

# Provider Manual

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## **1. Overview - Space Coast Early Steps (SCES)**

- ❖ SCES provides evidence-based developmental coaching for children and their families.
- ❖ Developmental coaching is provided within the context of everyday child and family (caregiver) routines.
- ❖ All services are based on the outcomes developed by the child's team (to include the family).
- ❖ A primary service provider (PSP) is the key contact between all Individualized Family Support Plan (IFSP) team members.
- ❖ The PSP for the family will provide direct services as well as identify, obtain, and coordinate additional services needed from other team members Early Steps (ES) Policy Handbook 6.2.0.
  - <https://floridaearlysteps.com/wp-content/uploads/2024/01/Policy-Handbook-1.25.24.pdf>
- ❖ Utilizing an individualized approach, in which the IFSP team, to include the Family Service Coordinator (FSC), determines the amount of services necessary to achieve the IFSP outcomes in the shortest amount of time.
- ❖ Services are not based solely on a diagnosis or test score, but the amount of support a family/caregiver/child may need.
- ❖ Early Steps statewide and SCES participates in the Florida Embedded Practices and Intervention with Caregivers Early Steps Professional Development (FL-EPIC ESPD) system.
- ❖ FL-EPIC ESPD is part of a statewide system of professional development being implemented by Florida Early Steps. FL-EPIC ESPD supports the goal of Florida's State Systemic Improvement Plan, which is to improve positive social-emotional outcomes for infants and toddlers receiving Early Steps services.
- ❖ It also supports a primary purpose for early intervention, which is to enhance the capacity of families/caregivers of infants and toddlers with or at risk for disabilities to support the development and learning of their children.
- ❖ Typical providers for SCES include: Infant Toddler Developmental Specialist (ITDS), Occupational Therapist (OT), Physical Therapist (PT), Speech-Language Pathologist (SLP), Behavior, Feeding Specialist, and Hearing Specialist and Vision Specialists and more.

## 2. What does Early Intervention at Space Coast Early Steps Look Like?

- ❖ SCES is one of 15 local Early Steps (LES) in the State of Florida.
- ❖ Our main office is located at 1264 US Hwy 1, Suite 103, Rockledge, FL 32955 with satellite offices located at 3000 N Wickham Rd, Melbourne, FL 32935 and 5650 South Washington Ave. Titusville, FL 32780.
- ❖ WE ARE A VOLUNTARY PROGRAM.
- ❖ We provide developmental coaching only.
- ❖ Families do however, have a choice between traditional therapy (medical model) or Early Steps coaching model. Medical model is not available through SCES.

### Medical Model vs. Coaching Model

Both can deliver positive results; Keep your families needs in mind when considering intervention therapies to address developmental concerns

#### Medical



- Takes place in a clinic or therapeutic setting
- Therapist or Specialist is facilitator; parent may or may not be involved in the session
- Plan is developed with with evaluation findings

*SLP, OT, PT Therapists in clinic offices typically use a medical model*

*Insurance or Private Pay would be required to fund services.*

#### Coaching



- Takes place in child's natural environment (home or daycare)
- Parent develops outcomes (what they would like to work on with child)
- Parent is facilitator; therapist coaches parent or caregiver through agreed upon strategies.

*Early Steps (ITDS, SLP, OT, PT) providers use a coaching model*

*Free of Cost with Early Steps approved provider to eligible children.*

Both  
help  
families  
grow



### 3. Provider Contract Responsibilities


- a. To refer all potentially eligible children to SCES as soon as possible but no more than 7 days of initial contact with the family in accordance with Federal Child Find requirements for IDEA, Part C 2011.
- b. To participate in providing services for Part C eligible infants and toddlers ages birth to age three (3) in accordance with the CMS Early Steps (ES) Policy Handbook and Operations Guide.  
<https://floridaearlysteps.com/program-policies-and-guidance/>
  - i. PolicyHandbook  
<https://floridaearlysteps.com/wp-content/uploads/2024/01/Policy-Handbook-1.25.24.pdf>
  - ii. OperationsGuide  
<https://floridaearlysteps.com/wp-content/uploads/2024/01/Operations-Guide-1.19.24.pdf>
  - iii. It is the Provider's responsibility to read said Guidelines
- c. You must review and follow the appropriate Medicaid provider handbook (per provider type). [Adopted Rules - Service Specific Policies | Florida Agency for Health Care Administration \(myflorida.com\)](#)
- d. Participate in mandatory orientation, training sessions and provider meetings facilitated or presented by SCES
- e. Use MOVEit to transmit any type of confidential information such as POC's, evaluation reports, invoices and/or emails containing HIPAA information.
  - i. Your MOVEit account will be set up and maintained by SCES Provider Enrollment Liaison following your approved ES credential
- f. Assist in the completion of the Child Outcomes System (COS) document to track each child's developmental progression at exit/discharge.
- g. Participate in the FL-EPIC program through upcoming cohorts.
  - i. All SCES providers are required by contract to participate in professional development (PD) and corresponding activities.
  - ii. Providers initially participate in a 6-month intensive PD with FL-EPIC followed by ongoing maintenance and recertification
- h. Provide current licensure documentation, upon expiration, to the Provider Enrollment Liaison. Providing services will be placed on hold until certification is current.
  - i. If you are working for an agency this may be submitted by them
- i. ITDS will recertify every three years with 24 hours of continuing education credits or Inservice hours (provided to SCES's Provider Enrollment Liaison) Providing services will be placed on hold until certification is current.
- j. Provide timely notification to SCES and the families currently served of any extended vacation, separation, or lack of ability to provide services.

- k. To satisfy governmental audit and monitoring regulations, SCES and their QA Committee members will examine the SCES client records pertaining to any billing documentation and service provision as needed. This includes all documents, papers, letters, and other materials subject to the provisions of Chapter 119, F.S. made or received by the Provider in conjunction with the Department's contract.
  - i. Quarterly Provider QA - Each new Provider will be reviewed within 6 months of their contract. Ongoing Providers are QA'd annually until they reach 3 years compliance (80%-100%); then reviewed every 3<sup>rd</sup> year
  - ii. QA on services rendered to include home visit observations, all billing, documentation, State/Federal compliance, and monitoring of the number of in network panels agency is on to ensure Part C serves as payer of last resort.
  - iii. For any review with probes less than 80%, recommendations for professional development training and actions for remediation for the Provider is required via a submitted Corrective Action Plan to the Community Service Manager within two weeks after review of results have been provided to Provider.
  - iv. Follow-up QA will take place 6 months after to ensure the Corrective Action Plan is in place and being followed
- l. SCES holds an annual community Provider meeting that includes essential information.
- m. To ensure every provider working for the agency carries at least the minimum amount of auto insurance required by the State of Florida.
- n. All HIPAA procedures must be implemented by the Provider to ensure the protection and confidentiality of all data, files, and records related to the services provided pursuant to this agreement and comply with state and federal laws for a minimum of 6 years after termination of the contract. If any litigation proceedings are pending, the records must be retained until resolution based on the terms of the contract. Upon closure, records should be provided to the SCES office.
- o. All interns/volunteers/observers must have prior approval from department manager and family (of child being observed) and have completed the HIPAA/Security documentation.
- p. To comply with the requirements of the Governor's Executive Order 11-02, the Provider is mandated to the use of the E-Verify System to verify the employment eligibility of all new persons employed by a group during the term of this agreement.
- q. Employment of unauthorized aliens is a violation of the Immigration and Naturalization Act, 8 U.S.C section 1234a (such violation will be cause for unilateral cancellation of this contract by the Department.)
  - i. SCES will use the links provided below to access the E-Verify System to register you in the system
  - ii. E Verify System:

1. <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES>
- r. To comply with the prohibition of indoor smoking pursuant to the The Pro-Children Act of 1994 (codified as part of 20 U.S.C. § 6083) to include vaping and e-cigarettes.
- s. Equal Employment Opportunity: Provider must comply with President's Executive Order 11246, Equal Employment Opportunity (30 Fed. Reg. 12935), as amended by President's Executive Order 11375, (32 Fed. Reg. 14303), and as supplemented by regulations at 41 C.F.R. chapter 60.
- t. To neither assign the responsibility of this agreement to another party nor subcontract for any of the work contemplated under this agreement without prior written notification to SCES. Any assignment or subcontract for the work contemplated under this agreement must be expressly subject to the provisions of this agreement. In the event of a conflict between the terms of an agreement of assignment or subcontract and this agreement between SCES and Provider, this agreement will control. Additionally, any assignment or subcontract does not affect or reduce Provider's obligations there under, which shall continue in full effect to the same extent as though no assignment or subcontract had been made.
- u. Provide Family Survey's to exiting families identified by the State Department (one time per year) provided by the Family Resource Specialist/FSC

#### **4. Child Outcome Summary (COS):**

- a. A team process that summarizes information related to a child's progress in three child outcome areas:
  - i. Developing positive social-emotional skills (social)
  - ii. Acquisition and use of knowledge and skills (communication and cognition)
  - iii. Use of appropriate actions (behaviors) to meet needs (adaptive and motor)
- b. Utilizes multiple sources of information to describe a child's development for each of the outcomes. The information could include one or more norm referenced or curriculum-based assessments, parent report on child's skills and behavior, progress notes of therapists working with the child, observations by a teacher or child care provider, or other sources
- c. Addresses the Office of Special Education Program (OSEP) reporting requirement regarding child outcomes data
- d. Completed at the Initial eligibility evaluation and when the child is discharged from a provider and/or Exiting the program by the FSC in a joint effort with all team members for all children in the Part C program for 6 months or more
  - i. This is a means of measuring our program effectiveness



## Child Outcomes Summary Form

**1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)**

**1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Select rating with descriptor)**

Provide a written explanation for the selection of the above rating.

**1b. (Do not complete at entry): Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary? (Check one box)**

Progress measured from what point in time (Provide month/year):

☐ Yes

1

→

Describe progress:

☐ No

2

**2. ACQUIRING AND USING KNOWLEDGE AND SKILLS**

**2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Select rating with descriptor)**

Provide a written explanation for the selection of the above rating.

**2b. (Do not complete at entry): Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? (Check one box)**

Progress measured from what point in time (Provide month/year):

☐ Yes

1


→

Describe progress:

☐ No

2

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## Child Outcomes Summary Form

**3. TAKING APPROPRIATE ACTION TO MEET NEEDS**

**3a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Select rating with descriptor)**

Provide a written explanation for the selection of the above rating.

**3b. (Do not complete at entry): Has the child shown any new skills or behaviors related to taking action to meet needs since the last outcomes summary? (Check one box)**

Progress measured from what point in time (Provide month/year):

☐ Yes

1

→

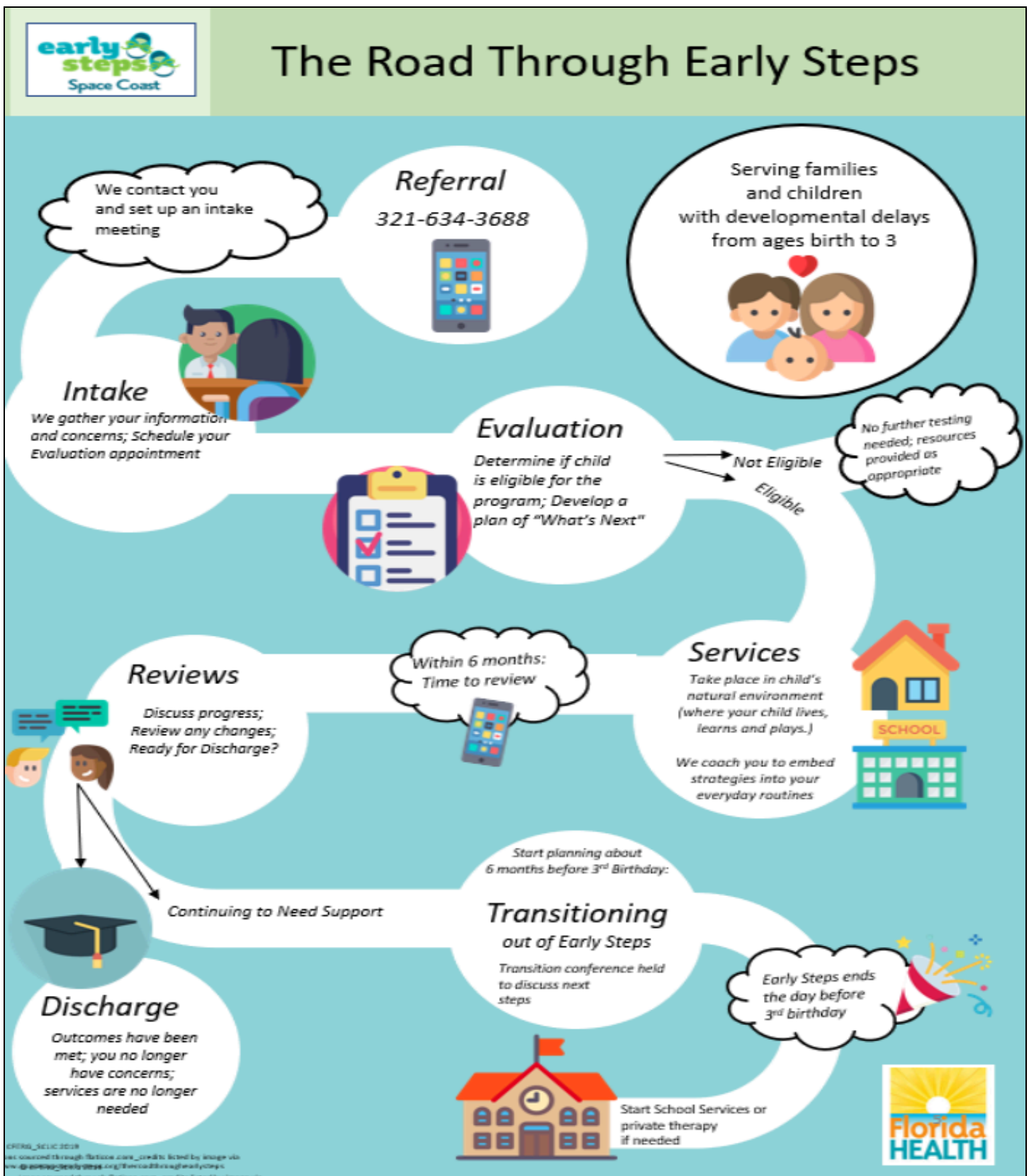
Describe progress:

☐ No

2



5. Road Map of Early Steps: This is what the typical Early Steps journey looks like





## 6. Referrals:

- Anyone can refer a child to Early Steps to include: physician, parent/caregiver, teacher, etc.
- Referrals can be made by contacting SCES at 321-634-3688 ext. 5863 or via the Florida Early Steps website <https://floridaearlysteps.com/make-a-referral/>
- Referrals take about 15 minutes and basic demographic information is taken and consents obtained..
- Demographic information is recorded in the Data System and provided to the Family Service Coordinator (FSC).
- The family's appointment with their FSC is scheduled within 2 working days of referral.

Sample Referral form:

EARLY STEPS REFERRAL FORM 2020			
CHILD'S NAME		DOB:	
<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster <input type="checkbox"/> Guardian		<input type="checkbox"/> Interpreter needed	
PARENT/GUARDIAN NAME:		ADDRESS:	
Phone #	CITY:	STATE: FLORIDA	ZIP:
Alternate #	Emergency Contact:	Telephone #	Relationship:
<input type="checkbox"/> Physician <input type="checkbox"/> CMS <input type="checkbox"/> Protective Investigator <input type="checkbox"/> Other:			
Referral Source:			
Name:		Address:	
Phone#	City:	State:	Zip:
Fax #	Is the family aware of the referral? Yes No		
REASON FOR EARLY STEPS REFERRAL:			
Suspected Developmental delay or concern (Please indicate area(s) of concern):			
<input type="checkbox"/> Cognition	<input type="checkbox"/> Physical (Gross motor or Fine motor)	<input type="checkbox"/> Adaptive/Self Help	
<input type="checkbox"/> Communication	<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Other: _____	
Notes:			
For Physician's Use Only - Complete <b>ONLY</b> if child has an at risk condition or an established condition* (e.g.: Traumatic Brain Injury, Birth Anomalies, Neonatal Seizures, Down Syndrome, Cerebral Palsy, Autism, etc.)			
Diagnosis:		ICD10:	
This diagnosis places the child at risk and needs monitoring or is an established condition that has a high probability of resulting in developmental delay. This child should be considered eligible for Part C of IDEA (Individuals with Disabilities Education Act).			
Physician's Signature:		Date:	
Physician's office ID Stamp		Local Early Steps Office  <b>SPACE COAST EARLY STEPS</b> 1264 US HWY 1 Ste 103 Rockledge, Florida 32955 Tel: 321-634-3688 Direct referrals to: Ext 5863 Fax: 321-878-3103	

## **7. Intake**

- a. An Intake consists of the FSC meeting with the family to provide information on what ES is and how we provide services.
- b. The FSC completes a family assessment and gathers background information to prepare for the evaluation appointment.
- c. This assessment incorporates the family's description of its resources, priorities, concerns, and everyday routines, activities, and places related to enhancing the child's development.
- d. Procedural Safeguards are provided.
- e. The evaluation date is confirmed with the family at this time.

## **8. Eligibility and Initial Eligibility Evaluation**

- a. All children entering Early Steps must go through an initial eligibility evaluation or have appropriate documentation for entry from another Florida Early Steps/EI program within 45 days from referral
- b. SCES has 9 Eligibility Teams to cover the county completing evaluations Monday through Thursday
  - i. Teams are composed of an FSC, ITDS, SLP and OT/PT as needed in addition to the family (Other disciplines are available as needed.)
  - ii. Two types of evaluations are available:
    - 1. Developmental evaluation for children ages birth through 29 months of age
    - 2. Transition developmental evaluation with a Speech Language Pathologist (occasionally an OT) from Brevard Public Schools for children ages 30 to 34.5 months of age
    - 3. Children referred at 34.6 months of age and up are referred to the Brevard Public Schools Child Find program
- c. The initial eligibility evaluation provides a baseline of developmental skills and creates Outcomes from which services are built
- d. Children under the age of 34.5 months must meet eligibility criteria for Part C Early Steps services in one of the following ways:
  - i. Established Condition, Developmental Delay, Informed Clinical Opinion
  - ii. Children may also qualify for the Early Steps At-Risk program (see below)
- e. If eligible, the child qualifies for any service provided by SCES that assists in meeting their IFSP Outcomes
- f. SCES attempts to have all professionals needed at the time of eligibility to ensure the most comprehensive assessment and development of the IFSP

possible however a minimum of two professionals is required to determine eligibility

- g. Recommendations are requested to be tried for at least 3 months prior to requests to change service provision - unless what the provider experiences once in the natural environment is grossly different than the evaluation team observed
- h. Early Steps must ensure that services are delivered with the least amount of services needed to make the most impact for the family
- i. Duplication of services is not allowed
- j. The evaluation includes standardized and informal testing, observations by parents/caregivers and professionals, identification of the child and family needs, and a review of all results
- k. A formal Summary of Results and Recommendations detailing the evaluation and any necessary Plans of Care (POC's) are completed and are provided to the family, doctor and on-going IFSP team members
- l. SCES completes the entry Child Outcome Summary (COS) at the time of eligibility

## **8. A. Developmental Delay Eligibility**

\*Established Conditions criteria:

Established Conditions fall into one of the following areas:

1. Genetic and Metabolic Disorder
2. Neurological Disorder
3. Autism Spectrum Disorder
4. Severe Attachment Disorder
5. Sensory Impairment (vision/hearing)
6. Infants who weigh less than 1,200 grams at birth
7. Other

An Established Condition statement must be signed by a licensed physician confirming the diagnosis to establish eligibility OR in the case of (a) severe attachment disorder or autism spectrum disorder, a healthcare practitioner acting within his/her scope of practice or (b) in case of hearing loss, a licensed audiologist. Written confirmation of the diagnosed condition must be in the child's Early Steps record.

\*Developmental Delay as measured by appropriate diagnostic instruments and procedures and informed clinical opinion that exceeds:

1. 1.5 standard deviations below the mean in two or more developmental domains or 2 standard deviations below the mean in one or more developmental domains

- a. The developmental domains include:
  - i. Cognitive, Physical (including vision and hearing), Communication, Social or Emotional, Adaptive

\*Informed Clinical Opinion of the evaluation team may be used to establish a child's eligibility for Early Steps even when the 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.

**8. B. At-Risk eligibility** is another program within Early Steps that a child can qualify for if the child has a physical or mental condition known to create a risk of developmental delay which is listed on the At-Risk Conditions list. This list is exhaustive. (See below)

1. Services for infants and toddlers that qualify as At-Risk will include the following:  
Individualized family support planning, service coordination, developmental surveillance via the Family Service Coordinator, and family support.

<b>At-Risk Conditions</b> (An Exhaustive List)	
<b>Achondroplasia</b>	
<b>Birth Anomalies</b>	
Gastroschisis	
Short Gut Syndrome	
Omphalocele	
Congenital Diaphragmatic Hernia	
Congenital Renal Failure	
Birth weight 1200 grams to 1500 grams	
<b>Cataracts (Congenital)</b>	
<b>Chronic Heart Condition</b>	
<b>Congenital Contractural Arachnodactyly (Beals Syndrome, Hecht-Beals Syndrome)</b>	
<b>Congenital Heart Disease/Conditions</b>	
Coarctation of the Aorta	
Tetralogy of Fallot	
Transposition of the Great Vessels	
Single Ventricle Defects	
<b>Congenital/Neonatal Infection</b>	
Newborn Group B Streptococcus Sepsis	
Group B Streptococcus Sepsis	
Meningitis	
Cytomegalovirus (CMV)	
Toxoplasmosis	
<b>Glaucoma (Congenital)</b>	
<b>Hyperbilirubinemia requiring exchange transfusion</b>	
<b>Hypophosphatasia-Infantile</b>	
<b>Hypothyroidism (congenital)</b>	
<b>Intrauterine Growth Retardation (IUGR) - Severe</b>	
<b>Intraventricular Hemorrhage Grade II</b>	
<b>Klinefelter Syndrome</b>	
<b>Meconium Aspiration Syndrome/True Respiratory Distress Syndrome with Mechanical Respiratory Support</b>	
<b>Neonatal Abstinence Syndrome with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding</b>	
<b>Neonatal Seizures</b>	
<b>Noonan Syndrome</b>	
<b>Small for Gestational Age (SGA)</b>	
<b>Thrombocytopenia-Absent Radii Syndrome</b>	
<b>Traumatic Brain Injury</b>	
<b>Treacher-Collins Syndrome</b>	
<b>Vater Anomaly</b>	
<b>Waardenburg Syndrome, Types I and II</b>	

## 9. TEAMING

- a. Provide services as a member of a team (of professionals and per child)
- b. Professional Teams are geographically based on zip code/FSC and chosen by the provider or provider agency
  - i. You may be on up to 3 teams (change in teams is requested through the Provider Enrollment and QA Liaison)
  - ii. If you are considered a specialist by SCES, you do not have to be on a specific team but provide expertise across the county
- c. Teams are responsible to provide services for each child on the team by their 30<sup>th</sup> day
  - i. Teams are responsible to ensure services for each child on the team by their 30<sup>th</sup> day
    1. First date of service must be emailed to the assigned Family Service Coordinator Assistant
    2. If 30<sup>th</sup> day is not met due to a lack of due diligence by the Provider, a financial consequence for not meeting the 30<sup>th</sup> day will be the rate of the next service (including NESF/EPIC and travel) completed in the month the failure was discovered.
- d. It is highly suggested providers attend each team meeting you are a member of monthly
- e. Ensure that each child on your caseload is discussed as needed but no less than one time per year
  - i. Prepare your Child Team Note (CTN) prior to and complete during the Team meeting
  - ii. Provide copy of the CTN to the family (have them sign, keep copy and give copy to FSC)
  - iii. Add Team Meeting to your Billing invoice (see example on Google Sheet invoice) Team meetings will be billed on your invoice with "1" on the date and TEAM # in the comment section as this is reimbursed at a flat rate.
  - iv. Submit the attendance from the meeting minutes with your invoice for reimbursement
- f. Team meetings can also be utilized as a form of consultation See section on *Consultation for details.*

## Space Coast Early Steps Teaming Map

### ❖ **Team 1**

**Palm Bay, Grant-Valkaria, Sebastian**

➤ 32908 ➤ 32909 ➤ 32949 ➤ 32950 ➤ 32976

### ❖ **Team 2**

**Melbourne, Patrick Air Force Base, Satellite Beach**

➤ 32935 ➤ 32934 ➤ 32925 ➤ 32937

### ❖ **Team 3**

**Palm Bay**

➤ 32905 ➤ 32907

### ❖ **Team 4**

**Indianlantic, Melbourne, Melbourne Beach**

➤ 32901 ➤ 32903 ➤ 32904 ➤ 32951

### ❖ **Team 5**

**Viera**

➤ 32934 ➤ 32940

### ❖ **Team 6**

**Cocoa, Port St. John**

➤ 32922 ➤ 32926 ➤ 32927

### ❖ **Team 7**

**Merritt Island, Cocoa Beach, Cape Canaveral**

➤ 32920 ➤ 32931 ➤ 32932 ➤ 32952 ➤ 32953 ➤ 32954

### ❖ **Team 8**

**Rockledge**

➤ 32955

### ❖ **Team 9**

**Mims, Titusville**

➤ 32754 ➤ 32775 ➤ 32780 ➤ 32796

### Team Meeting Schedule

#### **Team 1234**

- Second Wednesday of the month at 3:00pm-3000 N. Wickham Rd. STE 1 Melbourne, FL 32935

#### **Team 578**

- First Friday of the month at 8:30am-1264 US HWY 1 STE 103 Rockledge, FL 32955

#### **Team 96**

- 4th Thursday of the month at 12:30pm-5650 S. Washington Ave. Titusville, FL 32780





## 10. CONDUCTING DIRECT SERVICES

- a. In order for Providers to maintain eligibility with Early Steps at this high level of service provision under the Federal guidelines of IDEA, integral ongoing professional development is provided through the FL-EPIC ESPD program. FL-EPIC certified Providers are preferred for SCES interventions as this is evidence-based best practice.
  - i. Join a cohort with SCES Lead Implementation Coach (LIC)
  - ii. EPIC activities are noted on your invoice (workshops, coaching, EPIC fee)
- b. For Providers who have completed a FL-EPIC ESPD Cycle:
  - i. Providers must use and demonstrate fidelity with the six essential FL-EPIC SOOPR (Strategies for Optimizing Outcomes for Parents and Children) Practices. This will be observed during at least one coaching session annually by video recording, which will be coded by a SCES SL-EPIC coach.
  - ii. Evidence of using the FL-EPIC model should be demonstrated in all documentation across the Provider's caseload. This includes using the 5Q Visual Model, Daily Session Note, Consultation Note, and Progress Report
- c. To apply knowledge of current research and evidence- based practices to developing and implementing strategies and interventions with the child and family.
- d. All Providers should maintain high professional and ethical standards when representing Early Steps to include appropriate dress, HIPAA procedures (leave children and pets at home) and services in child's natural environment (not your office or home)
- e. Provider will verify, at least monthly, current private insurance and Medicaid for eligible children being served and report changes to the child's FSC asap
  - i. If the child has no private insurance or Medicaid the provider and the FSC should continue to ask the family if this has changed - IF/When they get insurance/Med the provider would need to bill at that time
- f. Referrals/picking up kids:
  - i. Access the Request List via Google choose a child and service from your team's tab

1. To access the tutorial (\*teams are listed by tabs, no need to filter for your team):  
[https://drive.google.com/file/d/1W98MSaUonW29Dy3D\\_2JkD-ZAee3-bogb/view?usp=sharing](https://drive.google.com/file/d/1W98MSaUonW29Dy3D_2JkD-ZAee3-bogb/view?usp=sharing)
  2. Keep a list of children you accept and follow up to make sure you have their referral packet and are able to start services timely
- ii. SCES FSC's will provide the initial referral packet to include the referral form with 30th day, IFSP and supporting documents
  - iii. If not received within 2 working days, contact the child's FSC - if unable to reach the FSC, contact the FSC Manager
  - iv. The provider will return any referral packets within five (5)-business days for inability to provide services timely
  - v. Providers will under no circumstances maintain a waiting list for Part C children
  - vi. Priority is given to providers who
    1. Use the request list to accept children
    2. Are In-Network
    3. If SCES cannot identify an In-Network provider, SCES can request an Out-of-Network provider for that particular child.
- g. Session notes and Home Activity Plans:
- i. Monitor child's development and progress through documentation on Daily Progress Note/Home Activity Plan
  - ii. .Daily Notes must have the date of service, parent/caregiver signature, time in and out, location, and provider signature for each date of service or a Signature Page with same information
  - iii. Must show progress toward IFSP Outcomes, contain evidence of coaching and provide caregiver strategies for carry over during the week
  - iv. Document all sessions to include missed with reasons on Daily Progress Report/Home Activity Plan and Billing invoice
  - v. Work week per Medicaid for billing is Sunday through Saturday

- vi. Provide services only during the authorized period as delineated on the services page of the IFSP
  - a. Any services provided outside of the authorized periods are not reimbursable by SCES
  - b. The date the parent signs the IFSP is the date the authorization is ACTIVE
  - c. Look to be sure your service is authorized on the IFSP
- h. Home/daycare visit:
  - i. Offer and complete 1st home visit on or by the 30th day
  - ii. Services MUST start or be offered on/by the 30th day - regardless of insurance authorization or other fiscal issue.
    - 1. Email SCES Billing Manager to request authorization to offer family the 1st date of service before 30th day
  - iii. First date of service must be reported to the identified Family Service Coordinator Assistant immediately
  - iv. Connect family with Family Resource Specialist (FRS) and/or community resources as needed
  - v. When providing services at a daycare/preschool a monthly communication system must be employed for exchange of information with the parents and caregiver
- i. Telehealth: Policy Handbook 6.1.20
  - i. Telehealth is not considered a natural environment setting. Sessions in the natural environment are priority.
  - ii. If a family temporarily moves out of Florida, services including telehealth, cannot be provided until they return; however, the team should provide the family with developmental resources specific to the child's needs until they return and re-engage in services.
  - iii. Provider cannot treat when out of state or country.
  - iv. Confirm with the child's private insurance/MMA/Straight Medicaid plan for telehealth coverage prior to offering telehealth sessions.

## **11. Playgroups**

- a. Five playgroups are held across the county 1 time a month.
- b. Playgroups are hosted by Early Steps approved providers and the Family Resource Specialist (FRS).
  - i. Open to families of children under 3

- ii. Free to families
- iii. Hosted by approved providers
  - 1. Invited to host by the FRS
  - 2. Reimbursable at a flat pay rate via signed Playgroup form and listed on your invoice (see example on Google Sheet invoice)
- c. Sessions at playgroups
  - i. Your authorized IFSP session may occur at playgroup
  - ii. Reported on invoice as your authorized IFSP session (with attached documentation)
  - iii. Location is considered a natural environment

## 12. No Shows and Other scenarios

- a. Policy Guide 6.1.3B. states: If a [family](#) misses an appointment without advance notice, the provider should leave a note or a message, as applicable, for the family that explains that he/she will be contacting them to reschedule, remind them of their cancellation policy, and document the missed appointment/follow up activity in the provider record.
- b. No shows are not reimbursable
- c. Policy Guide 6.1.3C. states: If a family misses two consecutive appointments without advance notice, the provider:
  - i. Should notify the family's service coordinator of the missed appointments within five (5) days following the second missed appointment,
  - ii. Will not be responsible for further service provision until notified by the service coordinator that contact with the family has been established and continued interest in services are verified, and
  - iii. Should document missed appointments and follow up activity in the provider record (on notes and invoice)
- d. 6.1.3 from our Policy Guide and Handbook states: When a service provider has advance notice of an event (child or [family](#) related issue, holiday, vacation, jury duty, etc.) and is not able to provide services at the [frequency](#) and [intensity](#) authorized on the [IFSP](#), it is expected that the IFSP team will plan around these events in order to serve the child. The following are possible scenarios:
  - i. Sessions are usually scheduled on Monday and Thursday. Monday is a holiday. The Monday session is rescheduled for Tuesday.
  - ii. The family is going on a two-week vacation. Prior to the family's departure, the provider discusses activities the family can use within the context of everyday routines during the vacation in order to address [outcomes](#). Service resumes at the previously authorized frequency when the family returns.

- iii. The [child](#) will be hospitalized for one week and will have a two-week recovery time. Following hospitalization and recovery, the [IFSP team](#) reconvenes to consider whether a modification to the frequency or intensity of services is necessary for a period of time or whether the previously authorized frequency/intensity remains appropriate
  - e. It should not be automatically assumed that increasing the frequency or intensity of services will compensate for or make up for a period when no services were provided.
  - f. When a provider is not available to provide an authorized service, the IFSP team should reconvene to ensure that services are provided to meet the outcomes identified on the IFSP.
  - g. The LES is not responsible for ensuring the provision of services not authorized by the IFSP team, or “other services.”
- 13. **IFSP authorized evaluations and developmental screens (ITDS)** \*not initial eligibility evaluations
  - a. Evaluations
    - i. Access the Request List via Google choose a child and service from your team’s tab and choose children in need of evaluation
    - ii. Unless as a special request; only request to evaluate children that you can pick up for ongoing services (if need is determined)
    - iii. Receive the referral packet of information
    - iv. Complete evaluation report and submit to the FSC within two weeks - preferred as soon as possible
    - v. Providers may use assessments of their choice when not performing an eligibility evaluation
    - vi. Report format is specific to the agency you work for but must be Medicaid compliant
  - b. Developmental screens
    - i. Are conducted by approved ITDS’s by the SCES Community Services Manager as there are only a set number of ITDSs in the community that complete these for standardization and consistency purposes.
    - ii. Developmental Profile 4 (DP4), Ages and Stages Questionnaire Social Emotional 2 (ASQSE2) are the current screening tools for SCES.
  - c. Reevaluations (licensed therapists only)
    - i. For insurances requiring updated assessment at the 6 month/year mark, you may complete this during a home visit or if authorized on the IFSP as an evaluation

SCES uses the following Evaluation Report:

[illegible]

#### 14. Plan Of Care (POC) after evaluation

- a. Complete Plan Of Care (POC) within two weeks. It is preferred as soon as possible.
  - i. The FSC must have the completed report and POC as soon as possible to authorize on the IFSP with family signature prior to the start of services
  - ii. The date the parent signs is the date the authorization is active
    1. It must be authorized
    2. Signed by physician if therapist



3. Signed by a licensed professional if ITDS. This must include at least one face-to-face meeting between the ITDS and licensed professional every six months
    - a. Occurs through consultation at team meetings
    - b. Or by using consultation authorized on the IFSP.  
Documented on the consultation form.
- b. POC format is specific to the agency you work for but must meet Medicaid guidelines and acknowledge IFSP outcomes.
  - i. POC's duration cannot be longer than 180 days.
  - ii. Direct Service Providers use SCES POC format and document. SCES POC duration is no longer than 170 days
  - iii. Services cannot be rendered using an out of date POC.
- c. If you are working from the POC from an initial eligibility team or other provider and feel that the ICD-10 code is not appropriate for what you are doing and seeing, you may add the appropriate code to your POC (this can be signed by physician when you update your POC and documentation can be provided to insurance if/when requested)
  - i. CPT and ICD-10 codes must match the type of therapy you are doing with each specific child

SCES Direct Service Provider ITDS POC



Early Intervention- Plan Of Care (POC)/Progress Note

Child's Name:	_____	AKA:	_____	Medicaid #:	_____
DOB:	_____	Sex:	_____	Related ICD 10 Diagnosis:	_____
Current Evaluation Date:	_____	IFSP Date:	_____	Authorization Date: Start	_____
				End	_____
This plan is: Initial POC <input type="checkbox"/> Ongoing POC/Progress Note <input type="checkbox"/> (No More Than 170 days)					

Agency's Name: \_\_\_\_\_ Individual Provider Name: \_\_\_\_\_

Service Type: El Individual Session

Early Intervention Medicaid Procedure Code: T1027SC

Domain(s): Gross Motor: ☐ Fine Motor: ☐ Communication: ☐ Cognitive: ☐ Social-Emotional: ☐ Adaptive-Self Help: ☐

If Ongoing POC - Progress toward meeting IFSP Outcomes:

IFSP Outcomes [New: yes ☐ no ☐

Goals:

Specific Activities That Will Occur In Order To Achieve The Stated Goal(s) or Outcome(s):

Frequency/Intensity/Duration/Location/Payor:

(Note: Authentic to increase or decrease frequency, intensity or duration for the recommended services on the IFSP must be made by the IFSP TEAM in advance)

Frequency: \_\_\_\_\_ Intensity: \_\_\_\_\_ Duration: \_\_\_\_\_ Location: \_\_\_\_\_ Payor: \_\_\_\_\_

Medical Necessity: If child is a Medicaid recipient, the services reimbursed by Medicaid must be medically necessary (see IFSP Form G).

I am in agreement with the proposed Plan of Care and authorize the plan discussed during: Consult <input type="checkbox"/> Visit with child & family <input type="checkbox"/>	
Licensed Professional's Name: _____	Professional Credentials: _____
Licensed Professional's Signature: _____	Date: _____

ITDS Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Copy to family ☐ Copy to FSC ☐

Please Sign Legibly

## SCES Direct Service Provider Therapy POC



### Space Coast Early Steps Therapy Evaluation Report/Summary/Plan of Care

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ FSC: \_\_\_\_\_

Diagnosis Primary/Code: M43.6 Torticollis

Secondary: Choose an item.

Referring/Ordering Physician: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

Procedure code/s: Choose an item.

Medical History: See attached evaluation report. Diet: See evaluation report.

Medications: Per physician's order as needed.

Equipment/Other Special Needs: None deemed necessary to date.

Report/Summary/Clinical Findings:

#### RECOMMENDATIONS:

1. After discussion of family priorities, Choose an item. is recommended.

#### IFSP outcomes to be addressed by this service:

#### Physicians Orders/Treatment Plan

Frequency: Choose an item. Dates of Coverage: \_\_\_\_\_

#### INITIAL LONG-TERM GOALS EMBEDDED IN DAILY ROUTINES: (6 months).

- 1.
- 2.
- 3.

#### INITIAL SHORT-TERM OBJECTIVES EMBEDDED IN DAILY ROUTINES: (3 months).

- 1.
- 2.
- 3.

Clinician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As this child's referring physician, the above goals and objectives are medically necessary, and I agree with the proposed plan of treatment and do authorize the therapist to carry out the plan of treatment for up to 6 months.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

15. **Consultation and Individualized Family Support Plan (IFSP)/Individualized Education Plan (IEP) documentation**

- a. Consultation (Consultation means Hands Off)
  - i. Consultation supports caregiver competence related to child learning by assisting team members with strategies or activities that could be used to meet IFSP goals and outcomes
  - ii. Consultation services are for at least 2 professionals - authorized on the IFSP - pay attention to the duration/frequency/intensity of the service.
    - 1. If consulting with a daycare/agency only with no other provider listed on the IFSP you must both (the daycare/agency) be listed on the IFSP in order to bill Consultation (this is for special circumstances-not an automatic)
  - iii. OT/PT/ST Assistants may consult with their authorized IFSP team members independently of their supervisor however will discuss that consult during their regular supervision.
- b. For reimbursement you must use the Consultation Among Service Provider Team Members form in addition to consulting with authorized IFSP team members
- c. Preferred method is face-to-face with the family in the natural environment or by phone (when face-to-face contact is not possible, then use of technology is strongly encouraged)
  - i. Consultation that is face to face with the family/caregiver and authorized providers can be billed for full authorization
  - ii. Consultation without the family/caregiver is only billable for 30 minutes
  - iii. Phone consultation is only billable for 30 minutes
- d. Completed during Joint visits:
  - i. One provider completes hands on therapy and the other consults and offers strategies
  - ii. This can be flipped so that the one doing hands on therapy provides consultation/strategies while the one who did consultation is then hands on doing the therapy



**EXAMPLE:**

9-9:30 ITDS consultation (hands <u>off</u> )	↔	9-9:30 Therapist (hands on) therapy
9:30-10 ITDS (hands on) therapy	↔	9:30-10 Therapist consultation (hands <u>off</u> )

- e. Consultation should only be used when absolutely needed
  - i. The form must be signed by everyone and each professional must turn it in with their invoice in order to be reimbursed
- f. Consultation special circumstances
  - i. Must request authorization for these special circumstances through the child's FSC prior to event
    - 1. Doctor Appointments
    - 2. Brevard Public School Testing
  - ii. At the appointment you will complete the Consultation Among Service Provider Team Members Form and obtain signatures from both caregiver and "Other" professional (doctor, BPS employee, etc.)
  - iii. Make sure you have a copy of the IFSP authorization prior to completing

- g. Team meetings can also be utilized as a form of consultation (documented on the Child Team Note and billed on your invoice as an event)
- i. If you are the sole provider seeking the addition of another discipline, team meetings are your initial step to consult on the child, obtaining strategies and determining the need for new ongoing service

## CONSULTATION FORM (example added)

Page 1 of 1 Pages

**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: Mila DOB: \_\_\_\_\_

Service Coordinator: Amy Fairbanks Date of Consultation: 7/6/18

Start Time: 12:35 pm End Time: 1:35 pm Location: home

Successes to implementing strategies and achieving goals for Outcome # ael It's all to the bottle.  
She's now taking formula / from the bottle with over an  
ounce more per feed. 6 tube only for medications and  
night-time continuous feeds. Holding her head up better.  
2 1/2 oz every 3 hours. Following mom w/ her eyes! making good

Challenges to implementing strategies and achieving goals for Outcome # ael Still doesn't like tummy time. More fussy w/ formula.  
She's on blood pressure medicine so ~~they~~ they don't want her  
Bring her feet to her hands. Continue w/ tummy time -  
even if it's on your chest. We discussed not brush -  
Zuibe - etc... Continue with flo-time - alternating sides.  
Speech pathologist will show exercises w/ the Nix to help  
with tongue protrusion.

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

IFSP Team meeting is needed to discuss recommended changes in services, frequency, and/or duration of services:  
☐ YES ☒ NO due 11/10/18

Participating Team Members/Signatures: (PSP indicated with *)			
Parent/ Guardian:	<u>G</u> <u>mother</u>	ITDS	<u>Stacey Schneider</u> <u>BSLD</u> <u>ITDS</u>
OT	<u>Rebecca May</u> <u>MS, CCCP</u>	RT	
SLP		BI	
Service Coordinator:		Other	

Copy to: ☒ Family/ Guardian  
☒ Early Steps Service Coordinator within 5 business days Amy F  
☒ Team Providers (whether present or not)  
☒ Rebecca M (billed ST session)  
☒ Arling C (billed)  
☒ Billing Dept.

Revised Jan 2015

- h. IFSP/IEP/Transition Conference Meeting
- i. Use form: Participant Documentation of Initial and Follow-up Eval/Assess/IFSP - IFSP Meeting - Transition Conference

ii. Policy Guide Component 5 for IFSP meetings

1. Participate as part of the child's team in IFSP meetings for development, implementation, and review to support the coaching approach.
2. If unable to attend a periodic review, every effort should be made to make available pertinent records, videoconferencing, etc.
3. Participation may include submitting information and reports to the service coordinator that will be discussed during the periodic review via email, postal service, or fax before the periodic review date however this is not billable
4. Service providers who also provide on-going assessment of the child are regarded as evaluators and assessors and therefore their participation is required at the annual IFSP meeting.
5. If discharge or exiting the program is a result of the IFSP meeting; providers must contribute developmental progress to the FSC for completion of the COS Form as exit data.
6. Providers must sign the document
7. The child and parent/caregiver must be present at the IFSP meeting in order for a provider to bill for the NESF/EPIC fee
8. This document must be submitted with invoice for reimbursement

# IFSP Participation Form

**Participant Documentation of Initial and Follow-up Eval/Assess/IFSP  
IFSP Meeting - Transition Conference**

This form must be completed by team members participating in a required IFSP meeting/Transition Conference. (Team members conducting IPDE/IDPEF may use this form to record start and end time.)

☐ Initial Evaluation/Assessment/IFSP Meeting (IPDE) ☐ Follow-up Evaluation/Assessment/IFSP Meeting (IDPEF)

☐ IFSP Meeting ☐ Transition Conference

☐ COIFF (Face to Face) ☐ COIFP (Phone)

[check appropriate choices above]

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

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

Date of Meeting/Conference: \_\_\_\_\_

Location: \_\_\_\_\_

Start Time: \_\_\_\_\_

Team Members Present: \_\_\_\_\_

(Family)

\_\_\_\_\_

(Service Coordinator)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Activities:**

- ☐ Initial or Follow-up Evaluation/Assessment/IFSP activities.
- ☐ Review and revisit family concerns, priorities, resources, routines and activities.
- ☐ Trans-disciplinary approach to the development of integrated outcomes and intervention strategies within the family's everyday routines, activities and places.
- ☐ Identification of PSP and appropriate team members to meet the specific family outcomes.
- ☐ Documentation of above on IFSP
- ☐ Transition activities
- ☐ Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

End Time: \_\_\_\_\_

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

(Print)

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

Copy to: Billing with monthly invoice.

Revised: 1-25-08



## 16. Transitioning Out of Early Steps:

- a. Transition planning must occur when a child transitions out of a LES for any reason.
- b. The child's FSC will complete the IFSP Transition plan no fewer than 90 days and not more than 9 months prior to the child's 3rd birthday.
- c. Transition planning is not limited to local school district eligibility. It may include many appropriate resources (Head Start, Florida School for Deaf and Blind, local preschools, home schooling).
  - i. All transitioning children will be offered a transition conference where resources may be invited to include Brevard Public Schools (BPS)..
  - ii. SCES will inform the parents of the availability of services in the school district Pre Kindergarten Program for Children with Disabilities and will review the child's options for the period from the toddler's 3rd birthday through the remainder of the school year, in collaboration with the Local Educational Agency (LEA) with the involvement of the family.
- d. SCES typically combines transition conferences and IFSP meetings for the convenience of the family and providers per policies [5.2.1](#), [5.2.2](#), [5.7.4](#), and [7.3.1](#). Providers are invited to transition conferences
- e. BPS will hold an eligibility meeting (Individualized Education Plan IEP) to discuss the child's eligibility and services if applicable.
  - i. Providers are encouraged to complete the Transition Progress Note.
  - ii. Providers may attend IEP meetings that do not have an FSC present, notify the FSC of your intended presence at the meeting for authorization. On invoice, bill a meeting (COIFF) face-to-face and complete the IFSP Meeting form.
- f. Providers participate in completing the Child Outcome Summary (COS) (which may include testing). This can be completed via the the Discharge COS Summary.

## Transition Progress Note



### Transition Progress Note

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

- Services received, including frequency:

- \_\_\_\_\_
  - \_\_\_\_\_

- Date child began receiving services: \_\_\_\_\_

Describe current level of functioning as documented by:

- ☐ Professional observation
- ☐ Assessment - list assessment(s) and results

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Describe progress or regression (within last 3 months) related to IFSP goals, with data:

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Professional recommendation for ongoing service needs:

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Interventionist Signature/Credentials \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Info.: \_\_\_\_\_


Revised 11.09.2023

### 17. Discharge from Services and/Early Steps:

- a. A child may be discharged from a service provider's caseload due to one of the following reasons:
  - i. No longer meets Early Steps eligibility criteria
  - ii. Met IFSP outcomes and is no longer demonstrating any concerns
  - iii. Met discipline specific goals and is no longer in need of service
    1. If you are moving the child from ongoing services to Consultation you will need to complete a Discharge COS Summary and provide to the child's FSC
  - iv. Parent/Caregiver requested new provider or declined service
  - v. Child turned three years of age
  - vi. Child transferred out of district/to other state

- vii. Attempts to contact parent have been unsuccessful
  - 1. If you have more than one unsuccessful contact attempt, contact the child's FSC
- b. For all of the reasons above the following documentation is required upon discharge:
  - i. Discharge COS Summary
    - 1. The Exit COS must be completed by the FSC and provider/s for every child at least 6 months in the program.
    - 2. If family is lost to follow up the FSC and provider/s must complete the Discharge COS Summary
  - ii. If discharging from your caseload but the child is still in need of services, you must provide a current POC as well to the FSC
  - iii. Ensure you also have the Services page of the IFSP showing the end of ongoing services date

#### SCES Discharge COS Summary template

	<b>Space Coast Early Steps Discharge COS Summary</b>
<b>Child's Name:</b> _____ <b>Date of Birth:</b> _____	
<b>Date of Discharge:</b> _____ <b>Chronological Age:</b> _____ <b>FSC:</b> _____	
<b>Initial Status:</b> _____	
<b>Treatment Provided:</b> _____	
<b>Reason for Discharge:</b> _____	
<b>Discharge Status:</b>	
1. Social Emotional Skills (COS Rating <u>  </u> )	
2. Acquiring Skills and Knowledge (COS Rating <u>  </u> )	
3. Taking Appropriate Action to Meet Needs (Rating <u>  </u> )	
<b>Other Suggestions/Recommendations:</b> _____	
<b>Provider Coach Signature:</b> _____ <b>Date:</b> _____	
<b>Coach Printed Name:</b> _____	

## **18. Maintaining child records/QA**

- a. Maintain records for each child on your caseload per visit.
  - i. Direct Service Providers must provide all client records, financial records, supporting documents, statistical records, and any other relevant documents, including electronic storage media, to SCES s after the termination of the FL DOH/Space Coast Early Steps contract or discharge. If an audit has been initiated and audit findings have not been resolved within six (6) years, the records must be retained until the resolution of the audit findings, or any litigation based on the terms of the contract.
  - ii. Agency Providers must keep all client records, financial records, supporting documents, statistical records, and any other relevant documents, including electronic storage media, after the termination of the FL DOH/Space Coast Early Steps contract or discharge. If an audit has been initiated and audit findings have not been resolved within six (6) years, the records must be retained until the resolution of the audit findings, or any litigation based on the terms of the contract.
- b. For Providers who have completed a FL-EPIC ESPD Cycle:
  - i. Providers must use and demonstrate fidelity with the six essential FL-EPIC SOOPR (Strategies for Optimizing Outcomes for Parents and Children) Practices. This will be observed during at least one coaching session annually by video recording, which will be coded by a SCES SL-EPIC coach.
  - ii. Evidence of using the FL-EPIC model should be demonstrated in all documentation across the Provider's caseload.
- c. Quarterly Provider QA - Each new provider will be reviewed within 6 months of their contract. Ongoing providers are QA'd annually until they reach 3 years compliance (80%-100%); then reviewed every 3<sup>rd</sup> year
- d. QA on services rendered to include home visit observations, all billing, documentation, and State/Federal compliance (as described in SCES Provider Manual)
- e. For any review with probes less than 80%, the provider is required to submit a Corrective Action Plan to the Community Service Manager within two weeks after review of results have been provided to provider
- f. Follow-up QA will take place 6 months after to ensure the Corrective Action Plan is in place and being followed

## **19. Enhanced Natural Environment Support Fee (NESF)/Embedded Practices and Intervention with Caregivers (EPIC) Professional Development Fee**

Natural Environment Refers to the everyday routines, activities, and places that offer inherent learning opportunities for an individual child and their family. It includes settings such as the child's home and community, which are considered typical or customary for children of the same age without disabilities. In the natural environment, the child can engage in activities and interactions that promote their development and learning, aligning with the experiences of their peers.

- a. Location's that qualify for the NESF/EPIC would include home, daycare, park, library, grocery store, other public locations that include typically developing children. If you have a question about a location please contact our Billing Manager
- b. Services that qualify for the NESF/EPIC would include direct services (for OT, PT, ST, ITDS etc), IFSP meetings, consultations, SCES led playgroups
- c. The child and parent/caregiver must be present at the natural environment service or IFSP meeting in order for a provider to bill for the NESF/EPIC (Policy Handbook 12.6.2)
- d. If you have 2 meetings for the same child in the same location (back to back) you are only reimbursed 1 time for NESF/EPIC (example therapy session and subsequent IFSP meeting) logged on monthly invoice with a "1" by selecting the correct location for children served in the Natural Environment (only) - (see example on Google Sheet invoice)
- e. Both are logged on the monthly invoice and only billed when service is in the natural environment.
  - i. NESF is billed as a support fee for providers that are not EPIC certified.
  - ii. Providers who meet fidelity bill the EPIC fee.
- f. Eligibility for EPIC fee begins the beginning of the month following certification EPIC fee applies for actively certified providers. It will cease if certification lapses.

NESF:

LOCATION
1-Home - NESF

EPIC:

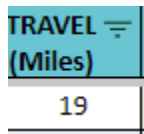
LOCATION
1-Home - NESF & EPIC Professional Development Fee

## 20. Mileage

- a. Travel miles are reimbursable via your invoice if you are not also billing for them via your taxes.
- b. Direct Service Providers and Community Service Providers can locate their State of Florida Travel Voucher(DFS-AA-15) in their SCES Billing Folder that is shared with them via Google Drive.
  - i. Logged on monthly invoice with rounded number of miles per date of service. (see example on Google Sheet invoice)
  - ii. Number of miles on the State of Florida Travel Voucher should not be rounded.

Example: State Travel Voucher has the provider going to a consult with mileage of 5.6 and returning to their office with mileage 13.7.

$5.6 + 13.7 = 19.3$  You would then round to 19 to claim on your Google Sheet Invoice.



Google Sheet Invoice:

State of Florida Travel Voucher:

DATE	Travel Performed	Purpose or Reason (Name of Conference)	Hour of	Meals for	Per Diem	Class	Map	Vicinity
	From Point of Origin		Departure	Class	or Actual	C	Mileage	Mileage
	To Destination		And Hour of Return	A & B Travel	Lodging Expenses	Meals	Claimed	Claimed
01/24/2024	3645 Barna Ave, Titusville, FL 32780 to 3230 Royal Oak Dr, Titusville, FL 32780	Consult w/ Kelly K. & Fam. for John D.	11:05-11:12 A					5.6
01/24/2024	3645 Barna Ave, Titusville, FL 32780 to 1264 US Hwy 1, Rockledge FL 32955	Return to office	11:20-11:30 A					13.7

- iii. Providers are expected to make every effort to group children together to avoid multiple trips to and from their home/office.
- iv. Make sure to fill out the header and sign, date and put your title at the bottom of the State Travel Voucher, like the yellow highlighted area on the example.
- v. Filling out the form (see samples below):
  1. We must have the full address to include the zip code.
  2. Purpose or Reason: List child's first name and last initial or ES ID# with type of service. Example: Home Visit John D.-SPL OR Home Visit #0010356729-SPL.
- vi. Travel Efficiency:
  1. Breaks:
    - a. to Child A's visit and then to Starbucks.
    - b. For Child B you would claim from Starbucks going to Child B's visit.
    - c. Or from your office, whichever is closer
  2. Single visit day
    - a. For Child A you would claim travel to Child A visit and then to your office.
  3. Multiple visits day:
    - a. For Child A you would claim travel from your office to Child A visit
    - b. For Child B you would claim travel from Child A to Child B visit
    - c. For Child C you would claim travel from Child B to Child C and if you are ending your day claim travel to your office.



STATE OF FLORIDA VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES		TRAVELER	Abood Efg hijk			AGENCY	Best Agency			
		SOCIAL SECURITY NO.	On File			HEADQUARTERS	Rockledge			
		CHECK ONE: OFFICER/EMPLOYEE	X NONEMPLOYEE IND. CONTRACTOR	OP &		RESIDENCE (CITY)	ABCville			
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
01/16/2024	1264 US Hwy 1, Rockledge, FL 32955 to 2671 W Eau Gallie Blvd, Melbourne, FL 32935	Home Visit John D. - SPCH	8:00-8:15 A					16		
01/16/2024	2671 W Eau Gallie Blvd, Melbourne, FL 32935 to 1264 US Hwy 1, Rockledge FL 32955	Return to office	11:00-11:30 A					16		
01/17/2024	1264 US Hwy 1, Rockledge, FL 32955 to 2555 Judge Fran Jamieson Way, Melbourne, FL 32940	IFSP Meeting Jane D.	2:30-3:00 P					8.3		
01/17/2024	2555 Judge Fran Jamieson Way, Melbourne, FL 32940 to 1264 US Hwy 1, Rockledge, FL 32955	Return to office	4:00-4:20 P					8.3		
01/24/2024	1400 Sawgrass Road, Titusville, FL 32780 to 3645 Barna Ave, Titusville, FL 32780	Day Care Visit Jane D - SPL	9:50-9:58 A					2		
01/24/2024	3645 Barna Ave, Titusville, FL 32780 to 3230 Royal Oak Dr, Titusville, FL 32780	Consult w/ Kelly K. & Fam. for John D.	11:05-11:12 A					5.6		
01/24/2024	3645 Barna Ave, Titusville, FL 32780 to 1264 US Hwy 1, Rockledge FL 32955	Return to office	11:20-11:30 A					13.7		
Statement of Benefits to the State: (Conference or Convention)				Column Total	Column Total	Column Total	70 Mi. 44.5 c Mi.	Column Total	Summary Total	
				\$ -	\$ -	\$ -	\$ 31.10	\$ -	\$ 31.10	
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							
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 an official business of the State of Florida and was for the purpose(s) stated above.						
TRAVELER'S SIGNATURE: Abood Efg hijk				SUPERVISOR'S SIGNATURE:						
SIGNATURE DATE: 02/23/24 TITLE: Speech TX				SUPERVISOR'S DATE:						
				SIGNATURE DATE:						

Form DFS-AA-15 (Rev. 07/06)

## MILEAGE PROTOCOL:



Effective March 1, 2024

You MUST use form "dfs-aa-15"

1. Delete all other travel forms
  2. Fill in all yellow highlights
  3. Can you copy/paste?
    - a. Names and addresses only - do not copy and paste pages as it will break the formulas
  4. You must state point of origin (start) to destination (end) per line
  5. Mileage is counted from your workplace office or appointment unless you are starting/ending at your residence, and it is a shorter distance than to/from your workplace/office
  6. Add actual mileage as it calculates in google maps in column J
  7. Column I you will see "44.5" in the column total at the bottom. However, the formula will multiply correctly - Let the form do all the calculations
    - a. The form is a Department of Financial Services form not ours, so we are NOT ALLOWED to fix
  8. You will see the actual miles (possibly with decimals) entered line by line but the total at the bottom of column I will be rounded
    - a. The formula will multiply .445 with the actual unrounded miles (44.6 vs 45 for example)
- For more detailed information please refer to your staff handbook/provider manual.

Updated SCES protocol - DFS form dfs-aa effective March 1, 2024

### 21. Reimbursement

- a. The invoice is completed per agency direction (whomever you work for) each month to include each child/date of service/interaction
- b. *If not set up with Direct Deposit see Administration Department to get set up.*
- c. *If you need to update your W-9 see Administration Department*
- d. *If this is your first invoice you must contact the Billing Manager to set up an appointment for review before submitting.*
- e. *Billing Invoice and State Travel Voucher must be submitted to SCES Billing Department no later than the 15th day of the month following service delivery and must be in your SCES Billing folder in order for the Billing Department to have access.*
  - i. Invoices are dated upon receipt and processed for reimbursement in date order
  - ii. Services not reported within 60 days from the date of service regardless of payer will not be paid
  - iii. All services completed by the provider are entered into our Early Step's Data System, no matter the payer, which is utilized to satisfy State and Federal monitoring, regarding timely service provision and ongoing service provision tracking
  - iv. Community Service Providers must bill SCES within 60 days of the received date on the Explanation of Benefits
  - v. Payment and acknowledgement of all claims submitted by service providers with an explanation of claims status (paid, denied or suspended) is provided within 30 days of receipt

1. No services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities. (Policy Handbook 1.5.3)
- f. When your invoice is complete you must send an email via Moveit to include the following
- i. Link to invoice
  - ii. Link to State Travel Log
  - iii. Attach any back up documentation, such as daily notes, signature page, explanation of benefits, etc.
  - iv. Send the Moveit email to the following Billing Staff. Failure to do so could lead to your invoice not being processed.  
Billing Manager  
Lead Data Billing Specialist  
Both Data Billing Specialists
- g. Go to your SCES Billing Folder in Google Drive (Shared With Me) to locate your Blank Google Invoice, update your child roster and make a copy for the month you will be reporting services
- i. When adding new children to the roster input the unique number, first name and last initial only
  - ii. Make a copy, change name to current month, make sure you saved in your SCES Billing Folder and Share with the same people. See below

Copy document

Name

2024-03 Josie's Pediatric Therapy SCES Billing

Folder

2024 Josie's Pediatric Therapy SCES Billing

Copy will be created in a shared folder.

☒ Share it with the same people

☐ Copy comments

☐ Include resolved comments

Cancel Make a copy



- iii. Enter all services on the Google Invoice

- iv. Do not go back in and make any changes after submission - unless asked to do so specifically by the Billing Department
- v. Do not manually enter in any field with drop downs or where money will populate. This will break the function.
- vi. Use the Provider Notes column to help explain any special circumstances regarding the child or service
- vii. See the video link on how to manipulate your part of the Google Invoice

Community Service Provider Instructional Video Link:

[https://drive.google.com/file/d/1r52\\_isxcEQvLEP64ika2iH2UMJyvquE3/view?usp=drive\\_link](https://drive.google.com/file/d/1r52_isxcEQvLEP64ika2iH2UMJyvquE3/view?usp=drive_link)



### EXAMPLE OF COMMUNITY SERVICE PROVIDER INVOICE:

Agency Name:				 		<b>COMMUNITY SERVICE</b>		All Therapy Service 15 Min = (.25) 30 Min = (.50) 45 Min = (.75) 60 Min = (1.0)						
Month / Year:						<b>PROVIDER</b>		Payor: TPIN=Insurance Paid TPIN2=Insurance Payment Pending						
Total Due:		\$0.00						MED=Medicaid CONT=Early Steps to Pay Other Funds: Team meetings / Trainings						
CHILD (First, Last Initial)	ES UNIQUE #	PROV NOTES	PROV	DOS	SERVICE	UNITS (HRS)	PAYOR	PARTIAL PAYMENT	SERVICE FEE TOTAL	LOCATION	NESF FEE	TRAVEL (Miles)	TRAVEL FEE	Asking Amount
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00
	TBD								\$0.00		\$0.00		\$0.00	\$0.00

Direct Service Provider Instructional Video Link:

[https://drive.google.com/file/d/1Q8Vsrc1kSIHMSoeENE\\_-\\_IKOo3ZyZd0Rp/view?usp=drive\\_link](https://drive.google.com/file/d/1Q8Vsrc1kSIHMSoeENE_-_IKOo3ZyZd0Rp/view?usp=drive_link)



### EXAMPLE OF DIRECT SERVICE PROVIDER INVOICE:

Agency Name:		Space Coast Early Steps		 		<b>DIRECT SERVICE</b>		All Therapy Service 15 Min = (.25) 30 Min = (.50) 45 Min = (.75) 60 Min = (1.0)					
Prov / Month & Year:						<b>PROVIDER</b>		Payors: TPIN2= Third Party Insurance MED= Medicaid					
Total Due:		\$0.00				<b>SPL - No Eval</b>		Other Funds: Team meetings / Trainings CONT= Do not bill / No insurance					
CHILD (First, Last Initial)	ES UNIQUE #	PROV NOTES	PROV	DOS	SERVICE	UNITS (HRS)	PAYOR	SERVICE FEE TOTAL	LOCATION	NESF FEE	TRAVEL (Miles)	TRAVEL FEE	Asking Amount
	TBD							\$0.00		\$0.00		\$0.00	\$0.00
	TBD							\$0.00		\$0.00		\$0.00	\$0.00
	TBD							\$0.00		\$0.00		\$0.00	\$0.00
	TBD							\$0.00		\$0.00		\$0.00	\$0.00
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	TBD							\$0.00		\$0.00		\$0.00	\$0.00
	TBD							\$0.00		\$0.00		\$0.00	\$0.00
	TBD							\$0.00		\$0.00		\$0.00	\$0.00


Interpreter Instructional Video Link:

[https://drive.google.com/file/d/1xiDOKtPGISUk2cNfFNvpqxGFF2lWdHCl/view?usp=drive\\_link](https://drive.google.com/file/d/1xiDOKtPGISUk2cNfFNvpqxGFF2lWdHCl/view?usp=drive_link)

## EXAMPLE OF INTERPRETER INVOICE:

		<b>Agency Name:</b> Space Coast Early Steps			 		<b>SPANISH INTERPRETER SERVICE</b>						
		<b>Prov / Month &amp; Year:</b>											
		<b>Total Due:</b> \$0.00											
CHILD (First, Last Initial)	ES UNIQUE #	PROV NOTES	PROV	DOS	SERVICE	UNITS (HRS)	PAYOR	SERVICE FEE TOTAL	LOCATION	NESF FEE	TRAVEL (Miles)	TRAVEL FEE	Asking Amount
▼	TBD		▼		▼	▼	▼	\$0.00	▼	\$0.00		\$0.00	\$0.00
▼	TBD		▼		▼	▼	▼	\$0.00	▼	\$0.00		\$0.00	\$0.00
▼	TBD		▼		▼	▼	▼	\$0.00	▼	\$0.00		\$0.00	\$0.00
▼	TBD		▼		▼	▼	▼	\$0.00	▼	\$0.00		\$0.00	\$0.00
▼	TBD		▼		▼	▼	▼	\$0.00	▼	\$0.00		\$0.00	\$0.00
▼	TBD		▼		▼	▼	▼	\$0.00	▼	\$0.00		\$0.00	\$0.00
▼	TBD		▼		▼	▼	▼	\$0.00	▼	\$0.00		\$0.00	\$0.00
▼	TBD		▼		▼	▼	▼	\$0.00	▼	\$0.00		\$0.00	\$0.00
▼	TBD		▼		▼	▼	▼	\$0.00	▼	\$0.00		\$0.00	\$0.00

## CODE CHEAT SHEET FOR GOOGLE BILLING INVOICES:

		CODE CHEAT SHEET FOR GOOGLE BILLING INVOICES	
SPEECH THERAPY AND ASSISTANTS		INFANT TODDLER DEVELOPMENTAL SPECIALIST AND LICENSED EI	
92507	SPL Face to Face	T1027 TT SC	EIGF Group Session Face to Face
92507 GT	SPL Virtual	T1027 SC	Individual Session Face to Face
92507 HM	SPL Assistant Face to Face	T1027SC GT	Elif Individual Session Virtual
92507 HM GT	SPL Assistant Virtual	T1023	Screen Face to Face/Virtual
92526	SPL- Feeding Face to Face	CONIF	Consult Face to Face
92526 GT	SPL- Feeding Virtual	CONIF GT	Consult Virtual
92523	SPCH-ST Evaluation Face to Face	CONIF	Consult Face to Face
92523 GT	SPCH- ST Evaluation Virtual	CONIF GT	Consult Virtual
92610	SPCH- Feeding Evaluation Face to Face	CONIP	Consult Phone
92610 GT	SPCH- Feeding Evaluation Virtual	COIFF	IFSP Meeting/IEP/Transition Conference Face to Face
CONSF	Consult Face to Face	COIFF GT	IFSP Meeting/IEP/Transition Conference Virtual
CONSF GT	Consult Virtual	COIFP Phone	IFSP Meeting/IEP/Transition Conference Phone
CONSP	Consult Phone	T1024 HN UK	IPDEI-Initial Eligibility Evaluation Face to Face
COIFF	IFSP Meeting/IEP/Transition Conference Face to Face	T1024 HN UK GT	IPDEI-Initial Eligibility Evaluation Virtual
COIFF GT	IFSP Meeting/IEP/Transition Conference Virtual	T1024 HN TS	IPDEF-Follow up Eligibility Evaluation Face to Face
COIFP	IFSP Meeting/IEP/Transition Conference Phone	T1024 HN TS GT	IPDEF-Follow up Eligibility Evaluation Virtual
T1024 GN UK	IPDEI-Initial Eligibility Evaluation Face to Face	T1024 TL	IPDEI-Initial Eligibility Evaluation - <b>Licensed EI</b> Face to Face
T1024 GN UK GT	IPDEI-Initial Eligibility Evaluation Virtual	T1024 TL GT	IPDEI-Initial Eligibility Evaluation - <b>Licensed EI</b> Virtual
T1024 GN TS	IPDEF-Follow up Eligibility Evaluation Face to Face	T1024 TL TS	IPDEF-Follow up Eligibility Evaluation - <b>Licensed EI</b> Face to Face
T1024 GN TS GT	IPDEF-Follow up Eligibility Evaluation Virtual	T1024 TL TS GT	IPDEF-Follow up Eligibility Evaluation - <b>Licensed EI</b> Virtual
INTERPRETER			
T1013	INTR Face to Face/Virtual		

## CODE CHEAT SHEET FOR GOOGLE BILLING INVOICES

PHYSICAL THERAPY AND ASSISTANT		OCCUPATIONAL THERAPY AND ASSISTANT	
97110	PHY Face to Face	97530	OCCT Face to Face
97110 GT	PHY Virtual	97530 GT	OCCT Virtual
97110 HM	PHY Assistant Face to Face	97530 HM	OCCT Assistant Face to Face
97110 HM GT	PHY Assistant Virtual	97530 HM GT	OCCT Assistant Virtual
97161	PSTH Evaluation (Low Complex) Face to Face	97165	OCTH Evaluation (Low Complex) Face to Face
97161 GT	PSTH Evaluation (Low Complex) Virtual	97165 GT	OCTH Evaluation (Low Complex) Virtual
97162	PSTH Evaluation (Moderate Complex) Face to Face	97166	OCTH Evaluation (Moderate Complex) Face to Face
97162 GT	PSTH Evaluation (Moderate Complex) Virtual	97166 GT	OCTH Evaluation (Moderate Complex) Virtual
97163	PSTH Evaluation (High Complex) Face to Face	97167	OCTH Evaluation (High Complex) Face to Face
97163 GT	PSTH Evaluation (High Complex) Virtual	97167 GT	OCTH Evaluation (High Complex) Virtual
97164	PSTF Evaluation Follow up Face to Face	97168	OCTF Evaluation Follow up Face to Face
97164 GT	PSTF Evaluation Follow up Virtual	97168 GT	OCTF Evaluation Follow up Virtual
CONPF	Consult Face to Face	CONOF	Consult Face to Face
CONPF GT	Consult Virtual	CONOF GT	Consult Virtual
CONPP	Consult Phone	CONOP	Consult Phone
COIFF	IFSP Meeting/IEP/Transition Conference Face to Face	COIFF	IFSP Meeting/IEP/Transition Conference Face to Face
COIFF GT	IFSP Meeting/IEP/Transition Conference Virtual	COIFF GT	IFSP Meeting/IEP/Transition Conference Virtual
COIFP	IFSP Meeting/IEP/Transition Conference Phone	COIFP	IFSP Meeting/IEP/Transition Conference Phone
T1024 GP UK	IPDEI-Initial Eligibility Evaluation Face to Face	T1024 GO UK	IPDEI-Initial Eligibility Evaluation Face to Face
T1024 GP UK GT	IPDEI-Initial Eligibility Evaluation Virtual	T1024 GO UK GT	IPDEI-Initial Eligibility Evaluation Virtual
T1024 GP TS	IPDEF-Follow Up Initial Eligibility Evaluation Face to Face	T1024 GO TS	IPDEF-Follow up Eligibility Evaluation Face to Face
T1024 GP TS GT	IPDEF-Follow Up Initial Eligibility Evaluation Virtual	T1024 GO TS GT	IPDEF-Follow up Eligibility Evaluation Virtual
		Page 2	6.2024



## CODE CHEAT SHEET FOR GOOGLE BILLING INVOICES

PAYER	DESCRIPTION	LOCATION CODE	DESCRIPTION
TPIN2-Third Party Insurance Payment Pending	Use when billing third party insurance such as, Cigna, Aetna, Health First, etc.	1	Home
TPIN- Third Party Insurance Paid	Third party insurance paid for the entire service amount	2	Early Steps Office (ES) - No NESF
MED-Medicaid	Medicaid has been billed/Medicaid paid. Medicaid is primary or secondary insurance	5	Child Care Facility
XXI-Title XXI	Title 21 has been billed/ Title 21 paid. Title 21 is the child's insurance	6	Other Location - EX: Community, Phone - No NESF
LEA-Local Education Agency	LEA is the payer	7	Outpatient Clinic - EX: Providers Office - No NESF
CONT-Early Steps (Part C)	Consults, No insurance, marked do not bill, requesting payment for insurance denials or partial payments	A	Provider Agency - EX: River View Elem. - No NESF
Other Funds	Team Meetings and Other Paid Events	F	Family Day Care
		P	Public Place - EX: Library, Park
		T	Telehealth EX: Virtual - No NESF
<b>UNITS &amp; REMINDERS</b>			
All Therapy, EI, Interpreter Services and EPIC Training 15 Min = (.25), 30 Min = (.50), 45 Min = (.75), 60 Min = (1.0)			
All Initial Evaluations (IPDEI) and Follow up (IPDEF) Evals 30 Min = (0.5), 60 Min = (1.0), 90 Min (1.5), 120 Min = (2.0) (max out at 2.0)			
Feeding by ST is 1 unit per service = event			
Evaluations by Therapist (ST, PT or OT) are 1 unit per Eval = event			
All Screens by ITDS are 1 unit = event			
DC = Discharge, FCX = Family Cancelled, TCX = Therapist/ITDS Cancelled, NS = No Show			
Consult without the caregiver or by phone is only billable for 30 Min. = (.50)			
All Team Meetings, PlayGroup Host (flat pay rate, with no NESF/EPIC or travel) and Other paid events are 1 unit each			
All travel must be reported on the google sheet as a whole number 1 - 60. The google sheet will reject partial numbers. (60 miles per visit max, round trip)			
<b>*HIPAA Compliant: Only use child's First Name, Last Initial and correct ES Unique #. DO NOT USE Any Other Identifying Info- EX: Child's Full Last Name or DOB.*</b>			
Question or Technical Issue: Contact Nicki Phillips-Wright - nicki.phillips@spacecoastes.org			
		Page 3	6.2024



## 22. Eligibility Evaluation Manual

- a. *Evaluation Calendar*: The Google Drive "Eval Calendar" is shared via the Evaluation Coordinator, outlining the days you will cover, location, team members, children scheduled, and the times scheduled. There may be days on the calendar that are blank; those spots are typically filled. (See Appendix for sample)
- b. Three types of Eligibility Evaluations:
  - i. Developmental (DD) - developmental evaluations (babies' birth - 29 months of age)
  - ii. Transition (TRANS) - Transition evaluations (toddlers 30 - 34 months 15 days of age)
  - iii. At Risk (AR) - At Risk population - must meet criteria and have AR Conditions Statement signed by physician
- c. Eligibility Categories:
  - i. For specifics on categories see Topic 8 in the manual above
  - ii. Established Condition (EC), *Developmental Delay (DD)*, *Informed Clinical Opinion (ICO)*, *At Risk (AR)*
- d. *Prior to evaluation day*, receive evaluation packet via Movelt from the Evaluation Scheduler
  - i. Packet includes:
  - ii. Coding Sheet for evaluation team/day (See Sample Coding Sheet)
  - iii. Intake packet - IFSP, FANA, Feeding Checklist (as appropriate), EC or AR Statement (if child has EC or AR condition signed) or medical records when appropriate
  - iv. Previous evaluation documents/summary if applicable
  - v. VOB if needed
- e. Prepare for Evaluation (Prior to evaluation day) - Review the following:
  - i. Read/Review packet information, highlight areas of importance, concerns, document and follow up on questions
  - ii. One member will prep an Eligibility Graph per child to be shared with the family (See attached)
  - iii. One member will prep Summary of Results and Recommendations (required for each child regardless of eligibility) and share to the team via google drive
  - iv. Calculate chronological age in months
    1. (<http://images.pearsonclinical.com/images/ageCalculator/ageCalculator.htm>)
    2. <https://agesandstages.com/free-resources/asq-calculator/>
      - a. Premature babies - age is calculated using their actual birthday. You can use adjusted age milestones to describe developmental growth or delays to illustrate the need for eligibility in Informed Clinical Opinion situations
  - v. Add child's information into Riverside Insights website
    1. IF CHILD HAS BEEN ASSESSED BY SCES BEFORE- you will not need to add them again, you will search their name and choose a new record

2. You will also indicate on the Evaluation Coding sheet that this is an IPDEF (a Follow/Up evaluation for the child) {This helps us bill correctly for this child}
- vi. Ensure you have everything you will need for date of testing - Kit, Laptop, sheet for ground (if baby), pillowcase/towel to cover kit, wash cloth (for testing items), MIFI or other mechanism for internet
- vii. We do not use family or restaurant WIFI - only secured WIFI's with passwords
- f. Conducting Eligibility Evaluation - Eligibility Evaluations are required to determine eligibility into the Early Steps program and provide entry data (Battelle Developmental Inventory)
  - i. The following explains what you can expect during the evaluation and what is expected of you
    1. There must be a minimum of 2 professionals in each evaluation (ITDS, OT, PT, ST) to determine eligibility
    2. If eligibility evaluation is not completed for any reason in this appointment (child issues, family had to leave, provider issue) it may be extended but must be completed by the 45th day from the referral date and within 2 weeks)
    3. The evaluation is conducted in person on the floor in a play format between child and one main assessor (parent participation is permitted). A child's table may be used. In some circumstances the evaluation may be conducted via telehealth. In these cases the Developmental Profile 4 (DP4) assessment is utilized.
    4. The DP4 is used in transition age evaluations if the native (1st) language is not English
  - ii. Tools: BDI-3 Kit, Laptop, Summary of Results and Recommendations template, Plan Of Care Template for ITDS's and Therapists, Eligibility Graph, and any other evaluation tool(s) BDI-3 Mobile Data Solution (MDS) or Riverside Score website
  - iii. COVID Face to Face Policy: Face masks are optional for family and staff and worn by preference. (2023)
  - iv. The Family Service Coordinator begins the assessment for the Family: Introducing each team member and their assigned role (to include the family), confirms child and family demographics (insurance, phone, address, name spelling and DOB, reviews what will be taking place and the family's concerns and provides any updates.
  - v. Testing:
    1. The test will begin with attempts to engage the child in play if he/she appears interested; if not the other team members will begin with questions while the child warms up
    2. One assessor will complete the standard items on BDI-3 while other team member/s assigned to record completes interview questions of BDI-3. There may be more than one recorder who inputs item level data into the digital record form.
    3. Commit the assessment in order to retrieve results. Once committed you can retrieve scores in the Reports tab
  - vi. Eligibility Determination
    1. *Established Condition (EC)*
      - a. An established condition that falls into one of the following

areas:

- i. Genetic and metabolic disorders
  - ii. Neurological disorder
  - iii. Autism Spectrum Disorder
  - iv. Severe attachment disorder
  - v. Sensory impairment (vision/hearing)
  - vi. Infants who weigh less than 1,200 grams at birth
  - vii. Other
- b. The Established Condition must have either a written confirmation from a licensed physician to establish eligibility OR In the case of (a) severe attachment disorder or autism spectrum disorder, a healthcare practitioner acting within his/her scope of practice or (b) hearing loss, a licensed audiologist
  - c. Written confirmation of the diagnosed condition must be in the child's Early Steps record. Medical records are also used as documentation of EC.

## 2. *Developmental Delay (DD)*

- a. As measured by appropriate diagnostic instruments and procedures that exceeds:
  - i. \* 1.5 standard deviations below the mean in two or more developmental domains
  - ii. or 2.0 standard deviations below the mean in one or more developmental domains
- b. The developmental domains include:
  - i. Cognitive
  - ii. Physical (including vision and hearing)
  - iii. Communication
  - iv. Social Emotional
  - v. Adaptive
- c. A child's medical and other records may be used to establish eligibility on the basis of developmental delay without conducting an evaluation, if the records:
  - i. Indicate the child's level of functioning meets Florida's eligibility criteria as described above or that the child otherwise meets the criteria set forth by Florida's Policy Handbook and Operations Guid
  - ii. And records are from within the past 90 days

## 3. *Informed Clinical Opinion (ICO)*

- a. May be used to establish a child's eligibility for Early Steps even when an evaluation instrument does not indicate eligibility;
- b. 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 or they are eligible based on an established condition.
- c. If a child has a spread of more than 3 points between Receptive and Expressive Subdomains (5 and 8 or more)

for children 24 months and older

4. **At Risk (AR)**

- a. An exhaustive list of physical or mental conditions known to create a risk of developmental delay.
- b. Written confirmation from a licensed physician is required to establish At Risk Eligibility and must be in the child's Early Steps record.
- c. Services for infants and toddlers with a physical or mental condition known to create a risk of developmental delay will include, at a minimum, the following:
  - i. Individualized family support planning
  - ii. Service coordination
  - iii. Developmental surveillance
  - iv. Family support

5. *If not eligible:* One Team member interprets BDI-3 Scores recorded on the Eligibility Graph and documents team strategies for providing natural learning opportunities to increase skills, recommendations, any resources and information to address family concerns, any appropriate referrals, and handouts.

6. *If eligible:* One Team member interprets BDI-3 Scores recorded on the Eligibility Graph with the family, documents outcomes, team strategies, recommendations, any resources and information to address family concerns, any appropriate referrals, and handouts

vii. **Developing Outcomes and recording on Eligibility Graph**

1. Team assists parent/caregiver in developing outcome(s) that are meaningful to the parent/caregiver through discussion so that all members of the team understand what they are working toward and why it is important.
2. Outcomes are child and/or family centered, for example: (no negatives)
  - a. *"Johnny will sit for a book for one minute to enjoy a story with his brother"; "Johnny will use a word or sign to ask for milk or to eat at mealtimes."*

viii. **Selecting Service Providers:**

1. The team will select a service provider and frequency that they feel will meet the needs of the family within a coaching model.
2. This service is recorded on the Eligibility Graph; For example:
  - a. *"An Infant Toddler Developmental Specialist will come out to coach with you one time weekly for 60 minutes."*
  - b. *"A Speech Therapist will consult with the ITDS up to 60 minutes monthly as needed."*

g. **Writing the Summary of Recommendations**

- i. *Be sure to add any other information provided by the family that is tied developmentally and not included in the IFSP.*
- ii. *Any observations, interactions or areas to note must be included in the summary.*
- iii. *"Paint a picture" of what happened throughout the time the child was interacting in the room to give as much information as possible.*

- iv. *This document will need to be saved as (LastName, FirstName, Date, Eligibility Code)*
- v. *For example: Appleseed, Johnny 1.1.24 DD*
- h. *Handouts and take home strategies*
  - i. *Team members may select handouts to provide families if needed. This is not required, especially if the family will be receiving a lot of coaching or if they seem overwhelmed. It is best to hold back and wait to give the family time to process starting services. More than 3 handouts is not best practice. Two-3 high value strategies is an appropriate amount to offer the family in this setting.*
- i. *Evaluation Wrap-Up*
  - i. *Record the following on the Eligibility Graph:*
    - 1. *BDI-3 Scores (DP4 when approp); any other assessment findings*
    - 2. *COS ratings (when eligible and not transition age or AR)*
    - 3. *Eligibility Status ( Eligible or not eligible)*
    - 4. *If Eligible; Outcomes are recorded*
    - 5. *Service recommendations*
    - 6. *Any Strategies the team suggested (Also for Non-eligible children)*
    - 7. *Handouts recorded on the back*
  - ii. *A copy is made by a team member; family is provided the original.*
- j. *Writing the Plan of Care*
  - i. *A plan of care will be developed by each provider type (ITDS,ST,OT,PT) providing hands on therapy/interventions*
  - ii. *Using the outcomes; goals for short term (3 months) and long term (6 months) will be developed as a team*
  - iii. *If the Plan of Care (POC) is written by an ITDS, two copies will need to be made, one signed by the ITDS and one blank; both will need to be signed by a licensed health professional (ST, OT, or PT)*
  - iv. *This document will need to be saved as: Child's initials\_Service POC (J.A.\_ITDS POC)*
- k. *Package to send to FSC*
  - i. *Once everything is completed, the following will need to be sent to the FSC via company outlook email (staffed) or through the Moveit email system (contract):*
    - 1. *Completed Summary of Results and Recommendations*
    - 2. *Completed Plan of Care (if eligible)*
    - 3. *Copy of the BDI report*
  - ii. *The subject for the email should be titled: Eval info for J.A. Select "high priority" to ensure the FSC will see the email*
- l. *Uploading Summary and Coding Sheets to Shared Files*
  - i. *Upload Summary to Shared Files - Initial Eligibility Summaries (YEAR)*
  - ii. *Save last name, first name, date and eligibility status (DD, NE etc)*

- iii. Upload Coding Sheet to *Shared Files - Initial Eligibility Scheduling Coding Sheets*-
  - 1. Select correct Year- Month
  - 2. Save Sheet by location and date (ie. PSJ 8-20)
- m. Coming back to the team:
  - i. If an FSC brings the child back to the *initial eligibility evaluating team* to discuss the service status and to request a change to the recommendation, the team will confer, consult evaluation documents, agree/disagree, write the new service POC for 6 months (170 days) where appropriate and create an addendum that is added to the original summary noting the change in service recommendation.
  - ii. The team members that confer may bill consult for the amount of time to complete the changes, up to 60 minutes.\*\*The team must inform the Community Services Manager and Billing Manager of the service being billed on their invoice with the child's name. Include the addendum with your invoice. Consultation is billed either in person or via phone, whichever occurred.
  - iii. If a team member is not comfortable or doesn't have enough information to do so, an evaluation for the requested discipline should be recommended or continue with the original recommendation.