

1 AN ACT in relation to children. 61

2 Be it enacted by the People of the State of Illinois, 65
3 represented in the General Assembly: 66

4 Section 5. The Early Intervention Services System Act is 69
5 amended by changing Sections 3, 4, 5, 11, 13, and 15 and 71
6 adding Sections 13.5, 13.10, 13.15, 13.20, 13.25, 13.30, 72
7 13.32, and 13.50 as follows: 74

8 (325 ILCS 20/3) (from Ch. 23, par. 4153) 77

9 Sec. 3. Definitions. As used in this Act: 79

10 (a) "Eligible infants and toddlers" means infants and 81
11 toddlers under 36 months of age with any of the following 82
12 conditions:

13 (1) Developmental delays as defined by the 84
14 Department by rule.

15 (2) A physical or mental condition which typically 86
16 results in developmental delay. 87

17 (3) Being at risk of having substantial 89
18 developmental delays based on informed clinical judgment. 90

19 (4) Either (A) having entered the program under any 92
20 of the circumstances listed in paragraphs (1) through (3) 93
21 of this subsection but no longer meeting the current 97
22 eligibility criteria under those paragraphs, and 98
23 continuing to have any measurable delay, or (B) not 99
24 having attained a level of development in each area, 99
25 including (i) cognitive, (ii) physical (including vision 101
26 and hearing), (iii) language, speech, and communication, 103
27 (iv) psycho-social, or (v) self-help skills, that is at 105
28 least at the mean of the child's age equivalent peers;
29 and, in addition to either item (A) or item (B), (C) 107
30 having been determined by the multidisciplinary 109
31 individualized family service plan team to require the 111

Secretary of the Senate

Originated in the Senate

PUBLIC ACT 92-307

1 continuation of early intervention services in order to
 2 support continuing developmental progress, pursuant to 114
 3 the child's needs and provided in an appropriate 115
 4 developmental manner. The type, frequency, and intensity 116
 5 of services shall differ from the initial individualized 118
 6 family services plan because of the child's developmental 119
 7 progress, and may consist of only service coordination, 120
 8 evaluation, and assessments. 121

9 (b) "Developmental delay" means a delay in one or more 123
 10 of the following areas of childhood development as measured 124
 11 by appropriate diagnostic instruments and standard 125
 12 procedures: cognitive; physical, including vision and 126
 13 hearing; language, speech and communication; psycho-social;
 14 or self help skills. 127

15 (c) "Physical or mental condition which typically 129
 16 results in developmental delay" means: 130

17 (1) a diagnosed medical disorder bearing a 132
 18 relatively well known expectancy for developmental 133
 19 outcomes within varying ranges of developmental
 20 disabilities; or 134

21 (2) a history of prenatal, perinatal, neonatal or 136
 22 early developmental events suggestive of biological 137
 23 insults to the developing central nervous system and 138
 24 which either singly or collectively increase the
 25 probability of developing a disability or delay based on 139
 26 a medical history.

27 (d) "Informed clinical judgment" means both clinical 141
 28 observations and parental participation to determine 142
 29 eligibility by a consensus of a multidisciplinary team of 2 143
 30 or more members based on their professional experience and 144
 31 expertise.

32 (e) "Early intervention services" means services which: 146

33 (1) are designed to meet the developmental needs of 148
 each child eligible under this Act and the needs of his 149

1 or her family;

2 (2) are selected in collaboration with the child's 151

3 family;

4 (3) are provided under public supervision; 153

5 (4) are provided at no cost except where a schedule 155

6 of sliding scale fees or other system of payments by 156

7 families has been adopted in accordance with State and 157

8 federal law;

9 (5) are designed to meet an infant's or toddler's 159

10 developmental needs in any of the following areas: 160

11 (A) physical development, including vision and 162

12 hearing,

13 (B) cognitive development, 164

14 (C) communication development, 166

15 (D) social or emotional development, or 168

16 (E) adaptive development; 170

17 (6) meet the standards of the state, including the 172

18 requirements of this Act;

19 (7) include one or more of the following: 174

20 (A) family training, 176

21 (B) social work services, including 178

22 counseling, and home visits,

23 (C) special instruction, 180

24 (D) speech, language pathology and audiology, 182

25 (E) occupational therapy, 184

26 (F) physical therapy, 186

27 (G) psychological services, 188

28 (H) service coordination services, 190

29 (I) medical services only for diagnostic or 192

30 evaluation purposes,


31 (J) early identification, screening, and 194

32 assessment services,

33 (K) health services specified by the lead 196

34 agency as necessary to enable the infant or toddler 197

1 to benefit from the other early intervention
2 services, 198
3 (L) vision services, 200
4 (M) transportation, and 202
5 (N) assistive technology devices and services; 204
6 (8) are provided by qualified personnel, including 206
7 but not limited to:
8 (A) child development specialists or special 208
9 educators,
10 (B) speech and language pathologists and 210
11 audiologists,
12 (C) occupational therapists, 212
13 (D) physical therapists, 214
14 (E) social workers, 216
15 (F) nurses, 218
16 (G) nutritionists, 220
17 (H) optometrists, 222
18 (I) psychologists, and 224
19 (J) physicians; 226
20 (9) are provided in conformity with an 228
21 Individualized Family Service Plan;
22 (10) are provided throughout the year; and 230
23 (11) are provided in natural environments, 233
24 including the home and community settings in which
25 infants and toddlers without disabilities would 236
26 participate to the extent determined by the
27 multidisciplinary Individualized Family Service Plan. 237
28 (f) "Individualized Family Service Plan" or "Plan" means 239
29 a written plan for providing early intervention services to a 240
30 child eligible under this Act and the child's family, as set 241
31 forth in Section 11.
32 (g) "Local interagency agreement" means an agreement 243
33 entered into by local community and State and regional 244
34 agencies receiving early intervention funds directly from the 245



1 State and made in accordance with State interagency 246
2 agreements providing for the delivery of early intervention 247
3 services within a local community area.

4 (h) "Council" means the Illinois Interagency Council on 249
5 Early Intervention established under Section 4. 250

6 (i) "Lead agency" means the State agency responsible for 253
7 administering this Act and receiving and disbursing public 254
8 funds received in accordance with State and federal law and 255
9 rules.

10 (i-5) "Central billing office" means the central billing 257
11 office created by the lead agency under Section 13. 258

12 (j) "Child find" means a service which identifies 260
13 eligible infants and toddlers. 261

14 (k) "Regional intake entity" means the lead agency's 263
15 designated entity responsible for implementation of the Early 264
16 Intervention Services System within its designated geographic 265
17 area.

18 (l) "Early intervention provider" means an individual 267
19 who is qualified, as defined by the lead agency, to provide 268
20 one or more types of early intervention services, and who has 269
21 enrolled as a provider in the early intervention program.

22 (m) "Fully credentialed early intervention provider" 271
23 means an individual who has met the standards in the State 272
24 applicable to the relevant profession, and has met such other 273
25 qualifications as the lead agency has determined are suitable 274
26 for personnel providing early intervention services,
27 including pediatric experience, education, and continuing 275
28 education. The lead agency shall establish these 276
29 qualifications by rule filed no later than 180 days after the 278
30 effective date of this amendatory Act of the 92nd General
31 Assembly.

32 (Source: P.A. 90-158, eff. 1-1-98; 91-538, eff. 8-13-99.) 280

33 (325 ILCS 20/4) (from Ch. 23, par. 4154) 283

1 Sec. 4. Illinois Interagency Council on Early 285
2 Intervention.

3 (a) There is established the Illinois Interagency 287
4 Council on Early Intervention. The Council shall be composed 288
5 of at least 15 but not more than 25 members. The members of 289
6 the Council and the designated chairperson of the Council 290
7 shall be appointed by the Governor. The Council member
8 representing the lead agency may not serve as chairperson of 291
9 the Council. The Council shall be composed of the following 292
10 members:

11 (1) The Secretary of Human Services (or his or her 294
12 designee) and 2 additional representatives of the 295
13 Department of Human Services designated by the Secretary, 296
14 plus the Directors (or their designees) of the following
15 State agencies involved in the provision of or payment 297
16 for early intervention services to eligible infants and 298
17 toddlers and their families:


18 (A) Illinois State Board of Education; 300
19 (B) (Blank); 302
20 (C) (Blank); 304
21 (D) Illinois Department of Children and Family 306
22 Services;

23 (E) University of Illinois Division of 308
24 Specialized Care for Children; 309
25 (F) Illinois Department of Public Aid; 311
26 (G) Illinois Department of Public Health; 313
27 (H) (Blank); 315
28 (I) Illinois Planning Council on Developmental 317
29 Disabilities; and

30 (J) Illinois Department of Insurance. 319

31 (2) Other members as follows: 321

32 (A) At least 20% of the members of the Council 323
33 shall be parents, including minority parents, of 324
34 infants or toddlers with disabilities or children 325



1 with disabilities aged 12 or younger, with knowledge
 2 of, or experience with, programs for infants and 326
 3 toddlers with disabilities. At least one such 327
 4 member shall be a parent of an infant or toddler
 5 with a disability or a child with a disability aged 328
 6 or younger;

7 (B) At least 20% of the members of the Council 330
 8 shall be public or private providers of early 331
 9 intervention services;

10 (C) One member shall be a representative of 333
 11 the General Assembly; and

12 (D) One member shall be involved in the 335
 13 preparation of professional personnel to serve 336
 14 infants and toddlers similar to those eligible for
 15 services under this Act. 337

16 The Council shall meet at least quarterly and in such 339
 17 places as it deems necessary. Terms of the initial members 340
 18 appointed under paragraph (2) shall be determined by lot at 341
 19 the first Council meeting as follows: of the persons
 20 appointed under subparagraphs (A) and (B), one-third shall 342
 21 serve one year terms, one-third shall serve 2 year terms, and 343
 22 one-third shall serve 3 year terms; and of the persons 344
 23 appointed under subparagraphs (C) and (D), one shall serve a 345
 24 2 year term and one shall serve a 3 year term. Thereafter,
 25 successors appointed under paragraph (2) shall serve 3 year 346
 26 terms. Once appointed, members shall continue to serve until 347
 27 their successors are appointed. No member shall be appointed 348
 28 to serve more than 2 consecutive terms. 349

29 Council members shall serve without compensation but 351
 30 shall be reimbursed for reasonable costs incurred in the 352
 31 performance of their duties, including costs related to child 353
 32 care, and parents may be paid a stipend in accordance with 354
 33 applicable requirements.

34 The Council shall prepare and approve a budget using 356

1 funds appropriated for the purpose to hire staff, and obtain 357
2 the services of such professional, technical, and clerical 358
3 personnel as may be necessary to carry out its functions 359
4 under this Act. This funding support and staff shall be 360
5 directed by the lead agency.

6 (b) The Council shall: 362

7 (1) advise and assist the lead agency in the 364
8 performance of its responsibilities including but not 365
9 limited to the identification of sources of fiscal and 366
10 other support services for early intervention programs,
11 and the promotion of interagency agreements which assign 367
12 financial responsibility to the appropriate agencies; 368

13 (2) advise and assist the lead agency in the 370
14 preparation of applications and amendments to 371
15 applications;

16 (3) review and advise on relevant regulations and 373
17 standards proposed by the related State agencies; 374

18 (4) advise and assist the lead agency in the 376
19 development, implementation and evaluation of the 377
20 comprehensive early intervention services system; and 378

21 (5) prepare and submit an annual report to the 380
22 Governor and to the General Assembly on the status of 381
23 early intervention programs for eligible infants and 382
24 toddlers and their families in Illinois. The annual 383
25 report shall include (i) the estimated number of eligible
26 infants and toddlers in this State, (ii) the number of 384
27 eligible infants and toddlers who have received services 385
28 under this Act and the cost of providing those services, 386
29 and (iii) the estimated cost of providing services under
30 this Act to all eligible infants and toddlers in this 388
31 State, and (iv) data and other information as is 389
32 requested to be included by the Legislative Advisory 390
33 Committee established under Section 13.50 of this Act.
34 The report shall be posted by the lead agency on the 391



1 early intervention website as required under paragraph 392
2 (f) of Section 5 of this Act.

3 No member of the Council shall cast a vote on or 394
4 participate substantially in any matter which would provide a 395
5 direct financial benefit to that member or otherwise give the 396
6 appearance of a conflict of interest under State law. All 397
7 provisions and reporting requirements of the Illinois
8 Governmental Ethics Act shall apply to Council members. 398
9 (Source: P.A. 91-357; eff. 7-29-99.) 400

10 (325 ILCS 20/5) (from Ch. 23, par. 4155) 403

11 Sec. 5. Lead Agency. The Department of Human Services 405
12 is designated the lead agency and shall provide leadership in 407
13 establishing and implementing the coordinated, comprehensive, 408
14 interagency and interdisciplinary system or early
15 intervention services. The lead agency shall not have the 409
16 sole responsibility for providing these services. Each 410
17 participating State agency shall continue to coordinate those 411
18 early intervention services relating to health, social
19 service and education provided under this authority. 412

20 The lead agency is responsible for carrying out the 414
21 following:

22 (a) The general administration, supervision, and 416
23 monitoring of programs and activities receiving 417
24 assistance under Section 673 of the Individuals with 418
25 Disabilities Education Act (20 United States Code 1473). 419

26 (b) The identification and coordination of all 420
27 available resources within the State from federal, State, 421
28 local and private sources. 422

29 (c) The development of procedures to ensure that 423
30 services are provided to eligible infants and toddlers 424
31 and their families in a timely manner pending the 425
32 resolution of any disputes among public agencies or
33 service providers. 426

1 (d) The resolution of intra-agency and interagency 428
2 regulatory and procedural disputes, 7--and 429
3 (e) The development and implementation of formal 431
4 interagency agreements, and the entry into such 432
5 agreements, between the lead agency and (i) the
6 Department of Public Aid, (ii) the University of Illinois 433
7 Division of Specialized Care for Children, and (iii) 434
8 other relevant State agencies that:
9 (1) define the financial responsibility of 436
10 each agency for paying for early intervention 437
11 services (consistent with existing State and federal
12 law and rules, including the requirement that early 438
13 intervention funds be used as the payor of last 439
14 resort), a hierarchical order of payment as among 440
15 the agencies for early intervention services that 441
16 are covered under or may be paid by programs in 442
17 other agencies, and procedures for direct billing, 443
18 collecting reimbursements for payments made, and 444
19 resolving service and payment disputes; and
20 (2) include all additional components 446
21 necessary to ensure meaningful cooperation and 447
22 coordination.
23 Interagency agreements under this paragraph (e) must 449
24 be reviewed and revised to implement the purposes of this 450
25 amendatory Act of the 92nd General Assembly no later than 451
26 60 days after the effective date of this amendatory Act
27 of the 92nd General Assembly. 452
28 (f) The maintenance of an early intervention 454
29 website. Within 30 days after the effective date of 455
30 this amendatory Act of the 92nd General Assembly, the 456
31 lead agency shall post and keep posted on this website
32 the following: (i) the current annual report required 457
33 under subdivision (b)(5) of Section 4 of this Act, and 458
34 the annual reports of the prior 3 years, (ii) the most



1 recent Illinois application for funds prepared under 459
 2 Section 637 of the Individuals with Disabilities 460
 3 Education Act filed with the United States Department of
 4 Education, (iii) proposed modifications of the 461
 5 application prepared for public comment, (iv) notice of 462
 6 Council meetings, Council agendas, and minutes of its
 7 proceedings for at least the previous year, (v) proposed 463
 8 and final early intervention rules, (vi) requests for 464
 9 proposals, and (vii) all reports created for 465
 10 dissemination to the public that are related to the early
 11 intervention program, including reports prepared at the 466
 12 request of the Council, the General Assembly, and the 467
 13 Legislative Advisory Committee established under Section
 14 13.50 of this Act. Each such document shall be posted on 468
 15 the website within 3 working days after the document's 469
 16 completion.

17 (Source: P.A. 90-158, eff. 1-1-98.) 471

18 (325 ILCS 20/11) (from Ch. 23, par. 4161) 474

19 Sec. 11. Individualized Family Service Plans. 476

20 (a) Each eligible infant or toddler and that infant's or 479
 21 toddler's family shall receive:

22 (1) ~~that~~ timely, comprehensive, multidisciplinary 481
 23 assessment of the unique needs of each eligible infant 483
 24 and toddler, and assessment of the concerns and 484
 25 priorities of the families to appropriately assist them
 26 in meeting their needs and identify services to meet 485
 27 those needs; and

28 (2) ~~that~~ a written Individualized Family Service 487
 29 Plan developed by a multidisciplinary team which includes 488
 30 the parent or guardian. The individualized family service 490
 31 plan shall be based on the multidisciplinary team's 491
 32 assessment of the resources, priorities, and concerns of 492
 33 the family and its identification of the supports and 493

1 services necessary to enhance the family's capacity to
 2 meet the developmental needs of the infant or toddler, 494
 3 and shall include the identification of services 495
 4 appropriate to meet those needs, including the frequency, 496
 5 intensity, and method of delivering services. During and
 6 as part of the initial development of the individualized 497
 7 family services plan, and any periodic reviews of the 498
 8 plan, the multidisciplinary team shall consult the lead
 9 agency's therapy guidelines and its designated experts, 499
 10 if any, to help determine appropriate services and the 500
 11 frequency and intensity of those services. All services 501
 12 in the individualized family services plan must be 503
 13 justified by the multidisciplinary assessment of the
 14 unique strengths and needs of the infant or toddler and 505
 15 must be appropriate to meet those needs. At the periodic 507
 16 reviews, the team shall determine whether modification or
 17 revision of the outcomes or services is necessary. 509

18 (b) The Individualized Family Service Plan shall be 511
 19 evaluated once a year and the family shall be provided a 513
 20 review of the Plan at 6 month intervals or more often where 514
 21 appropriate based on infant or toddler and family needs.

22 (c) The evaluation and initial assessment and initial 516
 23 Plan meeting must be held within 45 days after the initial 517
 24 contact with the early intervention services system. With 518
 25 parental consent, early intervention services may commence 519
 26 before the completion of the comprehensive assessment and 520
 27 development of the Plan.

28 (d) Parents must be informed that, at their discretion, 522
 29 early intervention services shall be provided to each 524
 30 eligible infant and toddler in the natural environment, which 525
 31 may include the home or other community settings. Parents
 32 shall make the final decision to accept or decline early 528
 33 intervention services. A decision to decline such services
 34 shall not be a basis for administrative determination of 529

1 parental fitness, or other findings or sanctions against the 530
 2 parents. Parameters of the Plan shall be set forth in rules. 531
 3 (e) The regional intake offices shall explain to each 533
 4 family, orally and in writing, all of the following: 535
 5 (1) That the early intervention program will pay 537
 6 for all early intervention services set forth in the 538
 7 individualized family service plan that are not covered 540
 8 or paid under the family's public or private insurance 542
 9 plan or policy and not eligible for payment through any 542
 10 other third party payor.
 11 (2) That services will not be delayed due to any 544
 12 rules or restrictions under the family's insurance plan 545
 13 or policy.
 14 (3) That the family may request, with appropriate 547
 15 documentation supporting the request, a determination of 549
 16 an exemption from private insurance use under Section 550
 17 13.25.
 18 (4) That responsibility for co-payments or 552
 19 co-insurance under a family's private insurance plan or 554
 20 policy will be transferred to the lead agency's central 555
 21 billing office.
 22 (5) That families will be responsible for payments 558
 23 of family fees, which will be based on a sliding scale 559
 24 according to income, and that these fees are payable to 561
 25 the central billing office, and that if the family 562
 26 encounters a catastrophic circumstance, as defined under 563
 27 subsection (f) of Section 13 of this Act, making it 564
 28 unable to pay the fees, the lead agency may, upon proof 566
 29 of inability to pay, waive the fees.
 30 (f) The individualized family service plan must state 568
 31 whether the family has private insurance coverage and, if the 569
 32 family has such coverage, must have attached to it a copy of 570
 33 the family's insurance identification card or otherwise 571
include all of the following information: 572

1 (1) The name, address, and telephone number of the 574
2 insurance carrier. 575
3 (2) The contract number and policy number of the 577
4 insurance plan.
5 (3) The name, address, and social security number 579
6 of the primary insured. 580
7 (4) The beginning date of the insurance benefit 582
8 year.
9 (g) A copy of the individualized family service plan 584
10 must be provided to each enrolled provider who is providing 585
11 early intervention services to the child who is the subject 587
12 of that plan.
13 (Source: P.A. 91-538, eff. 8-13-99.) 589


14 (325 ILCS 20/13) (from Ch. 23, par. 4163) 592
15 Sec. 13. Funding and Fiscal Responsibility. 594
16 (a) The lead agency and every other participating State 597
17 agency may receive and expend funds appropriated by the 598
18 General Assembly to implement the early intervention services
19 system as required by this Act. 599
20 (b) The lead agency and each participating State agency 601
21 shall identify and report on an annual basis to the Council 603
22 the State agency funds utilized for the provision of early 604
23 intervention services to eligible infants and toddlers. 605
24 (c) Funds provided under Section 633 of the Individuals 607
25 with Disabilities Education Act (20 United States Code 1433) 609
26 and State funds designated or appropriated for early 610
27 intervention services or programs may not be used to satisfy 612
28 a financial commitment for services which would have been 613
29 paid for from another public or private source but for the 614
30 enactment of this Act, except whenever considered necessary 615
31 to prevent delay in receiving appropriate early intervention 616
32 services by the eligible infant or toddler or family in a
33 timely manner. Funds provided under Section 633 of the 617

1 Individuals with Disabilities Education Act and State funds 619
2 designated or appropriated for early intervention services or
3 programs may be used by the lead agency to pay the provider 622
4 of services (A) pending reimbursement from the appropriate
5 State agency or (B) if (i) the claim for payment is denied in 624
6 whole or in part by a public or private source, or would be 625
7 denied under the written terms of the public program or plan 626
8 or private plan, or (ii) use of private insurance for the
9 service has been exempted under Section 13.25. Payment under 627
10 item (B)(i) may be made based on a pre-determination 628
11 telephone inquiry supported by written documentation of the 629
12 denial supplied thereafter by the insurance carrier.

13 (d) Nothing in this Act shall be construed to permit the 631
14 State to reduce medical or other assistance available or to 632
15 alter eligibility under Title V and Title XIX of the Social 633
16 Security Act relating to the Maternal Child Health Program 634
17 and medicaid for eligible infants and toddlers in this State.

18 (e) The lead agency shall create a central billing 636
19 office to receive and dispense all relevant State and federal 637
20 resources, as well as local government or independent 638
21 resources available, for early intervention services. This 639
22 office shall assure that maximum federal resources are
23 utilized and that providers receive funds with minimal 640
24 duplications or interagency reporting and with consolidated 641
25 audit procedures.

26 (f) The lead agency shall, by rule, may--also create a 643
27 system of payments by families, including a schedule of fees. 645
28 No fees, however, may be charged for: implementing child 646
29 find, evaluation and assessment, service coordination, 647
30 administrative and coordination activities related to the 648
31 development, review, and evaluation of Individualized Family 649
32 Service Plans, or the implementation of procedural safeguards 650
33 and other administrative components of the statewide early
34 intervention system. 651



1 The system of payments, called family fees, shall be 653
2 structured on a sliding scale based on family income. The 655
3 family's coverage or lack of coverage under a public or 657
4 private insurance plan or policy shall not be a factor in 659
5 determining the amount of the family fees. 660

6 Each family's fee obligation shall be established 663
7 annually, and shall be paid by families to the central 665
8 billing office in installments. At the written request of the 666
9 family, the fee obligation shall be adjusted prospectively at 667
10 any point during the year upon proof of a change in family 668
11 income or family size. The inability of the parents of an 669
12 eligible child to pay family fees due to catastrophic
13 circumstances or extraordinary expenses shall not result in 670
14 the denial of services to the child or the child's family. A 672
15 family must document its extraordinary expenses or other
16 catastrophic circumstances by showing one of the following: 674
17 (i) out-of-pocket medical expenses in excess of 15% of gross 675
18 income; (ii) a fire, flood, or other disaster causing a
19 direct out-of-pocket loss in excess of 15% of gross income; 676
20 or (iii) other catastrophic circumstances causing 678
21 out-of-pocket losses in excess of 15% of gross income. The 679
22 family must present proof of loss to its service coordinator,
23 who shall document it, and the lead agency shall determine 680
24 whether the fees shall be reduced, forgiven, or suspended 681
25 within 10 business days after the family's request. 683

26 (g) To ensure that early intervention funds are used as 685
27 the payor of last resort for early intervention services, the 686
28 lead agency shall determine at the point of early 687
29 intervention intake, and again at any periodic review of
30 eligibility thereafter or upon a change in family 688
31 circumstances, whether the family is eligible for or enrolled 689
32 in any program for which payment is made directly or through 690
33 public or private insurance for any or all of the early
34 intervention services made available under this Act. The lead 691



1 agency shall establish procedures to ensure that payments are 692
 2 made either directly from these public and private sources 693
 3 instead of from State or federal early intervention funds, or 694
 4 as reimbursement for payments previously made from State or 695
 5 federal early intervention funds.
 6 (Source: P.A. 91-538, eff. 8-13-99.) 697

7 (325 ILCS 20/13.5 new) 700
 8 Sec. 13.5. Other programs. 702

9 (a) When an application or a review of eligibility for 705
 10 early intervention services is made, and at any eligibility 707
 11 redetermination thereafter, the family shall be asked if it 708
 12 is currently enrolled in Medicaid, KidCare, or the Title V 710
 13 program administered by the University of Illinois Division 712
 14 of Specialized Care for Children. If the family is enrolled 714
 15 in any of these programs, that information shall be put on 715
 16 the individualized family service plan and entered into the 717
 17 computerized case management system, and shall require that 719
 18 the individualized family services plan of a child who has 720
 19 been found eligible for services through the Division of 722
 20 Specialized Care for Children state that the child is 723
 21 enrolled in that program. For those programs in which the 725
 22 family is not enrolled, a preliminary eligibility screen 727
 23 shall be conducted simultaneously for (i) medical assistance 729
 24 (Medicaid) under Article V of the Illinois Public Aid Code, 731
 25 (ii) children's health insurance program (KidCare) benefits 733
 26 under the Children's Health Insurance Program Act, and (iii) 735
 27 Title V maternal and child health services provided through 738
 28 the Division of Specialized Care for Children of the 739
 29 University of Illinois. 741

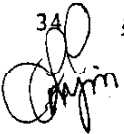
30 (b) For purposes of determining family fees under 744
 31 subsection (f) of Section 13 and determining eligibility for 746
 32 the other programs and services specified in items (i) 748
 33 through (iii) of subsection (a), the lead agency shall 750

1 develop and use, within 60 days after the effective date of 752
2 this amendatory Act of the 92nd General Assembly, with the 754
3 cooperation of the Department of Public Aid and the Division 756
4 of Specialized Care for Children of the University of 758
5 Illinois, a screening device that provides sufficient 760
6 information for the early intervention regional intake 762
7 entities or other agencies to establish eligibility for those 764
8 other programs and shall, in cooperation with the Illinois 766
9 Department of Public Aid and the Division of Specialized Care 768
10 for Children, train the regional intake entities on using the 770
11 screening device.

12 (c) When a child is determined eligible for and 773
13 enrolled in the early intervention program and has been 775
14 found to at least meet the threshold income eligibility 777
15 requirements for Medicaid or KidCare, the regional intake 778
16 entity shall complete a KidCare/Medicaid application with the 780
17 family and forward it to the Illinois Department of Public 782
18 Aid's KidCare Unit for a determination of eligibility. 784

19 (d) With the cooperation of the Department of Public 787
20 Aid, the lead agency shall establish procedures that ensure 789
21 the timely and maximum allowable recovery of payments for all 791
22 early intervention services and allowable administrative 793
23 costs under Article V of the Illinois Public Aid Code and the 795
24 Children's Health Insurance Program Act and shall include 796
25 those procedures in the interagency agreement required under 797
26 subsection (e) of Section 5 of this Act. 798

27 (e) For purposes of making referrals for final 800
28 determinations of eligibility for KidCare benefits under the 802
29 Children's Health Insurance Program Act and for medical
30 assistance under Article V of the Illinois Public Aid Code, 803
31 the lead agency shall require each early intervention 804
32 regional intake entity to enroll as a "KidCare agent" in 805
33 order for the entity to complete the KidCare application as 806
34 authorized under Section 22 of the Children's Health



1 Insurance Program Act. 807

2 (f) For purposes of early intervention services that may 809

3 be provided by the Division of Specialized Care for Children 810

4 of the University of Illinois (DSCC), the lead agency shall 811

5 establish procedures whereby the early intervention regional 812

6 intake entities may determine whether children enrolled in 813

7 the early intervention program may also be eligible for those 814

8 services, and shall develop, within 60 days after the 815

9 effective date of this amendatory Act of the 92nd General 816

10 Assembly, (i) the inter-agency agreement required under

11 subsection (e) of Section 5 of this Act, establishing that 817

12 early intervention funds are to be used as the payor of last 818

13 resort when services required under an individualized family 819

14 services plan may be provided to an eligible child through 820

15 the DSCC, and (ii) training guidelines for the regional 821

16 intake entities and providers that explain eligibility and 822

17 billing procedures for services through DSCC. 823

18 (g) The lead agency shall require that an individual 826

19 applying for or renewing enrollment as a provider of services 827

20 in the early intervention program state whether or not he or 829

21 she is also enrolled as a DSCC provider. This information 830

22 shall be noted next to the name of the provider on the 831

23 computerized roster of Illinois early intervention providers, 833

24 and regional intake entities shall make every effort to refer 834

25 families eligible for DSCC services to these providers. 836

26 (325 ILCS 20/13.10 new) 839

27 Sec. 13.10. Private health insurance; assignment. The 842

28 lead agency shall determine, at the point of new applications 843


29 for early intervention services, and for all children 845

30 enrolled in the early intervention program, at the regional 847

31 intake offices, whether the child is insured under a private 849

32 health insurance plan or policy. An application for early 851

33 intervention services shall serve as a right to assignment of 853



1 the right of recovery against a private health insurance plan 855
 2 or policy for any covered early intervention services that 856
 3 may be billed to the family's insurance carrier and that are 857
 4 provided to a child covered under the plan or policy. 858

5 (325 ILCS 20/13.15 new) 861

6 Sec. 13.15. Billing of insurance carrier. 863

7 (a) Subject to the restrictions against private 866

8 insurance use on the basis of material risk of loss of 868

9 coverage, as determined under Section 13.25, each enrolled 870

10 provider who is providing a family with early intervention 872

11 services shall bill the child's insurance carrier for each 874

12 unit of early intervention service for which coverage may be 877

13 available. The lead agency may exempt from the requirement of 879

14 this paragraph any early intervention service that it has 880

15 deemed not to be covered by insurance plans. When the service 881

16 is not exempted, providers who receive a denial of payment on 882

17 the basis that the service is not covered under any 883

18 circumstance under the plan are not required to bill that 884

19 carrier for that service again until the following insurance 885

20 benefit year. That explanation of benefits denying the claim, 886

21 once submitted to the central billing office, shall be 887

22 sufficient to meet the requirements of this paragraph as to 888

23 subsequent services billed under the same billing code 889

24 provided to that child during that insurance benefit year.

25 Any time limit on a provider's filing of a claim for payment 891

26 with the central billing office that is imposed through a 893

27 policy, procedure, or rule of the lead agency shall be 894

28 suspended until the provider receives an explanation of 896

29 benefits or other final determination of the claim it files 898

30 with the child's insurance carrier. 900

31 (b) In all instances when an insurance carrier has been 903

32 billed for early intervention services, whether paid in full, 904

33 paid in part, or denied by the carrier, the provider must

1 provide the central billing office, within 90 days after 905
 2 receipt, with a copy of the explanation of benefits form and 907
 3 other information in the manner prescribed by the lead
 4 agency. 908

5 (c) When the insurance carrier has denied the claim or 911
 6 paid an amount for the early intervention service billed that 912
 7 is less than the current State rate for early intervention 913
 8 services, the provider shall submit the explanation of 914
 9 benefits with a claim for payment, and the lead agency shall 915
 10 pay the provider the difference between the sum actually paid 916
 11 by the insurance carrier for each unit of service provided 917
 12 under the individualized family service plan and the current 918
 13 State rate for early intervention services. The State shall 919
 14 also pay the family's co-payment or co-insurance under its
 15 plan, but only to the extent that those payments plus the 921
 16 balance of the claim do not exceed the current State rate for 922
 17 early intervention services. The provider may under no 923
 18 circumstances bill the family for the difference between its 924
 19 charge for services and that which has been paid by the 925
 20 insurance carrier or by the State.

21 (325 ILCS 20/13.20 new) 928

22 Sec. 13.20. Families with insurance coverage. 930

23 (a) Families of children with insurance coverage, 933
 24 whether public or private, shall incur no greater or less 935
 25 direct out-of-pocket expenses for early intervention services 937
 26 than families who are not insured. 938

27 (b) Managed care plans. 940

28 (1) Use of managed care network providers. When a 942
 29 family's insurance coverage is through a managed care 943
 30 arrangement with a network of providers that includes 944
 31 one or more types of early intervention specialists who
 32 provide the services set forth in the family's 945
 33 individualized family service plan, the regional intake 946

1 entity shall require the family to use those network
2 providers, but only to the extent that: 947

3 (A) the network provider is immediately 949
4 available to receive the referral and to begin 950
5 providing services to the child;

6 (B) the network provider is enrolled as a 952
7 provider in the Illinois early intervention system 953
8 and fully credentialed under the current policy or
9 rule of the lead agency; 954

10 (C) the network provider can provide the 956
11 services to the child in the manner required in the 957
12 individualized service plan;

13 (D) the family would not have to travel more 959
14 than an additional 15 miles or an additional 30 960
15 minutes to the network provider than it would have
16 to travel to a non network provider who is available 961
17 to provide the same service; and 962


18 (E) the family's managed care plan does not 964
19 allow for billing (even at a reduced rate or reduced 965
20 percentage of the claim) for early intervention
21 services provided by non-network providers. 966

22 (2) Transfers from non-network to network 968
23 providers. If a child has been receiving services from a 969
24 non-network provider and the regional intake entity
25 determines, at the time of enrollment in the early 970
26 intervention program or at any point thereafter, that the 971
27 family is enrolled in a managed care plan, the regional 972
28 intake entity shall require the family to transfer to a
29 network provider within 45 days after that determination, 973
30 but within no more than 60 days after the effective date 974
31 of this amendatory Act of the 92nd General Assembly, if: 975

32 (A) all the requirements of subdivision (b)(1) 977
33 of this Section have been met; and 978

34 (B) the child is less than 26 months of age. 980

1 (3) Waivers. The lead agency may fully or 982
2 partially waive the network enrollment requirements of 983
3 subdivision (b)(1) of this Section and the transfer
4 requirements of subdivision (b)(2) of this Section as to 984
5 a particular region, or narrower geographic area, if it 985
6 finds that the managed care plans in that area are not 987
7 allowing further enrollment of early intervention
8 providers and it finds that referrals or transfers to 988
9 network providers could cause an overall shortage of 989
10 early intervention providers in that region of the State
11 or could cause delays in families securing the early 990
12 intervention services set forth in individualized family 991
13 services plans.
14 (4) The lead agency, in conjunction with any 993
15 entities with which it may have contracted for the 994
16 training and credentialing of providers, the local 996
17 interagency council for early intervention, the regional 997
18 intake entity, and the enrolled providers in each region 998
19 who wish to participate, shall cooperate in developing a 1001
20 matrix and action plan that (A) identifies both (i) which 1002
21 early intervention providers and which fully credentialed 1003
22 early intervention providers are members of the managed 1005
23 care plans that are used in the region by families with 1006
24 children in the early intervention program, and (ii) 1007
25 which early intervention services, with what
26 restrictions, if any, are covered under those plans, (B) 1008
27 identifies which credentialed specialists are members of 1009
28 which managed care plans in the region, and (C) 1010
29 identifies the various managed care plans to early 1011
30 intervention providers, encourages their enrollment in 1012
31 the area plans, and provides them with information on how 1013
32 to enroll. These matrices shall be complete no later than 1014
33 7 months after the effective date of this amendatory Act 1015
34 of the 92nd General Assembly, and shall be provided to 1016



1 the Early Intervention Legislative Advisory Committee at 1017
 2 that time. The lead agency shall work with networks that 1018
 3 may have closed enrollment to additional providers to 1019
 4 encourage their admission of early intervention 1020
 5 providers, and shall report to the Early Intervention 1021
 6 Legislative Advisory Committee on the initial results of 1022
 7 these efforts no later than February 1, 2002. 1023

8 (325 ILCS 20/13.25 new) 1026
 9 Sec. 13.25. Private insurance; exemption. 1028

10 (a) The lead agency shall establish procedures for a 1031
 11 family, whose child is eligible to receive early intervention 1033
 12 services, to apply for an exemption restricting the use of 1035
 13 its private insurance plan or policy based on material risk 1037
 14 of loss of coverage as authorized under subsection (c) of 1038
 15 this section.

16 (b) The lead agency shall make a final determination on 1040
 17 a request for an exemption within 10 business days after its 1042
 18 receipt of a written request for an exemption at the regional 1044
 19 intake entity. During that 10 days, no claims may be filed 1046
 20 against the insurance plan or policy. If the exemption is 1048
 21 granted, it shall be noted on the individualized family 1050
 22 service plan, and the family and the providers serving the 1052
 23 family shall be notified in writing of the exemption. 1054

24 (c) An exemption may be granted on the basis of material 1056
 25 risk of loss of coverage only if the family submits 1058
 26 documentation with its request for an exemption that
 27 establishes (i) that the insurance plan or policy covering 1060
 28 the child is an individually purchased plan or policy and has 1062
 29 been purchased by a head of a household that is not eligible 1064
 30 for a group medical insurance plan, (ii) that the policy or 1065
 31 plan has a lifetime cap that applies to one or more specific 1066
 32 types of early intervention services specified in the 1067
 33 family's individualized family service plan, and that 1068


1 coverage could be exhausted during the period covered by the
2 individualized family service plan, or (iii) proof of another 1071
3 risk that the lead agency, in its discretion, may have
4 additionally established and defined as a ground for 1072
5 exemption by rule.

6 (d) An exemption under this Section based on material 1074
7 risk of loss of coverage may apply to all early intervention 1077
8 services and all plans or policies insuring the child, may be 1079
9 limited to one or more plans or policies, or may be limited 1081
10 to one or more types of early intervention services in the 1083
11 child's individualized family services plan. 1085

12 (325 ILCS 20/13.30 new) 1088

13 Sec. 13.30. System of personnel development. The lead 1091
14 agency shall provide training to early intervention providers
15 and may enter into contracts to meet this requirement. If 1092
16 such contracts are let, they shall be bid under a public 1093
17 request for proposals that shall be posted on the lead 1094
18 agency's early intervention website for no less than 30 days. 1096
19 This training shall include, at minimum, the following types 1097
20 of instruction:

21 (a) Courses in birth-to-3 evaluation and treatment of 1100
22 children with developmental disabilities and delays (1) that 1102
23 are taught by fully credentialed early intervention providers
24 or educators with substantial experience in evaluation and 1104
25 treatment of children from birth to age 3 with developmental 1105
26 disabilities and delays, (2) that cover these topics within 1106
27 each of the disciplines of audiology, occupational therapy, 1107
28 physical therapy, speech and language pathology, and 1108
29 developmental therapy, including the social-emotional domain 1109
30 of development, (3) that are held no less than twice per 1111
31 year, (4) that offer no fewer than 20 contact hours per year 1112
32 of course work, (5) that are held in no fewer than 5 separate 1113
33 locales throughout the State, and (6) that give enrollment 1114



1 priority to early intervention providers who do not meet the 1116
 2 experience, education, or continuing education requirements 1117
 3 necessary to be fully credentialed early intervention 1118
 4 providers; and

5 (b) Courses held no less than twice per year for no 1121
 6 fewer than 4 hours each in no fewer than 5 separate locales 1122
 7 throughout the State each on the following topics:

8 (1) Practice and procedures of private insurance 1125
 9 billing.

10 (2) The role of the regional intake entities; 1127
 11 service coordination; program eligibility determinations; 1128
 12 family fees; Medicaid, KidCare, and Division of 1129
 13 Specialized Care applications, referrals, and 1130
 14 coordination with Early Intervention; and procedural 1131
 15 safeguards.

16 (3) Introduction to the early intervention program, 1134
 17 including provider enrollment and credentialing, overview 1135
 18 of Early Intervention program policies and regulations, 1136
 19 and billing requirements.


20 (4) Evaluation and assessment of birth-to-3 1138
 21 children; individualized family service plan development, 1140
 22 monitoring, and review; best practices; service
 23 guidelines; and quality assurance. 1141

24 (325 ILCS 20/13.32 new) 1144

25 Sec. 13.32. Contracting. The lead agency may enter into 1147
 26 contracts for some or all of its responsibilities under this 1148
 27 Act, including but not limited to, credentialing and
 28 enrolling providers; training under Section 13.30; 1149
 29 maintaining a central billing office; data collection and 1150
 30 analysis; establishing and maintaining a computerized case 1151
 31 management system accessible to local referral offices and 1152
 32 providers; creating and maintaining a system for provider 1153
 33 credentialing and enrollment; creating and maintaining the 1154

1 central directory required under subsection (g) of Section 7 1155
2 of this Act; and program operations. If contracted, the 1156
3 contract shall be subject to a public request for proposals 1157
4 as described in the Illinois Procurement Code, 1159
5 notwithstanding any exemptions or alternative processes that
6 may be allowed for such a contract under that Code, and, in 1162
7 addition to the posting requirements under that Code, shall 1163
8 be posted on the early intervention website maintained by the 1165
9 lead agency during the entire bid period. Any of these listed 1167
10 responsibilities currently under contract or grant that have 1168
11 not met these requirements shall be subject to public bid 1169
12 under this request for proposal process no later than July 1,
13 2002 or the date of termination of any contract in place. 1172

14 (325 ILCS 20/13.50 new) 1175
15 Sec. 13.50. Early Intervention Legislative Advisory 1177
16 Committee. NO later than 60 days after the effective date of 1179
17 this amendatory Act of 92nd General Assembly, there shall be 1180
18 convened the Early Intervention Legislative Advisory
19 Committee. The majority and minority leaders of the General 1181
20 Assembly shall each appoint 2 members to the Committee. The 1183
21 Committee's term is for a period of 2 years, and the
22 Committee shall publicly convene no less than 4 times per 1184
23 year. The Committee's responsibilities shall include, but not 1186
24 be limited to, providing guidance to the lead agency
25 regarding programmatic and fiscal management and 1187
26 accountability, provider development and accountability, 1188
27 contracting, and program outcome measures. During the life 1189
28 of the Committee, on a quarterly basis, or more often as the 1190
29 Committee may request, the lead agency shall provide to the 1191
30 Committee, and simultaneously to the public, through postings 1192
31 on the lead agency's early intervention website, quarterly 1193
32 reports containing monthly data and other early intervention 1195
33 program information that the Committee requests. The first 1196



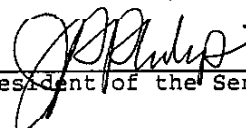
1 data report must be supplied no later than September 21, 1197
 2 2001, and must include the previous 2 quarters of data. 1198

3 (325 ILCS 20/15) (from Ch. 23, par. 4165) 1201

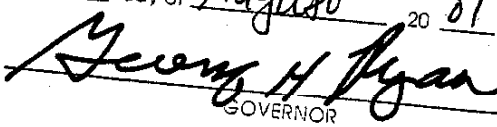
4 Sec. 15. The Auditor General of the State shall conduct 1203
 5 a follow-up an evaluation of the system established under 1205
 6 this Act, in order to evaluate the effectiveness of the 1206
 7 system in providing services that enhance the capacities of 1207
 8 families throughout Illinois to meet the special needs of
 9 their eligible infants and toddlers, and provide a report of 1208
 10 the evaluation to the Governor and the General Assembly no 1209
 11 later than April 30, 2002 ±993. Upon receipt by the lead 1210
 12 agency, this report shall be posted on the early intervention 1211
 13 website.

14 (Source: P.A. 87-680.) 1213

15 Section 99. Effective date. This Act takes effect upon 1216
 becoming law.


 _____ 1221
 President of the Senate 1223


 _____ 1226
 Speaker, House of Representatives 1227

APPROVED
 this 9th day of August 20 01 A.D.,


 GOVERNOR