

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 Insurance Code is amended by adding  
5 Section 367m as follows:

6 (215 ILCS 5/367m new)

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

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

18 (2) The use of private health insurance to pay for  
19 early intervention services under Part C of the federal  
20 Individuals with Disabilities Education Act may not  
21 negatively affect the availability of health insurance to  
22 an infant or toddler with a disability, the infant's or  
23 toddler's parent, or the infant's or toddler's family

1 members who are covered under that health insurance policy,  
2 and health insurance coverage may not be discontinued for  
3 these individuals due to the use of the health insurance to  
4 pay for services under Part C of the federal Individuals  
5 with Disabilities Education Act.

6 (3) The use of private health insurance to pay for  
7 early intervention services under Part C of the federal  
8 Individuals with Disabilities Education Act may not be the  
9 basis for increasing the health insurance premiums of an  
10 infant or toddler with a disability, the infant's or  
11 toddler's parent, or the infant's or toddler's family  
12 members covered under that health insurance policy.

13 For the purposes of this Section, "early intervention  
14 services" has the same meaning as in the Early Intervention  
15 Services System Act.

16 Section 10. The Early Intervention Services System Act is  
17 amended by changing Sections 3, 4, 5, 7, 9, 10, 11, 12, 13,  
18 13.5, 13.10, and 13.30 as follows:

19 (325 ILCS 20/3) (from Ch. 23, par. 4153)

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

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

24 (1) Developmental delays.

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

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

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

26           (b) "Developmental delay" means a delay in one or more of

1 the following areas of childhood development as measured by  
2 appropriate diagnostic instruments and standard procedures:  
3 cognitive; physical, including vision and hearing; language,  
4 speech and communication; social or emotional ~~psycho-social~~;  
5 or adaptive ~~self-help skills~~. The term means a delay of 30% or  
6 more below the mean in function in one or more of those areas.

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

9 (1) a diagnosed medical disorder bearing a relatively  
10 well known expectancy for developmental outcomes within  
11 varying ranges of developmental disabilities; or

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

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

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

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

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

3           (3) are provided under public supervision;

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

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

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

11           (B) cognitive development,

12           (C) communication development,

13           (D) social or emotional development, or

14           (E) adaptive development;

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

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

18           (A) family training,

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

21           (C) special instruction,

22           (D) speech, language pathology and audiology,

23           (E) occupational therapy,

24           (F) physical therapy,

25           (G) psychological services,

26           (H) service coordination services,

1 (I) medical services only for diagnostic or  
2 evaluation purposes,

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

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

8 (L) vision services,

9 (M) transportation, ~~and~~

10 (N) assistive technology devices and services, ~~+~~

11 (O) nursing services,

12 (P) nutrition services, and

13 (Q) sign language and cued language services;

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

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

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

23 (C) occupational therapists,

24 (D) physical therapists,

25 (E) social workers,

26 (F) nurses,

- 1 (G) dietitian nutritionists,  
2 (H) vision specialists, including ophthalmologists  
3 and optometrists,  
4 (I) psychologists, and  
5 (J) physicians;

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

8 (10) are provided throughout the year; and

9 (11) are provided in natural environments, to the  
10 maximum extent appropriate, which may include the home and  
11 community settings, unless justification is provided  
12 consistent with federal regulations adopted under Sections  
13 1431 through 1444 of Title 20 of the United States Code.

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

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

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

26 (i) "Lead agency" means the State agency responsible for

1 administering this Act and receiving and disbursing public  
2 funds received in accordance with State and federal law and  
3 rules.

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

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

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

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

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

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

1 (325 ILCS 20/4) (from Ch. 23, par. 4154)

2 Sec. 4. Illinois Interagency Council on Early  
3 Intervention.

4 (a) There is established the Illinois Interagency Council  
5 on Early Intervention. The Council shall be composed of at  
6 least 20 but not more than 30 members. The members of the  
7 Council and the designated chairperson of the Council shall be  
8 appointed by the Governor. The Council member representing the  
9 lead agency may not serve as chairperson of the Council. The  
10 Council shall be composed of the following members:

11 (1) The Secretary of Human Services (or his or her  
12 designee) and 2 additional representatives of the  
13 Department of Human Services designated by the Secretary,  
14 plus the Directors (or their designees) of the following  
15 State agencies involved in the provision of or payment for  
16 early intervention services to eligible infants and  
17 toddlers and their families:

18 (A) Department of Insurance; and

19 (B) Department of Healthcare and Family Services.

20 (2) Other members as follows:

21 (A) At least 20% of the members of the Council  
22 shall be parents, including minority parents, of  
23 infants or toddlers with disabilities or children with  
24 disabilities aged 12 or younger, with knowledge of, or  
25 experience with, programs for infants and toddlers  
26 with disabilities. At least one such member shall be a

1 parent of an infant or toddler with a disability or a  
2 child with a disability aged 6 or younger;

3 (B) At least 20% of the members of the Council  
4 shall be public or private providers of early  
5 intervention services;

6 (C) One member shall be a representative of the  
7 General Assembly;

8 (D) One member shall be involved in the preparation  
9 of professional personnel to serve infants and  
10 toddlers similar to those eligible for services under  
11 this Act;

12 (E) Two members shall be from advocacy  
13 organizations with expertise in improving health,  
14 development, and educational outcomes for infants and  
15 toddlers with disabilities;

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

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

20 (H) One member shall be the co-chair of the  
21 Illinois Early Learning Council (or his or her  
22 designee); and

23 (I) Members representing the following agencies or  
24 entities: the State Board of Education; the Department  
25 of Public Health; the Department of Children and Family  
26 Services; the University of Illinois Division of

1 Specialized Care for Children; the Illinois Council on  
2 Developmental Disabilities; Head Start or Early Head  
3 Start; and the Department of Human Services' Division  
4 of Mental Health. A member may represent one or more of  
5 the listed agencies or entities.

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

19 Council members shall serve without compensation but shall  
20 be reimbursed for reasonable costs incurred in the performance  
21 of their duties, including costs related to child care, and  
22 parents may be paid a stipend in accordance with applicable  
23 requirements.

24 The Council shall prepare and approve a budget using funds  
25 appropriated for the purpose to hire staff, and obtain the  
26 services of such professional, technical, and clerical

1 personnel as may be necessary to carry out its functions under  
2 this Act. This funding support and staff shall be directed by  
3 the lead agency.

4 (b) The Council shall:

5 (1) advise and assist the lead agency in the  
6 performance of its responsibilities including but not  
7 limited to the identification of sources of fiscal and  
8 other support services for early intervention programs,  
9 and the promotion of interagency agreements which assign  
10 financial responsibility to the appropriate agencies;

11 (2) advise and assist the lead agency in the  
12 preparation of applications and amendments to  
13 applications;

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

16 (4) advise and assist the lead agency in the  
17 development, implementation and evaluation of the  
18 comprehensive early intervention services system; ~~and~~

19 (4.5) coordinate and collaborate with State  
20 interagency early learning initiatives, as appropriate;  
21 and

22 (5) prepare and submit an annual report to the Governor  
23 and to the General Assembly on the status of early  
24 intervention programs for eligible infants and toddlers  
25 and their families in Illinois. The annual report shall  
26 include (i) the estimated number of eligible infants and

1 toddlers in this State, (ii) the number of eligible infants  
2 and toddlers who have received services under this Act and  
3 the cost of providing those services, and (iii) the  
4 estimated cost of providing services under this Act to all  
5 eligible infants and toddlers in this State. ~~, and (iv)~~  
6 ~~data and other information as is requested to be included~~  
7 ~~by the Legislative Advisory Committee established under~~  
8 ~~Section 13.50 of this Act.~~ The report shall be posted by  
9 the lead agency on the early intervention website as  
10 required under paragraph (f) of Section 5 of this Act.

11 No member of the Council shall cast a vote on or  
12 participate substantially in any matter which would provide a  
13 direct financial benefit to that member or otherwise give the  
14 appearance of a conflict of interest under State law. All  
15 provisions and reporting requirements of the Illinois  
16 Governmental Ethics Act shall apply to Council members.

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

18 (325 ILCS 20/5) (from Ch. 23, par. 4155)

19 Sec. 5. Lead Agency. The Department of Human Services is  
20 designated the lead agency and shall provide leadership in  
21 establishing and implementing the coordinated, comprehensive,  
22 interagency and interdisciplinary system of early intervention  
23 services. The lead agency shall not have the sole  
24 responsibility for providing these services. Each  
25 participating State agency shall continue to coordinate those

1 early intervention services relating to health, social service  
2 and education provided under this authority.

3 The lead agency is responsible for carrying out the  
4 following:

5 (a) The general administration, supervision, and  
6 monitoring of programs and activities receiving assistance  
7 under Section 673 of the Individuals with Disabilities  
8 Education Act (20 United States Code 1473).

9 (b) The identification and coordination of all  
10 available resources within the State from federal, State,  
11 local and private sources.

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

16 (d) The resolution of intra-agency and interagency  
17 regulatory and procedural disputes.

18 (e) The development and implementation of formal  
19 interagency agreements, and the entry into such  
20 agreements, between the lead agency and (i) the Department  
21 of Healthcare and Family Services, (ii) the University of  
22 Illinois Division of Specialized Care for Children, and  
23 (iii) other relevant State agencies that:

24 (1) define the financial responsibility of each  
25 agency for paying for early intervention services  
26 (consistent with existing State and federal law and

1 rules, including the requirement that early  
2 intervention funds be used as the payor of last  
3 resort), a hierarchical order of payment as among the  
4 agencies for early intervention services that are  
5 covered under or may be paid by programs in other  
6 agencies, and procedures for direct billing,  
7 collecting reimbursements for payments made, and  
8 resolving service and payment disputes; and

9 (2) include all additional components necessary to  
10 ensure meaningful cooperation and coordination.

11 Interagency agreements under this paragraph (e) must  
12 be reviewed and revised to implement the purposes of this  
13 amendatory Act of the 92nd General Assembly no later than  
14 60 days after the effective date of this amendatory Act of  
15 the 92nd General Assembly.

16 (f) The maintenance of an early intervention website.  
17 Within 30 days after the effective date of this amendatory  
18 Act of the 92nd General Assembly, the lead agency shall  
19 post and keep posted on this website the following: (i) the  
20 current annual report required under subdivision (b) (5) of  
21 Section 4 of this Act, and the annual reports of the prior  
22 3 years, (ii) the most recent Illinois application for  
23 funds prepared under Section 637 of the Individuals with  
24 Disabilities Education Act filed with the United States  
25 Department of Education, (iii) proposed modifications of  
26 the application prepared for public comment, (iv) notice of

1 Council meetings, Council agendas, and minutes of its  
2 proceedings for at least the previous year, (v) proposed  
3 and final early intervention rules, (vi) requests for  
4 proposals, and (vii) all reports created for dissemination  
5 to the public that are related to the early intervention  
6 program, including reports prepared at the request of the  
7 Council, and the General Assembly, ~~and the Legislative~~  
8 ~~Advisory Committee established under Section 13.50 of this~~  
9 ~~Act~~. Each such document shall be posted on the website  
10 within 3 working days after the document's completion.

11 (g) Before adopting any new policy or procedure  
12 (including any revisions to an existing policy or  
13 procedure) needed to comply with Part C of the Individuals  
14 with Disabilities Education Act, the lead agency must hold  
15 public hearings on the new policy or procedure, provide  
16 notice of the hearings at least 30 days before the hearings  
17 are conducted to enable public participation, and provide  
18 an opportunity for the general public, including  
19 individuals with disabilities and parents of infants and  
20 toddlers with disabilities, early intervention providers,  
21 and members of the Council to comment for at least 30 days  
22 on the new policy or procedure needed to comply with Part C  
23 of the Individuals with Disabilities Education Act and with  
24 34 CFR Part 300 and Part 303.

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

1 (325 ILCS 20/7) (from Ch. 23, par. 4157)

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

11 The statewide system shall include, at a minimum:

12 (a) a definition of the term "developmentally  
13 delayed", in accordance with the definition in Section 3,  
14 that will be used in Illinois in carrying out programs  
15 under this Act;

16 (b) timetables for ensuring that appropriate early  
17 intervention services, based on scientifically based  
18 research, to the extent practicable, will be available to  
19 all eligible infants and toddlers in this State after the  
20 effective date of this Act;

21 (c) a timely, comprehensive, multidisciplinary ~~and~~  
22 ~~interdisciplinary~~ evaluation ~~of the functioning~~ of each  
23 potentially eligible infant and toddler ~~with suspected~~  
24 ~~disabilities~~ in this State, unless the child meets the  
25 definition of eligibility based upon his or her medical and  
26 other records; for a child determined eligible, a

1 multidisciplinary assessment of the unique strengths and  
2 needs of that infant or toddler and the identification of  
3 services appropriate to meet those needs and a  
4 family-directed assessment of the resources, priorities,  
5 and concerns of the family and the identification of  
6 supports and services necessary to enhance the family's  
7 capacity to meet the developmental needs of that infant or  
8 toddler ~~the concerns, priorities and resource needs of the~~  
9 ~~families to appropriately assist in the development of the~~  
10 ~~infant and toddler with disabilities;~~

11 (d) for each eligible infant and toddler, an  
12 Individualized Family Service Plan, including service  
13 coordination (case management) services;

14 (e) a comprehensive child find system, consistent with  
15 Part B of the Individuals with Disabilities Education Act  
16 (20 United States Code 1411 through 1420 and as set forth  
17 in 34 CFR 300.115), which includes timelines and provides  
18 for participation by primary referral sources;

19 (f) a public awareness program focusing on early  
20 identification of eligible infants and toddlers;

21 (g) a central directory which includes public and  
22 private early intervention services, resources, and  
23 experts available in this State, professional and other  
24 groups (including parent support groups and training and  
25 information centers) that provide assistance to infants  
26 and toddlers with disabilities who are eligible for early

1 intervention programs assisted under Part C of the  
2 Individuals with Disabilities Education Act and their  
3 families, and ~~early intervention~~ research and  
4 demonstration projects being conducted in this State  
5 relating to infants and toddlers with disabilities;

6 (h) a comprehensive system of personnel development;

7 (i) a policy pertaining to the contracting or making of  
8 other arrangements with public and private service  
9 providers to provide early intervention services in this  
10 State, consistent with the provisions of this Act,  
11 including the contents of the application used and the  
12 conditions of the contract or other arrangements;

13 (j) a procedure for securing timely reimbursement of  
14 funds;

15 (k) procedural safeguards with respect to programs  
16 under this Act;

17 (l) policies and procedures relating to the  
18 establishment and maintenance of standards to ensure that  
19 personnel necessary to carry out this Act are appropriately  
20 and adequately prepared and trained;

21 (m) a system of evaluation of, and compliance with,  
22 program standards;

23 (n) a system for compiling data on the numbers of  
24 eligible infants and toddlers and their families in this  
25 State in need of appropriate early intervention services;  
26 the numbers served; the types of services provided; and

1 other information required by the State or federal  
2 government; and

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

6 In addition to these required components, linkages may be  
7 established within a local community area among the prenatal  
8 initiatives affording services to high risk pregnant women.  
9 Additional linkages among at risk programs and local literacy  
10 programs may also be established.

11 Within 60 days of the effective date of this Act, a  
12 five-fiscal-year implementation plan shall be submitted to the  
13 Governor by the lead agency with the concurrence of the  
14 Interagency Council on Early Intervention. The plan shall list  
15 specific activities to be accomplished each year, with cost  
16 estimates for each activity. No later than the second Monday in  
17 July of each year thereafter, the lead agency shall, with the  
18 concurrence of the Interagency Council, submit to the  
19 Governor's Office a report on accomplishments of the previous  
20 year and a revised list of activities for the remainder of the  
21 five-fiscal-year plan, with cost estimates for each. The  
22 Governor shall certify that specific activities in the plan for  
23 the previous year have been substantially completed before  
24 authorizing relevant State or local agencies to implement  
25 activities listed in the revised plan that depend substantially  
26 upon completion of one or more of the earlier activities.

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

2 (325 ILCS 20/9) (from Ch. 23, par. 4159)

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

13 These agencies shall enter into and maintain formal  
14 interagency agreements to enable the State and local agencies  
15 serving eligible children and their families to establish  
16 working relationships that will increase the efficiency and  
17 effectiveness of their early intervention services. The  
18 agreement shall outline the administrative, program and  
19 financial responsibilities of the relevant State agencies and  
20 shall implement a coordinated service delivery system through  
21 local interagency agreements.

22 There shall be created in the Office of the Governor an  
23 Early Childhood Intervention Ombudsman to assist families and  
24 local parties in ensuring that all State agencies serving  
25 eligible families do so in a comprehensive and collaborative

1 manner.

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

3 (325 ILCS 20/10) (from Ch. 23, par. 4160)

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

17 To be a State-approved early intervention service  
18 provider, an individual (i) shall not have served or completed,  
19 within the preceding 5 years, a sentence for conviction of any  
20 felony that the Department establishes by rule and (ii) shall  
21 not have been indicated as a perpetrator of child abuse or  
22 neglect, within the preceding 5 years, in an investigation by  
23 Illinois (pursuant to the Abused and Neglected Child Reporting  
24 Act) or another state. The Department is authorized to receive  
25 criminal background checks for such providers and persons

1 applying to be such a provider and to receive child abuse and  
2 neglect reports regarding indicated perpetrators who are  
3 applying to provide or currently authorized to provide early  
4 intervention services in Illinois. Beginning January 1, 2004,  
5 every provider of State-approved early intervention services  
6 and every applicant to provide such services must authorize, in  
7 writing and in the form required by the Department, a State and  
8 FBI ~~a~~ criminal background check, as requested by the  
9 Department, and check of child abuse and neglect reports  
10 regarding the provider or applicant as a condition of  
11 authorization to provide early intervention services. The  
12 Department shall use the results of the checks only to  
13 determine State approval of the early intervention service  
14 provider and shall not re-release the information except as  
15 necessary to accomplish that purpose.

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

17 (325 ILCS 20/11) (from Ch. 23, par. 4161)

18 Sec. 11. Individualized Family Service Plans.

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

21 (1) timely, comprehensive, multidisciplinary  
22 assessment of the unique strengths and needs of each  
23 eligible infant and toddler, and assessment of the concerns  
24 and priorities of the families to appropriately assist them  
25 in meeting their needs and identify supports and services

1 to meet those needs; and

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

25 (b) The Individualized Family Service Plan shall be  
26 evaluated once a year and the family shall be provided a review

1 of the Plan at 6 month intervals or more often where  
2 appropriate based on infant or toddler and family needs. The  
3 lead agency shall create a quality review process regarding  
4 Individualized Family Service Plan development and changes  
5 thereto, to monitor and help assure that resources are being  
6 used to provide appropriate early intervention services.

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

25 (d) Parents must be informed that, ~~at their discretion,~~  
26 early intervention services shall be provided to each eligible

1 infant and toddler, to the maximum extent appropriate, in the  
2 natural environment, which may include the home or other  
3 community settings. Parents shall make the final decision to  
4 accept or decline early intervention services. A decision to  
5 decline such services shall not be a basis for administrative  
6 determination of parental fitness, or other findings or  
7 sanctions against the parents. Parameters of the Plan shall be  
8 set forth in rules.

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

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

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

20 (3) That the family may request, with appropriate  
21 documentation supporting the request, a determination of  
22 an exemption from private insurance use under Section  
23 13.25.

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

1 billing office.

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

15 (f) The individualized family service plan must state  
16 whether the family has private insurance coverage and, if the  
17 family has such coverage, must have attached to it a copy of  
18 the family's insurance identification card or otherwise  
19 include all of the following information:

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

22 (2) The contract number and policy number of the  
23 insurance plan.

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

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

1 (g) A copy of the individualized family service plan must  
2 be provided to each enrolled provider who is providing early  
3 intervention services to the child who is the subject of that  
4 plan.

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

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

11 (325 ILCS 20/12) (from Ch. 23, par. 4162)

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

17 The procedural safeguards shall provide, at a minimum, the  
18 following:

19 (a) The timely administrative resolution of State  
20 complaints, due process hearings, and mediations ~~by~~  
21 ~~parents~~ as defined by administrative rule.

22 (b) The right to confidentiality of personally  
23 identifiable information.

24 (c) The opportunity for parents and a guardian to  
25 examine and receive copies of records relating to

1 evaluations and assessments ~~assessment~~, screening,  
2 eligibility determinations, and the development and  
3 implementation of the Individualized Family Service Plan  
4 provision of early intervention services, individual  
5 complaints involving the child, or any part of the child's  
6 early intervention record.

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

17 (e) Timely written prior notice to the parents or  
18 guardian of the eligible infant or toddler whenever the  
19 State agency or public or private service provider proposes  
20 to initiate or change or refuses to initiate or change the  
21 identification, evaluation, placement, or the provision of  
22 appropriate early intervention services to the eligible  
23 infant or toddler.

24 (f) Written prior notice to fully inform the parents or  
25 guardians, in their native ~~primary~~ language or mode of  
26 communication used by the parent, unless clearly not

1       feasible to do so, in a comprehensible manner, of these  
2       procedural safeguards.

3           (g) During the pendency of any proceedings or action  
4       involving a complaint, unless the State agency and the  
5       parents or guardian otherwise agree, the child shall  
6       continue to receive the appropriate early intervention  
7       services currently being provided, or in the case of an  
8       application for initial services, the child shall receive  
9       the services not in dispute.

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

11           (325 ILCS 20/13) (from Ch. 23, par. 4163)

12       Sec. 13. Funding and Fiscal Responsibility.

13           (a) The lead agency and every other participating State  
14       agency may receive and expend funds appropriated by the General  
15       Assembly to implement the early intervention services system as  
16       required by this Act.

17           (b) The lead agency and each participating State agency  
18       shall identify and report on an annual basis to the Council the  
19       State agency funds utilized for the provision of early  
20       intervention services to eligible infants and toddlers.

21           (c) Funds provided under Section 633 of the Individuals  
22       with Disabilities Education Act (20 United States Code 1433)  
23       and State funds designated or appropriated for early  
24       intervention services or programs may not be used to satisfy a  
25       financial commitment for services which would have been paid

1 for from another public or private source but for the enactment  
2 of this Act, except whenever considered necessary to prevent  
3 delay in receiving appropriate early intervention services by  
4 the eligible infant or toddler or family in a timely manner.  
5 "Public or private source" includes public and private  
6 insurance coverage.

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

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

25 (e) The lead agency shall create a central billing office  
26 to receive and dispense all relevant State and federal

1 resources, as well as local government or independent resources  
2 available, for early intervention services. This office shall  
3 assure that maximum federal resources are utilized and that  
4 providers receive funds with minimal duplications or  
5 interagency reporting and with consolidated audit procedures.

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

15 The system of payments, called family fees, shall be  
16 structured on a sliding scale based on the family's ability to  
17 pay ~~family income~~. The family's coverage or lack of coverage  
18 under a public or private insurance plan or policy shall not be  
19 a factor in determining the amount of the family fees.

20 Each family's fee obligation shall be established  
21 annually, and shall be paid by families to the central billing  
22 office in installments. At the written request of the family,  
23 the fee obligation shall be adjusted prospectively at any point  
24 during the year upon proof of a change in family income or  
25 family size. The inability of the parents of an eligible child  
26 to pay family fees due to catastrophic circumstances or

1 extraordinary expenses shall not result in the denial of  
2 services to the child or the child's family. A family must  
3 document its extraordinary expenses or other catastrophic  
4 circumstances by showing one of the following: (i)  
5 out-of-pocket medical expenses in excess of 15% of gross  
6 income; (ii) a fire, flood, or other disaster causing a direct  
7 out-of-pocket loss in excess of 15% of gross income; or (iii)  
8 other catastrophic circumstances causing out-of-pocket losses  
9 in excess of 15% of gross income. The family must present proof  
10 of loss to its service coordinator, who shall document it, and  
11 the lead agency shall determine whether the fees shall be  
12 reduced, forgiven, or suspended within 10 business days after  
13 the family's request.

14 (g) To ensure that early intervention funds are used as the  
15 payor of last resort for early intervention services, the lead  
16 agency shall determine at the point of early intervention  
17 intake, and again at any periodic review of eligibility  
18 thereafter or upon a change in family circumstances, whether  
19 the family is eligible for or enrolled in any program for which  
20 payment is made directly or through public or private insurance  
21 for any or all of the early intervention services made  
22 available under this Act. The lead agency shall establish  
23 procedures to ensure that payments are made either directly  
24 from these public and private sources instead of from State or  
25 federal early intervention funds, or as reimbursement for  
26 payments previously made from State or federal early

1 intervention funds.

2 (Source: P.A. 91-538, eff. 8-13-99; 92-10, eff. 6-11-01;  
3 92-307, eff. 8-9-01; 92-651, eff. 7-11-02.)

4 (325 ILCS 20/13.5)

5 Sec. 13.5. Other programs.

6 (a) When an application or a review of eligibility for  
7 early intervention services is made, and at any eligibility  
8 redetermination thereafter, the family shall be asked if it is  
9 currently enrolled in any federally funded, Department of  
10 Healthcare and Family Services administered, medical programs  
11 Medicaid, KidCare, or the Title V program administered by the  
12 University of Illinois Division of Specialized Care for  
13 Children. If the family is enrolled in any of these programs,  
14 that information shall be put on the individualized family  
15 service plan and entered into the computerized case management  
16 system, and shall require that the individualized family  
17 services plan of a child who has been found eligible for  
18 services through the Division of Specialized Care for Children  
19 state that the child is enrolled in that program. For those  
20 programs in which the family is not enrolled, a preliminary  
21 eligibility screen shall be conducted simultaneously for (i)  
22 medical assistance (Medicaid) under Article V of the Illinois  
23 Public Aid Code, (ii) children's health insurance program (any  
24 federally funded, Department of Healthcare and Family Services  
25 administered, medical programs ~~KidCare~~) benefits under the

1 Children's Health Insurance Program Act, and (iii) Title V  
2 maternal and child health services provided through the  
3 Division of Specialized Care for Children of the University of  
4 Illinois.

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

21 (c) When a child is determined eligible for and enrolled in  
22 the early intervention program and has been found to at least  
23 meet the threshold income eligibility requirements for any  
24 federally funded, Department of Healthcare and Family Services  
25 administered, medical programs ~~Medicaid or KidCare~~, the  
26 regional intake entity shall complete an application for any

1 federally funded, Department of Healthcare and Family Services  
2 administered, medical programs ~~a KidCare/Medicaid application~~  
3 with the family and forward it to the Department of Healthcare  
4 and Family Services' ~~KidCare Unit~~ for a determination of  
5 eligibility. A parent shall not be required to enroll in any  
6 federally funded, Department of Healthcare and Family Services  
7 administered, medical programs as a condition of receiving  
8 services provided pursuant to Part C of the Individuals with  
9 Disabilities Education Act.

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

18 (e) For purposes of making referrals for final  
19 determinations of eligibility for any federally funded,  
20 Department of Healthcare and Family Services administered,  
21 medical programs ~~KidCare~~ benefits under the Children's Health  
22 Insurance Program Act and for medical assistance under Article  
23 V of the Illinois Public Aid Code, the lead agency shall  
24 require each early intervention regional intake entity to  
25 enroll as an application agent ~~a "KidCare agent"~~ in order for  
26 the entity to complete ~~the~~ any federally funded, Department of

1 Healthcare and Family Services administered, medical programs  
2 ~~KidCare~~ application as authorized under Section 22 of the  
3 Children's Health Insurance Program Act.

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

20 (g) The lead agency shall require that an individual  
21 applying for or renewing enrollment as a provider of services  
22 in the early intervention program state whether or not he or  
23 she is also enrolled as a DSCC provider. This information shall  
24 be noted next to the name of the provider on the computerized  
25 roster of Illinois early intervention providers, and regional  
26 intake entities shall make every effort to refer families

1 eligible for DSCC services to these providers.

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

3 (325 ILCS 20/13.10)

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

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

16 (325 ILCS 20/13.30)

17 Sec. 13.30. System of personnel development. The lead  
18 agency shall provide training to early intervention providers  
19 and may enter into contracts to meet this requirement. If such  
20 contracts are let, they shall be bid under a public request for  
21 proposals that shall be posted on the lead agency's early  
22 intervention website for no less than 30 days. This training  
23 shall include, at minimum, the following types of instruction:

24 (a) Courses in birth-to-3 evaluation and treatment of

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

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

20 (1) Practice and procedures of private insurance  
21 billing.

22 (2) The role of the regional intake entities; service  
23 coordination; program eligibility determinations; family  
24 fees; any federally funded, Department of Healthcare and  
25 Family Services administered, medical programs Medicaid,  
26 KidCare, and Division of Specialized Care applications,

1 referrals, and coordination with Early Intervention; and  
2 procedural safeguards.

3 (3) Introduction to the early intervention program,  
4 including provider enrollment and credentialing, overview  
5 of Early Intervention program policies and regulations,  
6 and billing requirements.

7 (4) Evaluation and assessment of birth-to-3 children;  
8 individualized family service plan development,  
9 monitoring, and review; best practices; service  
10 guidelines; and quality assurance.

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

12 (325 ILCS 20/13.50 rep.)

13 Section 15. The Early Intervention Services System Act is  
14 amended by repealing Section 13.50.

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