



**93RD GENERAL ASSEMBLY**  
**State of Illinois**  
**2003 and 2004**

Introduced 02/05/04, by Elizabeth Coulson

**SYNOPSIS AS INTRODUCED:**

325 ILCS 20/11

from Ch. 23, par. 4161

Amends the Early Intervention Services System Act. With respect to an individualized family service plan, provides that if the lead agency develops therapy guidelines that reflect current best practices for serving eligible children, those guidelines may not cap the frequency or intensity, or restrict the method of delivering, the services determined by the multidisciplinary team. Provides that the lead agency may not use designated experts to directly or indirectly impose such caps. Makes other changes. Effective immediately.

LRB093 15497 DRJ 41103 b

FISCAL NOTE ACT  
MAY APPLY

1 AN ACT concerning children.

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

4 Section 5. The Early Intervention Services System Act is  
5 amended by changing Section 11 as follows:

6 (325 ILCS 20/11) (from Ch. 23, par. 4161)

7 Sec. 11. Individualized Family Service Plans.

8 (a) Each eligible infant or toddler and that infant's or  
9 toddler's family shall receive:

10 (1) timely, comprehensive, multidisciplinary  
11 assessment of the unique needs of each eligible infant and  
12 toddler, and assessment of the concerns and priorities of  
13 the families to appropriately assist them in meeting their  
14 needs and identify services to meet those needs; and

15 (2) a written Individualized Family Service Plan  
16 developed by a multidisciplinary team which includes the  
17 parent or guardian. The individualized family service plan  
18 shall be based on the multidisciplinary team's assessment  
19 of the resources, priorities, and concerns of the family  
20 and its identification of the supports and services  
21 necessary to enhance the family's capacity to meet the  
22 developmental needs of the infant or toddler, and shall  
23 include the identification of services appropriate to meet  
24 those needs, including the frequency, intensity, and  
25 method of delivering services. If the lead agency develops  
26 therapy guidelines that reflect current best practices for  
27 serving eligible children, those therapy guidelines may  
28 not directly or indirectly cap the frequency or intensity,  
29 or restrict the method of delivering, the services  
30 determined by the multidisciplinary team. Such prohibited  
31 direct or indirect caps on services include, but are not  
32 limited to: (i) requiring that the individualized service

1 plan be consistent with any therapy guidelines even if the  
2 multidisciplinary team cannot reach a consensus; (ii)  
3 requiring that multidisciplinary team members adhere to or  
4 operate within the framework of any therapy guidelines;  
5 (iii) preventing authorizations for services when the  
6 multidisciplinary team has recommended services that are  
7 different in frequency or intensity, or different in both  
8 frequency and intensity, than those provided for in any  
9 therapy guidelines; or (iv) allowing exceptions to the  
10 service guidelines only if appropriate clinical  
11 justification is submitted to the lead agency. The lead  
12 agency also may not utilize designated experts to directly  
13 or indirectly cap the frequency or intensity, or restrict  
14 the method of delivering, the services determined by the  
15 multidisciplinary team. During and as part of the initial  
16 development of the individualized family services plan,  
17 and any periodic reviews of the plan, the multidisciplinary  
18 team shall consult the lead agency's therapy guidelines and  
19 its designated experts, if any, to help determine  
20 appropriate services and the frequency and intensity of  
21 those services. All services in the individualized family  
22 services plan must be justified by the multidisciplinary  
23 assessment of the unique strengths and needs of the infant  
24 or toddler and must be appropriate to meet those needs. At  
25 the periodic reviews, the team shall determine whether  
26 modification or revision of the outcomes or services is  
27 necessary.

28 (b) The Individualized Family Service Plan shall be  
29 evaluated once a year and the family shall be provided a review  
30 of the Plan at 6 month intervals or more often where  
31 appropriate based on infant or toddler and family needs. ~~The~~  
32 ~~lead agency shall create a quality review process regarding~~  
33 ~~Individualized Family Service Plan development and changes~~  
34 ~~thereto, to monitor and help assure that resources are being~~  
35 ~~used to provide appropriate early intervention services.~~

36 (c) The evaluation and initial assessment and initial Plan

1 meeting must be held within 45 days after the initial contact  
2 with the early intervention services system. With parental  
3 consent, early intervention services may commence before the  
4 completion of the comprehensive assessment and development of  
5 the Plan.

6 (d) Parents must be informed that, at their discretion,  
7 early intervention services shall be provided to each eligible  
8 infant and toddler in the natural environment, which may  
9 include the home or other community settings. Parents shall  
10 make the final decision to accept or decline early intervention  
11 services. A decision to decline such services shall not be a  
12 basis for administrative determination of parental fitness, or  
13 other findings or sanctions against the parents. Parameters of  
14 the Plan shall be set forth in rules.

15 (e) The regional intake offices shall explain to each  
16 family, orally and in writing, all of the following:

17 (1) That the early intervention program will pay for  
18 all early intervention services set forth in the  
19 individualized family service plan that are not covered or  
20 paid under the family's public or private insurance plan or  
21 policy and not eligible for payment through any other third  
22 party payor.

23 (2) That services will not be delayed due to any rules  
24 or restrictions under the family's insurance plan or  
25 policy.

26 (3) That the family may request, with appropriate  
27 documentation supporting the request, a determination of  
28 an exemption from private insurance use under Section  
29 13.25.

30 (4) That responsibility for co-payments or  
31 co-insurance under a family's private insurance plan or  
32 policy will be transferred to the lead agency's central  
33 billing office.

34 (5) That families will be responsible for payments of  
35 family fees, which will be based on a sliding scale  
36 according to income, and that these fees are payable to the

1 central billing office, and that if the family encounters a  
2 catastrophic circumstance, as defined under subsection (f)  
3 of Section 13 of this Act, making it unable to pay the  
4 fees, the lead agency may, upon proof of inability to pay,  
5 waive the fees.

6 (f) The individualized family service plan must state  
7 whether the family has private insurance coverage and, if the  
8 family has such coverage, must have attached to it a copy of  
9 the family's insurance identification card or otherwise  
10 include all of the following information:

11 (1) The name, address, and telephone number of the  
12 insurance carrier.

13 (2) The contract number and policy number of the  
14 insurance plan.

15 (3) The name, address, and social security number of  
16 the primary insured.

17 (4) The beginning date of the insurance benefit year.

18 (g) A copy of the individualized family service plan must  
19 be provided to each enrolled provider who is providing early  
20 intervention services to the child who is the subject of that  
21 plan.

22 (Source: P.A. 91-538, eff. 8-13-99; 92-10, eff. 6-11-01;  
23 92-307, eff. 8-9-01; 92-651, eff. 7-11-02.)

24 Section 99. Effective date. This Act takes effect upon  
25 becoming law.