

1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Administrative Procedure Act is
5 amended by adding Section 5-45.8 as follows:

6 (5 ILCS 100/5-45.8 new)

7 Sec. 5-45.8. Emergency rulemaking; Illinois Insurance
8 Code. To provide for the expeditious and timely implementation
9 of changes made to the Illinois Insurance Code by this
10 amendatory Act of the 102nd General Assembly, emergency rules
11 implementing the changes made to the Illinois Insurance Code
12 by this amendatory Act of the 102nd General Assembly may be
13 adopted in accordance with Section 5-45 by the Department of
14 Insurance. The adoption of emergency rules authorized by
15 Section 5-45 and this Section is deemed to be necessary for the
16 public interest, safety, and welfare. This Section is repealed
17 on January 1, 2022.

18 Section 10. The Illinois Insurance Code is amended by
19 changing Section 356z.22 as follows:

20 (215 ILCS 5/356z.22)

21 Sec. 356z.22. Coverage for telehealth services.

1 (a) For purposes of this Section:

2 "Asynchronous store and forward system" has the meaning
3 given to that term in Section 5 of the Telehealth Act.

4 "Distant site" has the meaning given to that term in
5 Section 5 of the Telehealth Act ~~means the location at which the~~
6 ~~health care provider rendering the telehealth service is~~
7 ~~located.~~

8 "E-visits" has the meaning given to that term in Section 5
9 of the Telehealth Act.

10 "Facility" means any hospital facility licensed under the
11 Hospital Licensing Act or the University of Illinois Hospital
12 Act, a federally qualified health center, a community mental
13 health center, a behavioral health clinic, a substance use
14 disorder treatment program licensed by the Division of
15 Substance Use Prevention and Recovery of the Department of
16 Human Services, or other building, place, or institution that
17 is owned or operated by a person that is licensed or otherwise
18 authorized to deliver health care services.

19 "Health care professional" has the meaning given to that
20 term in Section 5 of the Telehealth Act.

21 "Interactive telecommunications system" has the meaning
22 given to that term in Section 5 of the Telehealth Act. As used
23 in this Section, "interactive telecommunications system" does
24 not include virtual check-ins ~~means an audio and video system~~
25 ~~permitting 2-way, live interactive communication between the~~
26 ~~patient and the distant site health care provider.~~

1 "Originating site" has the meaning given to that term in
2 Section 5 of the Telehealth Act.

3 "Telehealth services" has the meaning given to that term
4 in Section 5 of the Telehealth Act. As used in this Section,
5 "telehealth services" do not include asynchronous store and
6 forward systems, remote patient monitoring technologies,
7 e-visits, or virtual check-ins ~~means the delivery of covered~~
8 ~~health care services by way of an interactive~~
9 ~~telecommunications system.~~

10 "Virtual check-in" has the meaning given to that term in
11 Section 5 of the Telehealth Act.

12 (b) An ~~If an~~ individual or group policy of accident or
13 health insurance that is amended, delivered, issued, or
14 renewed on or after the effective date of this amendatory Act
15 of the 102nd General Assembly shall cover telehealth services,
16 e-visits, and virtual check-ins rendered by a health care
17 professional when clinically appropriate and medically
18 necessary to insureds, enrollees, and members in the same
19 manner as any other benefits covered under the policy. An
20 individual or group policy of accident or health insurance may
21 provide reimbursement to a facility that serves as the
22 originating site at the time a telehealth service is rendered.
23 ~~provides coverage for telehealth services, then it must comply~~
24 ~~with the following:~~

25 (c) To ensure telehealth service, e-visit, and virtual
26 check-in access is equitable for all patients in receipt of

1 health care services under this Section and health care
2 professionals and facilities are able to deliver medically
3 necessary services that can be appropriately delivered via
4 telehealth within the scope of their licensure or
5 certification, coverage required under this Section shall
6 comply with all of the following:

7 (1) An individual or group policy of accident or
8 health insurance shall ~~providing telehealth services may~~
9 not:

10 (A) require that in-person contact occur between a
11 health care professional ~~provider~~ and a patient before
12 the provision of a telehealth service;

13 (B) require patients, ~~the~~ health care
14 professionals, or facilities ~~provider~~ to prove or
15 document a hardship or access barrier to an in-person
16 consultation for coverage and reimbursement of
17 telehealth services, e-visits, or virtual check-ins ~~to~~
18 ~~be provided through telehealth;~~

19 (C) require the use of telehealth services,
20 e-visits, or virtual check-ins when the health care
21 professional ~~provider~~ has determined that it is not
22 appropriate; ~~or~~

23 (D) require the use of telehealth services when a
24 patient chooses an in-person consultation; ~~or~~

25 (E) require a health care professional to be
26 physically present in the same room as the patient at

1 the originating site, unless deemed medically
2 necessary by the health care professional providing
3 the telehealth service;

4 (F) create geographic or facility restrictions or
5 requirements for telehealth services, e-visits, or
6 virtual check-ins;

7 (G) require health care professionals or
8 facilities to offer or provide telehealth services,
9 e-visits, or virtual check-ins;

10 (H) require patients to use telehealth services,
11 e-visits, or virtual check-ins, or require patients to
12 use a separate panel of health care professionals or
13 facilities to receive telehealth service, e-visit, or
14 virtual check-in coverage and reimbursement; or

15 (I) impose upon telehealth services, e-visits, or
16 virtual check-ins utilization review requirements that
17 are unnecessary, duplicative, or unwarranted or impose
18 any treatment limitations, prior authorization,
19 documentation, or recordkeeping requirements that are
20 more stringent than the requirements applicable to the
21 same health care service when rendered in-person,
22 except procedure code modifiers may be required to
23 document telehealth.

24 (2) Deductibles, copayments, ~~or~~ coinsurance, or any
25 other cost-sharing applicable to services provided through
26 telehealth shall not exceed the deductibles, copayments,

1 ~~or~~ coinsurance, or any other cost-sharing required by the
2 individual or group policy of accident or health insurance
3 for the same services provided through in-person
4 consultation.

5 (3) An individual or group policy of accident or
6 health insurance shall notify health care professionals
7 and facilities of any instructions necessary to facilitate
8 billing for telehealth services, e-visits, and virtual
9 check-ins.

10 (d) For purposes of reimbursement, an individual or group
11 policy of accident or health insurance that is amended,
12 delivered, issued, or renewed on or after the effective date
13 of this amendatory Act of the 102nd General Assembly shall
14 reimburse an in-network health care professional or facility,
15 including a health care professional or facility in a tiered
16 network, for telehealth services provided through an
17 interactive telecommunications system on the same basis, in
18 the same manner, and at the same reimbursement rate that would
19 apply to the services if the services had been delivered via an
20 in-person encounter by an in-network or tiered network health
21 care professional or facility. This subsection applies only to
22 those services provided by telehealth that may otherwise be
23 billed as an in-person service. This subsection is inoperative
24 on and after January 1, 2028, except that this subsection is
25 operative after that date with respect to mental health and
26 substance use disorder telehealth services.

1 (e) The Department and the Department of Public Health
2 shall commission a report to the General Assembly administered
3 by an established medical college in this State wherein
4 supervised clinical training takes place at an affiliated
5 institution that uses telehealth services, subject to
6 appropriation. The report shall study the telehealth coverage
7 and reimbursement policies established in subsections (b) and
8 (d) of this Section, to determine if the policies improve
9 access to care, reduce health disparities, promote health
10 equity, have an impact on utilization and cost-avoidance,
11 including direct or indirect cost savings to the patient, and
12 to provide any recommendations for telehealth access expansion
13 in the future. An individual or group policy of accident or
14 health insurance shall provide data necessary to carry out the
15 requirements of this subsection upon request of the
16 Department. The Department and the Department of Public Health
17 shall submit the report by December 31, 2026. The established
18 medical college may utilize subject matter expertise to
19 complete any necessary actuarial analysis.

20 (f) Nothing in this Section is intended to limit the
21 ability of an individual or group policy of accident or health
22 insurance and a health care professional or facility to
23 voluntarily negotiate alternate reimbursement rates for
24 telehealth services. Such voluntary negotiations shall take
25 into consideration the ongoing investment necessary to ensure
26 these telehealth platforms may be continuously maintained,

1 seamlessly updated, and integrated with a patient's electronic
2 medical records.

3 (g) An ~~(b-5)~~ If an individual or group policy of accident
4 or health insurance that is amended, delivered, issued, or
5 renewed on or after the effective date of this amendatory Act
6 of the 102nd General Assembly shall provide ~~provides~~ coverage
7 for telehealth services, ~~it must provide coverage~~ for licensed
8 dietitian nutritionists and certified diabetes educators who
9 counsel ~~senior~~ diabetes patients in the ~~senior~~ diabetes
10 patients' homes to remove the hurdle of transportation for
11 ~~senior~~ diabetes patients to receive treatment, in accordance
12 with the Dietitian Nutritionist Practice Act.

13 (h) Any policy, contract, or certificate of health
14 insurance coverage that does not distinguish between
15 in-network and out-of-network health care professionals and
16 facilities shall be subject to this Section as though all
17 health care professionals and facilities were in-network.

18 (i) Health care professionals and facilities shall
19 determine the appropriateness of specific sites, technology
20 platforms, and technology vendors for a telehealth service, as
21 long as delivered services adhere to all federal and State
22 privacy, security, and confidentiality laws, rules, or
23 regulations, including, but not limited to, the Health
24 Insurance Portability and Accountability Act of 1996 and the
25 Mental Health and Developmental Disabilities Confidentiality
26 Act.

1 (j) ~~(e)~~ Nothing in this Section shall be deemed as
2 precluding a health insurer from providing benefits for other
3 telehealth services, including, but not limited to, services
4 not required for coverage provided through an asynchronous
5 store and forward system, remote patient monitoring services,
6 ~~remote monitoring services,~~ other monitoring services, or oral
7 communications otherwise covered under the policy.

8 (k) There shall be no restrictions on originating site
9 requirements for telehealth coverage or reimbursement to the
10 distant site under this Section other than requiring the
11 telehealth services to be medically necessary and clinically
12 appropriate.

13 (l) The Department may adopt rules, including emergency
14 rules subject to the provisions of Section 5-45 of the
15 Illinois Administrative Procedure Act, to implement the
16 provisions of this Section.

17 (Source: P.A. 100-1009, eff. 1-1-19.)

18 Section 15. The Telehealth Act is amended by changing
19 Sections 5, 10, and 15 as follows:

20 (225 ILCS 150/5)

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

22 "Asynchronous store and forward system" means the
23 transmission of a patient's medical information through an
24 electronic communications system at an originating site to a

1 health care professional or facility at a distant site that
2 does not require real-time or synchronous interaction between
3 the health care professional and the patient.

4 "Distant site" means the location at which the health care
5 professional rendering the telehealth service is located.

6 "Established patient" means a patient with a relationship
7 with a health care professional in which there has been an
8 exchange of an individual's protected health information for
9 the purpose of providing patient care, treatment, or services.

10 "E-visit" means a patient-initiated non-face-to-face
11 communication through an online patient portal between an
12 established patient and a health care professional.

13 "Facility" includes a facility that is owned or operated
14 by a hospital under the Hospital Licensing Act or University
15 of Illinois Hospital Act, a facility under the Nursing Home
16 Care Act, a rural health clinic, a federally qualified health
17 center, a local health department, a community mental health
18 center, a behavioral health clinic as defined in 89 Ill. Adm.
19 Code 140.453, an encounter rate clinic, a skilled nursing
20 facility, a substance use treatment program licensed by the
21 Division of Substance Use Prevention and Recovery of the
22 Department of Human Services, a school-based health center as
23 defined in 77 Ill. Adm. Code 641.10, a physician's office, a
24 podiatrist's office, a supportive living program provider, a
25 hospice provider, home health agency, or home nursing agency
26 under the Home Health, Home Services, and Home Nursing Agency

1 Licensing Act, a facility under the ID/DD Community Care Act,
2 community-integrated living arrangements as defined in the
3 Community-Integrated Living Arrangements Licensure and
4 Certification Act, and a provider who receives reimbursement
5 for a patient's room and board.

6 "Health care professional" includes, but is not limited
7 to, physicians, physician assistants, optometrists, advanced
8 practice registered nurses, clinical psychologists licensed in
9 Illinois, prescribing psychologists licensed in Illinois,
10 dentists, occupational therapists, pharmacists, physical
11 therapists, clinical social workers, speech-language
12 pathologists, audiologists, hearing instrument dispensers,
13 licensed certified substance use disorder treatment providers
14 and clinicians, and mental health professionals and clinicians
15 authorized by Illinois law to provide mental health services,
16 and qualified providers listed under paragraph (8) of
17 subsection (e) of Section 3 of the Early Intervention Services
18 System Act, dietitian nutritionists licensed in Illinois, and
19 health care professionals associated with a facility.

20 "Interactive telecommunications system" means an audio and
21 video system, an audio-only telephone system (landline or
22 cellular), or any other telecommunications system permitting
23 2-way, synchronous interactive communication between a patient
24 at an originating site and a health care professional or
25 facility at a distant site. "Interactive telecommunications
26 system" does not include a facsimile machine, electronic mail

1 messaging, or text messaging.

2 "Originating site" means the location at which the patient
3 is located at the time telehealth services are provided to the
4 patient via telehealth.

5 "Remote patient monitoring" means the use of connected
6 digital technologies or mobile medical devices to collect
7 medical and other health data from a patient at one location
8 and electronically transmit that data to a health care
9 professional or facility at a different location for
10 collection and interpretation.

11 "Telehealth services" means the evaluation, diagnosis, or
12 interpretation of electronically transmitted patient-specific
13 data between a remote location and a licensed health care
14 professional that generates interaction or treatment
15 recommendations. "Telehealth services" includes telemedicine
16 and the delivery of health care services, including mental
17 health treatment and substance use disorder treatment and
18 services to a patient, regardless of patient location,
19 provided by way of an interactive telecommunications system,
20 asynchronous store and forward system, remote patient
21 monitoring technologies, e-visits, or virtual check-ins as
22 defined in subsection (a) of Section 356z.22 of the Illinois
23 Insurance Code.

24 "Virtual check-in" means a brief patient-initiated
25 communication using a technology-based service, excluding
26 facsimile, between an established patient and a health care

1 professional. "Virtual check-in" does not include
2 communications from a related office visit provided within the
3 previous 7 days, nor communications that lead to an office
4 visit or procedure within the next 24 hours or soonest
5 available appointment.

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 (225 ILCS 150/10)

10 Sec. 10. Practice authority. A health care professional
11 treating a patient located in this State through telehealth
12 services must be licensed or authorized to practice in
13 Illinois.

14 (Source: P.A. 100-317, eff. 1-1-18.)

15 (225 ILCS 150/15)

16 Sec. 15. Use of telehealth services.

17 (a) A health care professional may engage in the practice
18 of telehealth services in Illinois to the extent of his or her
19 scope of practice as established in his or her respective
20 licensing Act consistent with the standards of care for
21 in-person services. This Act shall not be construed to alter
22 the scope of practice of any health care professional or
23 authorize the delivery of health care services in a setting or
24 in a manner not otherwise authorized by the laws of this State.

1 (b) Telehealth services provided pursuant to this Section
2 shall be consistent with all federal and State privacy,
3 security, and confidentiality laws, rules, or regulations.

4 (Source: P.A. 100-317, eff. 1-1-18.)

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

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

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

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

13 (1) Developmental delays.

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

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

18 (4) Either (A) having entered the program under any of
19 the circumstances listed in paragraphs (1) through (3) of
20 this subsection but no longer meeting the current
21 eligibility criteria under those paragraphs, and
22 continuing to have any measurable delay, or (B) not having
23 attained a level of development in each area, including

24 (i) cognitive, (ii) physical (including vision and

1 hearing), (iii) language, speech, and communication, (iv)
2 social or emotional, or (v) adaptive, that is at least at
3 the mean of the child's age equivalent peers; and, in
4 addition to either item (A) or item (B), (C) having been
5 determined by the multidisciplinary individualized family
6 service plan team to require the continuation of early
7 intervention services in order to support continuing
8 developmental progress, pursuant to the child's needs and
9 provided in an appropriate developmental manner. The type,
10 frequency, and intensity of services shall differ from the
11 initial individualized family services plan because of the
12 child's developmental progress, and may consist of only
13 service coordination, evaluation, and assessments.

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

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

23 (1) a diagnosed medical disorder or exposure to a
24 toxic substance bearing a relatively well known expectancy
25 for developmental outcomes within varying ranges of
26 developmental disabilities; or

1 (2) a history of prenatal, perinatal, neonatal or
2 early developmental events suggestive of biological
3 insults to the developing central nervous system and which
4 either singly or collectively increase the probability of
5 developing a disability or delay based on a medical
6 history.

7 (d) "Informed clinical opinion" means both clinical
8 observations and parental participation to determine
9 eligibility by a consensus of a multidisciplinary team of 2 or
10 more members based on their professional experience and
11 expertise.

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

13 (1) are designed to meet the developmental needs of
14 each child eligible under this Act and the needs of his or
15 her family;

16 (2) are selected in collaboration with the child's
17 family;

18 (3) are provided under public supervision;

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

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

24 (A) physical development, including vision and
25 hearing,

26 (B) cognitive development,

- 1 (C) communication development,
2 (D) social or emotional development, or
3 (E) adaptive development;
- 4 (6) meet the standards of the State, including the
5 requirements of this Act;
- 6 (7) include one or more of the following:
- 7 (A) family training,
8 (B) social work services, including counseling,
9 and home visits,
10 (C) special instruction,
11 (D) speech, language pathology and audiology,
12 (E) occupational therapy,
13 (F) physical therapy,
14 (G) psychological services,
15 (H) service coordination services,
16 (I) medical services only for diagnostic or
17 evaluation purposes,
18 (J) early identification, screening, and
19 assessment services,
20 (K) health services specified by the lead agency
21 as necessary to enable the infant or toddler to
22 benefit from the other early intervention services,
23 (L) vision services,
24 (M) transportation,
25 (N) assistive technology devices and services,
26 (O) nursing services,

1 (P) nutrition services, and
2 (Q) sign language and cued language services;
3 (8) are provided by qualified personnel, including but
4 not limited to:

5 (A) child development specialists or special
6 educators, including teachers of children with hearing
7 impairments (including deafness) and teachers of
8 children with vision impairments (including
9 blindness),

10 (B) speech and language pathologists and
11 audiologists,

12 (C) occupational therapists,

13 (D) physical therapists,

14 (E) social workers,

15 (F) nurses,

16 (G) dietitian nutritionists,

17 (H) vision specialists, including ophthalmologists
18 and optometrists,

19 (I) psychologists, and

20 (J) physicians;

21 (9) are provided in conformity with an Individualized
22 Family Service Plan;

23 (10) are provided throughout the year; and

24 (11) are provided in natural environments, to the
25 maximum extent appropriate, which may include the home and
26 community settings, unless justification is provided

1 consistent with federal regulations adopted under Sections
2 1431 through 1444 of Title 20 of the United States Code.

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

7 (g) "Local interagency agreement" means an agreement
8 entered into by local community and State and regional
9 agencies receiving early intervention funds directly from the
10 State and made in accordance with State interagency agreements
11 providing for the delivery of early intervention services
12 within a local community area.

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

15 (i) "Lead agency" means the State agency responsible for
16 administering this Act and receiving and disbursing public
17 funds received in accordance with State and federal law and
18 rules.

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

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

23 (k) "Regional intake entity" means the lead agency's
24 designated entity responsible for implementation of the Early
25 Intervention Services System within its designated geographic
26 area.

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

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

14 (n) "Telehealth" has the meaning given to that term in
15 Section 5 of the Telehealth Act.

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

17 (325 ILCS 20/3b new)

18 Sec. 3b. Services delivered by telehealth. An early
19 intervention provider may deliver via telehealth any type of
20 early intervention service outlined in subsection (e) of
21 Section 3 to the extent of the early intervention provider's
22 scope of practice as established in the provider's respective
23 licensing Act consistent with the standards of care for
24 in-person services. This Section shall not be construed to
25 alter the scope of practice of any early intervention provider

1 or authorize the delivery of early intervention services in a
2 setting or in a manner not otherwise authorized by the laws of
3 this State.

4 (325 ILCS 20/11) (from Ch. 23, par. 4161)

5 Sec. 11. Individualized Family Service Plans.

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

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

14 (2) a written Individualized Family Service Plan
15 developed by a multidisciplinary team which includes the
16 parent or guardian. The individualized family service plan
17 shall be based on the multidisciplinary team's assessment
18 of the resources, priorities, and concerns of the family
19 and its identification of the supports and services
20 necessary to enhance the family's capacity to meet the
21 developmental needs of the infant or toddler, and shall
22 include the identification of services appropriate to meet
23 those needs, including the frequency, intensity, and
24 method of delivering services. During and as part of the
25 initial development of the individualized family services

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

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

20 (c) The initial evaluation and initial assessment and
21 initial Plan meeting must be held within 45 days after the
22 initial contact with the early intervention services system.
23 The 45-day timeline does not apply for any period when the
24 child or parent is unavailable to complete the initial
25 evaluation, the initial assessments of the child and family,
26 or the initial Plan meeting, due to exceptional family

1 circumstances that are documented in the child's early
2 intervention records, or when the parent has not provided
3 consent for the initial evaluation or the initial assessment
4 of the child despite documented, repeated attempts to obtain
5 parental consent. As soon as exceptional family circumstances
6 no longer exist or parental consent has been obtained, the
7 initial evaluation, the initial assessment, and the initial
8 Plan meeting must be completed as soon as possible. With
9 parental consent, early intervention services may commence
10 before the completion of the comprehensive assessment and
11 development of the Plan.

12 (d) Parents must be informed that early intervention
13 services shall be provided to each eligible infant and
14 toddler, to the maximum extent appropriate, in the natural
15 environment, which may include the home or other community
16 settings. Parents must also be informed of the availability of
17 early intervention services provided through telehealth
18 services. Parents shall make the final decision to accept or
19 decline early intervention services, including whether
20 accepted services are delivered in person or via telehealth
21 services. A decision to decline such services shall not be a
22 basis for administrative determination of parental fitness, or
23 other findings or sanctions against the parents. Parameters of
24 the Plan shall be set forth in rules.

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

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

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

10 (3) That the family may request, with appropriate
11 documentation supporting the request, a determination of
12 an exemption from private insurance use under Section
13 13.25.

14 (4) That responsibility for co-payments or
15 co-insurance under a family's private insurance plan or
16 policy will be transferred to the lead agency's central
17 billing office.

18 (5) That families will be responsible for payments of
19 family fees, which will be based on a sliding scale
20 according to the State's definition of ability to pay
21 which is comparing household size and income to the
22 sliding scale and considering out-of-pocket medical or
23 disaster expenses, and that these fees are payable to the
24 central billing office. Families who fail to provide
25 income information shall be charged the maximum amount on
26 the sliding scale.

1 (f) The individualized family service plan must state
2 whether the family has private insurance coverage and, if the
3 family has such coverage, must have attached to it a copy of
4 the family's insurance identification card or otherwise
5 include all of the following information:

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

8 (2) The contract number and policy number of the
9 insurance plan.

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

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

13 (g) A copy of the individualized family service plan must
14 be provided to each enrolled provider who is providing early
15 intervention services to the child who is the subject of that
16 plan.

17 (h) Children receiving services under this Act shall
18 receive a smooth and effective transition by their third
19 birthday consistent with federal regulations adopted pursuant
20 to Sections 1431 through 1444 of Title 20 of the United States
21 Code. Beginning July 1, 2022, children who receive early
22 intervention services prior to their third birthday and are
23 found eligible for an individualized education program under
24 the Individuals with Disabilities Education Act, 20 U.S.C.
25 1414(d)(1)(A), and under Section 14-8.02 of the School Code
26 and whose birthday falls between May 1 and August 31 may

1 continue to receive early intervention services until the
2 beginning of the school year following their third birthday in
3 order to minimize gaps in services, ensure better continuity
4 of care, and align practices for the enrollment of preschool
5 children with special needs to the enrollment practices of
6 typically developing preschool children.

7 (Source: P.A. 101-654, eff. 3-8-21.)

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.