

Provider Name (print First, M., Last Name): \_\_\_\_\_  
 Current NBES Agency/Group (if none, write N/A): \_\_\_\_\_

☐ SLP    ☐ ITDS  
☐ PT    ☐ PTA  
☐ OT    ☐ OTA

## REQUIRED DOCUMENTATION

## RELATED INFO FOR EACH ITEM

<input type="checkbox"/> <b>Type of Credentialing (ALL PROVIDERS)</b>	<input type="checkbox"/> INITIAL <input type="checkbox"/> RECREDENTIAL <input type="checkbox"/> REACTIVATION
<input type="checkbox"/> <b>For ITDS Recertifications: Continuing Education 24 Credits/ Hours completed</b> <input type="checkbox"/> YES <input type="checkbox"/> NA	<input type="checkbox"/> ITDS Recertification Form <input type="checkbox"/> ITDS Cont. Education Credits Form <input type="checkbox"/> TOTAL HOURS _____
<input type="checkbox"/> <b>Brief NBES Letter of Intent</b>	Current address/contact info, DOB, city/area availability in NBES counties, Caseload limit, fluency in other languages, specialties, etc.
<input type="checkbox"/> <b>Has applicant completed the FL-EPIC Professional Development Training?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process	If Yes, please submit <b>ALL</b> completion certificates (i.e.: workshops, coaching sessions, monthly meetings)
<input type="checkbox"/> <b>Copy of Social Security Card</b>	
<input type="checkbox"/> <b>Applicant's Current Individual Form W9</b>	Please use applicant address, not agency
<input type="checkbox"/> <b>Level II Security Background Screen/AHCA Fingerprints</b>	<b>Fingerprint Expiration Date:</b> _____
<input type="checkbox"/> <b>Copy of current, valid License card to practice</b> <input type="checkbox"/> NA <input type="checkbox"/> For OTA/PTAs – submit Provider Supervisor Form	Copy of current, valid State License if not currently licensed to practice in the State of Florida. <i>*Verification may not be used.</i>
<input type="checkbox"/> <b>Provider's CAQH#:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (Assistants & ITDS)	<b>CAQH#:</b> _____
<input type="checkbox"/> <b>For ITDS only, Provide Consulting Provider (s)</b> <input type="checkbox"/> NA	<b>Consulting Providers:</b> _____
<input type="checkbox"/> <b>Individual National Provider Identification (NPI) number and Taxonomy.</b>	<b>NPI#:</b> _____ <b>Taxonomy:</b> _____
<input type="checkbox"/> <b>Medicaid Therapy and/or EI number (9-digit)</b> <input type="checkbox"/> Individual Medicaid#: _____ EXP: _____ <input type="checkbox"/> ATN# _____	Submit Medicaid Verification Letter or Demographic information with effective dates from Medicaid portal if letter not available. <i>Assistants provide supervisor's Medicaid Demographic Page</i>
<input type="checkbox"/> <b>Provider Supervisor Form (OTA &amp; PTA only)</b> <input type="checkbox"/> NA	<i>Supervisor's Medicaid Demographic Page submitted with Provider Supervisor Form</i>
<input type="checkbox"/> <b>Provider Exclusions/Sanctions Status Form</b>	Within the past five (5) years. <b>If YES, provide required documentation listed on form.</b>
<input type="checkbox"/> <b>Current Resume</b>	Documents previous five (5) year work/educational history, with timeline in mm/yyyy format for begin & end dates & explanation of any gaps more than 90 days in timeline.
<input type="checkbox"/> <b>Early Steps Certificate of Experience (COE) Form(s)</b> <i>In-Field degree (1,600 hours / 1 year post-degree experience)</i> <i>Out-of-Field degree (8,000 hours / 5 years post-degree experience)</i>	Professional hands-on experience in early intervention with 0-5-year-old children with special needs and/or developmental delay and their families. <b>Completed by supervisor or same-level therapist able to document applicant's experience. Cannot be completed by self.</b>
<input type="checkbox"/> <b>Copy of Degree and/or Transcripts from accredited university/college; any other relevant Certificates</b>	If foreign degree, external accreditation letter required to show equivalence of degree. <b>If diploma does not indicate study area, transcript with conferred date required.</b>
<input type="checkbox"/> <b>Understanding of Natural Environment Requirement Form</b>	NBES children are required to be seen in natural environment.
<input type="checkbox"/> <b>Part C Procedural Safeguards Acknowledgement</b>	
<input type="checkbox"/> <b>Provider 24/25 ProHIPPA Training Acknowledgement Form</b> <input type="checkbox"/> Yes <input type="checkbox"/> No*	Only complete ProHIPPA Free Online Training videos ( <b>do not pay for certificate</b> ) – see HIPPA Training Info sheet for website info and link.
<input type="checkbox"/> <b>Copy of Current Professional Liability Insurance</b> <input type="checkbox"/> Individual    or <input type="checkbox"/> Covered Under Group/Agency Policy	Proof of Malpractice/Liability Insurance (\$1,000,000/\$3,000,000) <b>Expiration Date:</b> _____
<input type="checkbox"/> <b>Provider Liability/Malpractice Claims Status Form</b>	Summary of any claims against you within the past five (5) years. <b>If YES, provide required documentation listed on form.</b> <input type="checkbox"/> NA
<input type="checkbox"/> <b>ES Orientation Training Modules 1-3 Complete:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    - Needs to be Registered in TRAIN	All new providers must complete via Florida TRAIN System <b>Submit 1-3 completion certificates.</b>
<input type="checkbox"/> <b>ITDS Training Modules 1-6 Complete:</b> <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No    - Needs to be Registered in TRAIN	All new ITDS must be completed via Florida TRAIN System. <b>Submit 1-6 completion certificates or University coursework equivalent.</b>
<input type="checkbox"/> <b>Reviewed &amp; Submitted By</b>	<b>Dated Signature:</b> _____

Please complete this checklist and review documents. Submit completed checklist and all required documentation in one email to Tami Krüger, NBES Provider Relations Specialist, at [tkruger@esnecfl.org](mailto:tkruger@esnecfl.org).

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Early Steps Deland · 156 McGregor Road · Deland FL 32720 · Phone 386.873.3658 Fax 386.738.1160

Early Steps Bunnell · 301 Justice Lane · Bunnell FL 32110 · Phone 386.254.1248 · Fax 386.236.1796

Early Steps Leesburg · 1300 Citizen's Boulevard #300 · Leesburg FL 34748 · Phone 352.323.0612 · Fax 352.787.2386



## Early Steps Provider Supervision Form



Early Steps, Florida's Early Intervention Program (IDEA, Part C), requires that Therapy Assistants and Speech Language Pathologists with a provisional license provide information regarding their supervising therapist and that Board-Certified Associate Behavior Analysts (BCABA) provide information regarding their supervising Board Certified Behavior Analyst (BCBA) as part of the Early Steps application and approval process. Supervisors must be an approved Early Steps provider. Please complete the information below and attach a copy your supervisor's professional license or professional certification.

### Applicant Information

Applicant's Full Name:    SS#:  -  -   
*Please Print Last First MI*

Provider Type: ☐ OT Assistant ☐ PT Assistant ☐ SLP Assistant ☐ SLP/Prov. ☐ BCABA

Address:       
*Please Print Street City State Zip Code*

Telephone: (  ) Fax: (  ) Email:

Agency:  Local Early Steps:

### Supervisor Information

Supervisor's Full Name  
(Must be same discipline as applicant):     
*Last First MI*

Address:       
*Please Print: Street City State Zip Code*

Telephone: (  ) Fax: (  ) Email:

Agency:  Local Early Steps:

This form must be maintained in the provider's file at the Local Early Steps.

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed 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, cancellation 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 for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>

**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

## 2024 – 2025 Provider Exclusions/Sanctions Status Form

**The Florida Attorney General's Medicaid Fraud Control Unit (MFCU)** investigates and prosecutes providers that intentionally defraud the state's Medicaid program through fraudulent billing practices.

- The MFCU investigates a wide range of misconduct originating primarily from fraudulent billing schemes.
- The most common schemes involve doctors, dentists, clinics and other health care providers billing for services never performed, over billing for services provided, or billing for tests, services and products that are medically unnecessary.
- From January 2019 to the present, the Florida MFCU has obtained more than \$70 million in settlements and judgments.

**Medicaid Provider Enrollment Exclusions** – AHCA (Florida Medicaid) excludes individuals or entities that meet any of the following, and have not been reinstated by the Department of Health and Human Services Office of Inspector General, from enrolling as a provider:

- Currently sanctioned by Medicare or Medicaid in any state
- Involuntarily terminated by Medicare or Medicaid in any state, except for reason of inactivity
- Voluntarily terminated from Medicare or Medicaid in any state without paying monies owed to the program or submitting an acceptable repayment agreement, as applicable

**Background checks are performed for all NBES Provider applications.** *Failure to disclose documentation related to an affirmative response will result in a denial of the application.*

- ☐ **I DO NOT have any Medicaid Exclusions or Sanctions under my name or social security number.**
- ☐ **I DO have Medicaid Exclusion and/or Sanction under my name or social security number.**  
**Documentation required.**

### **Written Explanation Signed and Dated by Responsible Party**

A thorough written explanation for all sanctions must be **signed and dated by the responsible party**:

Documentation clearly indicating the final resolution must be submitted with every application due every 3 years (initial enrollment, recredentialing application), or immediately following new sanction.

*Written explanation must include:*

- Provide date of occurrence
- brief summary of events for each sanction
- final resolution
- amount paid
- legal documents

### **Date Congruency**

All dates must align between the documentation provided. This includes the dates listed in the State OIG Exclusion and Sanction Report findings matching submitted legal documentation and written explanation.

During the background check process, all dates will be checked for accuracy. Dates that do not align will delay the application process.

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**Applicant's Printed Name**

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**Applicant Signature**

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**Date**

## 2024-2025 Provider Liability/Malpractice Claims Status

Per 2023 Florida Statute 458.320 Financial Responsibility, as a condition of licensing and maintaining an active license, and prior to the issuance or renewal of an active license or reactivation of an inactive license, applicant must demonstrate financial responsibility to pay claims and costs resulting from the rendering of, or the failure to render, care or services. [http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0400-0499/0458/Sections/0458.320.html](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0458/Sections/0458.320.html)

NBES providers are required to maintain professional liability coverage in an amount not less than \$100,000 per claim, with minim annual aggregate of not less than \$300,000, from an authorized insurer.

**NBES verifies any Liability/Malpractice Claims for all provider applicants.** *Failure to disclose documentation related to liability/malpractice claims will result in application denial.*

- ☐ I **DO NOT** have any Professional Liability and/or Malpractice claims under my name and/or provider license.
- ☐ I **DO** have Professional Liability and/or Malpractice claims under my name and/or provider license. Documentation required.

### Written Explanation Signed and Dated by Responsible Party

A thorough written explanation for all liability/malpractice claims must be **signed and dated by the responsible party**:

Documentation clearly indicating the final resolution must be submitted with every application due every 3 years (initial enrollment, recredentialing application), or immediately following new liability/malpractice claim.

*Written explanation must include:*

- Provide date of occurrence
- brief summary of events for each liability/malpractice occurrence
- final resolution
- amount paid
- legal documents

### Date Congruency

All dates must align between the documentation provided. This includes the dates listed in the State professional Liability/Malpractice Claims Report findings matching submitted legal documentation and written explanation.

During the liability/malpractice claims verification process, all dates will be checked for accuracy. Dates that do not align will delay the application process.

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**Applicant's Printed Name**

---

**Applicant Signature**

---

**Date**

## Exhibit C

### 2024- 2025 Natural Environment Service Delivery Requirement for NBES Providers

#### IDEA's Definition of "Natural Environment"

Part C of the Individuals with Disabilities Education Act (IDEA) requires that eligible infants and toddlers with disabilities receive needed early intervention services in natural environments to the maximum extent appropriate. The 2011 regulations for Part define the term as follows:

##### §303.26 Natural environments.

*Natural environments* means settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of §303.126.

§303.344(d)(1) requires that the identification of the early intervention service needed, as well as the appropriate setting for providing each service to an infant or toddler with a disability, be individualized decisions made by the IFSP Team based on that child's unique needs, family routines, and developmental outcomes. If a determination is made by the IFSP Team that, based on a review of all relevant information regarding the unique needs of the child, the child cannot satisfactorily achieve the identified early intervention outcomes in natural environments, then services could be provided in another environment (e.g. clinic, hospital, service provider's office). In such cases, a justification must be included in the IFSP... ([76 Fed. Reg. at 60158](https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf))  
<https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>

"Natural environments mean settings that are natural or typical for an infant or toddler without a disability.... **We do not believe that a clinic, hospital or service provider's office is a natural environment for an infant or toddler without a disability; therefore, such a setting would not be natural for an infant or toddler with a disability**" - *The Department of Education*

I understand and commit to the requirement of Provider Service Delivery in the Natural Environment and the guiding principles of IDEA Part C as necessary for participation in the North Beaches Early Steps System of Care.

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Provider's Signature

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Date



## Early Steps Summary of Family Rights

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



## **RECORDS**

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

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

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

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



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

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

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

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

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

### **PARENTAL CONSENT**

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

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

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

### **SURROGATE PARENTS**

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

### **MEDIATION**

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

### **COMPLAINT PROCEDURES**

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

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

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

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

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

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

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

### **DUE PROCESS HEARING**

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

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

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

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

- name of your child;
- the address of the residence of your child;
- the name of the early intervention provider serving your child;
- a description of the nature of the problem of your child relating to the proposed or refused initiation or change, including facts relating to the problem;
- a proposed resolution of the problem to the extent known and available to you at the time; and
- an allegation that the action forming the basis for the due process complaint occurred within 2 years of the date you Early Steps or the provider knew (or should have known) about the alleged action.

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

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

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

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

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

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

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

A due process hearing is conducted by an impartial person who is not an employee of Early Steps, or any other entity involved in the services or care for your child, though Early Steps pays for their services. They do not have a personal or professional interest that would conflict with their ability to be objective and implement the process. The hearing officer will have knowledge about Early Steps, including Part C of the Individuals with Disabilities Education Act, applicable federal and state regulations, and legal interpretations by federal and state courts. The officer will listen to relevant viewpoints about the issue, examine all information related to the issues, seek to reach a timely resolution regarding the issue, and make decisions based on substantive grounds. It will be at a time and place that is convenient to you and

you will be notified of the date, time, and place of the hearing in a reasonable time in advance. A hearing will be held and a written decision mailed within 45 days of the request of a hearing. The written decision will be based on the evidence and will include a summary of the evidence and the reasons for the decision.

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

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

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

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

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

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

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

**Easterseals Northeast Central Florida, Inc.  
North Beaches Early Steps**

**2024 - 2025 STATEMENT OF UNDERSTANDING OF  
PART C PROCEDURAL SAFEGUARDS**

Please initial all statements below, then sign date at bottom.

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed or typed)



## Early Steps Certification of Experience Form

Early Steps, Florida's early intervention system, requires that an individual seeking approval as a provider of early intervention services meet state requirements. You have been identified by the applicant below as having first-hand knowledge of his/her professional work experience with infants and toddlers (birth to five) who have special needs and/or developmental delays and their families. Please complete this form and return it to the applicant.

Applicant's Name: \_\_\_\_\_  
Last First MI

1. Provide a detailed description of the applicant's role and job responsibilities which support the required hands-on experience. Additional information may be attached as needed and must be signed and dated by the individual completing the form. Job descriptions are not acceptable. If applicable, time spent in a practicum or internship, up to 400 hours, may apply toward the total amount of required hands-on experience. All other experience must be professional, post-degree experience. Volunteer work is not considered professional experience.

2. Provide the dates and the number of hours per week for which the applicant worked in the described role above.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_\_  
Month/ Year Month/ Year

3. What was your working relationship to the applicant during the dates above?

\_\_\_\_\_

*Please Print*

Respondent's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Agency/Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<https://www.prohipaa.com/training>

**DO NOT  
START/PAY  
HERE**

**COMPLETE  
ALL 3  
SECTIONS  
BELOW.**

**1<sup>ST</sup> SECTION  
BEGINS  
HERE.**

Free HIPAA Training Online | Start x +

prohipaa.com/training

**ProHIPAA**  
by ProTrainings

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**What is Protected Health Information (PHI)?** ... Watch later Share

**What is PHI?  
How do I handle PHI properly?**

Watch on YouTube

**HIPAA Training**  
★★★★★ (12,923 Ratings)

Free online HIPAA training allows h on the go, from any device. Only pa

\$29.95 **Get Started** →

**Welcome to ProHIPAA**

In this introductory section of your HIPAA course, you'll learn about all of the course objectives you can expect to achieve by the end, as well as specifics like: what HIPAA is, the history of HIPAA, who is required to comply with HIPAA laws, and important HIPAA terminology that should make your journey through this HIPAA course easier and more enjoyable.

**Welcome to ProHIPAA**  
01:38 English

**What is HIPAA?**  
05:16 English

**The History of HIPAA**  
01:23 English

**Who is required to comply with HIPAA laws?**  
01:24 English

**Important HIPAA Terminology**  
03:42 English

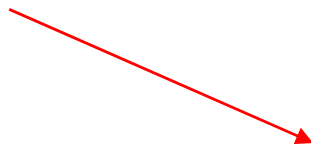
**HIPAA Privacy and Rights and Protected Health Information**



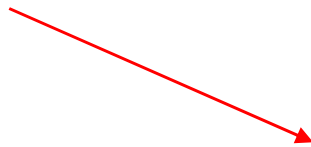
# SECTION 1 VIDEOS



# SECTION 2 VIDEOS



# SECTION 3 VIDEOS



**COMPLETE ALL VIDEOS/3  
SECTIONS (DO NOT PAY AT END).  
SIGN/DATE 23-24 HIPPA  
ACKNOWLEDGMENT FORM**

## Welcome to ProHIPAA

In this introductory section of your HIPAA course, you'll learn about all of the course objectives you can expect to achieve by the end, as well as specifics like what HIPAA is, the history of HIPAA, who is required to comply with HIPAA laws, and important HIPAA terminology that should make your journey through this HIPAA course easier and more enjoyable.



Welcome to ProHIPAA

01:28 English



What is HIPAA?

00:34 English



The History of HIPAA

01:29 English



Who is required to comply with HIPAA laws?

01:24 English



Important HIPAA Terminology

01:42 English

## HIPAA Privacy and Rights and Protected Health Information

In this section of your HIPAA course, we'll dig deeper into all things related to HIPAA privacy and rights and introduce you to PHI (protected health information). You'll find lessons on what a covered entity is, HIPAA privacy and security rules, an exploration of PHI in greater detail and using some examples of it, and what the patient's rights are concerning protected health information or PHI.



What is a Covered Entity?

01:52 English



What is PHI?

04:20 English



Privacy and Security Rules

04:07 English



What are Patients' Rights with PHI?

02:45 English

## HIPAA Breaches, Violations & Penalties and how to be Compliant

In this section of your HIPAA course, we'll be teaching you about HIPAA data breaches, HIPAA violations, HIPAA penalties, and how all businesses can create a roadmap to becoming more HIPAA compliant. Specific lessons you'll find in this section are HIPAA Breaches, Violations and Penalties, Why Cyber Criminals Want PHI, HIPAA & Social Media, Mobile Devices, Email and Faxes, How to be Proactive to be HIPAA Compliant, and HIPAA Foundation Conclusion.



HIPAA Breaches, Violations and Penalties

01:24 English



Why Cybercriminals Want PHI

03:23 English



HIPAA & Social Media, Mobile Devices, Email and Faxes

01:57 English



How to be Proactive to be HIPAA Compliant

01:47 English



HIPAA Foundation Conclusion

01:17 English



## Exhibit M - 2024-2025 NBES PROVIDER HIPPA TRAINING ACKNOWLEDGEMENT

---

NAME (Please Print)

---

Agency/Provider Name

This is to certify that I understand and have completed the ProHIPPA Training required by North Beaches Early Steps program. I agree to comply with the HIPAA Privacy and Security Rules and related policies and procedures. This will be expected as part of my continued contractual agreement with the North Beaches Early Steps program.

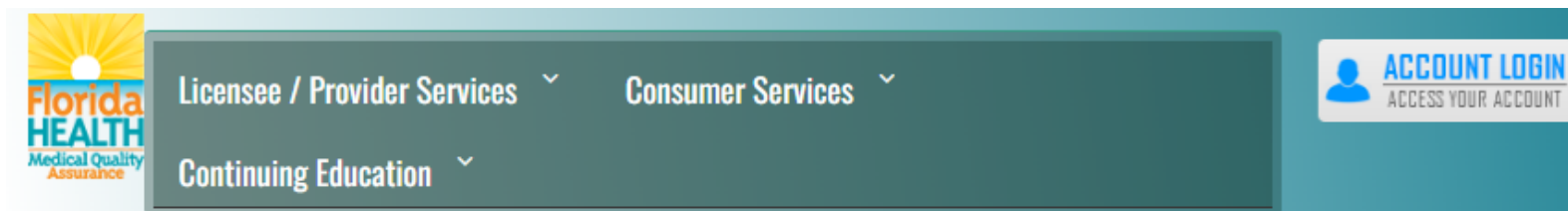
---

SIGNATURE

---

DATE

<https://flhealthsource.gov/electronic-licensing/>



## E-LICENSING

## FAQS

The Florida Department of Health's Division of Medical Quality Assurance (MQA) is pleased to announce a new licensing experience for health care practitioners. Beginning mid-2023, electronic licenses (e-license) will replace the current practice of printing and mailing paper-based licenses. For each profession regulated by MQA, the transition to paperless licensing means seamlessly retrieving licenses through the [MQA Online Services Portal](#) within two business days of an approved application.

The electronic process will allow practitioners to obtain newly issued or newly renewed licenses free of charge and 7 to 10 days earlier than previously mailed versions. The e-licenses include QR codes that increase the information security of licenses and enables users, such as employers and consumers, to access and verify credentials of health care practitioners.

Combining the growing health care workforce and use of mobile devices, it is critical that MQA continues to develop innovative strategies to meet the needs of practitioners and streamline access to key documents that provide credibility to entering the workforce. e-Licensing demonstrates the commitment of the Department to expedite licensure and verification processes so that health care practitioners can get to work quickly and continue working through successful licensure renewal cycles without interruption.

Licensed health care practitioners are encouraged to visit the MQA Online Services Portal to ensure contact information is updated and accurately displayed within their account.

To learn more, please visit the e-license [Frequently Asked Questions](#) page or ask the MQA Virtual Agent, ELI, by visiting [FLHealthSource.gov/eli](https://FLHealthSource.gov/eli).

<https://flhealthsource.gov/electronic-licensing/faqs/>



Licensee / Provider Services ▾

Consumer Services ▾

Continuing Education ▾

 **ACCOUNT LOGIN**  
ACCESS YOUR ACCOUNT

## ELECTRONIC LICENSING FREQUENTLY ASKED QUESTIONS

### Why move to electronic licensing? X

There are many advantages to moving to electronic licensing:

- Licensure status can be verified via the Internet anytime, anywhere.
- Licenses are always available in case of instances of theft, misplacement, or destruction.
- Receipt of license within two days of application approval, saving time of additional days for traditional mail.

### How do I obtain a reprint of my license? X

Copies of licenses may be obtained anytime for free on the [MQA Online Services Portal](#).

### How long will it take to receive my new electronic license? X

Electronic Licenses will be made available through the [MQA Online Services Portal](#) within two business days of application approval.

### What do I do if I submitted an initial or renewal application and have not yet received anything? X

Each licensee will receive an approval letter from MQA with directions to obtain an electronic license. Licensees must have an [MQA Online Services Portal](#) account in order to obtain a copy of their electronic license.


### Will the renewal period remain the same for all licensees? X

Yes. License renewal periods will remain the same. Licensees will receive email reminder notifications when the renewal period opens. To add or modify a primary email address, visit the [MQA Online Services Portal](#). Licensees will also receive multiple reminder emails to renew as the deadline gets closer.



<https://mqa-vo.doh.state.fl.us/datamart/voservicesportal>

mqa-vo.doh.state.fl.us/datamart/voservicesportal





MQA Online Services

Home | FL HealthSource | File a Complaint | FAQs | Telehealth

Licensed Practitioner Login

Licensee's Last Name :

Licensee's SSN :

Licensee's Date Of Birth :

Login

NOTE: Not all mobile devices are fully compatible with the online system at this time. It is highly recommended that you have access to a desktop or laptop computer.

Other Users Login Options

Create New Applicant Account

Business Establishment / School

Returning Applicant / Licensee Login

Prescription Pad Vendor Login

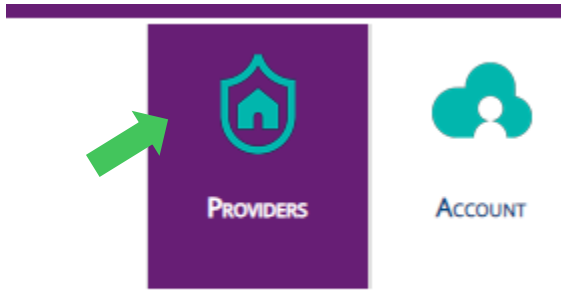
\* [Click here for Out-of-State Telehealth](#)

\* [Click here for Other Payer](#)

Privacy Statement | Disclaimer | Feedback | Email Advisory

## OBTAINING CURRENT PROVIDER MEDICAID EFFECTIVE DATES

- Login to (individual or Group) Medicaid provider portal <https://home.flmmis.com/>
- Once signed in, look for and click **Florida Web Portal**
- Enter User Access Confirmation Code you see on screen



- Click Providers at top ribbon



- Then Demographic Maintenance Link below Ribbon

https://npiregistry.cms.hhs.gov/registry/provider-view/ [redacted] 2/2

RECEIVED 09/27/2020 21:20 [redacted] DB  
Sep 27 20, 09:02p [redacted] p.5

your name here

You are using a browser that does not support the features required for use with this web application (browser not supported). We recommend you use a certified browser to ensure that the application functions as expected. The list of certified browsers can be found on the Accessibility page. Contact Us if you are having trouble using this web application.

Service Location>Location Name Address>EFT Account>Service Language>Ownership>Group Membership>ERA Enrollment>EDI Agreement>NPI

Provider Information		Address Type	
Medicaid Provider ID	[redacted] MCD	your Medicaid # here	SERVICE LOCATION
National Provider ID	[redacted] NPI	your NPI # here	Address 4 [redacted] DR
Practice Type	INDIVIDUAL PRACTICE		
Provider Type	83 - THERAPIST (PT, OT, ST, RT)		City ORLANDO
Ownership	NO		County ORANGE
Medicaid Effective Date	09/21/2009	your Medicaid effective dates here	State/Zip FL 32804-1216
Medicaid End Date	09/20/2024		Phone [redacted]

## Clearinghouse Renewals

Per Florida Statute, retained fingerprints must be renewed every **5 years** in order to maintain eligibility for employment. To maintain the retention of fingerprints within the Clearinghouse the employer must request a Clearinghouse Renewal through the Clearinghouse Results Website (CRW) prior to the retained prints expiration date. By initiating a Clearinghouse Renewal through the CRW, the current fingerprints retained on file at the Florida Department of Law Enforcement will be resent to the Federal Bureau of Investigation allowing for an updated criminal history to be processed by the Clearinghouse. If the employer does not initiate a Clearinghouse Renewal an employee's prints will no longer be retained, the employee's eligibility determination will expire, and the employee will have to be re-fingerprinted at a Livescan Service Provider at an increased cost to comply with background screening requirements.

**Providers may initiate a Clearinghouse Renewal 60 days before the Retained Prints Expiration Date is reached.** If the Clearinghouse Renewal is not initiated before the retained prints expiration date a new screening will need to be initiated in the Clearinghouse and the employee will have to be fingerprinted again.

Employers will receive notification of upcoming expiring retained prints for those employees listed on the Employee/Contractor Roster.

### The benefits of initiating Clearinghouse Renewals are:

- Request and pay for the renewal of a screening all in one system while also receiving cost savings.
  - The current cost for a Clearinghouse Renewal is \$42.00. That's a cost-saving of over \$30 with the average cost for a new screening being \$75.00!
- Faster processing time since the request is immediately sent to the Clearinghouse. No need to wait for the employee to be fingerprinted at a Livescan Service Provider.
- An updated criminal history to ensure compliance with background screening requirements.
- Extend the retained prints expiration by another 5 years.



**Clearinghouse Renewal in Clearinghouse...**

Agency for Health Care Administration

Home

Welcome to the Care Provider Background Screening Clearinghouse (Clearinghouse) results website. This website allows you to track and view screening results you have requested, and receive notifications for new screening requests. The links provided on this page will take you to the Clearinghouse website. The links provided on this page will take you to the Clearinghouse website.

For more information on using the website please review the Clearinghouse Introduction Guide.

**Employees With Expiring Retained Prints**

Provider	Selected	Last Name	First Name	DOB	APPLICANT	STATUS
123456	123456	123456	123456	123456	123456	123456
123456	123456	123456	123456	123456	123456	123456
123456	123456	123456	123456	123456	123456	123456

Page 1 of 1

**Bulletins**

**Please Initiate All Screenings Prior to Fingerprinting**

Utilizing the Clearinghouse website to initiate screening requests is required by law and provides the following benefits:

- Ability to track screenings from request to determination
- Provides email notifications regarding status updates

## **New Provider Helpful Links**

- Florida Early Steps: <https://floridaearlysteps.com/>
- North Beaches Early Steps (NBES):  
<https://www.easterseals.com/necfl/our-programs/childrens-services/early-steps-north-beaches.html>
- NBES Provider Information & Resources:  
<https://www.easterseals.com/necfl/our-programs/childrens-services/north-beaches-early-steps.html>
- Florida Medicaid – Provider Enrollment Application (Use the Online Enrollment Wizard for Full Enrollment!):  
<https://portal.flmmis.com/FLPublic/Provider ProviderServices/Provider Enrollment/Provider Enrollment NewMedicaidProviders/tabId/158/Default.aspx?desktopdefault=>
- Florida Medicaid – Provider Enrollment Application Guide:  
<https://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/Florida%20Medicaid%20Provider%20Enrollment%20App%20Guide.pdf>
- Florida Medicaid – Provider Enrollment Forms:  
<https://portal.flmmis.com/FLPublic/Provider ProviderServices/Provider Enrollment/Provider Enrollment EnrollmentForms/tabId/58/Default.aspx>
- Florida Medicaid – Background Screening (AHCA Clearinghouse – Fingerprints and level II Background Screening):  
<https://portal.flmmis.com/FLPublic/Provider ProviderServices/Provider Enrollment/Provider Enrollment BackgroundScreening/tabId/55/Default.aspx>
- AHCA - FL Statewide Medicaid Managed Care:  
[https://ahca.myflorida.com/Medicaid/statewide\\_mc/index.shtml](https://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml)
- Provider NPI (National Provider Identification) -  
<https://nppes.cms.hhs.gov/#/>
- Florida TRAIN System (ES Orientation Modules & ITDS Modules):  
<https://www.train.org/florida/home>
- CAQH Provider Registration/Login - The CAQH Provider Data Portal is the healthcare industry's premier resource for reporting professional and practice information to health plans and other healthcare organizations : <https://www.caqh.org/providers>





**FOR  
ITDS  
ONLY**



**INFANT TODDLER DEVELOPMENTAL  
SPECIALIST (ITDS)  
CERTIFICATE REQUIREMENTS**



The Local Early Steps (LES) must collect the information below for each ITDS applicant.

☐ **COPY OF DIPLOMA OR TRANSCRIPTS.** ITDS applicants must have one of the following:

- a. Bachelor's degree or higher from an accredited college or university in early childhood education or early childhood/special education, child and family development, family life specialist, preschool education, prekindergarten education, communication sciences, psychology, or social work.
  - The LES should verify that university accreditation is met by checking the following website: <http://ope.ed.gov/accreditation/Search.aspx>.
  - If the college or university is not listed on the website, verification of accreditation by another organization must be included in the certification packet.
- b. An equivalent degree based on transcript review. An equivalent degree would generally consist of at least 18 credit hours in one of the fields listed in **a.** above.
- c. Bachelor's degree or higher with a degree in Rehabilitation with coursework related to serving the visually impaired OR a bachelor's degree as a teacher for the visually impaired AND a minimum of 9 hours of coursework specific to infant and toddlers **or** a certificate of completion of VIISA or INSITE training.
- d. Bachelor's degree or higher in Communication disorders, audiology or deaf studies AND a minimum of 9 hours of coursework specific to infants and toddlers who are deaf and hard of hearing **or** a certificate of completion of SKI-HI or INSITE training.
- e. An out-of-field degree from an accredited college or university.

☐ **DOCUMENTATION OF PROFESSIONAL/POST DEGREE EXPERIENCE**

- a. An ITDS applicant with an in-field or equivalent degree must provide documentation of at least one year of post-degree professional experience in early intervention using the Early Steps Certification of Experience form.
- b. An ITDS applicant with an out-of-field degree must provide documentation of at least five years of post-degree professional experience in early intervention using the Early Steps Certification of Experience form.

☐ **VERIFICATION OF ONE OF THE FOLLOWING:**

- The applicant has successfully completed the university ITDS coursework at an approved university as documented by a university letter or transcripts
- OR
- The applicant has completed the six ITDS online modules.

☐ **VERIFICATION OF THE FOLLOWING:**

- The applicant has completed the three Early Steps Orientation modules.

For additional information regarding the ITDS application process, refer to Component 10 of the Early Steps Policy Handbook and Operations Guide.

## Infant Toddler Developmental Specialist (ITDS) Certificate Checklist

### APPLICANT INFORMATION

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

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Bachelors: \_\_\_\_\_ Masters: \_\_\_\_\_ Doctorate: \_\_\_\_\_ Major: \_\_\_\_\_

In field: \_\_\_\_\_ Out of field: \_\_\_\_\_ Equivalent: \_\_\_\_\_

University/College: \_\_\_\_\_ Grad date: \_\_\_\_\_

Accredited: \_\_\_\_\_ Yes \_\_\_\_\_ No Submitted copy of: \_\_\_\_\_ Diploma \_\_\_\_\_ Transcripts

### PROFESSIONAL WORK EXPERIENCE

Required work experience: \_\_\_\_\_ 1 year \_\_\_\_\_ 5 years

Dates: \_\_\_\_\_ Time: \_\_\_\_\_ Employer: \_\_\_\_\_

Dates: \_\_\_\_\_ Time: \_\_\_\_\_ Employer: \_\_\_\_\_

Dates: \_\_\_\_\_ Time: \_\_\_\_\_ Employer: \_\_\_\_\_

Dates: \_\_\_\_\_ Time: \_\_\_\_\_ Employer: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ES Orientation Modules Date Completed: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

ITDS Modules Date Completed: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4 ) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

Date of Review: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_


LES Director or Designee: \_\_\_\_\_

Date Certificate was provided: \_\_\_\_\_

## **NBES - ITDS Recertification and Continuing Education Credit Clarification & Info**

- The requirement for recertification training hours is 24 hours over a three-year period. If done annually, this is only eight hours per year. **This was provided after the due dates were sent out to everyone, so if you have questions of when an ITDS is due please contact me individually and I will discuss with you.**
- ITDSs who were certified prior to January 1, 2020 will have until December 31, 2022 to reach their 24 hours of training to meet the recertification requirements. Continuing education hours completed prior to January 1, 2020 will not count towards the required 24 hours of training.
- The Early Steps State Office will not be approving the trainings used for continuing education. The Local Early Steps are responsible for reviewing courses to ensure they meet the requirements in Policy 10.6.5.A and keeping documentation at the local level. **If you would like me to review courses not listed in the ESSO provided list of websites/courses, you will need to provide all information about the company providing the training, course details and description, and any documentation to identify the trainings are in compliance with the two bullet points below. I would highly suggest submitting this documentation prior to the course being taken, in the event the course is not approved, and the provider takes the course with no credit given.**
- **Trainings must relate to infant and toddler development or family engagement with caregivers of children under 36 months of age.** This can include: employer sponsored in-service activities of an instructional nature (such as special workshops or formal training sessions), state association workshops and seminars offered through professional associations, formal online courses offered through professional organizations or those identified in Guidance 10.6.5, or college or university course work that is post-degree.
- Activities that would not be appropriate for in-service training include routine business or provider meetings, committee meetings, employee or provider orientation training, coaching sessions, and unsupervised or self-directed study.

*Early Steps Policy Handbook  
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	<p>10.6.5 All <a href="#">ITDSs</a> must renew their ITDS certification every three years from the date of their last certification. Such renewal will include:</p> <p>A. Completion of a minimum of 24 hours of continuing education within the previous three-year period related to infant and toddler development or family engagement with caregivers of children under 36 months of age. Hours of continuing education may include:</p> <ol style="list-style-type: none"><li>1. Continuing Education Units (CEUs) in relevant classes, and/or</li><li>2. In-service hours.</li></ol> <p>B. Documentation of all CEUs and/or in-service hours on the Early Steps <a href="#">ITDS Recertification Form</a> and <a href="#">Continuing Education Credits or In-Service Hours Form</a>.</p>	<p><a href="#">Operations Guide 10.6.5</a></p>
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*Early Steps Operations Guide  
1/1/2020*



# Florida Infant Toddler Developmental Specialist Certification Renewal



## PROVIDER INFORMATION

Full Name:

First

Middle

Last

Home Address:

Street /Apt. #  
ZIP

City

State

Home Phone number:

Work Phone number:

E-mail Address:

Individual NPI# (or  
SS#)

Date of Initial  
Certification or  
Approval

Enrolled with the  
following Local Early  
Steps

Date of Initial Certification or Approval:

## CONTINUING EDUCATION CREDITS OR IN-SERVICE HOURS

- ☐ ITDS Certification must be renewed every three years from the date of the last certification
- ☐ Twenty-four hours of continuing education credits **AND/OR** in-service hours is required.

Date:

Documentation to be placed  
on attached ITDS CEU or In-  
Service Hours form

## SIGNATURES

Signature of Applicant

Date

Signature of Early Steps Director

Date

# Early Steps Infant Toddler Developmental Specialist

## Continuing Education Credits or In-Service Hours

(Attach to ITDS Recertification Form)

ITDS Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Local Early Steps: \_\_\_\_\_

<b>Required information to document CEUs or In-Service Hours</b>	
Course Title and Nature of Activity (live, conference, on-line training, etc.)	
Name of Speaker/Lecturer	
Sponsoring Agency or Organization	
Course/Lecture Description AND Objectives	
Program Date	
Location	
Number of Hours	
ATTACH ALL CERTIFICATES OF COMPLETION OR OTHER DOCUMENTATION	
Course Title and Nature of Activity (live, conference, on-line training, etc.)	
Name of Speaker/Lecturer	
Sponsoring Agency or Organization	

Course/Lecture Description AND Objectives	
Program Date	
Location	
Number of Hours	
ATTACH ALL CERTIFICATES OF COMPLETION OR OTHER DOCUMENTATION	
Course Title and Nature of Activity (live, conference, on-line training, etc.)	
Name of Speaker/Lecturer	
Sponsoring Agency or Organization	
Course/Lecture Description AND Objectives	
Program Date	
Location	
Number of Hours	
ATTACH ALL CERTIFICATES OF COMPLETION OR OTHER DOCUMENTATION	

Add additional pages if necessary

Total Number of CEUs for Year \_\_\_\_\_

Total Number of In-Service Hours for Year \_\_\_\_\_