



Rep. Sara Feigenholtz

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1 AMENDMENT TO SENATE BILL 626

2 AMENDMENT NO. _____. Amend Senate Bill 626 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by
5 adding Section 367m as follows:

6 (215 ILCS 5/367m new)

7 Sec. 367m. Early intervention services. A policy of
8 accident and health insurance that provides coverage for early
9 intervention services must conform to the following criteria:

10 (1) The use of private health insurance to pay for
11 early intervention services under Part C of the federal
12 Individuals with Disabilities Education Act may not count
13 towards or result in a loss of benefits due to annual or
14 lifetime insurance caps for an infant or toddler with a
15 disability, the infant's or toddler's parent, or the
16 infant's or toddler's family members who are covered under

1 that health insurance policy.

2 (2) The use of private health insurance to pay for
3 early intervention services under Part C of the federal
4 Individuals with Disabilities Education Act may not
5 negatively affect the availability of health insurance to
6 an infant or toddler with a disability, the infant's or
7 toddler's parent, or the infant's or toddler's family
8 members who are covered under that health insurance policy,
9 and health insurance coverage may not be discontinued for
10 these individuals due to the use of the health insurance to
11 pay for services under Part C of the federal Individuals
12 with Disabilities Education Act.

13 (3) The use of private health insurance to pay for
14 early intervention services under Part C of the federal
15 Individuals with Disabilities Education Act may not be the
16 basis for increasing the health insurance premiums of an
17 infant or toddler with a disability, the infant's or
18 toddler's parent, or the infant's or toddler's family
19 members covered under that health insurance policy.

20 For the purposes of this Section, "early intervention
21 services" has the same meaning as in the Early Intervention
22 Services System Act.

23 Section 10. The Early Intervention Services System Act is
24 amended by changing Sections 3, 4, 5, 7, 9, 10, 11, 12, 13,
25 13.5, 13.10, and 13.30 as follows:

1 (325 ILCS 20/3) (from Ch. 23, par. 4153)

2 Sec. 3. Definitions. As used in this Act:

3 (a) "Eligible infants and toddlers" means infants and
4 toddlers under 36 months of age with any of the following
5 conditions:

6 (1) Developmental delays.

7 (2) A physical or mental condition which typically
8 results in developmental delay.

9 (3) Being at risk of having substantial developmental
10 delays based on informed clinical opinion ~~judgment~~.

11 (4) Either (A) having entered the program under any of
12 the circumstances listed in paragraphs (1) through (3) of
13 this subsection but no longer meeting the current
14 eligibility criteria under those paragraphs, and
15 continuing to have any measurable delay, or (B) not having
16 attained a level of development in each area, including (i)
17 cognitive, (ii) physical (including vision and hearing),
18 (iii) language, speech, and communication, (iv) social or
19 emotional ~~psycho-social~~, or (v) adaptive ~~self-help skills~~,
20 that is at least at the mean of the child's age equivalent
21 peers; and, in addition to either item (A) or item (B), (C)
22 having been determined by the multidisciplinary
23 individualized family service plan team to require the
24 continuation of early intervention services in order to
25 support continuing developmental progress, pursuant to the

1 child's needs and provided in an appropriate developmental
2 manner. The type, frequency, and intensity of services
3 shall differ from the initial individualized family
4 services plan because of the child's developmental
5 progress, and may consist of only service coordination,
6 evaluation, and assessments.

7 (b) "Developmental delay" means a delay in one or more of
8 the following areas of childhood development as measured by
9 appropriate diagnostic instruments and standard procedures:
10 cognitive; physical, including vision and hearing; language,
11 speech and communication; social or emotional ~~psycho-social~~;
12 or adaptive ~~self-help skills~~. The term means a delay of 30% or
13 more below the mean in function in one or more of those areas.

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

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

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

25 (d) "Informed clinical opinion ~~judgment~~" means both
26 clinical observations and parental participation to determine

1 eligibility by a consensus of a multidisciplinary team of 2 or
2 more members based on their professional experience and
3 expertise.

4 (e) "Early intervention services" means services which:

5 (1) are designed to meet the developmental needs of
6 each child eligible under this Act and the needs of his or
7 her family;

8 (2) are selected in collaboration with the child's
9 family;

10 (3) are provided under public supervision;

11 (4) are provided at no cost except where a schedule of
12 sliding scale fees or other system of payments by families
13 has been adopted in accordance with State and federal law;

14 (5) are designed to meet an infant's or toddler's
15 developmental needs in any of the following areas:

16 (A) physical development, including vision and
17 hearing,

18 (B) cognitive development,

19 (C) communication development,

20 (D) social or emotional development, or

21 (E) adaptive development;

22 (6) meet the standards of the State, including the
23 requirements of this Act;

24 (7) include one or more of the following:

25 (A) family training,

26 (B) social work services, including counseling,

- 1 and home visits,
- 2 (C) special instruction,
- 3 (D) speech, language pathology and audiology,
- 4 (E) occupational therapy,
- 5 (F) physical therapy,
- 6 (G) psychological services,
- 7 (H) service coordination services,
- 8 (I) medical services only for diagnostic or
- 9 evaluation purposes,
- 10 (J) early identification, screening, and
- 11 assessment services,
- 12 (K) health services specified by the lead agency as
- 13 necessary to enable the infant or toddler to benefit
- 14 from the other early intervention services,
- 15 (L) vision services,
- 16 (M) transportation, ~~and~~
- 17 (N) assistive technology devices and services, ~~+~~
- 18 (O) nursing services,
- 19 (P) nutrition services, and
- 20 (Q) sign language and cued language services;

21 (8) are provided by qualified personnel, including but

22 not limited to:

- 23 (A) child development specialists or special
- 24 educators, including teachers of children with hearing
- 25 impairments (including deafness) and teachers of
- 26 children with vision impairments (including

1 blindness),

2 (B) speech and language pathologists and
3 audiologists,

4 (C) occupational therapists,

5 (D) physical therapists,

6 (E) social workers,

7 (F) nurses,

8 (G) dietitian nutritionists,

9 (H) vision specialists, including ophthalmologists

10 and optometrists,

11 (I) psychologists, and

12 (J) physicians;

13 (9) are provided in conformity with an Individualized
14 Family Service Plan;

15 (10) are provided throughout the year; and

16 (11) are provided in natural environments, to the
17 maximum extent appropriate, which may include the home and
18 community settings, unless justification is provided
19 consistent with federal regulations adopted under Sections
20 1431 through 1444 of Title 20 of the United States Code.

21 (f) "Individualized Family Service Plan" or "Plan" means a
22 written plan for providing early intervention services to a
23 child eligible under this Act and the child's family, as set
24 forth in Section 11.

25 (g) "Local interagency agreement" means an agreement
26 entered into by local community and State and regional agencies

1 receiving early intervention funds directly from the State and
2 made in accordance with State interagency agreements providing
3 for the delivery of early intervention services within a local
4 community area.

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

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

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

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

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

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

23 (m) "Fully credentialed early intervention provider" means
24 an individual who has met the standards in the State applicable
25 to the relevant profession, and has met such other
26 qualifications as the lead agency has determined are suitable

1 for personnel providing early intervention services, including
2 pediatric experience, education, and continuing education. The
3 lead agency shall establish these qualifications by rule filed
4 no later than 180 days after the effective date of this
5 amendatory Act of the 92nd General Assembly.

6 (Source: P.A. 97-902, eff. 8-6-12.)

7 (325 ILCS 20/4) (from Ch. 23, par. 4154)

8 Sec. 4. Illinois Interagency Council on Early
9 Intervention.

10 (a) There is established the Illinois Interagency Council
11 on Early Intervention. The Council shall be composed of at
12 least 20 but not more than 30 members. The members of the
13 Council and the designated chairperson of the Council shall be
14 appointed by the Governor. The Council member representing the
15 lead agency may not serve as chairperson of the Council. The
16 Council shall be composed of the following members:

17 (1) The Secretary of Human Services (or his or her
18 designee) and 2 additional representatives of the
19 Department of Human Services designated by the Secretary,
20 plus the Directors (or their designees) of the following
21 State agencies involved in the provision of or payment for
22 early intervention services to eligible infants and
23 toddlers and their families:

24 (A) Department of Insurance; and

25 (B) Department of Healthcare and Family Services.

1 (2) Other members as follows:

2 (A) At least 20% of the members of the Council
3 shall be parents, including minority parents, of
4 infants or toddlers with disabilities or children with
5 disabilities aged 12 or younger, with knowledge of, or
6 experience with, programs for infants and toddlers
7 with disabilities. At least one such member shall be a
8 parent of an infant or toddler with a disability or a
9 child with a disability aged 6 or younger;

10 (B) At least 20% of the members of the Council
11 shall be public or private providers of early
12 intervention services;

13 (C) One member shall be a representative of the
14 General Assembly;

15 (D) One member shall be involved in the preparation
16 of professional personnel to serve infants and
17 toddlers similar to those eligible for services under
18 this Act;

19 (E) Two members shall be from advocacy
20 organizations with expertise in improving health,
21 development, and educational outcomes for infants and
22 toddlers with disabilities;

23 (F) One member shall be a Child and Family
24 Connections manager from a rural district;

25 (G) One member shall be a Child and Family
26 Connections manager from an urban district;

1 (H) One member shall be the co-chair of the
2 Illinois Early Learning Council (or his or her
3 designee); and

4 (I) Members representing the following agencies or
5 entities: the State Board of Education; the Department
6 of Public Health; the Department of Children and Family
7 Services; the University of Illinois Division of
8 Specialized Care for Children; the Illinois Council on
9 Developmental Disabilities; Head Start or Early Head
10 Start; and the Department of Human Services' Division
11 of Mental Health. A member may represent one or more of
12 the listed agencies or entities.

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

26 Council members shall serve without compensation but shall

1 be reimbursed for reasonable costs incurred in the performance
2 of their duties, including costs related to child care, and
3 parents may be paid a stipend in accordance with applicable
4 requirements.

5 The Council shall prepare and approve a budget using funds
6 appropriated for the purpose to hire staff, and obtain the
7 services of such professional, technical, and clerical
8 personnel as may be necessary to carry out its functions under
9 this Act. This funding support and staff shall be directed by
10 the lead agency.

11 (b) The Council shall:

12 (1) advise and assist the lead agency in the
13 performance of its responsibilities including but not
14 limited to the identification of sources of fiscal and
15 other support services for early intervention programs,
16 and the promotion of interagency agreements which assign
17 financial responsibility to the appropriate agencies;

18 (2) advise and assist the lead agency in the
19 preparation of applications and amendments to
20 applications;

21 (3) review and advise on relevant regulations and
22 standards proposed by the related State agencies;

23 (4) advise and assist the lead agency in the
24 development, implementation and evaluation of the
25 comprehensive early intervention services system; ~~and~~

26 (4.5) coordinate and collaborate with State

1 interagency early learning initiatives, as appropriate;

2 and

3 (5) prepare and submit an annual report to the Governor
4 and to the General Assembly on the status of early
5 intervention programs for eligible infants and toddlers
6 and their families in Illinois. The annual report shall
7 include (i) the estimated number of eligible infants and
8 toddlers in this State, (ii) the number of eligible infants
9 and toddlers who have received services under this Act and
10 the cost of providing those services, and (iii) the
11 estimated cost of providing services under this Act to all
12 eligible infants and toddlers in this State. ~~, and (iv)~~
13 ~~data and other information as is requested to be included~~
14 ~~by the Legislative Advisory Committee established under~~
15 ~~Section 13.50 of this Act.~~ The report shall be posted by
16 the lead agency on the early intervention website as
17 required under paragraph (f) of Section 5 of this Act.

18 No member of the Council shall cast a vote on or
19 participate substantially in any matter which would provide a
20 direct financial benefit to that member or otherwise give the
21 appearance of a conflict of interest under State law. All
22 provisions and reporting requirements of the Illinois
23 Governmental Ethics Act shall apply to Council members.

24 (Source: P.A. 97-902, eff. 8-6-12.)

25 (325 ILCS 20/5) (from Ch. 23, par. 4155)

1 Sec. 5. Lead Agency. The Department of Human Services is
2 designated the lead agency and shall provide leadership in
3 establishing and implementing the coordinated, comprehensive,
4 interagency and interdisciplinary system of early intervention
5 services. The lead agency shall not have the sole
6 responsibility for providing these services. Each
7 participating State agency shall continue to coordinate those
8 early intervention services relating to health, social service
9 and education provided under this authority.

10 The lead agency is responsible for carrying out the
11 following:

12 (a) The general administration, supervision, and
13 monitoring of programs and activities receiving assistance
14 under Section 673 of the Individuals with Disabilities
15 Education Act (20 United States Code 1473).

16 (b) The identification and coordination of all
17 available resources within the State from federal, State,
18 local and private sources.

19 (c) The development of procedures to ensure that
20 services are provided to eligible infants and toddlers and
21 their families in a timely manner pending the resolution of
22 any disputes among public agencies or service providers.

23 (d) The resolution of intra-agency and interagency
24 regulatory and procedural disputes.

25 (e) The development and implementation of formal
26 interagency agreements, and the entry into such

1 agreements, between the lead agency and (i) the Department
2 of Healthcare and Family Services, (ii) the University of
3 Illinois Division of Specialized Care for Children, and
4 (iii) other relevant State agencies that:

5 (1) define the financial responsibility of each
6 agency for paying for early intervention services
7 (consistent with existing State and federal law and
8 rules, including the requirement that early
9 intervention funds be used as the payor of last
10 resort), a hierarchical order of payment as among the
11 agencies for early intervention services that are
12 covered under or may be paid by programs in other
13 agencies, and procedures for direct billing,
14 collecting reimbursements for payments made, and
15 resolving service and payment disputes; and

16 (2) include all additional components necessary to
17 ensure meaningful cooperation and coordination.

18 Interagency agreements under this paragraph (e) must
19 be reviewed and revised to implement the purposes of this
20 amendatory Act of the 92nd General Assembly no later than
21 60 days after the effective date of this amendatory Act of
22 the 92nd General Assembly.

23 (f) The maintenance of an early intervention website.
24 Within 30 days after the effective date of this amendatory
25 Act of the 92nd General Assembly, the lead agency shall
26 post and keep posted on this website the following: (i) the

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

18 (g) Before adopting any new policy or procedure
19 (including any revisions to an existing policy or
20 procedure) needed to comply with Part C of the Individuals
21 with Disabilities Education Act, the lead agency must hold
22 public hearings on the new policy or procedure, provide
23 notice of the hearings at least 30 days before the hearings
24 are conducted to enable public participation, and provide
25 an opportunity for the general public, including
26 individuals with disabilities and parents of infants and

1 toddlers with disabilities, early intervention providers,
2 and members of the Council to comment for at least 30 days
3 on the new policy or procedure needed to comply with Part C
4 of the Individuals with Disabilities Education Act and with
5 34 CFR Part 300 and Part 303.

6 (Source: P.A. 95-331, eff. 8-21-07.)

7 (325 ILCS 20/7) (from Ch. 23, par. 4157)

8 Sec. 7. Essential Components of the Statewide Service
9 System. As required by federal laws and regulations, a
10 statewide system of coordinated, comprehensive, interagency
11 and interdisciplinary programs shall be established and
12 maintained. The framework of the statewide system shall be
13 based on the components set forth in this Section. This
14 framework shall be used for planning, implementation,
15 coordination and evaluation of the statewide system of locally
16 based early intervention services.

17 The statewide system shall include, at a minimum:

18 (a) a definition of the term "developmentally
19 delayed", in accordance with the definition in Section 3,
20 that will be used in Illinois in carrying out programs
21 under this Act;

22 (b) timetables for ensuring that appropriate early
23 intervention services, based on scientifically based
24 research, to the extent practicable, will be available to
25 all eligible infants and toddlers in this State after the

1 effective date of this Act;

2 (c) a timely, comprehensive, multidisciplinary ~~and~~
3 ~~interdisciplinary~~ evaluation ~~of the functioning~~ of each
4 potentially eligible infant and toddler ~~with suspected~~
5 ~~disabilities~~ in this State, unless the child meets the
6 definition of eligibility based upon his or her medical and
7 other records; for a child determined eligible, a
8 multidisciplinary assessment of the unique strengths and
9 needs of that infant or toddler and the identification of
10 services appropriate to meet those needs and a
11 family-directed assessment of the resources, priorities,
12 and concerns of the family and the identification of
13 supports and services necessary to enhance the family's
14 capacity to meet the developmental needs of that infant or
15 toddler ~~the concerns, priorities and resource needs of the~~
16 ~~families to appropriately assist in the development of the~~
17 ~~infant and toddler with disabilities;~~

18 (d) for each eligible infant and toddler, an
19 Individualized Family Service Plan, including service
20 coordination (case management) services;

21 (e) a comprehensive child find system, consistent with
22 Part B of the Individuals with Disabilities Education Act
23 (20 United States Code 1411 through 1420 and as set forth
24 in 34 CFR 300.115), which includes timelines and provides
25 for participation by primary referral sources;

26 (f) a public awareness program focusing on early

1 identification of eligible infants and toddlers;

2 (g) a central directory which includes public and
3 private early intervention services, resources, and
4 experts available in this State, professional and other
5 groups (including parent support groups and training and
6 information centers) that provide assistance to infants
7 and toddlers with disabilities who are eligible for early
8 intervention programs assisted under Part C of the
9 Individuals with Disabilities Education Act and their
10 families, and ~~early—intervention~~ research and
11 demonstration projects being conducted in this State
12 relating to infants and toddlers with disabilities;

13 (h) a comprehensive system of personnel development;

14 (i) a policy pertaining to the contracting or making of
15 other arrangements with public and private service
16 providers to provide early intervention services in this
17 State, consistent with the provisions of this Act,
18 including the contents of the application used and the
19 conditions of the contract or other arrangements;

20 (j) a procedure for securing timely reimbursement of
21 funds;

22 (k) procedural safeguards with respect to programs
23 under this Act;

24 (l) policies and procedures relating to the
25 establishment and maintenance of standards to ensure that
26 personnel necessary to carry out this Act are appropriately

1 and adequately prepared and trained;

2 (m) a system of evaluation of, and compliance with,
3 program standards;

4 (n) a system for compiling data on the numbers of
5 eligible infants and toddlers and their families in this
6 State in need of appropriate early intervention services;
7 the numbers served; the types of services provided; and
8 other information required by the State or federal
9 government; and

10 (o) a single line of responsibility in a lead agency
11 designated by the Governor to carry out its
12 responsibilities as required by this Act.

13 In addition to these required components, linkages may be
14 established within a local community area among the prenatal
15 initiatives affording services to high risk pregnant women.
16 Additional linkages among at risk programs and local literacy
17 programs may also be established.

18 Within 60 days of the effective date of this Act, a
19 five-fiscal-year implementation plan shall be submitted to the
20 Governor by the lead agency with the concurrence of the
21 Interagency Council on Early Intervention. The plan shall list
22 specific activities to be accomplished each year, with cost
23 estimates for each activity. No later than the second Monday in
24 July of each year thereafter, the lead agency shall, with the
25 concurrence of the Interagency Council, submit to the
26 Governor's Office a report on accomplishments of the previous

1 year and a revised list of activities for the remainder of the
2 five-fiscal-year plan, with cost estimates for each. The
3 Governor shall certify that specific activities in the plan for
4 the previous year have been substantially completed before
5 authorizing relevant State or local agencies to implement
6 activities listed in the revised plan that depend substantially
7 upon completion of one or more of the earlier activities.

8 (Source: P.A. 87-680.)

9 (325 ILCS 20/9) (from Ch. 23, par. 4159)

10 Sec. 9. Role of Other State Entities. The Departments of
11 Public Health, Human Services, Children and Family Services,
12 and Healthcare and Family Services ~~Public Aid~~; the University
13 of Illinois Division of Specialized Care for Children; the
14 State Board of Education; and any other State agency which
15 directly or indirectly provides or administers early
16 intervention services shall adopt compatible rules for the
17 provision of services to eligible infants and toddlers and
18 their families within one year of the effective date of this
19 Act.

20 These agencies shall enter into and maintain formal
21 interagency agreements to enable the State and local agencies
22 serving eligible children and their families to establish
23 working relationships that will increase the efficiency and
24 effectiveness of their early intervention services. The
25 agreement shall outline the administrative, program and

1 financial responsibilities of the relevant State agencies and
2 shall implement a coordinated service delivery system through
3 local interagency agreements.

4 There shall be created in the Office of the Governor an
5 Early Childhood Intervention Ombudsman to assist families and
6 local parties in ensuring that all State agencies serving
7 eligible families do so in a comprehensive and collaborative
8 manner.

9 (Source: P.A. 89-507, eff. 7-1-97; 89-626, eff. 8-9-96.)

10 (325 ILCS 20/10) (from Ch. 23, par. 4160)

11 Sec. 10. Standards. The Council and the lead agency, with
12 assistance from parents and providers, shall develop and
13 promulgate policies and procedures relating to the
14 establishment and implementation of program and personnel
15 standards to ensure that services provided are consistent with
16 any State-approved or recognized certification, licensing,
17 registration, or other comparable requirements which apply to
18 the area of early intervention program service standards. Only
19 State-approved public or private early intervention service
20 providers shall be eligible to receive State and federal
21 funding for early intervention services. All early childhood
22 intervention staff shall hold the highest entry requirement
23 necessary for that position.

24 To be a State-approved early intervention service
25 provider, an individual (i) shall not have served or completed,

1 within the preceding 5 years, a sentence for conviction of any
2 felony that the Department establishes by rule and (ii) shall
3 not have been indicated as a perpetrator of child abuse or
4 neglect, within the preceding 5 years, in an investigation by
5 Illinois (pursuant to the Abused and Neglected Child Reporting
6 Act) or another state. The Department is authorized to receive
7 criminal background checks for such providers and persons
8 applying to be such a provider and to receive child abuse and
9 neglect reports regarding indicated perpetrators who are
10 applying to provide or currently authorized to provide early
11 intervention services in Illinois. Beginning January 1, 2004,
12 every provider of State-approved early intervention services
13 and every applicant to provide such services must authorize, in
14 writing and in the form required by the Department, a State and
15 FBI a criminal background check, as requested by the
16 Department, and check of child abuse and neglect reports
17 regarding the provider or applicant as a condition of
18 authorization to provide early intervention services. The
19 Department shall use the results of the checks only to
20 determine State approval of the early intervention service
21 provider and shall not re-release the information except as
22 necessary to accomplish that purpose.

23 (Source: P.A. 93-147, eff. 1-1-04.)

24 (325 ILCS 20/11) (from Ch. 23, par. 4161)

25 Sec. 11. Individualized Family Service Plans.

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

3 (1) timely, comprehensive, multidisciplinary
4 assessment of the unique strengths and needs of each
5 eligible infant and toddler, and assessment of the concerns
6 and priorities of the families to appropriately assist them
7 in meeting their needs and identify supports and services
8 to meet those needs; and

9 (2) a written Individualized Family Service Plan
10 developed by a multidisciplinary team which includes the
11 parent or guardian. The individualized family service plan
12 shall be based on the multidisciplinary team's assessment
13 of the resources, priorities, and concerns of the family
14 and its identification of the supports and services
15 necessary to enhance the family's capacity to meet the
16 developmental needs of the infant or toddler, and shall
17 include the identification of services appropriate to meet
18 those needs, including the frequency, intensity, and
19 method of delivering services. During and as part of the
20 initial development of the individualized family services
21 plan, and any periodic reviews of the plan, the
22 multidisciplinary team may seek consultation from ~~shall~~
23 ~~consult~~ the lead agency's ~~therapy guidelines and its~~
24 designated experts, if any, to help determine appropriate
25 services and the frequency and intensity of those services.
26 All services in the individualized family services plan

1 must be justified by the multidisciplinary assessment of
2 the unique strengths and needs of the infant or toddler and
3 must be appropriate to meet those needs. At the periodic
4 reviews, the team shall determine whether modification or
5 revision of the outcomes or services is necessary.

6 (b) The Individualized Family Service Plan shall be
7 evaluated once a year and the family shall be provided a review
8 of the Plan at 6 month intervals or more often where
9 appropriate based on infant or toddler and family needs. The
10 lead agency shall create a quality review process regarding
11 Individualized Family Service Plan development and changes
12 thereto, to monitor and help assure that resources are being
13 used to provide appropriate early intervention services.

14 (c) The initial evaluation and initial assessment and
15 initial Plan meeting must be held within 45 days after the
16 initial contact with the early intervention services system.
17 The 45-day timeline does not apply for any period when the
18 child or parent is unavailable to complete the initial
19 evaluation, the initial assessments of the child and family, or
20 the initial Plan meeting, due to exceptional family
21 circumstances that are documented in the child's early
22 intervention records, or when the parent has not provided
23 consent for the initial evaluation or the initial assessment of
24 the child despite documented, repeated attempts to obtain
25 parental consent. As soon as exceptional family circumstances
26 no longer exist or parental consent has been obtained, the

1 initial evaluation, the initial assessment, and the initial
2 Plan meeting must be completed as soon as possible. With
3 parental consent, early intervention services may commence
4 before the completion of the comprehensive assessment and
5 development of 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, to the maximum extent appropriate, in the
9 natural environment, which may include the home or other
10 community settings. Parents shall make the final decision to
11 accept or decline early intervention services. A decision to
12 decline such services shall not be a basis for administrative
13 determination of parental fitness, or other findings or
14 sanctions against the parents. Parameters of the Plan shall be
15 set forth in rules.

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

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

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

1 (3) That the family may request, with appropriate
2 documentation supporting the request, a determination of
3 an exemption from private insurance use under Section
4 13.25.

5 (4) That responsibility for co-payments or
6 co-insurance under a family's private insurance plan or
7 policy will be transferred to the lead agency's central
8 billing office.

9 (5) That families will be responsible for payments of
10 family fees, which will be based on a sliding scale
11 according to the State's definition of ability to pay which
12 is comparing household size and income to the sliding scale
13 and considering out-of-pocket medical or disaster
14 expenses, and that these fees are payable to the central
15 billing office, ~~and that if the family encounters a~~
16 ~~catastrophic circumstance, as defined under subsection (f)~~
17 ~~of Section 13 of this Act, making it unable to pay the~~
18 ~~fees, the lead agency may, upon proof of inability to pay,~~
19 ~~waive the fees.~~ Families who fail to provide income
20 information shall be charged the maximum amount on the
21 sliding scale.

22 (f) The individualized family service plan must state
23 whether the family has private insurance coverage and, if the
24 family has such coverage, must have attached to it a copy of
25 the family's insurance identification card or otherwise
26 include all of the following information:

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

3 (2) The contract number and policy number of the
4 insurance plan.

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

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

8 (g) A copy of the individualized family service plan must
9 be provided to each enrolled provider who is providing early
10 intervention services to the child who is the subject of that
11 plan.

12 (h) Children receiving services under this Act shall
13 receive a smooth and effective transition by their third
14 birthday consistent with federal regulations adopted pursuant
15 to Sections 1431 through 1444 of Title 20 of the United States
16 Code.

17 (Source: P.A. 97-902, eff. 8-6-12.)

18 (325 ILCS 20/12) (from Ch. 23, par. 4162)

19 Sec. 12. Procedural Safeguards. The lead agency shall adopt
20 procedural safeguards that meet federal requirements and
21 ensure effective implementation of the safeguards for families
22 by each public agency involved in the provision of early
23 intervention services under this Act.

24 The procedural safeguards shall provide, at a minimum, the
25 following:

1 (a) The timely administrative resolution of State
2 complaints, due process hearings, and mediations ~~by~~
3 ~~parents~~ as defined by administrative rule.

4 (b) The right to confidentiality of personally
5 identifiable information.

6 (c) The opportunity for parents and a guardian to
7 examine and receive copies of records relating to
8 evaluations and assessments ~~assessment~~, screening,
9 eligibility determinations, and the development and
10 implementation of the Individualized Family Service Plan
11 provision of early intervention services, individual
12 complaints involving the child, or any part of the child's
13 early intervention record.

14 (d) Procedures to protect the rights of the eligible
15 infant or toddler whenever the parents or guardians of the
16 child are not known or unavailable or the child is a ward
17 of the State, including the assignment of an individual
18 (who shall not be an employee of the State agency or local
19 agency providing services) to act as a surrogate for the
20 parents or guardian. The regional intake entity must make
21 reasonable efforts to ensure the assignment of a surrogate
22 parent not more than 30 days after a public agency
23 determines that the child needs a surrogate parent.

24 (e) Timely written prior notice to the parents or
25 guardian of the eligible infant or toddler whenever the
26 State agency or public or private service provider proposes

1 to initiate or change or refuses to initiate or change the
2 identification, evaluation, placement, or the provision of
3 appropriate early intervention services to the eligible
4 infant or toddler.

5 (f) Written prior notice to fully inform the parents or
6 guardians, in their native primary language or mode of
7 communication used by the parent, unless clearly not
8 feasible to do so, in a comprehensible manner, of these
9 procedural safeguards.

10 (g) During the pendency of any proceedings or action
11 involving a complaint, unless the State agency and the
12 parents or guardian otherwise agree, the child shall
13 continue to receive the appropriate early intervention
14 services currently being provided, or in the case of an
15 application for initial services, the child shall receive
16 the services not in dispute.

17 (Source: P.A. 91-538, eff. 8-13-99.)

18 (325 ILCS 20/13) (from Ch. 23, par. 4163)

19 Sec. 13. Funding and Fiscal Responsibility.

20 (a) The lead agency and every other participating State
21 agency may receive and expend funds appropriated by the General
22 Assembly to implement the early intervention services system as
23 required by this Act.

24 (b) The lead agency and each participating State agency
25 shall identify and report on an annual basis to the Council the

1 State agency funds utilized for the provision of early
2 intervention services to eligible infants and toddlers.

3 (c) Funds provided under Section 633 of the Individuals
4 with Disabilities Education Act (20 United States Code 1433)
5 and State funds designated or appropriated for early
6 intervention services or programs may not be used to satisfy a
7 financial commitment for services which would have been paid
8 for from another public or private source but for the enactment
9 of this Act, except whenever considered necessary to prevent
10 delay in receiving appropriate early intervention services by
11 the eligible infant or toddler or family in a timely manner.
12 "Public or private source" includes public and private
13 insurance coverage.

14 Funds provided under Section 633 of the Individuals with
15 Disabilities Education Act and State funds designated or
16 appropriated for early intervention services or programs may be
17 used by the lead agency to pay the provider of services (A)
18 pending reimbursement from the appropriate State agency or (B)
19 if (i) the claim for payment is denied in whole or in part by a
20 public or private source, or would be denied under the written
21 terms of the public program or plan or private plan, or (ii)
22 use of private insurance for the service has been exempted
23 under Section 13.25. Payment under item (B)(i) may be made
24 based on a pre-determination telephone inquiry supported by
25 written documentation of the denial supplied thereafter by the
26 insurance carrier.

1 (d) Nothing in this Act shall be construed to permit the
2 State to reduce medical or other assistance available or to
3 alter eligibility under Title V and Title XIX of the Social
4 Security Act relating to the Maternal Child Health Program and
5 Medicaid for eligible infants and toddlers in this State.

6 (e) The lead agency shall create a central billing office
7 to receive and dispense all relevant State and federal
8 resources, as well as local government or independent resources
9 available, for early intervention services. This office shall
10 assure that maximum federal resources are utilized and that
11 providers receive funds with minimal duplications or
12 interagency reporting and with consolidated audit procedures.

13 (f) The lead agency shall, by rule, create a system of
14 payments by families, including a schedule of fees. No fees,
15 however, may be charged for: implementing child find,
16 evaluation and assessment, service coordination,
17 administrative and coordination activities related to the
18 development, review, and evaluation of Individualized Family
19 Service Plans, or the implementation of procedural safeguards
20 and other administrative components of the statewide early
21 intervention system.

22 The system of payments, called family fees, shall be
23 structured on a sliding scale based on the family's ability to
24 pay ~~family income~~. The family's coverage or lack of coverage
25 under a public or private insurance plan or policy shall not be
26 a factor in determining the amount of the family fees.

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

21 (g) To ensure that early intervention funds are used as the
22 payor of last resort for early intervention services, the lead
23 agency shall determine at the point of early intervention
24 intake, and again at any periodic review of eligibility
25 thereafter or upon a change in family circumstances, whether
26 the family is eligible for or enrolled in any program for which

1 payment is made directly or through public or private insurance
2 for any or all of the early intervention services made
3 available under this Act. The lead agency shall establish
4 procedures to ensure that payments are made either directly
5 from these public and private sources instead of from State or
6 federal early intervention funds, or as reimbursement for
7 payments previously made from State or federal early
8 intervention funds.

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

11 (325 ILCS 20/13.5)

12 Sec. 13.5. Other programs.

13 (a) When an application or a review of eligibility for
14 early intervention services is made, and at any eligibility
15 redetermination thereafter, the family shall be asked if it is
16 currently enrolled in any federally funded, Department of
17 Healthcare and Family Services administered, medical programs
18 ~~Medicaid, KidCare,~~ or the Title V program administered by the
19 University of Illinois Division of Specialized Care for
20 Children. If the family is enrolled in any of these programs,
21 that information shall be put on the individualized family
22 service plan and entered into the computerized case management
23 system, and shall require that the individualized family
24 services plan of a child who has been found eligible for
25 services through the Division of Specialized Care for Children

1 state that the child is enrolled in that program. For those
2 programs in which the family is not enrolled, a preliminary
3 eligibility screen shall be conducted simultaneously for (i)
4 medical assistance (Medicaid) under Article V of the Illinois
5 Public Aid Code, (ii) children's health insurance program (any
6 federally funded, Department of Healthcare and Family Services
7 administered, medical programs ~~KidCare~~) benefits under the
8 Children's Health Insurance Program Act, and (iii) Title V
9 maternal and child health services provided through the
10 Division of Specialized Care for Children of the University of
11 Illinois.

12 (b) For purposes of determining family fees under
13 subsection (f) of Section 13 and determining eligibility for
14 the other programs and services specified in items (i) through
15 (iii) of subsection (a), the lead agency shall develop and use,
16 within 60 days after the effective date of this amendatory Act
17 of the 92nd General Assembly, with the cooperation of the
18 Department of Public Aid (now Healthcare and Family Services)
19 and the Division of Specialized Care for Children of the
20 University of Illinois, a screening device that provides
21 sufficient information for the early intervention regional
22 intake entities or other agencies to establish eligibility for
23 those other programs and shall, in cooperation with the
24 Illinois Department of Public Aid (now Healthcare and Family
25 Services) and the Division of Specialized Care for Children,
26 train the regional intake entities on using the screening

1 device.

2 (c) When a child is determined eligible for and enrolled in
3 the early intervention program and has been found to at least
4 meet the threshold income eligibility requirements for any
5 federally funded, Department of Healthcare and Family Services
6 administered, medical programs ~~Medicaid or KidCare~~, the
7 regional intake entity shall complete an application for any
8 federally funded, Department of Healthcare and Family Services
9 administered, medical programs ~~a KidCare/Medicaid application~~
10 with the family and forward it to the Department of Healthcare
11 and Family Services' ~~KidCare Unit~~ for a determination of
12 eligibility. A parent shall not be required to enroll in any
13 federally funded, Department of Healthcare and Family Services
14 administered, medical programs as a condition of receiving
15 services provided pursuant to Part C of the Individuals with
16 Disabilities Education Act.

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

25 (e) For purposes of making referrals for final
26 determinations of eligibility for any federally funded,

1 Department of Healthcare and Family Services administered,
2 medical programs ~~KidCare~~ benefits under the Children's Health
3 Insurance Program Act and for medical assistance under Article
4 V of the Illinois Public Aid Code, the lead agency shall
5 require each early intervention regional intake entity to
6 enroll as an application agent a ~~"KidCare agent"~~ in order for
7 the entity to complete ~~the~~ any federally funded, Department of
8 Healthcare and Family Services administered, medical programs
9 ~~KidCare~~ application as authorized under Section 22 of the
10 Children's Health Insurance Program Act.

11 (f) For purposes of early intervention services that may be
12 provided by the Division of Specialized Care for Children of
13 the University of Illinois (DSCC), the lead agency shall
14 establish procedures whereby the early intervention regional
15 intake entities may determine whether children enrolled in the
16 early intervention program may also be eligible for those
17 services, and shall develop, within 60 days after the effective
18 date of this amendatory Act of the 92nd General Assembly, (i)
19 the inter-agency agreement required under subsection (e) of
20 Section 5 of this Act, establishing that early intervention
21 funds are to be used as the payor of last resort when services
22 required under an individualized family services plan may be
23 provided to an eligible child through the DSCC, and (ii)
24 training guidelines for the regional intake entities and
25 providers that explain eligibility and billing procedures for
26 services through DSCC.

1 (g) The lead agency shall require that an individual
2 applying for or renewing enrollment as a provider of services
3 in the early intervention program state whether or not he or
4 she is also enrolled as a DSCC provider. This information shall
5 be noted next to the name of the provider on the computerized
6 roster of Illinois early intervention providers, and regional
7 intake entities shall make every effort to refer families
8 eligible for DSCC services to these providers.

9 (Source: P.A. 95-331, eff. 8-21-07.)

10 (325 ILCS 20/13.10)

11 Sec. 13.10. Private health insurance; assignment. The lead
12 agency shall determine, at the point of new applications for
13 early intervention services, and for all children enrolled in
14 the early intervention program, at the regional intake offices,
15 whether the child is insured under a private health insurance
16 plan or policy. ~~An application for early intervention services~~
17 ~~shall serve as a right to assignment of the right of recovery~~
18 ~~against a private health insurance plan or policy for any~~
19 ~~covered early intervention services that may be billed to the~~
20 ~~family's insurance carrier and that are provided to a child~~
21 ~~covered under the plan or policy.~~

22 (Source: P.A. 92-307, eff. 8-9-01.)

23 (325 ILCS 20/13.30)

24 Sec. 13.30. System of personnel development. The lead

1 agency shall provide training to early intervention providers
2 and may enter into contracts to meet this requirement. If such
3 contracts are let, they shall be bid under a public request for
4 proposals that shall be posted on the lead agency's early
5 intervention website for no less than 30 days. This training
6 shall include, at minimum, the following types of instruction:

7 (a) Courses in birth-to-3 evaluation and treatment of
8 children with developmental disabilities and delays (1) that
9 are taught by fully credentialed early intervention providers
10 or educators with substantial experience in evaluation and
11 treatment of children from birth to age 3 with developmental
12 disabilities and delays, (2) that cover these topics within
13 each of the disciplines of audiology, occupational therapy,
14 physical therapy, speech and language pathology, and
15 developmental therapy, including the social-emotional domain
16 of development, (3) that are held no less than twice per year,
17 (4) that offer no fewer than 20 contact hours per year of
18 course work, (5) that are held in no fewer than 5 separate
19 locales throughout the State, and (6) that give enrollment
20 priority to early intervention providers who do not meet the
21 experience, education, or continuing education requirements
22 necessary to be fully credentialed early intervention
23 providers; and

24 (b) Courses held no less than twice per year for no fewer
25 than 4 hours each in no fewer than 5 separate locales
26 throughout the State each on the following topics:

1 (1) Practice and procedures of private insurance
2 billing.

3 (2) The role of the regional intake entities; service
4 coordination; program eligibility determinations; family
5 fees; any federally funded, Department of Healthcare and
6 Family Services administered, medical programs Medicaid,
7 ~~KidCare~~, and Division of Specialized Care applications,
8 referrals, and coordination with Early Intervention; and
9 procedural safeguards.

10 (3) Introduction to the early intervention program,
11 including provider enrollment and credentialing, overview
12 of Early Intervention program policies and regulations,
13 and billing requirements.

14 (4) Evaluation and assessment of birth-to-3 children;
15 individualized family service plan development,
16 monitoring, and review; best practices; service
17 guidelines; and quality assurance.

18 (Source: P.A. 92-307, eff. 8-9-01.)

19 (325 ILCS 20/13.50 rep.)

20 Section 15. The Early Intervention Services System Act is
21 amended by repealing Section 13.50.

22 Section 99. Effective date. This Act takes effect upon
23 becoming law."