



Rep. Deb Conroy

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1 AMENDMENT TO HOUSE BILL 2896

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 2896 by replacing  
3 everything after the enacting clause with the following:

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

6 (215 ILCS 5/367m)

7 Sec. 367m. Early intervention services. A policy of  
8 accident and health insurance that provides coverage for early  
9 intervention services must also provide coverage for early  
10 intervention services delivered via telehealth by providers  
11 listed in paragraph (8) of subsection (e) of Section 3 of the  
12 Early Intervention Services System Act, subject to any  
13 restriction or limitation under a provider's respective  
14 licensing Act on the delivery of early intervention services  
15 via telehealth. A policy of accident and health insurance that  
16 provides coverage for early intervention services must conform

1 to the following criteria:

2 (1) 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 count  
5 towards or result in a loss of benefits due to annual or  
6 lifetime insurance caps for an infant or toddler with a  
7 disability, the infant's or toddler's parent, or the  
8 infant's or toddler's family members who are covered under  
9 that health insurance policy.

10 (2) 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  
13 negatively affect the availability of health insurance to  
14 an infant or toddler with a disability, the infant's or  
15 toddler's parent, or the infant's or toddler's family  
16 members who are covered under that health insurance  
17 policy, and health insurance coverage may not be  
18 discontinued for these individuals due to the use of the  
19 health insurance to pay for services under Part C of the  
20 federal Individuals with Disabilities Education Act.

21 (3) The use of private health insurance to pay for  
22 early intervention services under Part C of the federal  
23 Individuals with Disabilities Education Act may not be the  
24 basis for increasing the health insurance premiums of an  
25 infant or toddler with a disability, the infant's or  
26 toddler's parent, or the infant's or toddler's family

1 members covered under that health insurance policy.

2 For the purposes of this Section, "early intervention  
3 services" has the same meaning as in the Early Intervention  
4 Services System Act.

5 (Source: P.A. 98-41, eff. 6-28-13.)

6 Section 10. The Telehealth Act is amended by changing  
7 Section 5 as follows:

8 (225 ILCS 150/5)

9 Sec. 5. Definitions. As used in this Act:

10 "Health care professional" includes physicians, physician  
11 assistants, optometrists, advanced practice registered nurses,  
12 clinical psychologists licensed in Illinois, prescribing  
13 psychologists licensed in Illinois, dentists, occupational  
14 therapists, pharmacists, physical therapists, clinical social  
15 workers, speech-language pathologists, audiologists, hearing  
16 instrument dispensers, ~~and~~ mental health professionals and  
17 clinicians authorized by Illinois law to provide mental health  
18 services and qualified providers listed under paragraph (8) of  
19 subsection (e) of Section 3 of the Early Intervention Services  
20 System Act.

21 "Telehealth" means the evaluation, diagnosis, or  
22 interpretation of electronically transmitted patient-specific  
23 data between a remote location and a licensed health care  
24 professional that generates interaction or treatment

1 recommendations. "Telehealth" includes telemedicine and the  
2 delivery of health care services provided by way of an  
3 interactive telecommunications system, as defined in  
4 subsection (a) of Section 356z.22 of the Illinois Insurance  
5 Code.

6 (Source: P.A. 100-317, eff. 1-1-18; 100-644, eff. 1-1-19;  
7 100-930, eff. 1-1-19; 101-81, eff. 7-12-19; 101-84, eff.  
8 7-19-19.)

9 Section 15. The Illinois Public Aid Code is amended by  
10 changing Section 5-5.25 as follows:

11 (305 ILCS 5/5-5.25)

12 Sec. 5-5.25. Access to behavioral health and medical  
13 services.

14 (a) The General Assembly finds that providing access to  
15 behavioral health and medical services in a timely manner will  
16 improve the quality of life for persons suffering from illness  
17 and will contain health care costs by avoiding the need for  
18 more costly inpatient hospitalization.

19 (b) The Department of Healthcare and Family Services shall  
20 reimburse psychiatrists, federally qualified health centers as  
21 defined in Section 1905(1)(2)(B) of the federal Social  
22 Security Act, clinical psychologists, clinical social workers,  
23 advanced practice registered nurses certified in psychiatric  
24 and mental health nursing, and mental health professionals and

1 clinicians authorized by Illinois law to provide behavioral  
2 health services to recipients via telehealth. The Department,  
3 by rule, shall establish: (i) criteria for such services to be  
4 reimbursed, including appropriate facilities and equipment to  
5 be used at both sites and requirements for a physician or other  
6 licensed health care professional to be present at the site  
7 where the patient is located; however, the Department shall  
8 not require that a physician or other licensed health care  
9 professional be physically present in the same room as the  
10 patient for the entire time during which the patient is  
11 receiving telehealth services; and (ii) a method to reimburse  
12 providers for mental health services provided by telehealth.

13 (b-5) The Department of Healthcare and Family Services  
14 shall reimburse qualified providers listed under paragraph (8)  
15 of subsection (e) of Section 3 of the Early Intervention  
16 Services System Act who deliver early intervention services to  
17 recipients via telehealth. Such qualified providers shall be  
18 eligible for reimbursement under this subsection, subject to  
19 any restriction or limitation under a provider's respective  
20 licensing Act on the delivery of early intervention services  
21 via telehealth. The Department, by rule, shall establish a  
22 method to reimburse such qualified providers for early  
23 intervention services delivered via telehealth.

24 (c) The Department shall reimburse any Medicaid certified  
25 eligible facility or provider organization that acts as the  
26 location of the patient at the time a telehealth service is

1 rendered, including substance abuse centers licensed by the  
2 Department of Human Services' Division of Alcoholism and  
3 Substance Abuse.

4 (d) On and after July 1, 2012, the Department shall reduce  
5 any rate of reimbursement for services or other payments or  
6 alter any methodologies authorized by this Code to reduce any  
7 rate of reimbursement for services or other payments in  
8 accordance with Section 5-5e.

9 (Source: P.A. 100-385, eff. 1-1-18; 100-790, eff. 8-10-18;  
10 100-1019, eff. 1-1-19; 101-81, eff. 7-12-19.)

11 Section 20. The Early Intervention Services System Act is  
12 amended by changing Sections 3 and 11 and by adding Section 3b  
13 as follows:

14 (325 ILCS 20/3) (from Ch. 23, par. 4153)

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

16 (a) "Eligible infants and toddlers" means infants and  
17 toddlers under 36 months of age with any of the following  
18 conditions:

19 (1) Developmental delays.

20 (2) A physical or mental condition which typically  
21 results in developmental delay.

22 (3) Being at risk of having substantial developmental  
23 delays based on informed clinical opinion.

24 (4) Either (A) having entered the program under any of

1 the circumstances listed in paragraphs (1) through (3) of  
2 this subsection but no longer meeting the current  
3 eligibility criteria under those paragraphs, and  
4 continuing to have any measurable delay, or (B) not having  
5 attained a level of development in each area, including  
6 (i) cognitive, (ii) physical (including vision and  
7 hearing), (iii) language, speech, and communication, (iv)  
8 social or emotional, or (v) adaptive, that is at least at  
9 the mean of the child's age equivalent peers; and, in  
10 addition to either item (A) or item (B), (C) having been  
11 determined by the multidisciplinary individualized family  
12 service plan team to require the continuation of early  
13 intervention services in order to support continuing  
14 developmental progress, pursuant to the child's needs and  
15 provided in an appropriate developmental manner. The type,  
16 frequency, and intensity of services shall differ from the  
17 initial individualized family services plan because of the  
18 child's developmental progress, and may consist of only  
19 service coordination, evaluation, and assessments.

20 (b) "Developmental delay" means a delay in one or more of  
21 the following areas of childhood development as measured by  
22 appropriate diagnostic instruments and standard procedures:  
23 cognitive; physical, including vision and hearing; language,  
24 speech and communication; social or emotional; or adaptive.  
25 The term means a delay of 30% or more below the mean in  
26 function in one or more of those areas.

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

3 (1) a diagnosed medical disorder or exposure to a  
4 toxic substance bearing a relatively well known expectancy  
5 for developmental outcomes within varying ranges of  
6 developmental disabilities; or

7 (2) a history of prenatal, perinatal, neonatal or  
8 early developmental events suggestive of biological  
9 insults to the developing central nervous system and which  
10 either singly or collectively increase the probability of  
11 developing a disability or delay based on a medical  
12 history.

13 (d) "Informed clinical opinion" means both clinical  
14 observations and parental participation to determine  
15 eligibility by a consensus of a multidisciplinary team of 2 or  
16 more members based on their professional experience and  
17 expertise.

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

19 (1) are designed to meet the developmental needs of  
20 each child eligible under this Act and the needs of his or  
21 her family;

22 (2) are selected in collaboration with the child's  
23 family;

24 (3) are provided under public supervision;

25 (4) are provided at no cost except where a schedule of  
26 sliding scale fees or other system of payments by families



1 has been adopted in accordance with State and federal law;

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

4 (A) physical development, including vision and  
5 hearing,

6 (B) cognitive development,

7 (C) communication development,

8 (D) social or emotional development, or

9 (E) adaptive development;

10 (6) meet the standards of the State, including the  
11 requirements of this Act;

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

13 (A) family training,

14 (B) social work services, including counseling,  
15 and home visits,

16 (C) special instruction,

17 (D) speech, language pathology and audiology,

18 (E) occupational therapy,

19 (F) physical therapy,

20 (G) psychological services,

21 (H) service coordination services,

22 (I) medical services only for diagnostic or  
23 evaluation purposes,

24 (J) early identification, screening, and  
25 assessment services,

26 (K) health services specified by the lead agency

1 as necessary to enable the infant or toddler to  
2 benefit from the other early intervention services,

3 (L) vision services,

4 (M) transportation,

5 (N) assistive technology devices and services,

6 (O) nursing services,

7 (P) nutrition services, and

8 (Q) sign language and cued language services;

9 (8) are provided by qualified personnel, including but  
10 not limited to:

11 (A) child development specialists or special  
12 educators, including teachers of children with hearing  
13 impairments (including deafness) and teachers of  
14 children with vision impairments (including  
15 blindness),

16 (B) speech and language pathologists and  
17 audiologists,

18 (C) occupational therapists,

19 (D) physical therapists,

20 (E) social workers,

21 (F) nurses,

22 (G) dietitian nutritionists,

23 (H) vision specialists, including ophthalmologists  
24 and optometrists,

25 (I) psychologists, and

26 (J) physicians;

1           (9) are provided in conformity with an Individualized  
2           Family Service Plan;

3           (10) are provided throughout the year; and

4           (11) are provided in natural environments, to the  
5           maximum extent appropriate, which may include the home and  
6           community settings, unless justification is provided  
7           consistent with federal regulations adopted under Sections  
8           1431 through 1444 of Title 20 of the United States Code.

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

13          (g) "Local interagency agreement" means an agreement  
14          entered into by local community and State and regional  
15          agencies receiving early intervention funds directly from the  
16          State and made in accordance with State interagency agreements  
17          providing for the delivery of early intervention services  
18          within a local community area.

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

21          (i) "Lead agency" means the State agency responsible for  
22          administering this Act and receiving and disbursing public  
23          funds received in accordance with State and federal law and  
24          rules.

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

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

3 (k) "Regional intake entity" means the lead agency's  
4 designated entity responsible for implementation of the Early  
5 Intervention Services System within its designated geographic  
6 area.

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

11 (m) "Fully credentialed early intervention provider" means  
12 an individual who has met the standards in the State  
13 applicable to the relevant profession, and has met such other  
14 qualifications as the lead agency has determined are suitable  
15 for personnel providing early intervention services, including  
16 pediatric experience, education, and continuing education. The  
17 lead agency shall establish these qualifications by rule filed  
18 no later than 180 days after the effective date of this  
19 amendatory Act of the 92nd General Assembly.

20 (n) "Telehealth" has the meaning ascribed to that term in  
21 Section 5 of the Telehealth Act.

22 (Source: P.A. 101-10, eff. 6-5-19.)

23 (325 ILCS 20/3b new)

24 Sec. 3b. Services delivered by telehealth. An early  
25 intervention provider may deliver via telehealth any type of

1 early intervention service outlined in subsection (e) of  
2 Section 3 to the extent of his or her scope of practice as  
3 established in his or her respective licensing Act consistent  
4 with the standards of care for in-person services. This  
5 Section shall not be construed to alter the scope of practice  
6 of any early intervention provider or authorize the delivery  
7 of early intervention services in a setting or in a manner not  
8 otherwise authorized by the laws of this State.

9 (325 ILCS 20/11) (from Ch. 23, par. 4161)

10 Sec. 11. Individualized Family Service Plans.

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

13 (1) timely, comprehensive, multidisciplinary  
14 assessment of the unique strengths and needs of each  
15 eligible infant and toddler, and assessment of the  
16 concerns and priorities of the families to appropriately  
17 assist them in meeting their needs and identify supports  
18 and services to meet those needs; and

19 (2) a written Individualized Family Service Plan  
20 developed by a multidisciplinary team which includes the  
21 parent or guardian. The individualized family service plan  
22 shall be based on the multidisciplinary team's assessment  
23 of the resources, priorities, and concerns of the family  
24 and its identification of the supports and services  
25 necessary to enhance the family's capacity to meet the

1 developmental needs of the infant or toddler, and shall  
2 include the identification of services appropriate to meet  
3 those needs, including the frequency, intensity, and  
4 method of delivering services. During and as part of the  
5 initial development of the individualized family services  
6 plan, and any periodic reviews of the plan, the  
7 multidisciplinary team may seek consultation from the lead  
8 agency's designated experts, if any, to help determine  
9 appropriate services and the frequency and intensity of  
10 those services. All services in the individualized family  
11 services plan must be justified by the multidisciplinary  
12 assessment of the unique strengths and needs of the infant  
13 or toddler and must be appropriate to meet those needs. At  
14 the periodic reviews, the team shall determine whether  
15 modification or revision of the outcomes or services is  
16 necessary.

17 (b) The Individualized Family Service Plan shall be  
18 evaluated once a year and the family shall be provided a review  
19 of the Plan at 6 month intervals or more often where  
20 appropriate based on infant or toddler and family needs. The  
21 lead agency shall create a quality review process regarding  
22 Individualized Family Service Plan development and changes  
23 thereto, to monitor and help assure that resources are being  
24 used to provide appropriate early intervention services.

25 (c) The initial evaluation and initial assessment and  
26 initial Plan meeting must be held within 45 days after the

1 initial contact with the early intervention services system.  
2 The 45-day timeline does not apply for any period when the  
3 child or parent is unavailable to complete the initial  
4 evaluation, the initial assessments of the child and family,  
5 or the initial Plan meeting, due to exceptional family  
6 circumstances that are documented in the child's early  
7 intervention records, or when the parent has not provided  
8 consent for the initial evaluation or the initial assessment  
9 of the child despite documented, repeated attempts to obtain  
10 parental consent. As soon as exceptional family circumstances  
11 no longer exist or parental consent has been obtained, the  
12 initial evaluation, the initial assessment, and the initial  
13 Plan meeting must be completed as soon as possible. With  
14 parental consent, early intervention services may commence  
15 before the completion of the comprehensive assessment and  
16 development of the Plan.

17 (d) Parents must be informed that early intervention  
18 services shall be provided to each eligible infant and  
19 toddler, to the maximum extent appropriate, in the natural  
20 environment, which may include the home or other community  
21 settings. Parents must also be informed of the availability of  
22 early intervention services provided through telehealth.  
23 Parents shall make the final decision to accept or decline  
24 early intervention services, including whether accepted  
25 services are delivered in person or via telehealth. A decision  
26 to decline such services shall not be a basis for

1 administrative determination of parental fitness, or other  
2 findings or sanctions against the parents. Parameters of the  
3 Plan shall be set forth in rules.

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

6 (1) That the early intervention program will pay for  
7 all early intervention services set forth in the  
8 individualized family service plan that are not covered or  
9 paid under the family's public or private insurance plan  
10 or policy and not eligible for payment through any other  
11 third party payor.

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

15 (3) That the family may request, with appropriate  
16 documentation supporting the request, a determination of  
17 an exemption from private insurance use under Section  
18 13.25.

19 (4) That responsibility for co-payments or  
20 co-insurance under a family's private insurance plan or  
21 policy will be transferred to the lead agency's central  
22 billing office.

23 (5) That families will be responsible for payments of  
24 family fees, which will be based on a sliding scale  
25 according to the State's definition of ability to pay  
26 which is comparing household size and income to the



1 sliding scale and considering out-of-pocket medical or  
2 disaster expenses, and that these fees are payable to the  
3 central billing office. Families who fail to provide  
4 income information shall be charged the maximum amount on  
5 the sliding scale.

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

1 (Source: P.A. 97-902, eff. 8-6-12; 98-41, eff. 6-28-13.)".