AN ACT in relation to children.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

or her family;

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

(3) are provided under public supervision;

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

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

(A) physical development, including vision and hearing,

(B) cognitive development,

(C) communication development,

(D) social or emotional development, or

(E) adaptive development;

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

(7) include one or more of the following:

(A) family training,

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

(C) special instruction,

(D) speech, language pathology and audiology,

(E) occupational therapy,

(F) physical therapy,

(G) psychological services,

(H) service coordination services,

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

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

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

to benefit from the other early intervention services,

(L) vision services,

(M) transportation, and

(N) assistive technology devices and services;

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

(A) child development specialists or special educators,

(B) speech and language pathologists and audiologists,

(C) occupational therapists,

(D) physical therapists,

(E) social workers,

(F) nurses,

(G) nutritionists,

(H) optometrists,

(I) psychologists, and

(J) physicians;

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

(10) are provided throughout the year; and

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 4. Illinois Interagency Council on Early Intervention.

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

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

(A) Illinois State Board of Education;

(B) (Blank);

(C) (Blank);

(D) Illinois Department of Children and Family Services;

(E) University of Illinois Division of Specialized Care for Children;

(F) Illinois Department of Public Aid;

(G) Illinois Department of Public Health;

(H) (Blank);

(I) Illinois Planning Council on Developmental Disabilities; and

(J) Illinois Department of Insurance.

(2) Other members as follows:

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

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

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

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

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

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

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

The Council shall prepare and approve a budget using

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

(b) The Council shall:

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

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

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

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

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

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

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

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

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

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

The lead agency is responsible for carrying out the following:

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

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

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

(d) The resolution of intra-agency and interagency regulatory and procedural disputes.~~;--and~~

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

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

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

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

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

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

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

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

Sec. 11. Individualized Family Service Plans.

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

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

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

1 services necessary to enhance the family's capacity to
2 meet the developmental needs of the infant or toddler, 494
3 and shall include the identification of services 495
4 appropriate to meet those needs, including the frequency, 496
5 intensity, and method of delivering services. During and
6 as part of the initial development of the individualized 497
7 family services plan, and any periodic reviews of the 498
8 plan, the multidisciplinary team shall consult the lead
9 agency's therapy guidelines and its designated experts, 499
10 if any, to help determine appropriate services and the 500
11 frequency and intensity of those services. All services 501
12 in the individualized family services plan must be 503
13 justified by the multidisciplinary assessment of the
14 unique strengths and needs of the infant or toddler and 505
15 must be appropriate to meet those needs. At the periodic 507
16 reviews, the team shall determine whether modification or
17 revision of the outcomes or services is necessary. 509
18 (b) The Individualized Family Service Plan shall be 511
19 evaluated once a year and the family shall be provided a 513
20 review of the Plan at 6 month intervals or more often where 514
21 appropriate based on infant or toddler and family needs.
22 (c) The evaluation and initial assessment and initial 516
23 Plan meeting must be held within 45 days after the initial 517
24 contact with the early intervention services system. With 518
25 parental consent, early intervention services may commence 519
26 before the completion of the comprehensive assessment and 520
27 development of the Plan.
28 (d) Parents must be informed that, at their discretion, 522
29 early intervention services shall be provided to each 524
30 eligible infant and toddler in the natural environment, which 525
31 may include the home or other community settings. Parents
32 shall make the final decision to accept or decline early 528
33 intervention services. A decision to decline such services
34 shall not be a basis for administrative determination of 529

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 13. Funding and Fiscal Responsibility.

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

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

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

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

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

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

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

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

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

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

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

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

(325 ILCS 20/13.5 new)

Sec. 13.5. Other programs.

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

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

1 develop and use, within 60 days after the effective date of 752
2 this amendatory Act of the 92nd General Assembly, with the 754
3 cooperation of the Department of Public Aid and the Division 756
4 of Specialized Care for Children of the University of 758
5 Illinois, a screening device that provides sufficient 760
6 information for the early intervention regional intake 762
7 entities or other agencies to establish eligibility for those 764
8 other programs and shall, in cooperation with the Illinois 766
9 Department of Public Aid and the Division of Specialized Care 768
10 for Children, train the regional intake entities on using the 770
11 screening device.
12 (c) When a child is determined eligible for and 773
13 enrolled in the early intervention program and has been 775
14 found to at least meet the threshold income eligibility 777
15 requirements for Medicaid or KidCare, the regional intake 778
16 entity shall complete a KidCare/Medicaid application with the 780
17 family and forward it to the Illinois Department of Public 782
18 Aid's KidCare Unit for a determination of eligibility. 784
19 (d) With the cooperation of the Department of Public 787
20 Aid, the lead agency shall establish procedures that ensure 789
21 the timely and maximum allowable recovery of payments for all 791
22 early intervention services and allowable administrative 793
23 costs under Article V of the Illinois Public Aid Code and the 795
24 Children's Health Insurance Program Act and shall include 796
25 those procedures in the interagency agreement required under 797
26 subsection (e) of Section 5 of this Act. 798
27 (e) For purposes of making referrals for final 800
28 determinations of eligibility for KidCare benefits under the 802
29 Children's Health Insurance Program Act and for medical
30 assistance under Article V of the Illinois Public Aid Code, 803
31 the lead agency shall require each early intervention 804
32 regional intake entity to enroll as a "KidCare agent" in 805
33 order for the entity to complete the KidCare application as 806
34 authorized under Section 22 of the Children's Health

Insurance Program Act.

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

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

(325 ILCS 20/13.10 new)

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

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

(325 ILCS 20/13.15 new)

Sec. 13.15. Billing of insurance carrier.

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

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

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

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

(325 ILCS 20/13.20 new)

Sec. 13.20. Families with insurance coverage.

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

(b) Managed care plans.

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

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

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

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

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

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

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

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

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

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

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

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

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

(325 ILCS 20/13.25 new)

Sec. 13.25. Private insurance; exemption.

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

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

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

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

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

(325 ILCS 20/13.30 new)

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

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

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

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

(1) Practice and procedures of private insurance billing.

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

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

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

(325 ILCS 20/13.32 new)

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

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

(325 ILCS 20/13.50 new)

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

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

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

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

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

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

President of the Senate

Michael J. Madigan
Speaker, House of Representatives

APPROVED
this 9th day of August 2001 A.D.,
George H. Ryan
GOVERNOR