as they organize and deliver services to children and families
Family Outcomes	The changes that are experienced by the family because of early intervention services and support. These outcomes are measured by a survey sent to a portion of the families whose children participated in the program each year.
Fidelity	The extent to which the intervention is delivered as intended, based on the intervention's essential functions (core components). For example, for a parenting intervention for mothers of infants, fidelity would involve using the intervention for the proper age group the developer recommended.
Fine Motor	Skills include reaching and grasping, release of objects, pincer grasp, and visual fixation, followed by refinement of each skill. Children develop skills that rely on their small muscles, such as holding things, turning knobs, and buttoning clothes.
Fiscal Year	The budget year. For Early Steps, it is from July 1 to June 30.
Fit and feasibility	Fit refers to how well the intervention fits with the program, state, or network's current initiatives, priorities, structures, supports, and parent/community values. Feasibility refers to the program, state, or network's capacity and resources for implementing the intervention.

FL-EPIC	Florida Embedded Practices in Intervention with Caregivers (FLEPIC). The professional development system, adopted by the Early Steps State Office (ESSO), improves child and family outcomes by providers supporting caregivers as they embed intervention in the family's everyday routines and activities.
Fraud and Abuse	Fraud is an intentional deception or misrepresentation made by someone who knows that such an act could result in some unauthorized benefit to themselves or others. It includes any act that constitutes fraud under federal or state law. Abuse refers to provider practices that are not usually considered fraudulent but are inconsistent with sound medical, fiscal, or business practices. It may result in unnecessary costs to the Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. Abuse also includes beneficiary practices that result in unnecessary costs to the Medicaid program.
Functional Assessment	Assessment that includes the parent's description of the child's medical and developmental history and abilities across developmental domains; discussion with the parents about their desires and concerns about when, where, and how the child participates; an observation of the child within a familiar context (people, places, things); a focused assessment of specific areas. Functional assessment links intervention services to adaptive outcomes.
Functional Intervention	Services and supports that are provided in the context of the child and family's everyday routines, activities, and places that are developmentally appropriate and relevant to the family's life
Gross Motor	A combination of a child's strength, coordination, and balance of muscles for their movement skills. Skills that children develop that rely on their large muscles, such as crawling, sitting, and walking.
Head Start	Federal program that provides comprehensive health, educational, nutritional, social, and other services to "Economically disadvantaged" preschool children and their families to improve their chances for success in school.
Health Insurance Portability Accountability Act (HIPAA)	A federal law that, among other things, protects the confidentiality of medical records and additional personal health information. It limits the use and release of individually identifiable health information, gives patients the right to access their medical records, and restricts most disclosure of health information to the minimum needed for the intended purpose
High-risk	Conditions that have the potential to cause problems in a child's development
Implementation practices	Include methods and procedures used by the implementation agents (lead coach, supervisors, etc.) to promote the interventionist's use of evidenced-based intervention practices
Implementation of fidelity	The degree to which coaching, in-service training, instruction, or any other evidence-based professional development practice is implemented as intended and promotes the adoption and use of evidence-based intervention practices
Improvement Cycles	The framework teams use to understand the current challenges, find solutions, and build upon strengths; increases the likelihood that innovation or practice is implemented with fidelity and sustained
Individuals with Disabilities Education Act (IDEA)	Federal law that requires special services for children birth to age twenty-one years with special needs. Part B provides for children aged three to twenty-one. Part C provides for children from birth to age three.
Individualized Family Service Plan (IFSP)	A process to plan services for a child 0-3 years and their family; a written document of that process. The process involves a joint effort between parents and specialists. The written document lists the early intervention services a child needs to grow and develop and the services the family needs to help the children grow and develop.
Installation stage	The second stage of the implementation process. This stage involves all tasks that must be accomplished before implementation can begin. These tasks may include hiring qualified staff, conducting pre-service training, setting up data systems, establishing supervisory and fidelity-monitoring procedures, and establishing relevant partnerships.
Interdisciplinary	A type of team approach for providing evaluation and intervention. Interdisciplinary teams are composed of parents and professionals from several disciplines. Teams have formal channels of communication that encourage team members to share their information and discuss individual results.

Intervention Practices	The methods and strategies used by intervention agents (therapists, ITDSs, parents, caregivers, etc.) to affect change or produce desired outcomes in a targeted population or group of recipients (e.g., children)
Intervention Fidelity	The degree to which evidence-based intervention practices are used as intended by therapists, caregivers, parents, families, or other intervention personnel
Language Development	Skills that a child develops as they grow that allow them to tell others what they want by using signs, sounds, and gestures when they are very young [such as looking and pointing], and using words, phrases, and sentences when they are older
Legal Guardian	A person appointed by a Judge to look after an individual who cannot look after themselves. The guardian makes all decisions and signs all documents for the individual concerning any medical treatment or placement. If an individual has a legal guardian, documentation from the court should be obtained, if available, for the individual's file. For children under age 18, their parent(s) are considered the legal guardian unless their rights have been terminated or the parents are deceased.
Local Education Agency (LEA)	A term used to describe the local public school system
Low birth weight	An infant who weighs less than 3 pounds 5 oz. (1500 grams) at birth
Misinformation	Information that is false, inaccurate, or misleading according to the best available evidence at the time.
Modeling	An instructional strategy in which skills or techniques are demonstrated (live or through video) so that students (children or adults) can tell what is expected of them.
Natural Environment	Settings that are natural or normal for the child's same-age peers who have no disability
Neonatal	Pertaining to the first four weeks after birth
Outcomes	Measurable changes in the knowledge, skills, attitudes, values, and behavior of individuals who have participated in an intervention
Practice-Based Coaching	A cyclical process for supporting providers' and families' use of effective intervention practices that lead to positive outcomes (planning goals and action steps, engaging in focused observation, and reflecting on and sharing feedback about practices).
Premature	A baby who is born too early, usually before the 37th week of the pregnancy and weighing less than five lb. 8 oz
Primary Care Provider (PCP)	Generally, most insurance plans allow family physicians, pediatricians, or general internists to serve as primary care providers. Obstetricians, gynecologists, nurse practitioners, certified nurse midwives, or physician assistants can sometimes be primary care providers. Primary care is distinguished from specialty care, often concerned with a particular health condition. In some Health Maintenance Organizations, services provided by specialists or other practitioners will require a referral by the child's primary care provider for the health plan to cover the cost of care.
Primary Service Provider (PSP)	One professional provides weekly support to the family, backed up by a team of other professionals who provide services to the child and family through joint home visits with the primary service provider. The intensity of collaborative home visits depends on the child, family, and direct service provider's needs.
Pyramid Model	An evidence-based prevention/intervention framework for promoting the social and emotional development of infants and young children through a tiered framework of supports
Quality Assurance	Quality assurance activities verify that the services and supports meet all required quality standards. Targeted areas include ensuring that services are minimally adequate, child and family rights are protected, organizations are fiscally sound, documentation requirements are met, providers comply with established standards, and relevant licensure and certification requirements are met.
Routines-Based	Use of predictable and repetitive sequences of naturally occurring play, caregiving, social, and community activities, and routines to develop functional skills throughout the day
Tele-intervention	Specific use of telehealth technology to deliver intervention services and supports directly to families/caregivers at a distance.
Social-emotional development	Skills that children develop as they grow that allow them to interact with adults and other children, as well as to express emotions (laughing, crying, and talking about feelings)