

1 AN ACT in relation to children.

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

4 Section 5. The Early Intervention Services System Act is
5 amended by changing Sections 3, 4, 5, 11, 13, and 15 and
6 adding Sections 13.5, 13.10, 13.15, 13.20, 13.25, 13.30,
7 13.32, and 13.50 as follows:

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

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

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

13 (1) Developmental delays as defined by the
14 Department by rule.

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

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

19 (4) Either (A) having entered the program under any
20 of the circumstances listed in paragraphs (1) through (3)
21 of this subsection but no longer meeting the current
22 eligibility criteria under those paragraphs, and
23 continuing to have any measurable delay, or (B) not
24 having attained a level of development in each area,
25 including (i) cognitive, (ii) physical (including vision
26 and hearing), (iii) language, speech, and communication,
27 (iv) psycho-social, or (v) self-help skills, that is at
28 least at the mean of the child's age equivalent peers;
29 and, in addition to either item (A) or item (B), (C)
30 having been determined by the multidisciplinary
31 individualized family service plan team to require the

1 continuation of early intervention services in order to
 2 support continuing developmental progress, pursuant to
 3 the child's needs and provided in an appropriate
 4 developmental manner. The type, frequency, and intensity
 5 of services shall differ from the initial individualized
 6 family services plan because of the child's developmental
 7 progress, and may consist of only service coordination,
 8 evaluation, and assessments.

9 (b) "Developmental delay" means a delay in one or more
 10 of the following areas of childhood development as measured
 11 by appropriate diagnostic instruments and standard
 12 procedures: cognitive; physical, including vision and
 13 hearing; language, speech and communication; psycho-social;
 14 or self-help skills.

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

17 (1) a diagnosed medical disorder bearing a
 18 relatively well known expectancy for developmental
 19 outcomes within varying ranges of developmental
 20 disabilities; or

21 (2) a history of prenatal, perinatal, neonatal or
 22 early developmental events suggestive of biological
 23 insults to the developing central nervous system and
 24 which either singly or collectively increase the
 25 probability of developing a disability or delay based on
 26 a medical history.

27 (d) "Informed clinical judgment" means both clinical
 28 observations and parental participation to determine
 29 eligibility by a consensus of a multidisciplinary team of 2
 30 or more members based on their professional experience and
 31 expertise.

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

33 (1) are designed to meet the developmental needs of
 34 each child eligible under this Act and the needs of his

1 or her family;

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

4 (3) are provided under public supervision;

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

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

11 (A) physical development, including vision and
12 hearing,

13 (B) cognitive development,

14 (C) communication development,

15 (D) social or emotional development, or

16 (E) adaptive development;

17 (6) meet the standards of the State, including the
18 requirements of this Act;

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

20 (A) family training,

21 (B) social work services, including
22 counseling, and home visits,

23 (C) special instruction,

24 (D) speech, language pathology and audiology,

25 (E) occupational therapy,

26 (F) physical therapy,

27 (G) psychological services,

28 (H) service coordination services,

29 (I) medical services only for diagnostic or
30 evaluation purposes,

31 (J) early identification, screening, and
32 assessment services,

33 (K) health services specified by the lead
34 agency as necessary to enable the infant or toddler

1 to benefit from the other early intervention
2 services,

3 (L) vision services,

4 (M) transportation, and

5 (N) assistive technology devices and services;

6 (8) are provided by qualified personnel, including
7 but not limited to:

8 (A) child development specialists or special
9 educators,

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

12 (C) occupational therapists,

13 (D) physical therapists,

14 (E) social workers,

15 (F) nurses,

16 (G) nutritionists,

17 (H) optometrists,

18 (I) psychologists, and

19 (J) physicians;

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

22 (10) are provided throughout the year; and

23 (11) are provided in natural environments,
24 including the home and community settings in which
25 infants and toddlers without disabilities would
26 participate to the extent determined by the
27 multidisciplinary Individualized Family Service Plan.

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

32 (g) "Local interagency agreement" means an agreement
33 entered into by local community and State and regional
34 agencies receiving early intervention funds directly from the

1 State and made in accordance with State interagency
2 agreements providing for the delivery of early intervention
3 services within a local community area.

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

6 (i) "Lead agency" means the State agency responsible for
7 administering this Act and receiving and disbursing public
8 funds received in accordance with State and federal law and
9 rules.

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

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

14 (k) "Regional intake entity" means the lead agency's
15 designated entity responsible for implementation of the Early
16 Intervention Services System within its designated geographic
17 area.

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

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

32 (Source: P.A. 90-158, eff. 1-1-98; 91-538, eff. 8-13-99.)

33 (325 ILCS 20/4) (from Ch. 23, par. 4154)

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

3 (a) There is established the Illinois Interagency
4 Council on Early Intervention. The Council shall be composed
5 of at least 15 but not more than 25 members. The members of
6 the Council and the designated chairperson of the Council
7 shall be appointed by the Governor. The Council member
8 representing the lead agency may not serve as chairperson of
9 the Council. The Council shall be composed of the following
10 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
16 for early intervention services to eligible infants and
17 toddlers and their families:

- 18 (A) Illinois State Board of Education;
- 19 (B) (Blank);
- 20 (C) (Blank);
- 21 (D) Illinois Department of Children and Family
22 Services;
- 23 (E) University of Illinois Division of
24 Specialized Care for Children;
- 25 (F) Illinois Department of Public Aid;
- 26 (G) Illinois Department of Public Health;
- 27 (H) (Blank);
- 28 (I) Illinois Planning Council on Developmental
29 Disabilities; and
- 30 (J) Illinois Department of Insurance.

31 (2) Other members as follows:

32 (A) At least 20% of the members of the Council
33 shall be parents, including minority parents, of
34 infants or toddlers with disabilities or children

1 with disabilities aged 12 or younger, with knowledge
 2 of, or experience with, programs for infants and
 3 toddlers with disabilities. At least one such
 4 member shall be a parent of an infant or toddler
 5 with a disability or a child with a disability aged
 6 6 or younger;

7 (B) At least 20% of the members of the Council
 8 shall be public or private providers of early
 9 intervention services;

10 (C) One member shall be a representative of
 11 the General Assembly; and

12 (D) One member shall be involved in the
 13 preparation of professional personnel to serve
 14 infants and toddlers similar to those eligible for
 15 services under this Act.

16 The Council shall meet at least quarterly and in such
 17 places as it deems necessary. Terms of the initial members
 18 appointed under paragraph (2) shall be determined by lot at
 19 the first Council meeting as follows: of the persons
 20 appointed under subparagraphs (A) and (B), one-third shall
 21 serve one year terms, one-third shall serve 2 year terms, and
 22 one-third shall serve 3 year terms; and of the persons
 23 appointed under subparagraphs (C) and (D), one shall serve a
 24 2 year term and one shall serve a 3 year term. Thereafter,
 25 successors appointed under paragraph (2) shall serve 3 year
 26 terms. Once appointed, members shall continue to serve until
 27 their successors are appointed. No member shall be appointed
 28 to serve more than 2 consecutive terms.

29 Council members shall serve without compensation but
 30 shall be reimbursed for reasonable costs incurred in the
 31 performance of their duties, including costs related to child
 32 care, and parents may be paid a stipend in accordance with
 33 applicable requirements.

34 The Council shall prepare and approve a budget using

1 funds appropriated for the purpose to hire staff, and obtain
2 the services of such professional, technical, and clerical
3 personnel as may be necessary to carry out its functions
4 under this Act. This funding support and staff shall be
5 directed by the lead agency.

6 (b) The Council shall:

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

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

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

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

21 (5) prepare and submit an annual report to the
22 Governor and to the General Assembly on the status of
23 early intervention programs for eligible infants and
24 toddlers and their families in Illinois. The annual
25 report shall include (i) the estimated number of eligible
26 infants and toddlers in this State, (ii) the number of
27 eligible infants and toddlers who have received services
28 under this Act and the cost of providing those services,
29 and (iii) the estimated cost of providing services under
30 this Act to all eligible infants and toddlers in this
31 State, and (iv) data and other information as is
32 requested to be included by the Legislative Advisory
33 Committee established under Section 13.50 of this Act.
34 The report shall be posted by the lead agency on the

1 early intervention website as required under paragraph
2 (f) of Section 5 of this Act.

3 No member of the Council shall cast a vote on or
4 participate substantially in any matter which would provide a
5 direct financial benefit to that member or otherwise give the
6 appearance of a conflict of interest under State law. All
7 provisions and reporting requirements of the Illinois
8 Governmental Ethics Act shall apply to Council members.

9 (Source: P.A. 91-357; eff. 7-29-99.)

10 (325 ILCS 20/5) (from Ch. 23, par. 4155)

11 Sec. 5. Lead Agency. The Department of Human Services
12 is designated the lead agency and shall provide leadership in
13 establishing and implementing the coordinated, comprehensive,
14 interagency and interdisciplinary system of early
15 intervention services. The lead agency shall not have the
16 sole responsibility for providing these services. Each
17 participating State agency shall continue to coordinate those
18 early intervention services relating to health, social
19 service and education provided under this authority.

20 The lead agency is responsible for carrying out the
21 following:

22 (a) The general administration, supervision, and
23 monitoring of programs and activities receiving
24 assistance under Section 673 of the Individuals with
25 Disabilities Education Act (20 United States Code 1473).;

26 (b) The identification and coordination of all
27 available resources within the State from federal, State,
28 local and private sources.;

29 (c) The development of procedures to ensure that
30 services are provided to eligible infants and toddlers
31 and their families in a timely manner pending the
32 resolution of any disputes among public agencies or
33 service providers.;

1 (d) The resolution of intra-agency and interagency
2 regulatory and procedural disputes, ~~and~~

3 (e) The development and implementation of formal
4 interagency agreements, and the entry into such
5 agreements, between the lead agency and (i) the
6 Department of Public Aid, (ii) the University of Illinois
7 Division of Specialized Care for Children, and (iii)
8 other relevant State agencies that:

9 (1) define the financial responsibility of
10 each agency for paying for early intervention
11 services (consistent with existing State and federal
12 law and rules, including the requirement that early
13 intervention funds be used as the payor of last
14 resort), a hierarchical order of payment as among
15 the agencies for early intervention services that
16 are covered under or may be paid by programs in
17 other agencies, and procedures for direct billing,
18 collecting reimbursements for payments made, and
19 resolving service and payment disputes; and

20 (2) include all additional components
21 necessary to ensure meaningful cooperation and
22 coordination.

23 Interagency agreements under this paragraph (e) must
24 be reviewed and revised to implement the purposes of this
25 amendatory Act of the 92nd General Assembly no later than
26 60 days after the effective date of this amendatory Act
27 of the 92nd General Assembly.

28 (f) The maintenance of an early intervention
29 website. Within 30 days after the effective date of
30 this amendatory Act of the 92nd General Assembly, the
31 lead agency shall post and keep posted on this website
32 the following: (i) the current annual report required
33 under subdivision (b)(5) of Section 4 of this Act, and
34 the annual reports of the prior 3 years, (ii) the most

1 recent Illinois application for funds prepared under
2 Section 637 of the Individuals with Disabilities
3 Education Act filed with the United States Department of
4 Education, (iii) proposed modifications of the
5 application prepared for public comment, (iv) notice of
6 Council meetings, Council agendas, and minutes of its
7 proceedings for at least the previous year, (v) proposed
8 and final early intervention rules, (vi) requests for
9 proposals, and (vii) all reports created for
10 dissemination to the public that are related to the early
11 intervention program, including reports prepared at the
12 request of the Council, the General Assembly, and the
13 Legislative Advisory Committee established under Section
14 13.50 of this Act. Each such document shall be posted on
15 the website within 3 working days after the document's
16 completion.

17 (Source: P.A. 90-158, eff. 1-1-98.)

18 (325 ILCS 20/11) (from Ch. 23, par. 4161)

19 Sec. 11. Individualized Family Service Plans.

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

22 (1) (a) timely, comprehensive, multidisciplinary
23 assessment of the unique needs of each eligible infant
24 and toddler, and assessment of the concerns and
25 priorities of the families to appropriately assist them
26 in meeting their needs and identify services to meet
27 those needs; and

28 (2) (b) a written Individualized Family Service
29 Plan developed by a multidisciplinary team which includes
30 the parent or guardian. The individualized family service
31 plan shall be based on the multidisciplinary team's
32 assessment of the resources, priorities, and concerns of
33 the family and its identification of the supports and

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

18 (b) The Individualized Family Service Plan shall be
19 evaluated once a year and the family shall be provided a
20 review of the Plan at 6 month intervals or more often where
21 appropriate based on infant or toddler and family needs.

22 (c) The evaluation and initial assessment and initial
23 Plan meeting must be held within 45 days after the initial
24 contact with the early intervention services system. With
25 parental consent, early intervention services may commence
26 before the completion of the comprehensive assessment and
27 development of the Plan.

28 (d) Parents must be informed that, at their discretion,
29 early intervention services shall be provided to each
30 eligible infant and toddler in the natural environment, which
31 may include the home or other community settings. Parents
32 shall make the final decision to accept or decline early
33 intervention services. A decision to decline such services
34 shall not be a basis for administrative determination of

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

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

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

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

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

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

22 (5) That families will be responsible for payments
23 of family fees, which will be based on a sliding scale
24 according to income, and that these fees are payable to
25 the central billing office, and that if the family
26 encounters a catastrophic circumstance, as defined under
27 subsection (f) of Section 13 of this Act, making it
28 unable to pay the fees, the lead agency may, upon proof
29 of inability to pay, waive the fees.

30 (f) The individualized family service plan must state
31 whether the family has private insurance coverage and, if the
32 family has such coverage, must have attached to it a copy of
33 the family's insurance identification card or otherwise
34 include all of the following information:

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

3 (2) The contract number and policy number of the
4 insurance plan.

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

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

9 (g) A copy of the individualized family service plan
10 must be provided to each enrolled provider who is providing
11 early intervention services to the child who is the subject
12 of that plan.

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

14 (325 ILCS 20/13) (from Ch. 23, par. 4163)

15 Sec. 13. Funding and Fiscal Responsibility.

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

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

24 (c) Funds provided under Section 633 of the Individuals
25 with Disabilities Education Act (20 United States Code 1433)
26 and State funds designated or appropriated for early
27 intervention services or programs may not be used to satisfy
28 a financial commitment for services which would have been
29 paid for from another public or private source but for the
30 enactment of this Act, except whenever considered necessary
31 to prevent delay in receiving appropriate early intervention
32 services by the eligible infant or toddler or family in a
33 timely manner. Funds provided under Section 633 of the

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

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

18 (e) The lead agency shall create a central billing
19 office to receive and dispense all relevant State and federal
20 resources, as well as local government or independent
21 resources available, for early intervention services. This
22 office shall assure that maximum federal resources are
23 utilized and that providers receive funds with minimal
24 duplications or interagency reporting and with consolidated
25 audit procedures.

26 (f) The lead agency shall, by rule, may also create a
27 system of payments by families, including a schedule of fees.
28 No fees, however, may be charged for: implementing child
29 find, evaluation and assessment, service coordination,
30 administrative and coordination activities related to the
31 development, review, and evaluation of Individualized Family
32 Service Plans, or the implementation of procedural safeguards
33 and other administrative components of the statewide early
34 intervention system.

1 The system of payments, called family fees, shall be
2 structured on a sliding scale based on family income. The
3 family's coverage or lack of coverage under a public or
4 private insurance plan or policy shall not be a factor in
5 determining the amount of the family fees.

6 Each family's fee obligation shall be established
7 annually, and shall be paid by families to the central
8 billing office in installments. At the written request of the
9 family, the fee obligation shall be adjusted prospectively at
10 any point during the year upon proof of a change in family
11 income or family size. The inability of the parents of an
12 eligible child to pay family fees due to catastrophic
13 circumstances or extraordinary expenses shall not result in
14 the denial of services to the child or the child's family. A
15 family must document its extraordinary expenses or other
16 catastrophic circumstances by showing one of the following:
17 (i) out-of-pocket medical expenses in excess of 15% of gross
18 income; (ii) a fire, flood, or other disaster causing a
19 direct out-of-pocket loss in excess of 15% of gross income;
20 or (iii) other catastrophic circumstances causing
21 out-of-pocket losses in excess of 15% of gross income. The
22 family must present proof of loss to its service coordinator,
23 who shall document it, and the lead agency shall determine
24 whether the fees shall be reduced, forgiven, or suspended
25 within 10 business days after the family's request.

26 (g) To ensure that early intervention funds are used as
27 the payor of last resort for early intervention services, the
28 lead agency shall determine at the point of early
29 intervention intake, and again at any periodic review of
30 eligibility thereafter or upon a change in family
31 circumstances, whether the family is eligible for or enrolled
32 in any program for which payment is made directly or through
33 public or private insurance for any or all of the early
34 intervention services made available under this Act. The lead

1 agency shall establish procedures to ensure that payments are
 2 made either directly from these public and private sources
 3 instead of from State or federal early intervention funds, or
 4 as reimbursement for payments previously made from State or
 5 federal early intervention funds.

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

7 (325 ILCS 20/13.5 new)

8 Sec. 13.5. Other programs.

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

30 (b) For purposes of determining family fees under
 31 subsection (f) of Section 13 and determining eligibility for
 32 the other programs and services specified in items (i)
 33 through (iii) of subsection (a), the lead agency shall

1 develop and use, within 60 days after the effective date of
2 this amendatory Act of the 92nd General Assembly, with the
3 cooperation of the Department of Public Aid and the Division
4 of Specialized Care for Children of the University of
5 Illinois, a screening device that provides sufficient
6 information for the early intervention regional intake
7 entities or other agencies to establish eligibility for those
8 other programs and shall, in cooperation with the Illinois
9 Department of Public Aid and the Division of Specialized Care
10 for Children, train the regional intake entities on using the
11 screening device.

12 (c) When a child is determined eligible for and
13 enrolled in the early intervention program and has been
14 found to at least meet the threshold income eligibility
15 requirements for Medicaid or KidCare, the regional intake
16 entity shall complete a KidCare/Medicaid application with the
17 family and forward it to the Illinois Department of Public
18 Aid's KidCare Unit for a determination of eligibility.

19 (d) With the cooperation of the Department of Public
20 Aid, the lead agency shall establish procedures that ensure
21 the timely and maximum allowable recovery of payments for all
22 early intervention services and allowable administrative
23 costs under Article V of the Illinois Public Aid Code and the
24 Children's Health Insurance Program Act and shall include
25 those procedures in the interagency agreement required under
26 subsection (e) of Section 5 of this Act.

27 (e) For purposes of making referrals for final
28 determinations of eligibility for KidCare benefits under the
29 Children's Health Insurance Program Act and for medical
30 assistance under Article V of the Illinois Public Aid Code,
31 the lead agency shall require each early intervention
32 regional intake entity to enroll as a "KidCare agent" in
33 order for the entity to complete the KidCare application as
34 authorized under Section 22 of the Children's Health

1 Insurance Program Act.

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

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

26 (325 ILCS 20/13.10 new)

27 Sec. 13.10. Private health insurance; assignment. The
 28 lead agency shall determine, at the point of new applications
 29 for early intervention services, and for all children
 30 enrolled in the early intervention program, at the regional
 31 intake offices, whether the child is insured under a private
 32 health insurance plan or policy. An application for early
 33 intervention services shall serve as a right to assignment of

1 the right of recovery against a private health insurance plan
2 or policy for any covered early intervention services that
3 may be billed to the family's insurance carrier and that are
4 provided to a child covered under the plan or policy.

5 (325 ILCS 20/13.15 new)

6 Sec. 13.15. Billing of insurance carrier.

7 (a) Subject to the restrictions against private
8 insurance use on the basis of material risk of loss of
9 coverage, as determined under Section 13.25, each enrolled
10 provider who is providing a family with early intervention
11 services shall bill the child's insurance carrier for each
12 unit of early intervention service for which coverage may be
13 available. The lead agency may exempt from the requirement of
14 this paragraph any early intervention service that it has
15 deemed not to be covered by insurance plans. When the service
16 is not exempted, providers who receive a denial of payment on
17 the basis that the service is not covered under any
18 circumstance under the plan are not required to bill that
19 carrier for that service again until the following insurance
20 benefit year. That explanation of benefits denying the claim,
21 once submitted to the central billing office, shall be
22 sufficient to meet the requirements of this paragraph as to
23 subsequent services billed under the same billing code
24 provided to that child during that insurance benefit year.
25 Any time limit on a provider's filing of a claim for payment
26 with the central billing office that is imposed through a
27 policy, procedure, or rule of the lead agency shall be
28 suspended until the provider receives an explanation of
29 benefits or other final determination of the claim it files
30 with the child's insurance carrier.

31 (b) In all instances when an insurance carrier has been
32 billed for early intervention services, whether paid in full,
33 paid in part, or denied by the carrier, the provider must

1 provide the central billing office, within 90 days after
2 receipt, with a copy of the explanation of benefits form and
3 other information in the manner prescribed by the lead
4 agency.

5 (c) When the insurance carrier has denied the claim or
6 paid an amount for the early intervention service billed that
7 is less than the current State rate for early intervention
8 services, the provider shall submit the explanation of
9 benefits with a claim for payment, and the lead agency shall
10 pay the provider the difference between the sum actually paid
11 by the insurance carrier for each unit of service provided
12 under the individualized family service plan and the current
13 State rate for early intervention services. The State shall
14 also pay the family's co-payment or co-insurance under its
15 plan, but only to the extent that those payments plus the
16 balance of the claim do not exceed the current State rate for
17 early intervention services. The provider may under no
18 circumstances bill the family for the difference between its
19 charge for services and that which has been paid by the
20 insurance carrier or by the State.

21 (325 ILCS 20/13.20 new)

22 Sec. 13.20. Families with insurance coverage.

23 (a) Families of children with insurance coverage,
24 whether public or private, shall incur no greater or less
25 direct out-of-pocket expenses for early intervention services
26 than families who are not insured.

27 (b) Managed care plans.

28 (1) Use of managed care network providers. When a
29 family's insurance coverage is through a managed care
30 arrangement with a network of providers that includes
31 one or more types of early intervention specialists who
32 provide the services set forth in the family's
33 individualized family service plan, the regional intake

1 entity shall require the family to use those network
2 providers, but only to the extent that:

3 (A) the network provider is immediately
4 available to receive the referral and to begin
5 providing services to the child;

6 (B) the network provider is enrolled as a
7 provider in the Illinois early intervention system
8 and fully credentialed under the current policy or
9 rule of the lead agency;

10 (C) the network provider can provide the
11 services to the child in the manner required in the
12 individualized service plan;

13 (D) the family would not have to travel more
14 than an additional 15 miles or an additional 30
15 minutes to the network provider than it would have
16 to travel to a non-network provider who is available
17 to provide the same service; and

18 (E) the family's managed care plan does not
19 allow for billing (even at a reduced rate or reduced
20 percentage of the claim) for early intervention
21 services provided by non-network providers.

22 (2) Transfers from non-network to network
23 providers. If a child has been receiving services from a
24 non-network provider and the regional intake entity
25 determines, at the time of enrollment in the early
26 intervention program or at any point thereafter, that the
27 family is enrolled in a managed care plan, the regional
28 intake entity shall require the family to transfer to a
29 network provider within 45 days after that determination,
30 but within no more than 60 days after the effective date
31 of this amendatory Act of the 92nd General Assembly, if:

32 (A) all the requirements of subdivision (b)(1)
33 of this Section have been met; and

34 (B) the child is less than 26 months of age.

1 (3) Waivers. The lead agency may fully or
2 partially waive the network enrollment requirements of
3 subdivision (b)(1) of this Section and the transfer
4 requirements of subdivision (b)(2) of this Section as to
5 a particular region, or narrower geographic area, if it
6 finds that the managed care plans in that area are not
7 allowing further enrollment of early intervention
8 providers and it finds that referrals or transfers to
9 network providers could cause an overall shortage of
10 early intervention providers in that region of the State
11 or could cause delays in families securing the early
12 intervention services set forth in individualized family
13 services plans.

14 (4) The lead agency, in conjunction with any
15 entities with which it may have contracted for the
16 training and credentialing of providers, the local
17 interagency council for early intervention, the regional
18 intake entity, and the enrolled providers in each region
19 who wish to participate, shall cooperate in developing a
20 matrix and action plan that (A) identifies both (i) which
21 early intervention providers and which fully credentialed
22 early intervention providers are members of the managed
23 care plans that are used in the region by families with
24 children in the early intervention program, and (ii)
25 which early intervention services, with what
26 restrictions, if any, are covered under those plans, (B)
27 identifies which credentialed specialists are members of
28 which managed care plans in the region, and (C)
29 identifies the various managed care plans to early
30 intervention providers, encourages their enrollment in
31 the area plans, and provides them with information on how
32 to enroll. These matrices shall be complete no later than
33 7 months after the effective date of this amendatory Act
34 of the 92nd General Assembly, and shall be provided to

1 the Early Intervention Legislative Advisory Committee at
2 that time. The lead agency shall work with networks that
3 may have closed enrollment to additional providers to
4 encourage their admission of early intervention
5 providers, and shall report to the Early Intervention
6 Legislative Advisory Committee on the initial results of
7 these efforts no later than February 1, 2002.

8 (325 ILCS 20/13.25 new)

9 Sec. 13.25. Private insurance; exemption.

10 (a) The lead agency shall establish procedures for a
11 family, whose child is eligible to receive early intervention
12 services, to apply for an exemption restricting the use of
13 its private insurance plan or policy based on material risk
14 of loss of coverage as authorized under subsection (c) of
15 this Section.

16 (b) The lead agency shall make a final determination on
17 a request for an exemption within 10 business days after its
18 receipt of a written request for an exemption at the regional
19 intake entity. During that 10 days, no claims may be filed
20 against the insurance plan or policy. If the exemption is
21 granted, it shall be noted on the individualized family
22 service plan, and the family and the providers serving the
23 family shall be notified in writing of the exemption.

24 (c) An exemption may be granted on the basis of material
25 risk of loss of coverage only if the family submits
26 documentation with its request for an exemption that
27 establishes (i) that the insurance plan or policy covering
28 the child is an individually purchased plan or policy and has
29 been purchased by a head of a household that is not eligible
30 for a group medical insurance plan, (ii) that the policy or
31 plan has a lifetime cap that applies to one or more specific
32 types of early intervention services specified in the
33 family's individualized family service plan, and that

1 coverage could be exhausted during the period covered by the
 2 individualized family service plan, or (iii) proof of another
 3 risk that the lead agency, in its discretion, may have
 4 additionally established and defined as a ground for
 5 exemption by rule.

6 (d) An exemption under this Section based on material
 7 risk of loss of coverage may apply to all early intervention
 8 services and all plans or policies insuring the child, may be
 9 limited to one or more plans or policies, or may be limited
 10 to one or more types of early intervention services in the
 11 child's individualized family services plan.

12 (325 ILCS 20/13.30 new)

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

21 (a) Courses in birth-to-3 evaluation and treatment of
 22 children with developmental disabilities and delays (1) that
 23 are taught by fully credentialed early intervention providers
 24 or educators with substantial experience in evaluation and
 25 treatment of children from birth to age 3 with developmental
 26 disabilities and delays, (2) that cover these topics within
 27 each of the disciplines of audiology, occupational therapy,
 28 physical therapy, speech and language pathology, and
 29 developmental therapy, including the social-emotional domain
 30 of development, (3) that are held no less than twice per
 31 year, (4) that offer no fewer than 20 contact hours per year
 32 of course work, (5) that are held in no fewer than 5 separate
 33 locales throughout the State, and (6) that give enrollment

1 priority to early intervention providers who do not meet the
 2 experience, education, or continuing education requirements
 3 necessary to be fully credentialed early intervention
 4 providers; and

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

8 (1) Practice and procedures of private insurance
 9 billing.

10 (2) The role of the regional intake entities;
 11 service coordination; program eligibility determinations;
 12 family fees; Medicaid, KidCare, and Division of
 13 Specialized Care applications, referrals, and
 14 coordination with Early Intervention; and procedural
 15 safeguards.

16 (3) Introduction to the early intervention program,
 17 including provider enrollment and credentialing, overview
 18 of Early Intervention program policies and regulations,
 19 and billing requirements.

20 (4) Evaluation and assessment of birth-to-3
 21 children; individualized family service plan development,
 22 monitoring, and review; best practices; service
 23 guidelines; and quality assurance.

24 (325 ILCS 20/13.32 new)

25 Sec. 13.32. Contracting. The lead agency may enter into
 26 contracts for some or all of its responsibilities under this
 27 Act, including but not limited to, credentialing and
 28 enrolling providers; training under Section 13.30;
 29 maintaining a central billing office; data collection and
 30 analysis; establishing and maintaining a computerized case
 31 management system accessible to local referral offices and
 32 providers; creating and maintaining a system for provider
 33 credentialing and enrollment; creating and maintaining the

1 central directory required under subsection (g) of Section 7
2 of this Act; and program operations. If contracted, the
3 contract shall be subject to a public request for proposals
4 as described in the Illinois Procurement Code,
5 notwithstanding any exemptions or alternative processes that
6 may be allowed for such a contract under that Code, and, in
7 addition to the posting requirements under that Code, shall
8 be posted on the early intervention website maintained by the
9 lead agency during the entire bid period. Any of these listed
10 responsibilities currently under contract or grant that have
11 not met these requirements shall be subject to public bid
12 under this request for proposal process no later than July 1,
13 2002 or the date of termination of any contract in place.

14 (325 ILCS 20/13.50 new)

15 Sec. 13.50. Early Intervention Legislative Advisory
16 Committee. No later than 60 days after the effective date of
17 this amendatory Act of 92nd General Assembly, there shall be
18 convened the Early Intervention Legislative Advisory
19 Committee. The majority and minority leaders of the General
20 Assembly shall each appoint 2 members to the Committee. The
21 Committee's term is for a period of 2 years, and the
22 Committee shall publicly convene no less than 4 times per
23 year. The Committee's responsibilities shall include, but not
24 be limited to, providing guidance to the lead agency
25 regarding programmatic and fiscal management and
26 accountability, provider development and accountability,
27 contracting, and program outcome measures. During the life
28 of the Committee, on a quarterly basis, or more often as the
29 Committee may request, the lead agency shall provide to the
30 Committee, and simultaneously to the public, through postings
31 on the lead agency's early intervention website, quarterly
32 reports containing monthly data and other early intervention
33 program information that the Committee requests. The first

1 data report must be supplied no later than September 21,
2 2001, and must include the previous 2 quarters of data.

3 (325 ILCS 20/15) (from Ch. 23, par. 4165)

4 Sec. 15. The Auditor General of the State shall conduct
5 a follow-up an evaluation of the system established under
6 this Act, in order to evaluate the effectiveness of the
7 system in providing services that enhance the capacities of
8 families throughout Illinois to meet the special needs of
9 their eligible infants and toddlers, and provide a report of
10 the evaluation to the Governor and the General Assembly no
11 later than April 30, 2002 ~~1993~~. Upon receipt by the lead
12 agency, this report shall be posted on the early intervention
13 website.

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

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