



1 each area, including (i) cognitive, (ii) physical  
2 (including vision and hearing), (iii) language, speech,  
3 and communication, (iv) psycho-social, or (v) self-help  
4 skills, that is at least at the mean of the child's age  
5 equivalent peers; or having been determined by the  
6 multidisciplinary individualized family service plan team  
7 to continue to require or to be likely to benefit from  
8 the continuation of early intervention services.

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

15 (325 ILCS 20/4) (from Ch. 23, par. 4154)

16 Sec. 4. Illinois Interagency Council on Early  
17 Intervention.

18 (a) There is established the Illinois Interagency  
19 Council on Early Intervention. The Council shall be composed  
20 of at least 15 but not more than 25 members. The members of  
21 the Council and the designated chairperson of the Council  
22 shall be appointed by the Governor. The Council member  
23 representing the lead agency may not serve as chairperson of  
24 the Council. The Council shall be composed of the following  
25 members:

26 (1) The Secretary of Human Services (or his or her  
27 designee) and 2 additional representatives of the  
28 Department of Human Services designated by the Secretary,  
29 plus the Directors (or their designees) of the following  
30 State agencies involved in the provision of or payment  
31 for early intervention services to eligible infants and  
32 toddlers and their families:

33 (A) Illinois State Board of Education;

- 1 (B) (Blank);
- 2 (C) (Blank);
- 3 (D) Illinois Department of Children and Family
- 4 Services;
- 5 (E) University of Illinois Division of
- 6 Specialized Care for Children;
- 7 (F) Illinois Department of Public Aid;
- 8 (G) Illinois Department of Public Health;
- 9 (H) (Blank);
- 10 (I) Illinois Planning Council on Developmental
- 11 Disabilities; and
- 12 (J) Illinois Department of Insurance.

13 (2) Other members as follows:

- 14 (A) At least 20% of the members of the Council
- 15 shall be parents, including minority parents, of
- 16 infants or toddlers with disabilities or children
- 17 with disabilities aged 12 or younger, with knowledge
- 18 of, or experience with, programs for infants and
- 19 toddlers with disabilities. At least one such
- 20 member shall be a parent of an infant or toddler
- 21 with a disability or a child with a disability aged
- 22 6 or younger;
- 23 (B) At least 20% of the members of the Council
- 24 shall be public or private providers of early
- 25 intervention services;
- 26 (C) One member shall be a representative of
- 27 the General Assembly; and
- 28 (D) One member shall be involved in the
- 29 preparation of professional personnel to serve
- 30 infants and toddlers similar to those eligible for
- 31 services under this Act.

32 The Council shall meet at least quarterly and in such  
33 places as it deems necessary. Terms of the initial members  
34 appointed under paragraph (2) shall be determined by lot at

1 the first Council meeting as follows: of the persons  
2 appointed under subparagraphs (A) and (B), one-third shall  
3 serve one year terms, one-third shall serve 2 year terms, and  
4 one-third shall serve 3 year terms; and of the persons  
5 appointed under subparagraphs (C) and (D), one shall serve a  
6 2 year term and one shall serve a 3 year term. Thereafter,  
7 successors appointed under paragraph (2) shall serve 3 year  
8 terms. Once appointed, members shall continue to serve until  
9 their successors are appointed. No member shall be appointed  
10 to serve more than 2 consecutive terms.

11 Council members shall serve without compensation but  
12 shall be reimbursed for reasonable costs incurred in the  
13 performance of their duties, including costs related to child  
14 care, and parents may be paid a stipend in accordance with  
15 applicable requirements.

16 The Council shall prepare and approve a budget using  
17 funds appropriated for the purpose to hire staff, and obtain  
18 the services of such professional, technical, and clerical  
19 personnel as may be necessary to carry out its functions  
20 under this Act. This funding support and staff shall be  
21 directed by the lead agency.

22 (b) The Council shall:

23 (1) advise and assist the lead agency in the  
24 performance of its responsibilities including but not  
25 limited to the identification of sources of fiscal and  
26 other support services for early intervention programs,  
27 and the promotion of interagency agreements which assign  
28 financial responsibility to the appropriate agencies;

29 (2) advise and assist the lead agency in the  
30 preparation of applications and amendments to  
31 applications;

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

34 (4) advise and assist the lead agency in the

1 development, implementation and evaluation of the  
2 comprehensive early intervention services system; and

3 (5) prepare and submit an annual report to the  
4 ~~Governor and to the General Assembly~~ on the status of  
5 early intervention programs for eligible infants and  
6 toddlers and their families in Illinois. The report shall  
7 be provided to the Governor and to the General Assembly,  
8 and shall be posted on the lead agency's early  
9 intervention website along with the annual report of each  
10 of the previous 3 years. The annual report shall  
11 include, in addition to each element required to be  
12 provided by the Secretary of the U.S. Department of  
13 Education, the following: (i) the estimated number of  
14 eligible infants and toddlers in this State, and the  
15 basis and assumptions underlying that estimate; (ii) the  
16 number of children, by month and region, on waiting lists  
17 for a completed individualized family service plan for  
18 more than 45 days, and the number of children, by month  
19 and by region, on waiting lists for any of the early  
20 intervention services required under the plan; (iii) the  
21 number of eligible infants and toddlers who have  
22 received early intervention services each month and in  
23 total during the year, in each region, broken down by age  
24 in 12-month increments (for example, birth-to-one), by  
25 the basis of program eligibility (diagnosed physical or  
26 mental condition which typically results in developmental  
27 delay, developmental delay in 10% increments, and at-risk  
28 of developmental delay), by race, by income (below 135%  
29 of the federal poverty line, at least 135% but not more  
30 than 185% of the federal poverty line, more than 185% but  
31 not more than 200% of the federal poverty line, and more  
32 than 200% of the federal poverty line), by health  
33 insurance status and type of insurance (none, private, or  
34 Medicaid/KidCare); (iv) the expenditures made per



1 individualized family service plan by region; (v) the  
2 number of individualized family service plan expenditures  
3 in \$1000 increments, by region and by month; (vi) the  
4 federal funds recovered for early intervention services  
5 under Medicaid and KidCare by type of early intervention  
6 service, by month and by region; (vii) the amount of  
7 early intervention expenditures offset by private  
8 insurance billings, by type of early intervention  
9 service, by month, and by region; (viii) the number of  
10 early intervention children also enrolled in the Division  
11 of Specialized Care for Children's (DSCC) Title V  
12 maternal and child health services program, and the  
13 amount of early intervention expenditures offset by DSCC  
14 billings, by type of early intervention service, by  
15 month, and by region; (ix) the amount of family fees  
16 collected, by month and by region; and (x) program  
17 outcome data that shows the level of developmental delay  
18 upon program entry and upon program exit, the number of  
19 children transitioning to Part B services, and the number  
20 of children who reach age equivalence (plus or minus 10%)  
21 in one or more areas of development. The report shall  
22 also include a summary of the monthly managers' reports  
23 submitted by each of the regional intake entities. The  
24 annual--report--shall--include--(i)--the--estimated--number--of  
25 eligible--infants--and--toddlers--in--this--State,--(ii)--the  
26 number--of--eligible--infants--and--toddlers--who--have--received  
27 services--under--this--Act--and--the--cost--of--providing--these  
28 services,--and--(iii)--the--estimated--cost--of--providing  
29 services--under--this--Act--to--all--eligible--infants--and  
30 toddlers--in--this--State.

31 No member of the Council shall cast a vote on or  
32 participate substantially in any matter which would provide a  
33 direct financial benefit to that member or otherwise give the  
34 appearance of a conflict of interest under State law. All

1 provisions and reporting requirements of the Illinois  
2 Governmental Ethics Act shall apply to Council members.

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

4 (325 ILCS 20/5) (from Ch. 23, par. 4155)

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

14 The lead agency is responsible for carrying out:

15 (a) the general administration, supervision, and  
16 monitoring of programs and activities receiving  
17 assistance under Section 673 of the Individuals with  
18 Disabilities Education Act (20 United States Code 1473);

19 (b) the identification and coordination of all  
20 available resources within the State from federal, State,  
21 local and private sources;

22 (c) the development of procedures to ensure that  
23 services are provided to eligible infants and toddlers  
24 and their families in a timely manner pending the  
25 resolution of any disputes among public agencies or  
26 service providers;

27 (d) the resolution of intra-agency and interagency  
28 regulatory and procedural disputes; and

29 (e) the development and implementation of formal  
30 interagency agreements between the lead agency and (i)  
31 the Department of Public Aid, (ii) the University of  
32 Illinois Division of Specialized Care for Children, and  
33 (iii) other relevant State agencies that:

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

12           (2) include all additional components  
 13 necessary to ensure meaningful cooperation and  
 14 coordination; and-

15           (3) are reviewed and revised to implement the  
 16 purposes of this amendatory Act of the 92nd General  
 17 Assembly and signed by the relevant agency directors  
 18 no later than 60 days after the effective date of  
 19 this amendatory Act of the 92nd General Assembly.

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

21 (325 ILCS 20/11) (from Ch. 23, par. 4161)

22 Sec. 11. Individualized Family Service Plans.

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

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

31           (2) ~~(b)~~ a written Individualized Family Service  
 32 Plan developed by a multidisciplinary team which includes  
 33 the parent or guardian. The individualized family service

1 plan shall be developed and periodically reviewed with  
2 the guidance of best practice standards or service  
3 guidelines, and may be reviewed during the course of  
4 development or thereafter by experts in the relevant  
5 disciplines, but such standards, guidelines, and reviews  
6 shall not be binding on the multidisciplinary team that  
7 includes the parent of the child and develops the  
8 individualized family services plan. The lead agency may  
9 establish review panels to guide the individualized  
10 family services plan development and implementation  
11 process. To give the greatest attention to those plans  
12 that fall outside the mean, these panels shall focus  
13 their reviews on plans that call for services that are  
14 among the highest 15% in cost in the region or State, and  
15 those that call for services that are among the lowest  
16 15% in cost in the region or State.

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

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

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

1 parents. Parameters of the Plan shall be set forth in rules.

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

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

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

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

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

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

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

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

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

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

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

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

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

12           (325 ILCS 20/13) (from Ch. 23, par. 4163)

13           Sec. 13. Funding and Fiscal Responsibility.

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

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

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

1 programs may be used by the lead agency to pay the provider  
2 of services (A) pending reimbursement from the appropriate  
3 State agency or (B) if (i) the claim for payment is denied in  
4 whole or in part by a public or private source, or would be  
5 denied under the terms of the public program or plan or  
6 private plan, or (ii) use of private insurance for the  
7 service has been exempted under Section 13.25.

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

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

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

30 The system of payments, called family fees, shall be  
31 structured on a sliding scale based on family income. The  
32 family's coverage or lack of coverage under a public or  
33 private insurance plan or policy shall not be a factor in  
34 determining the amount of the family fees.

1       Each family's fee obligation shall be established  
2 annually, and shall be paid by families to the central  
3 billing office in quarterly installments. At the written  
4 request of the family, the fee obligation shall be adjusted  
5 at any point during the year upon proof of a change in family  
6 income. The inability of the parents of an eligible child to  
7 pay family fees due to catastrophic or extraordinary  
8 circumstances, as established by rule, shall not result in  
9 the denial of services to the child or the child's family.  
10 The rules adopted under this paragraph shall establish  
11 procedures that ensure that families with documented  
12 extraordinary expenses or other catastrophic circumstances  
13 are given an opportunity to demonstrate that the family fees  
14 should be reduced or forgiven.

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

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

30       (325 ILCS 20/13.5 new)

31       Sec. 13.5. Other programs.

32       (a) When an application or a review of eligibility for  
33 early intervention services is made, and at any eligibility



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

22 (b) For purposes of determining family fees under  
23 subsection (f) of Section 13 and determining eligibility for  
24 the other programs and services specified in items (i)  
25 through (iii) of subsection (a), the lead agency shall  
26 develop and use, within 60 days after the effective date of  
27 this amendatory Act of the 92nd General Assembly, with the  
28 cooperation of the Department of Public Aid and the Division  
29 of Specialized Care for Children of the University of  
30 Illinois, a single application form that provides sufficient  
31 information for the early intervention regional intake  
32 entities or other agencies to establish eligibility for those  
33 other programs and shall, in cooperation with the Illinois  
34 Department of Public Aid and the Division of Specialized Care

1 for Children, train the regional intake entities on using the  
2 screening device.

3 (c) When a child is determined eligible for and  
4 enrolled in the early intervention program and has been  
5 found to at least meet the threshold income eligibility  
6 requirements for Medicaid or KidCare, the regional intake  
7 entity shall complete a KidCare/Medicaid application with the  
8 family and forward it to the Illinois Department of Public  
9 Aid's KidCare Unit for a determination of eligibility.

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

18 (e) For the purpose of determining eligibility for  
19 benefits and making referrals for final eligibility  
20 determinations for medical assistance under Article V of the  
21 Illinois Public Aid Code, the lead agency and the Department  
22 of Public Aid shall treat the regional intake entities as  
23 "qualified entities" within the meaning of 42 U.S.C.  
24 1396r-1a.

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

34 (g) For purposes of early intervention services that may

1 be provided under Title V of the Social Security Act, the  
2 lead agency, in conjunction with the Division of Specialized  
3 Care for Children (DSCC) of the University of Illinois, shall  
4 establish procedures whereby the early intervention regional  
5 intake entities may determine whether children enrolled in  
6 the early intervention program may also be eligible for those  
7 services, and shall develop, within 60 days after the  
8 effective date of this amendatory Act of the 92nd General  
9 Assembly, (i) the inter-agency agreement required under  
10 subsection (e) of Section 5 of this Act, establishing that  
11 early intervention funds are to be used as the payor of last  
12 resort when services required under an individualized family  
13 services plan may be provided to an eligible child through  
14 the DSCC, and (ii) training guidelines for the regional  
15 intake entities and providers that explain eligibility for  
16 care through DSCC, and its billing procedures. Within 24  
17 months after the effective date of this amendatory Act of the  
18 92nd General Assembly, to maintain enrollment as a fully  
19 credentialed specialist under this Act, an individual must  
20 meet the requirements of DSCC for enrollment within his or  
21 her discipline, if DSCC accepts the enrollment of such  
22 providers within that discipline, and shall bill DSCC for all  
23 early intervention services that are payable under that  
24 program that are provided to children who are found eligible  
25 under that program. The lead agency shall require that an  
26 individual applying for or renewing enrollment as providers  
27 of services in the early intervention program state whether  
28 or not he or she is also enrolled as a DSCC provider. This  
29 information shall be noted next to the name of the provider  
30 on the computerized roster of Illinois early intervention  
31 providers, and regional intake entities shall make every  
32 effort to refer families eligible for DSCC services to these  
33 providers.

1 (325 ILCS 20/13.10 new)

2 Sec. 13.10. Private health insurance; assignment. No  
3 later than 60 days after the effective date of this  
4 amendatory Act of the 92nd General Assembly, the lead agency  
5 shall determine, at the point of new applications for early  
6 intervention services, and for all children enrolled in the  
7 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  
10 services shall serve as a right to assignment of the right of  
11 recovery against a private health insurance plan or policy  
12 for any covered early intervention services that are not  
13 required to be provided at State expense and that are  
14 provided to a child covered under the plan or policy.

15 (325 ILCS 20/13.15 new)

16 Sec. 13.15. Billing of insurance carrier.

17 (a) Subject to the restrictions against private  
18 insurance use on the basis of material risk of loss of  
19 coverage, as determined under Section 13.25, each enrolled  
20 provider who is providing a family with early intervention  
21 services shall bill the child's insurance carrier for each  
22 unit of early intervention service that is not required to be  
23 provided at public expense under Section 13 of this Act and  
24 for which coverage may be available. The lead agency may  
25 exempt from the requirement of this paragraph any early  
26 intervention service that it has deemed not to be covered by  
27 insurance plans in Illinois. When the service is not  
28 exempted, providers who receive a denial of payment on the  
29 basis that the service is not covered under any circumstance  
30 under the plan are not required to bill that carrier for that  
31 service again until the following insurance benefit year.  
32 That explanation of benefits denying the claim, once  
33 submitted to the central billing office, shall be sufficient

1 to meet the requirements of this paragraph as to subsequent  
2 services billed under the same billing code provided to that  
3 child during that insurance benefit year. Any time limit on a  
4 provider's filing of a claim for payment with the central  
5 billing office that is imposed through a policy, procedure,  
6 or rule of the lead agency shall be suspended until the  
7 provider receives an explanation of benefits or other final  
8 determination of the claim it files with the child's  
9 insurance carrier.

10 (b) In all instances when an insurance carrier has been  
11 billed for early intervention services, whether paid in full,  
12 paid in part, or denied by the carrier, the provider must  
13 provide the central billing office, within 90 days after  
14 receipt, with a copy of the explanation of benefits form and  
15 other information in the manner prescribed by the lead  
16 agency.

17 (c) When the insurance carrier has denied the claim or  
18 paid an amount for the early intervention service billed that  
19 is less than the current State rate for early intervention  
20 services, the provider shall submit the explanation of  
21 benefits with a claim for payment, and the lead agency shall  
22 pay the provider the difference between the sum actually paid  
23 by the insurance carrier for each unit of service provided  
24 under the individualized family service plan and the current  
25 State rate for early intervention services. The State shall  
26 also pay the family's co-payment or co-insurance under its  
27 plan, but only to the extent that those payments plus the  
28 balance of the claim do not exceed the current State rate for  
29 early intervention services. The provider may under no  
30 circumstances bill the family for the difference between its  
31 charge for services and that which has been paid by the  
32 insurance carrier or by the State.

1       Sec. 13.20. Families with insurance coverage; payment for  
2       services.

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

7       (b) Deductibles. When the deductible on a family's  
8       insurance plan or policy has not yet been met in full under  
9       the terms of the plan or policy, the provider must first bill  
10       the insurance carrier. If the provider reimbursement is  
11       reduced in whole or in part by the remaining amount of a  
12       deductible, the provider shall then bill the lead agency's  
13       central billing office. The provider shall be paid the  
14       difference for the services up to the amount payable under  
15       the State's early intervention fee-for-service rates and  
16       shall in no case bill the family for the services not paid  
17       for under the plan or policy.

18       (c) Co-payments and co-insurance. Financial  
19       responsibility for private insurance co-payments or  
20       co-insurance payments required by a family's insurance  
21       carrier on claims paid for early intervention services is  
22       transferred in full to the lead agency. The lead agency shall  
23       pay the provider the sum that would otherwise be payable  
24       directly by the family under its insurance plan or policy and  
25       the sum payable under subsection (c) of Section 13.15, unless  
26       the provider already has been paid a sum by the carrier for  
27       the early intervention service provided that is equal to or  
28       in excess of the State rate for that service. The provider  
29       may not bill the family for co-payments or co-insurance  
30       payments, whether paid by the lead agency under this  
31       subsection or not.

32       (d) Managed care plans.

33       (1) Families receiving services from an  
34       out-of-network provider on the effective date of this

1 amendatory act of the 92nd General Assembly shall have 45  
2 days to transfer to an available credentialed specialist  
3 who is enrolled in the family's network, unless the plan  
4 or policy allows for payment of services provided by  
5 out-of-network provider. When a family's insurance  
6 coverage is through a managed care arrangement with a  
7 network of providers that includes one or more  
8 credentialed specialists who provide services prescribed  
9 under its individualized family service plan, the family  
10 shall use the network providers for each early  
11 intervention service for which there is an available  
12 credentialed specialist, unless (1) the child is over 26  
13 months old and has already established a relationship  
14 with a non-network provider before the effective date of  
15 this amendatory Act of the 92nd General Assembly, or (2)  
16 the family would have to travel more than 15 miles or  
17 more than 30 minutes to the network provider within the  
18 family's managed care network of providers.

19 (2) The lead agency, in conjunction with any  
20 entities with which it may have contracted for the  
21 training and credentialing of providers, the local  
22 interagency council for early intervention, the regional  
23 intake entity, and the enrolled providers in each region  
24 who wish to participate, shall cooperate in developing a  
25 matrix and action plan that (1) identifies which managed  
26 care plans are used in its region by families with  
27 children in the early intervention program, and which  
28 early intervention services, with what restrictions, if  
29 any, are covered under those plans, (2) identifies which  
30 credentialed specialists are members of which managed  
31 care plans in the region, and (3) identifies the various  
32 managed care plans to credentialed specialists,  
33 encourages their enrollment in the area plans, and  
34 provides them with information on how to enroll. These

1 matrices shall be complete no later than 7 months after  
2 the effective date of this amendatory Act of the 92nd  
3 General Assembly, and shall be provided to the Early  
4 Intervention Legislative Advisory Committee at that time.  
5 The lead agency shall work with networks that may have  
6 closed enrollment to additional providers to encourage  
7 their admission of early intervention credentialed  
8 specialists, and shall report to the Early Intervention  
9 Legislative Advisory Committee on the initial results of  
10 these efforts no later than February 1, 2002.

11 (325 ILCS 20/13.25 new)

12 Sec. 13.25. Private insurance; exemption.

13 (a) No later than 60 days after the effective date of  
14 this amendatory Act of the 92nd General Assembly, the lead  
15 agency shall adopt rules to establish procedures by which a  
16 family whose child is eligible to receive early intervention  
17 services may apply for an exemption restricting the use of  
18 its private insurance plan or policy based on material risk  
19 of loss of coverage.

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

28 (c) An exemption may be granted if the family submits  
29 documentation with its request for an exemption that  
30 establishes that either (i) the insurance plan or policy  
31 covering the child is an individually purchased plan or  
32 policy and has been purchased by a self-employed head of the  
33 household who is not eligible for a group medical insurance



1 plan, is a member of a group plan with less than 15 employee  
2 members, or has a policy with a lifetime cap on one or more  
3 types of early intervention services that could be exhausted  
4 during the period covered by the individualized family  
5 service plan or (ii) such other circumstances exist relative  
6 to the plan or policy and its use for early intervention  
7 services that there is a material risk of loss of coverage,  
8 as the lead agency may establish by rule, and that (iii) the  
9 family's income and financial circumstances make it  
10 materially unacceptable to absorb the established risk of  
11 higher premiums, amended coverage, or policy restrictions or  
12 changes.

13 (d) An exemption under this Section based on material  
14 risk of loss of coverage may apply to all early intervention  
15 services and all plans or policies insuring the child, may be  
16 limited to one or more plans or policies, or may be limited  
17 to one or more types of early intervention services in the  
18 child's individualized family services plan.

19 (325 ILCS 20/13.30 new)

20 Sec. 13.30. System of personnel development. The lead  
21 agency shall contract, under a public request for proposals  
22 that shall be open and posted on its early intervention  
23 website for no less than 30 days, with one or more entity to  
24 provide training to credentialed early intervention  
25 specialists. This training shall include, at minimum, the  
26 following types of instruction:

27 (a) Courses in birth-to-3 evaluation and treatment of  
28 children with developmental disabilities and delays (1) that  
29 are taught by fully credentialed specialists with substantial  
30 experience in evaluation in treatment of children from birth  
31 to age 3 with developmental disabilities and delays, and who  
32 are approved, as appropriate to the discipline, by the  
33 Department of Professional Regulation to provide continuing

1 education to that discipline, (2) that cover these topics  
2 within each of the disciplines of audiology, occupational  
3 therapy, physical therapy, speech and language pathology, and  
4 developmental therapy, (3) that are held no less than twice  
5 per year, (4) that offer no fewer than 20 contact hours per  
6 year of course work, (5) that are held in no fewer than 5  
7 separate locales throughout the State, and (6) that give  
8 enrollment priority to those provisionally enrolled associate  
9 specialists who do not meet the experience, education, or  
10 continuing education requirements necessary to be fully  
11 credentialed early intervention specialists; and

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

15 (1) Practice and procedures of private insurance  
16 billing.

17 (2) The role of the regional intake entities;  
18 service coordination; program eligibility determinations;  
19 family fees; Medicaid, KidCare, and Division of  
20 Specialized Care applications, referrals, and  
21 coordination with Early Intervention; and procedural  
22 safeguards.

23 (3) Introduction to the early intervention program,  
24 including provider enrollment and credentialing, overview  
25 of Early Intervention program policies and regulations,  
26 and billing requirements.

27 (4) Evaluation and assessment of birth-to-3  
28 children; individualized family service plan development,  
29 monitoring, and review; best practices; service  
30 guidelines; and quality assurance.

31 (325 ILCS 20/13.32 new)

32 Sec. 13.32. Contracting. The lead agency may enter into  
33 contracts for some or all of its responsibilities under this

1 Act, including but not limited to, credentialing and  
2 enrolling providers; training under Section 13.30;  
3 maintaining a central billing office; data collection and  
4 analysis; establishing and maintaining a computerized case  
5 management system accessible to local referral offices and  
6 providers; creating and maintaining a system for provider  
7 credentialing and enrollment; creating and maintaining the  
8 central directory required under subsection (g) of Section 7  
9 of this Act; and program operations. These contracts are  
10 subject to the Illinois Procurement Code, shall be subject to  
11 public bid under requests for proposals under that Code, and,  
12 in addition to the posting requirements under that Code,  
13 shall be posted on the early intervention website maintained  
14 by the lead agency during the entire bid period. In setting  
15 points for evaluating bids, while the lead agency may  
16 establish points for general experience doing the work that  
17 the request for proposals specifies, the lead agency may not  
18 directly or indirectly credit points to a bidder for having  
19 previously performed any of these responsibilities under  
20 previous contracts or grants with the lead agency. Any of  
21 these listed responsibilities currently under contract or  
22 grant that have not met these requirements shall be subject  
23 to public bid under this request for proposal process within  
24 180 days after the effective date of this amendatory Act of  
25 the 92nd General Assembly.

26 (325 ILCS 20/13.50 new)

27 Sec. 13.50. Early Intervention Legislative Advisory  
28 Committee. No later than 60 days after the effective date of  
29 this amendatory Act of 92nd General Assembly, there shall be  
30 convened the Early Intervention Legislative Advisory  
31 Committee. The majority and minority leaders of the General  
32 Assembly shall each appoint 2 members to the Committee. The  
33 Committee's term is for a period of 2 years, and the

1 Committee shall publicly convene no less than 4 times per  
2 year. The Committee's responsibilities shall include, but not  
3 be limited to, providing guidance to the lead agency  
4 regarding programmatic and fiscal management and  
5 accountability, provider development and accountability,  
6 contracting, and program outcome measures. On a quarterly  
7 basis, or more often as the Committee may request, the lead  
8 agency shall provide to the General Assembly and the public,  
9 through postings on its website, monthly reports containing  
10 the data required in the annual report under subdivision  
11 (b)(5) of Section 4 of this Act.

12 (325 ILCS 20/15) (from Ch. 23, par. 4165)

13 Sec. 15. The Auditor General of the State shall conduct  
14 a follow-up an evaluation of the system established under  
15 this Act, in order to evaluate the effectiveness of the  
16 system in providing services that enhance the capacities of  
17 families throughout Illinois to meet the special needs of  
18 their eligible infants and toddlers, and provide a report of  
19 the evaluation to the Governor and the General Assembly no  
20 later than April 30, 2002 1993. Upon receipt by the lead  
21 agency, this report shall be posted on the early intervention  
22 website.

23 (Source: P.A. 87-680.)".