

AN ACT concerning 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, 8, and 11 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.

(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 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. The term means a delay of 30% or more below the mean in function in one or more of those areas.

(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, to the maximum extent appropriate, which may include ~~including~~ the home and community settings, unless justification is provided consistent with federal regulations adopted under Sections 1431 through 1444 of Title 20 of the United States Code ~~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. 92-307, 8-9-01; 93-124, eff. 7-10-03.)

(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 20 ~~15~~ but not more than 30 ~~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 Healthcare and Family Services;~~

~~(G) Illinois Department of Public Health;~~

~~(H) (Blank);~~

~~(I) Illinois Planning Council on Developmental Disabilities; and~~

(A) ~~(J) Illinois Department of Insurance; and~~

(B) Department of Healthcare and Family Services.

(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;~~;~~

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

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

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

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

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

the listed agencies or entities.

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, (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. 95-331, eff. 8-21-07.)

(325 ILCS 20/8) (from Ch. 23, par. 4158)

Sec. 8. Authority to Promulgate Rules and Regulations. The lead agency shall develop rules and regulations under this Act within one year of the effective date of this Act. These rules shall reflect the intent of federal regulations adopted under Part C of the Individuals with Disabilities Education Improvement Act of 2004 (Sections 1431 through 1444 of Title 20 of the United States Code) ~~Part II of the Individuals with Disabilities Education Act (20 United States Code 1471 through 1485)~~.

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

(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) 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) 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 services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler, and shall include the identification of services appropriate to meet those needs, including the frequency, intensity, and method of delivering services. During and as part of the initial development of the individualized family services plan, and any periodic reviews of the plan, the multidisciplinary team shall consult the lead agency's therapy guidelines and its designated experts, if any, to help determine appropriate services and the frequency and intensity of those services. All services in the individualized family services plan must be justified by the multidisciplinary assessment of the unique strengths and needs of the infant or toddler and must be appropriate

to meet those needs. At the periodic reviews, the team shall determine whether modification or revision of the outcomes or services is necessary.

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

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

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

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

(Source: P.A. 91-538, eff. 8-13-99; 92-10, eff. 6-11-01; 92-307, eff. 8-9-01; 92-651, eff. 7-11-02.)

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