

1 AN ACT concerning children.

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

4 Section 5. The Early Intervention Services System Act is  
5 amended by changing Sections 3, 4, 5, 7, 9, 10, 11, 12, 13,  
6 13.5, 13.10, 13.15, and 13.30 as follows:

7 (325 ILCS 20/3) (from Ch. 23, par. 4153)

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

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

12 (1) Developmental delays.

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

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

17 (4) Either (A) having entered the program under any of  
18 the circumstances listed in paragraphs (1) through (3) of  
19 this subsection but no longer meeting the current  
20 eligibility criteria under those paragraphs, and  
21 continuing to have any measurable delay, or (B) not having  
22 attained a level of development in each area, including (i)  
23 cognitive, (ii) physical (including vision and hearing),

1 (iii) language, speech, and communication, (iv) social or  
2 emotional ~~psycho-social~~, or (v) adaptive ~~self-help skills~~,  
3 that is at least at the mean of the child's age equivalent  
4 peers; and, in addition to either item (A) or item (B), (C)  
5 having been determined by the multidisciplinary  
6 individualized family service plan team to require the  
7 continuation of early intervention services in order to  
8 support continuing developmental progress, pursuant to the  
9 child's needs and provided in an appropriate developmental  
10 manner. The type, frequency, and intensity of services  
11 shall differ from the initial individualized family  
12 services plan because of the child's developmental  
13 progress, and may consist of only service coordination,  
14 evaluation, and assessments.

15 (b) "Developmental delay" means a delay in one or more of  
16 the following areas of childhood development as measured by  
17 appropriate diagnostic instruments and standard procedures:  
18 cognitive; physical, including vision and hearing; language,  
19 speech and communication; social or emotional ~~psycho-social~~;  
20 or adaptive ~~self-help skills~~. The term means a delay of 30% or  
21 more below the mean in function in one or more of those areas.

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

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

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

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

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

13           (1) are designed to meet the developmental needs of  
14 each child eligible under this Act and the needs of his or  
15 her family;

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

18           (3) are provided under public supervision;

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

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

24           (A) physical development, including vision and  
25 hearing,

26           (B) cognitive development,

- 1 (C) communication development,  
2 (D) social or emotional development, or  
3 (E) adaptive development;  
4 (6) meet the standards of the State, including the  
5 requirements of this Act;  
6 (7) include one or more of the following:  
7 (A) family training,  
8 (B) social work services, including counseling,  
9 and home visits,  
10 (C) special instruction,  
11 (D) speech, language pathology and audiology,  
12 (E) occupational therapy,  
13 (F) physical therapy,  
14 (G) psychological services,  
15 (H) service coordination services,  
16 (I) medical services only for diagnostic or  
17 evaluation purposes,  
18 (J) early identification, screening, and  
19 assessment services,  
20 (K) health services specified by the lead agency as  
21 necessary to enable the infant or toddler to benefit  
22 from the other early intervention services,  
23 (L) vision services,  
24 (M) transportation, ~~and~~  
25 (N) assistive technology devices and services, ~~+~~  
26 (O) nursing services,

1                   (P) nutrition services, and

2                   (Q) sign language and cued language services;

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

5                   (A) child development specialists or special  
6 educators, including teachers of children with hearing  
7 impairments (including deafness) and teachers of  
8 children with vision impairments (including  
9 blindness),

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

12                   (C) occupational therapists,

13                   (D) physical therapists,

14                   (E) social workers,

15                   (F) nurses,

16                   (G) dietitian nutritionists,

17                   (H) vision specialists, including ophthalmologists  
18 and optometrists,

19                   (I) psychologists, and

20                   (J) physicians;

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

23                   (10) are provided throughout the year; and

24                   (11) are provided in natural environments, to the  
25 maximum extent appropriate, which may include the home and  
26 community settings, unless justification is provided

1 consistent with federal regulations adopted under Sections  
2 1431 through 1444 of Title 20 of the United States Code.

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

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

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

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

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

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

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

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

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

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

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

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

18           (a) There is established the Illinois Interagency Council  
19 on Early Intervention. The Council shall be composed of at  
20 least 20 but not more than 30 members. The members of the  
21 Council and the designated chairperson of the Council shall be  
22 appointed by the Governor. The Council member representing the  
23 lead agency may not serve as chairperson of the Council. The  
24 Council shall be composed of the following members:

25           (1) The Secretary of Human Services (or his or her

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

7                   (A) Department of Insurance; and

8                   (B) Department of Healthcare and Family Services.

9           (2) Other members as follows:

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

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

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

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

1           (E) Two members shall be from advocacy  
2 organizations with expertise in improving health,  
3 development, and educational outcomes for infants and  
4 toddlers with disabilities;

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

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

9           (H) One member shall be the co-chair of the  
10 Illinois Early Learning Council (or his or her  
11 designee); and

12           (I) Members representing the following agencies or  
13 entities: the State Board of Education; the Department  
14 of Public Health; the Department of Children and Family  
15 Services; the University of Illinois Division of  
16 Specialized Care for Children; the Illinois Council on  
17 Developmental Disabilities; Head Start or Early Head  
18 Start; and the Department of Human Services' Division  
19 of Mental Health. A member may represent one or more of  
20 the listed agencies or entities.

21           The Council shall meet at least quarterly and in such  
22 places as it deems necessary. Terms of the initial members  
23 appointed under paragraph (2) shall be determined by lot at the  
24 first Council meeting as follows: of the persons appointed  
25 under subparagraphs (A) and (B), one-third shall serve one year  
26 terms, one-third shall serve 2 year terms, and one-third shall

1 serve 3 year terms; and of the persons appointed under  
2 subparagraphs (C) and (D), one shall serve a 2 year term and  
3 one shall serve a 3 year term. Thereafter, successors appointed  
4 under paragraph (2) shall serve 3 year terms. Once appointed,  
5 members shall continue to serve until their successors are  
6 appointed. No member shall be appointed to serve more than 2  
7 consecutive terms.

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

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

19 (b) The Council shall:

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

26 (2) advise and assist the lead agency in the

1 preparation of applications and amendments to  
2 applications;

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

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

8 (4.5) coordinate and collaborate with State  
9 interagency early learning initiatives, as appropriate;  
10 and

11 (5) prepare and submit an annual report to the Governor  
12 and to the General Assembly on the status of early  
13 intervention programs for eligible infants and toddlers  
14 and their families in Illinois. The annual report shall  
15 include (i) the estimated number of eligible infants and  
16 toddlers in this State, (ii) the number of eligible infants  
17 and toddlers who have received services under this Act and  
18 the cost of providing those services, and (iii) the  
19 estimated cost of providing services under this Act to all  
20 eligible infants and toddlers in this State. ~~, and (iv)~~  
21 ~~data and other information as is requested to be included~~  
22 ~~by the Legislative Advisory Committee established under~~  
23 ~~Section 13.50 of this Act.~~ The report shall be posted by  
24 the lead agency on the early intervention website as  
25 required under paragraph (f) of Section 5 of this Act.

26 No member of the Council shall cast a vote on or

1 participate substantially in any matter which would provide a  
2 direct financial benefit to that member or otherwise give the  
3 appearance of a conflict of interest under State law. All  
4 provisions and reporting requirements of the Illinois  
5 Governmental Ethics Act shall apply to Council members.

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

7 (325 ILCS 20/5) (from Ch. 23, par. 4155)

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

17 The lead agency is responsible for carrying out the  
18 following:

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

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

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

5           (d) The resolution of intra-agency and interagency  
6 regulatory and procedural disputes.

7           (e) The development and implementation of formal  
8 interagency agreements, and the entry into such  
9 agreements, between the lead agency and (i) the Department  
10 of Healthcare and Family Services, (ii) the University of  
11 Illinois Division of Specialized Care for Children, and  
12 (iii) other relevant State agencies that:

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

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

26 Interagency agreements under this paragraph (e) must

1 be reviewed and revised to implement the purposes of this  
2 amendatory Act of the 92nd General Assembly no later than  
3 60 days after the effective date of this amendatory Act of  
4 the 92nd General Assembly.

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

26 (g) Before adopting any new policy or procedure

1       (including any revisions to an existing policy or  
2       procedure) needed to comply with Part C of the Individuals  
3       with Disabilities Education Act, the lead agency must hold  
4       public hearings on the new policy or procedure, provide  
5       notice of the hearings at least 30 days before the hearings  
6       are conducted to enable public participation, and provide  
7       an opportunity for the general public, including  
8       individuals with disabilities and parents of infants and  
9       toddlers with disabilities, early intervention providers,  
10       and members of the Council to comment for at least 30 days  
11       on the new policy or procedure needed to comply with Part C  
12       of the Individuals with Disabilities Education Act and with  
13       34 CFR Part 300 and Part 303.

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

15       (325 ILCS 20/7) (from Ch. 23, par. 4157)

16       Sec. 7. Essential Components of the Statewide Service  
17       System. As required by federal laws and regulations, a  
18       statewide system of coordinated, comprehensive, interagency  
19       and interdisciplinary programs shall be established and  
20       maintained. The framework of the statewide system shall be  
21       based on the components set forth in this Section. This  
22       framework shall be used for planning, implementation,  
23       coordination and evaluation of the statewide system of locally  
24       based early intervention services.

25       The statewide system shall include, at a minimum:

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

5 (b) timetables for ensuring that appropriate early  
6 intervention services, based on scientifically based  
7 research, to the extent practicable, will be available to  
8 all eligible infants and toddlers in this State after the  
9 effective date of this Act;

10 (c) a timely, comprehensive, multidisciplinary and  
11 interdisciplinary evaluation ~~of the functioning~~ of each  
12 potentially eligible infant and toddler ~~with suspected~~  
13 ~~disabilities~~ in this State, unless the child meets the  
14 definition of eligibility based upon his or her medical and  
15 other records; for a child determined eligible, a  
16 multidisciplinary assessment of the unique strengths and  
17 needs of that infant or toddler and the identification of  
18 services appropriate to meet those needs and a  
19 family-directed assessment of the resources, priorities,  
20 and concerns of the family and the identification of  
21 supports and services necessary to enhance the family's  
22 capacity to meet the developmental needs of that infant or  
23 toddler ~~the concerns, priorities and resource needs of the~~  
24 ~~families to appropriately assist in the development of the~~  
25 ~~infant and toddler with disabilities;~~

26 (d) for each eligible infant and toddler, an

1 Individualized Family Service Plan, including service  
2 coordination (case management) services;

3 (e) a comprehensive child find system, consistent with  
4 Part B of the Individuals with Disabilities Education Act  
5 (20 United States Code 1411 through 1420 and as set forth  
6 in 34 CFR 300.115), which includes timelines and provides  
7 for participation by primary referral sources;

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

10 (g) a central directory which includes public and  
11 private early intervention services, resources, and  
12 experts available in this State, professional and other  
13 groups (including parent support groups and training and  
14 information centers) that provide assistance to infants  
15 and toddlers with disabilities who are eligible for early  
16 intervention programs assisted under Part C of the  
17 Individuals with Disabilities Education Act and their  
18 families, and ~~early intervention~~ research and  
19 demonstration projects being conducted in this State  
20 relating to infants and toddlers with disabilities;

21 (h) a comprehensive system of personnel development;

22 (i) a policy pertaining to the contracting or making of  
23 other arrangements with public and private service  
24 providers to provide early intervention services in this  
25 State, consistent with the provisions of this Act,  
26 including the contents of the application used and the

1 conditions of the contract or other arrangements;

2 (j) a procedure for securing timely reimbursement of  
3 funds;

4 (k) procedural safeguards with respect to programs  
5 under this Act;

6 (l) policies and procedures relating to the  
7 establishment and maintenance of standards to ensure that  
8 personnel necessary to carry out this Act are appropriately  
9 and adequately prepared and trained;

10 (m) a system of evaluation of, and compliance with,  
11 program standards;

12 (n) a system for compiling data on the numbers of  
13 eligible infants and toddlers and their families in this  
14 State in need of appropriate early intervention services;  
15 the numbers served; the types of services provided; and  
16 other information required by the State or federal  
17 government; and

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

21 In addition to these required components, linkages may be  
22 established within a local community area among the prenatal  
23 initiatives affording services to high risk pregnant women.  
24 Additional linkages among at risk programs and local literacy  
25 programs may also be established.

26 Within 60 days of the effective date of this Act, a

1 five-fiscal-year implementation plan shall be submitted to the  
2 Governor by the lead agency with the concurrence of the  
3 Interagency Council on Early Intervention. The plan shall list  
4 specific activities to be accomplished each year, with cost  
5 estimates for each activity. No later than the second Monday in  
6 July of each year thereafter, the lead agency shall, with the  
7 concurrence of the Interagency Council, submit to the  
8 Governor's Office a report on accomplishments of the previous  
9 year and a revised list of activities for the remainder of the  
10 five-fiscal-year plan, with cost estimates for each. The  
11 Governor shall certify that specific activities in the plan for  
12 the previous year have been substantially completed before  
13 authorizing relevant State or local agencies to implement  
14 activities listed in the revised plan that depend substantially  
15 upon completion of one or more of the earlier activities.

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

17 (325 ILCS 20/9) (from Ch. 23, par. 4159)

18 Sec. 9. Role of Other State Entities. The Departments of  
19 Public Health, Human Services, Children and Family Services,  
20 and Healthcare and Family Services ~~Public Aid~~; the University  
21 of Illinois Division of Specialized Care for Children; the  
22 State Board of Education; and any other State agency which  
23 directly or indirectly provides or administers early  
24 intervention services shall adopt compatible rules for the  
25 provision of services to eligible infants and toddlers and

1 their families within one year of the effective date of this  
2 Act.

3 These agencies shall enter into and maintain formal  
4 interagency agreements to enable the State and local agencies  
5 serving eligible children and their families to establish  
6 working relationships that will increase the efficiency and  
7 effectiveness of their early intervention services. The  
8 agreement shall outline the administrative, program and  
9 financial responsibilities of the relevant State agencies and  
10 shall implement a coordinated service delivery system through  
11 local interagency agreements.

12 There shall be created in the Office of the Governor an  
13 Early Childhood Intervention Ombudsman to assist families and  
14 local parties in ensuring that all State agencies serving  
15 eligible families do so in a comprehensive and collaborative  
16 manner.

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

18 (325 ILCS 20/10) (from Ch. 23, par. 4160)

19 Sec. 10. Standards. The Council and the lead agency, with  
20 assistance from parents and providers, shall develop and  
21 promulgate policies and procedures relating to the  
22 establishment and implementation of program and personnel  
23 standards to ensure that services provided are consistent with  
24 any State-approved or recognized certification, licensing,  
25 registration, or other comparable requirements which apply to

1 the area of early intervention program service standards. Only  
2 State-approved public or private early intervention service  
3 providers shall be eligible to receive State and federal  
4 funding for early intervention services. All early childhood  
5 intervention staff shall hold the highest entry requirement  
6 necessary for that position.

7 To be a State-approved early intervention service  
8 provider, an individual (i) shall not have served or completed,  
9 within the preceding 5 years, a sentence for conviction of any  
10 felony that the Department establishes by rule and (ii) shall  
11 not have been indicated as a perpetrator of child abuse or  
12 neglect, within the preceding 5 years, in an investigation by  
13 Illinois (pursuant to the Abused and Neglected Child Reporting  
14 Act) or another state. The Department is authorized to receive  
15 criminal background checks for such providers and persons  
16 applying to be such a provider and to receive child abuse and  
17 neglect reports regarding indicated perpetrators who are  
18 applying to provide or currently authorized to provide early  
19 intervention services in Illinois. Beginning January 1, 2004,  
20 every provider of State-approved early intervention services  
21 and every applicant to provide such services must authorize, in  
22 writing and in the form required by the Department, a State and  
23 FBI ~~a~~ criminal background check, as requested by the  
24 Department, and check of child abuse and neglect reports  
25 regarding the provider or applicant as a condition of  
26 authorization to provide early intervention services. The

1 Department shall use the results of the checks only to  
2 determine State approval of the early intervention service  
3 provider and shall not re-release the information except as  
4 necessary to accomplish that purpose.

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

6 (325 ILCS 20/11) (from Ch. 23, par. 4161)

7 Sec. 11. Individualized Family Service Plans.

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

10 (1) timely, comprehensive, multidisciplinary  
11 assessment of the unique strengths and needs of each  
12 eligible infant and toddler, and assessment of the concerns  
13 and priorities of the families to appropriately assist them  
14 in meeting their needs and identify supports and services  
15 to meet those needs; and

16 (2) a written Individualized Family Service Plan  
17 developed by a multidisciplinary team which includes the  
18 parent or guardian. The individualized family service plan  
19 shall be based on the multidisciplinary team's assessment  
20 of the resources, priorities, and concerns of the family  
21 and its identification of the supports and services  
22 necessary to enhance the family's capacity to meet the  
23 developmental needs of the infant or toddler, and shall  
24 include the identification of services appropriate to meet  
25 those needs, including the frequency, intensity, and

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

14 (b) The Individualized Family Service Plan shall be  
15 evaluated once a year and the family shall be provided a review  
16 of the Plan at 6 month intervals or more often where  
17 appropriate based on infant or toddler and family needs. The  
18 lead agency shall create a quality review process regarding  
19 Individualized Family Service Plan development and changes  
20 thereto, to monitor and help assure that resources are being  
21 used to provide appropriate early intervention services.

22 (c) The initial evaluation and initial assessment and  
23 initial Plan meeting must be held within 45 days after the  
24 initial contact with the early intervention services system.  
25 The 45-day timeline does not apply for any period when the  
26 child or parent is unavailable to complete the initial

1 evaluation, the initial assessments of the child and family, or  
2 the initial Plan meeting, due to exceptional family  
3 circumstances that are documented in the child's early  
4 intervention records, or when the parent has not provided  
5 consent for the initial evaluation or the initial assessment of  
6 the child despite documented, repeated attempts to obtain  
7 parental consent. As soon as exceptional family circumstances  
8 no longer exist or parental consent has been obtained, the  
9 initial evaluation, the initial assessment, and the initial  
10 Plan meeting must be completed as soon as possible. With  
11 parental consent, early intervention services may commence  
12 before the completion of the comprehensive assessment and  
13 development of the Plan.

14 (d) Parents must be informed that, ~~at their discretion,~~  
15 early intervention services shall be provided to each eligible  
16 infant and toddler, to the maximum extent appropriate, in the  
17 natural environment, which may include the home or other  
18 community settings. Parents shall make the final decision to  
19 accept or decline early intervention services. A decision to  
20 decline such services shall not be a basis for administrative  
21 determination of parental fitness, or other findings or  
22 sanctions against the parents. Parameters of the Plan shall be  
23 set forth in rules.

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

26 (1) That the early intervention program will pay for

1 all early intervention services set forth in the  
2 individualized family service plan that are not covered or  
3 paid under the family's public or private insurance plan or  
4 policy and not eligible for payment through any other third  
5 party payor.

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

9 (3) That the family may request, with appropriate  
10 documentation supporting the request, a determination of  
11 an exemption from private insurance use under Section  
12 13.25.

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

17 (5) That families will be responsible for payments of  
18 family fees, which will be based on a sliding scale  
19 according to the State's definition of ability to pay which  
20 is comparing household size and income to the sliding scale  
21 and considering out-of-pocket medical or disaster  
22 expenses, and that these fees are payable to the central  
23 billing office, ~~and that if the family encounters a~~  
24 ~~catastrophic circumstance, as defined under subsection (f)~~  
25 ~~of Section 13 of this Act, making it unable to pay the~~  
26 ~~fees, the lead agency may, upon proof of inability to pay,~~

1 ~~waive the fees.~~ Families who fail to provide income  
2 information shall be charged the maximum amount on the  
3 sliding scale.

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 and parental consent has been  
7 obtained, must have attached to it a copy of the family's  
8 insurance identification card or otherwise include all of the  
9 following information:

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

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

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

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

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

21 (h) Children receiving services under this Act shall  
22 receive a smooth and effective transition by their third  
23 birthday consistent with federal regulations adopted pursuant  
24 to Sections 1431 through 1444 of Title 20 of the United States  
25 Code.

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

1 (325 ILCS 20/12) (from Ch. 23, par. 4162)

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

7 The procedural safeguards shall provide, at a minimum, the  
8 following:

9 (a) The timely administrative resolution of State  
10 complaints, due process hearings, and mediations by  
11 ~~parents~~ as defined by administrative rule.

12 (b) The right to confidentiality of personally  
13 identifiable information.

14 (c) The opportunity for parents and a guardian to  
15 examine and receive copies of records relating to  
16 evaluations and assessments ~~assessment~~, screening,  
17 eligibility determinations, and the development and  
18 implementation of the Individualized Family Service Plan  
19 provision of early intervention services, individual  
20 complaints involving the child, or any part of the child's  
21 early intervention record.

22 (d) Procedures to protect the rights of the eligible  
23 infant or toddler whenever the parents or guardians of the  
24 child are not known or unavailable or the child is a ward  
25 of the State, including the assignment of an individual

1 (who shall not be an employee of the State agency or local  
2 agency providing services) to act as a surrogate for the  
3 parents or guardian. The regional intake entity must make  
4 reasonable efforts to ensure the assignment of a surrogate  
5 parent not more than 30 days after a public agency  
6 determines that the child needs a surrogate parent.

7 (e) Timely written prior notice to the parents or  
8 guardian of the eligible infant or toddler whenever the  
9 State agency or public or private service provider proposes  
10 to initiate or change or refuses to initiate or change the  
11 identification, evaluation, placement, or the provision of  
12 appropriate early intervention services to the eligible  
13 infant or toddler.

14 (f) Written prior notice to fully inform the parents or  
15 guardians, in their native ~~primary~~ language or mode of  
16 communication used by the parent, unless clearly not  
17 feasible to do so, in a comprehensible manner, of these  
18 procedural safeguards.

19 (g) During the pendency of any proceedings or action  
20 involving a complaint, unless the State agency and the  
21 parents or guardian otherwise agree, the child shall  
22 continue to receive the appropriate early intervention  
23 services currently being provided, or in the case of an  
24 application for initial services, the child shall receive  
25 the services not in dispute.

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

1 (325 ILCS 20/13) (from Ch. 23, par. 4163)

2 Sec. 13. Funding and Fiscal Responsibility.

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

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

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

22 Funds provided under Section 633 of the Individuals with  
23 Disabilities Education Act and State funds designated or  
24 appropriated for early intervention services or programs may be  
25 used by the lead agency to pay the provider of services (A)

1 pending reimbursement from the appropriate State agency or (B)  
2 if (i) the claim for payment is denied in whole or in part by a  
3 public or private source, or would be denied under the written  
4 terms of the public program or plan or private plan, ~~or~~ (ii)  
5 use of private insurance for the service has been exempted  
6 under Section 13.25, or (iii) parental consent has not been  
7 obtained for the use of private insurance. Payment under item  
8 (B)(i) may be made based on a pre-determination telephone  
9 inquiry supported by written documentation of the denial  
10 supplied thereafter by the insurance carrier.

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

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

23 (f) The lead agency shall, by rule, create a system of  
24 payments by families, including a schedule of fees. No fees,  
25 however, may be charged for: implementing child find,  
26 evaluation and assessment, service coordination,

1 administrative and coordination activities related to the  
2 development, review, and evaluation of Individualized Family  
3 Service Plans, or the implementation of procedural safeguards  
4 and other administrative components of the statewide early  
5 intervention system.

6 The system of payments, called family fees, shall be  
7 structured on a sliding scale based on the family's ability to  
8 pay ~~family income~~. The family's coverage or lack of coverage  
9 under a public or private insurance plan or policy shall not be  
10 a factor in determining the amount of the family fees.

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

1 of loss to its service coordinator, who shall document it, and  
2 the lead agency shall determine whether the fees shall be  
3 reduced, forgiven, or suspended within 10 business days after  
4 the family's request.

5 (g) To ensure that early intervention funds are used as the  
6 payor of last resort for early intervention services, the lead  
7 agency shall determine at the point of early intervention  
8 intake, and again at any periodic review of eligibility  
9 thereafter or upon a change in family circumstances, whether  
10 the family is eligible for or enrolled in any program for which  
11 payment is made directly or through public or private insurance  
12 for any or all of the early intervention services made  
13 available under this Act. The lead agency shall establish  
14 procedures to ensure that payments are made either directly  
15 from these public and private sources, when parental consent  
16 has been obtained, instead of from State or federal early  
17 intervention funds, or as reimbursement for payments  
18 previously made from State or federal early intervention funds.  
19 (Source: P.A. 91-538, eff. 8-13-99; 92-10, eff. 6-11-01;  
20 92-307, eff. 8-9-01; 92-651, eff. 7-11-02.)

21 (325 ILCS 20/13.5)

22 Sec. 13.5. Other programs.

23 (a) When an application or a review of eligibility for  
24 early intervention services is made, and at any eligibility  
25 redetermination thereafter, the family shall be asked if it is

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

22 (b) For purposes of determining family fees under  
23 subsection (f) of Section 13 and determining eligibility for  
24 the other programs and services specified in items (i) through  
25 (iii) of subsection (a), the lead agency shall develop and use,  
26 within 60 days after the effective date of this amendatory Act

1 of the 92nd General Assembly, with the cooperation of the  
2 Department of Public Aid (now Healthcare and Family Services)  
3 and the Division of Specialized Care for Children of the  
4 University of Illinois, a screening device that provides  
5 sufficient information for the early intervention regional  
6 intake entities or other agencies to establish eligibility for  
7 those other programs and shall, in cooperation with the  
8 Illinois Department of Public Aid (now Healthcare and Family  
9 Services) and the Division of Specialized Care for Children,  
10 train the regional intake entities on using the screening  
11 device.

12 (c) When a child is determined eligible for and enrolled in  
13 the early intervention program and has been found to at least  
14 meet the threshold income eligibility requirements for any  
15 federally funded, Department of Healthcare and Family Services  
16 administered, medical programs ~~Medicaid or KidCare~~, the  
17 regional intake entity shall complete an application for any  
18 federally funded, Department of Healthcare and Family Services  
19 administered, medical programs ~~a KidCare/Medicaid application~~  
20 with the family and forward it to the Department of Healthcare  
21 and Family Services' ~~KidCare Unit~~ for a determination of  
22 eligibility. A parent shall not be required to enroll in any  
23 federally funded, Department of Healthcare and Family Services  
24 administered, medical programs as a condition of receiving  
25 services provided pursuant to Part C of the Individuals with  
26 Disabilities Education Act.

1 (d) With the cooperation of the Department of Healthcare  
2 and Family Services, the lead agency shall establish procedures  
3 that ensure the timely and maximum allowable recovery of  
4 payments for all early intervention services and allowable  
5 administrative costs under Article V of the Illinois Public Aid  
6 Code and the Children's Health Insurance Program Act and shall  
7 include those procedures in the interagency agreement required  
8 under subsection (e) of Section 5 of this Act.

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

21 (f) For purposes of early intervention services that may be  
22 provided by the Division of Specialized Care for Children of  
23 the University of Illinois (DSCC), the lead agency shall  
24 establish procedures whereby the early intervention regional  
25 intake entities may determine whether children enrolled in the  
26 early intervention program may also be eligible for those

1 services, and shall develop, within 60 days after the effective  
2 date of this amendatory Act of the 92nd General Assembly, (i)  
3 the inter-agency agreement required under subsection (e) of  
4 Section 5 of this Act, establishing that early intervention  
5 funds are to be used as the payor of last resort when services  
6 required under an individualized family services plan may be  
7 provided to an eligible child through the DSCC, and (ii)  
8 training guidelines for the regional intake entities and  
9 providers that explain eligibility and billing procedures for  
10 services through DSCC.

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

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

20 (325 ILCS 20/13.10)

21 Sec. 13.10. Private health insurance; assignment. The lead  
22 agency shall determine, at the point of new applications for  
23 early intervention services, and for all children enrolled in  
24 the early intervention program, at the regional intake offices,  
25 whether the child is insured under a private health insurance

1 plan or policy. Parental consent must be obtained when the lead  
2 agency or enrolled provider who is providing a family with  
3 early intervention services seeks to use the child's or  
4 parent's private insurance or benefits to pay for the initial  
5 provision of early intervention services in the Individualized  
6 Family Services Plan and anytime that an increase in frequency,  
7 length, duration, or intensity is made to existing services in  
8 the child's Individualized Family Services Plan. ~~An~~  
9 ~~application for early intervention services shall serve as a~~  
10 ~~right to assignment of the right of recovery against a private~~  
11 ~~health insurance plan or policy for any covered early~~  
12 ~~intervention services that may be billed to the family's~~  
13 ~~insurance carrier and that are provided to a child covered~~  
14 ~~under the plan or policy.~~

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

16 (325 ILCS 20/13.15)

17 Sec. 13.15. Billing of insurance carrier.

18 (a) Subject to the restrictions against private insurance  
19 use on the basis of material risk of loss of coverage, as  
20 determined under Section 13.25, each enrolled provider who is  
21 providing a family with early intervention services shall bill  
22 the child's insurance carrier for each unit of early  
23 intervention service for which coverage may be available and  
24 parental consent has been obtained. The lead agency may exempt  
25 from the requirement of this paragraph any early intervention

1 service that it has deemed not to be covered by insurance  
2 plans. When the service is not exempted, providers who receive  
3 a denial of payment on the basis that the service is not  
4 covered under any circumstance under the plan are not required  
5 to bill that carrier for that service again until the following  
6 insurance benefit year. That explanation of benefits denying  
7 the claim, once submitted to the central billing office, shall  
8 be sufficient to meet the requirements of this paragraph as to  
9 subsequent services billed under the same billing code provided  
10 to that child during that insurance benefit year. Any time  
11 limit on a provider's filing of a claim for payment with the  
12 central billing office that is imposed through a policy,  
13 procedure, or rule of the lead agency shall be suspended until  
14 the provider receives an explanation of benefits or other final  
15 determination of the claim it files with the child's insurance  
16 carrier.

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

23 (c) When the insurance carrier has denied the claim or paid  
24 an amount for the early intervention service billed that is  
25 less than the current State rate for early intervention  
26 services, the provider shall submit the explanation of benefits

1 with a claim for payment, and the lead agency shall pay the  
2 provider the difference between the sum actually paid by the  
3 insurance carrier for each unit of service provided under the  
4 individualized family service plan and the current State rate  
5 for early intervention services. The State shall also pay the  
6 family's co-payment or co-insurance under its plan, but only to  
7 the extent that those payments plus the balance of the claim do  
8 not exceed the current State rate for early intervention  
9 services. The provider may under no circumstances bill the  
10 family for the difference between its charge for services and  
11 that which has been paid by the insurance carrier or by the  
12 State.

13 (Source: P.A. 97-813, eff. 7-13-12.)

14 (325 ILCS 20/13.30)

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

22 (a) Courses in birth-to-3 evaluation and treatment of  
23 children with developmental disabilities and delays (1) that  
24 are taught by fully credentialed early intervention providers  
25 or educators with substantial experience in evaluation and

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

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

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

19 (2) The role of the regional intake entities; service  
20 coordination; program eligibility determinations; family  
21 fees; any federally funded, Department of Healthcare and  
22 Family Services administered, medical programs Medicaid,  
23 KidCare, and Division of Specialized Care applications,  
24 referrals, and coordination with Early Intervention; and  
25 procedural safeguards.

26 (3) Introduction to the early intervention program,

1 including provider enrollment and credentialing, overview  
2 of Early Intervention program policies and regulations,  
3 and billing requirements.

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

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

9 (325 ILCS 20/13.50 rep.)

10 Section 10. The Early Intervention Services System Act is  
11 amended by repealing Section 13.50.

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

1		INDEX
2		Statutes amended in order of appearance
3	325 ILCS 20/3	from Ch. 23, par. 4153
4	325 ILCS 20/4	from Ch. 23, par. 4154
5	325 ILCS 20/5	from Ch. 23, par. 4155
6	325 ILCS 20/7	from Ch. 23, par. 4157
7	325 ILCS 20/9	from Ch. 23, par. 4159
8	325 ILCS 20/10	from Ch. 23, par. 4160
9	325 ILCS 20/11	from Ch. 23, par. 4161
10	325 ILCS 20/12	from Ch. 23, par. 4162
11	325 ILCS 20/13	from Ch. 23, par. 4163
12	325 ILCS 20/13.5	
13	325 ILCS 20/13.10	
14	325 ILCS 20/13.15	
15	325 ILCS 20/13.30	
16	325 ILCS 20/13.50 rep.	