



Sen. Napoleon Harris, III

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10200HB3308sam001

LRB102 11877 BMS 27038 a

1 AMENDMENT TO HOUSE BILL 3308

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 3308 by replacing  
3 everything after the enacting clause with the following:

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 This Section is repealed

1 on January 1, 2022.

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

4 (215 ILCS 5/356z.22)

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

6 (a) For purposes of this Section:

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

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

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

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

24 "Health care professional" has the meaning given to that

1 term in Section 5 of the Telehealth Act.

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

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

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

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

19 (b) An ~~If an~~ individual or group policy of accident or  
20 health insurance that is amended, delivered, issued, or  
21 renewed on or after the effective date of this amendatory Act  
22 of the 102nd General Assembly shall cover telehealth services,  
23 e-visits, and virtual check-ins rendered by a health care  
24 professional when clinically appropriate and medically  
25 necessary to insureds, enrollees, and members in the same  
26 manner as any other benefits covered under the policy. An

1 individual or group policy of accident or health insurance may  
2 provide reimbursement to a facility that serves as the  
3 originating site at the time a telehealth service is rendered.  
4 ~~provides coverage for telehealth services, then it must comply~~  
5 ~~with the following:~~

6 (c) To ensure telehealth service, e-visit, and virtual  
7 check-in access is equitable for all patients in receipt of  
8 health care services under this Section and health care  
9 professionals and facilities are able to deliver medically  
10 necessary services that can be appropriately delivered via  
11 telehealth within the scope of their licensure or  
12 certification, coverage required under this Section shall  
13 comply with all of the following:

14 (1) An individual or group policy of accident or  
15 health insurance shall ~~providing telehealth services may~~  
16 not:

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

20 (B) require patients, ~~the~~ health care  
21 professionals, or facilities ~~provider~~ to prove or  
22 document a hardship or access barrier to an in-person  
23 consultation for coverage and reimbursement of  
24 telehealth services, e-visits, or virtual check-ins ~~to~~  
25 ~~be provided through telehealth;~~

26 (C) require the use of telehealth services,

1           e-visits, or virtual check-ins when the health care  
2           professional provider has determined that it is not  
3           appropriate; ~~or~~

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

6           (E) require a health care professional to be  
7           physically present in the same room as the patient at  
8           the originating site, unless deemed medically  
9           necessary by the health care professional providing  
10           the telehealth service;

11           (F) create geographic or facility restrictions or  
12           requirements for telehealth services, e-visits, or  
13           virtual check-ins;

14           (G) require health care professionals or  
15           facilities to offer or provide telehealth services,  
16           e-visits, or virtual check-ins;

17           (H) require patients to use telehealth services,  
18           e-visits, or virtual check-ins, or require patients to  
19           use a separate panel of health care professionals or  
20           facilities to receive telehealth service, e-visit, or  
21           virtual check-in coverage and reimbursement; or

22           (I) impose upon telehealth services, e-visits, or  
23           virtual check-ins utilization review requirements that  
24           are unnecessary, duplicative, or unwarranted or impose  
25           any treatment limitations, prior authorization,  
26           documentation, or recordkeeping requirements that are

1           more stringent than the requirements applicable to the  
2           same health care service when rendered in-person,  
3           except procedure code modifiers may be required to  
4           document telehealth.

5           (2) Deductibles, copayments, ~~or~~ coinsurance, or any  
6           other cost-sharing applicable to services provided through  
7           telehealth shall not exceed the deductibles, copayments,  
8           ~~or~~ coinsurance, or any other cost-sharing required by the  
9           individual or group policy of accident or health insurance  
10          for the same services provided through in-person  
11          consultation.

12          (3) An individual or group policy of accident or  
13          health insurance shall notify health care professionals  
14          and facilities of any instructions necessary to facilitate  
15          billing for telehealth services, e-visits, and virtual  
16          check-ins.

17          (d) For purposes of reimbursement, an individual or group  
18          policy of accident or health insurance that is amended,  
19          delivered, issued, or renewed on or after the effective date  
20          of this amendatory Act of the 102nd General Assembly shall  
21          reimburse an in-network health care professional or facility,  
22          including a health care professional or facility in a tiered  
23          network, for telehealth services provided through an  
24          interactive telecommunications system on the same basis, in  
25          the same manner, and at the same reimbursement rate that would  
26          apply to the services if the services had been delivered via an

1 in-person encounter by an in-network or tiered network health  
2 care professional or facility. This subsection applies only to  
3 those services provided by telehealth that may otherwise be  
4 billed as an in-person service. This subsection is inoperative  
5 on and after January 1, 2028, except that this subsection is  
6 operative after that date with respect to mental health and  
7 substance use disorder telehealth services.

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

1       (f) Nothing in this Section is intended to limit the  
2 ability of an individual or group policy of accident or health  
3 insurance and a health care professional or facility to  
4 voluntarily negotiate alternate reimbursement rates for  
5 telehealth services. Such voluntary negotiations shall take  
6 into consideration the ongoing investment necessary to ensure  
7 these telehealth platforms may be continuously maintained,  
8 seamlessly updated, and integrated with a patient's electronic  
9 medical records.

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

20       (h) Any policy, contract, or certificate of health  
21 insurance coverage that does not distinguish between  
22 in-network and out-of-network health care professionals and  
23 facilities shall be subject to this Section as though all  
24 health care professionals and facilities were in-network.

25       (i) Health care professionals and facilities shall  
26 determine the appropriateness of specific sites, technology



1 platforms, and technology vendors for a telehealth service, as  
2 long as delivered services adhere to all federal and State  
3 privacy, security, and confidentiality laws, rules, or  
4 regulations, including, but not limited to, the Health  
5 Insurance Portability and Accountability Act of 1996 and the  
6 Mental Health and Developmental Disabilities Confidentiality  
7 Act.

8 (j) ~~(e)~~ Nothing in this Section shall be deemed as  
9 precluding a health insurer from providing benefits for other  
10 telehealth services, including, but not limited to, services  
11 not required for coverage provided through an asynchronous  
12 store and forward system, remote patient monitoring services,  
13 ~~remote monitoring services,~~ other monitoring services, or oral  
14 communications otherwise covered under the policy.

15 (k) There shall be no restrictions on originating site  
16 requirements for telehealth coverage or reimbursement to the  
17 distant site under this Section other than requiring the  
18 telehealth services to be medically necessary and clinically  
19 appropriate.

20 (l) The Department may adopt rules, including emergency  
21 rules subject to the provisions of Section 5-45 of the  
22 Illinois Administrative Procedure Act, to implement the  
23 provisions of this Section.

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

25 Section 15. The Telehealth Act is amended by changing

1 Sections 5, 10, and 15 as follows:

2 (225 ILCS 150/5)

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

4 "Asynchronous store and forward system" means the  
5 transmission of a patient's medical information through an  
6 electronic communications system at an originating site to a  
7 health care professional or facility at a distant site that  
8 does not require real-time or synchronous interaction between  
9 the health care professional and the patient.

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

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

16 "E-visit" means a patient-initiated non-face-to-face  
17 communication through an online patient portal between an  
18 established patient and a health care professional.

19 "Facility" includes a facility that is owned or operated  
20 by a hospital under the Hospital Licensing Act or University  
21 of Illinois Hospital Act, a facility under the Nursing Home  
22 Care Act, a rural health clinic, a federally qualified health  
23 center, a local health department, a community mental health  
24 center, a behavioral health clinic as defined in 89 Ill. Adm.  
25 Code 140.453, an encounter rate clinic, a skilled nursing

1 facility, a substance use treatment program licensed by the  
2 Division of Substance Use Prevention and Recovery of the  
3 Department of Human Services, a school-based health center as  
4 defined in 77 Ill. Adm. Code 641.10, a physician's office, a  
5 podiatrist's office, a supportive living program provider, a  
6 hospice provider, home health agency, or home nursing agency  
7 under the Home Health, Home Services, and Home Nursing Agency  
8 Licensing Act, a facility under the ID/DD Community Care Act,  
9 community-integrated living arrangements as defined in the  
10 Community-Integrated Living Arrangements Licensure and  
11 Certification Act, and a provider who receives reimbursement  
12 for a patient's room and board.

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

1       "Interactive telecommunications system" means an audio and  
2 video system, an audio-only telephone system (landline or  
3 cellular), or any other telecommunications system permitting  
4 2-way, synchronous interactive communication between a patient  
5 at an originating site and a health care professional or  
6 facility at a distant site. "Interactive telecommunications  
7 system" does not include a facsimile machine, electronic mail  
8 messaging, or text messaging.

9       "Originating site" means the location at which the patient  
10 is located at the time telehealth services are provided to the  
11 patient via telehealth.

12       "Remote patient monitoring" means the use of connected  
13 digital technologies or mobile medical devices to collect  
14 medical and other health data from a patient at one location  
15 and electronically transmit that data to a health care  
16 professional or facility at a different location for  
17 collection and interpretation.

18       "Telehealth services" means the evaluation, diagnosis, or  
19 interpretation of electronically transmitted patient-specific  
20 data between a remote location and a licensed health care  
21 professional that generates interaction or treatment  
22 recommendations. "Telehealth services" includes telemedicine  
23 and the delivery of health care services, including mental  
24 health treatment and substance use disorder treatment and  
25 services to a patient, regardless of patient location,  
26 provided by way of an interactive telecommunications system,

1 asynchronous store and forward system, remote patient  
2 monitoring technologies, e-visits, or virtual check-ins ~~as~~  
3 ~~defined in subsection (a) of Section 356z.22 of the Illinois~~  
4 ~~Insurance Code.~~

5 "Virtual check-in" means a brief patient-initiated  
6 communication using a technology-based service, excluding  
7 facsimile, between an established patient and a health care  
8 professional. "Virtual check-in" does not include  
9 communications from a related office visit provided within the  
10 previous 7 days, nor communications that lead to an office  
11 visit or procedure within the next 24 hours or soonest  
12 available appointment.

13 (Source: P.A. 100-317, eff. 1-1-18; 100-644, eff. 1-1-19;  
14 100-930, eff. 1-1-19; 101-81, eff. 7-12-19; 101-84, eff.  
15 7-19-19.)

16 (225 ILCS 150/10)

17 Sec. 10. Practice authority. A health care professional  
18 treating a patient located in this State through telehealth  
19 services must be licensed or authorized to practice in  
20 Illinois.

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

22 (225 ILCS 150/15)

23 Sec. 15. Use of telehealth services.

24 (a) A health care professional may engage in the practice

1 of telehealth services in Illinois to the extent of his or her  
2 scope of practice as established in his or her respective  
3 licensing Act consistent with the standards of care for  
4 in-person services. This Act shall not be construed to alter  
5 the scope of practice of any health care professional or  
6 authorize the delivery of health care services in a setting or  
7 in a manner not otherwise authorized by the laws of this State.

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

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

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

15 (325 ILCS 20/3) (from Ch. 23, par. 4153)

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

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

20 (1) Developmental delays.

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

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

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

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

1 function in one or more of those areas.

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

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

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

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

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

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

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

25 (3) are provided under public supervision;

26 (4) are provided at no cost except where a schedule of



1 sliding scale fees or other system of payments by families  
2 has been adopted in accordance with State and federal law;

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

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

7 (B) cognitive development,

8 (C) communication development,

9 (D) social or emotional development, or

10 (E) adaptive development;

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

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

14 (A) family training,

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

17 (C) special instruction,

18 (D) speech, language pathology and audiology,

19 (E) occupational therapy,

20 (F) physical therapy,

21 (G) psychological services,

22 (H) service coordination services,

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

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

1 (K) health services specified by the lead agency  
2 as necessary to enable the infant or toddler to  
3 benefit from the other early intervention services,

4 (L) vision services,

5 (M) transportation,

6 (N) assistive technology devices and services,

7 (O) nursing services,

8 (P) nutrition services, and

9 (Q) sign language and cued language services;

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

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

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

19 (C) occupational therapists,

20 (D) physical therapists,

21 (E) social workers,

22 (F) nurses,

23 (G) dietitian nutritionists,

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

26 (I) psychologists, and

1 (J) physicians;

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

4 (10) are provided throughout the year; and

5 (11) are provided in natural environments, to the  
6 maximum extent appropriate, which may include the home and  
7 community settings, unless justification is provided  
8 consistent with federal regulations adopted under Sections  
9 1431 through 1444 of Title 20 of the United States Code.

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

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

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

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

26 (i-5) "Central billing office" means the central billing

1 office created by the lead agency under Section 13.

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

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

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

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

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

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

24 (325 ILCS 20/3b new)

25 Sec. 3b. Services delivered by telehealth. An early

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

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

12 Sec. 11. Individualized Family Service Plans.

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

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

21 (2) a written Individualized Family Service Plan  
22 developed by a multidisciplinary team which includes the  
23 parent or guardian. The individualized family service plan  
24 shall be based on the multidisciplinary team's assessment  
25 of the resources, priorities, and concerns of the family

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

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

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

19 (d) Parents must be informed that early intervention  
20 services shall be provided to each eligible infant and  
21 toddler, to the maximum extent appropriate, in the natural  
22 environment, which may include the home or other community  
23 settings. Parents must also be informed of the availability of  
24 early intervention services provided through telehealth  
25 services. Parents shall make the final decision to accept or  
26 decline early intervention services, including whether

1 accepted services are delivered in person or via telehealth  
2 services. A decision to decline such services shall not be a  
3 basis for administrative determination of parental fitness, or  
4 other findings or sanctions against the parents. Parameters of  
5 the Plan shall be set forth in rules.

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

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

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

17 (3) That the family may request, with appropriate  
18 documentation supporting the request, a determination of  
19 an exemption from private insurance use under Section  
20 13.25.

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

25 (5) That families will be responsible for payments of  
26 family fees, which will be based on a sliding scale



1 according to the State's definition of ability to pay  
2 which is comparing household size and income to the  
3 sliding scale and considering out-of-pocket medical or  
4 disaster expenses, and that these fees are payable to the  
5 central billing office. Families who fail to provide  
6 income information shall be charged the maximum amount on  
7 the sliding scale.

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

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

15 (2) The contract number and policy number of the  
16 insurance plan.

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

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

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

24 (h) Children receiving services under this Act shall  
25 receive a smooth and effective transition by their third  
26 birthday consistent with federal regulations adopted pursuant

1 to Sections 1431 through 1444 of Title 20 of the United States  
2 Code. Beginning July 1, 2022, children who receive early  
3 intervention services prior to their third birthday and are  
4 found eligible for an individualized education program under  
5 the Individuals with Disabilities Education Act, 20 U.S.C.  
6 1414(d)(1)(A), and under Section 14-8.02 of the School Code  
7 and whose birthday falls between May 1 and August 31 may  
8 continue to receive early intervention services until the  
9 beginning of the school year following their third birthday in  
10 order to minimize gaps in services, ensure better continuity  
11 of care, and align practices for the enrollment of preschool  
12 children with special needs to the enrollment practices of  
13 typically developing preschool children.

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

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