

1 AMENDMENT TO SENATE BILL 461

2 AMENDMENT NO. _____. Amend Senate Bill 461, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Early Intervention Services System Act
6 is amended by changing Sections 3, 4, 5, 11, 13, and 15 and
7 adding Sections 13.5, 13.10, 13.15, 13.20, 13.25, 13.30,
8 13.32, and 13.50 as follows:

9 (325 ILCS 20/3) (from Ch. 23, par. 4153)

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

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

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

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

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

20 (4) Having entered the program under any of the
21 circumstances listed in paragraphs (1) through (3) of
22 this subsection, and continuing to have any measurable

1 delay; or not having attained a level of development in
2 each area, including (i) cognitive, (ii) physical
3 (including vision and hearing), (iii) language, speech,
4 and communication, (iv) psycho-social, or (v) self-help
5 skills, that is at least at the mean of the child's age
6 equivalent peers; or having been determined by the
7 multidisciplinary individualized family service plan team
8 to require or to be likely to benefit from the
9 continuation of those early intervention services that
10 may continue to be necessary to support continuing
11 developmental progress, given the child's needs, provided
12 in an appropriate developmental manner. The type,
13 frequency, and intensity should differ from the initial
14 individualized family services plan and reflect the
15 child's developmental progress.

16 (b) "Developmental delay" means a delay in one or more
17 of the following areas of childhood development as measured
18 by appropriate diagnostic instruments and standard
19 procedures: cognitive; physical, including vision and
20 hearing; language, speech and communication; psycho-social;
21 or self-help skills.

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

24 (1) a diagnosed medical disorder bearing a
25 relatively well known expectancy for developmental
26 outcomes within varying ranges of developmental
27 disabilities; or

28 (2) a history of prenatal, perinatal, neonatal or
29 early developmental events suggestive of biological
30 insults to the developing central nervous system and
31 which either singly or collectively increase the
32 probability of developing a disability or delay based on
33 a medical history.

34 (d) "Informed clinical judgment" means both clinical

1 observations and parental participation to determine
2 eligibility by a consensus of a multidisciplinary team of 2
3 or more members based on their professional experience and
4 expertise.

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

6 (1) are designed to meet the developmental needs of
7 each child eligible under this Act and the needs of his
8 or her family;

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

11 (3) are provided under public supervision;

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

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

18 (A) physical development, including vision and
19 hearing,

20 (B) cognitive development,

21 (C) communication development,

22 (D) social or emotional development, or

23 (E) adaptive development;

24 (6) meet the standards of the State, including the
25 requirements of this Act;

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

27 (A) family training,

28 (B) social work services, including
29 counseling, and home visits,

30 (C) special instruction,

31 (D) speech, language pathology and audiology,

32 (E) occupational therapy,

33 (F) physical therapy,

34 (G) psychological services,

- 1 (H) service coordination services,
- 2 (I) medical services only for diagnostic or
- 3 evaluation purposes,
- 4 (J) early identification, screening, and
- 5 assessment services,
- 6 (K) health services specified by the lead
- 7 agency as necessary to enable the infant or toddler
- 8 to benefit from the other early intervention
- 9 services,
- 10 (L) vision services,
- 11 (M) transportation, and
- 12 (N) assistive technology devices and services;
- 13 (8) are provided by qualified personnel, including
- 14 but not limited to:
 - 15 (A) child development specialists or special
 - 16 educators,
 - 17 (B) speech and language pathologists and
 - 18 audiologists,
 - 19 (C) occupational therapists,
 - 20 (D) physical therapists,
 - 21 (E) social workers,
 - 22 (F) nurses,
 - 23 (G) nutritionists,
 - 24 (H) optometrists,
 - 25 (I) psychologists, and
 - 26 (J) physicians;
- 27 (9) are provided in conformity with an
- 28 Individualized Family Service Plan;
- 29 (10) are provided throughout the year; and
- 30 (11) are provided in natural environments,
- 31 including the home and community settings in which
- 32 infants and toddlers without disabilities would
- 33 participate to the extent determined by the
- 34 multidisciplinary Individualized Family Service Plan.

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

5 (g) "Local interagency agreement" means an agreement
6 entered into by local community and State and regional
7 agencies receiving early intervention funds directly from the
8 State and made in accordance with State interagency
9 agreements providing for the delivery of early intervention
10 services within a local community area.

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

13 (i) "Lead agency" means the State agency responsible for
14 administering this Act and receiving and disbursing public
15 funds received in accordance with State and federal law and
16 rules.

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

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

21 (k) "Regional intake entity" means the lead agency's
22 designated entity responsible for implementation of the Early
23 Intervention Services System within its designated geographic
24 area.

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

29 (m) "Fully credentialed early intervention provider"
30 means an individual who has met the highest standards in the
31 State applicable to the relevant profession, and has met such
32 other qualifications as the lead agency has determined are
33 suitable for personnel providing early intervention services,
34 including pediatric experience, education, and continuing

1 education. The lead agency shall establish these
 2 qualifications by rule no later than 180 days after the
 3 effective date of this amendatory Act of the 92nd General
 4 Assembly.

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

6 (325 ILCS 20/4) (from Ch. 23, par. 4154)

7 Sec. 4. Illinois Interagency Council on Early
 8 Intervention.

9 (a) There is established the Illinois Interagency
 10 Council on Early Intervention. The Council shall be composed
 11 of at least 15 but not more than 25 members. The members of
 12 the Council and the designated chairperson of the Council
 13 shall be appointed by the Governor. The Council member
 14 representing the lead agency may not serve as chairperson of
 15 the Council. The Council shall be composed of the following
 16 members:

17 (1) The Secretary of Human Services (or his or her
 18 designee) and 2 additional representatives of the
 19 Department of Human Services designated by the Secretary,
 20 plus the Directors (or their designees) of the following
 21 State agencies involved in the provision of or payment
 22 for early intervention services to eligible infants and
 23 toddlers and their families:

- 24 (A) Illinois State Board of Education;
- 25 (B) (Blank);
- 26 (C) (Blank);
- 27 (D) Illinois Department of Children and Family
 28 Services;
- 29 (E) University of Illinois Division of
 30 Specialized Care for Children;
- 31 (F) Illinois Department of Public Aid;
- 32 (G) Illinois Department of Public Health;
- 33 (H) (Blank);

1 (I) Illinois Planning Council on Developmental
2 Disabilities; and

3 (J) Illinois Department of Insurance.

4 (2) Other members as follows:

5 (A) At least 20% of the members of the Council
6 shall be parents, including minority parents, of
7 infants or toddlers with disabilities or children
8 with disabilities aged 12 or younger, with knowledge
9 of, or experience with, programs for infants and
10 toddlers with disabilities. At least one such
11 member shall be a parent of an infant or toddler
12 with a disability or a child with a disability aged
13 6 or younger;

14 (B) At least 20% of the members of the Council
15 shall be public or private providers of early
16 intervention services;

17 (C) One member shall be a representative of
18 the General Assembly; and

19 (D) One member shall be involved in the
20 preparation of professional personnel to serve
21 infants and toddlers similar to those eligible for
22 services under this Act.

23 The Council shall meet at least quarterly and in such
24 places as it deems necessary. Terms of the initial members
25 appointed under paragraph (2) shall be determined by lot at
26 the first Council meeting as follows: of the persons
27 appointed under subparagraphs (A) and (B), one-third shall
28 serve one year terms, one-third shall serve 2 year terms, and
29 one-third shall serve 3 year terms; and of the persons
30 appointed under subparagraphs (C) and (D), one shall serve a
31 2 year term and one shall serve a 3 year term. Thereafter,
32 successors appointed under paragraph (2) shall serve 3 year
33 terms. Once appointed, members shall continue to serve until
34 their successors are appointed. No member shall be appointed

1 to serve more than 2 consecutive terms.

2 Council members shall serve without compensation but
3 shall be reimbursed for reasonable costs incurred in the
4 performance of their duties, including costs related to child
5 care, and parents may be paid a stipend in accordance with
6 applicable requirements.

7 The Council shall prepare and approve a budget using
8 funds appropriated for the purpose to hire staff, and obtain
9 the services of such professional, technical, and clerical
10 personnel as may be necessary to carry out its functions
11 under this Act. This funding support and staff shall be
12 directed by the lead agency.

13 (b) The Council shall:

14 (1) advise and assist the lead agency in the
15 performance of its responsibilities including but not
16 limited to the identification of sources of fiscal and
17 other support services for early intervention programs,
18 and the promotion of interagency agreements which assign
19 financial responsibility to the appropriate agencies;

20 (2) advise and assist the lead agency in the
21 preparation of applications and amendments to
22 applications;

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

25 (4) advise and assist the lead agency in the
26 development, implementation and evaluation of the
27 comprehensive early intervention services system; and

28 (5) prepare and submit an annual report to the
29 Governor and to the General Assembly on the status of
30 early intervention programs for eligible infants and
31 toddlers and their families in Illinois. The annual
32 report shall include (i) the estimated number of eligible
33 infants and toddlers in this State, (ii) the number of
34 eligible infants and toddlers who have received services

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

10 No member of the Council shall cast a vote on or
 11 participate substantially in any matter which would provide a
 12 direct financial benefit to that member or otherwise give the
 13 appearance of a conflict of interest under State law. All
 14 provisions and reporting requirements of the Illinois
 15 Governmental Ethics Act shall apply to Council members.
 16 (Source: P.A. 91-357; eff. 7-29-99.)

17 (325 ILCS 20/5) (from Ch. 23, par. 4155)

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

27 The lead agency is responsible for carrying out the
 28 following:

29 (a) The general administration, supervision, and
 30 monitoring of programs and activities receiving
 31 assistance under Section 673 of the Individuals with
 32 Disabilities Education Act (20 United States Code 1473).;†

33 (b) The identification and coordination of all

1 available resources within the State from federal, State,
2 local and private sources.†

3 (c) The development of procedures to ensure that
4 services are provided to eligible infants and toddlers
5 and their families in a timely manner pending the
6 resolution of any disputes among public agencies or
7 service providers.†

8 (d) The resolution of intra-agency and interagency
9 regulatory and procedural disputes.†-and

10 (e) The development and implementation of formal
11 interagency agreements, and the entry into such
12 agreements, between the lead agency and (i) the
13 Department of Public Aid, (ii) the University of Illinois
14 Division of Specialized Care for Children, and (iii)
15 other relevant State agencies that:

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

27 (2) include all additional components
28 necessary to ensure meaningful cooperation and
29 coordination.

30 Interagency agreements under this paragraph (e) must
31 be reviewed and revised to implement the purposes of this
32 amendatory Act of the 92nd General Assembly no later than
33 60 days after the effective date of this amendatory Act
34 of the 92nd General Assembly.

1 (f) The maintenance of an early intervention
2 website. Within 30 days after the effective date of
3 this amendatory Act of the 92nd General Assembly, the
4 lead agency shall post and keep posted on this website
5 the following: (i) the current annual report required
6 under subdivision (b)(5) of Section 4 of this Act, and
7 the annual reports of the prior 3 years, (ii) the most
8 recent Illinois application for funds prepared under
9 Section 637 of the Individuals with Disabilities
10 Education Act filed with the United States Department of
11 Education, (iii) proposed modifications of the
12 application prepared for public comment, (iv) notice of
13 Council meetings, Council agendas, and minutes of its
14 proceedings for at least the previous year, (v) proposed
15 and final early intervention rules, (vi) requests for
16 proposals, and (vii) all reports created for
17 dissemination to the public that are related to the early
18 intervention program, including reports prepared at the
19 request of the Council, the General Assembly, and the
20 Legislative Advisory Committee established under Section
21 13.50 of this Act. Each such document shall be posted on
22 the website within 3 working days after the document's
23 completion.

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

25 (325 ILCS 20/11) (from Ch. 23, par. 4161)

26 Sec. 11. Individualized Family Service Plans.

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

29 (1) ~~(a)~~ timely, comprehensive, multidisciplinary
30 assessment of the unique needs of each eligible infant
31 and toddler, and assessment of the concerns and
32 priorities of the families to appropriately assist them
33 in meeting their needs and identify services to meet

1 those needs; and

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

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

30 (c) The evaluation and initial assessment and initial
31 Plan meeting must be held within 45 days after the initial
32 contact with the early intervention services system. With
33 parental consent, early intervention services may commence
34 before the completion of the comprehensive assessment and

1 development of the Plan.

2 (d) Parents must be informed that, at their discretion,
3 early intervention services shall be provided to each
4 eligible infant and toddler in the natural environment, which
5 may include the home or other community settings. Parents
6 shall make the final decision to accept or decline early
7 intervention services. A decision to decline such services
8 shall not be a basis for administrative determination of
9 parental fitness, or other findings or sanctions against the
10 parents. Parameters of the Plan shall be set forth in rules.

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

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

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

22 (3) That the family may request, with appropriate
23 documentation supporting the request, at the regional
24 intake entity, a determination of an exemption from
25 private insurance use under Section 13.25.

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

30 (5) That families will be responsible for payments
31 of family fees, which will be based on a sliding scale
32 according to income, and that these fees are payable to
33 the central billing office, and that if the family
34 encounters a catastrophic circumstance, as defined under

1 subsection (f) of Section 13 of this Act, making it
2 unable to pay the fees, the lead agency may, upon proof
3 of inability to pay, waive the fees.

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

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

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

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

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

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

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

22 (325 ILCS 20/13) (from Ch. 23, par. 4163)

23 Sec. 13. Funding and Fiscal Responsibility.

24 (a) The lead agency and every other participating State
25 agency may receive and expend funds appropriated by the
26 General Assembly to implement the early intervention services
27 system as required by this Act.

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

32 (c) Funds provided under Section 633 of the Individuals
33 with Disabilities Education Act (20 United States Code 1433)

1 and State funds designated or appropriated for early
2 intervention services or programs may not be used to satisfy
3 a financial commitment for services which would have been
4 paid for from another public or private source but for the
5 enactment of this Act, except whenever considered necessary
6 to prevent delay in receiving appropriate early intervention
7 services by the eligible infant or toddler or family in a
8 timely manner. Funds provided under Section 633 of the
9 Individuals with Disabilities Education Act and State funds
10 designated or appropriated for early intervention services or
11 programs may be used by the lead agency to pay the provider
12 of services (A) pending reimbursement from the appropriate
13 State agency or (B) if (i) the claim for payment is denied in
14 whole or in part by a public or private source, or would be
15 denied under the written terms of the public program or plan
16 or private plan, or (ii) use of private insurance for the
17 service has been exempted under Section 13.25. Payment under
18 item (B)(i) may be made based on a pre-determination
19 telephone inquiry supported by written documentation of the
20 denial supplied thereafter by the insurance carrier.

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

26 (e) The lead agency shall create a central billing
27 office to receive and dispense all relevant State and federal
28 resources, as well as local government or independent
29 resources available, for early intervention services. This
30 office shall assure that maximum federal resources are
31 utilized and that providers receive funds with minimal
32 duplications or interagency reporting and with consolidated
33 audit procedures.

34 (f) The lead agency shall, by rule, may--also create a

1 system of payments by families, including a schedule of fees.
2 No fees, however, may be charged for: implementing child
3 find, evaluation and assessment, service coordination,
4 administrative and coordination activities related to the
5 development, review, and evaluation of Individualized Family
6 Service Plans, or the implementation of procedural safeguards
7 and other administrative components of the statewide early
8 intervention system.

9 The system of payments, called family fees, shall be
10 structured on a sliding scale based on family income. The
11 family's coverage or lack of coverage under a public or
12 private insurance plan or policy shall not be a factor in
13 determining the amount of the family fees.

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

1 (g) To ensure that early intervention funds are used as
2 the payor of last resort for early intervention services, the
3 lead agency shall determine at the point of early
4 intervention intake, and again at any periodic review of
5 eligibility thereafter or upon a change in family
6 circumstances, whether the family is eligible for or enrolled
7 in any program for which payment is made directly or through
8 public or private insurance for any or all of the early
9 intervention services made available under this Act. The lead
10 agency shall establish procedures to ensure that payments are
11 made either directly from these public and private sources
12 instead of from State or federal early intervention funds, or
13 as reimbursement for payments previously made from State or
14 federal early intervention funds.

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

16 (325 ILCS 20/13.5 new)

17 Sec. 13.5. Other programs.

18 (a) When an application or a review of eligibility for
19 early intervention services is made, and at any eligibility
20 redetermination thereafter, the family shall be asked if it
21 is currently enrolled in Medicaid, KidCare, or the Title V
22 program administered by the University of Illinois Division
23 of Specialized Care for Children. If the family is enrolled
24 in any of these programs, that information shall be put on
25 the individualized family service plan and entered into the
26 computerized case management system, and shall require that
27 the individualized family services plan of a child who has
28 been found eligible for services through the Division of
29 Specialized Care for Children state that the child is
30 enrolled in that program. For those programs in which the
31 family is not enrolled, a preliminary eligibility screen
32 shall be conducted simultaneously for (i) medical assistance
33 (Medicaid) under Article V of the Illinois Public Aid Code,

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

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

21 (c) When a child is determined eligible for and
22 enrolled in the early intervention program and has been
23 found to at least meet the threshold income eligibility
24 requirements for Medicaid or KidCare, the regional intake
25 entity shall complete a KidCare/Medicaid application with the
26 family and forward it to the Illinois Department of Public
27 Aid's KidCare Unit for a determination of eligibility.

28 (d) With the cooperation of the Department of Public
29 Aid, the lead agency shall establish procedures that ensure
30 the timely and maximum allowable recovery of payments for all
31 early intervention services and allowable administrative
32 costs under Article V of the Illinois Public Aid Code and the
33 Children's Health Insurance Program Act and shall include
34 those procedures in the interagency agreement required under

1 subsection (e) of Section 5 of this Act.

2 (e) For purposes of making referrals for final
3 determinations of eligibility for KidCare benefits under the
4 Children's Health Insurance Program Act and for medical
5 assistance under Article V of the Illinois Public Aid Code,
6 the lead agency shall require each early intervention
7 regional intake entity to enroll as a "KidCare agent" in
8 order for the entity to complete the KidCare application as
9 authorized under Section 22 of the Children's Health
10 Insurance Program Act.

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

27 (g) The lead agency shall require that an individual
28 applying for or renewing enrollment as a provider of services
29 in the early intervention program state whether or not he or
30 she is also enrolled as a DSCC provider. This information
31 shall be noted next to the name of the provider on the
32 computerized roster of Illinois early intervention providers,
33 and regional intake entities shall make every effort to refer
34 families eligible for DSCC services to these providers.

1 (325 ILCS 20/13.10 new)

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

13 (325 ILCS 20/13.15 new)

14 Sec. 13.15. Billing of insurance carrier.

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

1 with the central billing office that is imposed through a
2 policy, procedure, or rule of the lead agency shall be
3 suspended until the provider receives an explanation of
4 benefits or other final determination of the claim it files
5 with the child's insurance carrier.

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

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

29 (325 ILCS 20/13.20 new)

30 Sec. 13.20. Families with insurance coverage.

31 (a) Families of children with insurance coverage,
32 whether public or private, shall incur no greater or less
33 direct out-of-pocket expenses for early intervention services

1 than families who are not insured.

2 (b) Managed care plans.

3 (1) Use of managed care network providers. When a
4 family's insurance coverage is through a managed care
5 arrangement with a network of providers that includes
6 one or more types of early intervention specialists who
7 provide the services set forth in the family's
8 individualized family service plan, the regional intake
9 entity shall require the family to use those network
10 providers, but only to the extent that:

11 (A) the network provider is immediately
12 available to receive the referral and to begin
13 providing services to the child;

14 (B) the network provider is enrolled as a
15 provider in the Illinois early intervention system
16 and fully credentialed under the current policy or
17 rule of the lead agency;

18 (C) the network provider can provide the
19 services to the child in the manner required in the
20 individualized service plan;

21 (D) the family would not have to travel more
22 than an additional 15 miles or an additional 30
23 minutes to the network provider than it would have
24 to travel to a non-network provider who is available
25 to provide the same service; and

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

30 (2) Transfers from non-network to network
31 providers. If a child has been receiving services from a
32 non-network provider and the regional intake entity
33 determines, at the time of enrollment in the early
34 intervention program or at any point thereafter, that the

1 family is enrolled in a managed care plan, the regional
2 intake entity shall require the family to transfer to a
3 network provider within 45 days after that determination,
4 but within no more than 60 days after the effective date
5 of this amendatory Act of the 92nd General Assembly, if:

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

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

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

22 (4) The lead agency, in conjunction with any
23 entities with which it may have contracted for the
24 training and credentialing of providers, the local
25 interagency council for early intervention, the regional
26 intake entity, and the enrolled providers in each region
27 who wish to participate, shall cooperate in developing a
28 matrix and action plan that (A) identifies both (i) which
29 early intervention providers and which fully credentialed
30 early intervention providers are members of the managed
31 care plans that are used in the region by families with
32 children in the early intervention program, and (ii)
33 which early intervention services, with what
34 restrictions, if any, are covered under those plans, (B)

1 identifies which credentialed specialists are members of
2 which managed care plans in the region, and (C)
3 identifies the various managed care plans to early
4 intervention providers, encourages their enrollment in
5 the area plans, and provides them with information on how
6 to enroll. These matrices shall be complete no later than
7 7 months after the effective date of this amendatory Act
8 of the 92nd General Assembly, and shall be provided to
9 the Early Intervention Legislative Advisory Committee at
10 that time. The lead agency shall work with networks that
11 may have closed enrollment to additional providers to
12 encourage their admission of early intervention
13 providers, and shall report to the Early Intervention
14 Legislative Advisory Committee on the initial results of
15 these efforts no later than February 1, 2002.

16 (325 ILCS 20/13.25 new)

17 Sec. 13.25. Private insurance; exemption.

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

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

32 (c) An exemption may be granted on the basis of material
33 risk of loss of coverage only if the family submits

1 documentation with its request for an exemption that
2 establishes (i) that the insurance plan or policy covering
3 the child is an individually purchased plan or policy and has
4 been purchased by a head of a household that is not eligible
5 for a group medical insurance plan, (ii) that the policy or
6 plan has a lifetime cap that applies to one or more specific
7 types of early intervention services specified in the
8 family's individualized family service plan, and that
9 coverage could be exhausted during the period covered by the
10 individualized family service plan, or (iii) proof of another
11 risk that the lead agency, in its discretion, may have
12 additionally established and defined as a ground for
13 exemption by rule.

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

20 (325 ILCS 20/13.30 new)

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

29 (a) Courses in birth-to-3 evaluation and treatment of
30 children with developmental disabilities and delays (1) that
31 are taught by fully credentialed early intervention providers
32 or educators with substantial experience in evaluation and
33 treatment of children from birth to age 3 with developmental

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

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

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

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

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

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

32 (325 ILCS 20/13.32 new)

33 Sec. 13.32. Contracting. The lead agency may enter into

1 contracts for some or all of its responsibilities under this
2 Act, including but not limited to, credentialing and
3 enrolling providers; training under Section 13.30;
4 maintaining a central billing office; data collection and
5 analysis; establishing and maintaining a computerized case
6 management system accessible to local referral offices and
7 providers; creating and maintaining a system for provider
8 credentialing and enrollment; creating and maintaining the
9 central directory required under subsection (g) of Section 7
10 of this Act; and program operations. If contracted, these
11 contracts are subject to the Illinois Procurement Code, shall
12 be subject to public bid under requests for proposals under
13 that Code, and, in addition to the posting requirements under
14 that Code, shall be posted on the early intervention website
15 maintained by the lead agency during the entire bid period.
16 Any of these listed responsibilities currently under contract
17 or grant that have not met these requirements shall be
18 subject to public bid under this request for proposal process
19 no later than July 1, 2002.

20 (325 ILCS 20/13.50 new)
21 Sec. 13.50. Early Intervention Legislative Advisory
22 Committee. No later than 60 days after the effective date of
23 this amendatory Act of 92nd General Assembly, there shall be
24 convened the Early Intervention Legislative Advisory
25 Committee. The majority and minority leaders of the General
26 Assembly shall each appoint 2 members to the Committee. The
27 Committee's term is for a period of 2 years, and the
28 Committee shall publicly convene no less than 4 times per
29 year. The Committee's responsibilities shall include, but not
30 be limited to, providing guidance to the lead agency
31 regarding programmatic and fiscal management and
32 accountability, provider development and accountability,
33 contracting, and program outcome measures. During the life

1 of the Committee, on a quarterly basis, or more often as the
2 Committee may request, the lead agency shall provide to the
3 Committee, and simultaneously to the public, through postings
4 on the lead agency's early intervention website, quarterly
5 reports containing monthly data and other early intervention
6 program information that the Committee requests. The first
7 data report must be supplied no later than September 21,
8 2001, and must include the previous 2 quarters of data.

9 (325 ILCS 20/15) (from Ch. 23, par. 4165)

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

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

21 Section 99. Effective date. This Act takes effect upon
22 becoming law."