



Sen. Mattie Hunter

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1 AMENDMENT TO SENATE BILL 626

2 AMENDMENT NO. _____. Amend Senate Bill 626 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. If and only if Senate Bill 2217 becomes law,
5 the Illinois Insurance Code is amended by adding Section 367m
6 as follows:

7 (215 ILCS 5/367m new)

8 Sec. 367m. Early intervention services. Parental consent
9 is not required for the use of private insurance for early
10 intervention services as defined in the Early Intervention
11 Services System Act that are provided in this State pursuant to
12 Part C of the federal Individuals with Disabilities Education
13 Act. A policy of accident and health insurance that provides
14 coverage for early intervention services must conform to the
15 following criteria:

16 (1) The use of private health insurance to pay for

1 early intervention services under Part C of the federal
2 Individuals with Disabilities Education Act may not count
3 towards or result in a loss of benefits due to annual or
4 lifetime insurance caps for an infant or toddler with a
5 disability, the infant's or toddler's parent, or the
6 infant's or toddler's family members who are covered under
7 that health insurance policy.

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

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

1 Section 10. If and only if Senate Bill 2217 becomes law,
2 the Early Intervention Services System Act is amended by
3 changing Sections 11, 13, 13.10, and 13.15 as follows:

4 (325 ILCS 20/11) (from Ch. 23, par. 4161)

5 Sec. 11. Individualized Family Service Plans.

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

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

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

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

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

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

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

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

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

23 (1) That the early intervention program will pay for
24 all early intervention services set forth in the
25 individualized family service plan that are not covered or
26 paid under the family's public or private insurance plan or

1 policy and not eligible for payment through any other third
2 party payor.

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

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

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

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

23 (f) The individualized family service plan must state
24 whether the family has private insurance coverage and, if the
25 family has such coverage ~~and parental consent has been~~
26 ~~obtained,~~ must have attached to it a copy of the family's

1 insurance identification card or otherwise include all of the
2 following information:

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

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

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

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

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

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

19 (Source: P.A. 97-902, eff. 8-6-12; 09800SB2217eng.)

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

21 Sec. 13. Funding and Fiscal Responsibility.

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

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

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

16 Funds provided under Section 633 of the Individuals with
17 Disabilities Education Act and State funds designated or
18 appropriated for early intervention services or programs may be
19 used by the lead agency to pay the provider of services (A)
20 pending reimbursement from the appropriate State agency or (B)
21 if (i) the claim for payment is denied in whole or in part by a
22 public or private source, or would be denied under the written
23 terms of the public program or plan or private plan, or (ii)
24 use of private insurance for the service has been exempted
25 under Section 13.25, ~~or (iii) parental consent has not been~~
26 ~~obtained for the use of private insurance.~~ Payment under item

1 (B) (i) may be made based on a pre-determination telephone
2 inquiry supported by written documentation of the denial
3 supplied thereafter by the insurance carrier.

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

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

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

25 The system of payments, called family fees, shall be
26 structured on a sliding scale based on the family's ability to

1 pay. The family's coverage or lack of coverage under a public
2 or private insurance plan or policy shall not be a factor in
3 determining the amount of the family fees.

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

24 (g) To ensure that early intervention funds are used as the
25 payor of last resort for early intervention services, the lead
26 agency shall determine at the point of early intervention

1 intake, and again at any periodic review of eligibility
2 thereafter or upon a change in family circumstances, whether
3 the family is eligible for or enrolled in any program for which
4 payment is made directly or through public or private insurance
5 for any or all of the early intervention services made
6 available under this Act. The lead agency shall establish
7 procedures to ensure that payments are made either directly
8 from these public and private sources, ~~when parental consent~~
9 ~~has been obtained,~~ instead of from State or federal early
10 intervention funds, or as reimbursement for payments
11 previously made from State or federal early intervention funds.
12 (Source: P.A. 91-538, eff. 8-13-99; 92-10, eff. 6-11-01;
13 92-307, eff. 8-9-01; 92-651, eff. 7-11-02; 09800SB2217.)

14 (325 ILCS 20/13.10)

15 Sec. 13.10. Private health insurance; assignment. The lead
16 agency shall determine, at the point of new applications for
17 early intervention services, and for all children enrolled in
18 the early intervention program, at the regional intake offices,
19 whether the child is insured under a private health insurance
20 plan or policy. ~~Parental consent must be obtained when the lead~~
21 ~~agency or enrolled provider who is providing a family with~~
22 ~~early intervention services seeks to use the child or parent's~~
23 ~~private insurance or benefits to pay for the initial provision~~
24 ~~of early intervention services in the Individualized Family~~
25 ~~Services Plan and anytime that an increase in frequency,~~

1 ~~length, duration, or intensity is made to existing services in~~
2 ~~the child's Individualized Family Services Plan.~~

3 (Source: P.A. 92-307, eff. 8-9-01; 09800SB2217.)

4 (325 ILCS 20/13.15)

5 Sec. 13.15. Billing of insurance carrier.

6 (a) Subject to the restrictions against private insurance
7 use on the basis of material risk of loss of coverage, as
8 determined under Section 13.25, each enrolled provider who is
9 providing a family with early intervention services shall bill
10 the child's insurance carrier for each unit of early
11 intervention service for which coverage may be available ~~and~~
12 ~~parental consent has been obtained.~~ The lead agency may exempt
13 from the requirement of this paragraph any early intervention
14 service that it has deemed not to be covered by insurance
15 plans. When the service is not exempted, providers who receive
16 a denial of payment on the basis that the service is not
17 covered under any circumstance under the plan are not required
18 to bill that carrier for that service again until the following
19 insurance benefit year. That explanation of benefits denying
20 the claim, once submitted to the central billing office, shall
21 be sufficient to meet the requirements of this paragraph as to
22 subsequent services billed under the same billing code provided
23 to that child during that insurance benefit year. Any time
24 limit on a provider's filing of a claim for payment with the
25 central billing office that is imposed through a policy,

1 procedure, or rule of the lead agency shall be suspended until
2 the provider receives an explanation of benefits or other final
3 determination of the claim it files with the child's insurance
4 carrier.

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

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

1 (Source: P.A. 97-813, eff. 7-13-12; 09800SB2217.)

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