



Sen. Cristina H. Pacione-Zayas

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1 AMENDMENT TO SENATE BILL 1077

2 AMENDMENT NO. _____. Amend Senate Bill 1077 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Telehealth Act is amended by changing
5 Section 5 as follows:

6 (225 ILCS 150/5)

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

8 "Health care professional" includes physicians, physician
9 assistants, optometrists, advanced practice registered nurses,
10 clinical psychologists licensed in Illinois, prescribing
11 psychologists licensed in Illinois, dentists, occupational
12 therapists, pharmacists, physical therapists, clinical social
13 workers, speech-language pathologists, audiologists, hearing
14 instrument dispensers, ~~and~~ mental health professionals and
15 clinicians authorized by Illinois law to provide mental health
16 services, and qualified providers listed under paragraph (8)

1 of subsection (e) of Section 3 of the Early Intervention
2 Services System Act.

3 "Telehealth" means the evaluation, diagnosis, or
4 interpretation of electronically transmitted patient-specific
5 data between a remote location and a licensed health care
6 professional that generates interaction or treatment
7 recommendations. "Telehealth" includes telemedicine and the
8 delivery of health care services provided by way of an
9 interactive telecommunications system, as defined in
10 subsection (a) of Section 356z.22 of the Illinois Insurance
11 Code.

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

15 Section 10. The Early Intervention Services System Act is
16 amended by changing Sections 3 and 11 and by adding Section 3b
17 as follows:

18 (325 ILCS 20/3) (from Ch. 23, par. 4153)

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

20 (a) "Eligible infants and toddlers" means infants and
21 toddlers under 36 months of age with any of the following
22 conditions:

23 (1) Developmental delays.

24 (2) A physical or mental condition which typically

1 results in developmental delay.

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

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

24 (b) "Developmental delay" means a delay in one or more of
25 the following areas of childhood development as measured by
26 appropriate diagnostic instruments and standard procedures:

1 cognitive; physical, including vision and hearing; language,
2 speech and communication; social or emotional; or adaptive.
3 The term means a delay of 30% or more below the mean in
4 function in one or more of those areas.

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

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

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

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

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

23 (1) are designed to meet the developmental needs of
24 each child eligible under this Act and the needs of his or
25 her family;

26 (2) are selected in collaboration with the child's

1 family;

2 (3) are provided under public supervision;

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

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

8 (A) physical development, including vision and
9 hearing,

10 (B) cognitive development,

11 (C) communication development,

12 (D) social or emotional development, or

13 (E) adaptive development;

14 (6) meet the standards of the State, including the
15 requirements of this Act;

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

17 (A) family training,

18 (B) social work services, including counseling,
19 and home visits,

20 (C) special instruction,

21 (D) speech, language pathology and audiology,

22 (E) occupational therapy,

23 (F) physical therapy,

24 (G) psychological services,

25 (H) service coordination services,

26 (I) medical services only for diagnostic or

1 evaluation purposes,

2 (J) early identification, screening, and
3 assessment services,

4 (K) health services specified by the lead agency
5 as necessary to enable the infant or toddler to
6 benefit from the other early intervention services,

7 (L) vision services,

8 (M) transportation,

9 (N) assistive technology devices and services,

10 (O) nursing services,

11 (P) nutrition services, and

12 (Q) sign language and cued language services;

13 (8) are provided by qualified personnel, including but
14 not limited to:

15 (A) child development specialists or special
16 educators, including teachers of children with hearing
17 impairments (including deafness) and teachers of
18 children with vision impairments (including
19 blindness),

20 (B) speech and language pathologists and
21 audiologists,

22 (C) occupational therapists,

23 (D) physical therapists,

24 (E) social workers,

25 (F) nurses,

26 (G) dietitian nutritionists,

1 (H) vision specialists, including ophthalmologists
2 and optometrists,

3 (I) psychologists, and

4 (J) physicians;

5 (9) are provided in conformity with an Individualized
6 Family Service Plan;

7 (10) are provided throughout the year; and

8 (11) are provided in natural environments, to the
9 maximum extent appropriate, which may include the home and
10 community settings, unless justification is provided
11 consistent with federal regulations adopted under Sections
12 1431 through 1444 of Title 20 of the United States Code.

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

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

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

25 (i) "Lead agency" means the State agency responsible for
26 administering this Act and receiving and disbursing public

1 funds received in accordance with State and federal law and
2 rules.

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

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

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

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

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

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

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

1 (325 ILCS 20/3b new)

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

12 (325 ILCS 20/11) (from Ch. 23, par. 4161)

13 Sec. 11. Individualized Family Service Plans.

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

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

22 (2) a written Individualized Family Service Plan
23 developed by a multidisciplinary team which includes the
24 parent or guardian. The individualized family service plan

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

21 (b) The Individualized Family Service Plan shall be
22 evaluated once a year and the family shall be provided a review
23 of the Plan at 6 month intervals or more often where
24 appropriate based on infant or toddler and family needs. The
25 lead agency shall create a quality review process regarding
26 Individualized Family Service Plan development and changes

1 thereto, to monitor and help assure that resources are being
2 used to provide appropriate early intervention services.

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

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

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

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

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

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

19 (3) That the family may request, with appropriate
20 documentation supporting the request, a determination of
21 an exemption from private insurance use under Section
22 13.25.

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

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

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

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

17 (2) The contract number and policy number of the
18 insurance plan.

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

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

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

26 (h) Children receiving services under this Act shall

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

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