



**UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES**

FEBRUARY 26, 1998

Honorable James Howell  
Secretary  
Department of Health  
1309 Winewood Boulevard, Building 6  
Tallahassee, Florida 32399-0700

Dear Mr. Howell:

During the week of January 13, 1997, the Office of Special Education Programs (OSEP), U.S. Department of Education, conducted an on-site review of the Department of Health's (DOH) implementation of Part H of the Individuals with Disabilities Education Act (IDEA). The purpose of the review was to determine whether DOH is meeting its responsibility to ensure that services for infants and toddlers with disabilities are administered in a manner consistent with the requirements of Part H. During that week, OSEP also reviewed the Florida Department of Education's (FLDE) implementation of Part B of the IDEA, to determine the status of Florida's compliance with the Federal requirements related to the provision of special education and related services for children and youth with disabilities in Florida. OSEP's findings concerning Part B have been addressed in a separate letter to FLDE, dated September 26, 1997.

Enclosure A to this letter describes OSEP's monitoring methodology and corrective action procedures; Enclosure B lists several commendable initiatives by DOH; and our findings and requirements for specific corrective actions are in Enclosure C. We have also included a section, Enclosure D, that addresses some overarching concerns related to the design of Florida's early intervention system, and that is offered for technical assistance purposes only.

OSEP's monitoring places a strong emphasis on those requirements most closely associated with positive results for children with disabilities and their families. Dr. Bobbi Stettner-Eaton, of OSEP, and Dr. Bonnie Strickland, of the Maternal and Child Health Bureau in the U.S. Department of Health and Human Services, discussed the team's preliminary findings with members of your staff and the Florida Interagency Coordinating Council for Infants and Toddlers at an exit conference held at the conclusion of OSEP's on-site visit. At that time, DOH was invited to provide any additional information for consideration by OSEP in the development of this letter of findings. No further information was received.

The findings in this letter are final, unless--within 15 days from the date on which DOH receives this letter--DOH concludes that evidence of noncompliance is significantly inaccurate or that one or more findings is incorrect and requests reconsideration of such finding(s). Any request for reconsideration must specify the finding(s) for which DOH requests reconsideration, and the factual and/or legal basis or bases for the request, and must include documentation to support the request. OSEP will review any DOH request for reconsideration and, if appropriate, issue a letter of response informing DOH of any revision to the findings. A request for reconsideration of a finding will not delay Corrective Action Plan development and implementation timelines for findings not part of the reconsideration request. Our staff is available to provide technical assistance during any phase of the development and implementation of DOH's corrective actions. Please let me know if we can be of further assistance.

I would like to thank you for the assistance and the cooperation that Ms. Fran Wilber, the Part H Coordinator for Florida, her staff, and DOH contractors provided during our review. Throughout the monitoring process, staff was very responsive in providing information that enabled OSEP staff to acquire a better understanding of the implementation of Part H in Florida.

The Committee Report that accompanied the recent reauthorization of the IDEA, Pub. L. 105-17, recognized the importance of early intervention services for infants and toddlers with disabilities and reconfirmed our belief that it is in the best interest of these children, their families, schools, and society in general that services continue to be provided. We thank you for your continuing efforts to improve early intervention services and results for the youngest of children with disabilities in Florida.

Sincerely,

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Thomas Hehir  
Director  
Office of Special Education Programs

Enclosures

cc: Ms. Fran Wilber  
Part H Coordinator

# ENCLOSURE A

## OSEP'S MONITORING METHODOLOGY

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### **Pre-site Document Review:**

As in all States, OSEP used a multifaceted process to review the implementation of Part H in Florida. In addition to on-site visits, this process included: review and approval of the State's Part H application which sets out the State's statutes and regulations, policies and procedures, and interagency agreements that impact the provision of services to infants and toddlers with disabilities and their families; review of the State's Part H self-assessment<sup>1</sup>, other correspondence, and telephone calls that OSEP received regarding the State's implementation. Prior to its visit to Florida, OSEP also requested and reviewed additional documentation regarding the State's compliance with requirements regarding due process hearings, complaint resolution, and monitoring, as well as the child count.

### **Involvement of Parents and Advocates:**

During the week of October 28, 1996, OSEP conducted five public meetings in Chipley, Ocala, Tampa, Miami, and Oakland Park. Also during that week, Mr. Charles Laster (OSEP's Team leader) and Ms. Sheila Friedman (OSEP's Part B contact for Florida), and Dr. Bobbi Stettner-Eaton (OSEP's Part H contact for Florida), met with representatives from various advocacy groups in two outreach meetings, including representatives from the Family Network on Disabilities and the Superintendent's Advisory Group of Dade County. Dr. Stettner-Eaton also conducted a small parent focus group meeting in Tampa. The purpose of the public and outreach meetings was to solicit comments from parents, advocacy groups, service providers, administrators and other interested citizens regarding their perceptions of Florida's implementation of the IDEA, both Parts H and B. In the letters inviting interested parties to the public meetings, OSEP also invited them to provide written comments and telephone input regarding their perceptions.

During the on-site visit, OSEP conducted small group parent interviews in four of the public providers it visited, as well as in Tallahassee, in order to hear parents' impressions of the early intervention services provided to their children. These meetings provided OSEP staff with parents' views of the effectiveness of the early intervention services provided to infants, toddlers and their families, as well as the challenges. OSEP was also interested in determining the extent to which family-oriented and culturally competent early intervention services were being delivered. OSEP focused its inquiry on specific aspects of implementation of Part H, particularly child find, transition out of Part H, and the array of early intervention services provided to eligible children and their families in natural environments.

### **Selection of Monitoring Issues and Providers to Visit**

OSEP focuses its compliance review in all States on core requirements that are closely related to child and family results: States' systems for ensuring effective implementation through monitoring and identification and correction of areas of non-compliance; ensuring that all eligible children with disabilities receive appropriate early intervention services as determined through the development and implementation of an individualized family service plan; the provision of needed transition services; and ensuring that parents are appropriately included in all aspects of the decision-making process. Information that OSEP obtained from

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<sup>1</sup> During a 4-month period prior to OSEP's on-site visit, the State conducted a self-assessment using OSEP-developed materials, which included the formation of a State self-assessment team to coordinate the self-assessment process, collecting data from surveys of providers and parents, and developing a one-year action plan for improvement of the State's system for early intervention. The final report from the self-assessment, including the action plan, was submitted to OSEP in early January, 1997, prior to the on-site visit and were extremely useful in planning the visit.

its pre-site public and outreach meetings, interviews with State officials, review of State documentation and the Part H self-assessment assisted OSEP in: (1) identifying the issues facing parents and others interested in the provision of early intervention services in Florida; (2) selecting additional monitoring issues for review while on-site; and (3) selecting the early intervention providers to be visited.

**On-site Data Collection and Findings:**

In an effort to provide a more comprehensive examination of the implementation of Part H in Florida, which is administered by the Children's Medical Services Program Office, OSEP invited the Federal Interagency Coordinating Council (FICC) member from the Maternal and Child Health Bureau (MCH-B) in the U.S. Department of Health and Human Services to partner with OSEP on this monitoring visit. Both Federal offices endorsed this interagency monitoring effort and viewed it as a means to better model and promote collaboration in programs for young children at the Federal and State level. Dr. Bonnie Strickland, a Senior Public Health Analyst with Maternal and Child Health Bureau, and Dr. Stettner-Eaton conducted this visit.

Drs. Stettner-Eaton and Strickland interviewed various State lead agency executive staff; the Self-assessment team; several State interagency collaborators, including the SEA; and reviewed relevant documentation. They visited and collected implementation data from early intervention programs operated by a variety of entities. Where appropriate, OSEP has included in Enclosure C data that it collected from those providers that support or clarify its findings regarding the sufficiency and effectiveness of the State's early intervention system for ensuring compliance with the requirements of Part H.

The information in Enclosure D, provided for purposes of technical assistance only, enumerates some of the over-arching concerns related to Florida's systems development that were shared at the exit conference and again in a follow-up memorandum, dated January 31, 1997, to Dr. Eric Handler of Children's Medical Services.

Because the findings in Enclosure C focus on the effectiveness of DOH's system for ensuring compliance, rather than compliance by any particular provider, OSEP has not used the name of any of the providers in that Enclosure. Instead, the early intervention providers visited by OSEP are identified only with alphabetical designations, as follows:

<b>PROVIDER</b>	<b>DESIGNATION</b>
<b>Miami ARC</b>	<b>PROVIDER A</b>
<b>Mailman Center, Miami</b>	<b>PROVIDER B</b>
<b>Children's Diagnostic and Treatment Center, Broward</b>	<b>PROVIDER C</b>
<b>Tampa Early Intervention Program</b>	<b>PROVIDER D</b>

In order to support the development of a mutually agreeable corrective action plan that will correct the findings in Enclosure C and improve results for young children with disabilities, OSEP proposes that DOH representatives confer with OSEP staff to discuss the findings and the most effective methods for ensuring compliance and improving programs for children with disabilities in the State, and to agree upon specific corrective actions. We also invite a representative from the Florida Interagency Coordinating Council for Infants and Toddlers to participate in that discussion. The corrective action plan must be developed within 45 days receipt of this letter. Should we fail to reach agreement within this 45 day period, OSEP will be obliged to develop the corrective action plan.

Enclosure C outlines the general corrective actions that DOH must take to begin immediate correction of the findings in the Enclosure, as well as guidelines for the more specific actions that DOH must take to ensure correction of each of the specific findings in Enclosure C.

## ENCLOSURE B

### COMMENDABLE INITIATIVES

OSEP identified the following commendable DOH initiatives as part of its on-site review:

#### **Administration of Part H by Children's Medical Services.**

When the administration for Part H became the responsibility of Children's Medical Services within the newly organized Department of Health, consideration of health issues for young children was greatly enhanced. This became particularly apparent for those children eligible for services under the Part H Program and the Children with Special Health Care Needs, under the Maternal and Child Health Program under Title V of the Social Security Act. The increased collaboration between health care personnel and early intervention providers resulted in improved access to health care for these children.

#### **Dedicated resources for transition from Part H to Preschool Services.**

Both DOH and FLDE are to be commended for their collaborative support of the transition process from Part H to Preschool Services. This has been demonstrated by DOH's support of a staff position in FLDE to facilitate transition, dedicating staff and resources to an interagency transition training team, and the implementation of a policy to initiate transition planning when a toddler is entering preschool. The training materials that have been developed have focused on improving families' understanding of the transition process and their role as active participants. The transition staff person operates equally well in the DOH and FLDE arenas and is viewed as a valuable asset.

#### **Cultural sensitivity.**

DOH and the early intervention service providers have made concerted efforts to recruit and hire qualified personnel who are culturally and linguistically diverse, to support the families of Part H eligible children. Informational resources, such as brochures on parental rights, have been developed in multiple languages. The array of culturally relevant materials are excellent resources that have been shared with many other States. Staff at all levels is committed, caring, and knowledgeable about services to families. The service coordinators are a group to be particularly commended. Self-assessment respondents expressed appreciation for "the role service coordinators play" in meeting the needs of the families. (However, see page 2 of Enclosure C.)

#### **State self-assessment.**

DOH contracted out the self-assessment process to the Institute for Child Health Policy. The contractor worked closely with the OSEP project officer, to ensure that the process was thorough and informative for all, and that the short timeline was met. The process and end product were extremely professional, thorough, and useful in identifying areas in need of systemic change. DOH reported that both the process of completing the self-assessment and developing the one-year action plan have helped the State to begin to re-conceptualize the system design.

## ENCLOSURE B

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### COMMENDABLE INITIATIVES

**Strong local collaboration.**

The focus on local coordination and collaborative efforts to effect family-focused early intervention services has resulted to families in many areas of the State. As reported in the self-assessment, 73 percent of those surveyed reported that s effectively at the local level.

# **ENCLOSURE C**

## **FINDINGS AND CORRECTIVE ACTIONS**

### **GENERAL CORRECTIVE ACTIONS**

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In order to begin immediate correction of the findings set forth in the table following, DOH must take the following general corrective actions:

1. DOH must develop a memorandum informing all early intervention providers of OSEP's findings, and directing them to determine whether they have complied with Part H requirements, as clarified by OSEP's Letter of Findings. The memorandum must further direct these agencies to discontinue any noncompliant practices and implement procedures that are consistent with Part H. DOH must submit this memorandum to OSEP within 30 days of the date of this letter. Within 15 days of OSEP's approval of the memorandum, DOH must disseminate it to all early intervention providers throughout the State.
2. DOH must also disseminate a memorandum to the early intervention providers in which OSEP found deficient practices, as identified in Enclosure C of this letter, requiring those agencies to immediately discontinue the deficient practice(s) and submit documentation to DOH that they have implemented revised procedures that correct the deficiencies and comply with Part H requirements. DOH must submit this memorandum to OSEP within 30 days of the date of this letter. Within 15 days of OSEP's approval, DOH must disseminate the memorandum to those public agencies in which OSEP found deficient practices. DOH must send to OSEP verification that these providers have completed all of these corrective actions.



**FINDINGS AND SPECIFIC CORRECTIVE ACTIONS**

<b>REQUIREMENTS AND FINDINGS</b>	
<p>Prior to the onsite review, OSEP identified core components that help to focus its review of early intervention services (e.g., child find, transition from Part H to Part B and other services, family participation, provision of services in natural settings, etc.). OSEP reviewed the preliminary results from DOH’s self-assessment, Florida’s Part H policies and procedures, informal meetings, DOH’s monitoring reports, and other implementation documents. OSEP conducted small group interviews with staff at several early intervention provider sites. Where appropriate, OSEP has included in this section data collected from those parents to clarify OSEP’s impressions regarding the effectiveness of Florida’s system to ensure compliance with the requirements.</p>	
<p><b>1. Service coordination - §303.22</b></p> <p>Each eligible child must be assigned a service coordinator once s/he is initially referred to the public agency for evaluation and service.</p> <p>Service coordination is an active, ongoing process that assists and enables an eligible child and the child’s family to receive needed services and safeguards, and services that are authorized to be provided under Part H. Service coordinators must be able to effectively coordinate and monitor services on an interagency basis, serving as the single point of contact in helping parents obtain the services and assist with the coordination process.</p> <p>Service coordinators provide a broad range of service to families, particularly integrating direct services and linking families to other services. Insufficient time available for coordination activities and large caseloads have been identified as the greatest barriers to effective service coordination. Service coordinators must provide ongoing support to families, and enhancing child and family outcomes (Roberts, Akers, and Wasik, 1990; Roberts, Behl, and Akers, 1996).</p>	
<b>REQUIREMENTS AND FINDINGS</b>	<b>EXPECTATIONS</b>
<p><b>Finding:</b> Service coordination, which is an active, ongoing process, must be provided to each eligible child and the child’s family. §303.22(a). OSEP finds that, due to reported high caseloads, many children and families are not receiving active, ongoing service coordination. Service coordinators from Provider C reported that each coordinator has a caseload of 150 to 200 families; however, they each provide active, ongoing service coordination to only approximately 60 to 70 of those families. Similarly, service coordinators from Provider D reported that each service coordinator is only able to work actively with 50 to 60 of the his/her 175 to 225 family caseload. In addition, service coordinators from Providers B and C reported that due to the size of their caseloads, they were not able to provide all the service coordination needed by</p>	<p>DOH must ensure that all eligible children and their families receive service coordination that meets the requirements of §303.22(a) and is not denied due to high caseloads.</p>

**ENCLOSURE C**

<p>the families with whom they work.</p> <p>Some service coordinators from these providers reported that they were able to contact their families only once per month, or every other month. An interagency collaborator from Agency C also confirmed the existence of high caseloads. Service coordinators from Providers A and B informed OSEP that, particularly for families who receive initial service coordination through the Early Intervention Program, the caseloads are extremely high and the required service coordination functions are not consistently provided.</p> <p>In addition, results from the service provider surveys included in the Part H Self-assessment identified that service coordinator “caseloads are too large, and as a result, the quality of services [service coordination] they can provide is sometimes compromised.”</p>	
<p><b>2. Services provided, to maximum extent appropriate, in natural environments - §§303.12(b) and 303.344(d)(1)(c)</b></p> <p>To the maximum extent appropriate to the needs of each child, early intervention services must be provided in natural home and community settings in which children without disabilities participate. §303.12(b). The determination of the receive services in natural environments, must be made on an individualized basis by the IFSP team for the child. §303.344(d)(1)(c).</p>	
<p><b>REQUIREMENTS AND FINDINGS</b></p>	<p><b>EXPECTATIONS</b></p>
<p><b><u>Finding:</u></b></p> <p>OSEP finds that many children receive early intervention services in settings other than natural environments based on the service models in the State rather than an individualized determination as part of the IFSP development, in accordance with §303.344(d)(1)(ii).</p> <p>Across the State, program administrators, service personnel, and parents told OSEP that the preferred service model was center-based. Providers A and B told OSEP that when center-based slots were filled, children were put on waiting lists for center-based services to open up. However, while waiting for a center-based slot, these children were receiving, in their homes, all the early intervention services identified on their IFSPs. DOH’s monitoring report for Provider A stated that “most of the children are served in a center-based setting. Developmentalists provide early intervention services for those infants and toddlers who are awaiting placement in a center-based program.” The State did not ask Provider A to change its practice of providing services to the majority of its children in the same location, regardless</p>	<p>DOH must ensure that early intervention services meet a child’s individual needs to the maximum extent appropriate in natural home and community settings in which children without disabilities participate. DOH must ensure that early intervention services are individualized and based on the IFSP team for each child.</p> <p>DOH must ensure that funding is available to support the maximum extent appropriate to the needs of each child.</p>

**ENCLOSURE C**

<p>of the child’s unique needs or results of the evaluations and assessments.</p> <p>Service providers from Provider D reported that most children received their early intervention services at a center. They stated that travel to and from a child’s home and preparation time was not reimbursed as a part of the cost of providing therapy, if services were to be provided in the child’s home. They told OSEP that because of the financial disincentive, services would continue to be provided at a center, rather than in a child’s home or other settings.</p>	<p>provision of services in (e.g., reimbursement for services)</p>
<p><b>REQUIREMENTS AND FINDINGS</b></p>	<p><b>EXPECT</b></p>
<p>The Children’s Medical Services Early Intervention Program Service Guidelines, updated 8/96, lists seven types of early intervention service options, including center-based day program services, group session, home visit session, individual session, special instruction consultation service, special instruction consultation plan development service, and special instruction cooperating agency service. A center-based day program is defined in that document as one in which early intervention services are provided on a six, five, or four-hour per day basis, including “special instruction and early intervention services to children in a group setting for an extended, continuous period of time ...” These service guidelines identify the location in which early intervention services may be provided without linking that decision to individually determined decisions by the IFSP team, considering the results of a child’s evaluations and assessments, or the unique needs of the child. Further, the service guidelines document does not presume that services are provided in natural environments, but rather provides significant rationale for services in center-based facilities.</p> <p>In addition, the one-year action plan included in the State’s self-assessment identified the need to focus on providing services to children within natural environments, including the development of a long-range strategic plan to increase availability of child care services to children with disabilities.</p>	<p>DOH must ensure that the guidelines are consistent with the needs of the individual child and ensure that the procedures are effective and compliant</p>
<p><b>REQUIREMENTS AND FINDINGS</b></p>	<p><b>EXPECT</b></p>

**ENCLOSURE C**

**3. Access to all needed early intervention services - §303.344(d)**

The IFSP for each child must include a statement of the specific early intervention services necessary to meet the unique family to achieve the outcomes identified in the child's IFSP. Transportation and related costs are to be specifically identified as an intervention service on a child's IFSP if necessary to enable a child and the child's family to receive early intervention services with §303.12(d)(15). Early intervention services included in a child's IFSP may also include such services as the provision of family support services, based on the results of the evaluations and assessments, needs of the child, and concerns, prior to the child's family. §303.12(d) and Note following.

**Finding A:**

(Respite Care) Service coordinators from Provider A reported that in-home respite care necessary to meet the needs of some children and families, was neither available nor provided. In some cases, "programs attempted to partially address the need by serving the children in centers" rather than their home. Program directors from Provider B told OSEP that respite care was typically not available for children under 36 months of age. In the Tallahassee meeting with parents, some parents reported that although they identified a need for respite services in the IFSP meeting, respite care was not included in the IFSP because they were told that there were no funds available for respite care services, regardless of individual child and family needs.

DOH must ensure appropriate services are provided to children with a child

DOH must ensure procedures developed in accordance with

**Finding B:**

(Transportation and related costs) As with all early intervention services, the determination of what, if any transportation services to include in the IFSP for a child, must be determined by the IFSP team, based on the individualized unique needs of the child and the child's family. In some areas of the State, not all families are not all receiving the transportation services they need due to limited available resources.

Parents, service coordinators, and interagency collaborators from Provider A reported that transportation services are provided to all children attending their center-based early intervention programs, as a part of the service package. However, Provider A reported that, due to the cost of transportation, all of the children receiving services at the center, regardless of individual need, would be picked up only at designated stops, rather than being picked up at their homes as had previously been done; therefore, the provision of transportation is not based on the individual needs of the child.

Provider C and parents from the Tallahassee meeting reported that children who were previously

DOH must ensure that transportation is available to children who need it in order to attend their early intervention

**ENCLOSURE C**

<p>receiving services in center-based programs were now receiving services exclusively in the home setting because of a reported lack of funds for transportation. The location of services decision was not being made on an individualized basis.</p>	
<p><b>REQUIREMENTS AND FINDINGS</b></p>	<p><b>EXPECT</b></p>
<p>Parents and service coordinators across the State reported that many children who were both Medicaid and Part H eligible did not receive transportation they needed because of cuts in Medicaid reimbursed transportation. Provider D reported dependence on Medicaid reimbursed transportation to pay for needed transportation for its Medicaid-eligible children, and stated that unless Medicaid paid for transportation, it was not available. Staff from Provider D and service coordinators from Provider B reported that families who needed transportation, but did not receive it as an early intervention service, often missed therapy appointments for their child because they relied solely on public transportation. Service coordinators from Provider B reported that they often gave families bus tokens for public transportation to get to the child's therapy appointments because of reduction in Medicaid reimbursed transportation services. Parents in the Tallahassee meeting reported that some families were not able to access the early intervention services on the child's IFSP because the provider restricted transportation services to only the Part H eligible child and a family member, thereby not accommodating the other siblings.</p>	

## ENCLOSURE D

### Overarching concerns related to systems development

In the exit conference the following issues of concern were raised as technical assistance to DOH as further refinements early intervention service delivery occurs:

While the Children's Medical Services has responsibility for the implementation of Part H, the relationship between Part H and Part H is not well established across the State. Children who are dually eligible for Children's Medical Services are the best opportunity for comprehensive health services, while those children who are only Part H eligible are less likely to receive medical care.

While recognizing the strengths of the State's child find and public awareness activities, OSEP concurs with results of the study which identified the need for better child find, particularly with hospitals and physicians. The 5-year action plan from the study identified multiple strategies for improving child find activities. OSEP believes that expanded efforts in public awareness ensure that more potential referral sources become informed.

The overall configuration of the early intervention system appears to invest heavily in the administrative structures for child find, particularly where the Early Intervention Programs are hospital-based. The effect of this appears to have resulted in fewer supports and services to infants, toddlers, and their families in many areas of the State.

There is a tension between local control and consistent implementation of the system statewide. While it is important for local early intervention systems to reflect their own characteristics, the variance in the implementation of the early intervention system creates problems of access and service provision. This is of particular concern for families as they move within the State.