

1 AN ACT in relation to 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, 11, and 13 and adding Section  
6 10.5 and Sections 13.5 through 13.35 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 as defined by the  
13 Department by rule.

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

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

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

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

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

30 (2) a history of prenatal, perinatal, neonatal or  
31 early developmental events suggestive of biological

1           insults to the developing central nervous system and  
 2           which either singly or collectively increase the  
 3           probability of developing a disability or delay based on  
 4           a medical history.

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

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

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

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

16           (3) are provided under public supervision;

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

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

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

25           (B) cognitive development,

26           (C) communication development,

27           (D) social or emotional development, or

28           (E) adaptive development;

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

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

32           (A) family training,

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

- 1 (C) special instruction,
- 2 (D) speech, language pathology and audiology,
- 3 (E) occupational therapy,
- 4 (F) physical therapy,
- 5 (G) psychological services,
- 6 (H) service coordination services,
- 7 (I) medical services only for diagnostic or
- 8 evaluation purposes,
- 9 (J) early identification, screening, and
- 10 assessment services,
- 11 (K) health services specified by the lead
- 12 agency as necessary to enable the infant or toddler
- 13 to benefit from the other early intervention
- 14 services,
- 15 (L) vision services,
- 16 (M) transportation, and
- 17 (N) assistive technology devices and services;
- 18 (8) are provided by qualified personnel, including
- 19 but not limited to:
  - 20 (A) child development specialists or special
  - 21 educators,
  - 22 (B) speech and language pathologists and
  - 23 audiologists,
  - 24 (C) occupational therapists,
  - 25 (D) physical therapists,
  - 26 (E) social workers,
  - 27 (F) nurses,
  - 28 (G) nutritionists,
  - 29 (H) optometrists,
  - 30 (I) psychologists, and
  - 31 (J) physicians;
- 32 (9) are provided in conformity with an
- 33 Individualized Family Service Plan;
- 34 (10) are provided throughout the year; and

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

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

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

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

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

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

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

26           (k) "Qualified person" means an individual providing  
27 early intervention services who has attained the highest  
28 requirements in the State applicable to the profession or  
29 discipline in which he or she is providing early intervention  
30 services and who is suitably qualified to provide early  
31 intervention services to eligible children and their  
32 families.

33           (l) "Suitably qualified" means the following:

34           (1) In the case of personnel including, but not

1 limited to, audiologists, speech-language pathologists,  
2 occupational therapists, and physical therapists,  
3 "suitably qualified" means having qualifications that  
4 meet the University of Illinois Division of Specialized  
5 Care for Children approval standards for providers under  
6 Title V of the Social Security Act that were in effect on  
7 February 1, 2001 for an individual's speciality:

8 (A) within one year after the effective date  
9 of this amendatory Act of the 92nd General Assembly,  
10 for an individual who is already enrolled as a  
11 credentialed specialist on the effective date of  
12 this amendatory Act of the 92nd General Assembly;  
13 and

14 (B) at the time of enrollment, for an  
15 individual seeking enrollment as a credentialed  
16 specialist on or after the effective date of this  
17 amendatory Act of the 92nd General Assembly.

18 Notwithstanding any other provision of this  
19 paragraph (1), however, to be "suitably qualified", an  
20 individual's level of experience must be with infants and  
21 toddlers from birth to age 3.

22 (2) In the case of other personnel who provide  
23 early intervention services, including, but not limited  
24 to, service coordinators, developmental therapists, and  
25 family support specialists, "suitably qualified" means  
26 having at least a bachelor's degree in early childhood  
27 education, early childhood special education, special  
28 education, child development, orientation, and mobility,  
29 or applied psychology or the equivalent:

30 (A) within one year after the effective date  
31 of this amendatory Act of the 92nd General Assembly,  
32 for an individual who is already enrolled as a  
33 credentialed specialist on the effective date of  
34 this amendatory Act of the 92nd General Assembly;

1           and

2                   (B) at the time of enrollment, for an  
3                   individual seeking enrollment as a credentialed  
4                   specialist on or after the effective date of this  
5                   amendatory Act of the 92nd General Assembly.

6           (3) In the case of audiologists, speech-language  
7           pathologists, occupational therapists, physical  
8           therapists, service coordinators, developmental  
9           therapists, and family support specialists, "suitably  
10           qualified" means having completed no less than 20  
11           contact hours of continuing education in birth-to-age-3  
12           evaluation and treatment, or its equivalent:

13                   (A) within one year after the effective date  
14                   of this amendatory Act of the 92nd General Assembly,  
15                   for an individual who is already enrolled as an  
16                   early intervention provider on the effective date of  
17                   this amendatory Act of the 92nd General Assembly;

18           and

19                   (B) at the time of enrollment, for an  
20                   individual seeking enrollment as one of these  
21                   specialists on or after the effective date of this  
22                   amendatory Act of the 92nd General Assembly.

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

24           (325 ILCS 20/10.5 new)

25           Sec. 10.5. Service providers; qualifications.

26           (a) An individual who is not suitably qualified as  
27           defined in Section 3 may provide early intervention services  
28           on a provisional basis for no more than 6 months, so long as  
29           it is anticipated that the individual will become suitably  
30           qualified within those 6 months. During those 6 months, the  
31           individual may work only under the direction and supervision  
32           of an individual who is a qualified person as defined in  
33           Section 3 and who is suitably qualified within the same

1 specialty area or areas as the individual who is providing  
2 services on a provisional basis. This direction and  
3 supervision must include, at a minimum, the co-signature of  
4 the supervising specialist on progress reports and treatment  
5 recommendations of the individual who is providing services  
6 on a provisional basis.

7 (b) To maintain enrollment as an individual early  
8 intervention services provider in any specialty area listed  
9 in the definition of "suitably qualified" in Section 3, or  
10 any other area designated by the lead agency by rule, an  
11 individual must certify that he or she has completed, every 2  
12 years, no less than 20 additional contact hours of continuing  
13 education in birth-to-age-3 evaluation and treatment. A  
14 regional intake entity may seek a waiver of this provision  
15 from the lead agency as to one or more types of personnel,  
16 based on shortages of specialists in the region who meet the  
17 necessary qualifications. The waiver must specify education  
18 and training requirements, including continuing education for  
19 birth-to-age-3 evaluation and treatment, within the area of  
20 specialization, that are required to remain an enrolled  
21 provider in that region.

22 (c) Neither a 6-month provisional credential under  
23 subsection (a), nor a waiver under subsection (b), shall  
24 extend to any personnel who assess infants and toddlers or  
25 participate on multidisciplinary teams to develop or modify  
26 an individualized family service plan under Section 11.

27 (325 ILCS 20/11) (from Ch. 23, par. 4161)

28 Sec. 11. Individualized Family Service Plans.

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

31 (1) (a) timely, comprehensive, multidisciplinary  
32 assessment of the unique needs of each eligible infant  
33 and toddler, and assessment of the concerns and

1 priorities of the families to appropriately assist them  
2 in meeting their needs and identify services to meet  
3 those needs; and

4 (2) ~~(b)~~ a written Individualized Family Service  
5 Plan developed by a multidisciplinary team which includes  
6 the parent or guardian.

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

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

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

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

28 (1) That the early intervention program will pay  
29 for all early intervention services in the individualized  
30 family service plan that are not covered or paid under  
31 the family's private insurance plan or policy.

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



1           (3) That, based on a sliding scale of family  
2           income, the family's obligation to make insurance  
3           co-payments will be limited to the amount of its family  
4           fee obligation under that scale.

5           (4) That the family may request, at the regional  
6           intake entity, a determination of an exemption from  
7           private insurance use under Section 13.25.

8           (f) The individualized family service plan must state  
9           whether the family has private insurance coverage and, if the  
10           family has such coverage, must include all of the following  
11           information:

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

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

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

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

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

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

24           Sec. 13. Funding and Fiscal Responsibility.

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

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

33           (c) Funds provided under Section 633 of the Individuals

1 with Disabilities Education Act (20 United States Code 1433)  
2 and State funds designated or appropriated for early  
3 intervention services or programs may not be used to satisfy  
4 a financial commitment for services which would have been  
5 paid for from another public or private source but for the  
6 enactment of this Act, except whenever considered necessary  
7 to prevent delay in receiving appropriate early intervention  
8 services by the eligible infant or toddler or family in a  
9 timely manner. Funds provided under Section 633 of the  
10 Individuals with Disabilities Education Act and State funds  
11 designated or appropriated for early intervention services or  
12 programs may be used by the lead agency to pay the provider  
13 of services pending reimbursement from the appropriate State  
14 agency or other payor if (i) the claim for payment is denied  
15 by the other public or private source, or would be denied  
16 under the terms of the public program or plan or private  
17 plan, or (ii) use of private insurance for the service has  
18 been exempted under Section 13.25.

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

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

32 (f) The lead agency shall, by rule, may also create a  
33 system of payments by families, including a schedule of fees.  
34 No fees, however, may be charged for: implementing child

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

7 The system of payments shall be structured on a sliding  
8 scale based on family income. A family who has no insurance  
9 coverage or less than full coverage under a public or private  
10 insurance plan or policy and who has the same family income  
11 as a family with full insurance coverage shall pay the same  
12 amount per year for early intervention services as the family  
13 with full insurance coverage.

14 A family without insurance coverage shall not be required  
15 to pay fees under the schedule that families with insurance  
16 coverage would not be required to pay. While the payment of  
17 insurance co-payments shall offset the family fee obligation,  
18 use of a family's insurance plan or policy for coverage of  
19 early intervention services, by itself, does not offset the  
20 family's fee obligation. Family fee obligations shall be  
21 established annually, and shall be paid in quarterly  
22 installments. Payment of the family fee obligation by  
23 families with public or private insurance plans or policies  
24 is governed by Section 13.20. The rules adopted under this  
25 subsection shall also establish procedures that ensure that  
26 families with extraordinary expenses or other catastrophic  
27 circumstances are not denied early intervention services  
28 because of an inability to pay the fees under the family fee  
29 schedule or to pay co-payments up to the amount of the family  
30 fee obligation.

31 (g) To ensure that early intervention funds are used as  
32 the payor of last resort for early intervention services, the  
33 lead agency shall determine at the point of early  
34 intervention intake, and again at any periodic review of

1 eligibility thereafter, whether the family is eligible for or  
2 enrolled in any program for which payment is made directly or  
3 through public or private insurance for any or all of the  
4 early intervention services made available under this Act.  
5 The lead agency shall establish procedures to ensure that  
6 payments are made either directly from these public and  
7 private sources instead of from State or federal early  
8 intervention funds, or as reimbursement for payments  
9 previously made from State or federal early intervention  
10 funds.

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

12 (325 ILCS 20/13.5 new)

13 Sec. 13.5. Other programs.

14 (a) An application for early intervention services shall  
15 serve as an application for (i) medical assistance under  
16 Article V of the Illinois Public Aid Code, (ii) children's  
17 health insurance program (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  
21 of Illinois. A child enrolled in an early intervention  
22 program shall automatically be enrolled in any of these other  
23 programs for which the child is also eligible.

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

1 entities or other agencies to establish eligibility for those  
2 other programs.

3 (c) With the cooperation of the Department of Public  
4 Aid, the lead agency shall establish procedures that ensure  
5 the timely and maximum allowable recovery of payments for all  
6 early intervention services and allowable administrative  
7 costs under Article V of the Illinois Public Aid Code, the  
8 Children's Health Insurance Program Act, and Title V of the  
9 Social Security Act.

10 (d) For purposes of determining eligibility for medical  
11 assistance under Article V of the Illinois Public Aid Code,  
12 the lead agency and the Department of Public Aid shall treat  
13 the regional intake entities as "qualified entities" within  
14 the meaning of 42 U.S.C. 1396r-1a.

15 (e) For purposes of determining eligibility for benefits  
16 under the Children's Health Insurance Program Act, the lead  
17 agency and the Department of Public Aid shall enroll each  
18 early intervention regional intake entity as a "KidCare  
19 agent" in order for the entity to enroll eligible children in  
20 the program under Section 22 of the Children's Health  
21 Insurance Program Act.

22 (f) For purposes of services covered under Title V of  
23 the Social Security Act, the lead agency, in conjunction with  
24 the Division of Specialized Care for Children of the  
25 University of Illinois, shall establish procedures whereby  
26 the early intervention regional intake entities may determine  
27 eligibility for those services.

28 (325 ILCS 20/13.10 new)

29 Sec. 13.10. Private health insurance; assignment. No  
30 later than 90 days after the effective date of this  
31 amendatory Act of the 92nd General Assembly, the lead agency  
32 shall determine, at the point of application for early  
33 intervention services at the regional intake offices, whether

1 a child is insured under a private health insurance plan or  
2 policy. An application for early intervention services shall  
3 serve as a secondary assignment to the lead agency of the  
4 right of recovery against a private health insurance plan or  
5 policy for any covered early intervention services provided  
6 to a child covered under the plan or policy. The primary  
7 assignees are each of the providers who provide early  
8 intervention services to the child.

9 (325 ILCS 20/13.15 new)

10 Sec. 13.15. Billing of insurance carrier.

11 (a) Subject to the restrictions against private  
12 insurance use on the basis of material risk of loss of  
13 coverage, as determined under Section 13.25, each enrolled  
14 provider who is providing a family with early intervention  
15 services may bill the child's insurance carrier for each unit  
16 of early intervention service for which coverage may be  
17 available. Any time limit on a provider's filing of a claim  
18 with the central billing office that is imposed through a  
19 policy, procedure, or rule of the lead agency shall be tolled  
20 until the provider receives an explanation of benefits or  
21 other final determination of the claim it files with the  
22 child's insurance carrier.

23 (b) For purposes of data collection, a provider must  
24 provide the central billing office with a copy of the child's  
25 insurance carrier's explanation of benefits for each child  
26 the provider served for whom payments were received from the  
27 insurance carrier. Within 120 days after the effective date  
28 of this amendatory Act of the 92nd General Assembly, the lead  
29 agency shall seek recovery for early intervention services  
30 that are covered under an insurance plan or policy and for  
31 which the provider has failed to bill the insurance carrier  
32 and instead billed the central billing office. All such  
33 recoveries shall be deposited into the Early Intervention

1 Services Revolving Fund. The lead agency may seek these  
2 recoveries itself or through the Department of Public Aid or  
3 the Division of Specialized Care for Children of the  
4 University of Illinois, or may contract with a third party  
5 whose fee shall be paid according to an agreed percentage of  
6 the insurance proceeds it recovers.

7 (325 ILCS 20/13.20 new)

8 Sec. 13.20. Families with insurance coverage; payment for  
9 services.

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

14 (b) The lead agency shall require families to pay their  
15 own co-payments for early intervention services as required  
16 under their public or private insurance plan or policy, but  
17 only up to the amount of their payment obligation under the  
18 family fee schedule established under subsection (f) of  
19 Section 13. At the time of enrollment in the early  
20 intervention program, regional intake entities shall provide  
21 each family who is required to pay family fees and who also  
22 has insurance coverage with an envelope that states the  
23 quarterly family fee obligation. A provider who collects a  
24 co-payment from the family shall provide the family with a  
25 receipt for each co-payment paid to the provider, and shall  
26 note on the envelope the amount and date of the payment.  
27 When the family fee obligation has been met through the  
28 making of co-payments, the family shall, within 14 days after  
29 the end of the calendar quarter, forward the envelope to the  
30 central billing office as proof that its family fee  
31 obligation has been paid. When the quarterly family fee  
32 obligation has not been met in full through the payment of  
33 co-payments during a particular calendar quarter, the family

1 must remit to the central billing office the difference  
2 between the family fee obligation and the amount paid in  
3 co-payments.

4 (c) When the deductible on a family's insurance plan or  
5 policy has not yet been met in full under the terms of the  
6 plan or policy, the provider must first bill the insurance  
7 carrier. If the claim is denied in whole or in part, the  
8 provider must then bill the central billing office. The  
9 provider shall be paid the difference for the services up to  
10 the amount payable under the State's early intervention  
11 fee-for-service rates.

12 (325 ILCS 20/13.25 new)

13 Sec. 13.25. Private insurance; exemption.

14 (a) No later than 90 days after the effective date of  
15 this amendatory Act of the 92nd General Assembly, the lead  
16 agency shall adopt rules to establish procedures by which a  
17 family whose child is eligible to receive early intervention  
18 services may apply for an exemption restricting the use of  
19 its private insurance plan or policy based on material risk  
20 of loss of coverage.

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

29 (c) Rulings on claims for exemptions shall be made on a  
30 case-by-case basis with the goal of ensuring, both in the  
31 case of a child covered under one private insurance plan or  
32 policy, and in the case of a child covered under more than  
33 one plan or policy, that as to each plan or policy used to



1 pay in whole or in part for early intervention services, the  
2 family is not placed at material risk of loss of coverage.  
3 In considering a request for an exemption based on material  
4 risk of loss of coverage, the lead agency may take the  
5 following factors into consideration:

6 (1) Whether there is a material risk of an  
7 unreasonable decrease in available lifetime coverage, as  
8 defined by the lead agency, based on objective factors  
9 such as the amount of the annual or lifetime cap on the  
10 plan or policy, the likely annual or lifetime demand on  
11 the plan or policy given the child's diagnosis or other  
12 factors relating the child's demands on the plan or  
13 policy, the percentage of the cap that claims for early  
14 intervention services would use, and any other factors  
15 that can be shown to put current, annual, or future use  
16 of the plan or policy by the family at material risk.

17 (2) Whether billing the plan or policy would cause  
18 the family to pay out-of-pocket for other services for  
19 the child that would otherwise be covered by the plan or  
20 policy.

21 (3) Whether there is a material risk of increased  
22 premiums or the discontinuation of insurance due to  
23 billing for early intervention services.

24 (d) The lead agency may establish and apply a general  
25 policy on the factors enumerated in subsection (c); may  
26 consider only the assertions and proof provided by a family  
27 on a case-by-case basis that, due to one or more of those  
28 factors, the family's plan or policy should not be used; and  
29 may establish presumptions as to relative risks under those  
30 and other factors.

31 (e) An exemption under this Section may apply to all  
32 early intervention services and all plans or policies  
33 insuring the child, may be limited to one or more plans or  
34 policies, or may be limited to one or more types of early

1 intervention services in the child's individualized family  
2 services plan.

3 (325 ILCS 20/13.30 new)

4 Sec. 13.30. Training events. Within 90 days after the  
5 effective date of this amendatory Act of the 92nd General  
6 Assembly, the lead agency shall hold no fewer than 4 training  
7 events, throughout the State, to explain to provider agencies  
8 and individuals how to put systems in place to bill and  
9 recover payments from private insurance companies. The lead  
10 agency may conduct these training events directly or may  
11 contract with a third party to conduct the events.

12 (325 ILCS 20/13.35 new)

13 Sec. 13.35. Report to General Assembly. No later than  
14 July 31 of each year, the lead agency shall provide to the  
15 General Assembly a report that states the total number of  
16 children receiving any early intervention services, by month,  
17 and in each region. For each month, broken down by region,  
18 the report shall state the number of enrolled children  
19 financially eligible for, and the number actually enrolled  
20 in, the medical assistance program under Article V of the  
21 Illinois Public Aid Code, the children's health insurance  
22 program under the Children's Health Insurance Program Act,  
23 and maternal and child health services under Title V of the  
24 Social Security Act (separately stated); the number of  
25 children with private insurance coverage; and the early  
26 intervention costs offset by medical assistance, by the  
27 children's health insurance program, by services provided  
28 under Title V, and by insurance recoveries or payments. The  
29 offsetting costs shall be further broken down by each type of  
30 early intervention service, such as physical therapy, case  
31 management, and transportation.

1 Section 10. The Specialized Care for Children Act is  
2 amended by adding Section 4 as follows:

3 (110 ILCS 345/4 new)

4 Sec. 4. Application for services; early intervention  
5 services. An application for early intervention services  
6 under the Early Intervention Services System Act shall serve  
7 as an application for services under Title V of the Social  
8 Security Act from the Division of Specialized Care for  
9 Children. A child enrolled in an early intervention program  
10 shall automatically be enrolled in any Title V services  
11 program administered by the Division of Specialized Care for  
12 Children for which the child is eligible. The Division of  
13 Specialized Care for Children shall cooperate with the lead  
14 agency under the Early Intervention Services System Act to  
15 establish procedures whereby the early intervention regional  
16 intake entities may determine eligibility for Title V  
17 services.

18 Section 15. The Children's Health Insurance Program Act  
19 is amended by changing Section 22 as follows:

20 (215 ILCS 106/22)

21 (Section scheduled to be repealed on July 1, 2002)

22 Sec. 22. Enrollment in program.

23 (a) The Department shall develop procedures to allow  
24 community providers, and schools, youth service agencies,  
25 employers, labor unions, local chambers of commerce, and  
26 religious organizations to assist in enrolling children in  
27 the Program.

28 (b) An application for early intervention services under  
29 the Early Intervention Services System Act shall serve as an  
30 application for enrollment in the program. A child enrolled  
31 in an early intervention program shall automatically be

1 enrolled in the program under this Act if the child is  
 2 eligible for participation in the program under this Act.  
 3 The Department shall cooperate with the lead agency under the  
 4 Early Intervention Services System Act to establish  
 5 procedures whereby the early intervention regional intake  
 6 entities may determine eligibility for participation in the  
 7 program under this Act.

8 (Source: P.A. 91-470, eff. 8-10-99; 91-471, eff. 8-10-99;  
 9 revised 6-23-00.)

10 Section 20. The Illinois Public Aid Code is amended by  
 11 adding Section 5-2.4 and changing Section 5-5 as follows:

12 (305 ILCS 5/5-2.4 new)

13 Sec. 5-2.4. Application for assistance; early  
 14 intervention services. An application for early intervention  
 15 services under the Early Intervention Services System Act  
 16 shall serve as an application for medical assistance under  
 17 this Article. A child enrolled in an early intervention  
 18 program shall automatically be enrolled in the medical  
 19 assistance program if the child is eligible for medical  
 20 assistance. The Illinois Department shall cooperate with the  
 21 lead agency under the Early Intervention Services System Act  
 22 to establish procedures whereby the early intervention  
 23 regional intake entities may determine eligibility for  
 24 medical assistance under this Article.

25 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

26 Sec. 5-5. Medical services. The Illinois Department, by  
 27 rule, shall determine the quantity and quality of and the  
 28 rate of reimbursement for the medical assistance for which  
 29 payment will be authorized, and the medical services to be  
 30 provided, which may include all or part of the following: (1)  
 31 inpatient hospital services; (2) outpatient hospital

1 services; (3) other laboratory and X-ray services; (4)  
2 skilled nursing home services; (5) physicians' services  
3 whether furnished in the office, the patient's home, a  
4 hospital, a skilled nursing home, or elsewhere; (6) medical  
5 care, or any other type of remedial care furnished by  
6 licensed practitioners; (7) home health care services; (8)  
7 private duty nursing service; (9) clinic services; (10)  
8 dental services; (11) physical therapy and related services;  
9 (12) prescribed drugs, dentures, and prosthetic devices; and  
10 eyeglasses prescribed by a physician skilled in the diseases  
11 of the eye, or by an optometrist, whichever the person may  
12 select; (13) other diagnostic, screening, preventive, and  
13 rehabilitative services; (14) transportation and such other  
14 expenses as may be necessary; (15) medical treatment of  
15 sexual assault survivors, as defined in Section 1a of the  
16 Sexual Assault Survivors Emergency Treatment Act, for  
17 injuries sustained as a result of the sexual assault,  
18 including examinations and laboratory tests to discover  
19 evidence which may be used in criminal proceedings arising  
20 from the sexual assault; (16) the diagnosis and treatment of  
21 sickle cell anemia; and (17) any other medical care, and any  
22 other type of remedial care recognized under the laws of this  
23 State, but not including abortions, or induced miscarriages  
24 or premature births, unless, in the opinion of a physician,  
25 such procedures are necessary for the preservation of the  
26 life of the woman seeking such treatment, or except an  
27 induced premature birth intended to produce a live viable  
28 child and such procedure is necessary for the health of the  
29 mother or her unborn child. The Illinois Department, by rule,  
30 shall prohibit any physician from providing medical  
31 assistance to anyone eligible therefor under this Code where  
32 such physician has been found guilty of performing an  
33 abortion procedure in a wilful and wanton manner upon a woman  
34 who was not pregnant at the time such abortion procedure was

1 performed. The term "any other type of remedial care" shall  
2 include nursing care and nursing home service for persons who  
3 rely on treatment by spiritual means alone through prayer for  
4 healing.

5 Notwithstanding any other provision of this Section, a  
6 comprehensive tobacco use cessation program that includes  
7 purchasing prescription drugs or prescription medical devices  
8 approved by the Food and Drug administration shall be covered  
9 under the medical assistance program under this Article for  
10 persons who are otherwise eligible for assistance under this  
11 Article.

12 Notwithstanding any other provision of this Code, the  
13 Illinois Department may not require, as a condition of  
14 payment for any laboratory test authorized under this  
15 Article, that a physician's handwritten signature appear on  
16 the laboratory test order form. The Illinois Department may,  
17 however, impose other appropriate requirements regarding  
18 laboratory test order documentation.

19 The Illinois Department shall provide coverage of all  
20 "early intervention services" as defined in the Illinois  
21 Early Intervention Services System Act or as defined in 20  
22 U.S.C. 1432 that are provided to persons who are eligible for  
23 assistance under this Article.

24 The Illinois Department of Public Aid shall provide the  
25 following services to persons eligible for assistance under  
26 this Article who are participating in education, training or  
27 employment programs operated by the Department of Human  
28 Services as successor to the Department of Public Aid:

29 (1) dental services, which shall include but not be  
30 limited to prosthodontics; and

31 (2) eyeglasses prescribed by a physician skilled in  
32 the diseases of the eye, or by an optometrist, whichever  
33 the person may select.

34 The Illinois Department, by rule, may distinguish and

1 classify the medical services to be provided only in  
2 accordance with the classes of persons designated in Section  
3 5-2.

4 The Illinois Department shall authorize the provision of,  
5 and shall authorize payment for, screening by low-dose  
6 mammography for the presence of occult breast cancer for  
7 women 35 years of age or older who are eligible for medical  
8 assistance under this Article, as follows: a baseline  
9 mammogram for women 35 to 39 years of age and an annual  
10 mammogram for women 40 years of age or older. All screenings  
11 shall include a physical breast exam, instruction on  
12 self-examination and information regarding the frequency of  
13 self-examination and its value as a preventative tool. As  
14 used in this Section, "low-dose mammography" means the x-ray  
15 examination of the breast using equipment dedicated  
16 specifically for mammography, including the x-ray tube,  
17 filter, compression device, image receptor, and cassettes,  
18 with an average radiation exposure delivery of less than one  
19 rad mid-breast, with 2 views for each breast.

20 Any medical or health care provider shall immediately  
21 recommend, to any pregnant woman who is being provided  
22 prenatal services and is suspected of drug abuse or is  
23 addicted as defined in the Alcoholism and Other Drug Abuse  
24 and Dependency Act, referral to a local substance abuse  
25 treatment provider licensed by the Department of Human  
26 Services or to a licensed hospital which provides substance  
27 abuse treatment services. The Department of Public Aid shall  
28 assure coverage for the cost of treatment of the drug abuse  
29 or addiction for pregnant recipients in accordance with the  
30 Illinois Medicaid Program in conjunction with the Department  
31 of Human Services.

32 All medical providers providing medical assistance to  
33 pregnant women under this Code shall receive information from  
34 the Department on the availability of services under the Drug

1 Free Families with a Future or any comparable program  
2 providing case management services for addicted women,  
3 including information on appropriate referrals for other  
4 social services that may be needed by addicted women in  
5 addition to treatment for addiction.

6 The Illinois Department, in cooperation with the  
7 Departments of Human Services (as successor to the Department  
8 of Alcoholism and Substance Abuse) and Public Health, through  
9 a public awareness campaign, may provide information  
10 concerning treatment for alcoholism and drug abuse and  
11 addiction, prenatal health care, and other pertinent programs  
12 directed at reducing the number of drug-affected infants born  
13 to recipients of medical assistance.

14 Neither the Illinois Department of Public Aid nor the  
15 Department of Human Services shall sanction the recipient  
16 solely on the basis of her substance abuse.

17 The Illinois Department shall establish such regulations  
18 governing the dispensing of health services under this  
19 Article as it shall deem appropriate. In formulating these  
20 regulations the Illinois Department shall consult with and  
21 give substantial weight to the recommendations offered by the  
22 Citizens Assembly/Council on Public Aid. The Department  
23 should seek the advice of formal professional advisory  
24 committees appointed by the Director of the Illinois  
25 Department for the purpose of providing regular advice on  
26 policy and administrative matters, information dissemination  
27 and educational activities for medical and health care  
28 providers, and consistency in procedures to the Illinois  
29 Department.

30 The Illinois Department may develop and contract with  
31 Partnerships of medical providers to arrange medical services  
32 for persons eligible under Section 5-2 of this Code.  
33 Implementation of this Section may be by demonstration  
34 projects in certain geographic areas. The Partnership shall



1 be represented by a sponsor organization. The Department, by  
2 rule, shall develop qualifications for sponsors of  
3 Partnerships. Nothing in this Section shall be construed to  
4 require that the sponsor organization be a medical  
5 organization.

6 The sponsor must negotiate formal written contracts with  
7 medical providers for physician services, inpatient and  
8 outpatient hospital care, home health services, treatment for  
9 alcoholism and substance abuse, and other services determined  
10 necessary by the Illinois Department by rule for delivery by  
11 Partnerships. Physician services must include prenatal and  
12 obstetrical care. The Illinois Department shall reimburse  
13 medical services delivered by Partnership providers to  
14 clients in target areas according to provisions of this  
15 Article and the Illinois Health Finance Reform Act, except  
16 that:

17 (1) Physicians participating in a Partnership and  
18 providing certain services, which shall be determined by  
19 the Illinois Department, to persons in areas covered by  
20 the Partnership may receive an additional surcharge for  
21 such services.

22 (2) The Department may elect to consider and  
23 negotiate financial incentives to encourage the  
24 development of Partnerships and the efficient delivery of  
25 medical care.

26 (3) Persons receiving medical services through  
27 Partnerships may receive medical and case management  
28 services above the level usually offered through the  
29 medical assistance program.

30 Medical providers shall be required to meet certain  
31 qualifications to participate in Partnerships to ensure the  
32 delivery of high quality medical services. These  
33 qualifications shall be determined by rule of the Illinois  
34 Department and may be higher than qualifications for

1 participation in the medical assistance program. Partnership  
2 sponsors may prescribe reasonable additional qualifications  
3 for participation by medical providers, only with the prior  
4 written approval of the Illinois Department.

5 Nothing in this Section shall limit the free choice of  
6 practitioners, hospitals, and other providers of medical  
7 services by clients. In order to ensure patient freedom of  
8 choice, the Illinois Department shall immediately promulgate  
9 all rules and take all other necessary actions so that  
10 provided services may be accessed from therapeutically  
11 certified optometrists to the full extent of the Illinois  
12 Optometric Practice Act of 1987 without discriminating  
13 between service providers.

14 The Department shall apply for a waiver from the United  
15 States Health Care Financing Administration to allow for the  
16 implementation of Partnerships under this Section.

17 The Illinois Department shall require health care  
18 providers to maintain records that document the medical care  
19 and services provided to recipients of Medical Assistance  
20 under this Article. The Illinois Department shall require  
21 health care providers to make available, when authorized by  
22 the patient, in writing, the medical records in a timely  
23 fashion to other health care providers who are treating or  
24 serving persons eligible for Medical Assistance under this  
25 Article. All dispensers of medical services shall be  
26 required to maintain and retain business and professional  
27 records sufficient to fully and accurately document the  
28 nature, scope, details and receipt of the health care  
29 provided to persons eligible for medical assistance under  
30 this Code, in accordance with regulations promulgated by the  
31 Illinois Department. The rules and regulations shall require  
32 that proof of the receipt of prescription drugs, dentures,  
33 prosthetic devices and eyeglasses by eligible persons under  
34 this Section accompany each claim for reimbursement submitted

1 by the dispenser of such medical services. No such claims for  
2 reimbursement shall be approved for payment by the Illinois  
3 Department without such proof of receipt, unless the Illinois  
4 Department shall have put into effect and shall be operating  
5 a system of post-payment audit and review which shall, on a  
6 sampling basis, be deemed adequate by the Illinois Department  
7 to assure that such drugs, dentures, prosthetic devices and  
8 eyeglasses for which payment is being made are actually being  
9 received by eligible recipients. Within 90 days after the  
10 effective date of this amendatory Act of 1984, the Illinois  
11 Department shall establish a current list of acquisition  
12 costs for all prosthetic devices and any other items  
13 recognized as medical equipment and supplies reimbursable  
14 under this Article and shall update such list on a quarterly  
15 basis, except that the acquisition costs of all prescription  
16 drugs shall be updated no less frequently than every 30 days  
17 as required by Section 5-5.12.

18 The rules and regulations of the Illinois Department  
19 shall require that a written statement including the required  
20 opinion of a physician shall accompany any claim for  
21 reimbursement for abortions, or induced miscarriages or  
22 premature births. This statement shall indicate what  
23 procedures were used in providing such medical services.

24 The Illinois Department shall require that all dispensers  
25 of medical services, other than an individual practitioner or  
26 group of practitioners, desiring to participate in the  
27 Medical Assistance program established under this Article to  
28 disclose all financial, beneficial, ownership, equity, surety  
29 or other interests in any and all firms, corporations,  
30 partnerships, associations, business enterprises, joint  
31 ventures, agencies, institutions or other legal entities  
32 providing any form of health care services in this State  
33 under this Article.

34 The Illinois Department may require that all dispensers

1 of medical services desiring to participate in the medical  
2 assistance program established under this Article disclose,  
3 under such terms and conditions as the Illinois Department  
4 may by rule establish, all inquiries from clients and  
5 attorneys regarding medical bills paid by the Illinois  
6 Department, which inquiries could indicate potential  
7 existence of claims or liens for the Illinois Department.

8 The Illinois Department shall establish policies,  
9 procedures, standards and criteria by rule for the  
10 acquisition, repair and replacement of orthotic and  
11 prosthetic devices and durable medical equipment. Such rules  
12 shall provide, but not be limited to, the following services:  
13 (1) immediate repair or replacement of such devices by  
14 recipients without medical authorization; and (2) rental,  
15 lease, purchase or lease-purchase of durable medical  
16 equipment in a cost-effective manner, taking into  
17 consideration the recipient's medical prognosis, the extent  
18 of the recipient's needs, and the requirements and costs for  
19 maintaining such equipment. Such rules shall enable a  
20 recipient to temporarily acquire and use alternative or  
21 substitute devices or equipment pending repairs or  
22 replacements of any device or equipment previously authorized  
23 for such recipient by the Department. Rules under clause (2)  
24 above shall not provide for purchase or lease-purchase of  
25 durable medical equipment or supplies used for the purpose of  
26 oxygen delivery and respiratory care.

27 The Department shall execute, relative to the nursing  
28 home prescreening project, written inter-agency agreements  
29 with the Department of Human Services and the Department on  
30 Aging, to effect the following: (i) intake procedures and  
31 common eligibility criteria for those persons who are  
32 receiving non-institutional services; and (ii) the  
33 establishment and development of non-institutional services  
34 in areas of the State where they are not currently available

1 or are undeveloped.

2 The Illinois Department shall develop and operate, in  
3 cooperation with other State Departments and agencies and in  
4 compliance with applicable federal laws and regulations,  
5 appropriate and effective systems of health care evaluation  
6 and programs for monitoring of utilization of health care  
7 services and facilities, as it affects persons eligible for  
8 medical assistance under this Code. The Illinois Department  
9 shall report regularly the results of the operation of such  
10 systems and programs to the Citizens Assembly/Council on  
11 Public Aid to enable the Committee to ensure, from time to  
12 time, that these programs are effective and meaningful.

13 The Illinois Department shall report annually to the  
14 General Assembly, no later than the second Friday in April of  
15 1979 and each year thereafter, in regard to:

16 (a) actual statistics and trends in utilization of  
17 medical services by public aid recipients;

18 (b) actual statistics and trends in the provision  
19 of the various medical services by medical vendors;

20 (c) current rate structures and proposed changes in  
21 those rate structures for the various medical vendors;  
22 and

23 (d) efforts at utilization review and control by  
24 the Illinois Department.

25 The period covered by each report shall be the 3 years  
26 ending on the June 30 prior to the report. The report shall  
27 include suggested legislation for consideration by the  
28 General Assembly. The filing of one copy of the report with  
29 the Speaker, one copy with the Minority Leader and one copy  
30 with the Clerk of the House of Representatives, one copy with  
31 the President, one copy with the Minority Leader and one copy  
32 with the Secretary of the Senate, one copy with the  
33 Legislative Research Unit, such additional copies with the  
34 State Government Report Distribution Center for the General

1 Assembly as is required under paragraph (t) of Section 7 of  
2 the State Library Act and one copy with the Citizens  
3 Assembly/Council on Public Aid or its successor shall be  
4 deemed sufficient to comply with this Section.

5 (Source: P.A. 90-7, eff. 6-10-97; 90-14, eff. 7-1-97; 91-344,  
6 eff. 1-1-00; 91-462, eff. 8-6-99; 91-666, eff. 12-22-99;  
7 revised 1-6-00.)

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