



January 29-30, 2013

Tallahassee, FL

Members Present: Lorraine Allen, Jeanne Boggs, Kim Carr, Jennifer Evans, Lynn Marie Firehammer, Pat Grosz, Johana Hatcher, April Katine, Matt Moore, Sharon Paul, Lourdes Quintana, Debbie Russo, Gail Underwood, Kathleen Vergara, Carole West for Dr. Monica Verra-Tirado

Members Absent: Katherine Dagenais, Nathaniel Forbes, Shan Goff

Members Absent with Notification: Jeannie Carr, Angela Finch, Cynthia Fuller, Susan Donovan, Ilene Wilkins

Non-members Present: Penny Geiger, Lou Ann Long, Annalise Campisi, Catherine Duncan, Ellie Schrot, Renee Jenkins, Liza Smith, Jamie Johnson, Paula Kendig, Brenda Ham, Sue Loftis, Kelly Rogers, Janice Miller, Sally Golden-McCord, Dawn Lynch, Lilli Copp, Marie Nashatker, Mary Sandler, Haylie Smith and Tameka Footman

Conference Call Attendees: Sue Cannon, Kim Carr, Trina Puddefoot

January 29, 2013

Creative Preschool Tour/ Presentation – Dr. Pamela Phelps

Members toured Creative Preschool and asked questions to Dr. Phelps.

Call to Order and Introductions: Patricia Grosz, Chair

Welcome and Introduction to all members and guests.

Child Protection Team Presentation – Teresa Morris

“The Effects of Abuse and Neglect/Role of the Child Protection Teams/CAPTA” presentation will be available online

Public Comment:

There was a group discussion regarding the Third Party Administrator (TPA) and the workload for LES staff. Trina Puddefoot asked for assistance from FICCIT to offer LES’ help in learning and managing the TPA. Penny Geiger reported that the Service Implementation Workgroup is working on ways to help the LES’ get through the process effectively. Ellie Schrot commended ESSO & CMS for postponing the rest of the roll-out until all identified issues within the system are worked out.

Pat Grosz stated that the Hillsborough Alliance will discuss foster care and child abuse issues. Penny Geiger shared Western Panhandle’s system of birth to 5 with CPT and that they are working to ensure that there is better staffing available for the project.

Committee Meetings:

The Training, Marketing, Partnership, and Executive Committees met for the remainder of the day.

January 30, 2013, FICCIT Meeting Continued

Early Steps State Office Update:

- Sally Golden-McCord presented an overview of the Annual Performance Report and requested that FICCIT accept the report. The motion carried.
- Lynn Marie Firehammer provided an update from the Early Steps State Office (please see Attachment 1 for presentation notes).

Agency Updates:

Department of Education:

Bureau of Exceptional Education and Student Services (BEESS):

- Carole West - please see Attachment 1 for written report.
- If FICCIT members are interested in receiving the weekly BEESS email, please send request to Carole West at Carole.West@fldoe.org.

Homeless Education:

- Lorraine Allen provided the following update from the Florida Department of Education/Homeless Education:

During the 2011-2012 school year, Florida schools identified over 63,000 homeless children (PreK-12th grade). Of those, 74% of them are living doubled up (living with others due to loss of housing or other similar situation). Below are the links to the 2011-2012 Counts of Homeless Students by Nighttime Residence and also the Trend Data. The numbers are expected to increase for the 2012-2013 year.

<http://www.fldoe.org/bsa/title1/pdf/1112HomelessStudentsCount.pdf>

<http://www.fldoe.org/bsa/title1/pdf/HomelessEducationTrendData.pdf>

The FDOE Homeless Education Program is collaborating with the Bureau of Exceptional Education and Student Services on a McKinney-Vento/IDEA Technical Assistance Paper. It is in the process of being approved and will be disseminated once approved.

Office of Insurance Regulation:

Cynthia Fuller – please see Attachment 1 for written report

Department of Children and Families:

Office of Family and Community Services:

- Johana Hatcher and Debby Russo– please see Attachment 1 for written report

Substance Abuse and Mental Health:

- Jennifer Evans reported that Pinellas County and state level agencies are working together on a strategic plan and Project Launch was just given budget authority to proceed.

Agency for Healthcare Administration:

Gail Underwood - please see Attachment 1 for written report

Office of Early Learning:

Matt More – please see Attachment 1 for written report

Florida Developmental Disabilities Council:

April Katine – please see Attachment 1 for written report

Member Updates:

Early Head Start:

Lilli Copp provided an update from Early Head Start. She informed the council there was a decline in the number of programs meeting the 10% requirement in Part C. Lilli will provide some analysis on why we are seeing these trends and provide to the Partnership Committee for their review prior to the April 2013 FICCIT meeting.

Public Comment:

The following comments were sent via email to the FICCIT Chair prior to the Council Meeting

Alana Welch- “I would just like to know how long our claims will be "pending" I submitted a claim on Dec 3 for travel on 1 kid, just to give it a go....it's still pending. Waiting nearly 2 mo for claims to be paid is unacceptable. This was supposed to get our claims paid quicker, and is definitely not appearing to work that way. I double checked that the IFSP was current & travel was authorized. What could be the hold up. No offense, I know we're working the bugs out, but as an independent my mortgage co and other bill holders don't understand that I can't pay them because the new billing system isn't paying me. Know what I mean.”

Nichole Wiman, ITDS – “As an ITDS it has been my privilege to work with Early Steps children and families for seven years. While there have been many changes during this span of time, none has negatively impacted my workload as much as the new CMS-TPA system that has been implemented this year. I see myself as being up-to-date on most of the software and hardware systems, and find Medicaid billing to be very simple. On the contrary, however, this new TPA system is extremely cumbersome. Some of the most complex matters are as follows: immediate feedback is not available if there is a billing error; the payment plan for when one will be paid is not consistent; there is not a known entity with whom one can communicate to resolve billing issues. This system has caused me to spend at least 8-10 hours per week just keeping up with the billing. It does not make any sense to me. I recently received payment for one-third of the billing done in the same day. It has now been two weeks since I received that payment, but have no way of knowing when or if I will be paid for the remainder. I fail to see how this new system is in any way going to save any money. In fact, it appears to be doing just the opposite. The wonderful fiscal coordinators are still on site trying to answer all of our questions, while in the past they were there to accurately pay the charges. If there were any questions on either side the on-site fiscal coordinator promptly answered phone calls and questions. Now, one has to wonder if and when one will be paid. The bottom line is that I want to concentrate my efforts on helping the children and their families, not trying to find effective ways of billing so that I can get paid. So, please, let's return to the previous system that worked so well, and appears to have been much more time and cost effective.”

Ellie Schrot thanked Johana Hatcher for her assistance with resolving consent issues between DCF, ESSO, and AHCA.

DCF, Substance Abuse/Mental Health Presentation – Jennifer Evans

Project LAUNCH Presentation – *please see additional Project LAUNCH Briefing Sheet available online.*

OVERVIEW

Florida Project LAUNCH, a partnership between the Florida Department of Children and

Families and the Florida Department of Health, focuses on Lealman Corridor, an area consisting of four zip codes in Pinellas County. The population of Lealman Corridor faces many early childhood developmental risk factors, such as limited services, high crime, substance use, domestic violence, and high rates of child maltreatment associated with substance use and unemployment. The population of this area also struggles with high rates of poverty, with 19% of individuals living at or below the poverty level.

This backdrop creates a difficult environment for healthy child development. Florida Project LAUNCH intends to reduce substance use and other causal issues affecting families and existing child-care bodies so that they can better provide support and care for children. Existing infrastructure in the community, such as the Pinellas Health Department and Florida Healthy Start, provides a foundation to address early childhood development issues. Through trainings, screenings, home-visiting, and partnerships with child care providers, Florida Project LAUNCH aims to promote healthy social, emotional, mental, and behavioral development among children.

GOALS

Florida Project LAUNCH aims to prevent youth emotional and behavioral disorders by improving family function and the quality of the parent-child relationship. The project plans to broaden prevention through parent training, skill-building, and selective interventions for young children. Florida Project LAUNCH will use numerous evidence-based practices, and leverage existing resources to improve conditions for children ages 0-8. Some of these existing resources include the Pinellas Early Learning Coalition, Pinellas County Healthy Start Coalition, Parents as Teachers, and Care Coordinators. The project will establish sustainability for these initiatives through workforce development in trauma-informed care, cultural competence, public awareness, and implementation of an Electronic Health Record.

Committee Reports:

Please see Attachment 2 for Committee Reports.

FICCIT Business:

- Members reviewed the draft October 2012 FICCIT notes.

Conclusion: Motion was made and passed to approve the October 2012 Meeting Notes with minor revisions.

Recommended Action	Person(s) Responsible	Date Due
Post October Meeting Notes to the web	Kelly Rogers	ASAP

Meeting adjourned.

UPCOMING FICCIT QUARTERLY MEETINGS 2013

April 16-17	St. Augustine, FL	Visit the School for the Deaf and Blind
July 9-10	Tallahassee, FL	
October 15-16	Ft. Lauderdale	

Attachment 1 – Agency Updates

Children’s Medical Services/Early Steps State Office

CAPTA Review Board

- FICCIT is now an official CAPTA Citizens Review Panel
- Business will be conducted as usual
- Status of CAPTA LES agreements will be included in State Update

# of LESs	With CAPTA Agreements	For LESs with CAPTA Agreements, # with all Counties?	Counties Not Participating, in LESs with CAPTA Agreements
9	YES	3	Lake, Seminole, Sumter, Desoto, Hardee, Highlands, Manatee, Sarasota
6	NO		

CMS K.I.D.S.

- Training and roll-out schedule is cancelled, a new schedule is not yet available
- Roll outs will not begin again until July to coincide with the statewide roll out of the new ICSs for CMS Network
- ESSO staff are still working on payment issues which are the primary concern

ESSO Office Move

- ESSO offices moved in January
- New physical address is 2585 Merchants Row (Prather Building)
- Phone extensions and mailing address the same

Policy Unit

- AHCA has provided clarification for some TCM Handbook questions submitted to AHCA/Medicaid
- In the near future, AHCA will provide specific TCM Handbook training across the state via local Medicaid area office liaisons
- Updated Early Steps policies, effective January 1, 2013, implementing Individuals with Disabilities Education Act (IDEA), Part C changes related to evaluation, assessment, transition, parent rights, and dispute resolution
- Most changes were necessary to comply with new IDEA Part C regulations
- Some changes made in response to questions and requests for clarification from the field
- ESSO continues work with AHCA to implement new Child Health Services Targeted Case Management (TCM) Handbook effective June 1, 2012
- ESSO and AHCA reviewing TCM documentation requirements and considering how to implement within Early Steps

Performance Improvement Unit

- Changes from OSEP for the APR
 - Due 2/15/12 due to late dissemination of the instruction package
 - Only report actual data without explanation or discussion if target met
 - Only report explanation if slippage
 - Only report on status of improvement strategies if target not met
 - No need to report on Indicators 10, 11, and 14
- Report Card shows this year’s performance

- QA results show only 33 findings of non-compliance compared to 42 last year
- Continuous Improvement Plans require more detailed strategies this year
- Results Driven Accountability anticipated in the near future
- LESs must implement strategies focusing on two prioritized Family Survey Items
- Child Outcomes Advisory Committee Meeting held 12/11/12
- Position vacancy due to resignation of Marie Nashatker
- FICCIT Certification of the APR requested

“Learn the Signs. Act Early.” State Systems Grant

- Support and educate provider on availability of developmental milestone materials to promote early identification and intervention for children with ASD/DD to
 - 12 Early Learning Coalition Providers, 116 Family Childcare Home Providers
- Responses from participants very positive and have generated referrals
- Project completion expected March 2013

Budget Update 2012-2013

Purpose of Trip	Estimated Cost of Travel	Actual Expenditures
Oct 15-17 Meeting	\$6,575.00	\$4,287.52
FICCIT Meeting January	\$6,575.00	\$0.00
FICCIT Meeting April	\$6,575.00	\$0.00
FICCIT Meeting June	\$6,575.00	\$0.00
Expenditures other than FICCIT Quarterly Meetings	\$700.00	\$0.00
TOTAL	\$27,000.00	\$4,287.52
	BALANCE	\$22,712.48

Florida Department of Education

Bureau of Exceptional Education and Student Services (BEES) Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) Tallahassee, Florida January 29–30, 2013

FDOE/BEES Staff Update

- The Florida State Board of Education announced on December 12, 2012, that Dr. Tony Bennett was chosen as the next Commissioner of Education, effective January 14, 2013. Dr. Bennett was elected Superintendent of Indiana's public schools in 2009, promising to increase student performance, reward great teachers, increase options for parents, and strengthen school autonomy. He was instrumental in increasing the state's graduation rate beyond 85 percent, implementing the Indiana Growth Model detailing the amount of progress each student has made, with A–F school grades similar to Florida's grading system. Congratulations, Dr. Bennett, and welcome to Florida!
- Commissioner Stewart announced that Tanya Cooper has assumed the role of Director of the Office of Governmental Relations, effective December 10, 2012. Tanya brings more than eight years of dedicated service to the State of Florida. The internal and external relationships she has fostered, as well as her knowledge of the state and national education landscape, are invaluable. Congratulations, Tanya!
- BEES extends congratulations and best wishes to Michele Polland on her retirement, September 28, 2012, after 32 years. Michele started with the Bureau as a Program Monitor in 1980. She also served as Intellectual Disability Program Specialist, Section Administrator, Interim Bureau Chief, and Policy Analyst. She coordinated the State Advisory Committee (SAC) for the Education of Exceptional Students, Administrators' Management Meeting (AMM), and policy for the Bureau. She also represented FDOE on various external councils and committees, including FICCIT. Michele will be missed by all!
- Sheila Gritz, who has served as the Bureau's program specialist for secondary transition for the past five years, left BEES on October 5, 2012, to become a staff member for the Florida Developmental Disabilities Council's Employment Task Force. Sheila worked for many years in the area of secondary transition, having previously been a staff member of a transition-focused discretionary project and Florida Diagnostic and Learning Resources System (FDLRS) Gateway. We wish Sheila the very best as she begins a new chapter in her professional life, and we look forward to continued interagency collaboration with her in this new role. Best of luck, Sheila!
- Aimee Mallini has joined our staff as Program Specialist IV for Parent Services. Aimee's career spans more than 16 years of service to State and nonprofit agencies. She served as Training Coordinator for the Division of Blind Services and was the Parent Liaison for the Department of Education's Office of Safe Schools. Aimee has also held positions in State agencies in Mississippi and South Carolina. Welcome, Aimee!
- BEES has announced the passing of the baton from Bettye Hyle (who has retired) to Heather Diamond as the Team Leader for the Student Support Service Project. Heather has been in education for 18 years, during which she was a Leon County teacher and assessment trainer, a case manager for the Multidisciplinary Diagnostic and Training Program (MDTP) at the University of Florida, and an independent consultant presenting at local and national conferences and providing training, coaching, and districtwide support related to direct instruction reading implementations. Heather joined the Bureau

of Exceptional Education and Student Services to serve as the program specialist for Speech and Language Disability and coordinator of Response to Intervention at the onset of implementing the reauthorization of the Individuals with Disabilities Education Act of 2004. She has recently been coordinating and facilitating statewide efforts for implementing a unified, integrated, data-based multi-tiered system of supports for Florida's Problem-Solving and Response to Intervention Project at the University of South Florida and the Florida Department of Education. Congratulations, Heather!

- Karen Denbroeder, Senior Educational Program Director for the Program Accountability/Assessment and Data Services section, has accepted a position with the Florida Center for Reading Research (FCRR) as a Research Associate. This promotion will allow Karen the opportunity to contribute to the field of special education in a new and challenging way that supports her passion for using data to improve learning. Karen's leaving will be a loss to BEESS and the Department. She has made significant contributions to improving expectations for students with disabilities and strengthening our accountability systems. She has promised that she will only be a phone call away and looks forward to collaborating with us in her new role. Congratulations, Karen!

Florida Braille Challenge: Red, White, and Braille

Students in Florida who read braille can participate in the Regional Braille Challenge scheduled throughout the state during the winter months. The Braille Challenge is an academic competition designed to motivate students who are blind or have low vision in Pre-K through grade 12 to emphasize their study of braille reading and writing. The Florida regional events schedule is as follows:

- North Florida Regional Braille Challenge – **January 25, 2013**, Tallahassee
- East Florida Regional Braille Challenge – **February 8, 2013**, Orlando
- South Florida Regional Braille Challenge – **February 22, 2013**, Ft. Lauderdale
- West Florida Regional Braille Challenge – **March 1, 2013**, Tampa

For more information on the events, click on The Braille Challenge icon at <http://www.fimcvi.org/>; or contact Sue Glaser at (813) 695-8193 or by email at FloridaBrailleChallenge@gmail.com.

The Common Core State Standards: Caution and Opportunity for Early Childhood Education

On November 26, 2012, the National Association for the Education of Young Children (NAEYC) released a new paper, *The Common Core State Standards: Caution and Opportunity for Early Childhood Education* (November 2012), available at <http://www.naeyc.org/topics/common-core>. Currently, 45 states have adopted the Common Core State Standards for English language arts and mathematics. NAEYC's paper attempts to provide a framework for the early education field to consider "not only the aspects of the Common Core that may pose threats to early childhood education, but also those aspects that may provide early childhood education with the opportunity to exert its collected research and experience upward into K-12 education." The aim is to ensure that learning standards for young children, before they enter school and in the early elementary years, are consistent with evidence-based approaches to supporting the development of young children.

Technical Assistance Paper: Interpreting Services for Students Who Are Deaf, Hard of Hearing, or Deaf-Blind

The Department of Education has issued the technical assistance paper *Interpreting Services for Students Who Are Deaf, Hard of Hearing, or Deaf-Blind*. The technical

assistance paper may be viewed at
<http://info.fldoe.org/docushare/dsweb/Get/Document-6580/dps-2012-200.pdf>.

Just for Parents Online Community

The Florida Department of Education recognizes the importance of communicating directly with students, parents, teachers, and the community about education issues and has launched the Just for Parents Online Community available at <http://www.fldoe.org/family/>. The Bureau of Family and Community Outreach invites you to join parents from across the state through a monthly newsletter, blogs, and weekly Common Core Blast Off Tips of the Week. The FDOE is dedicated to keeping parents informed and encourages you to participate in the online community and share this resource with friends and family.

Annual Promising Pathways Autism Conference

The 6th Annual Promising Pathways Road to Best Practice in Autism Conference will be held on April 13, 2013, in Fort Myers, Florida, at Florida Gulf Coast University. The conference will begin at 9:00 a.m. and conclude by 4:00 p.m. The conference-planning committee has announced that the 2013 keynote speaker will be Dr. Amy Wetherby, Director of the Autism Institute at Florida State University. The Promising Pathways Autism Conference serves an audience of families, educators, and health care professionals whose lives and careers are impacted by autism spectrum disorders.

Office of Insurance Regulation

FICCIT Members:

As the Legislature's Special and Standing Commissions begin to examine health insurance regulation and the Affordable Care Act (ACA), one of the most profound changes will be the planned 2014 advent of Health Insurance Exchanges.

Recently updated by the Kaiser Foundation, I thought the following "frequently asked questions" (FAQs) about Exchanges may serve as a quick review of this portion of the Affordable Care Act.

*Cynthia Fuller
Office of Insurance Regulation*

A Guide To Health Insurance Exchanges

By Julie Appleby

KHN Staff Writer

Jan 10, 2013

It seems like a simple idea: create new marketplaces, called exchanges, where consumers can comparison shop for health insurance, sort of like shopping online for a hotel room or airline ticket.

But, like almost everything else connected with the health law, state-based insurance exchanges are embroiled in politics. Some Republican governors have refused to set up any exchanges. Arizona Gov. Jan Brewer and New Jersey Gov. Chris Christie, both Republicans, say that the law gives states "little actual authority" over the exchanges even if they run them and they lack information about the alternatives.

If done well, proponents say, exchanges could make it easier to buy health insurance and possibly lead to lower prices because of increased competition. But, if designed poorly, experts warn, healthy people could avoid the exchanges, leaving them to sicker people with rising premiums.

Here are some answers to common questions about exchanges:

What is an exchange, as envisioned by the health law?

It's a marketplace where individuals and small employers will be able to shop for insurance coverage. They must be set up by Oct. 1 of this year for policies that will go into effect on Jan. 1, 2014. The exchanges will also direct people to Medicaid, the government health insurance program for the poor, if they're eligible.

Will all states have exchanges?

Yes. States have the option of setting up their own exchanges, partnering with the federal government to run an exchange, or opting out. In that case, the federal government will run the exchanges for their residents.

The Obama administration has approved applications for state-run exchanges in 17 states and the District of Columbia. The application deadline was Dec. 14. Those states are California, Colorado, Connecticut, Hawaii, Idaho, Kentucky, Massachusetts, Maryland, Minnesota, Nevada, New Mexico, New York, Oregon, Rhode Island, Utah, Vermont and Washington.

States that did not apply to set up their own exchange have until Feb. 15 to apply for a partnership with the federal government to run a local exchange. Two states, Arkansas and Delaware, have already been approved for a state-federal partnership. An application by Mississippi to start its own exchange is also pending.

Will anyone be allowed to buy from the exchanges?

No. Initially, exchanges will be open to individuals buying their own coverage and employees of firms with 100 or fewer workers (50 or fewer in some states). Most Americans will continue to get insurance through their jobs, not via the exchanges. Most will be people who are eligible for subsidies, which will average an estimated \$4,600 per person in 2014. Undocumented immigrants will be barred from buying insurance on the exchanges.

Will exchanges be like travel websites or some existing health insurance sites?

In some ways, but they will be more complex. People will be able to compare policies sold by different companies. Purchasing insurance can be confusing, so information on the plan benefits will be standardized in an effort to make it easier to compare cost and quality. Plans will be divided into four different types, based on the level of benefits: bronze, silver, gold and platinum. The exchanges are also required to operate toll-free hotlines to help consumers choose a plan, determine eligibility for federal subsidies or Medicaid, rate plans based on quality and price and conduct outreach and education.

What will the coverage sold on the exchanges look like?

Plans will have to offer a set of "essential benefits." Those details, still being developed by the Obama administration and states, will include hospital, emergency, maternity, pediatric, drug, lab services and other care. Annual cost-sharing, or the amount consumers must fork over before insurance payments kick in, will be capped at the amounts allowed for health savings accounts -- currently, nearly \$6,000 for individual policies and \$12,000 for family plans.

How much will the policies cost?

The premiums will vary by type of plan and location. Insurers won't be able to charge more based on gender or health status. They will be able to charge older people up to three times more than younger ones.

What if I can't afford the premiums?

The health law expands Medicaid to all people who earn less than 138 percent of the federal poverty level, \$14,856 in 2012. However, the Supreme Court ruled in June 2012 that states have the ability to opt out of that Medicaid expansion, and it is not yet clear how many states will do that. Above the 138 percent level, sliding scale subsidies for private insurance on the exchanges will be available for residents who earn up to 400 percent of the poverty level, about \$44,680. Most people will be required to have coverage of some sort beginning in 2014.

Will all insurers have to offer policies through the exchange?

No. Insurers won't be required to sell through the exchanges.

Will all state exchanges be the same?

No. States can design their exchanges differently, an issue that's sparking debate nationwide. Another important issue: The makeup and power of the governing boards overseeing the exchanges.

What will be the difference to consumers between a state and federal exchange?

In broad details, they should work the same way. Consumers shopping in either type of exchange will choose among insurer offerings that are standardized into four coverage levels: bronze, silver, gold and platinum. There will also be a young adults' plan. Rules on how much insurers can vary premiums based on age or geography are set in the federal law, although states could adopt rules making them stricter.

Differences between federal and state exchanges are likely to be subtle, but important to some consumers.

States that establish their own exchanges, for example, can decide which insurers participate and whether to require benefits beyond those set under federal law. They can accept all insurers whose policies meet the law's requirements, for instance, or limit participation by requiring that insurers meet specific quality or pricing guidelines.

California, for example, has chosen to limit the number of insurers, which they say allows them to choose the highest value plans, while Colorado's model will accept all plans that meet the requirements. The federal exchanges will accept all qualifying plans.

States that build their own exchanges can also decide whether to be more proactive in selecting insurers that offer benefits targeted to a state's particular needs. For example, a state with a high rate of diabetes might select insurers with special programs to combat diabetes.

Some exchanges and state insurance commissioners will be able to recommend whether specific insurers should be allowed to sell in the exchange, partly based on their patterns of rate increases.

What about federal workers?

Members of Congress and their staffs will be required to buy through exchanges if they want coverage from the federal government. Other federal employees will continue to be covered by the Federal Employees Health Benefits Plan (FEHBP) .

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<http://www.kaiserhealthnews.org/Stories/2011/March/30/exchange-faq.aspx>

Florida Department of Children and Families

Office of Family and Community Services

Office of Child Care Regulation and Background Screening

Providers required to complete level 2 screening pursuant to chapter 435, Florida Statutes, will see some changes to the Background Screening Fingerprinting Process that will start in January. The Background Screening Program will participate in the Care Provider Background Screening Clearinghouse scheduled for release January 2013. The new database will retain fingerprints for five (5) years and scan each print nightly and will also require a photo ID at time of scanning. This ensures increased protection for individuals currently in care facilities and heightens the likelihood of quickly identifying any changes in the employee's history.

The Office of Child Care Regulation and Background Screening is developing a course titled, Quality in Child Care Settings, for release in the summer of 2013. The course will identify quality currently embedded in the child care standards as well as easy and low cost ways to enhance quality for an optimal child-centered experience. Such topics include Staff-Child Interactions; Indoor and Outdoor Space and Equipment; Health, Safety and Nutrition; Program Operations; and Self-Assessment and Quality Implementation. A second course titled, Challenging Behaviors Awareness and Prevention, is also expected to be released next summer. The overarching goal is for individuals to apply developmentally appropriate techniques to overcome challenging behaviors in the classroom. Topics to be included are social emotional development; bullying; aggression; self-injury; social withdrawal; the role of the caregiver; and additional resources. Both courses have a project advisory team with experts providing valuable input, guidance and resources. Organizations involved with the course development are FSU, Department of Education, Florida Office of Early Learning, training coordinators, advocacy groups, researchers, etc.

The Child Care Regulation Office is also collaborating with our Central Region staff on the development of a Smart phone app for parents to search for child care providers in a given area. We are in the beginning stages of the project but hope to have it completed during the next 4 months.

The ongoing saga of rule development continues as 3 public hearings were held in Miami, Tampa, and Tallahassee. Child Care providers, child advocates and the public were encouraged to provide comments and suggestions related to the proposed rule changes with regards to food service, indoor square footage, background screening, fire safety, planned activities, crib safety, in-service training and afterschool programs that do not require licensure by the Department. Almost 200 individuals and organizations participated and provided good suggestions. We hope to have the rule promulgated by April 2013.

The updated Child Care Training Application Portal was released. The updated portal is aimed at improving the user experience and independence for scheduling purposes, as well as enhanced security measures. The Child Care Training Application (CCTA) has been in existence since 2001, and with 705,235 individual training records captured in the system, the average addition of new users per year is 64,112. A training tutorial is included on-line to assist users with the new log-in procedures. Once it is fully implemented it is anticipated that it will reduce the number of calls to the Child Care Training Information Center regarding inaccurate information on their transcript as they will be able to correct their own demographics and keep it current.

Fifteen child care licensing staff is attending Certified Playground Safety Inspector Certification (CPSI) in Clearwater. This certification is offered by the National Certification Board in coordination with the National Recreation and Park Association. The purpose of the

CPSI certification is for those certified to be able to identify hazards with playground equipment, rank the hazards according to injury potential; and apply the knowledge to work with child care providers to remove the hazards and establish a system of inspections and maintenance. This is the third cadre of counselors that have completed the training.

Sixty-five Department and Local Licensing Regulation Staff attended Specialized Certification Training in Orlando offered through Council on Licensure, Enforcement and Regulation (CLEAR). The three day certification training covered advanced interviewing to include cognitive memory retrieval and behavioral analysis, Investigative Analysis including complaint scene analysis and written statement analysis, and Investigative Report Development focusing on developing report formats, reporting description observation and activities, reporting interview information and obtaining written statements. All staff have been trained and completed the Basic Certification; and this is the first group attending the Specialized Certification program. We hope to continue offering this advanced training to all staff to improve their skills and knowledge in the area of inspections.

Office of Child Welfare

- As part of the Quality Parenting Initiative and the ongoing work to treat foster parents as respected partners and to use their relationships/skills to support child well-being, DOH Medical Foster Care and the Florida Clearinghouse on Supervised Visitation are partnering with us and CBCs to support meaningful visitation for children in medical foster care. Katrina Ward at DOH provided training for visitation center directors on the importance of including foster parents in children's visits with birth parents. The training emphasized the critical importance of foster parents to young children especially as these children are often building relationships with their birth families but are actually attached to their foster families.
 - Lisa Alvarez and her husband, Jorge, are licensed foster parents with Our Kids/Family Resource Center (FRC) and will be featured on an episode of the Ricki Lake show on November 21 at 10:00 AM on the Miami Dade ABC channel 10. Lisa and Jorge have been foster parents for 16 years and are medical foster parents. They have adopted 2 children and fostered many more. Lisa and Jorge have been "co-parenting" since before it had a name and are now on the FRC Quality Parenting Initiative (QPI) team.
- A Quality Parenting Initiative (QPI) National Meeting was held November 29-30 in Tampa. Participants from California, Nevada, and Connecticut are expected to attend. Approximately 100 foster parents and staff from the CBCs are planning to attend as well. Our partners include Annie E Casey Foundation, Youth Law Center, Eckerd Family Foundation, and our hosts, Eckerd Community Alternatives Hillsborough. DCF collaborated with the Florida State Foster Adoptive Parent Association, DCF Children's Legal Services, and the USF Center for Child Welfare on programmatic content and webcast support.
- The Office of Child Welfare has been collaborating with DOH/CMS staff, and are working to develop a coordinated communication plan regarding licensing of traditional, medical, and therapeutic foster homes.
- Florida's child abuse prevention month public awareness campaign was showcased as an exemplary practice in a new publication entitled *Community-Based Child Abuse Prevention: Accomplishments and New Directions, 2011*. The report, released last week was prepared by FRIENDS, National Resource Center for the Community-Based Child Abuse Prevention Program. The resource center is a service of the Children's Bureau within the Administration for Children and Families (ACF) and a member of the federal technical assistance network. In 2011, the campaign included more than 96,000 printed materials were requested and distributed to Floridians—an increase of 20,000 from the previous year.

Office of Substance Abuse/Mental Health Program (SAMH)

Neonatal Abstinence Syndrome

DCF has a contract with the Florida Certification Board's Center for Prevention Workforce Development to develop an understanding of the training needs of the field related to Neonatal Abstinence Syndrome.

Evidence Based Practices (EBP)

The Department is still working to complete the statewide EBP survey narrative. This study will inform statewide training related to all EBPs. The hopes are to include and increase early childhood EBP implementation to fidelity as part of this initiative.

System of Care (SOC)

The system of care grant is also awaiting budget authority. The local early childhood site here in the Big Bend area is excited to get started and continue on all the hard work they completed. Once budget authority is given we will be continuing to work across the state to expand the SOC philosophy to all regions.

Project LAUNCH-

The SAMH Program office is working hard to get the Project LAUNCH Initiative running while awaiting budget authority. *Project LAUNCH Grant overview*

- Received from Substance Abuse Mental Health Service Administration, \$4,127,810 over the course of 5 years.
- Purpose of Florida's Project LAUNCH is to promote the wellness of young children from birth to 8 years by addressing the gaps in existing prevention and targeted intervention services and to strengthen the partnership between state and local agencies serving young children and their families.
- Florida LAUNCH Project is a partnership between the Department of Children and Families, Department of Health, and Pinellas County, Florida.
- The project is aimed at preventing youth substance abuse and mental, emotional, and behavioral disorders by improving family function and the quality of the parent-child relationship through parent training and skill building; and selective interventions for young children.

At the state and local level systems will be improved to include: Increased parental involvement in planning, workforce development, and service coordination; stronger interagency collaboration with primary care, substance abuse and mental health treatment, home visiting, and early child care; improved collaboration and integration in planning and implementation of adult physical health and behavioral health services and the services to their children; increasing trauma informed service design and implementation; and, increased family centered practice

Current projects include:

- *Environmental Scan-*
Currently we are in the process of completing a statewide and local environmental scan. Surveys should be going out soon. All participation is encouraged and appreciated. A part of this environmental scan is to create a financial map of resources across the state. The program office is asking all providers and state agencies to help in collaboration to understand where resources are and opportunities to leverage. Also, we are gathering previous needs assessments/environmental scans across the state and in regions to enhance our survey results.
- *Hiring Staff*
Once budget authority is given we will begin interview/advertising for the 3 grant lead positions in DCF headquarters (young child wellness expert), local (Pinellas County (Young Child Wellness Coordinator), and DOH (Young Child Wellness Partner).
- *Developing the Council*
The grant requires a statewide and local council. It is recommended to take an existing council and create a sub-committee to work towards the grants goals.

Agency for Healthcare Administration (AHCA)

- On March 26, a federal judge ordered Florida Medicaid to cover Applied Behavior Analysis (ABA) for the treatment of autism spectrum disorders for children under the age of 21, effective April 2, 2012. The Agency for Health Care Administration has appealed this ruling. The Agency is continuing to issue alerts describing and updating information regarding provider qualifications, recipient eligibility criteria, the prior authorization request process, service codes and reimbursement rates, the billing process, and instructions for managed care plans. This information and the related form can be found here: <http://ahca.myflorida.com/chcup>.
- As of January 28, 2013 there have been 1,895 Applied Behavioral Requests made to AHCA for recipients with a diagnosis of autism. Of those, 1,754 have been approved.
- Eighty-six Medicaid recipients under age 3, who have requested ABA with a diagnosis of autism, have been identified and the information forwarded to Early Steps State Office for follow-up.
- There are over 3.2 million Florida Medicaid recipients.
- CMMS (feds) are developing a national action plan to improve behavioral health and to safeguard nursing home residents from unnecessary antipsychotic drug use. AHCA is part of the Florida coalition of partners that will assist in the national plan.
- Florida Medicaid continues to move forward with Statewide Managed Care.
- I have included the following in the packet:
 - Florida Medicaid Provider Bulletin, Fall 2012 Issue
 - Naplenews.com – Florida may consider expanding health benefits to legal immigrants' children
 - Jacksonville Business Journal – Florida scales back Obamacare cost estimates nearly 90 percent
 - DCF – Background Screening Update
 - Health News Florida – FI Medicaid Doctors to get 105% Raise
 - Tampabay.com – Florida needs Medicaid expansion
 - State News – Secretary Dudek, Attorney General Bondi Release Annual Medicaid Fraud Report
 - Bradenton Herald – State seeks to overturn autism judgment
 - Tampabay.com – Help for parents of medically fragile

Office of Early Learning (OEL)

OEL Staff Update

- Shan Goff was appointed as the Director of the Office of Early Learning (OEL) on December 19, 2012. Mrs. Goff has over 30 years of experience, including 20 years in exceptional student education.
- Eileen Amy, a former Department of Education staff member, has joined OEL and is working on special projects related to programs, policies, and accountability.
- Evelyn Perkins has return to OEL after working most recently in the Department of Education and in the Department of Children and Families' Family Safety Program Office. She will be working on special projects related to financial management.
- Elizabeth Moya has joined OEL as the Legislative Affairs Director. Mrs. Moya has over 12 years of experience working with the Legislature and was most recently the Deputy Chief of Staff for Senate President Haridopolos.

Statewide Implementation of CLASS, Tallahassee, Florida January 29-30 (*Agenda attached CLASS FICCIT.doc*)

- The Classroom Assessment Scoring System (CLASS™) is an observation based program assessment instrument that measures teacher-child interactions in three broad domains: emotional support, classroom organization and instructional support. It describes multiple dimensions of teaching that are linked to student achievement and social development. Research shows that the quality of teacher-child interactions has a direct and positive impact on child outcomes and the quality of early learning programs.
- OEL has a contract with Teachstone, LLC to provide CLASS™ observer training, train the trainer training, in-depth CLASS™ assessment training with access to the CLASS video library for coaches, and observer calibration services. The purpose of this contract is to create, support and sustain CLASS™ observers, CLASS™ trainers and CLASS™ coaches statewide in an efficient and cost effective manner. CLASS™ observers will be utilized by early learning coalitions to assess school readiness programs using the CLASS™ assessment instrument. CLASS™ trainers will be used to sustain Florida's CLASS™ observer capacity in a reliable and cost effective manner. CLASS™ coaches will be used throughout the state to provide technical assistance to school readiness teachers in need of improving CLASS™ assessment scores. Calibration services will ensure CLASS™ observers achieve and maintain reliability. Purchasing these services is expected to create a unified statewide program assessment system that will result in improved school readiness programs and positive outcomes for children.

Toddler CLASS™ Observer Training is scheduled to begin April 2013.

Child Screening Program Rule

- In November 2012, the Office of Early Learning promulgated *Rule 6M-7.20, F.A.C.*, establishing a unified approach for child developmental screening and individualized supports as an integral part of school readiness. This rule is intended to standardize developmental screening processes in School Readiness programs throughout Florida. **By July 1, 2013, each early learning coalition is required to implement the required processes.**

Florida Developmental Disabilities Council, Inc.

Child Development Screening Initiative/Florida Help Me Grow Statewide Initiative is continuing the work of the Child Development Screening Initiative Task Force which was established in 2011. The Task Force continues to develop recommendations and policy changes needed to implement a comprehensive statewide system for the developmental screening of children aged zero to five. Three work groups have been established within the Task Force. These three work groups are System of Care, Electronic Data Systems, and Early Childhood Supports.

The task force has officially taken the name Florida Help Me Grow Statewide Initiative. Help Me Grow is a national model program for children birth through five years of age who are at-risk for developmental or behavioral problems. The program components include: (1) developmental screening training for pediatricians and other health care providers, (2) a toll free information hotline that offers parents and providers the opportunity to enroll children in a development monitoring program, (3) care coordinators who provide community referrals, and (4) child development liaisons who facilitate community networking and partnerships among community agencies.

We have combined the Child Development Screening Initiative, Help Me Grow Florida, and the Learn the Signs/Act Early Team. **This is a great accomplishment as it aligns the efforts, members, and resources of three groups all working toward a common goal!** We are also working closely with the Children's Movement of Florida to ensure their audience (especially the Governor's office) is aware of our recommendations. A representative from the Children's Movement of Florida serves on the project's Advisory Committee.

The Early Steps Credentialing Initiative was approved at the January Council meeting. Unfortunately, FDDC is having to watch the progress on the federal budget to determine if any federal cuts will affect our projects. This project could be impacted if federal budget cuts reduce the amount of funds we have for our initiatives. If we do not receive a budget cut, we will move forward with this project.

Attachment 2: Committee Reports

-Executive Committee-

The Executive Committee report was presented by Pat Grosz. Committee members present included Lynn Marie Firehammer, Johana Hatcher, Lourdes Quintana, and Lou Ann Long who represented the Partnership Development Committee. Topics covered were:

- Planning for the April Meeting: The Executive Committee will present the plan to tour the Florida School for the Deaf and Blind and have Emily Taylor-Snell as a guest presenter.
- The issue related to insurance concerns for ITDS billing: The concern is when and how ITDSs are billing insurance and what is covered and the codes they are using and if as a program we are in compliance with definitions of medical necessity. **Action Item:** The suggestion is that the Service Implementation Workgroup for ESSO or a subset of the workgroup be given the task to address this issue immediately. All agreed that ESSO should assign this task for expedient resolution. The item also included that the issues related to Medicaid invoicing should be included as the issue related to the difference in understanding of when to invoice Medicaid for early intervention services was discussed at length in the PDATS committee and was a major concern of members. The suggestion from the committee was to have questions related to medical necessity be requested of the Local Early Steps and sent to Lourdes. The action item supported the work being done by the workgroup to address the issues surrounding third party insurance and also Medicaid billing. It was further recommended that Cynthia explore also through the Office of Insurance Regulation.
- The issue of members that have missed multiple meetings was discussed. The plan was for Tameka to review the Bylaws and membership policy related to absences. The plan was also for Tameka to send a survey monkey out ahead of meetings to obtain RSVPs for better planning on attendance at the meetings.
- The issue related to Conflict of Interest was addressed and is already covered in our operational definition as a state council for Part C.
- The Non-profit Leadership Group asked to lead a focus group at the April FICCIT meeting for the FDDC Sustainability Plan grant for Early Steps. **Action Item:** This was recommended and membership agreed.
- The Executive Committee discussed the meetings and recommendations from the committees of FICCIT.

-Marketing Committee-

January 29, 2013

Johana Hatcher opened the meeting. Members present were Sharon Paul, Debbie Russo, Jennifer Evans, Sue Loftis, Lorraine Allen, and Jeanne Boggs. Sue Cannon via phone call.

ISSUES TO ADDRESS FOR 2012-2013 ANNUAL REPORT:

ISSUE: Could not pair pictures with family quotes due to resolution issues.

Possible Solutions for next year's report:

- Get photography services donated targeting a specific early steps regions.
- Take pictures at family café when someone turns in their family story.
- Possibly add a center page to make room for additional photos and stories.
- Communicate resolution requirement for pictures
- Suggested we plan to take pictures at field trips to use for future Annual Reports.

2011-2012 Annual Report:

Committee members recommended that the latest version 2011-2012 be presented to the full Council. Tameka Footman will confirm members' names in Report.

Request that Council purchase Publisher for Annual Report editor to revise Annual Report each year.

Johana proceeded with next steps in the Annual Report Action Plan and opened up Plan for discussion.

Members discussed distribution of reports. It was agreed that electronic versions can be sent to many of the recipients as well as through the ESSO Weekly Memo. It was also recommended that the Council request being on the Florida Children's and Youth Cabinet agenda to present the report and provide copies to the members at meeting and electronically.

Committee will follow up with steps on the Action Plan, including cover letter for Report and thank you letter to parent contributors, add picture resolution issue.

Sue asked about sending report to Family Networks on Disabilities in Florida, the Central Florida Parent Center, and Parent to Parent of Miami. Parent Training and Information groups, partially funded under IDEA. Committee will task each of the Council members to send electronically the Annual Report to their constituents and list serves and provide Committee with names of groups they sent report to. Jennifer recommended sending it to pediatricians or associations, primary care family doctors, etc.

Best Practices Discussion

The Committee discussed the Best Practices. Sue agreed to compile 17 strategies; Lorraine agreed to take the compiled strategies and create a draft document for Committee members to review by next meeting.

Recommend to Council that the Committee approach Eliana Tardo, who is an FRS and Public Relations professional for Southwest Florida, to assist the Marketing Committee, with advocacy marketing. Request that Council cover her travel and other needs, if she is agreeable to assist.

Website

Send Jeanne the web form in Word.

- Change the parents needed section
- Get a copy of the website logo\
- Committee Chair Page
- Jeanne will make changes and share it with the group
- Include participating agencies on the links page

Membership:

- Recruit more parents, check to see if FRS parent can serve as Council member
- Submit new application or resign
 - Jeanne Boggs
 - Lorraine Allen
 - Jeannie Carr
 - Debbie Russo
- What is status of pending applications?
- Recommend that a parent be invited to participate at Council meetings in each region to give Council parents' perspective.

Report Distribution:

Sharon mentioned the *What's Up with Down* proposed documentary makers are seeking funding for documentary. Sharon's daughter is featured on their website.

Recommend that graduates of Early Learning inform Council members of what program did for them.

Children's Week at the Capitol – does FICCIT do anything? Jennifer mentioned that Creative Preschool's children sing. Maybe we can partner with them; create recruitment flyer and hand out during Children's week. Check to see if DOH has a table; if not, then recommend using FICCIT funds or other agency's table.

Also discussed butterfly magnet to market program.

Additional discussion occurred regarding the upcoming Family Café. The Committee agreed to use the Family Café to collect family stories. Sharon Paul has volunteered to gather stories AND pictures at table if approved by Full Council.

Also, Johana circulated a document for committee approval to submit to the full Council an Executive Summary that could be inserted in the annual report to satisfy the CAPTA Citizen Review Panel Reporting requirements. This document has been shared with Lynnmarie and seemingly can be handled with ease. Consensus was given to present to the Executive Committee and the Full Council, if applicable.

Also, it was suggested that Jeanne Boggs be provided an updated version of Publisher in order to be consistent between computers. Much unnecessary time was spent on rework due to the variances in version.

-Partnership Development Committee-

Lou Ann Long served as acting committee chair in the absence of Ilene Wilkins

In Attendance: Lou Ann Long, Matt Moore, Ellie Schrot, and Kathleen Vergara.

Membership:

Suggestion to prepare FICCIT recruiting packet for Early Steps (ES) Family Resource Specialists so they can assist with distribution to younger families. ES Director has requested for all Directors/Coordinators to receive copy.

Additional suggestion was to include recruitment process on the ES face book page with directions for families.

Suggestion need to follow-up with Lilli Copp regarding Early Head Start representative status for membership.

Legislative representative:

No update on Senator Ring since Florida Office of Early Learning has a new Director.

One suggestion was to approach Representative Katie Edwards from Ft. Lauderdale.

In addition Zimmerman and Adhearn were suggested. They seem to be involved with early care and education issues.

Field Trips/Program Visits – Upcoming FICCIT Meetings

January 29, 2013 – Tallahassee, Florida - Council visited Creative Preschool. Membership who visited the child care center provided positive feedback.

April meeting will be held in St. Augustine, Florida. Membership will be visiting Florida School for the Deaf and Blind.

UCP of Central Florida will host a visit when the next Council meeting is held in Orlando.

Business Development

Need assistance with Insurance Companies and getting them to pay. No update.

DCF/Background Clearance issue – Some child care providers not allowing Early Steps providers in – provider cannot prove they have had a second level background screening.

Discussion with DCF/Child Care Regulations & Background Screening representative was productive. She explained to group that DCF does not do background screening for ES specialists – they only are responsible for child care providers. ES needs to find out who does screening for specialists e.g. ITDS, PT, ST and etc.

Action Steps:

Lou Ann Long will request ESSO/FRS to assist with preparing Recruitment packets to be distributed at the February FRS Statewide meeting. Packet should include application information plus a letter of support from a FICCIT member sharing their experiences on the Council.

Lou Ann Long will coordinate with Jeannie Boggs to include FICCIT recruitment information on ES face book.

Lou Ann Long will contact Lilli Copp to find out status of Early Head Start representative.

Ellie Schrot will approach Legislative Representative Katie Edwards about becoming a FICCIT member.

Debby Russo and Lou Ann Long will try and coordinate with folks for Zimmerman and Adhearn to be approached about possibly applying for FICCIT membership with the understanding the Governor will choose one.

Lou Ann Long will follow through with FICCIT member Kim Carr at FSDB to ensure visit is all set up. Also committee requested to have meeting at FSDB in addition to the visit. Kim Carr will contact Tameka Footman/DOH/ES and Pat Grosz, Chair. FICCIT will coordinate a guest speaker Emily Taylor-Snell.

Debby Russo/DCF will work with ESSO on resolution of allowing ES providers to have access to child care providers. One thought was possible letter to be sent to local cc providers from DCF with instructions of accepting ES provider certification letter.

Closing 4:15 pm.

-Provider Development Training and Support Committee- Revised 4-16-13

Attendees

Members: Gail Underwood, Annalise Campisi, April Katine, Paula Kendig, Carole West, Liza Smith, Pat Grosz, Lynn Marie Firehammer, Penny Geiger, Kim Carr, Lourdes Quintana.

Guests: Jaime Johnson, April Smith, Brenda Ham

Welcome & Introductions

Review and Approval of Minutes from October 16, 2012

Motion: approved

Early Steps State Office Update (see handout)

Statewide Meeting- Partnering For Success

There were four general sessions and 45 breakout session. There were 383 registered participants, of which 309 received scholarships. Positive feedback includes that it was enjoyable, relevant training, and good networking opportunities were provided. The exhibitors requested to be listed in the program, and also provided positive feedback. Recommendations include better parking, more time in between session, educator CEUs, and contact hours printed on the certificate of attendance.

Next year- not sure how to fund; Office of Early Learning is exploring; recommendations to consider partnering with TATS/ annual PreK Coordinator meeting and link to Transition and Outcomes; explore use of teleconferencing with regional meetings throughout the year, focusing on specific topics (transition, IFSP Outcomes, etc).

Professional Development

There is a challenge with ongoing training and support at the local level- staffing and resources. The Team Training series was implemented in 2004, and there was discussion regarding how it was helpful. ESSO is looking at the series and considering updating the information. Provider incentives were also discussed, such as providing training over the lunch hour, start or end of the day, etc, to reduce loss in revenue. The use of videos and videoconferencing was discussed. It was also recommended that some trainings are provided in short increments over time. Also, since the CMS Provider Management unit is not reenrolling providers yet there appears to be no consequences for not participating. There was some discussion for local programs to make some training mandatory. Functional level training (implementation and coaching, over philosophy) was discussed, along with implementation follow-up, as well as how to do joint sessions and conduct a team meeting. April Smith shared that Dr. Juliann Woods has provided training for the Northeastern program, and has offered graduate students for coaching, but there are challenges with funding this piece. It was recommended that ESSO assist with identifying providers across the state that are good with coaching; Liza Smith stated she will ask the local directors/ coordinators to nominate providers.

NOTE: The discussion related to Medicaid Monitoring and training needs began during the FICCIT Public Comments period earlier in the day, and the PDATS Chair asked for further

clarification and discussion during the committee meeting. Liza Smith asked the LES directors/ coordinators present what their training topics “wish list” would be. Many issues were related to Medicaid (TCM Handbook, EI services, Plan of Care, Medically Necessary justification, Medicaid v IDEA requirements). Gail Underwood stated that Medicaid is a funding source and they try to meet Early Steps’ need under their policy and regulations. ~~I believe this is where we broke for public comments and LynnMarie used the time to ask questions about Medicaid monitoring, policies and results of the monitoring. This discussion was not part of the Professional Development committee:~~ Furthermore, therapy is strictly hands-on and very clinical; an ITDS can consult with a therapist and work off a Plan of Care as written with the ITDS and therapist. She also stated that diagnosis alone does not meet the need for medically necessary. There was discussion about recent LES Medicaid Monitoring reviews, and feedback/ recommendations provided. The programs present agreed to share their monitoring reports with ESSO and the other LESs, to better address the concerns and identify questions for clarifications. Gail Underwood informed Lynn Marie Firehammer that Early Steps Program Managers receive copied of the local Monitoring reports. ~~Here: It was explained to LynnMarie that her program managers got copies of the appropriate monitoring reports and their accompanying record sheets.~~ There was discussion that Medicaid cannot fund services focusing on communication if a child does not show documented delays (based on testing) in that domain.

Gail Underwood stated that she is in the process of updating the Medicaid EI Handbook, which may be delayed up to a year. It was asked if a follow-up Q&A document could be provided; she stated that it will not hold up **as policy**. She stated that the Handbook is the policy.

~~**Motion:** Again during public comments time, LynnMarie asked~~ Committee members were asked to **will** send Lourdes Quintana questions they may have related to Medicaid, who will forward them to Lynn Marie Firehammer for review, and forward to Medicaid as appropriate. Gail Underwood ~~again~~ stated **stressed** that policy questions should first be addressed to local Medicaid staff who will forward concerns or questions to Medicaid Headquarters, but that all questions were welcome.

~~**Motion:** Again during public comment time:~~The Service Implementation Workgroup (SIWG) will review the Medicaid Handbook as related to Medically Necessary (along with other ITDS billing issues as related to third party payors- issue not discussed but mentioned during the committee meeting).

FSU Center for Preventions and Early Intervention Policy

The partnership has come to an end and ESSO is working with FSU to finalize all projects. The Service Coordinator Apprenticeship training has been updated with policy changes and converted to web-based format. This will be available by February 2013. Extra funding will be used to provide 15 copies of a video in the series to the local programs, along with updated Notebooks for a reference (February). The Orientation Modules have also been updated with new policy and content; these will be available on the website in February 2013.

Funding was also used to purchase the Baby Builders training packages for each LES; these have been ordered. Several “Coaching Families and Colleagues” books were purchased for LESs. The purchase of digital video cameras, including microphones and tripods, are being explored to support coaching and mentoring in the field.

Autism Navigator

The statewide roll-out will begin February 1, 2013, at one unit per month. There will only be 5 modules (Improving Early Detection; Collaborating with Families; Developmental Perspectives; Evidence-based Intervention Strategies; and Addressing Challenging Behaviors). The series will provide 30 contact hours for continuing education. Identified participants will receive emails directly with instructions; Liza was asked to send a general email to the local directors/ coordinators when this occurs. Three states have partnered with Florida in the development of the modules (Georgia, Tennessee, and Pennsylvania). The states will have access for 5 years, when continuation and financial contributions will be renegotiated.

The About Autism site is currently available for families, professionals, or anyone interested in learning about ASD, and is free of charge. There is also an ASD Video Glossary

(available since 2007) available to the public. FSU is still exploring the Autism Navigator for Primary Care Physicians.

Weekly Memo

Gail Underwood stated the Medicaid Liaisons appreciate receiving the information. April Katine states she is not receiving it, as previously recommended for FICCIT members; Lynn Marie Firehammer will check on the status. Kim Carr states she is now receiving it.

Presentation- Kim Megrath- Tabled

Request- Discussion of “A New Star” Training Revision- Tabled

Wrap-up of Discussion