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UF NCES PROVIDER MANUAL INTRODUCTION

Overview of Manual Contents

Thank you for becoming a contracted provider with UF DEPT OF PEDIATRICS’ North Central Early Steps (NCES) program. This manual is comprised of Procedural Bulletins that cover all of the required components of the service delivery system required by UF NCES. As state and federal regulations change or new requirements are added, Procedural Bulletins will be updated or developed and disseminated for substitution or inclusion in this manual by UF NCES.

UF NCES Guiding Family-Centered Principles:

The mission of UF NCES is to identify and evaluate as early as possible those infants and toddlers whose healthy development are compromised and provide for appropriate intervention to improve child and family development. UF NCES service providers are expected to adhere to the following principles of family-centered service planning and delivery:

**Principle 1**
Parent – child relationships are the critical foundation for early development

**Principle 2**
Early development is embedded within significant relationships and contexts of daily routines, and comes through interactions with others

**Principle 3**
Primary role of the service provider is to support and enhance parent-child relationships through identifying priorities, hopes and resources with goals targeting behaviors’ necessary to function within the current routines

**Principle 4**
Service provider to use participatory help giving to create opportunities for parents to build their knowledge and skills, their own and their child's strengths, and the supports and resources for supporting parenting abilities

Something to Think About.

✓ Picture yourself on a typical home visit or therapy session and think about what happens during the session
✓ Now take “you” out of the picture and ask yourself the following...
  o If I am taken out of the picture, can the strategies that I have suggested/tried still occur?

Source: Center on the Social and Emotional Foundations for Early Learning with federal funds from the U.S. Department Of Health and Human Services, Administration for Children and Families (Cooperative Agreement N. PHS 90YD0215).
BULLETIN 1: IMPORTANT TIPS ABOUT EARLY INTERVENTION

1. Early Intervention (EI) is Part C of the "Individuals with Disabilities Education Act" and is a developmental program serving children birth to three with developmental delays, disabilities and at-risk conditions. Services are authorized based upon functional outcomes that focus on child development and family capacity building, education and support that address developmental needs rather than medical needs.

2. A service under Florida Medicaid Early Intervention is a fee-for-service system and is authorized under the Individual Family Support Plan (IFSP). In a fee-for-service system the service must be provided prior to billing for the service.

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

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

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

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

7. All services providers are required under the Memorandum of Agreement with UF NCES to have access to the Internet and a free account with Florida’s MOVE it®.

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

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

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

11. Once a service provider accepts an authorization, the service provider commits to provision of services based upon a frequency, intensity and duration that have been identified as a need on a child’s IFSP.
BULLETIN 2: UF NCES CONTACT SHEET

Service Authorizations, Provider Reimbursements & Claims Processing
Carla Richards and provide the following:
Provider Name – Short description tag – child’s Name/MMI
MOVE it® Address: carla@ufl.edu

Service Provider Status &/or Training
Lucy Hernandez
MOVE it® Address: hernandezlucy@peds.ufl.edu
352/273.8625

Service Coordination Supervision
Tamelia Malcolm and provide the following:
Provider Name – Short description tag – child’s Name/MMI
MOVE it® Address: tmalcolm@peds.ufl.edu
352/273.8571

Scheduling of Clinic and/or Home Eligibility Evaluations
Sharon Hennessy
MOVE it® Address: hennesd@peds.ufl.edu
352/273.8553

Family Information, Support & Training
Doris Tellado
MOVE it® Address: dtellado@peds.ufl.edu
352/273.8562

Referrals
Peter Shore
MOVE it® Address: peterfshorejr@ufl.edu
352/273.8556
## Service Delivery of a Particular Child (Contact Appropriate Service Coordinator)

<table>
<thead>
<tr>
<th>Service Coordinators</th>
<th>Assigned Areas</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Bowie, Peggy         | Levy Co., Newberry and Archer | (352) 273.8568  
MOVE it® address: pbowie@ufl.edu |
| Brewer, Joan         | Columbia, Hamilton Co., Suwannee | (352) 273.8565  
MOVE it® address: joanebrewer@ufl.edu |
| Burke, Patricia      | Alachua Co, Marion Co. | (352) 273.8554  
Move it® address: burkep@peds.ufl.edu |
| Counts, Janie        | Marion Co. | (800) 983.4753  
MOVE it® address: countjl@peds.ufl.edu |
| DeFlumer, Jean       | Marion Co. | (352) 273.8561  
MOVE it® address: deflumer@peds.ufl.edu |
| Drummond, Jacqueline | Dixie, Lafayette, Suwannee,  
and Gilchrist counties | (352) 273.8564  
MOVE it® address: jlewis@peds.ufl.edu |
| Green, Kathryn       | Alachua, High Springs, Waldo,  
Earleton, Lake Alto, Lacrosse  
Union | (352)273.8554  
MOVE it® address: khgreen@ufl.edu |
| Frazier, Laura       | Alachua Co. | (352) 273.8570  
MOVE it® address: lauraf@ufl.edu |
| Morchel, Elizabeth   | Marion Co. | (352)273.8554  
MOVE it® address: elizabethmorchel@ufl.edu |
| Nixon, Sandra        | Micanopy, Lochloosa, Hawthorne  
Island Grove, Citra, Evinston, Orange Lake  
Reddick, and Fairfield | (352) 273.8567  
MOVE it® address: fenixon@ufl.edu |
| Pettiford, Tonya     | Marion Co. | (352) 273.8563  
MOVE it® address: tpettiford@ufl.edu |
| Vouis, Dina          | Alachua Co. | (352) 273.8566  
MOVEit® address: vouisdr@peds.ufl.edu |

**UF DEPT OF PEDIATRICS NCES Mailing Address:**  
1329 SW 16th Street, Suite 4160  
PO Box 100296  
Gainesville, FL 32610-0296  
352.273.8555 Tel; 352.294.8088 FAX; 1.800.334.1447 Toll Free  
www.myearlysteps.com
All enrolled providers agree to the following:

- To have an active National Service Provider Identifier (NPI) number
- To have an application on file with the CMS Service Provider Management database
- To have required documentation on file with our Early Steps State Office (ESSO)
- To have completed the Early Steps Orientation Training Modules within ninety (90) days of submitting the online application submitted through the CMS Service Provider Management database
- To have an active Florida Early Intervention Medicaid number and Florida Medicaid Therapy Service Provider number as applies
- To have a signed UF DEPT OF PEDIATRICS NCES Memorandum of Agreement (MOA) on file with UF DEPT OF PEDIATRICS
- To bill first through appropriate Medicaid or TPI (Third Party Insurance) payors, then only through UF NCES as payor of last resort for contracted services (CONT) or from EOB denials, per claims filing instructions included within this manual
- To have Wi-Fi and an email account established with Florida’s MOVE it®
- To have completed the following required trainings through UF NCES:
  - Tools For Teaming
  - Battelle Developmental Inventory Training
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<th>FORMER EARLY STEPS CODE</th>
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<td>When mileage exceeds 25 miles provider to use this code for excess mileage in addition to 99600 -$10.00 (which covers up to 25 miles)</td>
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<td>Provider will not be compensated for loss of professional time for a “no-show”</td>
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<td>Provider will not be reimbursed for travel back to their home base</td>
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Eligibility Requirements — For a Child to Demonstrate a Developmental Delay or Have an Established Condition

Established conditions fall into one of the following areas: (See Appendix S - Established Condition List – Please note that this is not an exhaustive list)

- Genetic and metabolic disorders
- Neurological disorder
- Autism Spectrum Disorder
- Severe attachment disorder
- Sensory impairment (vision/hearing)
- Infants who weigh less than 1,200 grams at birth

Or

Developmental delay meets or exceeds 1.5 standard deviations below the mean in two or more developmental domains or 2.0 standard deviations below the mean in one or more of the following developmental domains, as measured by appropriate diagnostic instruments and procedures and informed clinical opinion:

- Cognitive
- Physical (including vision and hearing)
- Communication
- Social or Emotional
- Adaptive

When Using Standard Scores as a Basis for Eligibility the Following Applies:

1. A standard score of 78 or below in two or more domains meets the -1.5 eligibility criteria.
2. A standard score of 70 or below when the delay is only in one domain meets the -2.0 eligibility criteria.
3. A low score in a single sub domain is not sufficient documentation of initial and/or continuing eligibility.

Team Clinical Opinion:

For any child made eligible due to developmental delay based on documented sources beyond standard scores when the scores on the initial eligibility assessment do not meet the Early Steps eligibility criteria, the following must occur:

1. The rationale behind a recommendation for eligibility must be clearly delineated in the IFSP/Evaluation Report and must document all pieces of information collected through a variety of methods.
2. The child’s eligibility must be re-determined with parental consent no later than the end of the initial 6-month service authorization period. Informed clinical opinion must be included in the re-determination.
3. If the re-determination of eligibility indicates that the child is no longer developmentally delayed, the child should be exited from Early Steps.

When Using a Second Instrument the Following Applies:

Additional testing using a standardized assessment appropriate to the communication domain is required to affirm eligibility when the child meets all of the following criteria:

1. Referral between 24 and 36 months of age
2. Standard scores do not meet the eligibility criteria
3. Scaled scores for the expressive and receptive language sub-domains of the communication domain show a discrepancy of 3 or more points, and at least one of the two subdomain scores is 5 or below
4. Does not have an established condition
**What does a Team Evaluation look like?**

**Required Tools:**
- Service coordinator(s) to make available their laptop to enable the team to complete pages D and E of the IFSP.
- BDI-2 Kit, Early Language Milestone (ELM), Communication and Symbolic Behavior Scales Developmental Profile (CSBS-DP) and any other evaluation tool(s)
- BDI-2 Mobile Data Solution (MDS)

**1st: Introduce Team and Begin Time:**
- Each team member is assigned a role. Service coordinator reviews what will be taking place and answers any questions regarding IFSP pages A-C previously shared with team.

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

**3rd: Eligibility Determination & Report – IFSP Page D**

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

  **Note:** If this is a Medicaid child team must complete the Medical Necessity Statement and document that two or more procedures were used to verify developmental delay (See Appendix R – Florida El Medicaid Requirements or consult your El Medicaid Handbook.)

  **End time - Team signs Form H, evaluators also sign signature page**

**If eligible:**
- One Team member interprets BDI-2 Scores and eligibility status to parent/caregiver while other team member completes Page D and Page E ensuring Vision and Hearing Section is completed.

**4th: Complete Child Assessment - IFSP page E:**
- The purpose of the assessment is to provide a useful summary that integrates information gathered during the IFSP process prior to the assessment. The team should summarize what they know about the child and the family’s various abilities, strengths, and needs through everyday routines and activities. Vision and hearing status must also be documented as part of the assessment process.

  **Note:** Team must document on Page E that one or more of the following areas were observed: Sensory motor, Activity level, Emotional or Behavioral interactions; or Behavior Patterns.

**5th: Develop Family/ Child Outcome – IFSP Page F:**
- The team assists parent/caregiver in developing outcome(s) describing changes and benefits that they want assistance with. Remember outcomes do not need to be just child driven, an outcome may also be parent/caregiver centered. Meaningful outcomes are developed with the parent/caregiver through discussion so that all members of the team understand what they are working towards and why it is important.

  Outcomes must be realistic, measurable, and attainable.
6th: Develop Goal(s) and Strategies – IFSP Page F cont.:

Team with parent/caregiver develops functional goal(s) needed to meet the outcome(s) by asking the following:

- Where and when could child/family work on goal(s)?
- What skills does child need to work on goal(s)?
- What are child’s interest and possible learning opportunities?
- What environmental supports/adaptations would enhance this goal(s)?
- What are the resources and supports needed by family to achieve goal(s)?
- What can the family do to assist in attaining the goal(s)?

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

7th: Identify Primary Early Intervention Provider on Team - IFSP Page G:

Team asks the following to be used in determining the Primary Provider on the Team:

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

Identify Consultants on Team and Community Resources:

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

Note: For Medicaid clients it is required of the eligibility and/or ongoing annual review teams to provide a brief statement of Medical Necessity, EI type of session, and ICD 9/10 located on page G of the IFSP (See Appendix R – Florida EI Medicaid Requirements or consult your EI Medicaid Handbook.)

8th: WRAP-UP AND SIGNING OF IFSP – IFSP Page H:

Teams signs Page H of IFSP, evaluators also sign signature page.

Team assigns ICD-10 code and start/end time of IPDEI (T1024**)/IPDEF (T1024**) to be used for billing purposes.

Service coordinator provides team with all needed documentation to successfully submit claim.
When using a hard copy BDI-2 Protocol the following applies:

- Eligible (E) or Not Eligible (NE)
- Established Condition (EC)
- Informed clinical opinion (ICO)
- ICD-9/10 code
- If team used a second instrument, write name of tool on protocol
- Name of Service Coordinator
- Child’s MMI
When using the Battelle Developmental Mobile Data Solution the following applies

- In program note the team provides the following: Eligible (E) or Not Eligible (NE)
  a. Established Condition (EC)
  b. Informed clinical opinion (ICO).
  c. ICD-9/10 code
  d. If team used a second instrument, write name of tool on protocol
  e. Name of Service Coordinator
  f. Child’s MMI

- Team is required to upload electronic protocol to the BDI-2 Data manger within **24 hours** of completing eligibility evaluation.

- Please contact Sharon Hennessy with any issues pertaining to the BDI-2 – Mobile Data Solution
  Phone: 352.273.8553
  Email: hennesd@peds.ufl.edu

**Billing Codes for Evaluations and Travel**

- Refer to Bulletin 4 – Fee Schedule for FY 15-16 Pages 9-11
### Private Insurance Claims for Initial and Follow-up Team Evaluations

For a Licensed Therapy provider the following applies:

- If child has private insurance and parent/caregiver provides consent to bill insurance for IPDEI/IPDEF then service provider to bill insurance for service at the Medicaid rate.
- If non-covered service, submit hard copy explanation of benefits (EOB) with 1500 claim to: UF Pediatrics North Central Early Steps per Bulletin 11.
- If child has private insurance and parent/caregiver does not provide consent to bill insurance for IPDEI/IPDEF the service coordinator to update Page G of IFSP at time of evaluation to authorize CONT as primary payor for IPDEI/IPDEF.

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

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

### Florida Medicaid Fee for Service claims for Initial and Follow-up Team Evaluations

For a Licensed Therapist, ITDS and EI providers (e.g. LCSW, LSP, RN) the following applies:

- IPDEI/IPDEF are considered an Early Intervention Service under Florida Medicaid Managed Health Care and provider to bill directly to Florida Medicaid for IPDEI/IPDEF.

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

- IPDEI/IPDEF are considered an Early Intervention Service under Florida Medicaid Managed Health Care and provider to bill directly to Florida Medicaid for IPDEI/IPDEF.
BULLETIN 6: NEW SERVICE

What documentation can I expect to receive upon receipt of a referral from UF NCES?
1) Complete IFSP
2) Service Initiation Form
3) Informed Consent for the Use of Private Insurance

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

Please Note: If you are an ITDS receiving a referral for EI services and child is sponsored by Medicaid please refer to Appendix R and your Florida Early Intervention Medicaid Handbook for guidance on the development of a Plan of Care.

What do I need to do when I receive a referral from UF NCES?
1) To initiate Part C services within 30 days from the date the service is added to the IFSP.
2) To complete and return the Service Initiation Form to the attention of Lucy Hernandez, within 10 days of the initial visit (see appendix A.)
3) If service(s) cannot be initiated by the Service Provider within this time period, the Service Provider will notify the UF NCES Service Coordinator no later than five (5) working days after receipt of the written referral.

REMEMBER: The IFSP is the authorizing document for services including:

- Frequency (how often you see the child each week, for example one time per week)
- Duration of services (authorization period, for example a maximum of six months)
- Payor (utilize Early Steps Part C funding as payor of last resort)
- Location of Services
**BULLETIN 7: UNAUTHORIZED SERVICES**

All early intervention, therapy services and assistive technology devices are **pre-authorized**:
- Service providers should never provide services without an authorization in hand.

Services provided prior to the begin date and after the end date of the authorization are considered non-authorized services and will **not** be paid by UF NCES.
- Time spent on the phone with a parent/caregiver or service coordinator is not billable.
- Time spent helping the family to identify/access other services/resources that early intervention does not pay for (ex. housing, SSI) falls under the role/responsibility of the service coordinator. The service provider should notify the service coordinator of the family’s needs.

**BULLETIN 8: RESCHEDULING OF MISSED APPOINTMENTS**

A service provider can reschedule a missed visit based upon the guidelines stated below:
- Given the frequency of illness in young children, family and service provider vacations, and other unforeseen issues, missed sessions are inevitable. However, service providers should make every effort to avoid missing or changing date/time of service sessions.
- If a service session cannot be rescheduled within seven (7) days from the original scheduled date, it should be considered a missed session.
- Never provide a make-up session on the same date that a regular session has been scheduled or as back-to-back sessions, as most birth to three years of age children would be unable to tolerate an extended session.
- If it is necessary for a service provider to miss a number of service sessions (e.g. greater than 3 weeks) due to an extended vacation or a prolonged illness/injury, etc., an equally qualified provider must be identified to carry out the services identified on the IFSP. The service provider should contact the service coordinator for each child on his/her caseload and work with the service coordinator to find a substitute for each child.
BULLETIN 9: REQUIRED DOCUMENTATION

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

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

- The revised **UF DEPT OF PEDIATRICS NCES Monthly Progress Note (See Appendix B)** To obtain parent/caregiver signatures at each home or clinic visit and to document missed sessions.

- **Natural Environment Support Fee Form (See Appendix G)**

- **Consultation amongst Provider** form if applicable (See Appendix H)

---

Note: Payment may not be recouped if submitted documentation does not match Page G of the IFSP

Snail Mail:  
UF Dept of Pediatrics NCES  
Attention: Fiscal Department  
PO Box 100296  
1329 SW 16th Street, Suite 4160  
Gainesville, FL 32610-0296  
Fax: 352.352.294.8088  
MOVE it: Send to attention of: Lucy Hernandez
BULLETIN 10: POLICY GUIDELINES FOR BILLING PRIVATE INSURANCE AND MEDICAID MANAGED HEALTH PLANS

FOR ALL SERVICE PROVIDERS BILLING FLORIDA MEDICAID MANAGED HEALTH PLANS AND PRIVATE INSURANCE, THE FOLLOWING APPLIES

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

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

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

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

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

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

Medicaid Managed Care Plans and Title 21
- EOBs should be provided at least once monthly for each service for each child
- Please process per the individual insurance plan's requirements; links below

Standard Operating Procedures – Billing Title 21 (CHIP)
1. For all Coverage Determinations/Verification, Authorizations, and Claims Filing, please reference webpage and Title 21 provider manual at:
   • CMSN / Ped-I-Care (Title 21 – CHIP)

Standard Operating Procedures – Billing, MMA Plans

1. Coverage Determination and Verification
   a. Verify eligibility and plan info via FLMMIS, prior to seeing child
      a. Ensure to verify coverage by month for the date of service to be billed
   b. Florida Medicaid or a Medicaid Managed Assistance (MMA) plan?
      • Region 3 MMA Plans (Websites)
        • CMSN / Ped-I-Care (Title 19 – MMA)
        • Prestige Health Choice
        • Sunshine Health
        • United Healthcare
        • Wellcare FKA Staywell

2. Obtain Authorizations
   a. NCES authorizes CONT for first evaluation via form G by SC
   b. Evaluate child and create Plan of Care (POC)
   c. Send POC to appropriate MMA plan for authorization of services
   d. Refer to Medicaid Therapy Services Coverage and Limitations Handbook pages 56 – 58 and/or respective MMA's Provider handbook for allowable fees and units
      • Region 3 MMA Plans (Provider Manuals / Handbooks)
        • CMSN / Ped-I-Care (Title 19 – MMA)
        • Prestige Health Choice
        • Sunshine Health
        • United Healthcare
        • Wellcare FKA Staywell

3. Bill Medicaid or Respective MMA Plan
   a. FL Medicaid billing via FLMMIS portal
   b. MMA Plan billing per corresponding MMA's handbook claims filling instructions
      • Region 3 MMA Plans (Claims Manuals & Info)
        • CMSN / Ped-I-Care
4. **Payment Receipt or Denial?**
   a. If payment received in full
      - End of process
   b. If partial payment received
      - If plan states this is considered payment in full, process ends (MMA contract pays at Medicaid approved rate)
      - Refer to codes and rates in Therapy Services Procedure Codes and Maximum Fee Schedule to determine if considered full payment per Medicaid rate (Chapter 3, Appendix A of "Medicaid Therapy Services Coverage and Limitations Handbook pages 56 – 58,"
      - If rate not equal to Medicaid rate due for respective service code, contact respective MMA Provider Service Representative to request resolution
      - If resolution not achieved, follow procedures with respective MMA to file a claim dispute
   c. If denied
      - Determine reason for denial
        1. Billed to wrong plan for DOS?
           - If so, rebill to correct MMA plan
        2. Other?
           a. Send the following via Move It to Carla W. Richards w/ cc to Sharon Hennessy to request either assistance in resolving or CONT
              - Denial / EOB
              - 1500 form
              - AHCA complaint copy
              - Steps taken and corresponding dates to becoming a provider if you're not yet on the MMA plan provider list
           b. If CONT approved, typically provided for 60 day duration, which will need to be re-requested after about 45 days, for children whose MMA plan you're still awaiting to be placed on provider list

**Important Notes:**
You must have followed the credentialing process and be listed as a provider with each corresponding MMA plan in order to receive payment of claims from the MMA.
If this process has not yet been followed, please refer to MMA manual to follow credentialing process and notify Carla W. Richards that you have done so.

Please note that:
- United Healthcare credentials through Optum
  - We've been informed that Optum is also instructing providers to apply for CAQH Membership to be fully credentialed
- Wellcare / Staywell no longer credentials through ATA Health Network One(HN1 – ATA), as of 02.01.2015
Bill directly to Medicaid via FLMMIS due to Medicaid carve out, you are not required to become credentialed with the MMA Plans, however you must be authorized to provide services by EQ Health, unless the child is on a specialty plan like CMSN / Ped-I-Care who has their own authorization process.

**Standard Operating Procedures – Billing Title 19 and Title 21 (CHIP)**

2. For all Coverage Determinations/Verification, Authorizations, and Claims Filing, please reference webpage and respective provider manual at:
   - CMSN / Ped-I-Care (Title 19 – MMA)
   - CMSN / Ped-I-Care (Title 21 – CHIP)

**Standard Operating Procedures – Billing, Medicaid and MMA Plans**

1. Coverage Determination and Verification
   a. Verify eligibility and plan info via FLMMIS, prior to seeing child
   b. Ensure to verify coverage by month for the date of service to be billed

2. Obtain Authorizations
   a. NCES authorizes CONT for first evaluation via form G by SC
   b. Evaluate child and create Plan of Care (POC)
   c. IFSP used for authorization of services
   d. Refer to Medicaid Therapy Services Coverage and Limitations Handbook pages 56 – 58 for allowable fees and units

3. Bill Medicaid
   a. FL Medicaid billing via FLMMIS portal

4. Payment Receipt or Denial?
   a. If payment received in full
      • End of process
   b. If partial payment received
      • Refer to codes and rates in Therapy Services Procedure Codes and Maximum Fee Schedule to determine if considered full payment per Medicaid rate (Chapter 3, Appendix A of "Medicaid Therapy Services Coverage and Limitations Handbook pages 56 – 58,"
      • If not paid corresponding rate, contact Carla W. Richards via Move It with info as listed below in c.
   c. If denied
      • Determine reason for denial
      • Re-bill thru FLMMIS portal
      • If denied again, go through appeal process with Medicaid
      • If still an issue go to Medicaid Complaint Hub to submit issue, and send following via Move It to the attention of Carla and Sharon
         a. Denial / EOB / Info from Medicaid Claim Response / Results
BULLETIN 11: SERVICE PROVIDER CLAIM PROCEDURES

EFFECTIVE JULY 1, 2015, CLAIMS FILING FOR CONT OR CONTRACTED DOLLARS WILL NO LONGER FLOW THROUGH THE THIRD-PARTY ADMINISTRATOR, MCKESSON/ MED3000. INSTEAD, UF NCES WILL BE UTILIZING THE ACCOUNTS PAYABLE SYSTEM WITHIN UF AND WILL BE WORKING TO STREAMLINE CLAIMS PAYMENT PROCESSES FOR ALL CONT PAYMENTS TO CONTRACTED PROVIDERS.

THIS WILL REQUIRE THE FOLLOWING ACTIONS ON THE PART OF EACH PROVIDER AND/OR UF NCES:

1. Vendor Setup
2. Purchase Order Setup
3. Claims Filing Processes
4. Quality Assurance Audits

myUF Payment Solutions Accounts Payable Has Gone Digital

In an effort to streamline, digitize and automate the processing of invoices and vouchering, the Office of the CFO and UF Disbursements have introduced a new Accounts Payable solution—myUF Payment Solutions.

The system went live on March 1, 2014 and effective July 1, 2015, all UF NCES Provider Claims paid via CONT or contracted dollars, will be submitted directly to this UF workflow. myUF Payment Solutions provides a new supplier portal in myUFL that enables electronic vouchers to flow directly from vendors to UF Disbursements, eliminating extra steps and reducing paper in the process. For instructions, please click on “UF Vendor Instructions for AP Processing” at the myUF Payment Solutions link, which is located at: http://www.fa.ufl.edu/departments/university-disbursement-services/vouchers-expenditures-and-payment-processes/myuf-payment-solutions/

Vendor Setup

Follow the instructions and complete the appropriate vendor forms located at: http://www.fa.ufl.edu/departments/university-disbursement-services/vendors/

Please complete the forms found under “Business Vendors,” along with an IRS form W-9 which may be found at: http://www.irs.gov/pub/irs-pdf/fw9.pdf

Mail, or fax these forms to the address provided on the website which is:

- University of Florida
  Attn: Vendors Maintenance
  PO Box 115350
  Gainesville, FL 32611-5350
  Fax: 352.392.0081
  Email: addvendor@ufl.edu
Purchase Order Setup

Once you’ve been setup as a vendor in the myPayment Solutions system, the UF NCES Accounting Team will be able to create and provide a Purchase Order (PO) for you (Provider). This PO number will be required on each invoice / claims filing you send to UF in order for approval to occur for payment. The PO will include your vendor number and other pertinent information.

Claims Filing, Contracted Services (CONT) without an EOB (Due by 15th of Each Month)

Step 1 – Create invoice using only child’s MMI number
Step 2 – Send invoice in Microsoft Excel format to UF NCES Accounting Team (Carla Richards and Emily Hurlston) via Move it©
Step 3 – UF NCES Accounting Team will review invoice for accuracy and will forward into myUF Payment Solutions Accounts Payable System for processing (Any discrepancies or invoice issues will be communicated to provider to ensure flow)
Step 4 – Send progress notes associated with each of these invoices, preferably via USPS or fax to:

UF Pediatrics North Central Early Steps
Attn: Accounting Team
PO Box 100296
Gainesville, FL 32610-0296

Or
352.294.8088

Step 5 – UF Pediatrics Fiscal Team routes invoice to UF NCES Accounting Team
Step 6 – Accounting Team (Carla Richards and Emily Hurlston) will review system invoice for accuracy and will approve for payment as appropriate
Step 7 – Quality Assurance Audits will occur and any found to be out of compliance to these terms or the terms of the providers’ contract will result in a consult with provider to help get resolved; excessive non-compliance may result in suspension or termination of contract

Step Details

Step 1 – Create Invoice
- Invoices should be provided on a monthly basis and are due by the 15th of each month for the previous month (Ex. July 2015 claims should be filed by 15 June 2015)
- Invoices must include (See Appendix IA for a Sample Invoice):
  o Provider / Vendor Name, Address, Phone, Provider Number, and UF Vendor Number
  o UF Department of Pediatrics, North Central Early Steps – 29090700
    PO Box 100296, Gainesville, FL 32610-0296
  o Invoice Date
  o Invoice Number
  o PO (Purchase Order) Number
  o Child’s MRN or MMI number (No names or identifiers may be used!!!)
  o DOS (Date of Service)
  o Location Code
  o CPT or Service Code (reference Billing Legend located in Appendix)
Step 2 – Send Invoice to UF – Accounts Payable

The University of Florida is dedicated to developing and maintaining strong relationships with our suppliers to assure timely and efficient delivery of products and services to our various campus locations. In our continuing efforts to improve our procure-to-pay stream of work, the University of Florida has updated its Accounts Payable software and related processes. These changes will provide a more streamlined and efficient process while facilitating timely and accurate payments. It is imperative that invoices submitted for payment are done so adhering to the requirements below.

EFFECTIVE AUGUST 22, 2015, all future provider invoices for payment should be submitted to the UF NCES Accounting Team (Carla Richards and Emily Hurlston) in Microsoft Excel format via Move It©

Only the UF NCES Accounting Team will provide to the University of Florida Accounts Payable System (Corcentric), once approved and saved in the proper format.

All invoices will need to contain, at minimum, either a UF purchase order number, if applicable, or the 8-digit department ID number of the department with which you are doing business. For UF NCES, this is 29090700.

- **DO NOT SEND** Progress Notes, Monthly Statements, PCard Receipts, or Order Confirmations into the Accounts Payable system. Those should continue to be mailed to the departmental address
- **DO NOT SEND** multiple copies of invoices into the system as this will delay payment. The departmental ship to address should be used to mail all correspondence other than invoices for payment.

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

A Vendor Portal to track the status of invoices and payments is available for all vendors. If you would like access, please send an email to disbursements@ufl.edu requesting access. They will need company name and an email address. Vendors who are receiving EFT will receive an email remittance. The Vendor should ensure that UF has a current, valid email on file by contacting the UF Vendor Team. In addition, EFT Vendors can go online to view their payments. Knowing their UF Vendor ID# is helpful with the lookup. Here is the website: [http://www.fa.ufl.edu/departments/university-disbursement-services/vouchers-expenditures-and-payment-processes/](http://www.fa.ufl.edu/departments/university-disbursement-services/vouchers-expenditures-and-payment-processes/) Then click on the appropriate time period.

Should you need further clarification, please contact the appropriate individual at UF NCES as found on page 7 of this manual.
Claims Filing, TPI Denials & Requesting Payment Under CONT with an EOB (Due by the 30th of Each Month)

1st: Create invoice using only child’s MMI number
2nd: Send invoice to UF NCES Accounting Team (Carla Richards and Emily Hurlston) in Microsoft Excel format via Move It, along with EOB denial in Adobe PDF format, for invoice approval and submission into accounts payable system
3rd: UF NCES Accounting Team will review invoice for accuracy and will forward into myUF Payment Solutions Accounts Payable System for processing
   (Any discrepancies or invoice issues will be communicated to provider to ensure flow)
4th: Send progress notes associated with each of these invoices, preferably via USPS or fax to:
   
   UF Pediatrics North Central Early Steps
   Attn: Accounting Team
   PO Box 100296
   Gainesville, FL 32610-0296

   Or 352.294.8088

5th: UF Pediatrics Fiscal Team routes invoice to UF NCES Accounting Team
6th: UF NCES Accounting Team (Carla Richards and Emily Hurlston) will review system invoice for accuracy and will approve for payment as appropriate
7th: Quality Assurance Audits will occur and any found to be out of compliance to these terms or the terms of the providers’ contract will result in a consult with provider to help get resolved; excessive non-compliance may result in suspension or termination of contract

Step 3 – Progress Notes
- Progress notes should be provided for each associated billing period and are also due by the 15th of each month
- Progress notes should be either mailed or faxed to the UF NCES offices at the address or fax number found on page 7 of this manual and should NOT be sent to the UF accounts payables system. Invoice payments will only proceed for those in compliance with this agreement, as the progress notes are necessary for contract compliance and quality of care provided to the children and families we serve

Step 4 - UF Pediatrics Fiscal Team routes invoice to NCES Accounting Team

Step 5 – Invoice Payment
- Accounting Team (Carla Richards and Emily Hurlston) will review invoice for accuracy and will approve for payment as appropriate
- UF Disbursements Office processes payment as appropriate to meet invoice due date (ex. For an invoice dated 07.01.2015 that is due NET 30 by 07.31.2015, payment will be made on or before 07.31.2015, as long as the vendor is fully setup in the UF Accounts Payable system, invoice and all appropriate documentation have been received, etc.

Step 6 – Quality Assurance Audits
Q/A will occur and any found to be out of compliance to these terms or the terms of the providers’ contract will result in a consult with provider to help get resolved; excessive non-compliance may result in suspension or termination of contract
BULLETIN 12: CONSULTATION POLICY AND PROCEDURES

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

- For consultation services to be reimbursed you must use the Consultation among Service Provider Team Members Form (See Appendix H).

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

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

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

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

- Consultation services are billed to UF NCES as described in previous section.

- Consultation form is completed and signed by both team members and submitted to UF NCES by the 15th of each month following the date of the service.

BILLING PROCEDURES FOR CONSULTATION

- The service provider will bill UF NCES using the following CPT Codes:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>CPT Code</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation, Face to Face</td>
<td>99368</td>
<td>$12.50</td>
</tr>
<tr>
<td>Consultation, Phone</td>
<td>99368 TL</td>
<td>$6.25</td>
</tr>
</tbody>
</table>
BULLETIN 13: IFSPS ANNUALS AND SIX MONTH UPDATES

What are my responsibilities for a child on my caseload that was made eligible due to a developmental delay based on documented sources beyond standard scores (Informed Clinical Opinion (ICO))? 

For 6-month re-determination of eligibility:

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

- BDI-2 screener or other approved instrument in the area of development that made child eligible
- Complete Page D of IFSP
- Signature on Page H of IFSP
- BDI-2 Screener to be sent directly the attention of Lucy Hernandez with the following documented on the protocol:
  - Eligible (E) or Not Eligible (NE)
  - Informed clinical opinion (ICO).
  - Name of Service Coordinator

What are my responsibilities for an annual IFSP for a child on my caseload?

For an IFSP annual review:

A face-to-face meeting must be conducted on at least an annual basis by the IFSP team to re-determine eligibility and review the IFSP, as appropriate, to revise, change or modify its provisions and assess the continued appropriateness of the outcomes, strategies and recommended services, as needed.

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

- BDI-2 screener or other approved instruments completed in all areas of child’s development

The following documentation is required at the time of the annual IFSP:

- Completed pages D and E through direct entry into FACETS ED or handwritten
- Team develops outcomes, goals and strategies on Page F of IFSP
- Signature on Page H of IFSP and evaluator signature page.

Please note - BDI-2 Screener to be sent directly the attention of Lucy Hernandez with the following documented on protocol:

- Eligible (E) or Not Eligible (NE)
- Informed clinical opinion (ICO)
- Name of Service Coordinator
- MMI

Remember ESSO Policy 3.1.4 B:
For any child made eligible due to developmental delay based on documented sources beyond standard scores when the scores on the initial eligibility assessment do not meet the Early Steps eligibility criteria, the following must occur:

1. The rationale behind a recommendation for eligibility must be clearly delineated in the IFSP/Evaluation Report, and must document all pieces of information collected through a variety of methods.
2. The child’s eligibility must be re-determined with parental consent no later than the end of the initial 6-month service authorization period. Informed clinical opinion must be included in the re-determination.
3. If the re-determination of eligibility indicates that the child is no longer developmentally delayed, the child should be exited from Early Steps.

Remember ESSO Guide 3.1.4C:
For children made eligible based on documented sources beyond standard scores, the 6 month eligibility re-determination does not require an evaluation of all 5 domains; however, the child’s status in all domains must still be documented. For a child with a concern in only one domain, the IFSP team should choose an appropriate instrument to re-determine eligibility in the domain of concern.

Remember ESSO Policy 3.1.11:
Determination of continuing eligibility must take place during the annual review of the IFSP for children determined eligible due to developmental delay.

If the screening indicates that the child no longer meets Early Steps eligibility criteria, the IFSP team should determine whether the child should be closed to Early Steps or if an additional assessment is necessary to determine if the child is still in need of services.
BILLING PROCEDURES FOR ATTENDING A PERIODIC AND/OR IFSP ANNUAL REVIEW

The service provider will bill UF NCES using the following CPT Code:

- COIFF IFSP CONSULTATION, PROFESSIONAL, FACE TO FACE T2024 TL each 15 minutes $12.50
- COIFP IFSP CONSULTATION, PROFESSIONAL, BY PHONE T2024 GQ TL each 15 minutes $6.25

ESSO Guidance Policy 5.5.4
Provision of records is considered part of the evaluation or assessment process and is not a separate billable activity.
BULLETIN 14: WHAT ARE THE CUT SCORES FOR THE BDI-2 SCREENER?

Instructions:

Calculate and transfer the raw score total for each of the domains to the front page of the BDI-2 Screening Test Record Form.

Sum the five domain raw scores to obtain the total raw score, and record in the Total Screening box.

Select the correct age for the child. Find -1.5 cut score level and critical raw score for the domain/total score.

A raw score at or below the cut score indicates child continues to qualify for program.

Record the Pass/Refer decision in the Pass/Refer column boxes, refer to example on next page.

<table>
<thead>
<tr>
<th>ADAPTIVE DOMAIN</th>
<th>MOTOR DOMAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Deviation</strong></td>
<td><strong>Standard Deviation</strong></td>
</tr>
<tr>
<td><strong>Percent Below</strong></td>
<td><strong>Percent Below</strong></td>
</tr>
<tr>
<td><strong>Age in Months</strong></td>
<td><strong>Age in Months</strong></td>
</tr>
<tr>
<td>0-5</td>
<td>0-5</td>
</tr>
<tr>
<td>6-11</td>
<td>6-11</td>
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<tr>
<td>12-17</td>
<td>12-17</td>
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<td>18-23</td>
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<td>24-35</td>
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<tr>
<td>36-47</td>
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<table>
<thead>
<tr>
<th>PERSONAL-SOCIAL DOMAIN</th>
<th>COGNITIVE DOMAIN</th>
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</thead>
<tbody>
<tr>
<td><strong>Standard Deviation</strong></td>
<td><strong>Standard Deviation</strong></td>
</tr>
<tr>
<td><strong>Percent Below</strong></td>
<td><strong>Percent Below</strong></td>
</tr>
<tr>
<td><strong>Age in Months</strong></td>
<td><strong>Age in Months</strong></td>
</tr>
<tr>
<td>0-5</td>
<td>0-5</td>
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<tr>
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<table>
<thead>
<tr>
<th>COMMUNICATION DOMAIN</th>
<th>TOTAL SCORE</th>
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<td><strong>Standard Deviation</strong></td>
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<tr>
<td><strong>Percent Below</strong></td>
<td><strong>Percent Below</strong></td>
</tr>
<tr>
<td><strong>Age in Months</strong></td>
<td><strong>Age in Months</strong></td>
</tr>
<tr>
<td>0-5</td>
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<td>72-83</td>
</tr>
<tr>
<td>84-95</td>
<td>84-95</td>
</tr>
</tbody>
</table>
# BDI-2 Screening Record Form

**Name**

- Last
- First
- Mi

**Sex**
- M □
- F □
- ID# __________

**Examiner** __________

**School/Program** __________

**Teacher** __________

**Classroom/Grade** __________

**Date of Testing**
- Year: 2014
- Month: 04
- Day: 01

**Date of Birth**
- Year: 2013
- Month: 01
- Day: 01

**Chronological Age**
- Year: 03
- Month: **00

**Age in Months**
- 15

---

### Screening Score Summary

<table>
<thead>
<tr>
<th>Domain</th>
<th>Raw Score</th>
<th>Standard Deviation (-2.0, -1.5, -1.0)</th>
<th>Cut Score</th>
<th>Pass/Refer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptive</td>
<td>10</td>
<td>-1.5</td>
<td>9</td>
<td>pass</td>
</tr>
<tr>
<td>Personal-Social</td>
<td>8</td>
<td>-1.5</td>
<td>8</td>
<td>refer</td>
</tr>
<tr>
<td>Communication</td>
<td>9</td>
<td>-1.5</td>
<td>10</td>
<td>refer</td>
</tr>
<tr>
<td>Motor</td>
<td>11</td>
<td>-1.5</td>
<td>10</td>
<td>pass</td>
</tr>
<tr>
<td>Cognitive</td>
<td>9</td>
<td>-1.5</td>
<td>10</td>
<td>refer</td>
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<tr>
<td><strong>Total Screening Score</strong></td>
<td><strong>47</strong></td>
<td>-1.5</td>
<td><strong>51</strong></td>
<td>refer</td>
</tr>
</tbody>
</table>

**Age Equivalent:**

**Date of Report:**

---

**Test Session Validity**

---

**Notes and Observations (Dev/Physical, Bio/Medical/Environmental)**

---

**Recommendations**

Continues to qualify under personal-social, communication and cognitive
WHY DO WE NEED TO MEASURE AND REPORT CHILD AND FAMILY OUTCOMES?

Federal and State policy continues to require publicly funded programs to be accountable. Citizens are holding government at all levels accountable for how they are spending tax dollars. For human service and education programs, stakeholders want to know how services are achieving positive results – outcomes for children and families. For instance, the No Child Left Behind Act is an accountability requirement for public schools. Accountability is not just what services were provided and to whom, but what impact do those services have for children and families?

The Florida Department of Health, Children’s Medical Services, Bureau of Early Steps State Office (ESSO) and the Department of Education, Bureau of Exceptional Education and Student (DOE) have collaborated to develop a family and child outcome measurement system for children birth to five years of age. This system is designed to meet the requirements for reporting on progress as defined by the federal Office of Special Education Programs (OSEP). This document covers the child outcome measurement system only.

In 2005, OSEP began requiring State Early Intervention and Preschool Special Education programs to report on child and family outcomes for early intervention and early childhood special education.

For child outcomes, States are required to report on the percent of infants and toddlers with Individualized Family Service Plans (IFSPs) or preschool children with Individualized Education Plans (IEPs) who demonstrate improved:

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

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

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

**Ultimate Goal:**

**For children...**

to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families, in child care, preschool or school programs, and in the community.

**For families ...**

to enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities.
**SO HOW DO I KNOW IF AN EXIT BDI-2 EVALUATION IS NEEDED AND WHAT IS THE PROCEDURE?**

- All children served in Early Steps that have had 6 months or more of supports and services from initial IFSP will be included in the child outcomes measurement system.

- Early Steps children who have an initial IFSP date after the age of 30 months (beginning 30 months plus 1 day) will not be in the Early Steps child outcomes measurement system.

- As a contracted service provider with UF NCES, when you discharge a child from your case load you will be requested to do an EXIT evaluation only if child has had 6 months or more of services from initial IFSP and child will be discharged from UF NCES program.

- For children that will be discharged due to turning three, at the transition conference the Service Coordinator will discuss with parent/caregiver the need for an EXIT BDI-2 evaluation. Most likely it will be completed by the service provider that is the primary provider on the IFSP with BDI-2 training.

- Service provider will receive an alert through MOVE it® that an EXIT is required; included will be child’s name, authorization period and intensity.

---

**BILLING PROCEDURE FOR AN EXIT EVALUATION**

- Refer to Bulletin 4 – Fee Schedule for FY 15-16 Pages 9-11

---

Send completed EXIT BDI-2 to the attention of:
UF Dept. of Pediatrics North Central Early Steps
Lucy Hernandez
PO Box 100296
1329 SW 16th Street, Suite 4160
Gainesville, FL. 32610-0296
BULLETIN 16: GUIDANCE ON THE USE OF THE BDI-2 SCREENER

- BDI-2 screener may be used for the following:
  - 6-month re-determination of eligibility for a child made eligible based on clinical opinion
  - Annual IFSP re-determination for a child made eligible based on a developmental delay
  - EXIT evaluation for a child that is no longer eligible for Part C services.

- For all children turning three that are part of Florida Outcomes (e.g. have had 6 months or more of services from initial IFSP) will receive a complete BDI-2 from authorized service provider.

BULLETIN 17: DISCHARGE POLICY AND PROCEDURES

- A child may be discharged from a service provider’s caseload due to one of the following reasons:
  - Child was made eligible based on clinical opinion and screening indicates that the child no longer meets Early Steps eligibility criteria
  - Child has met IFSP outcomes and is no longer demonstrating any concerns
  - Child has met discipline specific goals and is no longer in need of service
  - Parent/Caregiver requesting new provider or declining service
  - Child turning three
  - Transfer out of district/other state
  - Attempts to contact parent have been unsuccessful

- For all of the reasons above the following documentation is required upon discharge:
  - Discharge Summary, see below (See Appendix C)
  - Monthly Progress Note (See Appendix B)
  - BDI-2 or BDI-2 Screener, if applicable

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Discharge Date</th>
<th>Service Coordinator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD'S NAME</td>
<td>DATE:</td>
<td>DISCHARGE DATE:</td>
</tr>
</tbody>
</table>

Reason for Discharge (pick one):

- Progress Made Toward Stated Outcome(s) Upon Discharge:

Provider Signature/Date:
I certify that the following information is true and accurate.
1 **Step 1: Referral for AT Assessment:**
A referral for an AT Assessment may be made at any time. It is preferred that the team evaluating child for eligibility to NCES consider and document the need for an AT assessment at the time of eligibility.
✓ Documentation completed by team at time of eligibility: E, F & G

2 **Step 2: Responsibility of Service Coordinator:**
If an AT assessment is needed service coordinator makes a referral to Pediatric Physical Therapy Services/Children's Medical Service (CMS) and or appropriate local provider to complete an AT evaluation and recommendation for AT device.
✓ The referral packet to include:
- Service Initiation Form
- IFSP
- AT Activity- Based Assessment Form (See Appendix J)
- UF NCES AT Request Form (See Appendix K)
✓ Service Coordinator to authorize in FACETS ED the following:
- ASTE – 97555 as event $48.50
- ASST – T1999 – 1 Unit = $1,500.00

3 **Step 3: Responsibility of Service Provider:**
Information collected during the assessment process should include:
- AT Activity-Based Assessment form (See Appendix J)
- Physician’s Authorization (Must be written within the previous six month time frame)
- Separate letter of developmental necessity from a credentialed evaluator is required. The letter must be dated within the recent six-month time frame and include information on the child’s developmental need and current functioning level.
- Vendor quotes including options/accessories breakdown and picture of AT device
- Picture and description of item including manufacturer pricing

4 **Step 4: Responsibility of Service Coordinator:**
Upon receipt of AT request, Service Coordinator ensures that all paper work is complete and then turns into fiscal for review.
Step 5: Responsibility of Fiscal:
✓ The sole purpose of this step is to ensure that all paperwork is complete and that the team and service provider making request have followed the Five Principles of Assistive Technology (Refer to Page 39 and ESSO policy for AT needs.)
✓ If paperwork is complete will return to service coordinator with AT Device Request form signed and dated.

Step 6: Responsibility of Service Coordinator:
✓ Service coordinator provides letter of notification to service provider. In that letter you must state that Part C is back-up payer and that all other resources must be exhausted prior to seeking Part C. Also, that upon seeking part C funds that we will cover up to 80% of total price and/or Medicaid rate.

Step 7: Responsibility of Service Provider:
✓ Service provider must bill all other resources prior to Part C and if seeking payment through our program must provide EOB
✓ Service provider submits EOB with AT claim (See Appendix IC – Invoice AT Claims)

Step 8: Step: Responsibility of Service Coordinator:
✓ Service Coordinator to ensure that the AT Receipt Device Form (See Appendix L – AT Receipt form) has been signed by parent and returned to Fiscal Staff
**Early Intervention Assistive Technology Principles**

The following are principles to consider when assessing the potential for AT solutions:

**Principle 1:** Families are involved in developing and implementing AT devices for their child.

**Principle 2:** AT devices are infused in the child’s daily routines across home, child care and other settings and is a strategy to foster learning and independence.

**Principle 3:** AT assessment and intervention is addressed in a team-based collaborative manner with the family as an integral member of the decision-making team.

**Principle 4:** AT focus is on function – “What is it that the child needs to do that he/she currently cannot do?”

**Principle 5:** Strive for simplicity. AT tools are easy to use and can be adapted to the environments of the child and family.

**Principle 6:** AT assessment should be addressed during the development of the IFSP when there is reason to believe the child would benefit from the use of an AT device.
Critical Areas to Consider When Assessing the Need for an AT Device

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

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

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

**Tools**
- What no tech or low tech options should be considered in an assistive technology system for a child with these needs and abilities doing these activities in these environments?
- What high tech options should be considered?
- What assistive technology options appeal most to the family?
- What strategies might be used to increase the child’s interest in the activity?
- How might the child try out the proposed assistive technology in the environment in which it will be used?
What is the purpose of the Family Survey?
The Office of Special Education Programs (OSEP) requires each state to report information about whether early intervention services have positive results for children and families served. This is part of the national push for accountability and we need to show that money spent on early intervention makes a difference. Parents and families and their early intervention team members work together to determine how the child is developing and progressing. Specifically, states must report the extent to which families convey that early intervention helped them:

- Knows their rights
- Effectively communicate their child’s needs
- Help their child develop and learn

What families are eligible for the Family Survey?
Starting June 2014 we will be surveying families who have received services for 6 months or more from the initial IFSP and are exiting our program based on the following reasons:

- IFSP was completed prior to child turning three
- No longer eligible at the 6 months re-determination and is being discharged from the UF NCES
- Turning 3 and exiting the program
- Withdrawal by parent after the IFSP was completed
- Moved out of state

How do families complete the survey?
Our families that meet the criteria above must be provided with an opportunity to submit a survey and this should be offered during face-to-face contact with families. The family survey process is primarily web-based and a family has three options for submitting the survey:


**Option 2:** Service Coordinator laptop during face-to-face meetings with family

**Option 3:** Hard copy survey if family does not have access to a computer

How Can I help?
- Reminding our families that meet the criteria above to complete a Family Survey
- Reminding our Service Coordinators that a Family Survey is needed
- Providing the family with the Family Survey reminder post card (See Appendix N)
## EXHIBITS

### EXHIBIT A: UF DEPT OF PEDIATRICS NORTH CENTRAL EARLY STEPS SERVICE INITIATION FORM

**UF HEALTH NORTH CENTRAL EARLY STEPS SERVICE INITIATION FORM**

Federal Policy 6.10 Early intervention services and supports will be delivered in a timely manner, which is defined by Early Steps to be as soon as possible, but within 30 calendar days from when the family consented to the service or by the start date of the authorization period listed on the IFSP unless there is documentation of a child or family related issue or natural disaster which caused the delay.

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

After your initial visit, please send form via MOVE it to Lucy Hernandez at hernandezlucy@pedsufl.edu

NCES Phone: (904) 273-9555 Fax: 351-794-9088 (toll free - only outside Alachua county)

<table>
<thead>
<tr>
<th>Service Start Date</th>
<th>Provider/Agency Name</th>
<th>Service Coordinator</th>
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</thead>
<tbody>
<tr>
<td>Service Must Begin Prior to</td>
<td>Frequency:</td>
<td>IFSP Authorization Period</td>
</tr>
<tr>
<td>Service Type</td>
<td>Duration:</td>
<td></td>
</tr>
<tr>
<td>Child’s Name</td>
<td>Address</td>
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</tr>
</tbody>
</table>

Document steps to initiate first visit:

1.
2.
3.

Provider Section:

**Data of Visit**
EXHIBIT B: UF DEPT OF PEDIATRICS NORTH CENTRAL EARLY STEPS PROGRESS NOTE

UF HEALTH NORTH CENTRAL EARLY STEPS PROGRESS NOTE

Child’s Name: ____________________________  Child’s MTH: ________________________  Service Authorization Period: ___________ To ___________

IFSP Outcome(s): ____________________________  Service Coordinator: ____________________________  Child DOB: ____________________________

What are the next steps (goals) to reaching this outcome:

Supports and Progress Made Toward IFSP Outcome(s) and Goal(s):

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

Initial IFSP: ____________________________  Choose One: ____________________________

Primary Service Provider Signature and Title/Date: ____________________________

By typing my name here I attest that the following information is true and accurate.
### Monthly Progress Note Instructions

<table>
<thead>
<tr>
<th>Section:</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>1 Name and DOB of Child:</td>
<td>Enter child’s name and date of birth here</td>
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<tr>
<td>2 Service Authorization Period Section:</td>
<td>Current service authorization period as stated on current IFSP</td>
</tr>
<tr>
<td>3 Service Coordinator:</td>
<td>From drop down list enter in service coordinator for this family</td>
</tr>
<tr>
<td>4 IFSP Outcome(s) Section:</td>
<td>Enter outcome from Page F of IFSP</td>
</tr>
<tr>
<td>5 IFSP Goal(s) Section:</td>
<td>Enter goal(s) from Page F of IFSP and/or newly developed goals</td>
</tr>
</tbody>
</table>
| 6 Supports and Progress Section - When completing this section please answer the following questions(1-6): | 1. Any changes in the child’s development, learning or behavior  
  2. Progress toward achieving outcomes/goals on the IFSP  
  3. Whether intervention strategies have been effective  
  4. Whether family concerns have been addressed or whether there are new concerns  
  5. The quality of the child/caregiver interactions and whether developmental needs are being met.  
  6. What environmental supports/adaptation have been suggested? |
| 7 Parent /Caregiver Signature Section: | Parent/caregiver signs after each home visit and/or session                  |
| 8 Initial IFSP Section:          | Date IFSP was initially developed                                            |
| 9 Type of Eligibility Determination Section: | 6-month, Annual IFSP Review, or Invoice                                      |
| 10 Primary Provider Signature and Title Section: | Signature of provider, provider credentials, and date must be completed     |
## EXHIBIT C: UF DEPT OF PEDIATRICS NCES PROVIDER DISCHARGE SUMMARY FORM

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

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

### Reason for Discharge (pick one):

<table>
<thead>
<tr>
<th>Progress Made Toward Stated Outcomes Upon Discharge</th>
</tr>
</thead>
</table>

**Provider Signature/Date:**

*By typing my name here I attest that the following information is true and accurate*
EXHIBIT D: PROCEDURAL SAFEGUARDS

Early Steps
Summary of Family Rights

The partnership between families and Early Steps is a key component of the Early Steps system. Ongoing communication between you and Early Steps is important so your concerns and priorities are addressed. If you have concerns about Early Steps, you should discuss them with your service coordinator and Individualized Family Support Plan (IFSP) team. Your IFSP team needs and wants to hear any and all issues you might have. You are also entitled to procedural safeguards and rights in Early Steps, which for the purpose of this summary, is Part C of the Individuals with Disabilities Education Act and its regulations. Your rights are summarized in this document. For more detailed information on the policies and rights you have in Early Steps, you may visit for http://www.cms-kids/home/resources/es_policy/es_policy.html or call (800) 654-4440.

This summary includes information about:

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

10/2013
EXHIBIT E: PROCEDURAL SAFEGUARDS STATEMENT OF UNDERSTANDING OF PART C

-----

Statement of Understanding of Part C Procedural Safeguards

I certify that I have read the Procedural Safeguards

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

I agree to abide by the Procedural Safeguards

Signature

Date

Name (Printed or Types)
EXHIBIT F1: FISCAL YEAR 15-16 SERVICE FEE SCHEDULE BY PROVIDER TYPE - EI/ITDS

<table>
<thead>
<tr>
<th>PROVIDERS</th>
<th>LEGEND - BILLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Interventionists / Infant Toddler Developmental Specialists</td>
<td></td>
</tr>
</tbody>
</table>

**NCES Providers**

**PLEASE NOTE:** THIS LEGEND IS NOT ALL INCLUSIVE, BUT COVERS COMMONLY USED CPT CODES. FOR FULL LIST, PLEASE REFERENCE "ESSO TAXONOMY" TAB

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>REFERENCE CODE</th>
<th>CODE</th>
<th>MODIFIER(S)</th>
<th>FEE/UNIT</th>
<th>ALLOWABLE (Medicaid)</th>
<th>BILLING METHOD</th>
<th>BILLING SOURCE</th>
<th>PAID UNDER TPI, MED, OR CONT</th>
<th>PAYER CODES</th>
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</thead>
<tbody>
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<td>EI/ITDS, Initial</td>
<td>IDEF</td>
<td>IDEF</td>
<td>2</td>
<td>$27.29</td>
<td>2 hour</td>
<td>Either E or P</td>
<td>FLMMIS Portal when Medicaid UF NCES when TPI is Primary</td>
<td>Medicaid if Primary or Secondary</td>
<td>CONT if TPI is Primary</td>
</tr>
<tr>
<td>EI/ITDS, Follow Up</td>
<td>IDEF</td>
<td>IDEF</td>
<td>TS</td>
<td>$27.29</td>
<td>2 hour</td>
<td>Either E or P</td>
<td>FLMMIS Portal when Medicaid UF NCES when TPI is Primary</td>
<td>Medicaid if Primary or Secondary</td>
<td>CONT if TPI is Primary</td>
</tr>
<tr>
<td>ELIGIBILITY EVAL, Initial (Licensed Providers Only)</td>
<td>IDEF</td>
<td>IDEF</td>
<td>TL</td>
<td>$37.50</td>
<td>FLMMIS Portal when Medicaid UF NCES when TPI is Primary</td>
<td>Medicaid if Primary or Secondary</td>
<td>TPI if TPI is Primary</td>
<td>CONT if TPI is Primary</td>
<td>TPN Private Insurance Primary</td>
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<td>ELIGIBILITY EVAL, Follow Up (Licensed Providers Only)</td>
<td>IDEF</td>
<td>IDEF</td>
<td>TL</td>
<td>$37.00</td>
<td>FLMMIS Portal when Medicaid UF NCES when TPI is Primary</td>
<td>Medicaid if Primary or Secondary</td>
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<td>CONT if TPI is Primary</td>
<td>CONT Part C Tertiary</td>
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<td>IDEF</td>
<td>SC</td>
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<td>CONT if TPI is Primary</td>
<td>Title 19 considered Medicaid</td>
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<td>TL</td>
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<td>FLMMIS Portal when Medicaid UF NCES when TPI is Primary</td>
<td>Medicaid if Primary or Secondary</td>
<td>TPI if TPI is Primary</td>
<td>CONT if TPI is Primary</td>
<td>Both billed via UF NCES to CMGN, Pedicare</td>
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<td>IDEF</td>
<td>TL</td>
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<td>TPI if TPI is Primary</td>
<td>CONT if TPI is Primary</td>
<td>Both billed via UF NCES to CMGN, Pedicare</td>
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<td>IDEF</td>
<td>TL</td>
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<td>CONT if TPI is Primary</td>
<td>Both billed via UF NCES to CMGN, Pedicare</td>
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<td>IDEF</td>
<td>AAO</td>
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<td>Medicaid if Primary or Secondary</td>
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<td>CONT if TPI is Primary</td>
<td>Both billed via UF NCES to CMGN, Pedicare</td>
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<td>NEST (Flat Rate, One Way up to 25 miles)</td>
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<td>IDEF</td>
<td>TNE</td>
<td>FLMMIS Portal when Medicaid UF NCES when TPI is Primary</td>
<td>Medicaid if Primary or Secondary</td>
<td>TPI if TPI is Primary</td>
<td>CONT if TPI is Primary</td>
<td>Both billed via UF NCES to CMGN, Pedicare</td>
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<tr>
<td>Travel (One Way, &gt;25 miles)</td>
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<td>IDEF</td>
<td>TNE</td>
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<td>Medicaid if Primary or Secondary</td>
<td>TPI if TPI is Primary</td>
<td>CONT if TPI is Primary</td>
<td>Both billed via UF NCES to CMGN, Pedicare</td>
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<tr>
<td>Evaluation</td>
<td>IDEF</td>
<td>IDEF</td>
<td>TNE</td>
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<td>CONT if TPI is Primary</td>
<td>Both billed via UF NCES to CMGN, Pedicare</td>
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<tr>
<td>NEST</td>
<td>IDEF</td>
<td>IDEF</td>
<td>TNE</td>
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<td>Medicaid if Primary or Secondary</td>
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<td>CONT if TPI is Primary</td>
<td>Both billed via UF NCES to CMGN, Pedicare</td>
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<td>Assistive Technology, EVal</td>
<td>IDEF</td>
<td>IDEF</td>
<td>3TE</td>
<td>FLMMIS Portal when Medicaid UF NCES when TPI is Primary</td>
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<td>IDEF</td>
<td>3TE</td>
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<td>CONT if TPI is Primary</td>
<td>Both billed via UF NCES to CMGN, Pedicare</td>
<td></td>
</tr>
</tbody>
</table>

**Please note:** To record AT and Therapy evaluations as a single event, not minutes. On form G of the IFSP under Interventions, should record as units not minutes and should only be billed 50/50.

The following are always recorded as single units:
- Assistive Technology Evaluations and AT Devices: 3TE 7735, 7799
- Occupational Therapy Evaluations: 3TE 8735, 8799
- Physical Therapy Evaluations: 3TE 8735, 8759
- Speech Evaluations: 3TE 7531, 7532, 9033, 9034

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**EXHIBIT F2: FISCAL YEAR 15-16 SERVICE FEE SCHEDULE BY PROVIDER TYPE - OT**

**LEGEND - BILLING**

**NCES Providers**

PLEASE NOTE: THIS LEGEND IS NOT ALL-INCLUSIVE, BUT COVERS COMMONLY USED CP CODES. FOR FULL LIST, PLEASE REFERENCE "ESPD TAXONOMY" TAB

**THERAPY PROVIDERS**

**OCCUPATIONAL**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>REFERENCE CODE</th>
<th>MODIFIER(S)</th>
<th>MAX ALLOWABLE (Medicaid)</th>
<th>BILLING METHOD (Electronic or Paper)</th>
<th>BILLING SOURCE (TPR or MMA Interface or USPS, FLMMIS Portal, or UF NCES)</th>
<th>PAID UNDER TPR, MED, OR CONT</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVAL, OT Initial</td>
<td>OCTF 97XX</td>
<td>-</td>
<td>$ 15.00</td>
<td>1 per year</td>
<td>Either E or P</td>
<td>TPR or MMA Interface or USPS, FLMMIS Portal, or UF NCES</td>
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<tr>
<td>EVAL, OT Re-Eval, Periodic</td>
<td>OCTF 97XX</td>
<td>-</td>
<td>$ 15.00</td>
<td>1 per 5 months</td>
<td>Either E or P</td>
<td>TPR or MMA Interface or USPS, FLMMIS Portal, or UF NCES</td>
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<tr>
<td>TREATMENT VISIT, OT</td>
<td>OCTF 97XX</td>
<td>-</td>
<td>$ 17.96</td>
<td>1 day, 14 per week</td>
<td>Either E or P</td>
<td>TPR or MMA Interface or USPS, FLMMIS Portal, or UF NCES</td>
</tr>
<tr>
<td>Screening</td>
<td>TSSG</td>
<td>-</td>
<td>$ 50.00</td>
<td>-</td>
<td>Either E or P</td>
<td>FLMMIS Portal when Medicare UP NCES when TPR is Primary</td>
</tr>
<tr>
<td>EVAL, OT Eligibility Initial</td>
<td>IPDE-OT</td>
<td>TSSG</td>
<td>GO OR</td>
<td>$ 37.50</td>
<td>2 hour</td>
<td>Either E or P</td>
</tr>
<tr>
<td>EVAL, OT Eligibility Follow Up</td>
<td>IPDE-OT</td>
<td>TSSG</td>
<td>GO OR</td>
<td>$ 37.50</td>
<td>2 hour</td>
<td>Either E or P</td>
</tr>
<tr>
<td>APPLICATION of Casting or Strapping</td>
<td>-</td>
<td>A4</td>
<td>$ 18.58</td>
<td>2 per day</td>
<td>Either E or P</td>
<td>TPR or MMA Interface or USPS, FLMMIS Portal only</td>
</tr>
<tr>
<td>TPR Consult, Face to Face</td>
<td>TTPA</td>
<td>TL</td>
<td>$ 10.00</td>
<td>-</td>
<td>Either E or P</td>
<td>UF NCES</td>
</tr>
<tr>
<td>TPR Consult, Phone</td>
<td>TTPA</td>
<td>E2</td>
<td>$ 8.25</td>
<td>-</td>
<td>Either E or P</td>
<td>UF NCES</td>
</tr>
<tr>
<td>CONSULT, Face-to-Face</td>
<td>CONFL</td>
<td>TL</td>
<td>$ 10.00</td>
<td>-</td>
<td>Either E or P</td>
<td>UF NCES</td>
</tr>
<tr>
<td>CONSULT, Phone</td>
<td>CONFL</td>
<td>E2</td>
<td>$ 8.25</td>
<td>-</td>
<td>Either E or P</td>
<td>UF NCES</td>
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<tr>
<td>Evaluation Travel (IPDE or IPDE, Round Trip)</td>
<td>Aveva Aveva</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Either E or P</td>
<td>UF NCES</td>
</tr>
<tr>
<td>NES (Rate, One Way up to 25 miles)</td>
<td>9596</td>
<td>9560</td>
<td>$ 10.00</td>
<td>-</td>
<td>Either E or P</td>
<td>UF NCES</td>
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<tr>
<td>Travel (One Way, 26+ miles)</td>
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<td>9560</td>
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<td>-</td>
<td>Either E or P</td>
<td>UF NCES</td>
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<tr>
<td>GST</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Either E or P</td>
<td>UF NCES</td>
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<td>ASSISTANT TECHNOLOGY, EVAL</td>
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<td>$ 5.00</td>
<td>-</td>
<td>Either E or P</td>
<td>UF NCES</td>
</tr>
<tr>
<td>ASSISTANT TECHNOLOGY, DEVICES</td>
<td>ASTT</td>
<td>-</td>
<td>$ 5.00</td>
<td>-</td>
<td>Either E or P</td>
<td>UF NCES</td>
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</table>

*See Chapter Two of FL Medicaid Therapy Services Coverage Limitations Handbook for more info.

Please remember to record AT and Therapy evaluations as a single unit, not in minutes. On form C of the ISP, under Intensity, should record as units not minutes and should only be used.

The following are always recorded as a single unit:
- Assistive Technology Evaluations and AT Devices (9735, 9799)
- Occupational Therapy Evaluations (9700 & 9704)
### EXHIBIT F3: FISCAL YEAR 15-16 SERVICE FEE SCHEDULE BY PROVIDER TYPE - PT

#### LEGEND - BILLING

**NCES Providers**

*Please note: This legend is not all-inclusive, but covers commonly used CPT codes. For full list, please reference "ESSO TAXONOMY" tab*

#### THERAPY PROVIDERS

**PHYSICAL**

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<tr>
<th>SERVICE</th>
<th>REFERENCE CODE</th>
<th>CODE</th>
<th>MODIFIER(s)</th>
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<th>MAX ALLOWABLE (Medicaid)</th>
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<th>BILLING SOURCE (TPA or MMA Interface or USPS, FLUMMS Portal, or UF NCES)</th>
<th>PAID UNDER TP, MED, OR CONT?</th>
<th>PAYER CODES</th>
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<tbody>
<tr>
<td>EVAL, PT Initial</td>
<td>PSTN</td>
<td>92554</td>
<td>-</td>
<td>$ 3,600</td>
<td>1 per year</td>
<td>Either C or F</td>
<td>TPI or MMA Interface or USPS, FLUMMS Portal, or UF NCES</td>
<td>TPI OR MED if EOB denies or no ins. CONT</td>
<td>TPN Private Insurance, Primary</td>
</tr>
<tr>
<td>EVAL, PT Re-Eval, Periodic</td>
<td>PSTN</td>
<td>92555</td>
<td>-</td>
<td>$ 4,04</td>
<td>1 per 6 months</td>
<td>Either C or F</td>
<td>TPI or MMA Interface or USPS, FLUMMS Portal, or UF NCES</td>
<td>TPI OR MED if EOB denies or no ins. CONT</td>
<td>TPN Private Insurance, Primary</td>
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<tr>
<td>TREATMENT VISIT, PT</td>
<td>PTN</td>
<td>97110</td>
<td>-</td>
<td>$ 10.06</td>
<td>1 day, 14 per week</td>
<td>Either C or F</td>
<td>TPI or MMA Interface or USPS, FLUMMS Portal, or UF NCES</td>
<td>TPI OR MED if EOB denies or no ins. CONT</td>
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<td>-</td>
<td>97012</td>
<td>-</td>
<td>$ 50.00</td>
<td>-</td>
<td>Either C or F</td>
<td>TPI or MMA Interface or USPS, FLUMMS Portal, or UF NCES</td>
<td>TPI OR MED if EOB denies or no ins. CONT</td>
<td>TPN Private Insurance, Primary</td>
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<tr>
<td>EVAL, PT Eligibility Initial</td>
<td>IPDL-P</td>
<td>92595</td>
<td>G10</td>
<td>$ 37.60</td>
<td>2 hour</td>
<td>Either C or F</td>
<td>FLUMMS Portal when Medicaid UF NCES when TPI is Primary</td>
<td>TPI OR MED if EOB denies or no ins. CONT</td>
<td>TPN Private Insurance, Primary</td>
</tr>
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<td>IPDL-P</td>
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<td>G10</td>
<td>$ 27.90</td>
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<td>Either C or F</td>
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<td>TPI OR MED if EOB denies or no ins. CONT</td>
<td>TPN Private Insurance, Primary</td>
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<td>-</td>
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<td>HA</td>
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<td>1 per day</td>
<td>Either C or F</td>
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<td>MED OR TP ONLY</td>
<td>Both billed via UF NCES to CMS, PBM Care</td>
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<td>UF NCES</td>
<td>CONT</td>
<td>TPN Private Insurance, Primary</td>
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<td>UF NCES</td>
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<td>UF NCES</td>
<td>CONT</td>
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<td>$ 15.00</td>
<td>-</td>
<td>Either C or F</td>
<td>UF NCES</td>
<td>CONT</td>
<td>TPN Private Insurance, Primary</td>
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<td>Either C or F</td>
<td>UF NCES</td>
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<td>TPN Private Insurance, Primary</td>
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<td>97405</td>
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<td>Either C or F</td>
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<td>CONT</td>
<td>TPN Private Insurance, Primary</td>
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<tr>
<td>Travel (One Way, 26+ miles)</td>
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<td>97405</td>
<td>ADEA</td>
<td>$ 0.44</td>
<td>-</td>
<td>Either C or F</td>
<td>UF NCES</td>
<td>CONT</td>
<td>TPN Private Insurance, Primary</td>
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<td>UF NCES</td>
<td>CONT</td>
<td>TPN Private Insurance, Primary</td>
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<td>T999</td>
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<td>Either C or F</td>
<td>UF NCES</td>
<td>TPIC OR MED if EOB denies or no ins. CONT</td>
<td>TPN Private Insurance, Primary</td>
</tr>
<tr>
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<td>$ 75.00</td>
<td>-</td>
<td>Either C or F</td>
<td>UF NCES</td>
<td>TPIC OR MED if EOB denies or no ins. CONT</td>
<td>TPN Private Insurance, Primary</td>
</tr>
</tbody>
</table>

* See Chapter two of FL Medicaid Therapy Services Coverage Limitations Handbook for more info

Please remember to record AT and Therapy evaluations as a single event, not minutes. On form C of the IFSP under intensity, should record as units not minutes and should only be used.

The following are always recorded as a single unit:
- **Assistive Technology Evaluations and AT Devices**: 97298, T999
- **Physical Therapy Evaluations**: 97299, T999
### EXHIBIT F4: FISCAL YEAR 15-16 SERVICE FEE SCHEDULE BY PROVIDER TYPE - SPEECH

**LEGEND - BILLING**

PLEASE NOTE: THIS LEGEND IS NOT ALL INCLUSIVE, BUT COVERS COMMONLY USED CODES. FOR FULL LIST, PLEASE REFER TO "EDS TAXONOMY" TAB

**THERAPY PROVIDERS**

**SPEECH**

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<thead>
<tr>
<th>SERVICE</th>
<th>REFERENCE CPT CODE</th>
<th>Modifier</th>
<th>UNIT</th>
<th>MAX ALLOWABLE (Medicaid)</th>
<th>BILLING METHOD</th>
<th>BILLING SOURCE</th>
<th>PAID UNDER TPL, MED, OR CONT</th>
<th>PAYER CODES</th>
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<tbody>
<tr>
<td>EVAL, ST Speech Initial - Speech Fluency</td>
<td>92511</td>
<td>-</td>
<td>$ 5.45</td>
<td>1 Event</td>
<td>1 per year</td>
<td>Either Or P</td>
<td>TPI OR MED &amp; FEI does not cover, CONT</td>
<td>TPN Private Insurance Primary</td>
</tr>
<tr>
<td>EVAL, ST Initial - Speech Sound Production</td>
<td>37522</td>
<td>-</td>
<td>$ 5.45</td>
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<td>1 per year</td>
<td>Either Or P</td>
<td>TPI or FEI if FEI does not cover, CONT</td>
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<td>EVAL, ST Initial - Speech Sound Production with Evaluation of Language Comprehension and Expression</td>
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<td>1 per year</td>
<td>Either Or P</td>
<td>TPI or FEI if FEI does not cover, CONT</td>
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<td>Behavioral and Qualitative Analysis of Voice</td>
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<td>1 per year</td>
<td>Either Or P</td>
<td>TPI or FEI if FEI does not cover, CONT</td>
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<td>Either Or P</td>
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<td>TPL Care</td>
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<tr>
<td>GROUP, Initial or meeting group or pair of pairs</td>
<td>37568</td>
<td>-</td>
<td>$ 5.58</td>
<td>30 minutes</td>
<td>4 per day, 4 per week</td>
<td>Either Or P</td>
<td>TPI or FEI if FEI does not cover, CONT</td>
<td>TPL Care</td>
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<tr>
<td>EVAL, ST Speech Fluency</td>
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<td>1 Event</td>
<td>1 per year</td>
<td>Either Or P</td>
<td>TPI or FEI if FEI does not cover, CONT</td>
<td>TPL Care</td>
</tr>
<tr>
<td>EVAL, ST Speech Sound Production</td>
<td>37522</td>
<td>-</td>
<td>$ 5.45</td>
<td>1 Event</td>
<td>1 per year</td>
<td>Either Or P</td>
<td>TPI or FEI if FEI does not cover, CONT</td>
<td>TPL Care</td>
</tr>
<tr>
<td>EVAL, ST Speech Sound Production &amp; Language Comprehension &amp; Expression</td>
<td>37521</td>
<td>-</td>
<td>$ 3.10</td>
<td>1 Event</td>
<td>1 per year</td>
<td>Either Or P</td>
<td>TPI or FEI if FEI does not cover, CONT</td>
<td>TPL Care</td>
</tr>
<tr>
<td>Screening</td>
<td>92023</td>
<td>-</td>
<td>$ 5.00</td>
<td>1 Event</td>
<td>1 per event</td>
<td>Either Or P</td>
<td>FLMAS Portal when Medicare UF NCEs does not cover, CONT</td>
<td>TPL Medicaid Primary or Secondary</td>
</tr>
<tr>
<td>EVAL, ST Eligibility Initial</td>
<td>92023</td>
<td>-</td>
<td>$ 5.00</td>
<td>&lt; 30 minutes</td>
<td>1 hour</td>
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<td>FLMAS Portal when Medicare UF NCEs does not cover, CONT</td>
<td>TPL Medicaid Primary or Secondary</td>
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<tr>
<td>EVAL, ST Eligibility Follow Up</td>
<td>92024</td>
<td>-</td>
<td>$ 3.00</td>
<td>&gt; 30 minutes</td>
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<td>TPL Medicaid Primary or Secondary</td>
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<tr>
<td>Screening</td>
<td>92025</td>
<td>-</td>
<td>$ 3.00</td>
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<td>1 per event</td>
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<td>FLMAS Portal when Medicare UF NCEs does not cover, CONT</td>
<td>TPL Medicaid Primary or Secondary</td>
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<tr>
<td>IFSP Consult, Face-to-Face</td>
<td>37504</td>
<td>TL</td>
<td>$ 24.00</td>
<td>15 minutes</td>
<td>-</td>
<td>Either Or P</td>
<td>UF NCEs</td>
<td>TPL Care</td>
</tr>
<tr>
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<td>CID</td>
<td>$ 0.25</td>
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<td>-</td>
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<td>CONTEST, Face-to-Face</td>
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<td>TL</td>
<td>$ 24.00</td>
<td>45 minutes</td>
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<td>Either Or P</td>
<td>UF NCEs</td>
<td>TPL Care</td>
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<td>37504</td>
<td>CID</td>
<td>$ 0.25</td>
<td>45 minutes</td>
<td>-</td>
<td>Either Or P</td>
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<td>Evaluation Travel (IPDE or IPDS, Round Trip)</td>
<td>37506</td>
<td>-</td>
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<td>Either Or P</td>
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<td>ICF (flat rate, One way up to 1 hour)</td>
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<td>TPL Care</td>
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<tr>
<td>Travel (One Way, &gt;1 hour)</td>
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<td>Either Or P</td>
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<td>TPL Care</td>
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<td>BVT</td>
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<td>-</td>
<td>$ 2.50</td>
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<td>TPL Care</td>
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<td>1 Event</td>
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<td>TPL Care</td>
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<tr>
<td>ASSISTIVE TECHNOLOGY, Service</td>
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<td>$ 3.50</td>
<td>1 Event</td>
<td>1 per year</td>
<td>Either Or P</td>
<td>UF NCEs</td>
<td>TPL Care</td>
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* * * * * * *

* The following are always recorded as a single unit.
  * Assistive Technology: Evaluations and AT Devices: 27795, 71700
  * Speech: Evaluations: 97190, 97192, 97193, 97194These codes replace 02590, see link to ATLAN for ASL/LAAS.
EXHIBIT F5: FISCAL YEAR 15-16 SERVICE FEE SCHEDULE BY PROVIDER TYPE - INTERPRETERS

<table>
<thead>
<tr>
<th>PROVIDERS</th>
<th>INTERPRETERS</th>
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</thead>
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**LEGEND: BILLING**
- NCE5 Providers

**BILLING SOURCE**
- TYP of MMA Interface of USPSFLMMS Portal or UF NCE5
- PAID UNDER TPL MED, OR CONT

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>REFERENCE CODE</th>
<th>Code</th>
<th>MODERATE(S)</th>
<th>PR/UNIT</th>
<th>MAX ALLOWABLE (Medicaid)</th>
<th>BILLING METHOD (Electronic or Paper)</th>
<th>PAID UNDER TPL, MED, OR CONT</th>
<th>PAYER CODES</th>
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<tr>
<td>Evaluation travel (60d or less, round trip)</td>
<td>9960</td>
<td>A000</td>
<td>$10.00</td>
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<td>Either F or P</td>
<td>UF NCE5</td>
<td>CONT</td>
<td>CONT</td>
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<tr>
<td>Travel (One-Way, 75 miles)</td>
<td>9960</td>
<td>A050</td>
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<td>Either F or P</td>
<td>UF NCE5</td>
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<td>Telephone translation</td>
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<td>$6.00</td>
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<td>UF NCE5</td>
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</tr>
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<td>Written translation, 1 page minimum</td>
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<td>A050</td>
<td>$15.00</td>
<td>-</td>
<td>Either F or P</td>
<td>UF NCE5</td>
<td>CONT</td>
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*Albanian, Armenian, Bosnian, Croatian, Romanian, Russian, Czech, Macedonian, Polish, Lithuanian, Nepalese, Spanish, Ukrainian, Turkish, American Sign Language, Arabic, Burmese, Chin, Korean, Kirundi, Chinese, or another language requires interpretation, please contact US North Central Early Steps for allowable rates.
EXHIBIT G: NATURAL ENVIRONMENT SUPPORT FEE FORM

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<th>Month</th>
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<table>
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<tr>
<th>Service Provider's Signature</th>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Service</th>
<th>Units</th>
<th>Child's MMC No.</th>
<th>Child's Name</th>
<th>Address</th>
<th>Location</th>
<th>Miles</th>
<th>Minutes</th>
<th>Start</th>
<th>End</th>
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</table>

This form is intended for dates of service on or after August 1, 2017.
EXHIBIT H – CONSULTATION FORM

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

Parent was notified and invited to participate on __________________________ by __________________________

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 __________________________

Child’s Name: __________________________ DOB: __________________________

Service Coordinator: __________________________ Date of Consultation: __________________________

Start Time: ______________ End Time: ______________ Location: __________________________

• Successes to implementing strategies and achieving goals for Outcome #

• Challenges to implementing strategies and achieving goals for Outcome #

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

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

[ ] YES  [ ] NO

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

Parent/Guardian: __________________________ Face-to-Face  Phone

OT: __________________________ Face-to-Face  Phone

SLP: __________________________ Face-to-Face  Phone

Service Coordinator: __________________________ Face-to-Face  Phone

ITDS: __________________________ Face-to-Face  Phone

PT: __________________________ Face-to-Face  Phone

EI: __________________________ Face-to-Face  Phone

Other: __________________________ Face-to-Face  Phone
Consultation Documentation, Continued

Child’s Name: ___________________________ DOB _______________________________
Service Coordinator: _______________________ Date of Consultation: __________________

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

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

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

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

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

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

---

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

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

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

Field Entry Guidance:

**Child’s Name:** Full name of child  
**DOB:** Date of birth of child

**Service Coordinator:** Name  
**Date of Consultation:** MM/DD/YYYY

**Start Time:** Beginning time of consultation session  
**End Time:** End time of consultation session

**Location:** This is the location where the meeting was scheduled to be. If face-to-face, enter the location as i.e. Home, Local Early Steps, Playpen Therapy; if scheduled to be by phone, enter the location as Phone.

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

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

**PSP:** Name and credentials of the current Primary Service Provider

**Consulting Team Members:** List all members participating in the consultation and check Face-to-Face or Phone and obtain signatures of those present.

**Family Participation:** The name(s) of the family member(s) and check Phone, Face-to-Face or Declined Invitation

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

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

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

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

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

*Revised Jan 2015*
**EXHIBIT IA: INVOICE CONTRACTED SERVICES ONLY**

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
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</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>UF Department of Pediatrics</td>
</tr>
<tr>
<td>DBA, if applicable</td>
<td>North Central Early Steps - 29000700</td>
</tr>
<tr>
<td>Business Name Here</td>
<td>This form intended for dates of service on or after August 1, 2015</td>
</tr>
<tr>
<td>Address</td>
<td>SUBMIT THIS ENTIRE ELECTRONIC FILE IN EXCEL FORMAT VIA</td>
</tr>
<tr>
<td>123 Any Street</td>
<td>MOVE IT TO CARLA RICHARDS WITH CC TO EMILY HURLSTON AT:</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>\<a href="mailto:carla@ufi.edu">carla@ufi.edu</a></td>
</tr>
<tr>
<td>Anytown, FL 12345</td>
<td>If you do not have a Move It account setup, please request from Sharon Hennessy at:</td>
</tr>
<tr>
<td>Phone</td>
<td><a href="mailto:hennessey@peds.ufl.edu">hennessey@peds.ufl.edu</a></td>
</tr>
<tr>
<td>352-555-5555</td>
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**INVOICE**

**CONTRACTED SERVICES ONLY**

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### INVOICE

**CONT FROM DENIED EOBS**

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**Provider Name:**
- Last, First
- DBA, if applicable: Business Name Here
- Address: 123 Any Street
- City, State, Zip: Anytown, FL 12345
- Phone: 352-555-5555
- Provider #: [Enter Provider #]
- UF Vendor #: [Enter UF Vendor #]
- PO #: [Enter PO #]

**From:**
- UF Department of Pediatrics
- North Central Early Steps: 29090700

**To:**
- This form intended for Dates of Service on or after August

**Submit this entire electronic file in Excel format along with COBM in Adobe PDF format via Move it to Carla.
**
**Requests with CCRP EMAIL UHITRON AT: carrie@ufl.edu or helen@ufl.edu**

**If you do not have a Move it account**
**setup, please request from Sharon**

**Invoice Date:** 8/31/2015
**Terms:** Net 30

**EXHIBIT IB: INVOICE CONTRACTED FROM DENIED EOBS**
EXHIBIT IC: INVOICE ASSISTIVE TECHNOLOGY

INVOICE
ASSISTIVE TECHNOLOGY

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<th>TO</th>
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<td>Last, First</td>
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<tr>
<td>DBA, if applicable</td>
<td>Business Name Here</td>
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<td>Address</td>
<td>123 Any Street</td>
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<tr>
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<tr>
<td>Phone</td>
<td>332-555-5555</td>
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</tbody>
</table>

This form intended for Dates of Service on or after August

SUBMIT THIS ENTIRE ELECTRONIC FILE IN EXCEL FORMAT ALONG WITH EOB IN ADOBE PDF FORMAT VIA MOVE IT TO CARA RICHARDS WITH CC TO EMILY HURLSTON AT:
carla@ufl.edu  ahurston1@ufl.edu

If you do not have an Move It account, setup, please request from Sharon hermesl@ufl.edu

THIS MANUAL INVOICE IS FOR ASSISTIVE TECHNOLOGY ITEMS DENIED BY TPI OR MMA WHEN REQUESTING PAYMENT UNDER CONT AND SHOULD INCLUDE A COPY OF EOB(S). ALL A.T. ITEMS MUST HAVE BEEN PRE-AUTHORIZED BY UF NES VIA SERVICE COORDINATOR AND ALL DOCUMENTS RECEIVED PRIOR TO PAYMENT BEING MADE.

<table>
<thead>
<tr>
<th>Invoice #</th>
<th>Invoice Date</th>
<th>Terms, Net</th>
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</table>
EXHIBIT J: UF NCES ACTIVITY-BASED PROVIDER AT ASSESSMENT FORM

Activity-Based Provider AT Assessment Form

Child’s Name:
DOB:
Service Coordinator:
Provider Name(s):
Date:

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

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

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

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

Service Provider Signature(s):
Date:
UF DEPT OF PEDIATRICS NORTH CENTRAL EARLY STEPS ASSISTIVE TECHNOLOGY REQUEST FORM

Date of Submission: 
Requested By: 

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

Child’s Name: 
DOB: 

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

TPIN (Please Attach insurance Denial): 

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

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

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

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

Comments:

IFSP Team members:

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

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

The Following Documentation must be included with this request:

_____ IFSP sections: Page E, F and G
_____ Copy of Dated & Signed credentialed evaluator letter of necessity supporting request
_____ Copy of Dated & Signed Physician’s Prescription
_____ Copy of vendor quote including options/accessories breakdown
_____ Picture & pricing of item(s)
## ASSISTIVE TECHNOLOGY DEVICE RECEIPT FORM

**North Central Early Steps**

<table>
<thead>
<tr>
<th>CHILD'S NAME:</th>
<th>D.O.B.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE COORDINATOR</td>
<td></td>
</tr>
</tbody>
</table>

### A.T. DEVICE RECEIVED:

<table>
<thead>
<tr>
<th>BRAND:</th>
<th>NEW or USED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MODEL:</td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION:</td>
<td></td>
</tr>
<tr>
<td>COST OF A.T:</td>
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</table>

### A.T. DEVICE RECEIVED BY:

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELATIONSHIP TO CHILD:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NOTES:

- If the assistive technology (equipment, device) is **no longer in use**, please notify North Central Early Steps within 30 days of not needing equipment, so it can be re-assigned to another child.

- If the assistive technology (equipment, device) is **damaged, lost or stolen**, please notify North Central Early Steps **within 10 days of occurrence**.

### NOTAS (en Español)

- Si el aparato, dispositivo, equipo ya no *esta siendo utilizado*, favor comunicarle inmediatamente a North Central Early Steps, para que pueda ser re-asignado a otro niño(a).

- Si el aparato, dispositivo, equipo *se daña, se pierde o es robado*, favor comunicarlo *inmediatamente a North Central Early Steps dentro de 10 días después de ocurrido el incidente*.

### COMMENTS / OBSERVATIONS:

---

Original - NCES
Copy of form - Parent/guardian

---

`\peda-net-204\peda-home\$vockrig\PROVIDERS\Provider contract 2011-2012 AT Device Receipt`
STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 11-116
(Superseding Executive Order 11-02; Verification of Employment Status)

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

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

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

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

Section 2. I hereby direct all agencies under the direction of the Governor to include, as a condition of all contracts for the provision of goods or services to the state in excess of nominal value, an express requirement that contractors utilize the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all new employees hired by the contractor during the contract term, and an express requirement that contractors include in such subcontracts the requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.
Section 3. Agencies not under the direction of the Governor are encouraged to verify the employment eligibility of their new employees utilizing the E-Verify system and to include as a provision of all contracts for the provision of goods or services to the state or subdivision in excess of nominal value, a requirement that contractors and subcontractors utilize the E-Verify system to verify the employment eligibility of all new employees hired during the contract term.

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

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

[Signature]
GOVERNOR

ATTEST:
[Signature]
SECRETARY OF STATE

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

FILED
APPENDIX N1: UF VENDOR APPLICATION

Vendor Application - University of Florida

You may fill these forms out on-line, print them, and send them by mail, fax or email to Vendor Maintenance:
Mail: University of Florida, Attn: Vendor Maintenance, PO Box 115350, Gainesville, FL, 32611-5350
Fax: Attn: Vendor Maintenance at 352-392-0081
Email: advendor@ufl.edu (use this address if you need assistance with these forms)

Note: This application is valid for one year from last payment or application date, whichever is later.
A W-9 must be attached to process this application.

Name of Business or Payee: __________________________ Date of Application: __________

Part 1 – Contact Information

Main Address:____________________________________ Remit Address: ______________________

City: ______________________ State: _______ Zip: _______

Business Phone Number:__________________________ City: ______________________ State: _______ Zip: _______

Business Fax Number:____________________________ Contact Person: ______________________

Business Website:________________________________ Contact Phone Number:______________

Contact Email:___________________________________

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

FEDERAL CLASSIFICATIONS
☐ SBA 8(a) Certification  ☐ African American
☐ Small Disadvantaged Business Certification  ☐ Hispanic
☐ HUBZone Certification  ☐ Asian/Hawaiian
☐ Veteran  ☐ Native American
☐ Service Disabled Veteran  ☐ American Woman
☐ Women Owned  ☐ Minority-Owned Business
☐ Minority-Owned Business

STATE OF FLORIDA CERTIFIED MINORITY BUSINESS ENTERPRISES (CMBE)
☐ African American
☐ Hispanic
☐ Native American
☐ American Woman

NON-CERTIFIED MINORITY BUSINESS ENTERPRISES (NCMBE)
☐ African American
☐ Hispanic
☐ Minority Board of Directors
☐ Minority Community Served
☐ Minority Employee
☐ Other Non-Profit

NON-PROFIT ORGANIZATION
☐ Minority Board of Directors
☐ Minority Community Served
☐ Minority Employee
☐ Other Non-Profit

Check all that apply:

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

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

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

NAICS CODE: __________________________ OR Annual Amount: $________

Number of Employees: __________________________

Part 3 – Purchase Order and Payment Preferences

By which delivery method do you prefer to receive purchase orders?
☐ Fax
☐ Email
☐ Other

Payment Discount Terms:
☐ 2% 90 Days
☐ Other

By which delivery method do you prefer to receive payment?
☐ EFT (To receive payment by Electronic Funds Transfer, please complete the attached form and submit to the address)
☐ VISA ePayables (You will be contacted by University Disbursement Services staff)

Part 4 – Additional Payment Information and Signature

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

Name of Person Completing/Authorizing Application: __________________________ Title of Person Completing/Authorizing Application: __________________________

Signature of Person Completing/Authorizing Application: __________________________ Date: __________________________

65 | P a g e
EXHIBIT N2: UF VENDOR TAX INFORMATION FORM

University of Florida – Vendor Tax Information Form

Use this form ONLY if you are a U.S. person or entity (including U.S. resident alien). If you are a foreign person or entity, complete Form W-8BEN.

Part 1 – General information:
Name ___________________________ Taxpayer ID Number (SSN or EIN) ___________________________
Business Name (DBA) ___________________________
Address ___________________________
City ___________________________ State ________ Zip ___________________________

Expenditure Type:
For these expenditure types, skip Part 5 of this form.
☐ Guest Speaker ☐ Research Participant ☐ Exam Proctor ☐ Other: ___________________________

Part 2 – Tax Status:
☐ Individual – If the vendor is a current UF employee, provide UF ID, current job title and a brief description of the current UF job duties:
UFID: ___________________________ Title: ___________________________
Duties (describe or attach a copy of the current job description):
____________________________________________________________________________________

☐ Sole Proprietor (or an LLC with one owner) – The Taxpayer ID Number listed above must match the name given on the “Name” line to avoid backup withholding.
☐ Partnership (or an LLC with multiple owners)
☐ Corporation or tax exempt entity

Part 3 – Exemption: (If you are exempt from Form 1099 reporting, check your qualifying exemption reason below.)
☐ Corporation
Note that there is no corporate exemption for medical and healthcare payments or payments for legal services
☐ Tax Exempt Entity under 501(c)(3) of the Internal Revenue Code (includes 501(c)(3) organizations, universities, and other governmental agencies)
☐ The United States or any of its agencies or instrumentalities
☐ A state, the District of Columbia, or any political subdivisions or agencies of any of the states
☐ A foreign government or any of its political subdivisions or any international organization in which the United States participates under a treaty or Act of Congress

Part 4 – Minority Status:
☐ Non-minority ☐ Non-certified minority ☐ Certified minority ☐ Certified by: ___________________________
☐ African-American ☐ Hispanic ☐ Asian/Hawaiian ☐ Native-American
☐ Woman-owned ☐ Non-certified ☐ Certified ☐ Certified by: ___________________________

Part 5 – Employee/Independent Contractor Determination for services provided: (Attach any supporting documentation to the form)

1. Briefly describe the work/service to be provided:
____________________________________________________________________________________
____________________________________________________________________________________

2. Are you a former UF employee? ☐ No ☐ Yes If yes, will the proposed work/service be the same or similar to the work you performed while a UF employee? ☐ No ☐ Yes

3. Does the work/service involve teaching? ☐ No ☐ Yes (If yes, the course is ☐ for credit ☐ not for credit)

4. When will the work/service be performed (start and end dates, frequency, duration)?
____________________________________________________________________________________

5. Where will the work/service be provided (from home, UF-provided workspace, office, etc.)?
____________________________________________________________________________________

6. What training, instruction, and supervision will be provided by UF regarding the proposed work/service? (Please describe.)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
7. Will UF provide supplies, equipment, materials, or tools to accomplish the work/service? □ No □ Yes (Please describe.)

8. Do you perform similar work/service for others? □ No □ Yes

9. Will you be reimbursed for any expenses that you incur while performing the proposed work/service? □ No □ Yes (Please describe.)

Part 6 – Certification:

Under penalties of perjury, I certify that:

1. The taxpayer identification number provided on this form is correct (or I am waiting for a TIN to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. Person (including a U.S. resident alien).

As a vendor performing service for the University of Florida, I understand that I am not covered under the State of Florida Worker’s Compensation Law (F.S. 440) and it is my responsibility to obtain personal liability insurance. I am also aware that all taxes attributable to any service that I render to the University of Florida are my responsibility.

Signature of U.S. Person (Payee) Phone Date

ANY TAXES, INTEREST OR PENALTIES ASSESSED AGAINST THE UNIVERSITY OF FLORIDA BY THE IRS DUE TO MISCLASSIFICATION OF AN INDIVIDUAL AS AN INDEPENDENT CONTRACTOR WILL BE PAID BY THE DEPARTMENT AUTHORIZING THE CONTRACTUAL RELATIONSHIP.

Univ. of FL Department

Univ. of FL Dean, Director, Chairperson Name or Designee Signature Date

Once completed, please return to the UF department you are currently working with. The department will be responsible for obtaining the appropriate signature of their department chair, dean, or director and submitting the form to Vendor Maintenance at:

Mail: Vendor Maintenance
PO Box 115350
Gainesville, FL 32611-5350
Fax: 352-392-0001 eMail: addvendor@ufl.edu
EXHIBIT N3: ELECTRONIC PAYMENT AUTHORIZATION FORM

Please leave this area blank

UNIVERSITY OF FLORIDA ELECTRONIC PAYMENT AUTHORIZATION Michael V. McKee, University Controller PLEASE TYPE OR PRINT CLEARLY

Your Tax Identification Number

Legal Name

Address (Number, Street)

City

State Zip Code

Telephone Fax

Action Requested (Check Only One)

☐ Start

☐ Change

☐ Stop

☐ Name Change Only

Account Type (Check Only one)

☐ Checking

☐ Savings

Your Account Number

Transit Routing Number of Your Financial Institution

Name of Your Financial Institution

Telephone Number of Your Financial Institution

Signature Date

Email address for Remittance Advice

THIS FORM MUST BE SIGNED AND DATED BY PAYEE Signature above signifies acceptance of the terms and conditions in the AGREEMENT to the right.

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!

For a Start or Change of electronic payment all boxes must be completed.

Do not leave information blank!

This form will start, change, or stop electronic payment for all payments received by you from the University of Florida. This does not apply to employees salary payments.

Name:

Please be sure your last name on this form matches the last name on the W-9 on file with Purchasing and Disbursement Services Office. Your electronic payment will not start if the last names do not match.

Action Requested:

(1) Check Start if you don't have electronic payments and wish to.

(2) Check Change if you have electronic payments and wish to change your financial institution or just your account number or account type (checking or savings). Your current electronic payment is stopped when a change request is received. While the change is being processed, you will be paid by warrant (check).

(3) Check Stop if you wish to stop your electronic payment.

(4) Check Name Change Only if you are changing only your name to correspond to your W-9. Complete the top portion of the form and sign and date it.

Account Number:

Please make sure the account number written on this form is correct. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

Transit Routing Number:

This is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of your checks.

AGREEMENT

I hereby authorize and request the University of Florida to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by:

(a) Written notification to the University;

(b) death or legal incapacity;

(c) the financial institution or

(d) the University of Florida.

Special Note:

Please make sure your electronic payment has stopped before closing your account. Otherwise, the funds will be returned to the University and cause a delay before you receive your payment in the mail.

Please note that in order to add your EFT information we must have one of the three forms of tax us:

1. A voided check which confirms the account/routing number on your form

2. A signed letter from a bank representative on bank letter head which lists and confirms the account/routing number

3. A signed letter from the company's CFO/owner on company letter head which lists and confirms the account/routing number.

Please return completed form with a voided check attached to:

Fax: 352-392-0081
E-mail: addvendor@ufl.edu

Or mail to: University of Florida
ATTN: Vendor Maintenance
PO Box 115350
Gainesville, FL 32611-5350
Telephone: (352) 392-1241

ADD: FEB 5/2018

Rev
EXHIBIT O: W-9 FORM

Form W-9
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/described entity name, if different from above.

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Single member LLC
   - Limited liability company. Enter the tax classification (C corp, S corp, P-partnership)

   Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box if the line above for the tax classification of the single-member owner.

4. Exemptions (code apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)
   - (Enter in accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

List account number(s) here (optional)

Part I
Taxpayer Identification Number (TIN)
Enter your TIN in the box on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II
Certification
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancelation of debt contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Signature of U.S. person
Date

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
An individual or entity (Form W-9 requestor) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN). The TIN may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-T (student loan interest), 1098-E (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (sale or trade of real property)
- Form 1099-A (acquisition or abandonment of secured property)

Cat. No. 1020X
Form W-9 (Rev. 12-2014)
<table>
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<th>Provider Name</th>
<th>Medicaid Provider #</th>
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<tbody>
<tr>
<td>DBA</td>
<td>Medicaid Provider Expiration</td>
</tr>
</tbody>
</table>

**Please complete this form, attach any necessary documents or correspondence, and return to:**

Carla W. Richards, Accounting Coordinator either via email, fax, or USPS to: Carla@ufl.edu, 352.294.8088, UF Peds Early Steps, PO Box 100296, Gainesville, FL 32610-0296

1. I have applied to become credentialed as a provider with the following plans (check all that apply):
   - [ ] Optum (for United Health)
   - [ ] United Health
   - [ ] Wellcare / Staywell
   - [ ] Prestige
   - [ ] Sunshine

2. I am currently credentialed as a provider with the following plans (check all that apply):
   - [ ] Optum (for United Health)
   - [ ] United Health
   - [ ] Wellcare / Staywell
   - [ ] Prestige
   - [ ] Sunshine
3. For those with whom you have become credentialed, please provide us with your provider number, effective date, and end date:

- **Optum (for United Health)**
  - Provider Number
  - Effective Date
  - End Date

- **United Health**
  - Provider Number
  - Effective Date
  - End Date

- **ATA 1**
  - Provider Number
  - Effective Date
  - End Date

- **Wellcare / Staywell**
  - Provider Number
  - Effective Date
  - End Date

- **Prestige**
  - Provider Number
  - Effective Date
  - End Date

- **Sunshine**
  - Provider Number
  - Effective Date
  - End Date
4. For those with whom you have NOT become credentialed, please provide us the following information:

- Optum (for United Health)
  - I have not applied to become credentialed with this MMA plan _____
  - I applied to become credentialed with this MMA plan on _____ (date), but it is still in process _____
    - Current status as of today is ________________
    - I have attached a copy of correspondence associated with this application and its current status
    - Additional info / Notes I would like to share are:
      __________________________________________________________

  - I am requesting assistance from North Central Early Steps (NCES) with becoming credentialed with this MMA plan _____

- United Health
  - I have not applied to become credentialed with this MMA plan _____
  - I applied to become credentialed with this MMA plan on _____ (date), but it is still in process _____
    - Current status as of today is ________________
    - I have attached a copy of correspondence associated with this application and its current status
    - Additional info / Notes I would like to share are:
      __________________________________________________________

  - I am requesting assistance from North Central Early Steps (NCES) with becoming credentialed with this MMA plan _____

- Wellcare / Staywell
  - I have not applied to become credentialed with this MMA plan _____
  - I applied to become credentialed with this MMA plan on _____ (date), but it is still in process _____
    - Current status as of today is ________________
    - I have attached a copy of correspondence associated with this application and its current status
    - Additional info / Notes I would like to share are:
      __________________________________________________________

  - I am requesting assistance from North Central Early Steps (NCES) with becoming credentialed with this MMA plan _____
☐ Prestige

- I have not applied to become credentialed with this MMA plan ______
- I applied to become credentialed with this MMA plan on ______ (date), but it is still in process ______
  - Current status as of today is ____________________________
  - I have attached a copy of correspondence associated with this application and its current status
  - Additional Info / Notes I would like to share are:
    ____________________________________________________________________________
  
  - I am requesting assistance from North Central Early Steps (NCES) with becoming credentialed with this MMA plan ______

☐ Sunshine

- I have not applied to become credentialed with this MMA plan ______
- I applied to become credentialed with this MMA plan on ______ (date), but it is still in process ______
  - Current status as of today is ____________________________
  - I have attached a copy of correspondence associated with this application and its current status
  - Additional Info / Notes I would like to share are:
    ____________________________________________________________________________
  
  - I am requesting assistance from North Central Early Steps (NCES) with becoming credentialed with this MMA plan ______

Other comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
UF North Central Early Steps Family Survey Reminder Card

North Central Early Steps recognizes you know your child best, and we need your input.

Please tell us how early intervention services have assisted you in making a difference in your child's life by completing a North Central Family Survey.

How do I take the Survey?
You may take the survey on a computer, tablet, and smartphone by accessing the following link [http://www.care-kids.com/fam_survey/early_steps_FE_familySurvey.htm]

Please select North Central from the drop-down list.

If you would like to submit the survey online but do not have access to the Internet, please contact [redacted] or Doris Tellado our Family Resource Specialist at 352.273.8555 or toll free at 1.800.334.1447.
In February of this year UF North Central was selected for a review by the Fee for Service Monitoring Unit of Medicaid Quality Bureau, within the Agency for Health Care Administration. Period of review was for services and claims submitted July 1, 2013 through June 30, 2014. Five cases were selected that involved a total of 7 contracted providers.

Following are the areas found out of compliance by the Fee for Service Monitoring Unit and steps taken to ensure that we maintain future compliance:

**Issues and Solutions:**

**Issue 1:** Referral form did not identify person who made referral and was not supported by physician or other licensed professional.

**Solution:** Since that time we have put in place safeguards to ensure that all referrals coming through UF NCES are signed and authorized by physician and/or other licensed professional.

**Issue 2:** Eligibility teams did not consistently list on page D of the IFSP when a child was found eligible under developmental delay two forms of verification.

**Solution:** If a child is found eligible due to developmental delay(s), teams must verify by using and ensuring that two or more forms of verification have been listed on page D of the IFSP.

**Types of Verification:**
- Appropriate standardized instrument(s);
- Observational assessments;
- Parent report(s);
- Developmental inventories;
- Behavioral checklists;
- Adaptive behavior scales; or
- Professional judgment.

Refer to Attachment A – IFSP Page D

**Issue 3:** Eligibility and ongoing annual IFSP teams did not consistently list on page E of the IFSP appropriate observational assessments used:

**Solution:** An observational assessment must be documented by qualified professionals from two or more disciplines are listed on Page E of the IFSP in one or more of the following areas:
- Sensory-motor responses;
- Activity level;
- Emotional or behavioral interactions; or
- Behavior patterns.

Refer to Attachment B – IFSP Page E

**Issue 4:** For established conditions there was no verification in child’s file by a licensed professional confirming diagnosis or suspected diagnosis of a condition that has a high probability of resulting in a developmental delay. For the team to use established condition as the basis of eligibility the condition must be verified by a licensed professional written statement of the confirmed diagnosis or suspected diagnosis of a condition that has a high probability of resulting in a developmental delay.

**Solution:** UF NCES will work to ensure through our intake and first contact process that written documentation exists in child’s file to confirm established condition. It is the responsibility of the service coordinator to ensure that the teams have this information prior to making their determination of eligibility.

**Issue 5:** Eligibility and ongoing annual IFSP team(s) did not complete the Medical Necessity statement, type of EI (group or individual) and ICD-9/10 on the IFSP form G and therefore did not meet Medicaid guidelines for billing Early Intervention Sessions.
Solution: It is required of the eligibility and/or ongoing annual review teams of the IFSP to provide a brief statement of Medical Necessity, EI type of session, and ICD 9/10 located on page G of the IFSP. “Medically necessary” or “medical necessity” means that the medical or allied care, goods, or services furnished or ordered must:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider.”

Refer to Attachment C—IFSP Page G

Issue 6: ITDS providing home-based early intervention (T1027 SC) did not establish a Plan of Care (POC) and consistently obtain guidance from a licensed professional with date/time and signatures as verification for that authorization period, nor did the ITDS provide UF NCES with a copy of their completed POC as required by EI Medicaid

Solution: Upon receiving a referral the ITDS must submit a POC to UF NCES each authorization period. According to Medicaid the IFSP can be used if the IFSP contains the following:

- Name, Medicaid ID number, date of birth and sex of the child;
- Description of the child’s medical diagnosis;
- Current interdisciplinary evaluation date;
- Date services are to begin and end (no more than 6 months);
- Appropriate early intervention services procedure code(s) and title(s);
- Name of the agency or individual to provide the service(s);
- Domain(s) for which services are being provided;
- Outcome(s) or goal(s) to be achieved;
- Specific activities that will occur in order to achieve the stated goal(s) or outcome(s);
- Frequency, length, and location of the service(s) to be provided; and
- Printed name, title, signature and signature date of the professional who prepares and reviews the document

Refer to Attachment C—IFSP G
**ATTACHMENT A – IFSP PAGE D – TWO FORMS OF VERIFICATION REQUIRED**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>IFSP Date:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>ID#:</th>
<th>Service Coordinator:</th>
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**Form D: Your Child’s Eligibility Information**

*Testing may be completed with your child to determine initial or continuing eligibility. The eligibility information is recorded on this page.*

Date of Evaluation or Re-Determination Screening (if performed): 03/01/2015  
Chronological Age: 22  
Language Used: English

- Method(s) of Evaluation or Re-Determination Screening:  
  - ☑ Test Instrument(s) Administered: Battelle Developmental Inventory, 2nd  
  - ☑ Parent Report  
  - ☑ Professional Observation  
  - ☑ Collateral Information/Source: NICU discharge summary, PT Evaluation, ASQ

<table>
<thead>
<tr>
<th>Using Hands and Body (Gross/Fine Motor Skills)</th>
<th>Comments:</th>
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<table>
<thead>
<tr>
<th>Eating, Dressing, and Toileting (Self-Help/Adaptive Skills)</th>
<th>Comments:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Expressing and Responding to Feelings and Interacting with Others (Social/Emotional)</th>
<th>Comments:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Playing, Thinking, Exploring (Academic/Cognitive including pre-literacy skills)</th>
<th>Comments:</th>
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</thead>
<tbody>
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<thead>
<tr>
<th>Understanding and Communicating (Receptive and Expressive Communication)</th>
<th>Comments:</th>
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</table>

**Eligibility Results**

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<tr>
<th>Eligibility Results</th>
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<tr>
<td>Results</td>
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</table>

**Evaluator/Screener Signatures**

<table>
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<th>Evaluator/Screener</th>
<th>Discipline</th>
<th>Signature</th>
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<table>
<thead>
<tr>
<th>Evaluator/Screener</th>
<th>Discipline</th>
<th>Signature</th>
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</table>

☐ See Form E for signatures

☐ Eligible for Early Steps (Part C: Early Intervention) based on the following (please check one):

☐ Established Condition of:  
  - Date Confirmed:  

☐ Developmental Delay in the area(s) of:  
  - Cognitive and Social Development  
  - Date Confirmed:  

[Form D continued on next page]
ATTACHMENT B – IFSP PAGE E – DOCUMENTING OBSERVATIONAL ASSESSMENTS USED

Form E: Your Child’s Assessment Information

A developmental assessment is completed with your child and ongoing assessment information is gathered. This information helps us understand your child’s developmental strengths, as well as some of the things that are challenging for your child and may be affecting how he/she is able to participate in family and community activities.

Date of Assessment: Chronological Age: Language Used:

Method(s) of Assessment: Test Instrument(s) Administered: Battelle Developmental Inventory, 2nd
Parent Report/Interview Tool: Parental Routines Based Checklist Professional Observation Collateral Information/Source: Family Assessment completed during first contact visit on 2/28/15

Summary of Present Status: Abilities, Strengths, and Needs

Things we like and do well:

Things we don’t like and need help with:

ATTACHMENT C – IFSP PAGE G – DOCUMENTING MEDICAL NECESSITY, TYPE OF SESSIONS, AND ICD 9/10 CODE

NATURAL ENVIRONMENT JUSTIFICATION: Supports and services must be provided to your child in settings that are natural or typical for children of the same age (natural environments). If, as a team, we decide that we cannot provide a service in a natural environment, we need to explain how we made that decision:

COMPLETE ONLY FOR EARLY INTERVENTION SESSIONS:

Addresses the following domain(s): ☐ Fine motor ☐ Gross motor ☐ Communication ☐ Cognitive ☐ Social-emotional ☐ Adaptive self-help skills

Early Intervention Sessions are: ☒ Individual (Medicaid procedure code T1027TC or T1027TH)
☐ Group (Medicaid procedure code T1027TSC or T1027TTM)

ICD9 Code(s): 783.40 ICD10 CODE: R02.50 ICD9 Description(s): Lack of Normal Physiological Development, Unspecified

MEDICAL NECESSITY: If your child is a Medicaid recipient, the services reimbursed by Medicaid must be medically necessary. The following is an explanation of the medical necessity of your child’s services. If applicable, based on eligibility results Bob is eligible to receive individual early intervention sessions for delays in his cognitive and social emotional development which are negatively impacting his ability to reach developmental milestones and participate in day to day routines.

MODIFICATIONS TO SERVICES:
☐ I understand that Form G serves as prior notice of proposed new, changed, or terminated services as written above and I understand the reason(s) for taking the action(s) ☐ I have had a prior written explanation of the medical necessity determination described above
**EARLY INTERVENTION MEDICAID QUESTION AND ANSWERS:**

**Question 1:** Do the ITDS and therapist have to meet in person; can this be done via phone consultation?
**Answer:** EI Medicaid guidelines state that support and direction of the ITDS must take place through consultation at team meetings or by accompanying the ITDS on visit with the child and family
- If POC is reviewed through team meeting then both parties complete a consultation form and bill for 99368 – the consultation form signature cannot be used in place of POC.
- IF POC direction is completed through a home visit then therapist completes consultation and bills 99368 and ITDS bills for T1027SC.

**Question 2:** When I receive a new referral what is the time frame for completing and obtaining signatures for the POC?
**Answer:** Within the first 30 days of the authorization period

**Question 3:** If I am on the eligibility team and have been authorized to see the family, will the completed eligibility IFSP suffice for my POC?
**Answer:** Yes, for the next six months

**Question 4:** If I am not on the eligibility team and receive a referral for EI, will the IFSP completed by the eligibility team suffice for my POC?
**Answer:** No, you must meet with the eligibility team therapist to receive support and direction and obtain dated signatures and send copy of this to UF NCES for placement in child’s file

**Question 5:** What if I receive a referral for an infant with mainly motor outcomes however, the eligibility team did not have an OT or PT?
**Answer:** According to the Medicaid Handbook all activities of the ITDS delineated in the IFSP must be directed and supported by a licensed professional acting within his scope of practice. To assist our ITDS it is important that the team creating the IFSP take this into consideration and provide authorization for consultation with the appropriate licensed professional.

**Question 6:** During periodic reviews and annual IFSP’s, if SC, licensed therapist and ITDS are present can all sign Page H as POC?
**Answer:** Yes

**Question 7:** During an annual or periodic IFSP, if the ITDS will be using this meeting for their POC does the team have to complete a consultation form?
**Answer:** No, the team is billing for the review and development of an IFSP T2024 TL. Also for this to work the therapist must be present during this meeting.

**Question 8:** Does UF NCES require a copy of my POC?
**Answer:** Yes, according to EI Medicaid Services guidebook local programs are required to have a copy of current POC’s in child’s file

**Question 9:** Do we have to put Medical Necessity for children that are not going to receive Early Intervention services?
**Answer:** Yes. This section must be completed when a child has Medicaid

**Question 10:** Is Medical Necessity only for Medicaid or all the time?
**Answer:** This is only required for children who receive Medicaid

**Question 11:** Is a Medical Necessity Statement needed for kids receiving SLP, OT, PT, etc.?
**Answer:** The completion of the medical necessity section is not specific to the discipline recommended, but to the insurance a child has. It is to be completed for all children receiving Medicaid any time there is a recommendation for supports/services, regardless of the recommended service

**Question 12:** Do I go back to all the IFSP’s that I know don’t have medical necessity or at least 2 evaluation methods and add it?
**Answer:** No. Making changes to an IFSP requires the knowledge and consent of a parent. If you are conducting a periodic review of the IFSP, discuss the documentation of the information with the parent and add missing information from the initial IFSP at that time. At an annual review, a new IFSP is developed and this information must be included at that time
**Plan of Care**

**Child Name:**

<table>
<thead>
<tr>
<th>DOB:</th>
<th>MMI:</th>
<th>Medicaid #:</th>
<th>Sex:</th>
</tr>
</thead>
</table>

**Date of Eligibility Evaluation:** | **Service Authorization Period:**

**Early Intervention Service Procedure Code:** EIIF-T1027SC  **Title:** ITDS

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th><strong>Agency Name:</strong></th>
</tr>
</thead>
</table>

**Developmental Domain for Authorized Services:**

**ICD-9/10 Code:**

**Medical Diagnosis:**

**Statement of Medical Necessity:**

**Outcomes:**

**Strategies/Activities to Achieve Outcome:**

<table>
<thead>
<tr>
<th>Service Frequency:</th>
<th>Service Length:</th>
<th>Service Location:</th>
</tr>
</thead>
</table>

Provider Name: __________________________ Title: ITDS

Provider Signature: __________________________ Date: __________

Reviewing Licensed Provider Name: __________________________ Title: __________

Reviewing Licensed Provider Signature: __________________________ Date: __________
## Established Conditions

(Not an exhaustive list)

### Genetic and Metabolic Disorders

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
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<tbody>
<tr>
<td>Albinism</td>
</tr>
<tr>
<td>Albright Hereditary</td>
</tr>
<tr>
<td>Angelman Syndrome (Happy Puppet Syndrome)</td>
</tr>
<tr>
<td>Achondroplasia (dwarfism)</td>
</tr>
<tr>
<td>Acrocallosal Syndrome, Schinzel Type (Absence of Corpus Callosum,</td>
</tr>
<tr>
<td>Schinzel Type, ACS Hallux Duplication, Postaxial Polydactyly, Absence of</td>
</tr>
<tr>
<td>Corpus Callosum, Schinzel Acrocallosal Syndrome, ACLS)</td>
</tr>
<tr>
<td>Adrenoleukodystrophy</td>
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<tr>
<td>Amelia</td>
</tr>
<tr>
<td>Antley-Bixler Syndrome (Multisynostotic Osteodysgenesis,</td>
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<tr>
<td>Craniosynostosis, Choanal Atresia, Radial Humeral Synostosis,</td>
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<tr>
<td>Trapezioidocephaly-Multiple Synostosis Syndrome, ABS, Multisynostotic</td>
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<tr>
<td>Osteodysgenesis with Long Bone Fractures)</td>
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<tr>
<td>Apert Syndrome (Acrocephalosyndactyly)</td>
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<td>Arthrogryposis Multiplex Congenita</td>
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<td>Ataxia</td>
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<td>Ataxia-Telangiectasia Syndrome (Louis-Bar Syndrome)</td>
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<td>Beals Syndrome (Congential Contractural Arachnodactyly,</td>
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<tr>
<td>Hecht-Beals Syndrome</td>
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<tr>
<td>Beckwith-Wiedemann Syndrome</td>
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<tr>
<td>Canavan Disease</td>
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<tr>
<td>Cardio-Facio-Cutaneo Syndrome</td>
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<tr>
<td>Cerebral Lipdosis</td>
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<tr>
<td>Cerebro-Oculo-Factio-Skeletal (COFS) Syndrome</td>
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<td>CHARGE Syndrome/Association</td>
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<td>Chromosome 10p+, 11p-, 12p-, 13q-, 13q+, 18q-, 21q-, 22q-, 3q+, 4q-, 4Q+,</td>
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<tr>
<td>5p- Syndromes</td>
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<td>Coffin-Lowry Syndrome</td>
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<td>Coffin-Siris Syndrome</td>
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<td>Cornelia de Lange Syndrome (Brachmann de Lange)</td>
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<tr>
<td>Cri-du-chat Syndrome (Deletion 5p Syndrome)</td>
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<tr>
<td>Cystic Fibrosis</td>
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<tr>
<td>Dandy Walker Syndrome</td>
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<tr>
<td>Down Syndrome (Trisomy 21)</td>
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<td>Duchenne Muscular Dystrophy</td>
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<tr>
<td>Dyggve-Melchior-Clausen Syndrome (DMC Disease, DMC</td>
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<tr>
<td>Syndrome, Smith-McCort Dysplasia)</td>
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<td>Fanconi Syndrome</td>
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<tr>
<td>Fragile X Syndrome</td>
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<td>Fraser Syndrome (Cryptophthalmos Syndrome, Meyer-Schwickerath’s</td>
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<td>syndrome, Fraser-Francois syndrome, Ullrich-Feichtiger syndrome)</td>
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<td>Galactosemia</td>
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<tr>
<td>Gaucher Syndrome (Glucosylceramide storage disease; GSDI)</td>
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<td>Glutaric Aciduria Type I &amp; Type II</td>
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<td>Glycocen Storage Disease</td>
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<td>Krabbe’s disease</td>
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<td>Lesch-Nyhan Syndrome</td>
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<td>Lissencephaly Syndrome (Miller-Dieker Syndrome, Agyria)</td>
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<td>Maple Syrup Urine</td>
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<td>Mucolipidosis II, III</td>
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<td>Noonan Syndrome</td>
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<td>Organic Acidemias</td>
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<td>Pelizaeus-Merzbacher disease</td>
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<td>Peroxisomal Disorders</td>
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<td>Phenylketonuria (PKU)</td>
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<td>Phelan-McDermid syndrome</td>
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<td>Rubenstei-Taybi Syndrome</td>
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<td>Schwartz-Jampel Syndrome</td>
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<td>Steinert Myotonic Dystrophy Syndrome (Curschmann-Batten-Steinert syndrome)</td>
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<tr>
<td>Tay-Sachs disease (Sandhoff)</td>
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<td>Treacher-Collins Syndrome</td>
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<tr>
<td>Trisomy 8</td>
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<tr>
<td>Tetrasomy 12p</td>
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<td>Trisomy 13 (Patau Syndrome)</td>
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<tr>
<td>Trisomy 18 (Edward’s Syndrome)</td>
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<tr>
<td>Tuberous Sclerosis Complex</td>
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<tr>
<td>Very long chain fatty acid storage diseases</td>
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<td>Waardenburg Syndrome, Types I and II</td>
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<td>Walker-Warburg Syndrome (XO)</td>
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<tr>
<td>Williams Syndrome</td>
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<tr>
<td>Zellweger Syndrome (Cerebro-Hepato-Renal Syndrome)</td>
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**Neurological Disorders**

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<td>Aicardi Syndrome</td>
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<tr>
<td>Alpers Syndrome/Disease</td>
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<td>Apert Syndrome (acrocephalosyndactyly)</td>
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<td>Aphasia</td>
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<tr>
<td>Arachnoid cyst with neuro-developmental delay</td>
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<tr>
<td>Arhinencephaly (Holoprosencephaly)</td>
</tr>
<tr>
<td>Arnold-Chiari syndrome, type II (Malformation d’Arnold-Chiari)</td>
</tr>
<tr>
<td>Ataxia</td>
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<tr>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>CNS Aneurysm with Neuro-Developmental Delay</td>
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<tr>
<td>CNS Tumor with Neuro-Developmental Delay</td>
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<tr>
<td>Encephalopathy, congenital only</td>
</tr>
<tr>
<td>Encephalopathy, Static</td>
</tr>
<tr>
<td>Erb’s Palsy (Brachial Plexus Injury, Perinatal Origin)</td>
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<tr>
<td>Holoprosencephaly</td>
</tr>
<tr>
<td>Hypertonia (persistent only)</td>
</tr>
<tr>
<td>Hypophosphatiasia-Infantile</td>
</tr>
<tr>
<td>Lennox-Gastaut Syndrome</td>
</tr>
<tr>
<td>Intraventricular hemorrhage (III or IV)</td>
</tr>
<tr>
<td>Meningocele (cervical)</td>
</tr>
<tr>
<td>Miller-Dieker Syndrome</td>
</tr>
<tr>
<td>Mitochondrial Disorder</td>
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<tr>
<td>Multiple anomalies of the brain</td>
</tr>
<tr>
<td>Myopathy</td>
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<tr>
<td>Neural Tube Defect</td>
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<tr>
<td>Spinocebellar Disorders</td>
</tr>
<tr>
<td>TAR (Thrombocytopenia-Absent Radii syndrome)</td>
</tr>
<tr>
<td>Traumatic Brain Injury (Head Trauma)</td>
</tr>
</tbody>
</table>

**Severe Attachment Disorders**

| Anxiety Disorders of Infancy and Early Childhood |
| Depression of Infancy and Early Childhood |
| Infantile Anorexia |

**Autism Spectrum Disorders**

| Asperger’s Disorder |
| Autism Spectrum Disorder |
| Childhood Disintegrative Disorder |
| Pervasive Developmental Disorder |
| Rett’s Syndrome |

**Significant Sensory Impairment**

| Auditory Neuropathy |
| Blindness (“legal” blindness or 20/200 best acuity with correction) |
| Cataracts (congenital only) |
| Glaucoma |
| Optic Nerve Hypoplasia (DeMorsier’s Syndrome, Septo Optic Dysplasia) |
| Progressive hearing loss as related to syndromes such as neurofibromatosis, osteopetrosis, and Usher’s |
| Sensorineural hearing loss in excess of 25 dB HL |
| Aural Atresia (bilateral or unilateral) |

**Other**

| Hydrocephalus (congenital or acquired) |
| Low Birth Weight (<1,200 grams at birth) |
| Fetal Alcohol Syndrome |