



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

HB2896

Introduced 2/19/2021, by Rep. Deb Conroy

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Early Intervention Services System Act. Permits an early intervention provider to deliver via telehealth any type of early intervention services authorized under the Act to the extent of his or her scope of practice as established in his or her respective licensing Act consistent with the standards of care for in-person services. Requires parents to be informed of the availability of early intervention services provided through telehealth. Amends the Illinois Insurance Code. Provides that a policy of accident and health insurance that provides coverage for early intervention services must also provide coverage for early intervention services delivered via telehealth by providers listed under the Early Intervention Services System Act, subject to any restriction or limitation under a provider's respective licensing Act on the delivery of early intervention services via telehealth. Amends the Telehealth Act. Expands the definition of "telehealth" to include the delivery of early intervention services provided by way of an interactive telecommunications system. Expands the definition of "health professional" to include certain professional personnel who are authorized by State law to provide behavioral health services or early intervention services (rather than mental health services). Provides that a health care professional, including any early intervention provider, may engage in the practice of telehealth in Illinois to the extent of his or her scope of practice as established in his or her respective licensing Act consistent with the standards of care for in-person services. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to reimburse early intervention providers who deliver early intervention services to medical assistance recipients via telehealth.

LRB102 15466 KTG 20829 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning early intervention services.

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

4 Section 5. The Illinois Insurance Code is amended by  
5 changing Section 367m as follows:

6 (215 ILCS 5/367m)

7 Sec. 367m. Early intervention services. A policy of  
8 accident and health insurance that provides coverage for early  
9 intervention services must also provide coverage for early  
10 intervention services delivered via telehealth by providers  
11 listed in paragraph (8) of subsection (e) of Section 3 of the  
12 Early Intervention Services System Act, subject to any  
13 restriction or limitation under a provider's respective  
14 licensing Act on the delivery of early intervention services  
15 via telehealth. A policy of accident and health insurance that  
16 provides coverage for early intervention services must conform  
17 to the following criteria:

18 (1) The use of private health insurance to pay for  
19 early intervention services under Part C of the federal  
20 Individuals with Disabilities Education Act may not count  
21 towards or result in a loss of benefits due to annual or  
22 lifetime insurance caps for an infant or toddler with a  
23 disability, the infant's or toddler's parent, or the

1 infant's or toddler's family members who are covered under  
2 that health insurance policy.

3 (2) The use of private health insurance to pay for  
4 early intervention services under Part C of the federal  
5 Individuals with Disabilities Education Act may not  
6 negatively affect the availability of health insurance to  
7 an infant or toddler with a disability, the infant's or  
8 toddler's parent, or the infant's or toddler's family  
9 members who are covered under that health insurance  
10 policy, and health insurance coverage may not be  
11 discontinued for these individuals due to the use of the  
12 health insurance to pay for services under Part C of the  
13 federal Individuals with Disabilities Education Act.

14 (3) The use of private health insurance to pay for  
15 early intervention services under Part C of the federal  
16 Individuals with Disabilities Education Act may not be the  
17 basis for increasing the health insurance premiums of an  
18 infant or toddler with a disability, the infant's or  
19 toddler's parent, or the infant's or toddler's family  
20 members covered under that health insurance policy.

21 For the purposes of this Section, "early intervention  
22 services" has the same meaning as in the Early Intervention  
23 Services System Act.

24 (Source: P.A. 98-41, eff. 6-28-13.)

25 Section 10. The Telehealth Act is amended by changing

1 Sections 5 and 15 as follows:

2 (225 ILCS 150/5)

3 Sec. 5. Definitions. As used in this Act:

4 "Early intervention services" means any of the services  
5 outlined in subsection (e) of Section 3 of the Early  
6 Intervention Services System Act.

7 "Health care professional" includes physicians, physician  
8 assistants, optometrists, advanced practice registered nurses,  
9 clinical psychologists licensed in Illinois, prescribing  
10 psychologists licensed in Illinois, dentists, occupational  
11 therapists, pharmacists, physical therapists, clinical social  
12 workers, speech-language pathologists, audiologists, hearing  
13 instrument dispensers, and mental health professionals and  
14 clinicians authorized by Illinois law to provide behavioral  
15 health services or early intervention services ~~mental health~~  
16 ~~services.~~

17 "Telehealth" means the evaluation, diagnosis, or  
18 interpretation of electronically transmitted patient-specific  
19 data between a remote location and a licensed health care  
20 professional that generates interaction or treatment  
21 recommendations. "Telehealth" includes telemedicine and the  
22 delivery of health care services provided by way of an  
23 interactive telecommunications system, as defined in  
24 subsection (a) of Section 356z.22 of the Illinois Insurance  
25 Code. "Telehealth" includes the delivery of early intervention

1 services provided by way of an interactive telecommunications  
2 system.

3 (Source: P.A. 100-317, eff. 1-1-18; 100-644, eff. 1-1-19;  
4 100-930, eff. 1-1-19; 101-81, eff. 7-12-19; 101-84, eff.  
5 7-19-19.)

6 (225 ILCS 150/15)

7 Sec. 15. Use of telehealth. A health care professional,  
8 including any early intervention provider listed in paragraph  
9 (8) of subsection (e) of Section 3 of the Early Intervention  
10 Services System Act, may engage in the practice of telehealth  
11 in Illinois to the extent of his or her scope of practice as  
12 established in his or her respective licensing Act consistent  
13 with the standards of care for in-person services. This Act  
14 shall not be construed to alter the scope of practice of any  
15 health care professional or early intervention provider or  
16 authorize the delivery of health care services or early  
17 intervention services in a setting or in a manner not  
18 otherwise authorized by the laws of this State.

19 (Source: P.A. 100-317, eff. 1-1-18.)

20 Section 15. The Illinois Public Aid Code is amended by  
21 changing Section 5-5.25 as follows:

22 (305 ILCS 5/5-5.25)

23 Sec. 5-5.25. Access to behavioral health and medical

1 services.

2 (a) The General Assembly finds that providing access to  
3 behavioral health and medical services in a timely manner will  
4 improve the quality of life for persons suffering from illness  
5 and will contain health care costs by avoiding the need for  
6 more costly inpatient hospitalization.

7 (b) The Department of Healthcare and Family Services shall  
8 reimburse psychiatrists, federally qualified health centers as  
9 defined in Section 1905(1)(2)(B) of the federal Social  
10 Security Act, clinical psychologists, clinical social workers,  
11 advanced practice registered nurses certified in psychiatric  
12 and mental health nursing, and mental health professionals and  
13 clinicians authorized by Illinois law to provide behavioral  
14 health services to recipients via telehealth. The Department,  
15 by rule, shall establish: (i) criteria for such services to be  
16 reimbursed, including appropriate facilities and equipment to  
17 be used at both sites and requirements for a physician or other  
18 licensed health care professional to be present at the site  
19 where the patient is located; however, the Department shall  
20 not require that a physician or other licensed health care  
21 professional be physically present in the same room as the  
22 patient for the entire time during which the patient is  
23 receiving telehealth services; and (ii) a method to reimburse  
24 providers for mental health services provided by telehealth.

25 (b-5) The Department of Healthcare and Family Services  
26 shall reimburse early intervention providers who deliver early

1 intervention services to recipients via telehealth. The  
2 providers and services outlined in subsection (e) of Section 3  
3 of the Early Intervention Services System Act shall be  
4 eligible for reimbursement under this subsection, subject to  
5 any restriction or limitation under a provider's respective  
6 licensing Act on the delivery of early intervention services  
7 via telehealth. The Department, by rule, shall establish a  
8 method to reimburse providers for early intervention services  
9 delivered via telehealth.

10 (c) The Department shall reimburse any Medicaid certified  
11 eligible facility or provider organization that acts as the  
12 location of the patient at the time a telehealth service is  
13 rendered, including substance abuse centers licensed by the  
14 Department of Human Services' Division of Alcoholism and  
15 Substance Abuse.

16 (d) On and after July 1, 2012, the Department shall reduce  
17 any rate of reimbursement for services or other payments or  
18 alter any methodologies authorized by this Code to reduce any  
19 rate of reimbursement for services or other payments in  
20 accordance with Section 5-5e.

21 (Source: P.A. 100-385, eff. 1-1-18; 100-790, eff. 8-10-18;  
22 100-1019, eff. 1-1-19; 101-81, eff. 7-12-19.)

23 Section 20. The Early Intervention Services System Act is  
24 amended by changing Sections 3 and 11 and by adding Section 3b  
25 as follows:

1 (325 ILCS 20/3) (from Ch. 23, par. 4153)

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

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

6 (1) Developmental delays.

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

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

11 (4) Either (A) having entered the program under any of  
12 the circumstances listed in paragraphs (1) through (3) of  
13 this subsection but no longer meeting the current  
14 eligibility criteria under those paragraphs, and  
15 continuing to have any measurable delay, or (B) not having  
16 attained a level of development in each area, including  
17 (i) cognitive, (ii) physical (including vision and  
18 hearing), (iii) language, speech, and communication, (iv)  
19 social or emotional, or (v) adaptive, that is at least at  
20 the mean of the child's age equivalent peers; and, in  
21 addition to either item (A) or item (B), (C) having been  
22 determined by the multidisciplinary individualized family  
23 service plan team to require the continuation of early  
24 intervention services in order to support continuing  
25 developmental progress, pursuant to the child's needs and



1 provided in an appropriate developmental manner. The type,  
2 frequency, and intensity of services shall differ from the  
3 initial individualized family services plan because of the  
4 child's developmental progress, and may consist of only  
5 service coordination, evaluation, and assessments.

6 (b) "Developmental delay" means a delay in one or more of  
7 the following areas of childhood development as measured by  
8 appropriate diagnostic instruments and standard procedures:  
9 cognitive; physical, including vision and hearing; language,  
10 speech and communication; social or emotional; or adaptive.  
11 The term means a delay of 30% or more below the mean in  
12 function in one or more of those areas.

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

15 (1) a diagnosed medical disorder or exposure to a  
16 toxic substance bearing a relatively well known expectancy  
17 for developmental outcomes within varying ranges of  
18 developmental disabilities; or

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

25 (d) "Informed clinical opinion" means both clinical  
26 observations and parental participation to determine

1 eligibility by a consensus of a multidisciplinary team of 2 or  
2 more members based on their professional experience and  
3 expertise.

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

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

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

10 (3) are provided under public supervision;

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

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

16 (A) physical development, including vision and  
17 hearing,

18 (B) cognitive development,

19 (C) communication development,

20 (D) social or emotional development, or

21 (E) adaptive development;

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

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

25 (A) family training,

26 (B) social work services, including counseling,

- 1           and home visits,
- 2           (C) special instruction,
- 3           (D) speech, language pathology and audiology,
- 4           (E) occupational therapy,
- 5           (F) physical therapy,
- 6           (G) psychological services,
- 7           (H) service coordination services,
- 8           (I) medical services only for diagnostic or
- 9           evaluation purposes,
- 10          (J) early identification, screening, and
- 11          assessment services,
- 12          (K) health services specified by the lead agency
- 13          as necessary to enable the infant or toddler to
- 14          benefit from the other early intervention services,
- 15          (L) vision services,
- 16          (M) transportation,
- 17          (N) assistive technology devices and services,
- 18          (O) nursing services,
- 19          (P) nutrition services, and
- 20          (Q) sign language and cued language services;

21          (8) are provided by qualified personnel, including but

22          not limited to:

- 23                (A) child development specialists or special
- 24                educators, including teachers of children with hearing
- 25                impairments (including deafness) and teachers of
- 26                children with vision impairments (including

1 blindness),  
2 (B) speech and language pathologists and  
3 audiologists,  
4 (C) occupational therapists,  
5 (D) physical therapists,  
6 (E) social workers,  
7 (F) nurses,  
8 (G) dietitian nutritionists,  
9 (H) vision specialists, including ophthalmologists  
10 and optometrists,  
11 (I) psychologists, and  
12 (J) physicians;

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

15 (10) are provided throughout the year; and

16 (11) are provided in natural environments, to the  
17 maximum extent appropriate, which may include the home and  
18 community settings, unless justification is provided  
19 consistent with federal regulations adopted under Sections  
20 1431 through 1444 of Title 20 of the United States Code.

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

25 (g) "Local interagency agreement" means an agreement  
26 entered into by local community and State and regional

1 agencies receiving early intervention funds directly from the  
2 State and made in accordance with State interagency agreements  
3 providing for the delivery of early intervention services  
4 within a local community area.

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

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

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

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

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

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

23 (m) "Fully credentialed early intervention provider" means  
24 an individual who has met the standards in the State  
25 applicable to the relevant profession, and has met such other  
26 qualifications as the lead agency has determined are suitable

1 for personnel providing early intervention services, including  
2 pediatric experience, education, and continuing education. The  
3 lead agency shall establish these qualifications by rule filed  
4 no later than 180 days after the effective date of this  
5 amendatory Act of the 92nd General Assembly.

6 (n) "Telehealth" has the meaning ascribed to that term in  
7 Section 5 of the Telehealth Act.

8 (Source: P.A. 101-10, eff. 6-5-19.)

9 (325 ILCS 20/3b new)

10 Sec. 3b. Services delivered by telehealth. An early  
11 intervention provider may deliver via telehealth any type of  
12 early intervention service outlined in subsection (e) of  
13 Section 3 to the extent of his or her scope of practice as  
14 established in his or her respective licensing Act consistent  
15 with the standards of care for in-person services. This  
16 Section shall not be construed to alter the scope of practice  
17 of any early intervention provider or authorize the delivery  
18 of early intervention services in a setting or in a manner not  
19 otherwise authorized by the laws of this State.

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

21 Sec. 11. Individualized Family Service Plans.

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

24 (1) timely, comprehensive, multidisciplinary

1 assessment of the unique strengths and needs of each  
2 eligible infant and toddler, and assessment of the  
3 concerns and priorities of the families to appropriately  
4 assist them in meeting their needs and identify supports  
5 and services to meet those needs; and

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

1 modification or revision of the outcomes or services is  
2 necessary.

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

11 (c) The initial evaluation and initial assessment and  
12 initial Plan meeting must be held within 45 days after the  
13 initial contact with the early intervention services system.  
14 The 45-day timeline does not apply for any period when the  
15 child or parent is unavailable to complete the initial  
16 evaluation, the initial assessments of the child and family,  
17 or the initial Plan meeting, due to exceptional family  
18 circumstances that are documented in the child's early  
19 intervention records, or when the parent has not provided  
20 consent for the initial evaluation or the initial assessment  
21 of the child despite documented, repeated attempts to obtain  
22 parental consent. As soon as exceptional family circumstances  
23 no longer exist or parental consent has been obtained, the  
24 initial evaluation, the initial assessment, and the initial  
25 Plan meeting must be completed as soon as possible. With  
26 parental consent, early intervention services may commence



1 before the completion of the comprehensive assessment and  
2 development of the Plan.

3 (d) Parents must be informed that early intervention  
4 services shall be provided to each eligible infant and  
5 toddler, to the maximum extent appropriate, in the natural  
6 environment, which may include the home or other community  
7 settings. Parents must also be informed of the availability of  
8 early intervention services provided through telehealth.

9 Parents shall make the final decision to accept or decline  
10 early intervention services. A decision to decline such  
11 services shall not be a basis for administrative determination  
12 of parental fitness, or other findings or sanctions against  
13 the parents. Parameters of the Plan shall be set forth in  
14 rules.

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

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

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

26 (3) That the family may request, with appropriate

1 documentation supporting the request, a determination of  
2 an exemption from private insurance use under Section  
3 13.25.

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

8 (5) That families will be responsible for payments of  
9 family fees, which will be based on a sliding scale  
10 according to the State's definition of ability to pay  
11 which is comparing household size and income to the  
12 sliding scale and considering out-of-pocket medical or  
13 disaster expenses, and that these fees are payable to the  
14 central billing office. Families who fail to provide  
15 income information shall be charged the maximum amount on  
16 the sliding scale.

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

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

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

26 (3) The name, address, and social security number of

1           the primary insured.

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

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

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

12          (Source: P.A. 97-902, eff. 8-6-12; 98-41, eff. 6-28-13.)

1 INDEX

2 Statutes amended in order of appearance

3 215 ILCS 5/367m

4 225 ILCS 150/5

5 225 ILCS 150/15

6 305 ILCS 5/5-5.25

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

8 325 ILCS 20/3b new

9 325 ILCS 20/11 from Ch. 23, par. 4161