ILLINOIS
EARLY INTERVENTION
PROVIDER HANDBOOK

Illinois Department of Human Services
Division of Family and Community Services
Bureau of Early Intervention
Rev. 12/2016

ILLINOIS EARLY INTERVENTION
Provider Handbook
Rev. 12/2016

Chapter 1: Welcome to Early Intervention!

Chapter 2: Early Intervention in Illinois
- 2.1 Laws and Regulations
- 2.2 Bureau of Early Intervention
- 2.3 Early Intervention Partners
- 2.4 Services Available to Early Intervention Children and their Families
- 2.5 Early Intervention Monitoring Reviews

Chapter 3: Early Intervention Providers in Illinois
- 3.1 Provider Agreements
- 3.2 Provider Credentialing and Enrollment
  - 3.2.1 Illinois Medical Program Cloud Technology (IMPACT) Enrollment Requirements
  - 3.2.2 Initial Credentialing Requirements
  - 3.2.3 Initial and Future Enrollment
  - 3.2.4 Requirements for a Temporary Credential
  - 3.2.5 Tips for a New Credentialed Provider
  - 3.2.6 Requirements for an Evaluation/Assessment Credential
  - 3.2.7 Requirements for Renewal of a Credential
  - 3.2.8 Lapse of a Credential
- 3.3 Use of Associate-Level Providers
- 3.4 Provisional Providers
- 3.5 Inactivation of Credential and/or Enrollment
- 3.6 Confidentiality
- 3.7 Use of Internet-Based Facsimile Services
- 3.8 Liability Insurance
- 3.9 Mandated Reporting of Abuse/Neglect
- 3.10 Evaluation/Assessment Activities
  - 3.10.1 Accepting Referrals
  - 3.10.2 Intake
  - 3.10.3 Family Directed Assessment
  - 3.10.4 Provider Selection
  - 3.10.5 Authorizations
  - 3.10.6 Initial Evaluations/Assessments
    - a. Review of Referral and Intake Information
    - b. Eligibility Criteria
    - c. Appropriate Evaluation/Assessment Tool Selection
  - 3.10.7 Service Delivery
    - a. Natural Environments

b. Authorization Frequency, Intensity, and Location of Services Adherence
c. Team Member Communication
d. Discontinuing Services

3.10.8 Transition
a. Transition Plan
b. Transition Planning Conference
c. IFSP Team Requirements for Transition Plan & Transition Planning Conference
d. Individual Education Plan (IEP) Attendance

3.11 Reporting

Chapter 4: Family Rights & Expectations
4.1 Family Rights
4.2 Resolution of Concerns
4.3 Family Expectations
4.4 Family Outcomes Survey

Chapter 5: Individualized Family Services Plans (IFSP)
5.1 Description and Components
5.2 Important IFSP Timelines
5.3 Provider's Role in the IFSP
5.4 Outcomes
5.5 Developmental Justification of Need
5.6 IFSP Development Activities
5.7 IFSP Development Time

Chapter 6: Billing Guidelines and Use of Insurance
6.1 Billing in Early Intervention
6.2 Billing Guidelines and Forms
6.3 Private Insurance Use in Early Intervention
6.4 Provider Responsibilities
6.5 Insurance Updates
6.6 Important Insurance Definitions

Chapter 7: Assistive Technology *(Durable Medical Equipment and Supplies)*
- Policy and Procedures for Authorization for Eyeglasses

Chapter 8: Audiology, Aural Rehabilitation, and Other Related Services

Chapter 9: Developmental Therapy

Chapter 10: Health Consultation

Chapter 11: Interpretation and Translation Services

Chapter 12: Medical Services (Diagnostic/Evaluation Purposes Only)

Chapter 13: Nursing

Chapter 14: Nutrition

Chapter 15: Occupational Therapy

Chapter 16: Physical Therapy
Chapter 17: Psychological and Other Counseling Services
Chapter 18: Service Coordination
Chapter 19: Social Work and Other Counseling Services
Chapter 20: Speech Language Pathology Therapy
Chapter 21: Transportation
Chapter 22: Vision
Chapter 23: Glossary and Abbreviations

ATTACHMENTS

Attachment 1: Assistive Technology (AT) Developmental Evaluation of Necessity Format and Guidance
Attachment 2: Discharge Report Format and Guidance
Attachment 3: Evaluation/Assessment Report Format and Guidance
Attachment 4: Six-Month Review Report Format and Guidance
Attachment 5: Medical Diagnostic Report Format
Attachment 6: Developmental Justification to Change Frequency, Intensity, and/or Location of Authorized Services Worksheet and Guidance
Attachment 7: Blank Individualized Family Services Plan (IFSP) (English/Spanish)
Attachment 8: Natural Environments Justification Worksheet
Attachment 9: Overview of Early Intervention Referral to Transition Activities
Attachment 10: Sample Authorization with Descriptions

Chapter 1: Welcome to Early Intervention

Thank you for your interest in becoming an enrolled EI provider with the Illinois Early Intervention (EI) Services System to serve eligible infants and toddlers under age three and their families.

Part C of the *Individuals with Disabilities Education Act* (IDEA) authorizes EI as a developmental program serving children birth to three with developmental delays, disabilities, and at risk conditions. Services are determined based upon functional outcomes that focus on child development and family needs and support that address the child's developmental needs rather than medical needs.

Part C requires states to provide services in "Natural Environments". Under Section 303.18 of Part C, Natural Environments is defined as "settings that are natural or normal for the child's same age peers who have no disabilities".

EI utilizes the *Principles of Early Intervention* for service delivery. All plans for service delivery are based upon the unique needs of each child/family and focus on the coordination of developmental activities to ensure that all members of the team involved in a child's intervention, including the family and/or caregiver, are working together.

Principles of Early Intervention

1) The primary goal of EI is to support families in promoting their child's optimal development and to facilitate the child's participation in family and community activities.

2) The focus of EI is to encourage the active participation of families in the therapeutic process by imbedding intervention strategies into family routines. It is the parents who provide the real early intervention by creatively adapting their child care methods to facilitate the development of their child, while balancing the needs of the rest of their family.

3) EI requires a collaborative relationship between families and providers, with equal participation by all those involved in the process. An on-going parent-professional dialogue is needed to develop implement, monitor, and modify therapeutic activities.

4) Intervention must be linked to specific goals that are family-centered, functional, and measurable. Intervention strategies should focus on facilitating social interaction, exploration, and autonomy.

5) Intervention shall be integrated into a comprehensive plan that encourages transdisciplinary activities and avoids unnecessary duplication of services. The plan shall be built around family routines, with written home activity programs to encourage family participation in therapeutic activities on a daily basis.

6) Intervention should be monitored periodically to assure that the strategies implemented are successful in achieving outcomes.

7) Children and their families in the Early Intervention System deserve to have services of highest quality possible. High standards will be set for the training and credentialing of administrative and intervention staff. Training, supervision, and technology will be focused to achieve excellence.

Adopted by the Illinois Interagency Council on Early Intervention (IICEI) - October 4, 2001

Within the EI Program:

- The family is viewed as the primary interventionist in a child's life and the expert in relation to the needs of the child and family.
- The family and EI providers involved in a child's intervention establish a working partnership based on an open exchange of information and expertise.
- The family who is supported to be an active partner is able to facilitate their child's continued development and advocate for their family's needs.
- Developmental activities are incorporated into a child's everyday life to naturally emphasize the acquisition of functional skills.
- The EI process is dynamic and individualized to reflect the family's preferences, learning styles and cultural beliefs.

The Bureau of EI adheres to and supports the implementation of the Division for Early Childhood (DEC) Recommended Practices in Early Intervention/Early Childhood Special Education (first developed in 1991 and updated in 2014). We encourage you to review them at: https://www.dec-sped.org/dec-recommended-practices.

Chapter 2: Early Intervention in Illinois

2.1 Laws and Regulations

The procedures outlined in this Handbook are based on federal and state regulations and the Illinois Department of Human Services (IDHS) policies.

The Individuals with Disabilities Education Act (IDEA) as amended by the *Individuals With Disabilities Education Improvement Act of 2004* [20 USC 1400 et seq.], Title I, Part C and 34 Code of Federal Regulations (CFR) 303 and related regulations can be viewed and downloaded on the EI website by selecting either *Individuals with Disabilities Education Act* or *Federal Regulations* under *Resources*, *Laws and Rules*, or you may visit the National Early Childhood Technical Assistance Center (NECTAC) website at http://www.nectac.org/idea/idea.asp.

State Statute - *Early Intervention Services System Act (325 IL CS 20/)*
http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1463&ChapterID=32

State Administrative Code - *Title 89: Social Services Chapter IV: Department Of Human Services Subchapter E: Early Childhood Services Part 500 Early Intervention Program*
http://www.ilga.gov/commission/jcar/admincode/089/08900500sections.html

Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191, Title II, § 262(a), 100stat. 2024) http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html

Family Educational Rights and Privacy Act Regulations (FERPA), U.S.C. 1232g, 34 CFR Part 99) can be viewed by visiting: www.ed.gov/policy/gen/reg/ferpa/index.html.

Other laws, rules, and policies may also apply.

Additionally, each provider is required to operate as directed under specific regulations and statutes in regards to his or her licensure type, such as 225 ILCS 110/, the Illinois Speech-Language Pathology and Audiology Practice Act. Please consider visiting the Illinois Department of Financial & Professional Regulation at www.idfpr.com/profs/proflist.asp.

The majority of disciplines used by the EI program have professional associations with rich information on practice, licensure, education, research, and career development that you may find helpful.

For additional materials about the EI System in Illinois, please review:

- Child and Family Connections (CFC) Procedure Manual
  www.dhs.state.il.us/page.aspx?item=75381
- Illinois Early Intervention Program: A Guide for Families
  www.eiclearinghouse.org/resources/familyguide/index.html
- State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System
  www.eiclearinghouse.org/documents/family-rights.pdf

2.2 Bureau of Early Intervention

IDHS serves as the lead agency and has designated the Bureau of EI to administer the statewide EI Services System. The main office is located in Springfield, Illinois and staff may be reached at **217/782-1981**.

2.3 Early Intervention Partners

The following programs assist the Bureau of EI in fulfilling requirements described in Part C Regulations, State Statute and Illinois Administrative Rule.

- **Child and Family Connections Offices**
  The EI Program operates through 25 regional intake entities called Child and Family Connections (CFCs) located throughout the state. CFCs can be located by going to the office locator found on the IDHS website at www.dhs.state.il.us. These offices are a family's first stop for questions about EI services. The CFCs employ Service Coordinators which are assigned to families when they first enter the EI Program. Service Coordinators continue their involvement with the family through each stage of the Individualized Family Service Plan (IFSP) process and are also responsible for generating authorizations to the EI providers who will be providing services to the family.

- **Illinois Early Intervention Central Billing Office**
  The EI Central Billing Office (CBO) is the claims processing entity for the EI Services System. The CBO approves payments based upon authorized services and established guidelines for EI providers. The CBO also submits and reconciles the monthly EI Medicaid claim to the Illinois Department of Healthcare and Family Services (HFS), provides data to assist CFCs to complete an initial verification of family insurance benefits, maintains the family participation fee system, administers the collections process, is a source of data collection for the Bureau of EI, provides technical assistance to EI families and providers, and administers the EI Insurance Unit, a free service which bills insurance on behalf of EI providers. The CBO also maintains the EI provider database. Upon first-time enrollment with the CBO, EI providers will receive a welcome letter that explains many aspects of the EI Program. CBO staff are trained to answer questions from EI families and providers regarding the service authorization process, billing inquiries, and family fees. CBO staff may be reached at **800/634-8540**. The CBO also maintains an informative website that contains many resources including billing requirements and instructions, EI forms, use of electronic billing software, information on the insurance billing unit, and important policy/procedure updates. For more information, please visit www.eicbo.info.

- **Illinois Early Intervention Clearinghouse**
  The EI Clearinghouse provides library and information services to residents of Illinois interested in EI topics. The EI Clearinghouse provides access to a large lending library of books, eBooks, videos, and articles and is a free resource to access information on health, educational, disability, and developmental concerns of infants and young children. Many materials are available in Spanish, as well as in English. Other Illinois libraries are accessible through interlibrary loan. Because families are the key to successful EI, the Clearinghouse's mission is to provide families with the information they need to support their children's growth and development. For more information, please contact the EI Clearinghouse at **800/852-4302** or visit www.eiclearinghouse.org.

- **Illinois Early Intervention Monitoring Program**
  The purpose of EI Monitoring Program is to ensure that state and federal regulations regarding the delivery of Illinois EI services to infants and toddlers with delays or disabilities are met. All EI Monitoring staff has extensive knowledge of EI policy and procedure. The EI Monitoring Program has locations in **South Holland** at **708/584-0367** and **Springfield** at **217/503-4949**. Copies of all current documents utilized during the review process may be found on their website at www.earlyinterventionmonitoring.org.

- **Provider Connections**
  Provider Connections is the EI Credentialing and Enrollment office for the EI Program. The EI credentialing and enrollment process begins at Provider Connections. Provider Connections also assist EI providers in a variety of ways including initial, revalidation and reinstatement of

credentialing and enrollment, EI evaluator credential, final acceptance into the IMPACT system, see 3.2.1, address updates and name changes, tax number identification status changes, and enrollment changes. EI providers will receive a welcome letter upon initially credentialing and upon re-credentialing. If an individual needs a Credentialing and/or Enrollment application, he or she may visit www.wiu.edu/providerconnections. This site also includes important updates that are geared directly for EI providers and is the primary location for IDHS policy, procedure, and payment updates. If you have any questions regarding your credentialing and/or enrollment, please contact Provider Connections at **800/701-0995** for assistance.

- **Illinois Early Intervention Training Program**
  The EI Training Program (EITP) provides professional development and technical assistance to CFC staff and EI providers supporting infants and toddlers and their families within the EI Program. The mission of EITP is to develop a comprehensive system of personnel development that is regionalized, responsive, and reflective of evidence based practices in EI. EITP collaborates with various organizations to support CFC offices, early interventionists and other stakeholders in understanding and effectively implementing the key principles and practices of EI services. EITP also supports the dissemination and data analysis for the Family Outcomes Project. For more information, please visit eitp.education.illinois.edu. If you have questions regarding EI Training, please call **866/509-3867** for assistance.

2.4 Services Available to EI Children and their Families

EI offers a variety of services designed to meet the unique needs of each child in the following domains:

- Adaptive - self-help, i.e., eating, dressing
- Cognitive - i.e., thinking, learning, problem-solving
- Communication - i.e., talking, listening, understanding
- Physical - i.e., reaching, rolling, crawling, walking
- Social Emotional - i.e., relationship-building, playing, feeling secure and happy

Depending on the child and family's individual needs, services available through EI may include:

- Assistive Technology
- Audiology - Aural Rehabilitation
- Developmental Therapy - Special Instruction
- Family Training and Support - includes Interpretation and Translation
- Health Consultation
- Medical Services (for diagnostic or evaluation purposes, only)
- Nursing
- Nutrition
- Occupational Therapy
- Physical Therapy
- Psychological/Counseling Services
- Service Coordination
- Social Work
- Speech Language Pathology
- Transportation
- Vision

Additional details on each of service category above are defined further within Chapter 7 through Chapter 22.

Credentialing and/or enrollment is required for all types of services and must be completed prior to providing any services in the EI Program. The only exception is if prior provisional approval is granted by the Bureau of EI, see Section 3.4 for Provisional Providers.

2.5 EI Monitoring Reviews

The purpose of the EI Monitoring Program is to review files of individual providers to ensure compliance with applicable laws, regulations, and Provider Payee Agreements and to provide technical assistance for EI Providers including "best practice" examples and resources to ensure understanding of EI service delivery practices. EI Providers that were active and billed the CBO during the prior state fiscal year (July 1 – June 30) are subject for reviews. Illinois Medical Program Cloud Technology (IMPACT) Enrollment Requirements.

A monitoring review can also be initiated due to an inquiry from a parent, CBO or IDHS. EI Monitoring staff determines the type of review to be conducted and the number of files to be reviewed based on the type of review. A monitoring review can be conducted onsite at the provider office/agency, or at another location agreed upon by the EI provider and EI Monitoring staff. Reviews may also be completed by conducting a "desk audit", which includes the EI provider mailing required documents to the EI Monitoring staff.

All documentation should have been completed at the required time (evaluation, IFSP, transition, etc.) and must be in the file at the time of the review. EI Monitoring staff will not accept any documentation after the fact.

Monitoring staff will review the following documents to determine compliance:

- *Administrative Directive*
  - An EI Payee must develop and implement written privacy policies and procedures that are consistent with HIPAA Privacy Rules.
  - An EI Payee must also provide a notice of its privacy practices, separate from HIPAA Compliance Documents listed above, to all families receiving EI services at the initiation of services, for example, initial evaluation/assessment or the start of direct services.

  The HIPAA Privacy Rule requires that the notice contains certain elements. The notice must:
  - describe instances in which an EI Payee may use and disclose Protected Health Information (PHI);
  - state the EI Payee's duties to protect privacy;
  - provide a notice of privacy practices and abide by the terms of the notice;
  - describe individuals' rights, including the right to complain to the US Department of Health and Human Services (HHS) and to the EI Payee if the individual believes his or her privacy rights have been violated, and
  - include a contact for further information and for making complaints to the EI Payee.

  EI Payees must act in accordance with these notices. Monitoring staff will ensure that the notice in place contains the required elements per the HIPAA Privacy Rule. For examples of Notice of Privacy Practices, visit www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/.

- *Ongoing Professional Development*
  EI providers are required to participate in a system of ongoing professional development, see definition in Glossary. Monitoring staff will review the Ongoing Professional Development form for documentation of once-a-month visits.

- *Documentation of Liability Insurance*
  EI Providers are required to maintain Liability Insurance. Monitoring staff will ensure coverage for the dates of service during the fiscal year being reviewed is present, see Chapter 3.8, Liability Insurance.

- *Documentation to Support Services Provided and Billed to the CBO*
  EI providers are required to maintain supporting documentation for all procedure codes billed to and paid by the CBO. For more information about documentation requirements, see the definition in Chapter 23, Glossary and Abbreviations.

  Documentation of the direct service provided must include at a minimum: date, time in, time out, location, who was present, EI provider signature and a complete overview (brief comprehensive account) for each date, each direct service provided (each procedure code). A checklist or pages from an appointment book are not considered documentation or a complete overview of the services provided.

  NOTE: Documentation overview and the complete EI provider's signature (not initials) must be legible and understandable to families and to persons who will monitor or audit the EI Payee's service billed.

  Daily documentation for Interpreters, Interpreters for the Deaf, and Translators should include date of service, time in/out, a legible signature of the EI provider, and the discipline for which the interpretation or translation occurred. Interpreters should also specify the type of interpretation (i.e., verbal or sign language) and Translators must specify the type of document being translated (i.e., IFSP, Speech 6-month report, etc.) The English copy and the translated copy must be in the file for the Monitoring staff to review.

  EI transportation providers must maintain a travel log for all trips billed to the CBO that clearly state mileage, departure, and destination information. For more information, visit http://www.eicbo.info/.

- *Review of Authorizations*
  All authorizations, except IFSP meeting authorizations, must be obtained prior to rendering any services. Additionally, Individual Education Plan (IEP) meeting authorizations must be pre-authorized as a direct service, not an IFSP Meeting. Monitoring staff will compare billing information from the CBO to the authorizations on file to ensure services are being provided according to the frequency, intensity and duration/minutes listed in the authorization. Associate-Level providers must be identified in the comment field of the authorization. All fully-credentialed EI providers, that are not Associate-Level, must receive authorizations under their name. If an EI provider has been found to be providing services before the enrollment process was complete, the EI Payee will be required to refund all dates of service billed prior to the provider being fully enrolled and/or credentialed.

- *Physician's Prescription*
  Monitoring staff will review documentation to ensure EI providers have an updated physician's prescription on file.

  A physician's prescription must be obtained prior to direct service provision or AT for all licensed providers, including DT-V, & DT-H services. Once the prescription is obtained, the Service Coordinator should submit a copy to the appropriate EI provider.

  NOTE: A Developmental Therapist (DT) does not require a prescription for direct service.

- *Individualized Family Service Plan (IFSP)*
  The CFC is to send the entire IFSP document within 15-business days of the IFSP implementation date to EI providers. If an EI provider does not receive the IFSP within this timeframe, he or she must contact the CFC immediately to obtain a copy. Any documentation received from the EI Provider after services were provided to a child, will be considered 'untimely' and could be considered a violation.

- *Associate-Level Provider & Supervision Documentation*
  Unless exempt due to being a credentialed, Associate-Level Speech-Language Pathologist in his/her supervised professional experience, EI providers who conduct supervision for a credentialed Associate-Level provider are required to have an organizational chart or other document that includes the assignment of the Associate-Level provider to a supervisor, documentation of the associate's credentials and documentation of the direct service and IFSP implementation supervision. Direct supervision during associate-provided services must occur at a minimum of once each month for each child served.

  Evidence of supervision must document all contact between the supervisor who is responsible for a child's case and the Associate-Level provider who is actually providing the direct service to the child. Monitoring staff will review documentation supporting monthly supervision visits to ensure strict adherence to the definition of supervision. Without documentation that clearly supports monthly supervision visits, a refund for dates of service may be identified and requested.

- *Evaluation and Assessment Reports*
  All reports should be completed following the required information listed in the IDHS-report format with a copy kept in the child's file. The EI provider must provide documentation to support the length of time spent conducting the evaluation, scoring the identified instrument and time spent writing the report. This can be written on the report or in separate case notes.

  - All reports will be monitored for compliance with the 14 calendar day requirement, see Chapter 3.11, Reporting for additional information. The exception to this rule is reports must be written on a date that is prior to the child's third birthday.

    Monitoring staff will ensure that reports were submitted to the CFC and met the required timeline. This can be documented in case notes, fax confirmations, CFC-specific request forms, or the start date of the evaluation or assessment authorization. EI providers, who do not meet this timeline, may receive a violation for being untimely.

Monitoring Review Findings

At the end of the review, Monitoring staff will address any violations found and provide immediate technical assistance. A violation occurs when documentation could not be found to support compliance in one or more areas of the review. The EI provider may be subject to any one, or a combination of the following based on the review:

- *Corrective Action Plans*
  A Corrective Action Plan (CAP) is required for all violations. A CAP is a document written by the EI provider that states the violation and the specific policy or procedure that was not followed that led to the finding. The CAP should include the strategies and practices the EI provider will implement to address the issue and specify the date the correction(s) will be implemented. CAP directives may be found at the EI Monitoring site under forms at http://www.earlyinterventionmonitoring.org/.

- *Refunds*
  Violations that require refunds are generally due to lack of documentation, insufficient documentation, inappropriate billing practices, billing for non-billable services, billing in excess of the authorization, billing for canceled sessions, or use of non-credentialed or enrolled providers.

  Refunds, due to any of the actions above, are to be submitted to the CBO. Sufficient instructions for the process will be sent with the findings of the review.

- *Additional Monitoring Activities*
  When questionable service or billing practices are identified during a monitoring review, EI Payee/EI providers may be required to comply with additional monitoring activities and requirements in addition to submission of any identified refunds. Additional reviews could also occur if requested by IDHS due to state complaints, appeals, etc.

- *Consistent Violations or Performance of Non-Compliance*
  If an EI provider continues to violate specific policies and procedures and shows no signs of correcting the identified non-compliance items, payments may be held and/or inactivation of credential/enrollment may occur.

Chapter 3: Providers in Illinois

It is important that EI providers familiarize themselves with the *Principles of Early Intervention* as well as laws, regulations, credentialing and enrollment; DEC recommended evidence based practices and additional processes in place to assist in navigating through the Illinois EI system.

3.1 Provider Agreements

EI Providers and/or Payees and IDHS enter into agreements called the *Illinois Department of Human Services Payee Agreement for Authorization to Provide Early Intervention Services* that outlines the duties, responsibilities and expectations, as well as the relationship between IDHS and the EI Provider. The Payee must be certified by the Illinois Office of the Comptroller to receive payment from the CBO as they make service(s) available to eligible children and their families according to the Illinois Early Intervention Services System Act, 325 ILCS 20/5 et. seq. (the Act); Part C of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. Section 1431 et seq.); the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Family Educational Rights to Privacy Act (FERPA) and its rules, 34 CFR 99; and EI administrative rule, 89 Illinois Administrative Code 500 (Rule 500).

This agreement defines responsibilities of the EI Providers, including but not limited to:

- provide services only with authorization in hand;
- accept all families without discrimination and regardless of healthcare insurance benefits, private and public;
- not bill families directly for EI services;
- not bill insurance for services deemed as being at the public's expense;
- bill within 90-calendar days of date of service or date of receipt of insurance benefit determination:
- accept EI rates as payment in full;
- adhere to claim submission requirements including resubmission when errors occur, using proper billing codes, etc.;
- adhere to the eligible child's IFSP and services agreed upon;
- adhere and maintain credentialing and licensure requirements;
- maintain documentation of liability insurance;
- follow report timelines and formats as defined by IDHS/EI Program;
- securely maintain accurate records including daily documentation for all services billed and IFSP Development Time for a period of 6 years from the child's exit from the EI Program;
- never terminate services without a 30-calendar day written notice to the Service Coordinator and the family;
- comply with enrollment in the IL Medicaid Enrollment system (now known as IMPACT);
- participate in routine monitoring, supervision, reporting obligations, and complaint investigations;
- adhere to confidentiality requirements;

- have access to the internet and monitor the Provider Connections' website on a weekly-basis at a minimum, and
- understand that IDHS may terminate the agreement with at least 30 days prior written notice without cause, for failure to perform obligations and provisions set forth in the agreement.

This agreement also defines responsibilities of IDHS, including:

- though the CFC, production of timely authorizations to credentialed/enrolled staff;
- notification of any changes to rules, regulations, policy, procedure, directives and other program directives in a timely manner;
- reimbursement of pre-authorized services completed by approved staff, and
- compliance with HIPAA regulations.

3.2 Provider Credentialing and Enrollment

3.2.1 *IMPACT Enrollment Requirements*

In 2015, the State of Illinois released a new provider enrollment system called IMPACT (Illinois Medicaid Program Advanced Cloud Technology) through the Illinois Department of Healthcare & Family Services (HFS). Although HFS enrollment for EI Providers has been seamless and behind the scenes for many years, the requirements within the Affordable Care Act (ACA) required this new process.

IMPACT utilizes a web-based provider enrollment process application to allow any provider serving Illinois Medicaid-eligible citizens to confirm compliance with HFS requirements for providers who either are paid directly by HFS or, like EI Providers, are paid initially by EI, who then submits claims for reimbursement from HFS for EI children who are eligible for federally-matching funds.

Prior to any credentialing or enrollment with EI, enrollment with IMPACT is required. Once enrollment is complete with IMPACT, Provider Connections will approve the enrollment as part of the revalidation process or new enrollment process provided all EI credentialing/enrollment processes are followed. All EI Payee agencies and individuals who are seeking to enroll as EI Providers must first go through the IMPACT process prior to being approved before the next step may be completed.

Please refer to the IMPACT website, http://IMPACTinfo.Illinois.gov which outlines detailed Information for all providers in regards to the IMPACT enrollment/revalidation process, related activities and timelines and Provider Connections website under *Important News*, www.wiu.edu/providerconnections, for specific EI-related IMPACT guidelines.

3.2.2 *Initial Credentialing Requirements*

All **new** EI credential applicants are required to:

- complete the EI Credentialing application by going to http://www.wiu.edu/ProviderConnections/credentialing/newapp.php;
- adhere to IMPACT requirements, see above;
- document educational and licensure requirements for the specific credential;
- complete the EI System Overview Training at https://illinois.edu/blog/view/6039/175193;

- successfully complete background checks, including:
  - Live Scan Fingerprint-Based Criminal Background Check
  - Child Abuse and Neglect Tracking System (CANTS)
  - Sex Offender Registries

3.2.3 *Initial and Future Enrollment*

In order to receive payment for EI services, the individual provider must be enrolled under an EI Payee with the CBO. The EI Payee may be either an individual or an EI agency. The process of initial enrollment into the CBO requires the completion of a variety of documents compiled from several different state agencies, including the Agreement in 3.2 detailed earlier in this document with IDHS, IMPACT Enrollment through HFS, mentioned in 3.2.1 and a W-9 Taxpayer Identification form for use by the Illinois Office of the Comptroller (IOC). Enrollment documents may be found at: www.wiu.edu/providerconnections. All enrollment application forms, whether initial or otherwise, must be sent to Provider Connections for processing.

Once an EI Payee is enrolled with Provider Connections, additional EI Providers may be enrolled under that EI Payee. No EI provider is to accept authorizations or provide services until they are enrolled with their EI Payee, with the exception of Associate-Level providers who are only credentialed, not enrolled, see Section 3.3 for more information.

If an EI provider chooses to discontinue providing services through an EI-enrolled Payee, the EI provider should contact Provider Connections in writing to inform them of his or her wishes. The notification should include the EI Provider's name, provider type(s), and name of the Payee he or she wishes to be inactivated from and chosen date of inactivation. This notification may be made through email at providerconnections@wiu.edu, by fax at 309/298-3066 or by mail to:

Provider Connections
Center for Best Practices in Early Childhood Education
Western Illinois University
1 University Circle
Macomb, IL 61455

Provider Connections staff will work with the CBO to inactivate the EI Provider's enrollment status with that Payee. Adherence to this policy minimizes the risk of authorizations being placed under the incorrect EI Payee.

3.2.4 *Requirements for a Temporary Credential*

- In addition to the requirements listed above, all **new** credentialed EI Providers who receive a temporary EI Credential, see *Glossary* for definition, versus a full credential will have 18 months from the date their temporary credentials are issued to complete the required 240 hours of consultation verification. Developmental Therapy-Hearing (DT-H), Developmental Therapy –Vision (DT-V), and Developmental Therapy -Orientation & Mobility and EI Providers credentialed under the EI service categories of Clinical Assessment, Counseling and other Therapeutic Services, Nursing, Nutrition, and Social Services, need only document 120 hours.
- Documentation of this requirement must show that the individual participated in consultation with an appropriately experienced individual of the same discipline/EI service group who has experience working with children ages birth to three with special needs and their families.

- All new unlicensed providers (except DTs) must complete the four-core knowledge areas during the 18-month temporary period. DTs are required to document the completed four-core knowledge area requirements upon application.

  NOTE: A credential extension of up to **6 months** for credentialed and Associate-Level Providers may be granted due to non-compliance with Supervised Professional Experience and/or completion of training requirements established due to extreme hardship or extenuating circumstances. Such requests will be evaluated on an individual case basis and must follow the prescribed procedure by using the *Credential Extension Request Form* at: www.wiu.edu/ProviderConnections/pdf/RequestforCredentialExt3-08.pdf.

3.2.5 *Tips for a New Credentialed Provider*

Becoming an EI Provider may seem overwhelming. These tips and suggestions may help you successfully navigate the system:

- Understand that ongoing Professional Development requirements begin when the EI credential is issued.
- Understand the continuing professional education requirements for credential renewal.
- Ensure you have access to the Internet and monitor the Provider Connections' website, at minimum, on a weekly-basis for changes and/or updates that may affect the functions of the EI System.
- Consider subscribing to the Provider Connections RSS Feed at: www.wiu.edu/ProviderConnections to receive emails when updated information is added to the "Important News" section. Information regarding policy and procedure changes, payment updates and departmental memos are posted there.
- Become familiar with the CBO billing and claims process (see Chapter 6-Billing Guidelines and Use of Insurance)
- Contact your preferred Child and Family Connections Office(s), to introduce yourself and send them your curriculum vitae or resume so they know you are credentialed/enrolled and ready to receive referrals.
- Visit each of the Illinois EI Partners websites and bookmark them for easy access.
- Visit the EI Training Program's website often as professional development opportunities sponsored through the EI system are posted on this website.

3.2.6 *Requirements for an Evaluation/Assessment Credential*

EI Providers seeking to provide Evaluation/Assessment services to determine initial eligibility and new services must go through a portfolio review process to obtain the EI Evaluation/ Assessment Credential. EI Providers must have a current Full Specialist EI Credential before they can apply for the EI Evaluation/Assessment Credential. Additionally, it is preferred that the provider has 3 years full-time equivalent (FTE) of EI experience serving infants and toddlers. A person with only one (1) year experience of at least 750 hours of direct or billable services may be considered for the Evaluation/Assessment Credential. Applicants must also document at least 6 months of pediatric post degree supervision. Additional requirements may be found on the Evaluator applicant's page on Provider Connections' website at: http://www.wiu.edu/ProviderConnections/credentialing/evalapp.php.

3.2.7 *Requirements for Renewal of a Credential*

EI Credentials are issued for three (3) year periods. It is recommended that you submit your renewal application 90 days before the date of expiration, because completion of background checks could take 8 to 12 weeks. The EI Credential Renewal Application and Instructions may be found at: www.wiu.edu/ProviderConnections/credentialing/renewapp.php

3.2.8 *Lapse of a Credential*

EI Providers who allow their EI Credential to lapse/expire may continue to provide services under current authorizations they have previously received and have been providing services on prior to credential expiration. This applies to all EI Providers EXCEPT those holding Associate-Level credentials.

If an Associate-Level EI Provider allows their credential to lapse, they are NOT allowed to continue providing services, even on existing authorizations. Therefore, Associate-Level providers with lapsed credentials must stop services effective the date of their Associate-Level credential expiration. EI Providers may reapply for their credential by following instructions located on the Provider Connections website at www.wiu.edu/ProviderConnections/credentialing/reinstatement.php.

3.3 Use of Associate-Level Providers

In order to enlist the widest pool of qualified EI Providers, EI supports the appropriate use of credentialed, non-enrolled Associate-Level providers who function under the following guidelines and whose services are billed for by their credentialed and enrolled supervisor.

Individuals with a current "Assistant" license with the state of Illinois where they provide services to children may apply for an Associate-Level credential as an assistant within their discipline. The following are the minimum requirements for supervision of Associate-Level Credentialed Providers for EI services. No individual is exempt from compliance with any and all pertinent professional standards governing supervision in the individual's discipline. When professional standards require supervision beyond what is described below, it is the responsibility of the individual for meeting any additional standards.

NOTE: Professional license titles and EI titles may not always be the same.

3.3.1 Each Credentialed Associate-Level provider must be supervised by a licensed, credentialed and enrolled supervisor in the same discipline.

3.3.2 The Credentialed and Enrolled Supervisor must:

a. evaluate/assess the child, develop the IFSP for intervention services required to accomplish IFSP outcomes and submit the evaluation/assessment report prior to IFSP development, updates, and/or reviews;

b. instruct the Credentialed Associate-Level provider about the EI services to be provided;

c. reassess the child as required by the child's IFSP and by the discipline-specific licensure requirements for the enrolled specialist or credentialed Associate-Level staff at least once prior to each annual IFSP update and/or review;

d. revise IFSP activities, as needed;

e. review and approve all methods and materials selected to implement the IFSP;

f. conduct direct supervision during the Credentialed Associate-Level provider's sessions at a minimum of once per month for each child served;

Supervision must occur for one entire direct service session every month and consist of the following types of review:

- observation of direct hands-on service to the child;
- observation of interaction between the credentialed Associate-Level provider and the child;
- observation of interaction between the Credentialed Associate-Level provider and the parent/caregiver;
- review of child's progress or lack thereof;
- discussion with parent/caregiver about family issues, priorities and concerns;
- review of IFSP developed by supervisor for use by Credentialed Associate-Level provider to meet functional outcomes identified in each child's IFSP to determine if the IFSP requires modifications;
- any other duties as required by discipline-specific practice acts or licensure standards.

g. submit a summary report of direct services provided by his or her assistant prior to each IFSP update and/or review and more often if the child's progress/lack of progress is warranted;

h. submit bills for services provided by the credentialed Associate-Level provider;

i. participate in IFSP development, update, and/or reviews, this includes any and all meetings, and

j. follow supervision requirements as set forth in his/her licensure and/or other pertinent certification standards.

NOTE: Inappropriate supervision is considered unprofessional practice. Those identified as not following the supervision requirements listed above, could lose their EI credential and/or enrollment and risk being reported to the Illinois Department of Financial and Professional Regulation.

3.3.3 The Credentialed Associate-Level provider shall:

a. always identify him or herself as an assistant to the family, caregiver and team;

b. provide services only as instructed by the credentialed/enrolled supervisor;

c. document all EI services provided, including time in/time out;

d. only attend IFSP Meetings if accompanied by the Supervising SLP;

e. report all changes in a child's condition to the credentialed/enrolled supervisor, and

f. ensure authorizations include Credentialed Associate-Level provider's name within the comment field of the authorization and if missing, contact the child's Service Coordinator to request a corrected authorization.

3.3.4 Associate-Level providers who have a master's degree in speech-language pathology, are in their Clinical Fellowship Year (CFY), and are credentialed as an Associate-Level Speech-Language Pathologist Assistants, shall:

- provide services consistent with the "Illinois Speech-Language Pathology and Audiology Practice Act" (225 ILCS 110/1 et. seq.).

- perform evaluation/assessment (except **initial** evaluations/assessments),
- engage in IFSP development;
- provide services only as instructed by the credentialed/enrolled supervisor;
- always identify themselves as assistants to the family, caregiver and team;
- document all EI services provided, including time in/time out;
- report all changes in a child's condition to the credentialed/enrolled supervisor, and
- ensure authorizations include Credentialed Associate-Level provider's name within the comment field of the authorization and if missing, contact the child's Service Coordinator to request a corrected authorization.

NOTE:

- Supervisory time is non-billable time and is considered to be administrative time.
- Bill for Evaluation/Assessment report writing time using the evaluation/assessment code identified on the authorization. Bill for time to write direct service reports, which require no testing procedure, using IFSP Development codes.

3.3.5 The student shall:

a. complete the confidentiality statement and background check required by his/her college/university program;

b. ensure that the college's liability insurance covers the student's EI experiences;

c. always identify him or herself as a student to the family, caregiver and team;

d. provide services only under the direct supervision of the credentialed/enrolled supervisor;

e. document all EI services provided, including time in/time out and have the supervisor co-sign this documentation.

3.4 Provisional Providers

The purpose of the Provisional Provider process is to allow for the provision of services to eligible children when no other credentialed and/or enrolled EI Provider is available. If a credentialed and/or enrolled EI Provider is available, that EI Provider must be utilized first. This process is not to circumvent the background check and fingerprinting process and cannot be used when an EI Provider allows his/her EI credential to lapse. The Provisional Provider process is initiated when a CFC believes it is necessary and it can only be completed by the CFC and must be approved by the Bureau of EI prior to providing any EI services.

Provisional Providers must complete the EI Credentialing and/or Enrollment packet found on the Provider Connections' website and follow submission instructions. Providers must also complete Criminal Background Fingerprinting and the Online System Overview Training prior to becoming approved by the Bureau of EI and receiving authorization.

Additionally, EI families must sign an acknowledgement that they understand the Provisional Provider has not yet gone through all the necessary background checks, including CANTs, to become a credentialed and/or enrolled EI Provider.

Provisional Providers cannot submit their claims electronically to CBO as they are not entered in the CBO through the Provider Connections credential and/or enrollment process. Claims are required to be mailed to the IDHS Provisional Provider Coordinator. Provisional Providers will receive a memorandum

upon approval of the request which will include detailed instructions on the process to bill for provisional services.

3.5 Inactivation of Credential and/or Enrollment

Administrative Code 89, Part 500 Early Intervention Program, Section 500.60 Provider Qualifications/ Credentialing and Enrollment states the activities that could lead to termination of an EI Credential/ Enrollment status. Below is an overview of what is stated Credentialing/enrollment is not a license. Rights of credential and enrollment are set forth in the *EI Provider Payee Agreement*. In addition to the provisions of this subsection (q), the Department may exercise any rights it has under the *EI Provider Payee Agreement* to terminate the agreement.

1. Additionally within the code, under (g) the following shall result in immediate automatic termination of an EI Provider's credential and enrollment:
    a. Failure to comply with the requirements of 500.60(g) *(Education)* and/or 500.60(h) *(Consultation Requirement Either Prior to or During Temporary Credential)* within the time period or within a Department-granted extension not exceeding the maximum extension time allowed.
    b. Failure to successfully enroll in, exclusion from or termination from participation in IMPACT and/or other programs of federal or State agencies.
    c. Lapse of credential/enrollment for over 1 year without complying with 500.60(l) (*Restoration of Lapsed Credential*) failure to bill for services for more than 12 consecutive months.
    d. Suspension or termination of the license and/or certification required for the service for which one is credentialed.
    e. Failure to meet or maintain other credential and enrollment requirements set forth in this Section.
2. The following shall also result in termination of an EI Provider's credential and enrollment:
    a. Failure to comply with provisions of this Part, or with EI Service Provider Agreements, or with other laws and regulations relevant to the services for which there is a credential.
    b. Unprofessional conduct.
    c. Complaints the Department has determined are founded and significant.
    d. Professional performance not consonant with recognized standard of care or adverse action of a professional society or other professional organization.
    e. Lack of timely cooperation regarding the submission of and adequacy of reports, the development of appropriate goals and objectives and the development of multidisciplinary treatment plans.
    f. Inappropriate billing practices.
3. The EI Provider shall be notified of the date of termination and the reason, and shall help to transition children to new providers. The provider may request an informal hearing, but the request shall not affect the termination date, which may proceed prior to the informal hearing. The request must be made within 30 days after the notice of the termination.
4. The EI Provider may present relevant information, witnesses and evidence to the Secretary or his/her designee, in person or in writing. The Secretary or the designee will review the information presented and any supplemental investigation performed by the Department and issue a decision within 30 days after the informal hearing.

5. The decision of the Secretary or the designee shall be final.

3.6 Confidentiality

As an EI Provider of EI services, you are trusted with Protected Health Information (PHI) per HIPAA and Personally Identifiable Information (PII) per FERPA while working with families and their children in the EI Program. All information collected, must be kept confidential at all times and never be shared on any level without consent. PHI/PII should never be sent through electronic mail (email) or text nor can it be electronically stored on any device, i.e., laptops, computers, etc., without being securely protected and/or encrypted. With appropriate consent, email and/or text maybe used for basic appointment communication.

The use of video conferencing, web cams or any other type of internet-based virtual software to perform direct service (i.e. Skype) is prohibited as it is unsecure and unencrypted.

NOTE: Unless specifically stated in the IFSP, a parent's signature does not authorize EI Providers (listed and not listed on the IFSP) to talk to each other about the child, so specific parental consent is required.

3.7 Use of Internet-Based Facsimile Services

Internet based facsimile (fax) services, also known as eFax or online fax, are used for sending and receiving fax documents in digital format rather than a paper fax machine using a traditional phone line.

As a covered entity, EI Providers must enter into a Business Associate Agreement (BAA) with each Internet-Based Fax Service vendor. Additionally, EI Providers utilizing an Internet-Based Fax Service vendor are responsible for establishing an account with the vendor and ensuring all proper agreements are in place prior to use.

Criteria used in verifying that Internet-Based Fax Service vendors are HIPAA complaint, include:

- do not utilize third-party vendors to store or transmit data,
- offer executable BAAs which define the data as belonging to the provider not the BAA carrier,
- data storage is within the United States of America, and
- guarantee HIPAA-secure accounts for all customers with BAAs.

The list of Internet-Based Fax Service vendors can be found at:
www.wiu.edu/ProviderConnections/policy/EIProviderUpdate.php?id=270

3.8 Liability Insurance

The EI Payee is required to maintain liability insurance sufficient to cover any potential liability such as loss, damage, cost or expenses, including attorney's fees, arising from any act or negligence of the EI Payee or its' enrolled EI providers. Proof of this insurance is a requirement during EI Monitoring Reviews.

Interpreters and Translators are not required to maintain liability insurance and are asked to sign an addendum at the time of enrollment.

3.9 Mandated Reporting of Abuse/Neglect

As defined in the *Early Intervention Services System Act (325 ILCS 20/)*, EI Providers are mandated reporters of child abuse and/or neglect.

If an EI Provider has reasonable cause to believe that a child known to them in their professional or official capacity may be abused and/or neglected, it is their responsibility to report the suspected abuse and/or neglect immediately to the Illinois Department of Children and Family Services (DCFS). The EI

Provider shall report the suspected or alleged abuse and/or neglect by calling the toll-free DCFS Child Abuse Hotline at **1-800-25A-BUSE**. The hotline is available 24 hours a day, seven days a week.

It is not the job of a mandated reporter to determine whether abuse and/or neglect has truly occurred, the reporter only needs reasonable cause to believe abuse and/or neglect has occurred. In the case of a team of people working with the same child and family, the person with the most direct contact and information should be the one filing a report with DCFS.

Things to keep in mind when contacting the DCFS Child Abuse Hotline

Information Needed	*Your Options*	*Your Rights*
• Name of alleged victim, address, and siblings • Relationship of victim to alleged perpetrator • Description of abuse and/or neglect • Any information that could help expedite the investigation	• You can call just to ask a question • You do not have to have all of the information mentioned to make the call • You can always call back when you have the additional information • The child's/family's words, if any, should be used for any explanation of the abuse and/or neglect	• Know the Intake worker's full name • Reasons the report was not accepted • Ask to speak to a supervisor • Immunity from legal liability as a result of reports you make in good faith • Findings and actions taken as a result of the report • Confidentiality as the mandated reporter

It is never easy to report abuse and/or neglect, especially if you know the family. You may not be the only person to recognize abuse or neglect is occurring and that a child is suffering, but you may be the only person to take action to stop the abuse.

For training support related to Mandated Reporting and/or Child Abuse, please visit the EITP website at http://eitp.education.illinois.edu/ and look for *Beyond Mandated Reporting: Recognizing and Responding to Child Abuse* online module.

3.10 Evaluation/Assessment Activities

CFCs are responsible for performing a variety of activities prior to EI Providers receiving and performing Initial Evaluations and Assessments. Those activities are:

3.10.1 *Accepting Referrals*

CFCs are responsible for accepting all referrals for all birth to three children while maintaining confidentiality under FERPA and HIPAA. Referrals may be made by any individual who has concerns for the child's development, including Primary Referral Sources as outlined in federal and state law. Although families may decline, the CFC is still responsible for making contact. Referrals may be made via phone, written correspondence or in person. The CFC is required to contact the family within two business days after the date of referral to verify general eligibility requirements. If those requirements are met, the Service Coordinator will setup a face-to-face meeting to complete Intake responsibilities, including an Intake meeting prior to Evaluation/Assessment activities.

3.10.2 *Intake*

At the Intake meeting, the Service Coordinator will explain the EI Program and the process to determine EI eligibility. This process includes review of numerous documents, requesting

signatures for consent and releases, explaining the use of public/private insurance, family fee participation, provider selection, and completing the *Intake/Social History Summary sheet* necessary to focus Evaluation/Assessment activities on the family's concerns. The Service Coordinator will also assist the family with identifying, applying to and accessing any benefit programs for which they may be potentially eligible. The family will be provided with the option of having evaluations, assessments and IFSP development on the same or different days with the pros and cons for each option being explained, and an explanation of the IFSP process for eligible children. Once the family completes all necessary paperwork, the family will choose providers for evaluations and assessments. With consent, the Service Coordinator will obtain and review any medical records, education records, existing evaluations or therapy records to determine if eligibility has already been determined. Specific procedures may be found in Chapter 9 of the CFC Procedure Manual. Unless not clearly feasible to do so, all evaluation and assessment activities must be conducted in the native language normally used by the child and family.

3.10.3 *Family Directed Assessment*

As described in 8.1.8 of the CFC Procedure Manual, with written parental consent, Service Coordinators will complete a voluntary family- directed assessment using the "Routines Based Interview" assessment tool. The purpose of the family-directed assessment is to determine the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child based upon their functional outcomes. This requires full family participation throughout the process to ensure that the Service Coordinator's observations are a meaningful reflection of the family's perspective.

With parental permission, the Service Coordinator will also administer the appropriate *Ages and States Questionnaire- Social Emotional -2 (ASQ: SE-2)* based upon the child's chronological age and record the results or pertinent information on the *Intake/Social History Summary Sheet* after the intake meeting.

3.10.4 *Provider Selection*

EI providers are selected in collaboration with the family. The Service Coordinator does not recommend one provider over another based on personal preference. Families shall be offered a choice of 3 to 5 providers (unless insurance or other payer's' restrictions limit the provider choices). Each CFC must follow the provider selection flow outlined in the CFC Procedure Manual, Chapter 3. EI Providers are encouraged to partner with as many private insurance plans as possible. Also, ensuring all insurance plan provisions are met such as enrollment as well as enrollment in required electronic claims receipt helps broaden the choices for families.

3.10.5 *Authorizations*

Authorization is required for payment of all EI services and must be issued prior to service delivery. The only exception to this rule is the IFSP meeting. Providing services prior to receiving an authorization could result in non-payment. A sample copy of an authorization may be found in Attachment 10 at the end of this Handbook.

It is the responsibility of the EI Provider to ensure the authorization is obtained prior to service delivery and that it is accurate by ensuring the correct payee, rendering provider, procedure codes, frequency, duration and location.

The CFC will create and send authorizations prior to service delivery. Authorizations must include the rendering provider and the payee chosen. If the direct service provider is a Credentialed Associate-Level provider, the authorization must be created under the supervising provider's name with the rendering Credentialed Associate-Level provider listed in the comments field. If the Associate-Level provider's name does not appear in the comment field of the authorization, please contact the child's Service Coordinator to request a corrected authorization.

Service Coordinators have the ability to generate authorizations using their laptop computers for IFSP Meetings. After attending the entire IFSP meeting, a copy of the authorization should always be requested from the Service Coordinator prior to leaving the meeting. If the Service Coordinator is unable to print the authorization, be sure to request the authorization number for billing purposes. If internet access is not available, EI providers should follow up with the Service Coordinator after the conclusion of the meeting to ensure that they receive an authorization for their participation in the IFSP meeting as quickly as possible. Failure to follow-up immediately may delay reimbursement for the Evaluation/Assessment and the IFSP meeting attendance.

3.10.6 *Initial Evaluation/Assessments*

a. Review of Referral and Intake Information

A minimum of two or more separate disciplines are required to complete Initial Evaluations/Assessments to determine eligibility and they shall be completed by EI Credentialed/enrolled Evaluators only.

Upon receiving the request, the EI Evaluator, with parental consent, should, at a minimum, be provided with the following documents for review prior to the initial evaluation/assessment:

- existing medical records and/or reports, if relevant
- Intake/Social History Summary Sheet
- signed CFC Consent for Release of Information
- CFC Parental Consent and Ability to Decline Services
- CFC Consent to Use Personally Identifiable Information (PII) & Bill Public Benefits
- Authorization for services

The team's evaluation of the child shall include:

- administration of the global and specific discipline's evaluation and/or assessment tool;
- collection of the child's history (including interviewing the parent);
- identification of the child's level of functioning in each of the five developmental areas;
- gathering of information from other sources such as family members, other caregivers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs, and
- review of medical, educational, and other records.

b. Eligibility Criteria

Children residing in Illinois who are under the age of 3 years old and their families are eligible for EI services if a child has one of the following:

1. Physical or Mental Condition Resulting in Developmental Delay

"A physical or mental condition which typically results in developmental delay" means a medical diagnosis or a physical or mental condition which typically results in developmental delay.

The medical or mental condition must have been:

- Approved by IDHS as an eligible condition (see the Medical Conditions Resulting in a High Probability of Developmental Delay list); or
- Confirmed by a qualified family physician, pediatrician or pediatric sub-specialist as being a condition with a relatively well-known expectancy for developmental outcomes/within varying ranges of developmental disabilities. Pediatric sub-specialists include those such as pediatric neurologists, geneticists, pediatric orthopedic surgeons and pediatricians with special interest in disabilities. If a child exhibits a medical condition not approved by IDHS as being an eligible condition, the qualified multidisciplinary team may use informed clinical opinion by one of the physician categories identified above that the child's medical condition typically results in substantial developmental delay within the varying ranges of developmental disabilities.

2. Developmental Delay

Developmental delay means a IDHS determined eligible level of delay (30% or greater) exists in one or more of the following areas of childhood development also known as domains: cognitive, physical (including vision and hearing), communication, social or emotional, or adaptive as confirmed by a multidisciplinary team.

Per federal and state regulations, eligibility decisions are based on a child's domain level performance. While subdomain information, i.e., fine motor/gross motor, within the physical domain, can provide critical information regarding a child's developmental strengths and challenges, can be used to inform intervention planning, and can help teams determine which team members have the necessary skills and experience to support the identified IFSP outcomes, determination of eligible levels of delay are based on the **five** identified domains.

The eligible level of delay must have been:

- Measured by IDHS-approved diagnostic evaluation and assessment instruments (as listed in the Early Intervention Approved Evaluation and Assessment Instruments) and standard procedures, or
- If a child is unable to be appropriately and accurately tested by the standardized measures available, informed clinical opinion of the qualified staff based upon multidisciplinary evaluation may be used to document the level of delay. The child is eligible if the clinical opinion of the level of delay meets or exceeds the Department-approved level of 30%.

3. At Risk Condition

At risk of substantial developmental delay means a child is not able to be determined eligible under 9.1.1 or 9.1.2 but certain conditions exist and an eligible level of delay is probable if EI services are not provided.

This can occur when the child has a parent who has been medically diagnosed as having a mental illness or serious emotional disorder defined in the Diagnostic and Statistical Manual 5 (DSM 5) that has resulted in a significant impairment in the parent's level of functioning in at least one major life functional area or a developmental disability.

At risk of substantial developmental delay, based on informed clinical opinion, requires a consensus of qualified staff, based upon multidisciplinary evaluations and assessments, that development of a IDHS-determined eligible level of delay is probable if EI services are not provided due to the child experiencing three or more of the following risk factors:

- Current alcohol or substance abuse by the primary caregiver;
- Primary caregiver who is currently less than 15 years of age;
- Current homelessness of the child. Homelessness is defined as children who lack a fixed, regular and adequate nighttime residence, in conformity with the McKinney Vento Homeless Assistance Act;
- Chronic illness of the primary caregiver;
- Alcohol or substance abuse by the mother during pregnancy with the child;
- Primary caregiver with a level of education equal to or less than the 10th grade, unless that that level is appropriate to the primary caregiver's age, or
- An indicated case of abuse or neglect regarding the child and the child has not been removed from the abuse or neglect circumstances.

c. Appropriate Evaluation/Assessment Tool Selection

Federal Regulations governing EI require processes to be in place to determine eligibility for children. These regulations specify that a child is eligible based on a multidisciplinary approach and that evaluation and assessment processes help teams determine eligibility, identify unique strengths and needs of a child and family, as well as the appropriate services to help meet those needs.

EI Providers credentialed as evaluators are skilled and experienced practitioners that possess:

- a strong foundation on infant/toddler typical and atypical development;
- in depth training on administering and interpreting the approved tools they use;
- the ability to conduct evaluations/assessments in a manner that is family friendly, culturally sensitive and honors the centrality of the parent-child relationship;
- the ability to successfully convey their findings in ways that are accurate and understandable to the family, and
- a solid aptitude to communicate and work with others in a collaborative manner.

The selection of the appropriate evaluation/assessment tool(s) is done by the Credentialed Evaluator and is based on the information provided by the Service Coordinator. A list of approved tools entitled *Early Intervention Approved Evaluation and Assessment Instruments* is made available by the Bureau of EI to select from that may be used by any discipline/professional with training and credentials that meet the requirements specified within each of the particular test instruments. The *Early*

Intervention Approved Evaluation and Assessment Instruments may be viewed at: www.dhs.state.il.us/page.aspx?item=86067. Also within this document are instructions on how to submit a request for additions/corrections to the list.

3.10.7 *Service Delivery*

a. Natural Environments

As the first Principle states, “Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.” In most cases, those familiar contexts are the home, child care centers or homes, i.e., grandma’s house, those contexts are the ones the law calls “natural environments”.

Part C of IDEA requires "to the maximum extent appropriate to the needs of the child, EI services must be provided in natural environments, including the home and community settings in which children without disabilities participate." (34 CFR §303.12(b))

By definition, natural environment means "settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of §303.126.

The exception to the rule reads "the provision of early intervention services for any infant or toddler with a disability occurs in a setting other than a natural environment that is most appropriate, as determined by the parent and the individualized family service plan team, only when Early Intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment." (34 CFR 303.126)

The provision of EI services taking place in natural environments is not just a guiding principle or suggestion, it is a legal requirement.

b. Authorized Frequency, Intensity, and Location of Services Adherence

Recommendations for goals, outcomes, and strategies for services that include frequency, intensity, and location will be determined at the IFSP meeting in collaboration with the child’s family. These recommendations are based on the family’s identified priorities and concerns and the Principles of Early Intervention.

It is inappropriate for any EI Provider to approach a child’s family to discuss eligibility for EI services and/or recommendations for frequency, intensity or location of services prior to the IFSP meeting. EI Providers may not discuss the results of evaluations and assessments with families prior to the meeting. Prior to making any changes to an IFSP such as increasing/decreasing the frequency or intensity of services that were originally identified as a need on the IFSP or changing the location from an offsite to an onsite location, an IFSP meeting must be held to discuss the recommendation and justification for the change. The Service Coordinator must facilitate the meeting and the parent(s)

must be present. To request changes to existing authorizations, the *Developmental Justification to Change Frequency, Intensity and/or Location* form must be completed.

If IFSP changes are requested within the first three months of an IFSP, the "initial" IFSP team must reconvene. The direct service provider recommending the changes must be present to discuss the recommendation(s) and the justification for the change. The Service Coordinator must facilitate the meeting and the parent(s) must be present.

c. Team Members Communication

Communication is a two-way process of reaching mutual understanding, in which participants not only exchange information, news, ideas and feelings but also create and share meaning.

Teaming and collaboration among all early intervention team members, including the family is critical in our efforts to support families and young children. Effective teaming requires frequent communication, collaboration, relationship building, and advanced planning. The family, caregivers and early interventionists from a range of disciplines are essential members of the team and as such, must establish ways of interacting and communicating with one another that are respectful, supportive, enhance the capacity of families, and are culturally sensitive. *(*Division for Early Childhood *(2014). DEC recommended practices in early intervention/early childhood special education 2014.* Retrieved from *http://www.dec-sped.org/recommendedpractices*)

d. Discontinuing Services

As stated in 89 Illinois Administrative Code, Part 500.115(f) and the EI Payee Agreement, all EI providers are required to give a 30-day prior written notice to the child's Service Coordinator AND the child's family prior to terminating services for an eligible child.

If an EI Provider wishes to discontinue enrollment with an agency and enroll with another agency or as an individual provider, the Service Coordinator must be notified 30-days prior to ending services to allow time to contact families and issue new authorizations to either the existing provider under the new Payee or to another provider, based on family's choice and ensuring all insurance plan issues are addressed.

3.10.8 *Transition*

The Service Coordinator is required to follow transition policies and procedures which help ensure a smooth transition between the EI program under Part C and preschool services under Part B or other appropriate *services* for all infants and toddlers with disabilities under the age of three who have received EI services and their families.

A "toddler that may be eligible for preschool services under Part B" means any toddler in the EI program at 27 months of age that has not yet achieved his/her IFSP developed functional outcomes determined by the IFSP team. No sooner than nine months, but no later than three months prior to the child's third birthday, the Service Coordinator will begin to communicate with the child's family about transition.

If the parent consents to transition, written parental consent must be obtained to make transition referrals and share information from the child's CFC permanent record with the LEA and/or other community program(s) that the child may transition to.

a. Transition Plan

IFSP team meetings must be held not fewer than 90 days and, at the discretion of all parties, not more than 9 months before the toddler's third birthday to develop/ update a transition outcome(s) (transition plan). It must include steps for the toddler with a disability and his/her family to exit the EI program and any transition services needed by that toddler and his/her family. The transition plan must be in the IFSPs of all children exiting the EI program not fewer than 90 days before the child's third birthdays.

The Service Coordinator will facilitate an IFSP team meeting to establish or update a transition plan in the child's IFSP. The transition plan should include the steps the toddler and his/her family will take to exit the EI Program and the transition services necessary to support the family's connection to services and programs available for children who are three.

b. Transition Planning Conference

With the consent of the family, a transition planning conference is convened for all toddlers that may be eligible for preschool services under Part B not fewer than 90 days and, at the discretion of all parties, not more than 9 months before the child's third birthday to discuss any services the toddler may receive under Part B.

The transition planning conference and the IFSP team meeting to develop the Transition Plan may be combined into one meeting. If held within 120 days of the toddler's third birthday, the meeting can also be used to discuss and document progress towards IFSP functional outcomes and EI Levels of Development.

If combined and an EI provider who is a member of the child's IFSP Team attends a Transition Planning Conference in person, the authorization will be created using "offsite" IFSP Meeting procedure codes with the related modifier. If the provider attends via phone, the authorization will be created using "onsite" IFSP Meeting procedure codes with the related modifier.

c. IFSP Team Requirements for Transition Plan & Transition Planning Conference

The IFSP team meeting to develop the transition plan and the transition planning conference must be held in settings and at times convenient for the family and in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

Meeting arrangements must be made and written notice provided by the CFC to the family and other participants early enough before the meeting date to ensure that they will be able to attend.

The IFSP team meeting to develop the transition plan must include the following participants: the parent or parents of the child, other family members as requested by the parent if feasible to do so, an advocate or person outside the family if the family requests that person participates, the Service Coordinator, persons directly involved in conducting evaluations and assessments, and persons providing EI services to the child or family. If a person or persons directly involved in conducting evaluations and assessments is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including participating in a telephone

conference or having an alternative knowledgeable equally qualified provider attend the meeting.

The LEA must be invited to the transition planning conference. Even if they cannot attend, the transition planning conference must take place and include the following participants: the parent or parents of the child, other family members as requested by the parent if feasible to do so, an advocate or person outside the family if the family requests that person participates, the Service Coordinator, a person or persons directly involved in conducting evaluations and assessments, and as appropriate, persons providing EI services to the child or family. If a person or persons directly involved in conducting evaluations and assessments is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including participating in a telephone conference or making pertinent records available at the meeting**.**

d. Individual Education Plan (IEP)
Attendance at a child's IEP meeting is appropriate if the family requests it or if the provider's input could assist in the development of the IEP. The IEP meeting must occur prior to the child's third birthday. Authorization to attend an IEP meeting must be pre-authorized and created using "offsite" direct service IFSP Development procedure codes with the related modifier. If the meeting is held in a setting where a provider's office is located, the authorization would be for onsite services.

3.11 Reporting

All Evaluation/Assessment services must be performed within 14 calendar days from the date the request for an Evaluation/Assessment is received by the provider. The authorization start date will serve as the request for the Evaluation/Assessment and should reflect the date that the service will be provided. The provider must report the findings of the Evaluation/ Assessment to the Service Coordinator within those 14 calendar days unless the actual service date of the evaluation is on day 12-14 day of the authorization due to exceptional circumstances (family rescheduled, child ill, etc.). If the service is performed day 12-14 of the authorization, the written Evaluation/Assessment report is due to the Service Coordinator no later than 4 business days from the date that the Evaluation/Assessment is completed (actual service date). If the required 14 days cannot be met and is documented in the provider's notes, even with the additional 4 business days, the provider is to contact the Service Coordinator immediately to ask for an adjusted Evaluation/Assessment authorization due the unforeseen circumstances documented in the provider's notes.

Additionally, the claim for the service of Evaluation/Assessment for initial and annual eligibility determination must be submitted with the IFSP "IM" Authorization as proof that the entire process of eligibility determination is completed timely and correctly. To ensure that providers comply with deadlines, CFCs are encouraged to enter IFSP meeting authorizations into the Cornerstone system, but refrain from printing the authorization until after the Evaluation/Assessment report is provided to the CFC. Printing the authorization triggers the transmission of the authorization to the CBO. Using this practice ensures that providers are unable to bill for the Evaluation/Assessment and the IFSP meeting until the report is received. This practice has been proven very successful.

All Evaluation/Assessment reports must be provided to the parent(s)/guardian(s) in their native language.

All reports must be submitted following the requirements in the EI report formats (see the Attachments located at the end of this Handbook). Reports that are not fully completed, do not include the required information in the appropriate EI report formats, or have added components such as recommendations for frequency, intensity, length and duration will be returned to the provider with a request from the Service Coordinator to immediately correct and resubmit the report.

NOTE: Medical Diagnostic reports might include medical recommendations for the family outside of the EI scope of services.

Recommendations for frequency, intensity, length and duration of services are made **at** the IFSP meeting and must be based upon the functional outcomes developed by the IFSP team as a whole.

- The provider should obtain a copy of the IFSP (annual and when changes occur) within 15 days of the IFSP meeting.
- EI does not pay a provider to write reports other than those required by EI for initial IFSP development, annual IFSP review, the six-month review, transition, discharge reports or others that may be required by the Service Coordinator due to additional evaluation/assessment activity required by the IFSP.
- To ensure the continuous needs of the children in the EI Program are properly addressed, all EI Providers are required to submit a *Discharge Report* (See Attachment 2) to the Service Coordinator following the requirements of the *Discharge Report* within 14days from the child's exit from the provider's care. The report must be written prior to the child's third birthday. A *Discharge Report* is needed for each child who:
    - exits the EI Program (whether by aging out, transferring to a different CFC and resulting in change of provider, or out of state),
    - no longer needs a particular service, or
    - changes providers.

Chapter 4: Family Rights & Expectations

4.1 Family Rights

The Individuals with Disabilities Education Act (IDEA) defines the rights of parents of children receiving EI services. CFC Service Coordinators provide parents with a booklet entitled the *State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System* that describes those rights. This booklet is provided to parents during different stages while their child is enrolled with the EI Program. A summary of those rights include:

1. *Informed Consent*
   Consent must be received from the parent to receive EI services. The parent also signs the IFSP document indicating understanding and agreement with the plan and services. Parents may be asked to sign consents to share information about their child and family with EI providers or other agencies.

2. *Prior Written Notice*
   Written notice must be given to the parent before an agency or service provider makes a change in the child's IFSP. Also, parents should receive written notice of any meetings with reasonable time to make arrangements to attend.

3. *Review of Records*
   Parents have the right to review any records related to their child's EI services. Records must be available to parents within 10 calendar days after the request. Parents may request changes in the record if the information is inaccurate or violates confidentiality.

4. *Confidentiality of Records*
   All records about EI services are confidential. With consent, EI Providers of the same IFSP team may share information with each other only to provide the best services for families. When children prepare to leave the EI program, parents are asked to give written consent before the records can be shared with the LEA or other agency.

4.2 Resolution of Concerns

As an EI Provider, you are also responsible to inform eligible families of their rights and procedural safeguards, including mediation and impartial administrative proceedings as delineated in 34 CFR 303.170 et. seq. and in Rule 500, and comply with those rights, and procedural safeguards. If a parent is unable to resolve issues on their own, there are three methods of dispute resolution that are available, which include:

1. *Request for Investigation of State Complaint*
   A parent may request to file a written, signed complaint if they believe that IDHS, a CFC or an EI Provider has violated provisions of Part C of IDEA. The Complaint states that copies should be sent to IDHS, the CFC and to the agency/individual the complaint is against. IDHS has sixty (60) days from receipt of the complaint to investigate and provide a written decision. During that time, IDHS will carry out an independent investigation. The final decision will include conclusions and findings of the investigation. If the complaint is considered founded, procedures to correct the cause of the complaint will be incorporated.

2. *Request for Mediation*
   A parent may request Mediation to facilitate resolution of a dispute about the evaluation, identification, placement, delivery of services, or provision of appropriate services for their child. Mediation is a voluntary session facilitated by a qualified, impartial mediator. The Mediator is a neutral facilitator, who is not an employee of any agency or other entity providing EI Services, who

helps the parties agree to a resolution, but does not compel action by the parties. The Mediator is responsible for contacting all necessary parties and arranging the mediation conference. The mediation conference will be conducted on a mutually convenient date and time. Discussions held during mediation are strictly confidential. If an arrangement is reached, a mediation agreement will be developed that will include the terms and approval of all parties.

3. *Request for Due Process Hearing Officer*
A parent may request a due process hearing officer to be appointed to resolve a dispute in regard to the evaluation, identification, placement, delivery of services, or provision of appropriate services for their child. This process includes an administrative hearing, similar to a court hearing.

The hearing officer is authorized to conduct the hearing, administer oaths, issue subpoenas to compel testimony or production of documents, rule on motions, grant continuances, call or examine witnesses, and take such other action as may be necessary to provide the parties with an opportunity to be heard fairly and expeditiously.

An impartial, administrative hearing officer will listen to both sides of the disagreement. The hearing officer may not be an employee of any agency or other entity that is providing EI services. Parents may bring an advocate to the hearing and be given the right to open the hearing to the public.

The hearing must be resolved within 45 days, with a final decision completed and mailed to the parties. The 45 days begin the day after one of the following:

- The parties agree in writing to waive the resolution meeting; or
- A mediation or resolution meeting starts but the parties agree in writing before the end of the 30-day period that no agreement is possible; or
- The parties agree in writing to continue the mediation at the end of the 30-day resolution period, but a party later withdraws from the mediation process.

The parent has the right to appeal the final decision and obtain a copy of the hearing record, findings, and decisions, at no cost.

During the pendency of a proceeding, unless the parent and IDHS agree otherwise, the child must continue to receive the appropriate EI services identified in the most recent IFSP that the parents consented to. If the Request for Due Process Hearing involves application for initial services, the child must receive those services, which are not in dispute. While any dispute is pending, undisputed services to the eligible child must continue as previously authorized. During any of these disputes, you may be requested to submit documentation, provide a response to allegations or be present for a conference or hearing. These requests are considered administrative functions and are not billable to the CBO.

After resolution is reached, you will receive a response in writing from IDHS. If the allegations are founded, additional requirements to prevent future occurrences may be required.

4.3 Family Expectations

While in the EI Program, the parent agrees to:

- allow EI to verify coverage of private insurance plan (Plan) to determine potential use and benefits to assist in meeting the costs of EI services and/or AT devices;

- check and confirm coverage of the Plan and cooperate by providing current and up-to-date Plan information;
- assist in prompt processing of any claims submitted to their Plan including turning over payment made directly to the family, for provider payments, and notification to providers of any rejections;
- review Explanation of Benefits (EOB) from the Plan and CBO;
- allow EI providers to submit claims for any covered services subject to private insurance billing;
- inform the Service Coordinator immediately of changes or discontinuation of insurance company coverage of benefits;
- participate in family participation fees, if the family meets the definition of ability to pay and understand that services subject to fees that are delinquent for a period of 3 months (90 days) or more will be discontinued;
- inform the Service Coordinator immediately of any changes to household size or income, that could affect the family participation fee calculations;
- actively participate in the process of incorporating intervention strategies into family routines, and
- develop and maintain an ongoing parent-provider relationship to develop implement, monitor, and modify activities.

4.4 Family Outcomes Survey

Upon exiting the EI program, families receive a family outcomes survey. The survey asks about the three family centered outcomes: (a) understanding child's strength, abilities and special needs; (b) helping child develop and learn; and (c) knowing their rights. This is a very important survey because the families' responses are analyzed and used not only to help the Bureau of EI learn about the families' experiences while in EI but to also guide changes to improve early Intervention services and supports when needed, and to assist in determining the training needs of the early Intervention providers. As a trusted EI Provider, your encouragement to families to complete the survey reinforces its importance.

Chapter 5: Individualized Family Service Plan (IFSP)

5.1 Description and Components

What is an IFSP?

The IFSP is a written document that includes desired outcomes, intended services, and a plan for making the transition to additional services when the child is no longer eligible for the early intervention program. The IFSP is a family-centered plan that recognizes the family as the primary source of love and support for their child. Since EI services are intended to be collaboration between service providers and family members, the plan should emphasize the family's central role in facilitating the child's development. The service providers are on the EI Team to support the family in ways that really work, or function, for them. Together, the family and the service providers determine appropriate services by reaching consensus. Team members help the family identify both functional outcomes that address the family's main concerns and priorities. IFSP outcomes describe the changes and benefits that the family wants to see for their child and family.

Teams often begin IFSP development by asking two questions: 1- "What benefits does the family want the child to receive from EI?" and 2- "What will be different or better for the child and family when these changes occur?" The answers to these questions help the team focus on developing a plan that will be meaningful to the family. During the meeting to develop the IFSP, the family should be given the opportunity to understand other team members' perspectives, make informed decisions, and reach consensus about the process that will help them reach their goals for their child and family.

The IFSP contains the following:

- Contact information for the family and other useful resources
- A summary of the information that the family chooses to share about their child and family;
- The developmental status of the child;
- Child Outcomes which are a comparison of the child's current performance relative to typically developing same age peer children the child's age;
- Functional Outcomes for the child and family based on their priorities, resources and concerns;
- Strategies for building family capacity to meet those desired outcomes as part of everyday routines and activities;
- Identification of necessary services and supports to achieve those outcomes. The supports and plans for meeting the identified outcomes should be flexible enough to accommodate the child and family's changing needs;
- A transition plan;
- An implementation and distribution plan, and
- The family's consent for services.

5.2 Important IFSP Timelines

According to federal and state requirements, the initial IFSP for eligible children must be developed within 45 days of their referral to the early intervention system. The IFSP is then to be reviewed every six months or more frequently, if requested by the family. A new IFSP is developed on an annual basis. A transition plan is to be included in the IFSP no fewer than 90 days before the child's third birthday.

5.3 Provider's Role in the IFSP

EI service providers play an integral role in the development of a child's IFSP. In order to facilitate the development of a quality IFSP, providers should submit their evaluation/assessment and/or progress reports to the Service Coordinator prior to the IFSP meeting. After the IFSP meeting, the Service Coordinator, in turn, should send the IFSP to the ongoing service providers within 15 days of the plan's development. The Service Coordinator will schedule IFSP meetings in order to maximize the participation of required team members.

Each IFSP meeting must include the following participants:

1. The parent or parents of the child.
2. Other family members, as requested by the parent, if feasible to do so;
3. An advocate or person outside of the family, if the parent requests that the person participate.
4. The Service Coordinator responsible for implementation of the IFSP.
5. An EI provider directly involved in conducting the evaluations and assessments, and/or
6. EI Providers who will be providing EI services to the child or family.

Meetings must be held in settings and at times that are convenient to the family and in the family's native language or other mode of communication used by the family, unless it is clearly not feasible to do so.

EI Providers are required to attend the **entire** IFSP meeting in order to receive authorization for payment, whether attending the meeting in person or participating via a telephone conference call. EI Providers who are directly involved in conducting the Evaluation/Assessment that cannot attend the IFSP meeting due to **exceptional** circumstances, will need to make arrangements to participate in the meeting by telephone conference call. EI Providers must accept responsibility for telephone charges for IFSP conference calls but attendance via telephone should not be allowed if done for their convenience.

EI Providers, who attend IFSP meetings, should request a copy of the IFSP meeting authorization from the Service Coordinator prior to leaving the meeting, **or** the IFSP meeting authorization number if the Service Coordinator is unable to print the authorization. If internet access is not available, providers should follow up with the Service Coordinator immediately after the conclusion of the meeting to ensure that they receive an authorization for their participation in the IFSP meeting.

The IFSP will contain the team's recommendations for service delivery, including discipline, intensity, frequency, and location. EI Providers are **required** to check their authorizations for accuracy. Authorizations should match the team's recommendations listed on the IFSP. EI Providers should contact the child's Service Coordinator immediately if an error is identified and should not provide services to a child/family without an accurate authorization in their possession.

5.4 Outcomes

5.4.1 *IFSP Functional Outcomes*

As mentioned earlier, IFSP functional outcomes describe the changes and benefits that the family wants to see for their child and family. In general, the functional outcomes describe changes that are likely achievable in the next six to twelve months. The number of IFSP functional outcomes that are developed on an IFSP depends on the priorities that the family most wants to address immediately. The team needs to reflect what is reasonable and not

overwhelming to the family. Functional Outcomes should be developed through a team process and should be worded in a way that is understandable to the family as well as other team members.

High quality IFSP functional outcomes[1]:

- are necessary and functional for the child's and family's life
- reflect real-life contexts/settings
- integrate developmental domains and are discipline-free
- are jargon-free, clear, and simple
- emphasize the positive, not the negative
- use active rather than passive words

It is expected that IFSP functional outcomes will be addressed in the context of the child's natural environment. If the team determines that a functional outcome cannot be achieved in the child's natural environment, the team must complete a *Natural Environments Worksheet* which will describe where the service will be provided, why the functional outcome cannot be achieved in the natural environment, and a plan for transition to the child's natural environment.

The IFSP will also list the strategies that the family and other team members can utilize to help the child and family achieve the identified functional outcomes. IFSP strategies specify **who** will do **what** in **which** every day routines, activities and places. Ultimately, these strategies help the family facilitate their child's development when interventionists are not present.

Ideally, IFSP strategies**:**

- Help achieve the identified outcome
- Are based on how all children learn throughout the course of everyday life, at home, in early care and education settings, and in the community
- Are developmentally appropriate for the child
- Focus on naturally occurring learning opportunities
- Support primary caregivers' efforts to provide the child with everyday learning experiences and opportunities that strengthen and promote the child's competence
- Support learning that occurs in the context of activities that have high levels of interest and engagement for both the child and family

5.4.2 *Child Outcomes*

Illinois has established an early childhood outcomes (accountability) system which enables the lead agency to monitor children's development in order to support effective intervention, demonstrate system impact, and inform decisions about program improvement. Early intervention supports young children with disabilities and their families. For children, the ultimate goal of this support is to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings. The three child outcomes are reported to the Office of Special Education Programs (OSEP) on an annual basis

1 Lucas, A., Gillaspy, K., Peters, M. L., & Hurth, J. (2014). Enhancing recognition of high quality, functional IFSP outcomes. Retrieved from http://www.ectacenter.org/~pdfs/pubs/rating-ifsp.pdf

and demonstrate how well the early intervention program is promoting children's development in three general areas:

1. ***Positive social-emotional skills*** *(including social relationships)*- this outcome involves relating to adults, relating to other children, and for older children following rules related to groups or interacting with others. The outcome includes concepts and behaviors such as attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations in social situations, and social interactions and social play.
2. ***Acquisition and use of knowledge and skills (including early language/communication***- this outcome involves activities such as thinking, reasoning, remembering, problem solving, number concepts, counting, and understanding the physical and social worlds. Earlier on, this may be seen through cause and effect games, obtaining objects for play, and exploring the environment.
3. ***Use of appropriate behaviors to meet their needs***- this outcome involves behaviors like expressing needs, taking care of basic needs, getting from place to place, using tools (such as forks, toothbrushes, and crayons), and, in children 24 months or older, contributing to their own health, safety, and well-being. Early in life, this includes crying to get needs met, learning to use motor skills to complete tasks; and participating in self-care such as dressing, feeding, and grooming.

Illinois examines child outcomes using the Child Outcomes Summary (COS) process. During initial, annual, and exit IFSP meetings, team members will complete this process. CFCs are responsible for collecting the COS data and reporting child outcomes for every child with an active IFSP. This summary relies on a team process conducted within the IFSP meeting that utilizes information from the various family member(s) and professionals who know the child. The accuracy of the summary is dependent on dialogue between *all* team members in order to understand the child's functioning across settings and situations. **Provider attendance and input is critical for quality summaries.** SCs facilitate these discussions among team members in a way that is respectful, supportive, and enhances the capacity of the family.

In order for a meaningful COS discussion that includes parents/caretakers to occur, the following should be considered.

Event	Considerations
IFSP Preparation	• Review the information that you have collected to make sure that it provides a comprehensive picture of the child's functioning across the three outcomes. Possible sources of information include parent/ caregiver interviews, information collected during intake (RBI and ASQ:SE), information from the referral source, evaluation/assessment results, personal observations, and/or progress reports. • Across all contributing team members, there should be enough information about age-expected development, the child's skills and behavior across settings and situations, and how many of the child's skills in each outcome area are age-expected, immediate foundational, or foundational to complete the COS process. • Bring any resources you might need to contribute to the COS discussion
IFSP Meeting	• Be prepared to help family understand why COS data is collected and how it will be used

Event	Considerations
	• Be sure you understand the breadth of the three outcomes and the focus on functional performance across developmental domains • Provide input on the development you have evaluated/assessed/ observed • Ensure that family and other team member's questions have been answered so that the team has a shared understanding of the child's development relative to same age peers

To begin the process, the three child outcomes are to be described. The service coordinator will then invite the family to share information about their child's functioning for each outcome area, calling attention to, or asking questions about, any differences in the child's behavior across settings or situations. Other team members should also share information about the child's current functioning in each outcome area using multiple sources of information, e.g. parent interview, observations, evaluations/assessments, and progress reports. Team members then discuss the child's functioning for each outcome area by focusing on how the child uses functional skills in meaningful ways. This discussion should also include information about age-expected development and/or how close the child's skills and behaviors are to age-expected development (immediate foundational or foundational skills). Since these child outcomes are not domain or discipline specific, teams will need to work together to determine the child's status. The SC will facilitate the discussion that leads to team consensus about the child's performance in each outcome area, resolving any differing opinions about the rating. At annual and exit meetings, teams will not only need to describe the child's status, but they will also need to determine if the child has demonstrated progress in the three outcome areas. Ultimately, a comparison of the child's status from system entry to exit gets reported to OSEP to determine the impact of our program on the child's development.

It may also be helpful to keep the following developmental information in mind during the COS process:

1. Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older.
2. These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what 2 year olds generally do, what 3 year olds generally do.
3. Since skills and behaviors build on earlier skills and behavior in predictable ways, interventionists can use these earlier skills to help children move to higher levels of functioning. Earlier skills that serve as the base and are conceptually linked to age-expected skills are referred to as "immediate foundational skills." For example, children play alongside one another before they interact in play.
4. Some children's functioning is farther from age-expected development. These children may acquire skills and behaviors at a substantially slower pace than other children and their functioning may look like that of a much younger child. When children demonstrate skills that are not immediately linked to age-expected skills, they are considered to be demonstrating foundational skills.
5. Some children's development is atypical in that their functioning is not typical for children at any age. Teams will need to consider how much atypical behavior exists in relation to each of the three outcomes.

For more information on child outcomes, please visit the EITP child outcomes resource page at: https://illinois.edu/blog/view/6039/114618.

5.5 Developmental Justification of Need

Decisions about services and their related location, intensity, and frequency are to be made by the IFSP team. It is not uncommon for a change in one service on the child's IFSP to impact other services. In order to ensure that teams are in compliance with federal legislation, are addressing the "Principles of Early Intervention" and other important policies, rules, regulations and guidelines required, EI Providers must submit a written Developmental Justification of Need and the *EI Provider Developmental Justification to Change Frequency, Intensity and/or Location of Authorized Services Worksheet* to the Service Coordinator for any requested changes to existing authorizations for the time period between annual IFSP meetings.

Providers who wish to request an increase or decrease in the frequency, intensity and/or change the location of an existing authorization must submit a written Developmental Justification of Need to the child's Service Coordinator. Upon receipt of a written Developmental Justification of Need that contains all required information found in the *Worksheet*, the Service Coordinator will convene an IFSP review meeting. If changes are requested within the first three (3) months after the development of an IFSP, the original multidisciplinary IFSP team must reconvene. If changes are requested more than three (3) months after the development of an IFSP, the child's current multidisciplinary IFSP team must participate in the IFSP review meeting. The EI Provider who is recommending the change(s) must be in attendance and the team must agree that a change from the team's original recommendation(s) is needed and is in the best interest of the child/family. Instructions for completion and the worksheet are listed in Attachment 10.

5.6 IFSP Development Activities

IFSP development activities allow the IFSP team to develop and enhance implementation of the child's IFSP. These activities primarily support the development of the plan, reporting of child progress, communication among team members, adjustments to the plan, and transition planning. These activities must be completed by the credentialed, enrolled provider. IFSP development includes:

1. attendance at the initial/annual IFSP-meeting as a member of a child/family's service team to assist in the completion of a written document on the statewide IFSP form detailing individualized outcomes for the child and family, services based upon the unique needs of the child and family, and transition strategies;
2. periodic review of a child's IFSP (every six months or more frequently if conditions warrant, or if the family requests such a review) to determine if adjustment of the IFSP is needed;
3. attendance at the transition planning conference meeting, if not combined with IFSP, if required.
4. attendance at a child's IEP meeting if the meeting occurs prior to the child's third birthday.

   NOTE: EI does not pay for attendance at pre-IEP meetings.
5. development of a direct service progress report required for the six-month review;
6. development of a discharge report;
7. development of a letter of developmental necessity written by a Physical Therapist, Occupational Therapist, Audiologist, Developmental Therapist, or Speech Therapist for the CFC to submit to IDHS for Assistive Technology (AT) prior approval;
8. conversations with the vendor concerning the fit and/or use of the AT device after the child/family has received the device;

9. completion of written justification by a provider who is requesting a change to the frequency or intensity of an existing service authorization that will be attached to the form entitled *Developmental Justification To Change Frequency, Intensity, and/or Location of Authorized Services* Worksheet, and

10. provider to provider consultation performed by the credentialed, enrolled provider among members of the child's service team who are identified on the IFSP as providers of EI services, the CFC parent liaison, the CFC social emotional consultant, the Service Coordinator and the child's physician concerning the child's developmental needs or the impact of special health care needs on services.

A list of activities that are not considered IFSP development can be found in the Glossary. Important notes for documentation of IFSP development time can also be found in the Glossary. Additional instructions about billing can be found in Chapter 6.

5.7 IFSP Development Time

IFSP Development Activity	What it DOES looks like…	What it DOES NOT look like…

IFSP Provider-to-Provider Consultation
 	
**All consultation should revolve around the child's and family's needs; IFSP functional outcomes; health; services; development; transition, progress, etc.*
	• Consulting with:
	• EI providers that are identified on the IFSP:
	  • CFC Parent Liaison
	  • CFC Social-Emotional Consultant
	  • Family's Service Coordinator
	  • Child's Physician
	• This time may be bundled together, meaning one day you talked for 5 minutes and the following day you talked for 10 minutes, so you can bill for 15 minutes the last date
		• Talking on the phone or in person with parents about scheduling or the child's progress
		• Leaving voicemails
		• Talking with interpreters
		• Staff supervisory time
		• Routine preparation time (review of record notes, creation of learning materials, etc.)
		• Consulting w/ EI providers not identified on the IFSP

Meeting Attendance	• Attendance at:
	  • Initial and Annual IFSP meeting as a member of the team (in person or by phone)
	  • IFSP 6-month review meetings
	  • Transition meetings
	  • IEP meeting if before the child's 3rd birthday
		• Billing for full IFSP meeting time, when only called in for a portion of the meeting time
		• Billing at an 'offsite' rate for participating by phone, which is considered 'onsite'
		• Attendance of Associate-Level providers in meeting without Supervisor's presence.
		This does not apply to SLP Assistants in their CFY
		• Attendance at school eligibility meeting
		• Attendance at child's IEP after his/her 3rd birthday

Report Writing	• Creation of the:
	  • Six-month review report
	  • Transition report
	  • Exit/Discharge Summary
	  • *Developmental Justification to Change Frequency, Location and/ or Intensity* worksheet
	  • AT Letter of Developmental Necessity (completed by PT, OT, SLP or Audiologist)
		• Rounding time, meaning billing for 60 minutes when it took 50 minutes to write any report

**IFSP development must be done by credentialed, enrolled provider.*

Chapter 6: Billing Guidelines and Use of Insurance

6.1 Billing in Early Intervention

After the EI Provider is enrolled with an EI Payee, they are required to bill the CBO for reimbursement for services provided. Listed below is a brief outline of billing procedures. A more detailed document entitled "Billing Information for Providers" can be found on the CBO website at http://www.eicbo.info/providers/eicbo_provider_booklet.pdf .

6.2 Billing Guidelines and Forms

Providers should bill the CBO at their usual and customary rate. The amount billed to the CBO must match the amount billed to the insurance company, if applicable. By signing the EI Payee Agreement, a provider accepting EI authorizations also agrees to:

- Not bill the family directly for authorized direct services unless the insurance payment was paid to the family versus the provider and you have a copy of the signed *Child and Family Connections Consent to Use Private Insurance/Healthcare Plan Benefits and Assignment of Rights* form in hand.
- Accept the insurance payment in full unless the payment is less than the EI rate. If the insurance payment is less than the EI rate, bill the CBO the same rate that was billed to the insurance company and the CBO will process payment for the difference in the insurance paid rate versus the EI rate.
- Not bill the family directly or their insurance for screening, evaluation and assessment services or IFSP development. These are services that must be provided at no cost to the family per Federal law (Part C of the Individuals with Disabilities Education Act).
- Maintain accurate records, including daily documentation of services for each date of service billed, including IFSP time, for a period of at least six years from the child's completion of EI services (please see documentation definition found in the Glossary section of this document).

  NOTE: In a monitoring review or audit it is the entity that submits claims and receives payments (payee) for each date of service and each procedure code billed to and paid by the CBO who is responsible for providing documentation for review. Failure to provide documentation will result in a refund. Therefore it would be to the advantage of the payee to require all employees or contracted employees to submit documentation to support billing and payment prior to submitting claims to the CBO for payment.

- *Electronic Billing*

  Electronic billing is the preferred method of claim delivery to the CBO. Providers should submit claims to the CBO electronically if the service does not get billed to private insurance. If the authorization states No Private Insurance, Private Insurance Declined or Not Billable to Insurance, submit the claim to the CBO. Claims may be submitted directly to the CBO using the software of the provider's choice that is compliant with the CBO system or by sending claims through the Qclaims billing software provided at no cost to the provider. Information on how to sign up for Qclaims is available on the CBO website at: www.eicbo.info/providers/FreeBillingService.htm.

  NOTE: Electronically billed claims may not be transmitted into the CBO system the same day they are transmitted by the provider. Due to the 90-day filing limit, please allow ample time for claims to be received at the CBO. Electronic systems may have process that take up to 2 days for the claim to be received by the CBO. Best Practice is to bill well before the filing limit. The CBO will also accept typed paper claims submitted on the CMS-1500, printed claim forms from Qclaims and UB-04 claim forms only. Refer to the service description for your discipline for the EI payment

rates but remember the provider must bill using their routine and customary rate regardless of payment rates.

- *Transportation Billing Form*
  Providers and parents who bill for transportation services must use the *DHS Transportation Billing* form when submitting claims to the CBO. Insurance is not required to be billed for this service nor is a diagnosis code required on Transportation claim submissions. For more detailed information on transportation billing requirements, please review:
  - Chapter 21 of this handbook
  - *EI CBO Billing Information for Providers*
    www.eicbo.info/providers/eicbo_provider_booklet.pdf
  - *Electronic Transportation Claim*
    www.eicbo.info/providers/Transportation%20Claims%20in%20QClaims_2012Final.pdf
  - *Transportation Billing Forms and Instructions*
    www.eicbo.info/providers/TransBillingForm.pdf

- *Interpreter/Translator Billing*
  Interpreters must indicate the type of service provided in Box 23 of the CMS-1500 form when submitting claims to the CBO. Insurance is not required to be billed for this service nor is a diagnosis code required on Interpreter/Translator claim submissions. For more detailed information on interpreter and translator billing requirements, please review:
  - *EI CBO Billing Information for Providers*
    www.eicbo.info/providers/eicbo_provider_booklet.pdf
  - *Billing Tips for Interpreters, Translators and Interpreters for the Deaf*
    www.eicbo.info/providers/Billing%20Tips%20for%20Interpreters,%20Translators%20and%20Interpreters%20for%20the%20Deaf.pdf

- *Direct Deposit of Payments*
  EI Providers are strongly encouraged to sign up for Direct Deposit which allows for electronic payments through the Illinois Office of the Comptroller (IOC). To enroll, contact IOC directly at 217/557-0930. By enrolling, providers also have access to more innovative tools offered by IOC, such as *Enhanced Vendor Remittance* at https://illinoiscomptroller.gov/vendors/enhanced-vendor-remittance1/ and *ILPays* mobile application at https://illinoiscomptroller.gov/services/il-pays-app/.

  Additionally, Public Act 97-0969 stipulates that an itemized voucher for under $5 that is presented to the IOC for payment shall not be paid except through electronic funds transfer (direct deposit). In other words, any EI payment processed and approved for payment for an amount under $5 cannot mailed to the payee.

- *Non-Billable Activities*
  Unauthorized services - All EI services are pre-authorized. Providers should never deliver any service without an authorization in hand. Services provided prior to receipt of the authorization are not guaranteed for payment. Services provided prior to the begin date and after the end date

of the authorization are considered non-authorized services and will not be paid by the CBO. Additional non-billable activities include, but are not limited to:

1. Weekly or daily preparatory activities for direct service sessions. This is considered to be administrative time that is built into the rate.
2. Preparing claims to submit to the CBO;
3. Child/family no shows;
4. Provider no shows;
5. Partial service sessions. Providers should never bill for a full service session if they did not actually provide a full service session. Only bill for the time actually spent with the child/family.
6. Development of "Picture Communication Programs". A therapist can provide family training, education and support services to teach a family how to develop a picture communication program during a direct service session only. EI does not pay for therapists to develop picture communication programs for a child/family;
7. Auditory Integration Training (AIT) and other Listening Programs;
8. Professional research and training;
9. Time spent speaking with a parent to talk about non-EI related issues (family may need to be referred to a counselor to deal with social-emotional issues);
10. Services provided via the telephone. EI does not pay for therapists to provide services to a child/family via the telephone. The exception is for Counselors who are charged with "identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services";
11. Time spent helping the family to identify and/or access other services and/or resources that EI does not pay for (i.e., temporary housing, applying for Social Security Income (SSI) benefits). This service falls under the role and responsibility of the Service Coordinator and/or a Counselor. Notify the Service Coordinator of the family's needs;
12. Services over the frequency/intensity that has been identified as a need in the child's IFSP. If service needs require an increase in time over the authorized frequency/ intensity identified on the IFSP, adjustments must be made to the IFSP and authorization prior to billing;
13. Services that fall within the frequency/intensity identified on a child's IFSP, but were never documented or provided;
14. Time to attend a medical appointment with the family;
15. Time to collect medical documents or other written medical information from physicians, hospitals, nurses, etc. This is the responsibility of the Service Coordinator.
16. Time to attend an appointment with another EI provider unless you are the interpreter for the provider/family or co-treatment has been identified as a need and has been written into the child's IFSP;
17. Verbal interpretation for non-EI services;
18. Written translation of non-EI documents such as SSI applications, WIC applications, Medicaid applications, car seat applications, medical records, insurance explanation of benefits, recipes, newsletters, or any other type of document that is not considered an EI

document. Examples of EI documents include the IFSP, EI evaluation reports and letters to the family from the Service Coordinator or the provider;

19. Clerical duties such as scheduling/canceling appointments and notifying the provider of such, (the exception to this rule are services provided by an interpreter) accessing voice mail, leaving voice mails messages, etc.;
20. For Interpreters, time to relay information from a therapist via a phone call to a family other than scheduling information. Calls to families to discuss issues and concerns on behalf of the therapist are not allowable services. Therapists should speak to the family/caregiver about any issues or concerns they might have during direct service sessions. For Service Coordinators, interpreters may speak to the family about other issues if the Service Coordinator is present via the phone (conference call) or in person only. The responsibility of the interpreter is to simply interpret the words of the Service Coordinator to the parent/caregiver and the parent's /caregiver's words back to the Service Coordinator.
21. Transporting the family to a medical service. EI pays for authorized transportation services, by enrolled transportation providers only, to and from authorized EI Services only;
22. For Transportation providers: Non loaded mileage - Transportation procedure codes can only be billed for loaded mileage. Loaded mileage means that the child is in the vehicle and is being transported to or from an EI service;
23. For Transportation providers: Employee attendants – EI pays for Non-employee attendants only;
24. Lekotek services;
25. Lunch/snack time;
26. Nap time;
27. Loading a child into a vehicle to transport;
28. Rounding up units of service (ex., provided 50 minutes of service but billed for 60 minutes.);
29. Time spent to read an article that will be discussed at an agency staff meeting;
30. Attendance at an agency staff meeting - EI only pays for attendance at IFSP meetings, six-month reviews or more frequent reviews called by the Service Coordinator if required, transition meetings, child outcome meetings as a member of a child's service team which has been identified on a child's IFSP, and IEP meetings that occur prior to a child's third birthday;
31. Supervision Time;
32. Provider travel time to or from an offsite location;
33. Extended warranties for assistive technology equipment and devices; and
34. Anything not listed as a billable service in this document.
35. Use of non-approved evaluation/assessment tools not listed on *Early Intervention Approved Evaluation and Assessment Instruments* listing which may be found electronically at: www.dhs.state.il.us/page.aspx?item=86067. A refund for any payments made will be required.

6.3 Private Insurance Use in Early Intervention

Private insurance use is mandatory in the EI program unless a waiver or exemption has been approved before the start of services, a post-billing waiver has been issued after an acceptable insurance EOB shows services not covered or maximum sessions reached or the family has private insurance that is employer self-funded and has declined use of their private insurance. If a child's family has a primary insurance, it must be billed before seeking further reimbursement from the CBO. **When billing a child's primary insurance all Payees should bill based upon the providers treating diagnosis ICD code and treating CPT and/or HCPCS codes. They should not bill based upon information found on the EI IFSP, EI authorizations or from the physician's medical diagnosis.** The primary insurance EOB must accompany all claims submitted to the CBO for further reimbursement and for claims paid in full by the primary insurance.

Families whose children are enrolled under private insurance plans that are not employer self-funded are required to use their benefits to assist in meeting the costs of covered EI services and Assistive Technology devices unless an insurance exemption or pre-billing waiver has been approved prior to services being rendered or post billing waiver based on approved insurance EOB received showing services not covered or maximum benefits received. **Insurance exemptions and Pre-Billing Waivers cannot be backdated** and only cover dates of service **after** the approval date. Families whose children are enrolled in private insurance plans that are employer self-funded must provide informed consent prior to use of their plan to assist in meeting the costs of covered EI services and AT devices or may choose to decline insurance use.

Private insurance plan benefit verification must be done by the provider to ensure the provider is compliant with all insurance requirements as well as knowledgeable of the plan and the coverage and/or reimbursement for the provider. Based on EI policy and procedures to exempt certain insurance plans if the plan has any type of "tax savings account", commonly called Health Savings Accounts or Medical Reimbursement Accounts that automatically withdraw funds when claims are processed, the provider must know to ask appropriate questions during their benefit verification contact. If anything indicates a need for a waiver or exemption, the provider must contact the Service Coordinator immediately to take the necessary steps.

Once insurance use has been established, it must be used unless an insurance exemption or pre-billing waiver has been approved prior to services being rendered. **Insurance exemptions and Pre-Billing Waivers cannot be backdated** and only cover dates of service **after** the approval date.

Services Billable to Insurance

- Assistive Technology
- Aural Rehabilitation Services
- Health Services
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychology and Other Counseling Services
- Social Work and Other Counseling Services
- Speech Therapy Services
- Vision Services

A provider must complete and document the results of their own benefits verification when receiving a referral. A provider must contact the insurance company to obtain a detailed verification of benefits before accepting the referral. If the provider does not meet the mandates of the insurance policy, such as enrollment, precertification or electronic enrollment, etc., the provider must give the referral back to the CFC. If a provider thinks an Insurance Exemption or Pre-billing Waiver is necessary but one has not

already been requested and/or issued, the provider must contact the CFC office immediately. This contact with the CFC must occur prior to rendering services.

Services Not Billable to Insurance

- Assessment Services
- Audiological Exam
- Deaf Mentor
- Developmental Therapy (DT)
- DT-Hearing
- DT-Orientation/Mobility
- DT-Vision
- Evaluation Services
- IFSP Development Services
- Interpretation
- Medical Services (for diagnostic and/ or evaluation)
- Parent Liaison
- Service Coordination
- Translation
- Transportation

6.4 Provider Responsibilities

The EI provider will complete the following steps to document insurance benefits verification and billing as required by EI policy.

1. All EI providers are required to bill private insurance for direct services prior to billing the CBO except in the following situations:

   a. An insurance exemption or pre-billing waiver has been approved prior to rendering services.

   b. The provider is a Developmental Therapist, Interpreter, Deaf Mentor, Transportation provider, Parent Liaison or a Physician providing Medical Diagnostic services only or

   c. the service is for evaluations, assessments, IFSP development, or anything else that is not considered a direct service to the child/family. The family and the provider, in cooperation with the insurance company, will determine insurance benefits for direct service provision purposes.

   d. The direct service authorization flag indicates insurance use declined.

2. The provider must verify that services identified on the IFSP are a covered benefit under the insurance plan. There may be multiple plans. For example, vision or speech related services might be covered in a separate policy.

   NOTE: The Insurance Benefit Verification form issued by the CBO is not to be given to the provider, nor does it replace the more detailed insurance benefit verification that must be completed by providers. It is the responsibility of the provider to verify benefits with the insurance company. Failure to verify benefits may result in the provider's inability to receive payment from the insurance company and/or the CBO.

3. Providers must always check with the family to determine if a child's private or public (All Kids) insurance coverage has changed and **must notify the child's Service Coordinator immediately** if there has been a change. Best practice would be to confirm with each direct service visit, similar to going to a licensed physician appointment and verifying your insurance at each visit. Failure by the provider or family to inform the Service Coordinator of the insurance change may result in the provider's inability to receive payment from the insurance company and/or the CBO.

4. Upon receipt of new or conflicting information, **the provider must immediately** contact the CFC and/or the CBO to determine future steps or risk non-payment of services rendered during the resolution of the new or conflicting information.

6.4.1 *Time to Bill*

Claims must be received by the CBO no later than **ninety (90) calendar days** following the date of service delivery. For claims where primary insurance is involved, the claim must be submitted along with a copy of the Explanation of Benefits (EOB) from the private insurance(s), no later than ninety (90) calendar days from the date identified as processed on the insurance EOB. **The CBO will not use a fax date or computer print-out date to determine timely filing.** If the private insurance pays the charges in full, a claim, along with a copy of the insurance EOB, must be submitted to the CBO to ensure posting to the child's authorization. The CBO Claims system may not receive the claim if sent the same day or day before. Ensure sufficient time for electronic systems or United State Postal Service delivery to have the claim at the CBO by day 90.

Providers must follow the billing requirements of the authorization.

- For authorizations labeled "insurance billing not required" claims must be received by the CBO no later than ninety (90) calendar days from the date of service.
- For authorizations labeled "bill insurance first" the claim must be received no later than ninety (90) calendar days from the date of service or no later than ninety (90) calendar days from the date identified as processed on the insurance EOB.
- EI Providers, who choose to bill insurance although they have been issued a Waiver, must still submit claims within ninety (90) calendar days from date of service. If an insurance denial is submitted along with claims for payment to CBO after ninety (90) calendar days from the date of service, payment will be denied.
- EI Providers must never bill insurance if they have an Insurance Exemption in place. Use of insurance may risk funds or plan coverage for the family.

6.4.2 *Provider Claim Summary*

Once a claim has been processed by the CBO, a "Provider Claim Summary" or PCS will be sent to the Payee showing all claims submitted and whether they were approved or denied for payment. The family will receive a "Parent Explanation of Benefits" or Parent EOB showing any and all services processed by EI, even if not subject to insurance billing or Family Participation Fees. Questions regarding these documents should be directed to the CBO Help Desk at 800/634-8540.

NOTE: It is the responsibility of the Payee/Agency to distribute copies of the PCS to appropriate offices, personnel, etc. EI is not responsible for splitting or sending these documents to multiple addresses/locations.

6.4.3 *Insurance Billing Service*

The EI program provides a free insurance billing service for EI Providers through the CBO Insurance Billing Unit. This service is specifically designed to aid in the billing of commercial insurance companies on behalf of the provider. This service is for new child referrals only. Any approved payments from the private insurance plan will go to the provider.

EI Providers must register themselves (and their company, if applicable) one time with the CBO Insurance Billing Unit. Once they have completed the Provider Registration process, they submit required enrollment information to register the child with the Billing Unit. Once the provider receives notification of approval for that child, the provider may begin to submit encounter forms for those children enrolled and approved for direct services only. Evaluations and IFSP

time must be billed by the provider directly to the CBO. The purpose of the encounter form is to provide sufficient documentation of the visit so that CBO staff can correctly code insurance claim(s) using treating level ICD and CPT/HCPCS codes. Therefore, it is extremely important to submit thorough and accurate documentation on all encounter forms. The CBO will bill the primary insurance company on behalf of the provider and the provider, in turn, will receive insurance payment/CBO payment for the claims submitted. Providers registered with the insurance billing unit are responsible for submitting a copy of the EOB or Electronic Remittance Advice (ERA) upon receipt from the insurance carrier to the CBO Insurance Billing Unit so that the claims may be completed by CBO.

More detailed information regarding this service can be found on the CBO website at http://www.eicbo.info/providers/FreeBillingService.htm.

6.4.4 *Plans Types and Provider Restrictions*

Certain private insurance plans are "exempt" from use by EI policy and procedure. EI excludes the requirement to use these plans based on the potential risk of loss or reduction of benefits to the family. These plans include:

- Individually purchased/non-group plans. These are plans purchased privately by a family and not under any "group" (such as employer). The use of these plans could jeopardize the future health coverage for the members or even cause the plan administrator to terminate the plan. The Affordable Care Act is eliminating most of these plans but some are still temporarily in existence.
- Tax Savings Accounts (automatically withdrawing only). These are typically called Health Savings Accounts or Medical Care Accounts, etc. The account is affiliated with the healthcare plan and allows approved expenses to be paid from the plan. Per EI policy and procedure, we exempt the use of these plans if the automatically withdraw from the account to pay for EI. The exemption is to protect the families account. The family does have the option to decline the automatic exemption and allow use of the account.

No provider choice/payment restrictions apply in the following situation:

- The insurance company does not limit which providers the family may choose for direct service provision. Under this situation, the CFC may refer the child to any EI enrolled provider that a family chooses for direct service provision.
    - When making the referral to the provider, the CFC will explain that the initial benefit verification indicated that the plan does not limit which provider may provide direct services. However, **it is still the responsibility of the provider to verify with the insurance company** that the services they will be providing, as outlined by the IFSP, are consistent with the provisions of the plan and to determine if any special considerations must be made prior to providing services.
    - The insurance plan may have varying levels of coverage such as a Tier coverage which allows out of network providers but at varying payment levels, deductibles and sometimes other enrollment criteria. Understanding the details of the plans is instrumental in the submission and processing of claims.

Provider payment restrictions **do** apply in the following situations:

- The insurance company requires providers to enroll in order to receive payment from the insurance company directly. If the provider does not enroll, payments are rendered directly to the insurance policy holder (family). This could be enrollment as In-Network

providers or enrollment in Electronic Claims processing. Each plan should be reviewed carefully to ensure compliance.

- The insurance company has indicated that providers must enroll before payment can be made directly to the provider.
- Providers may be able to provide services without enrolling however, payment and Explanation of Benefits will be sent directly to the insurance policy holder (family). The provider would then be responsible for working with the family in order to obtain the insurance payment and copies of the EOBs.

  NOTE: In this situation, it is critical for the provider to obtain copies of the EOBs in case the provider is required to seek additional payment from the CBO, as IDHS policy requires that such claims be accompanied by an insurance company's EOBs.

  Providers may be able to print insurance EOBs from the insurance company's website. Providers may need to register or create an account with the insurance company on the website to be permitted to have access and print insurance EOBs.

- Providers should also obtain copies of EOBs for their records in the event that an insurance company performs a review and determines the need for a refund. If the provider has received the insurance payment directly from the insurance plan or from the family, the provider is responsible for refunding the payment to the insurance plan or working with the family to make the required refund. Then, with the appropriate documentation from the insurance company, the provider can submit claims to the CBO for payment by EI following timelines specified for submitting claims.
- The family is responsible for supplying any EOBs or payments made directly to the policyholder to the rendering provider as outlined in the Consent to Use Private/Healthcare Plan Benefits and Assignment of Rights form signed by the family. The provider is responsible for obtaining a copy of the Consent to Use Private/Healthcare Plan Benefits and Assignment of Rights form from the CFC and for ensuring that the policyholder reimburses them in the event the payment goes directly to the policyholder.
- The provider is also responsible for submitting claims to the CBO even in the event the provider receives reimbursement from insurance.
  - By signing the EI Payee Agreement providers agree to the following: "The EOB and a completed claim shall be submitted to the CBO for all EI children even if the entire claim was paid by private insurance.
  - The purpose of this requirement is to ensure that the services identified on a child's IFSP are being provided and that providers are being reimbursed. This allows EI to un-encumber dollars for services for which insurance is providing payment. These dollars can then be used to pay for other services that insurance is not paying for.

Provider choice/payment restrictions do apply in the following situations:

1. Exclusive Providers Only (Exclusive Provider Organization-EPO). Typically with HMO plans, different from EPO policies, but could also be tier plans under PPO guidelines.
   a. The insurance company has indicated that providers must apply and become an in-network provider or claims will be denied.
   b. The CFC is only allowed to make direct service referrals to providers included in the insurance company's network.

c. If none of the insurance company's in-network providers are able to see the child for one of the Pre-Billing Waiver reasons, the CFC will request a Pre-Billing waiver from the CBO in order to make a referral to a non-insurance required EI credentialed/enrolled provider. Reasons for a Pre-Billing Waiver are:

- Provider not available: no in-network providers have openings to accept the referral.
    - Provider not enrolled: no in-network providers are also EI Credentialed/ Enrolled.
    - Excessive Travel Time or Distance: insurance enrolled, clinic-based (to meet specific Outcome(s) of child) EI provider would make family travel more than 15 miles or 30 minutes from their home.

d. If a pre-billing waiver is requested, the CFC will not make a referral for direct service provision until the approval/denial for the insurance waiver has been received from the CBO.

NOTE: No provider should render any service prior to receipt of notification of waiver approval from the CFC.

2. Primary Care Physician (PCP) Referral Required
    a. The insurance company may provide payment to insurance non-enrolled or insurance preferred providers as long as the child's PCP has referred the child to that specific provider prior to beginning services.
    b. The family should assist the provider in obtaining the PCP referral if necessary.
    c. If a referral from the PCP is required for the family to see providers other than those mandated by the insurance company, but one is unable to be obtained, the family will be required to utilize the insurance mandated provider unless a Pre-Billing Waiver Request is applicable (insurance mandated providers are not EI credentialed and/or enrolled) and approved prior to service provision.

3. If during the CBO's limited Benefits Verification it is determined that no insurance mandated providers are EI credentialed/enrolled, CBO will automatically provide a pre-billing insurance waiver to the CFC. At that point, the CFC may choose any EI credentialed/enrolled provider.

6.5 Insurance Updates

Families experiencing changes in their private insurance must immediately inform their Service Coordinator to ensure continuance of services and reimbursement.

If a family informs you that their private insurance benefits will be changing, direct the family to notify their Service Coordinator and contact the Service Coordinator directly to ensure a smooth transition.

For families obtaining insurance for the first time or changing benefit plans, Service Coordinators will receive a 45-day exception from billing insurance, beginning the day the CBO receives the change of insurance request from the CFC. This 45-day exception allows the services to continue and the provider to bill the CBO directly for a period of time while the CBO, the CFC and the provider all process the benefits verification information to determine benefits coverage. The CBO will verify insurance benefits and provide the result to the CFC within 5 working days. As soon as the results of the benefits

verification are received by the CFC, or once the 45-days are over, the services must be delivered in the manner that matches the benefits verification results, including any need for a waiver or exemption.

NOTE: The provider should verify that the authorization correctly indicates *Bill Insurance First.*

6.6 Important Insurance Definitions

Private Insurance

- Individual (may also be HMO, PPO or POS)
  Health insurance is purchased out-of-pocket directly from an insurance company to cover one or more members of a family. Coverage varies widely with each plan. This type of plan is eligible for an Insurance Exemption.

- Group (may also be HMO, PPO or POS)
  Group Insurance is usually offered through an employer. The employer may purchase a policy from an insurance company or may administer its own (self-insured) plan. Group health insurance may also be offered through other organizations or special-interest groups. Coverage varies with each plan.

- Enrolled Provider
  A provider that is credentialed and/or enrolled in the EI Services System to provide direct service to children.

- Explanation of Benefits – EOB
  An explanation of benefits (commonly referred to as an EOB) is a statement sent by a health insurance company to covered individuals explaining what treatments and/or services were paid for on their behalf.

- Exclusive Provider Organization – EPO
  A modified version of the Preferred Provider Organization (PPO) contract with a network of preferred providers that will not reimburse out-of-network providers.

- Government-Sponsored Health Plans
  Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and Civilian Health and Medical Program of the Veterans Administrations (CHAMPVA).

  These are federal programs to cover health expenses of the dependents of military personnel and veterans. They are secondary to commercial health plans. Military medical-care providers are to be used if available. Prior authorization may be required for use of civilian providers. Administered by TRICARE.

- Health Maintenance Organization – HMO
  An HMO relies heavily on their network of providers and will typically require documentation and a standardized process to cover providers outside the network.

- Illinois Comprehensive Health Insurance Plan – ICHIP
  ICHIP is a state-subsidized program for Illinois residents who cannot otherwise purchase major medical insurance due to a pre-existing condition or disability. It is administered by Blue Cross/Blue Shield of Illinois.

- In-Network Provider – Plan Specific
  Provider who has followed all steps within the plan to be a qualified provider to perform services and bill the plan following all of the requirements of the plan.

- Out-of-Network Provider – Plan Specific
  This usually refers to health care providers who are considered nonparticipants in an insurance plan. Health plans may allow providers who are not "in-network" to provide services following their criteria. Out-of-Network providers may not receive corresponding EOBs or payment directly. The plan may also place financial restrictions of reduced payments based on network status.

- Point-Of-Service – POS
  A POS plan combines an HMO and PPO. A provider may subscribe to one or both plans. Because of the PPO component, out-of-network providers may be used. When requesting a list of network providers make certain both HMO and PPO providers are being included.

- Preferred Provider Organization – PPO
  PPO contract with a network of preferred providers but will reimburse at a lower rate for out-of-network providers.

- Referrals
  Health plans may require referrals from the Primary Care Physician for any other service. The provider is responsible for ensuring all proper procedures are in place prior to service provision to ensure payment from the plan.

- Tax Savings Account (numerous titles such as Health Reimbursement Account, Medical Care Account, Health Savings Account, etc.)

  A separate account of funds furnished by the plan holder or by an employer which can be used to pay for qualified medical services or supplies. The funds are not taxed and may or may not carry over from year to year.

Public – Sponsored Health Plans

All Kids is a comprehensive health insurance program that is available to uninsured children in the State of Illinois. It is administered by HFS and includes the following:

- Medicaid/All Kids Assist
  Medicaid is a federally assisted program to help with the medical expenses of eligible low-income families. It is administered through HFS.

- Managed Care Organizations (MCO)
  These entities are contracted through HFS – there are a number of MCO plans that are contracted through HFS to serve Medicaid-eligible children/families. These are considered Public Insurance plans. EI is a fee-for-service program that pays the EI provider for EI authorized services and submits claims to HFS for reimbursement of that payment. If an EI Provider also serves children or families outside of EI through another agency or program which bills HFS or the MCO directly, the EI Provider must be enrolled in the MCO's network of providers. Documentation and a standardized process to cover providers outside the network is normally required.

  Classification of a funder of coverage: Typically has more case-management involvement in the healthcare decision of the participant. Illinois also utilizes MCOs to manage much of the Medicaid populations across the state. EI and the HFS MCOs work well together and the HFS MCO does not impose any restrictions if services are EI authorized.

Chapter 7: Assistive Technology (AT)

Service Description
Assistive Technology (AT) is a term that includes *services* and *devices*. AT device means any item, piece of equipment or product system, whether a vendor stock item, or an item that is modified or custom built that is used to increase, maintain or improve the developmental capabilities of children with disabilities.

Authorization to obtain AT devices is based upon prior approval. A letter of developmental necessity using the Assistive Technology Developmental Evaluation of Necessity format (see Attachment 1) is required from a Credentialed Evaluator Provider. This format serves as both the evaluation for AT needs and the required letter of developmental necessity since, when completed, it includes all required areas of information. It must be dated within six months from submission to CFC and each applicable section must be completed.

AT items are identified as Level 1 or Level 2. Level 1 Examples are: custom foot orthotics, hand splints, elbow & knee immobilizers, bath chair, a z-vibe, a chewy tube, and a weighted blanket. Level 2 items are considered more involved technologically and/or have multiple components. Examples include more advanced augmentative communication systems, standers, positioning chairs, and gait trainers. Level 2 items require trials with the child prior to recommendations being made as there are numerous brands and types available.

Functional outcome strategies must be identified in the most current IFSP with regard to the utilization of the recommended equipment/service.

An *AT service* means any service that directly assists a child with a disability in the selection, acquisition, or use of an AT device. The term includes:

1. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's natural environment;
2. Purchasing, leasing, or otherwise providing for the acquisition of AT devices by children with disabilities;
3. Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing AT devices;
4. Coordinating and using other therapies, interventions, or services with AT devices, such as those associated with existing education and rehabilitation plans and programs;
5. Training or technical assistance for a child with a disability or, if appropriate, the child's family; and
6. Training or technical assistance for professionals who provide service to children with disabilities through the EI program.

Components of an AT Evaluation
The four principles to consider when evaluating potential AT solutions should include:
1. Use of the multidisciplinary team
2. Family members are crucial members of the team
3. Focus on function – "What is it that the child needs to do that he/she currently cannot do?"
4. Strive for simplicity

Team members should have a basic understanding of the kinds of AT that exist and how they can be used to help a child achieve more independence and control of his/her environment.

AT and the IFSP
All children with disabilities who are eligible for EI services must be provided with AT, if appropriate, as part of the IFSP. AT devices should be considered if interventions are required to aid in the developmental tasks such as interaction with the environment, communication and cognition. These AT devices and services are required, however, only when they relate to the developmental needs of eligible infants and toddlers.

Inclusion of AT in the IFSP must occur on an individual basis and must be based on the child's needs, the family's concerns and the intervention priorities and outcomes. AT devices/services must be included in the IFSP as agreed upon by the parent and other team members.

Pricing
The Bureau of EI is required to follow the SMART (Save Medicaid Access and Resources Together) Act and HFS rules and regulations regarding pricing. The SMART Act and HFS rules and regulations require vendors of assistive technology (AT) equipment submit manufacturer pricing including any discounts given to the vendor by the manufacturer for all Durable Medical Equipment (DME) items funded by HFS. EI will pay 50% above acquisition manufacturer's pricing. For items not funded by HFS, the vendor provides three retail price sources and EI will pay 25% above retail pricing. HCPCS codes and pricing may be found at: www.hfs.illinois.gov/reimbursement/dme.html.

At minimum, the IFSP should have the following information:

- The outcomes that will be achieved for the child and family, including the way in which the AT device is expected to increase, maintain, or enhance a child's functional capabilities.
- A description of the specific AT device(s) needed by the child, the projected dates for acquisition of the device, and the method of acquisition.
- The methods and strategies for use of the AT device to increase, maintain, or improve the child's functional capabilities, the individuals (including parents, other caregivers and family members, and qualified personnel) who will be assisting the child in using the device, and the settings in which the device is to be used.
- The qualified personnel who will be providing the AT services and the frequency, intensity and method of delivery recommended.

How to Obtain AT
Any AT requested for a child must be submitted by the AT Designated Service Coordinator at the CFC to IDHS for prior approval and approval is required for all AT with the exception of hearing aid earmolds (no more than two per authorization) and hearing aid batteries (no more than 16 every 60 days). The prior approval process will be based on the developmental necessity, the equipment/services described in the section addressing "limitations," pricing requests, quantity and duplication.

Policy and Procedures for Authorization for Eyeglasses *(separate from the AT Process)*

Policy
Eyeglasses for eligible children are purchased through the Illinois Department of Corrections (IDOC). Optometric examination services and dispensing fees must be authorized prior to service provision.

Procedure
The selection of available vision providers to conduct the optometric examination is facilitated by the Service Coordinator.

If it is determined that the child needs eyeglasses, the provider submits an IDOC order form that includes the prescription information to the CBO along with their claim for the optometric examination and the dispensing fee. The CBO generates the specific authorization(s) and sends it to IDOC with the order form.

IDOC produces the eyeglasses and sends them to the provider. The provider dispenses the eyeglasses to the child and family.

NOTE: A claim against the dispensing fee authorization will not be honored by the CBO unless the claim is accompanied by an IDOC order form requesting eyeglasses for the child.

Chapter 8: Audiology, Aural Rehabilitation and Other Related Services

Service Description

Audiology, aural rehabilitation, and other related services include:

1. identification of children with hearing loss using appropriate screening techniques;
2. determination of the degree, type and configuration of hearing loss by use of audiological diagnostic evaluation procedures;
3. referral for medical testing and other services necessary for the rehabilitation/ habilitation of children with hearing loss;
4. evaluation and assessment;
5. determination of the child's need for individual amplification including selecting, fitting, and dispensing appropriate listening and vibrotactile devices; and
6. evaluation of the effectiveness assistive technology devices.

A Developmental Therapist-Hearing (DT-H) may be asked to perform a specialized A/R assessment, conduct a global evaluation required for eligibility and still be able to recommend for his/her specialized service. A DT-H may also recommend regular DT if it is determined that the child's hearing concern doesn't require specialized services and that DT could assist the child in reaching his/her functional outcome(s).

Family training, education, and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to audiology and aural rehabilitation services and enhancing the child's development are integral to this service. For Family Education, training and support, the eligible child is not required to be present but may be, if appropriate. Family training, education, and support may include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure. For information about Assistive Technology (AT), please see Chapter 7.

NOTE: EI does **not** pay for therapeutic services required for a child to recover from medical procedures such as surgery, etc., or for pre-surgery therapeutic services required by a physician to prepare a child for surgery.

Qualified Staff

1. EI Specialists credentialed and enrolled as:
   a. Licensed Speech/Language Pathologist
   b. Developmental Therapist/Hearing (DT-H)
2. Non-credentialed provider enrolled as:
   a. Audiologist (who can provide audiological and/or aural rehabilitation/habilitation services) (See Chapter 3 for credentialing and enrollment requirements.)

Billable Activities with Authorization

Audiological evaluation which includes screening to determine possible hearing loss and testing to determine the range, nature and degree of hearing loss and communication functions, hearing aid assessment and aural rehabilitation (A/R) and other related services, IFSP development (see Chapter 5 for additional information about IFSP) and direct services.

Global evaluation by a DT-H to determine eligibility is covered by Developmental Therapy Procedures Codes 96111 (see Chapter 9). The Aural Rehab assessment is covered by 92626 so two authorizations would need to be written and claims submitted under two separate services.

AUDIOLOGY PROCEDURE CODES

Procedure Codes	Unit of Service	Description	Rate
For use by Licensed Audiologists Only			
V5010	N/A	Hearing aid assessment	$68.69
V5008	N/A	Hearing Screening	$57.29
92551	N/A	Screen test, pure tone, air only	$15.20
92552	N/A	Pure tone audiometry (threshold), air only	$15.20
92553	N/A	Audiometry, air and bone	$15.20
92555	N/A	Speech audiometry threshold	$15.20
92556	N/A	Speech audiometry threshold; (with speech recognition)	$15.20
92557	N/A	Comprehensive audiometry; (includes 92553 and 92556)	$37.40
92567	N/A	Tympanometry	$15.20
92568	N/A	Acoustic reflex testing; threshold	$13.70
92579	N/A	Visual reinforcement audiometry (VRA)	$22.15
92582	N/A	Conditioning play audiometry	$22.15
92583	N/A	Select picture audiometry	$15.15
92585	N/A	Brainstem evoked response rec. (no anesthesia)	$53.70
92587	N/A	Evoked otoacoustic emissions: limited (single level, either transient or distortion products) (no anesthesia)	$52.70
92588	N/A	Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (Comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	$61.00

Audiologist should complete testing as follows:

- The audiologist will complete a hearing screening and submit claim using V5008. If a hearing screening was performed just prior to referral, you may use previous hearing screenings completed prior to referral to the EI Program.
- If the child fails the hearing screening, the audiologist may proceed to complete additional testing to determine the range, nature and degree of hearing loss and communication function. This will ensure that all testing can be completed on the same date of service so that families will not have to schedule multiple visits.
- Billing Notes (see Chapter 6 for additional information):
  - The audiologist will bill the CBO for the hearing screening using the procedure code V5008. If previous hearing screening was utilized, do not bill for a duplicate service and only bill for additional tests performed.
  - When additional testing is needed to determine the degree, type and configuration of hearing loss, the audiologist will bill for the additional testing using the procedure codes identified above.
  - If the audiologist completed any of the tests identified above when completing the hearing screening (V5008), do not duplicate bill for that same test to determine range, nature and degree of hearing loss.
  - All testing must be completed on the same date of service and must be billed to the CBO on the same claim.
  - If testing cannot be completed on the same date, the audiologist must obtain a new authorization from the child's Service Coordinator prior to completing further testing.

- For children who have not passed a hearing screening or who have a suspected hearing loss, the CFC office will generate one authorization for audiological services. It will simply state "Audiological Evaluation". Audiologists will choose the most appropriate test(s) for each child based upon the list of billable services identified above.
- For children who require a **Hearing Aid Assessment** to determine the possible need for hearing aids, Service Coordinators will generate authorizations using the procedure code V5010. This procedure code will be identified on the authorization to provide a hearing aid assessment. You can only bill this code to the CBO if you have an authorization that identifies this code.
- EI does not pay for therapeutic services required for a child to recover from medical procedures such as surgery or pre-surgery therapeutic services required by a physician to prepare a child for surgery.
- EI does not pay for medical testing that requires anesthesia, sedation or medical monitoring. If these services are required, prior to scheduling such testing please refer the family back to the Service Coordinator who will explain this to the family. The family may be referred to DSCC for assistance with services that require medical testing.
- Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.
- Enrolled audiologists can bill for time required in writing the assistive technology letter of developmental necessity using IFSP development codes.
- Credentialed evaluators bill for time required writing reports.

Once a child's hearing aid(s) have been dispensed, meaning that all follow-up visits to provide instruction to the family and to measure, fit and adjust the hearing aid(s) to work most appropriately for the child, EI will pay for hearing aid checks every three months, or more frequently if the Audiologist provides a written justification of need to the child's Service Coordinator. The justification does not have to be written on a particular form, but must be sent to the Service Coordinator to justify and request an authorization. The procedure codes and rates include the following.

Procedure Codes	Unit of Service	Description	Rate
For use by Licensed Audiologists Only			
92592	N/A	Hearing aid check; monaural	$15.20
92593	N/A	Hearing aid check; binaural	$15.20
92594	N/A	Electroacoustic evaluation for Hearing aid; monaural	$15.20
92595	N/A	Electroacoustic evaluation for Hearing aid; binaural	$15.20

- Procedure and billing notes:
  - A Hearing Aid Check (EIHAC) authorization will be allowed for one occurrence only per authorization.
  - No procedure codes will print on the authorization.
  - EIHAC will print on the authorization instead of procedure codes.
  - The audiologist will be allowed to bill up to two procedure codes on one authorization.
  - The audiologist will choose either binaural or monaural codes to bill. NOTE: Do not bill two codes unless you completed two procedures.
  - The audiologist may have an EIHAC authorization at a minimum of every three months. If it is identified that a child may need to have a hearing aid check prior to three months from the date of the previous

check, the audiologist must submit a written justification of need to the child's service coordinator to request an authorization.

NOTE: EI will not pay for hearing aid checks more than one time per month. The audiologist is required to submit a written document to the service coordinator to justify receipt of an EIHAC authorization if a hearing aid check is needed prior to three months from the previous check.

- Description for Aural Rehabilitation/Habilitation services in individual and/or group settings:
  - Participation in the evaluation and assessment
  - Participation in IFSP meetings and development of outcomes related to frequency, duration and intensity of specialized services
  - Consultation with IFSP team members
  - Specialized instruction to promote child's participation in everyday interactions, activities and routines
  - Parent education and support
  - Implementation of specialized communication strategies and modes (which may include listening skills development, spoken language development, cued speech, pictures, speech reading, American Sign language and total communication)
  - Assistive listening device orientation and troubleshooting
  - Referral for medical testing and other services necessary for the habilitation/rehabilitation of children with hearing loss

AURAL REHABILITATION (A/R) PROCEDURE CODES

Procedure Codes	Modifier	Unit of Service	Description	Rate
92626		15 minutes	A/R assessment - onsite	$14.53
92626		15 minutes	A/R assessment - offsite	$18.14
99499	SC	15 minutes	A/R IFSP development	$14.53
99499	SC	15 minutes	A/R IFSP meeting	$18.14
92507	TL	15 minutes	A/R services - onsite	$14.53
92507	TL	15 minutes	A/R services - offsite	$18.14
92508	TL	15 minutes	Group A/R services (multiple families or group not to exceed 4 children)	$ 7.88

Chapter 9: Developmental Therapy

Service Description
Developmental therapy (DT) includes global evaluation and assessment, IFSP development (see definition of IFSP development) and individual or group therapy services. DTs may also be called Special Instruction and includes the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, and provision of information and support related to enhancing the skill development of the child that enables the child to attain maximum functional level. These activities are coordinated with all other services in the plan and provide assistance with acquisition, retention or improvement in skills related to activities of daily living such as feeding and dressing, communicating with care givers, and the social and adaptive skills to enable the child to reside in his/her home or non-institutional community setting.

Family training, education, and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to developmental therapy services and enhancing the child's development are integral to this service. For family training, education and support, the eligible child is not required to be present but may be if appropriate. Family training, education and support may include such services as support groups, individual support and other training or education for the family.

Aural Rehabilitation services for EI are defined under the service description entitled "Audiology, Aural Rehabilitation and Other Related Services". To provide and bill Aural Rehabilitation services the provider must be credentialed and enrolled as a Developmental Therapist/Hearing and have an authorization for Aural Rehabilitation services.

Vision services for EI are defined under the service description entitled "Vision". To provide and bill for Vision Services the provider must be credentialed and enrolled as a Developmental Specialist of Vision Impairments and have an authorization for Vision services.

A DT- Hearing (DT-H) and DT-Vision (DT-V) may conduct a specialized assessment, global evaluation required for eligibility and still be able to recommend for their specialized (hearing or vision) service. A DT-H or DT-V can also recommend regular DT if it is determined that the child's hearing or vision concern doesn't require specialized services and that DT itself could assist the child in reaching his/her outcome(s).

Services must be consistent with the provider's training and qualifications.

NOTE: EI does **not** pay for therapeutic services required for a child to recover from medical procedures such as surgery, etc., or for pre-surgery therapeutic services required by a physician to prepare a child for surgery.

Qualified Staff
Enrolled Specialist credentialed as a Developmental Therapist, including DT-H, and DT-V.

NOTE: There is no Associate-Level Developmental Therapy Credential. The credentialed/enrolled Developmental Therapist is responsible for personally providing services to a child/family.

Billable Activities with Authorization
Global evaluation, assessment, IFSP development, and direct services.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

DEVELOPMENTAL THERAPY PROCEDURE CODES

Procedure Codes	Modifier	Unit of Service	Description	Rate
96111		15 minutes	Evaluation/Assessment - onsite	$11.03
96111		15 minutes	Evaluation/Assessment - offsite	$13.91
99499	TL	15 minutes	IFSP Development - onsite	$11.03
99499	TL	15 minutes	IFSP Development - offsite	$13.91
99499	TL	15 minutes	IFSP Meeting	$13.91
T1027		15 minutes	Individual DT - onsite	$11.03
T1027		15 minutes	Individual DT - offsite	$13.91
T1027	HQ	15 minutes	Group DT (multiple families or group not to exceed 4 children)	$ 2.76

- Billing codes for Vision Services for EI are found under the service description entitled *"Vision"*
- Billing codes for Aural Rehabilitation and related services for EI are found under the service description entitled *"Audiology, Aural Rehabilitation and Other Related Services"*

Chapter 10: Health Consultation

Service Description
Health consultation is consultation by a licensed physician, as identified in the IFSP, who has provided medical treatment to the child within the past year, with members of the child's IFSP team or the child's family concerning the impact of the child's special health care needs on the provision of services.

Consultation services must be consistent with the provider's qualifications and licensure.

Qualified Staff
System enrolled Physician licensed in the state where he or she provides services to Illinois children. (Physicians are not required to obtain an EI Credential but must be enrolled to provide EI services.)

Billable Activities With Authorization
Physician consultation regarding impact of the child's medical status on provision of EI services.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

HEALTH CONSULTATION PROCEDURE CODES

Procedure Codes	Unit of Service	Description	Rate
99211	N/A	Office or other outpatient visit (Approximately 5 minutes)	$35.02
99212	N/A	Office or other outpatient visit (Approximately 10 minutes)	$35.02
99213	N/A	Office or other outpatient visit (Approximately 15 minutes)	$35.02
99214	N/A	Office or other outpatient visit (Approximately 25 minutes)	$35.02
99215	N/A	Office or other outpatient visit (Approximately 40 minutes)	$35.02
99441	N/A	Telephone evaluation/management (5-10 minutes of medical discussion)	$35.02
99442	N/A	Telephone evaluation/management (11-20 minutes of medical discussion)	$35.02
99443	N/A	Telephone evaluation/management (21-30 minutes of medical discussion)	$35.02

NOTE: Authorizations for Health Consultation services do not identify a CPT code. The authorization simply states "Health Consultation". Please use the above CPT codes and bill the most appropriate code for each Health Consultation provided.

Chapter 11: Interpretation and Translation Services

Interpreter and Interpreter for the Deaf
Bilingual interpreter and interpreter for the deaf services necessary during the rendering of other EI services in order to communicate with the child and family. If the interpreter is authorized to interpret service sessions for a provider/family, the interpreter may assist that provider in scheduling service appointments for that family. Does not include bilingual interpreter services that would otherwise be provided at no charge to the family or bilingual interpreter services by the same person rendering the service.

Translator
Written translation of EI documents into the child/family's native language are billable under this service. It does not include translation of non-EI documents.

Qualified Staff
1. Non-Credentialed Provider enrolled as:
   a. Interpreter
   b. Interpreter for the Deaf
   c. Translator

NOTE: Individuals enrolling in the EI Program as an interpreter, interpreter for the deaf or translator must meet licensing requirements and document the completion of EI Systems Overview Training (online and face -to-face follow-up session.)

Billable Activities with Authorization
Direct service called Family Training and Support and Group Family Training and Support either onsite or offsite based on location of the direct service for interpreters and interpreters for the deaf. Translation direct service would be onsite only.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

As an additional resource for billing, please see Billing Tips for Interpreters, Translators and Interpreters for the Deaf at:
www.eicbo.info/providers/Billing%20Tips%20for%20Interpreters,%20Translators%20and%20Interpreters%20for%20the%20Deaf.pdf

NOTE: If there is more than one provider and four children in a group, there must be one Interpreter for each provider.

CODES FOR USE BY INTERPRETERS, ONLY				
Procedure Codes	Modifiers	Unit of Service	Description	Rate
T1013		15 minutes	Family training and support –onsite	$10.71
T1013		15 minutes	Family training and support - offsite	$13.50
T1013	HQ	15 minutes	Group family training and support (multiple families or group with one provider and not more than four children)	$ 2.68

Please see alpha code table at http://www.eicbo.info/providers/Discipline_Description_T1013.pdf for billing purposes.

CODES FOR USE BY INTERPRETERS FOR THE DEAF, ONLY				
Procedure Codes	Modifiers	Unit of Service	Description	Rate
T1013	HT	15 minutes	Family training and support –onsite	$10.71
T1013	HT	15 minutes	Family training and support - offsite	$13.50
T1013	HQ & HT	15 minutes	Group family training and support (multiple families or group with one provider and not more than four children)	$ 2.68

CODES FOR USE BY TRANSLATORS ONLY				
Procedure Codes	Modifiers	Unit of Service	Description	Rate
T1013	TL	15 minutes	Family training and support –onsite	$10.71

Please see alpha code table at http://www.eicbo.info/providers/Discipline_Description_T1013_TL.pdf for billing purposes.

Chapter 12: Medical Services *(DIAGNOSTIC/EVALUATION/ASSESSMENT PURPOSES ONLY FOR EI)*

Service Description

Medical services only for diagnostic and evaluation/assessment purposes means services provided by an enrolled licensed physician or a multidisciplinary team (if needed) under the direction of an EI enrolled licensed physician to determine a child's developmental status and need for EI support services. Medical diagnostic services may be appropriate 1) when the child's record documents that other evaluations have failed to determine the child's eligibility for EI and the child is likely to be determined eligible if additional developmental diagnostic services are provided, or to establish a diagnosis which would potentially meet the eligibility parameters for services; or 2) when a child has significant developmental delays and/or lacks developmental progress, presents with unexpected regression, or demonstrates atypical development that cannot be explained based upon known medical, developmental or social etiology. Medical referrals may be required if the need for medical testing is identified. EI does not pay for medical testing. The diagnostic report (see Attachment 5, *Medical Diagnostic Report Format*) must include a statement about the child's developmental status and EI eligibility. The report may include medical, educational and family support recommendations not necessarily covered by EI but that may be useful to families. Service coordinators (SC) may assist families with the recommendations not covered by EI by making referrals to other community resources.

Services must be consistent with the provider's qualifications and licensure. If team members are needed based on the child's individual circumstances, they are assigned by each clinic based on information received from the CFC's Service Coordinator (current IFSP, IFSP team's reports. They must be individually enrolled to provide EI services under their respective disciplines, have an EI evaluator credential, and have an authorization under their discipline to provide and bill for the particular service. Team members should use the codes found under their respective disciplines for billing purposes. A licensed physician should always be present throughout the diagnostic visit.

If a family does not speak English, the Service Coordinator shall check if interpreters are available at the Medical Diagnostic Clinic. If an interpreter is available, the family shall be given the choice to select between the interpreter provided by the Medical Diagnostic Clinic and an interpreter likely to be selected from a list of available EI interpreters.

The only other medical or health-related services which are covered by EI (other than the above diagnostic medical services) are defined under the "Nursing" and "Health Consultation" chapters. Medical and health services **do not** include the following:

1. Services that are:
    a. Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
    b. Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose); or
    c. Relating to the implementation, optimization (i.e., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.
2. Devices necessary to control or treat a medical condition.
3. Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

Qualified Staff
An EI system enrolled Physician licensed by the state in which he or she provides EI services to Illinois children, with an appropriate subspecialty, including developmental-behavioral pediatrics, pediatric neurology, child and adolescent psychiatry, physical medicine and rehabilitation-pediatrics, or neonatal-perinatal medicine.

Standard Referral Process

- Service Coordinator (SC) sends referral to Medical Diagnostic Clinic.
- Medical Diagnostic Clinic Intake staff contacts the family and sets up an appointment(s) based on SC's input and family concerns.
- Info is given to family about appointment, i.e., what to expect & how long, possibility of a diagnosis that day, address & phone numbers, answers to family's questions, etc.
- Confirmation letter is sent out to family.
- Request is made to SC for IFSP, most recent IFSP team's reports, existing scripts, and authorizations. Authorization information for Medical Diagnostic Clinic is sent in as well. (SC must ensure that child's information is updated 2 to 4 weeks before scheduled diagnostic clinic.)
- Diagnostic team meets with family to discuss findings and/or summary.
- The final report is completed no later than 14 days after meeting with family and sent to referring CFC and family.

Billable Activities with Authorization
Medical diagnostic services are used to determine the child's developmental status and need for EI services. The IFSP team will define the need for medical diagnostic services, based upon the need for additional information about the child's developmental status. Questions or concerns about the child's development will be shared with the physician/medical diagnostic team, along with copies of the IFSP, current evaluations and assessments, and other IFSP team members' reports. These evaluations should be considered prior to authorizing additional evaluations. When appropriate and necessary, a credentialed designee(s) from the medical diagnostic team will be provided with IFSP development time and encouraged to contact IFSP team members, including the child's Service Coordinator and evaluators/direct service providers, to more effectively utilize current evaluations and acquire a more complete understanding of the child's unique strengths and needs. Evaluations are authorized based upon the needs of the individual child and family.

EI will pay for one (1) Medical Diagnostic Evaluation/Assessment prior to the initial IFSP or one (1) encounter during the initial IFSP. EI will pay for one (1) Medical Diagnostic Evaluation/Assessment prior to each annual IFSP after the expiration of the initial IFSP when the first medical diagnostic evaluation/ assessment is inconclusive, the initial diagnosis is in question, the diagnosis needs to be clarified, or the child lacks developmental progress, presents with unexpected regression, or demonstrates atypical development that cannot be explained based upon known medical, developmental or social etiology.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

MEDICAL DIAGNOSTIC PROCEDURE CODES

Procedure Codes	Unit of Service	Description	Rate
99245	N/A	Medical Diagnostic Evaluation	$201.46

Chapter 13: Nursing

Service Description
Nursing services for the purposes of:

1. Assessment to determine a child's health status, including the identification of patterns of human response to actual or potential health problems and the identification of the need for medical referrals;
2. Provision of nursing care during the time the child is receiving other EI services that may be required to allow the child to participate in EI services such as:
   - administration of medications, treatments, and regimens prescribed by a licensed physician; and
   - clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services as required to allow the child to participate in EI services.
3. Does **not include** hospital or home health nursing care required due to surgical or medical intervention, or an injury, or medical-health services such as immunizations and regular well-baby care that are routinely recommended for all children.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to nursing services and enhancing the child's development are integral to this service. For family training, education and support, the eligible child is not required to be present but may be if appropriate. Family training, education and support may include such services as support groups, individual support and other training or education for the family.

NOTE: The need for nursing services does not determine eligibility for the EI program.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff
System enrolled Specialist credentialed as a Licensed Registered Nurse.

Billable Activities with Authorization
Assessment, IFSP development and direct service

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

NURSING PROCEDURE CODES

Procedure Codes	Modifier	Unit of Service	Description	Rate
T1001		15 minutes	Assessment- onsite	$11.39
T1001		15 minutes	Assessment - offsite	$14.36
99499	TD	15 minutes	IFSP development - onsite	$11.39
99499	TD	15 minutes	IFSP development - offsite	$14.36
99499	TD	15 minutes	IFSP meeting	$14.36
T1002		15 minutes	Nursing services - onsite	$11.39
T1002		15 minutes	Nursing services - offsite	$14.36
T1002	HQ	15 minutes	Group Nursing services (multiple families or group not to exceed 4 children)	$ 2.85
See *"Nutrition"* for additional service activities and billing codes.				

Chapter 14: Nutrition

Service Description
Nutrition services for the purposes of:

1. Conducting individual assessments in nutritional history and dietary intake, anthropometric, biochemical and clinical variables, feeding skills and feeding problems, and food habits and food preferences;
2. Developing and monitoring appropriate plans to address the nutritional needs of eligible children based upon individual assessment; and
3. Making referrals to appropriate community resources to achieve individual planned nutrition outcomes.

Family training, education and support provided to assist the family of a child eligible for EI services in understanding the special needs of the child as related to nutritional services and enhancing the child's development are integral to this service. For family training, education and support, the eligible child is not required to be present but may be if appropriate. Family training, education and support may include services such as support groups, individual support and other training or education for the family.

NOTE: The need for nutrition services does not determine eligibility for the EI program.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff
1. System enrolled Specialist credentialed as:
   a. Licensed Dietitian Nutritionist
   b. Licensed Registered Nurse

Billable Activities with Authorization
Assessment, IFSP development (See Chapter 6) and direct service.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

NUTRITION PROCEDURE CODES

Procedure Codes	Modifier	Unit of Service	Description	Rate
97802		15 minutes	Assessment - onsite	$21.29
97802		15 minutes	Assessment - offsite	$26.27
99499	HA	15 minutes	IFSP development - onsite	$21.29
99499	HA	15 minutes	IFSP development - offsite	$26.27
99499	HA	15 minutes	IFSP meeting	$26.27
97803		15 minutes	Nutrition services - onsite	$21.29
97803		15 minutes	Nutrition services - offsite	$26.27
97804		15 minutes	Group Nutrition services (multiple families or group not to exceed 4 children)	$ 5.31

Chapter 15: Occupational Therapy

Service Description
Occupational therapy includes services to address the functional needs of a child related to adaptive development; adaptive behavior, restoration, and play; and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, child care, and community settings and include:

1. Evaluation, assessment, and intervention (global evaluation not acceptable);
2. Adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills, and
3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

Activities also include IFSP development, assistive technology assessment if needed, and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to occupational therapy services and enhancing the child's development are integral to this service. For family training, education and support, the eligible child is not required to be present but may be if appropriate. Family training, education and support may include such services as support groups, individual support and other training or education for the family.

NOTE: EI does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Acute rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury, is not developmentally-based but is medically-based. Once the condition has become chronic or sub-acute the therapy for the on-going developmental delay can be provided by EI.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff
1. System enrolled Specialist credentialed as:
   a. Licensed Occupational Therapist
2. Non-enrolled Associate-Level provider credentialed as:
   a. Licensed Certified Occupational Therapy Assistant
   (See detailed requirements within Chapter 3, Associates/Assistants)

Billable Activities with Authorization
Evaluation/Assessment, IFSP development, (See Chapter 6) and direct service.

NOTE: Bill for time required to develop assistive technology requests using IFSP development code.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

OCCUPATIONAL THERAPY PROCEDURE CODES

Procedure Codes	Modifiers	Unit of Service	Description	Rate
97003		15 minutes	Evaluation/Assessment - onsite	$14.53
97003		15 minutes	Evaluation/Assessment - offsite	$18.14
99499	GO	15 minutes	IFSP development - onsite	$14.53
99499	GO	15 minutes	IFSP development – offsite	$18.14
99499	GO	15 minutes	IFSP meeting	$18.14
97530		15 minutes	Individual therapy – onsite	$14.53
97530		15 minutes	Individual therapy - offsite	$18.14
97150		15 minutes	Group therapy (multiple families or group not to exceed 4 children)	$ 7.88

Chapter 16: Physical Therapy

Service Description
Physical therapy services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

1. Evaluation and assessment of infants and toddlers to identify movement dysfunction(global evaluation not acceptable);
2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems, and
3. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Activities also include IFSP development and assistive technology assessment, if needed, and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to physical therapy services and enhancing the child's development are integral to this service. For family training, education and support, the eligible child is not required to be present during meetings but may be if appropriate. Family training, education and support may include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

NOTE: EI does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Acute rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury is not developmentally-based but is medically-based. Once the condition has become chronic or sub-acute the therapy for the on-going developmental delay can be provided by EI. If child was eligible and receiving EI services prior to medical procedure, intervention or injury, those previously approved services must continue to be provided as long as child is medically cleared and the IFSP team confirms with the family that the outcomes still reflect the family's priorities.

Qualified Staff
1. System enrolled Specialist credentialed as:
   a. Licensed Physical Therapist
2. Non-enrolled Associate-Level provider Credentialed as:
   a. Licensed Physical Therapy Assistant
   (See detailed requirements within Chapter 3, Associates/Assistants)

Billable Activities with Authorization
Evaluation/Assessment, IFSP development, (See Chapter 5), and direct services.

NOTE: Bill for time required to develop assistive technology requests using IFSP development code.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

PHYSICAL THERAPY PROCEDURE CODES

Procedure Codes	Modifier	Unit of Service	Description	Rate
97001		15 minutes	Evaluation/Assessment - onsite	$14.53
97001		15 minutes	Evaluation/Assessment - offsite	$18.14
99499	GP	15 minutes	IFSP development - onsite	$14.53
99499	GP	15 minutes	IFSP development - offsite	$18.14
99499	GP	15 minutes	IFSP meeting	$18.14
97110		15 minutes	Individual therapy - onsite	$14.53
97110		15 minutes	Individual therapy - offsite	$18.14
97150	SE	15 minutes	Group therapy (multiple families or group not to exceed 4 children)	$ 7.88

Chapter 17: Psychological and Other Counseling Services

Service Description: Psychological and other counseling services are diagnostic or active treatments as required by the child's IFSP provided with the intent to reasonably improve the **child's** physical or mental conditions. Services include:

1. *Initial evaluation/assessment, *evaluation/assessment, *global evaluation/assessment to determine a child's developmental status and need for EI services (*only by Evaluator-licensed, clinical level providers);
2. Administering psychological or developmental tests and other assessment procedures to determine the need for psychological or other counseling services;
3. Interpreting assessment results;
4. Obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development;
5. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from EI services; and

   Planning and managing a program of psychological or other counseling services, including psychological or other counseling for children and parents, family counseling required due to the developmental status of the eligible child, consultation on child development, parent training, and education programs.

   NOTE: If it is identified that family members may be experiencing mental health problems that are not related to the eligible child's special needs, it is the responsibility of the provider to refer those individuals to resources other than EI for services.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to the services that the provider is licensed to provide and enhancing the child's development are integral to this service. For family training, education and support, the eligible child is not required to be present but may be if appropriate. Family training, education and support may include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff

1. System enrolled Specialist credentialed as:
   a. Licensed Clinical Psychologist
   b. Licensed Clinical Professional Counselor,
   c. Licensed Marriage and Family Therapist,
   d. Licensed Clinical Social Worker,
   e. Board Certified Behavior Analyst, or

2. Non-enrolled Associate-Level provider credentialed as:
   a. Clinical Psychology
   b. Clinical Counseling Assistant (an intern graduate student in clinical psychology or clinical counseling).
      NOTE: Assistants must be under the direction of their onsite internship supervisor, who must be an enrolled Specialist in one of the above licensed fields. (See Chapter 3).
   c. Marriage and Family Counseling Graduate Intern

Billable Activities with Authorization
*Initial evaluation/assessment, *evaluation/assessment, assessment, IFSP development (see Chapter 5) and direct services as identified above.

NOTE: Does not include medical case management. (*only by Evaluator-licensed, clinical level provider)

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

PSYCHOLOGICAL AND OTHER COUNSELING PROCEDURE CODES

Procedure Codes	Modifier	Unit of Service	Description	Rate
96150		15 minutes	Evaluation/Assessment - onsite	$17.38
96150		15 minutes	Evaluation/Assessment - offsite	$21.57
99499	UK	15 minutes	IFSP development - onsite	$17.38
99499	UK	15 minutes	IFSP development - offsite	$21.57
99499	UK	15 minutes	IFSP meeting	$21.57
96152		15 minutes	Individual treatment - onsite	$17.38
96152		15 minutes	Individual treatment - offsite	$21.57
96153		15 minutes	Group treatment (multiple families or group not to exceed 4 children)	$ 4.34

Chapter 18: Service Coordination

Service Description
Service coordination services are carried out by a Service Coordinator to assist an eligible child along with his or her family to receive the rights, procedural safeguards, and authorized services to be provided through the EI program. The responsibilities of a Service Coordinator include, but are not limited to:

1. Mandatory contact (by phone, mail or in person) with the enrolled child/family at least one time per month;
2. Coordinating the implementation of the service plan;
3. Coordinating the completion of initial and annual evaluations/assessments;
4. Facilitating and participating in the development, review and evaluation of the IFSP. This includes IFSP updates, six (6) month reviews and the annual evaluations of the IFSP;
5. Mandatory distribution of the entire initial and annual IFSP, including evaluations/assessments, to all ongoing providers before the start of the services.
6. Assisting families in identifying credentialed/enrolled/available service providers, and Designated Service Coordinators for Hearing and Vision, when appropriate;
7. Coordinating and monitoring (through the mandatory monthly contacts) the delivery of services identified in the child's IFSP;
8. Informing families of their rights and the availability of advocacy services;
9. Helping families to access other needed services such as WIC, housing, etc.;
10. Coordinating with medical and health providers, including requests for relevant medical records and other pertinent medical documentation from physicians, hospitals, nurses, clinics, home health agencies, etc.
11. Facilitating the development and implementation of a transition plan to preschool or other services, if appropriate; and
12. Maintenance of the child's comprehensive permanent record at the Child and Family Connections office. Maintenance includes:
    - Evaluations/Assessments and S*ix-Month Report* from all providers who are members of the child's service team;
    - Notes on the progress of the child's transition plan implementation which is to begin at age two (2) years, six (6) months.
    - IFSP updates; and
    - Any other documentation required for completion of the child's permanent record.

Other services identified in the *Child and Family Connections Procedure Manual* in *Chapter 3 - Overview of Child and Family Connections*.

Service Coordinators provide family assessments during the intake process but they do not provide evaluation/assessment services to determine a child's eligibility for services. Service Coordinators are integral members of the service team. Services must be consistent with the provider's qualifications.

Service Coordinators are required to follow written procedures that are outlined in the *Child and Family Connections Procedure Manual* and to implement policy as set forth by the IDHS – Bureau of EI.

NOTE: Persons who are employed by a CFC as Service Coordinators (or Parent Liaisons) must be dedicated. "Dedicated" means that a Service Coordinator (or Parent Liaison) cannot provide any EI services other than service coordination (or parent liaison) within the CFC geographic area. However, a person can provide other EI services for children in CFC regions in which they are not employed. Providing services other than service coordination or parent liaison within your CFC geographic area is deemed a conflict of interest.

Qualified Staff

System enrolled individual credentialed as a Service Coordinator. Service Coordination services are provided by Service Coordinators **who are employed** by a Child and Family Connections office. Services are funded by contracts to the Child and Family Connection offices and are not billed fee-for-service.

NOTE: There is no Associate-Level Service Coordinator credential. The credentialed/enrolled Service Coordinator is responsible for personally providing services to a child/family.

Chapter 19: Social Work and Other Counseling Services

Service Descriptions

Social work and other counseling services are diagnostic or active clinical treatments provided with the intent to reasonably improve the **child's** physical or mental condition or functioning. Social work and other counseling services include:

1. *Initial evaluation/assessment, *evaluation/assessment, *Global evaluation/assessment to determine a child's developmental status and need for EI services (*only by Evaluator-licensed, clinical-level providers);
2. Making home visits to assess a child's living conditions and patterns of parent-child interaction to determine the need for social work or other counseling services;
3. Preparing a social or emotional developmental assessment of the child within the family context to determine the need for social work or other counseling services;
4. Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;

   NOTE: If it is identified that family members may be experiencing mental health problems that are not related to the eligible child's special needs, it is the responsibility of the provider to refer those individuals to resources other than EI for services.
5. Working with issues in the child's and family's living situation (home, community, and any center where EI services are provided) that affect the child's maximum utilization of EI services, and
6. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from EI services.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to the services that the provider is licensed to provide and enhancing the child's development are integral to this service. For family training, education and support, the eligible child is not required to be present but may be if appropriate. Family training, education and support may include services such as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff

1. System enrolled Specialist credentialed as:
   a. Licensed Social Worker
   b. Licensed Professional Counselor
2. Non-enrolled Associate-Level provider credentialed as:
   a. Social Work Assistant (an intern graduate student in social work).

   NOTE: Assistants must be under the direction of their internship supervisor, who must be an enrolled Specialist in one of the above licensed fields. (See Attachment 4 for more detail. See Attachment 5 for credentialing and enrollment requirements.)

Billable Activities with Authorization

*Evaluation/assessment, assessment, IFSP development (See Chapter 6) and direct services as described above. (*only by Evaluator credentialed-licensed, clinical level providers)

NOTE: Does not include medical case management.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

SOCIAL WORK AND OTHER COUNSELING PROCEDURE CODES

Procedure Codes	Modifier	Unit of Service	Description	Rate
90802		15 minutes	Evaluation/Assessment – onsite	$11.59
90802		15 minutes	Evaluation/Assessment - offsite	$13.95
99499	SE	15 minutes	IFSP development – onsite	$11.59
99499	SE	15 minutes	IFSP development - offsite	$13.95
99499	SE	15 minutes	IFSP meeting	$13.95
H0004		15 minutes	Individual treatment - onsite	$11.59
H0004		15 minutes	Individual treatment - offsite	$13.95
H0004	HQ	15 minutes	Group treatment (multiple families or group not to exceed 4 children)	$ 2.89

Chapter 20: Speech-Language Pathology Therapy

Service Description
Speech therapy services include:

1. Completing evaluation/assessment activities to identify communication (speech/language) or swallowing (eating/drinking) disorders or delays that would impact communication or feeding;
2. Referring to medical and/or other professional services necessary for the habilitation or rehabilitation of children with medically based communicative or oropharyngeal disorders and delays;
3. Participating in IFSP development;
4. Implementing treatment programs as a result of a medical referral by a licensed physician to improve the child's functional ability to communicate at home and in other environments. These activities for EI may include assistive technology assessments, audiologically-based setups, aural rehabilitation services and environmental adaptation recommendations.
5. Providing family education, training and support in order to assist the family in understanding the special needs of the child as well as promoting family involvement in services so they can enhance their children's learning and development.
6. Providing services for children with feeding/swallowing deficits related to sensory integration, medically stable oropharyngeal disorders, and behavioral issues. All other feeding/swallowing deficits are medically related and should be referred to the child's primary medical physician or medical home for medical intervention.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to the services that the provider is licensed to provide and enhancing the child's development are integral to this service. For family training, education and support, the eligible child is not required to be present but may be if appropriate. Family training, education and support may include services such as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

NOTE: EI does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Acute rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury is not developmentally-based but is medically-based. Once the condition has become chronic or sub-acute the therapy for the on-going developmental delay can be provided by EI.

Qualified Staff
1. System enrolled Specialist credentialed as
   a. Licensed Speech-Language Pathologist
2. Non-enrolled Associate-Level provider credentialed as:
   a. Speech-Language Pathology Therapy Assistant
   b. Temporary Speech-Language Pathology license and is completing a clinical fellowship year (CFY).

NOTE: Assistants must be under the direction of an enrolled Speech-Language Pathologist Specialist. A Clinical Fellow is also under the supervision of a fully, licensed Speech Language Pathologist.
(See detailed requirements within Chapter 3, Use of Associate-Level providers)

Billable Activities with Authorization
Evaluation/Assessment, IFSP development, (See Chapter 5), and direct services.

NOTE: Bill for the time required to develop Assistive Technology requests using IFSP development code.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

SPEECH LANGUAGE THERAPY PROCEDURE CODES

Procedure Codes	Modifier	Unit of Service	Description	Rate
92521		15 minutes	Evaluation/Assessment – onsite (Speech Fluency)	$14.53
92521		15 minutes	Evaluation/Assessment – offsite (Speech Fluency)	$18.14
92522		15 minutes	Evaluation/Assessment – onsite (Speech Sound Production)	$14.53
92522		15 minutes	Evaluation/Assessment – offsite (Speech Sound Production)	$18.14
92523		15 minutes	Evaluation/Assessment – onsite (Speech Sound Production with language comprehension and expression)	$14.53
92523		15 minutes	Evaluation/Assessment – offsite (Speech Sound Production with language comprehension and expression)	$18.14
92524		15 minutes	Evaluation/Assessment – onsite (Behavioral and qualitative analysis of voice and resonance)	$14.53
92524		15 minutes	Evaluation/Assessment – offsite (Behavioral and qualitative analysis of voice and resonance)	$18.14
92610		15 minutes	Evaluation/Assessment – onsite (oral & pharyngeal swallowing function)	$14.53
92610		15 minutes	Evaluation/Assessment – offsite (oral & pharyngeal swallowing function)	$18.14
99499	GN	15 minutes	IFSP development - onsite	$14.53
99499	GN	15 minutes	IFSP development - offsite	$18.14
99499	GN	15 minutes	IFSP meeting	$18.14
92507		15 minutes	Individual therapy - onsite	$14.53
92507		15 minutes	Individual therapy - offsite	$18.14
92508		15 minutes	Group therapy (multiple families or group not to exceed 4 children)	$ 7.88
See *"Audiology, Aural Rehabilitation and Other Related Services"* for additional service activities and billing codes for EI. Provider MUST have authorization prior to billing those codes.				

Examples of use of codes include:

- 92521 - Speech fluency, for example, stuttering, the most common fluency disorder, is an interruption in the flow of speaking characterized by repetitions (sounds, syllables, words, phrases), sound prolongations, blocks, interjections, and revisions, which may affect the rate and rhythm of speech
- 92522 - Speech sound production, for example, articulation, phonological process, apraxia, dysarthria
- 92523 - Speech sound production with evaluation of language comprehension and expression, for example, receptive and expressive language

Payment for evaluation(s)/assessment(s) performed will be based on the total units of time used to perform the process. The claim must identify, per code, the units to complete the process. The total units of time billed must not exceed the allowable and authorized amount listed on the authorization received prior to conducting the evaluation.

Chapter 21: Transportation

Service Description
Transportation services as defined in the IFSP that are necessary to enable an eligible child and a member of the child's family (if accompanying the child) to travel to and from the location where another EI service is to be provided. Transportation services include transportation by taxicab, service car or private automobile. The prior approval requirement for Medicaid eligible children, for Transportation to and from EI Services only, is satisfied by enrollment in the EI Services System and by denoting the necessity of the service in the IFSP. (See Chapter 6 for additional resources.)

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff
System enrolled transportation provider. Providers may include parents, guardians and other responsible adults.

Billable Activities with Authorization
Transportation for child and family member to and from the location where EI services are provided.
(Must be by most economical means appropriate for the child. Transportation codes can only be billed for loaded mileage. **Loaded mileage** means that the child is in the vehicle and is being transported to and from an EI Service.)

NOTE: Transportation is considered a direct service: one authorization, one eligible child with caregiver (related children or family members may accompany the caregiver). This does NOT include transporting non-related children or multiple EI children with their caregivers to appointments at the same time.

Rate
Established individually based on *Medicaid rates, to verify rates, please go to:
https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Transportation.aspx

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifier	Unit of Service	Description
A0120		N/A	Service car, base rate
A0120		N/A	Service car, return
A0425		N/A	Service car, mileage
T2001		N/A	Non-employee attendant
A0100		N/A	Taxi, base rate
A0100		N/A	Taxi, return
A0425		N/A	Taxi, mileage
T2001		N/A	Non-employee attendant
A0090		*Varies	Private auto mileage (parents transporting their own children)

*Current Private auto mileage reimbursement must be confirmed by visiting:
www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Transportation.aspx

Chapter 22: Vision

Service Description
Optometric Vision services include diagnosis and appraisal of specific visual disorders, delays and abilities; dispensing of eyeglasses and referral for medical or other professional services necessary for the habilitation or rehabilitation of delays related to impairment in functional vision development.

Developmental habilitation/rehabilitation services for vision address delays in a child's development that are a result of impairments in functional vision development. Such services include:

1. Functional vision evaluation, assessment, IFSP development, and intervention;
2. Adaptations to the environment and materials in the environment to maximize use of vision and other sensory inputs; and
3. Promotion of unique skills to minimize initial or future atypical development in areas often compromised by a visual impairment (i.e., orientation and mobility, independent living, compensatory needs for acquisition of literacy and numeracy including communication modes, social interaction, self-determination, and sensory efficiency).

A Developmental Therapist-Vision (DT-V) may conduct a global evaluation required for eligibility and still be able to recommend for his/her specialized service. A DT-V can also recommend regular DT if it is determined that the child's vision concern doesn't require specialized services and that DT itself could assist the child in reaching his/her outcome(s).

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child related to vision services and enhancing the child's development are integral to this service. For family training, education and support, the eligible child is not required to be present but may be if appropriate. Family training, education and support may include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

NOTE: EI does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Acute rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury is not developmentally-based but is medically-based. Once the condition has become chronic or sub-acute the therapy for the on-going developmental delay can be provided by EI.

Qualified Staff
1. System Enrolled Specialist credentialed as:
   a. Developmental Therapist-Vision (DT-V)
2. Non-Enrolled Provider credentialed as:
   a. Licensed Registered Optometrist
   b. Licensed Ophthalmologist

Billable Activities with Authorization
Optometric examination, vision evaluation/assessment, dispensing fee, assessment, IFSP development and direct services.

Global evaluation by a DT-V to determine eligibility is covered by DT Procedures Codes 96111 (see Chapter 9). The Vision assessment is covered by 99199 so two authorizations would need to be written and claims submitted under two separate services.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

VISION PROCEDURE CODES

Procedure Codes	Modifier	Unit of Service	Description	Rate
Procedure codes listed below are for use to determine the need for eyeglasses, to dispense eyeglasses and to make a referral to a licensed physician for medical testing, if needed.				
92015		n/a	Optometric examination	$29.27
92340		n/a	Dispensing fee	$30.09

Procedure Codes	Modifier	Unit of Service	Description	Rate
Procedure Codes listed below are for use by Illinois Department of Corrections only.				
V2020 V2025		n/a	Frame	Varies
varies		n/a	Pair of lenses (same Rx)	Varies
varies		n/a	Right lens (different Rx)	Varies
varies		n/a	Left lens (different Rx)	Varies

NOTE: Prescriptions for eyeglasses must be submitted to the CBO along with the bill for the optometric examination and the dispensing fee using "optical prescription order forms" from the Illinois Department of Corrections. The CBO will make arrangements to fill the prescription as ordered (See Chapter 9.1 for procedure to order eyeglasses and form information).

Procedure Codes	Modifier	Unit of Service	Description	Rate
99199		15 minutes	Assessment - onsite	$11.03
99199		15 minutes	Assessment - offsite	$13.91
99499		15 minutes	IFSP development - onsite	$11.03
99499		15 minutes	IFSP development - offsite	$13.91
99499		15 minutes	IFSP meeting	$13.91
V2799		15 minutes	Vision services - onsite	$11.03
V2799		15 minutes	Vision services - offsite	$13.91
V2799	HQ	15 minutes	Group vision services (multiple families or group not to exceed 4 children)	$2.76

Chapter 23: Glossary and Abbreviations

Authorizations	Pre-approval is required before any service can be rendered. The exception to this rule is the IFSP meeting. IFSP Meeting authorizations will be based upon actual attendance at the IFSP meeting. For direct services, authorizations are generated as either Individual or Group.
Authorization – Individual	An authorization to provide services to a single child/family based upon a defined frequency, intensity and duration. An Individual Authorization cannot be used to provide services to a child/family during the same time frame that the child/family is receiving authorized group therapy services. *Example: A Speech Language Pathologist (SLP) provides services to a single child for a designated time, such as 60 minutes, for a designated frequency, such as one time per week, at a designated environment, such as the child's home or at child care, to meet the child's outcome(s).*
Authorization – Group	An authorization to provide direct services to two or more children during the same period of time based upon a defined frequency, intensity and duration. One provider can serve up to four (4) children or multiple families (parent groups) during a group session. See service description "Family Training and Support" for information on groups and Interpreters. *Example: SLP receives a Group Authorization for 4 different EI children and provides services to the 4 children in her clinic between 10 am and 11 am, one-time a week, to meet the individual functional outcome(s) identified on the 4 children's IFSP.*
Authorization – Evaluation/Assessment	An authorization to provide an evaluation or assessment to determine a child's initial eligibility, re-determination of eligibility, identification of the individual child's strengths and needs, and the EI services appropriate to meet those needs, the need to add new types of services to an existing IFSP, and if deemed necessary, for the annual six-month review.
Authorization – IFSP Development	An authorization to allow providers to complete the following activities directly related to the development of the IFSP, including: • provider to provider consultation; see IFSP Development; • completion of direct service reports required for the six-month review; • attendance in the transition meeting; • attendance at the child's IEP meeting (if prior to the child's third birthday); **NOTE:** EI does not pay for attendance at pre-IEP meetings. • completion of the *Illinois Early Intervention Assistive Technology Developmental Evaluation of Necessity* form, see Attachment 1; • completion of the *Developmental Justification to Change Frequency, Intensity, and/or Location of Authorized Services Worksheet*; and • completion of the *Discharge Report.* Additional information may also be found for IFSP development within the Documentation definition.

Authorization – IFSP Meeting	An authorization that is based on attendance at the IFSP meeting. This is the **only** authorization that is generated after the service has been provided. The amount of time allowed for billing on this authorization will be the amount of time that the provider was actually in attendance at the IFSP meeting, in person or by phone (only due to exceptional circumstances).
Authorization – Onsite	A site where the provider of services is located during the work day where the family must travel to in order for their child to receive services. This would include agencies, hospitals, satellite sites and other similar settings. This type of setting may not be considered a natural environment. *Example: A speech therapy clinic where children come to receive speech services in group or in individual sessions between 10 am and 11 am (Group Authorization/rate or Individual Authorization/rate) as outlined to meet the child's functional outcome(s).*
Authorization – Offsite	A site where the child typically spends his or her day which may be the child's home, child care center, play groups (not-therapy specific) or other setting. The provider travels to the child to provide services. This is considered a natural environment. Offsite authorizations would also include settings where both the child and provider must travel to the site of service. This type of setting would include sites such as a local library where children meet for story time, a community swimming pool, a park, or other community setting that is frequented by typically developing children. *Example: SLP provides services to child for 60 minutes at home, child care or community swimming pool as outlined to meet the child's functional outcome(s).*
Co-treatment	A strategy available to team members that allows for the integration of treatment by two disciplines in order to maximize therapy benefits for one individual child/family while working towards the achievement of IFSP outcomes. This strategy allows members of the team to communicate and support one another as well as the family/child. Co-treatment could be included as a possible strategy to support the functional outcomes written in the IFSP and must be discussed with the family before utilization. Co-treatment must be based upon a child/family's needs and not provider logistics. Co-treatment is not considered Group Therapy. For more information see definition of **"Group Therapy"**. If the need for co-treatment is determined after the IFSP is developed, IFSP team consensus for the use of this strategy must be sought and confirmed in writing. *Example: SLP and Developmental Therapist (DT) each receive Individual Authorizations for 60 minutes, one-time a week, to provide services to the child at home or child care together from 10am to 11am.*
Child Outcomes	The changes experienced as a result of the EI services and supports provided to a child. All children in EI will have their skills compared to other children their age in three areas: positive social-emotional skills (including social relationships), acquisition and use of knowledge and skills, and taking appropriate action to meet needs. These three areas, having relationships with family and friends, being able to gain new information and skills, and being able to communicate and meet needs, are

Child Outcomes – Cont.	believed to be important for all young children. As a provider on a multi-disciplinary team, you will discuss a child's status in the three child outcome areas. These child outcomes will be determined when the child enters the EI Services System, at his/her annual IFSP meeting, and again before exiting the system. Child outcomes compare a child's status to expected development for other children of the same age.
Clinical Opinion	Refer to Chapter 3.10.6 (b) within this document.
Concerns	What family members identify as needs, issues, or problems they want to address as part of the IFSP process.
Confidentiality	The expectation that providers will limit access to information about the children and families served in EI, the Illinois EI Services System follows all guidelines and procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Education Rights and Privacy Act (FERPA) to ensure the families' right to privacy and confidentiality.
Corrected Claim	A corrected claim refers to a claim that was sent previously to the CBO and has one or more of following characteristics: the CBO made either a partial payment or complete payment, and/or the claim was requested by a CBO processor to be sent in response to a mistake or inquiry. For additional information, please see: www.eicbo.info/providers/CorrClaims.htm.
Direct Service	Treatment services provided directly to an eligible child or an eligible child's family in accordance with their Individualized Family Service Plan (IFSP). All direct services must be justified by functional outcomes (see definition below) that are included in a child's IFSP. One person cannot provide services to the same child/family as two disciplines. *Example: One person cannot provide services as a Developmental Therapist and as an Occupational Therapist.*
Discharge	A child receiving EI services may be discharged from a service for various reasons: turns 3 years of age, meets all functional outcomes, changes providers, moves out of a particular CFC area (original CFC provider must complete a *Discharge Report*) or a change (increase, decrease – which may include discontinuation) in frequency, intensity and/or location of services listed in IFSP (provider must complete the *Developmental Justification to Change Frequency, Intensity and/or Location of Authorized Services Worksheet*). Providers are expected to complete a Discharge Report following the format provided by IDHS. Copies are to go to the Service Coordinator who will share with the team, including the family.
Documentation	You are required to maintain documentation to support each date of service and each procedure code that you bill to the CBO for a period of at least six years from the child's completion of EI services, and permit access to these records by the local CFC, IDHS, EI Monitoring group, and, if they are Medicaid reimbursable services, the Illinois Department of Healthcare and Family Services and the Centers for Medicare/ Medicaid Services (CMMS), and the United States Department of Education.

Documentation – Cont.

1. Progress documentation.
2. Documentation of continued physician authorization.
3. Documentation of discharge from treatment (i.e., you no longer provide services to the child). Supervision notes that document all contact between the supervisor who is responsible for a child's case and the Associate Level provider who is actually providing the service to the child. Calendar pages that identify dates of supervision are not considered supervision notes or documentation.

Documentation for Transportation Providers should include:

1. A travel log that documents all trips billed, including mileage, departure and destination information.

Documentation for Interpreters, including Interpreters for the Deaf and Translators, should include:

1. Daily documentation of services provided, including date of service, discipline for which you have interpreted services and time in/out. Daily documentation should be signed by the provider who actually completed the services and wrote the documentation. Calendar pages are **not** considered documentation.
2. Type of interpretation: verbal, sign, or written translation.
3. If written translation, type of document translated. (ex: IFSP)
4. Copy of the document to translate and copy of the final document after translation.

   NOTE: EI does not pay for translation of non-EI documents.
5. Printed name and signature of Interpreter.

Additionally, ALL EI providers should also keep the following:

1. Copies of all authorizations under which you have billed for services.
2. A copy of the child's current IFSP.
3. Copies of all claims submitted to insurance and to the CBO,
4. Copies of all Explanations of Benefit received from insurance and the CBO,
5. Any correspondence sent or received on behalf of the child.

NOTE: Providers who are not enrolled with the CBO and Associate Level providers, who are not EI credentialed, are **NOT** considered eligible EI providers and should **NOT** provide services to eligible EI children unless approved through a provisional authorization.

In the absence of proper and complete documentation from providers, no payments will be made and payments previously made will be recouped by IDHS or HFS.

One case note signed by multiple providers is considered **unacceptable** documentation. Each provider that provides a service to a child must maintain documentation to support the actual services provided and each date of service and each procedure code billed to the CBO. This includes providers of group therapy services.

Domains and Sub-Domains	IDHS uses 5 domains to determine eligibility. These five domains are: cognitive, physical, including vision and hearing, communication, social or emotional, and adaptive skills as confirmed by a multidisciplinary team. There are also subdomains in some of the domain areas, i.e. fine motor/gross motor under the physical domain and receptive/expressive communication skills in the communication domain. See 3.10.7 (b) for Eligibility Determination.
Electronic Billing	Qclaims is the EI Program's method of allowing EI providers to submit claims electronically to the CBO. This software is free, easy to use and completely HIPAA compliant. Additionally, it drastically cuts the time from claim submission to provider payment, creates a permanent record of your billing and submission dates, and reduces your cost of doing business in EI. To get started simply visit http://spiclaims01.eicbo.info/ and view the initial sign up documentation.
Eligibility Criteria	See *Eligibility in Chapter 3*, under 3.10.7 (b)
Equally-Qualified Providers	Providers who are equally credentialed/enrolled as the same discipline under the same provider category (ex., speech evaluator) and enrolled under the same Payee. In order to provide services under an existing authorization as an "equally qualified provider", the payee identified on the authorization must be an active payee on the equally qualified provider's CBO provider file(s).
Evaluation/ Assessment	Evaluation and assessment services are for the purpose of determining initial eligibility, participating in the development of an initial comprehensive multidisciplinary IFSP, annual re-determination of eligibility, adding new types of services to an existing IFSP, and if deemed necessary, to write the report for the six-month review. Initial evaluation and assessment services to determine eligibility, develop an initial IFSP or to add a new service to an existing IFSP must be provided by a provider with a credential for Evaluation and Assessment. Evaluation and assessment services provided to complete a six-month review or for re-determination of eligibility on an annual basis should be provided by the direct service provider, even if that provider is not credentialed as an evaluator. Upon completion of an evaluation or assessment, a written report of findings is required and must be submitted in the "Early Intervention Evaluation/ Assessment Report Format" to the Child and Family Connections office that is working with the child/family. Incomplete reports are not acceptable and will be returned to the provider (See Attachment 3 for the *Evaluation/Assessment Report Format and Guidance*). 1. In order for a provider to receive payment for an initial evaluation to determine eligibility, the provider must also attend the initial IFSP meeting and participate in the development of the IFSP; 2. Providers are required to attend the entire IFSP meeting in order to receive an authorization for payment, and 3. When completing evaluations/assessments, providers are required to use Department-approved tools. This list, entitled, *Early Intervention Approved Evaluation and Assessment Instruments* may be found online at:

Evaluation/ Assessment – Cont.	www.dhs.state.il.us/page.aspx?item=86067. Please review the information toward the end of this list to learn about how to have a tool approved and added to the list. Evaluation/assessments completed using tools not approved will be returned to the provider to complete the evaluation/assessment following all current rules, policies and procedures. 4. **Providers must accept evaluations and assessments that have been completed prior to the initial IFSP meeting when beginning direct services considering the evaluations and assessments are not more than six months old**. EI will not pay the direct service provider to duplicate initial evaluations and assessments. **NOTE:** See Chapter 3.11 for additional information on required timelines.
Family Educational Rights and Privacy Act (FERPA)	This federal law protects the privacy of students' "education records." (20 U.S.C. § 1232g; 34 CFR Part 99). Part C records are covered under FERPA since they are directly related to a student/child in EI and maintained by an educational agency/lead agency or institution/CFC or by a party acting for the agency or institution/EI provider/Service coordinator. In Part C, any individual, agency, entity, or institution that collects, maintains, or uses personally identifiable information (PII) to implement the requirements in Part C must follow FERPA.
Family Outcomes	The changes experienced by the family as a result of EI services and supports. Family outcomes examined include information concerning a child's strengths, abilities, and special needs and how the family helps their child develop and learn. These outcomes are measured by a survey that is sent to families whose children exit EI services shortly after the child exits.
Family Training, Education and Support	Time spent with the parent/caregiver during direct service sessions only, to assist with their understanding of the child's special needs in relation to the providers discipline and enhancing the child's development. The purpose of Family Training, Education and Support is to emphasize parent participation and education to maximize a child's development. Services may consist of the following: 1. Time spent with the parent/caregiver to reflect on how the child is doing, to understand the family's priorities and concerns (parent/caregiver report), and to problem solve together to generate new ideas about how to best work with the child in the natural environment to maximize development; 2. Time to model exercises/activities that the parent/caregiver can incorporate into the child's daily activities/typical routines. This would require observation of the parent/caregivers existing methods. Examples of daily activities may include going to the grocery store, reading books, social play, etc. Examples of typical routines may include meal time, toileting, riding in the car, nap, etc., and 3. Time spent with the parent/caregiver to develop written strategies to use with the child between direct service sessions to help meet the functional outcomes identified on the IFSP. If this document includes a complete overview of the services that were provided on the date of service that it was written, includes a time in/time out, is signed by the therapist and the parent/caregiver, and a copy is left with the parent, then this document can be considered

Family Training, Education and Support – Cont.	documentation of services for billing and payment purposes (see Documentation). **NOTE:** Time to complete documentation in the home that does not meet this definition is not considered "Family Training, Education and Support" time.
Functional Outcomes	Family-centered outcomes that are written by the IFSP team, including the family, based upon the family's identified priorities and concerns. Family centered functional outcomes are designed to encourage children to participate in the same types of family and community activities as other children their age. In order for this to occur the IFSP team needs to be aware of the family's routines and the community activities that the family engages in. This will allow the team to consider daily routines and a variety of natural settings for intervention strategies to be implemented once the outcomes are developed. Family participation is the key to intervention and families are more likely to participate when the outcomes are meaningful to them and can be worked on throughout their everyday routines and activities. Functional Outcomes must be written to address areas of family concern rather than focusing on specific professional disciplines or therapies. The outcome must be related to a necessary skill and should state a process and a product. Functional outcomes are developed and written during the child's IFSP meeting. Family centered functional outcomes drive the decision making process to determine what EI services a child and family will receive. **Service delivery decisions are not based on a child's medical diagnosis or percentage of delay, but rather on the child's and family's unique strengths, needs, concerns and priorities that led to must be functional and meaningful to the child and family.** Family centered functional outcomes must be written prior to the development of each individualized family centered outcome. All outcomes the determination of service delivery decisions, which would include disciplines to provide services and frequency, intensity and duration of services identified on authorizations. All recommendations for services should be based upon the "Principles of Early Intervention" found on page one of this document.
Global Evaluation	A global evaluation is comprehensive testing that is used to determine a child's status in each of the following developmental domains using testing instruments approved for use by the Bureau of EI in the following 5 domain areas: 1. physical development, including vision and hearing; 2. cognitive development; 3. communication development, 4. social or emotional development; and 5. adaptive development. Because a global evaluation is a general testing of the five domains and is not domain specific, further discipline specific evaluations/assessments must occur and the results of a domain specific evaluation always supersede the results of a global evaluation.

Group Therapy	Services provided by one or more disciplines to two or more children in a group setting. EI supports and services must be based upon family identified priorities and clearly stated IFSP functional outcomes. If the team consensus is that group therapy would best support a particular family in reaching their outcomes, then it must be identified on the IFSP outcome page. **NOTE:** Group size not to exceed more than four (4) children with one provider. See definition for "Family Training and Support" for information on the use of Interpreters for group services. Providing an individual direct service and a group service on the same day for the same child **is not** considered best practice. *Example: SLP provides services to 4 children in the clinic that employs her between 10 am and 11 am (Group Authorization/rate for each of the 4 children).*
Health Insurance Portability and Accountability Act (HIPAA)	Congress enacted HIPAA in 1996 to, among other things, improve the efficiency and effectiveness of the health care system through the establishment of national standards and requirements for electronic health care transactions and to protect the privacy and security of individually identifiable health information. A HIPAA covered entity is any organization, corporation or individual that directly handles Personal Health Information (PHI).
Healthcare Common Procedure Coding System (HCPC)	The Healthcare Common Procedure Coding System (HCPCS, often pronounced by its acronym as "hick picks") is a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT).
International Classification of Diseases (ICD)	The current version of the International Classification of Diseases which is a clinical cataloging system that went into effect for the US healthcare industry on 10/01/2015.
Individual Therapy	Therapy services provided to a single child/family in a natural environment based upon a frequency, intensity and duration determined in the IFSP. *Example: SLP provides services to child for 60 minutes at home or at child care (Individual Authorization/rate)*
Individualized Family Service Plan (IFSP) Development Time	The following activities may be used for IFSP development time, which include: 1. Attendance at a child's IEP meeting if the meeting occurs prior to the child's third birthday. **NOTE**: EI does not pay for attendance at pre-IEP meetings. 2. The development of a direct service report required for the six-month review or more frequently if conditions warrant a periodic review at a time other than at six months or if a review, see IFSP Meeting, is requested by the family. This report would be a summary of a provider's record notes. 3. All IFSP Development activities must be provided by the credentialed, enrolled provider who was authorized. If direct services are provided by an Associate Level provider under the supervision of a credentialed, enrolled professional, the Associate Level provider may summarize his/her record notes and develop the direct service report required for the six-month review if licensing laws that govern the supervisor's discipline allows. However, the credentialed, enrolled provider who supervises the associate must document that he/she has reviewed

IFSP Development Time – Cont.

and agrees with the report and must sign the report as the Associate's Supervisor.

4. EI requires all initial evaluations and assessments be completed by a credentialed, enrolled Evaluating provider. Evaluation/assessment reports are billed under the evaluation/assessment procedure codes and must be completed by the credentialed, enrolled evaluator who actually provided that service. The credentialed provider must develop a *Discharge Report*.

5. Time for a Physical Therapist, Occupational Therapist, Audiologist, Developmental Therapist, or Speech Therapist to write a letter of developmental necessity for the CFC to submit to the Bureau of EI for the AT approval process.

   Requests for AT must include all required information. If a direct service provider determines a possible need for AT devices, the provider should call the child's Service Coordinator to recommend that AT be added to the child's IFSP. The Service Coordinator will call a meeting of the IFSP team to discuss the need to add a new service to the IFSP. If the team determines that there is a need, and the direct service provider is also a credentialed/ enrolled evaluator, then the evaluator will write the letter of developmental necessity to submit to the Service Coordinator for AT prior approval purposes. This time is billed as IFSP development time.

   If the direct service provider is not a credentialed/enrolled evaluator, then the Service Coordinator will generate an evaluation authorization to a credentialed/ enrolled evaluator who will complete an evaluation and develop the AT letter of developmental necessity to submit to the Service Coordinator for prior approval purposes. The evaluator will bill for this time under the evaluation procedure code identified on the authorization.

   NOTE: The Letter of Developmental Necessity can only be submitted through an evaluator-credentialed provider. This is based on the necessary expertise of the evaluator to know and understand the functionality of the specific AT equipment/services and the ability of the AT equipment/services to help meet an outcome the family has helped develop.

6. Time for a provider who is requesting a change to the frequency or intensity of an existing service authorization to write the required justification of need that will be attached to the form entitled "Justification to Change Frequency/ Intensity". The written justification must be written and signed by the provider who has requested the change and the content must justify the time billed to and paid by the CBO.

7. Provider to provider consultation performed by the credentialed, enrolled provider among members of the child's service team who are identified on the IFSP as providers of EI services, the CFC parent liaison, the CFC social emotional consultant, the Service Coordinator and the child's physician concerning the child's developmental needs or the impact of special health care needs on services.

   Providers should always document this time accurately and should identify the EI provider or physician who was consulted in their documentation. These consultations should occur in person or by phone but may occur by fax, as long

IFSP Development Time – Cont.

as the time used is documented with a begin/end time or exact time used in minutes.

After the child/family has received an assistive technology device, consultation includes conversations held with the vendor concerning the fit and/or use of the device.

This consultation ability is covered by Section 7 of the IFSP, *Implementation and Distribution Authorization.*

IFSP Development **does not include** time to speak to a child's parent(s) on the telephone. Time to speak to a child's parent(s) on the telephone is not considered provider-to-provider consultation and is not billable time. Providers should speak to a child's parent(s) during face-to-face direct service sessions. If the parent(s) cannot be present during a normally scheduled direct service session, providers should schedule an occasional direct service session at a time when the parent(s) can be present.

IFSP Development **does not include** staff supervisory time; routine preparatory activities such as time spent packing or washing toys, file review and/or review of record notes or development of lesson plans or activity plans prior to each incident of service; time to leave voicemail messages; the scheduling and canceling of appointments, including time to speak to the interpreter who will schedule and cancel appointments for the discipline who they are interpreting for; time to write reports other than those identified in numbers above; or family training, education and support which is an activity identified under each service description where appropriate. The activity "Family Training, Education, and Support" is built in to all services and is only billable under individual treatment and group procedure codes, not IFSP Development codes.

Providers are required to maintain daily documentation for all IFSP Development time based upon date of service and type of service. For IFSP development time only, a provider can bundle multiple dates of service together to equal a 15 minute unit. Bill using the last date added to the bundle as the date of service. All dates of service bundled into a single date of service for payment must all fall within the 90-day billing time frame.

IFSP Meeting

Development of an IFSP includes the following activities that must be completed by the credentialed, enrolled provider, with the exception described below. Development of the IFSP includes attendance at the initial/annual IFSP-meeting as a member of a child/family's service team to assist in the completion of a written document on the statewide IFSP form detailing individualized functional outcomes for the child and family, services based upon the unique needs of the child and family, and transition strategies. Providers can attend the meeting in person or be present by conference call only if exceptional circumstances arise.

Providers must accept responsibility for phone charges for IFSP conference calls. Providers are required to attend the entire IFSP meeting. If necessary, periodic review of a child's IFSP every six months or more frequently if conditions warrant, or if the family requests such a review, to determine if adjustment of the IFSP is needed. Periodic reviews must be conducted as defined in 34 CFR Parts 303.342 and 303.343.

IFSP Meeting – Cont.

IFSP Meetings, at a minimum, must include the child's parent(s), other family members as requested by the child's parent(s), an advocate or person outside of the family if requested by the parent(s) and the Service Coordinator for the child and family. Meeting arrangements and written prior notice for each IFSP Meeting must be made to the family and other participants early enough before the meeting date to ensure that the participants will be able to attend. Meetings must be held in settings and at times that are convenient to the family and in the family's native language or other mode of communication used by the family, unless it is clearly not feasible to do so.

If combined with an IFSP Meeting, attendance at the transition planning conference as required.

Insurance Billing Service

A free insurance billing service is available for EI providers participating in the program. This Insurance Billing service is specifically designed to bill primary insurance companies on behalf of the provider free of charge for new child referrals, ONLY. Additional information may be found at: www.eicbo.info/providers/InsBillingInfo.pdf

Make-Up Sessions

A provider may reschedule a missed session based upon the guidelines stated below:

1. A provider may make up a missed session, within seven (7) days from the original scheduled date.
2. If a provider knows that a service will be missed prior to the regular date of service due to an upcoming leave, the provider may complete the service up to seven (7) days prior to the anticipated missed session date. If more than one date of service will be missed due to an extended leave and is unable to be made up, based on the guidelines above, it should be considered a missed session.

   NOTE: Do not provide multiple sessions in one week in order to make up for an extended leave (i.e., services on Monday, Wednesday and Friday of one week to make up for a 3-week leave).
3. If a weekly or monthly service session cannot be rescheduled within seven (7) days from the original scheduled date, it should be considered a missed session.
4. Given the frequency of illness in young children, family and provider vacations, and other unforeseen issues, missed sessions are inevitable. However, they should not be routine occurrences. Providers should make every effort to avoid missing service sessions.
5. **Never** provide a make-up session on the same date that a regular session has been scheduled **or** as back-to-back sessions. Most birth to three children would be unable to tolerate an extended session.
6. If it is necessary for a provider to miss a number of service sessions due to an prolonged illness/injury, or any other leave, an equally-qualified provider (see Equally Qualified Provider definition) must be identified to carry out the services identified on the IFSP. The provider should contact the family and the Service Coordinator for each child on his/her caseload and work with the Service Coordinator to find a substitute for each child.
7. Always document in your case notes the date of the missed visit, the reason for the missed visit and if you reschedule based upon the above guidelines. When

Make-Up Sessions – completing documentation after a make-up session, include information in the

Cont.	documentation that identifies the date of service as a “make-up session”. 8. Always bill for a make-up session based upon the actual date of service, not the date that the session was missed.
Multidisciplinary	The involvement of two or more disciplines or professionals in the provision of integrated and coordinated services, including evaluation and assessment activities and development of the IFSP.
Natural Environment	A setting (home or community) that is natural or typical for a child’s same age peers who have no disability. **Example:** Child’s home, grandma’s house, child care, a library where a group meets for story time, a community swimming pool, a park, or other community setting that is frequented by typically developing children.
Need	A condition or situation in which something is essential, necessary or required.
National Provider Identifier – (NPI)	A NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).
Ongoing Professional Development	All new/renewing EI credentialed providers must agree to participate in Ongoing Professional Development activities by using the Ongoing Professional Development Plan form found on the Provider Connections Website at http://www.wiu.edu/ProviderConnections/credReq.php. The activities must be once a month, non-billable, meeting held either face-to-face or over the telephone with an individual specialist-level credentialed provider or group, of which at least one member is a specialist-level credentialed provider. A credentialed EI provider, now including EI providers with a temporary credential, must document a minimum of 75% of their Ongoing Professional Development Plan (OPDP) meetings completed. These meetings are intended to be used for professional development through discussion of child/family concerns, needs, strengths, resources, priorities, outcomes, strategies, and service plans in order to support best practices.
Protected Health Information (PHI)	Under US law, PHI is any information about health status, provision of health care, or payment for health care that is created or collected by a "Covered Entity" (or a Business Associate of a Covered Entity), and can be linked to a specific individual.
Personally identifiable information (PII)	Information that can be used on its own or with other information to identify, contact, or locate a single person, or to identify an individual in context.
Priorities	A family’s choices and agenda for how EI will be involved in the family life.
Resources	The strengths, abilities, and formal or informal supports that can be mobilized to meet the family’s concerns, needs, or outcomes.

Reports	All reports including, evaluations/assessments, 6-month summaries, discharge, AT letters of developmental necessity, developmental justifications for changes to IFSP, etc., must have documentation to ensure: a. time used to develop the report is documented in case notes and b. content of the report justifies the time billed to and paid by the CBO.
Secure Electronic Mail	A server-based approach to protect PHI or PII data that provides compliance with IDHS/EI standards and HIPAA. The emails are encrypted to protect the content from being read by other entities with the identifying key only known to the recipient of the email.
Signature, Digital	Sometimes referred to as a cryptographic signature, a digital signature is considered the most "secure" type of electronic signature. It includes a certificate of authority, such as a Windows certificate, to ensure the validity of the signatory (the signature's author and owner). The EI Program, currently, does not accept electronic signatures.
Signature, Electronic	Often referred to as an e-signature, is a person's electronic expression of his or her agreement to the terms of a particular document. Currently, the EI Program does not accept electronic signatures.
Signature, Handwritten	Also referred to as a wet signature, is created when a person physically marks a document. Handwritten signatures are required for all EI documentation including reports. Typing a name is not a handwritten signature. If a document is scanned, the original handwritten signature must be present.
Strengths	Individual characteristics that can be used as a resource.
Transdisciplinary	Members of a transdisciplinary team cross professional discipline boundaries to achieve service integration by consulting… with one another. They do not abandon their discipline, but blend specific skills with other team members to focus on and achieve integrated outcomes
Want	A preference or end result that is desired but not essential, necessary or required.
Written Home Activity Program	A written home activity program is a document that is written in the home or other place of service, with the input of the parent/caregiver during a direct service session. It should identify developmental strategies to meet functional outcomes that are important to the family and that support the family in developing or refining their ability to facilitate their child's active involvement in his or her community and family. This document should be shared with all members of the IFSP service team and the parent/caregiver and is considered to be family training, education and support time and is billable as direct service time only.
Written Developmental Justification of Need	A written developmental justification of need must be completed and clearly state the developmental needs that drive the recommendation for services(s). Information must also include how each recommended service is required and designed to meet the functional outcomes that have been identified in the child/family's IFSP. Each child/family's unique strengths/developmental needs must be reflected in the written developmental justification of need. A written developmental justification of need is not a letter and must be written based upon

Written Developmental Justification of Need – Cont.	the Guidelines/ Worksheet found further in this document. EI Providers must submit the completed *Developmental Justification To Change Frequency, Intensity, and/or Location Of Authorized Services Worksheet,* see Attachment 6 of this handbook, to the Service Coordinator for any changes that are requested to existing authorizations for the time period between annual IFSP meetings.
Under the Supervision of	For Associate-Level Providers, work performed under the guidance and direction of a supervisor who is responsible for supervision of the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed and who is accountable for the results, see *3.3* in *Chapter 3* earlier in this document. Supervisory time is non-billable time and is considered to be administrative time that is included in the rate paid to the provider for direct service.

Abbreviations

The EI Program utilizes many abbreviations. This document references many abbreviations that may not be familiar to all audiences. Below are a list of abbreviations and other terms used that you may encounter as provider of Early Intervention Services.

AOTA - American Occupational Therapy Association

APTA - American Physical Therapy Association

ASHA - American Speech-Language-Hearing Association

ASQ:SE – Ages and Stages Questionnaire/Social Emotional component

AT – Assistive Technology

Auth - Authorization

CBO – Central Billing Office

CFC – Child and Family Connections

CMS - Centers for Medicare and Medicaid Services (US Agency)

CPS – Chicago Public Schools

CPT – Current Procedural Technology

DEC – Division of Early Childhood

DSCC – Division of Specialized Care for Children

ECO – Early Childhood Outcomes Center

ECSE - Early Childhood Special Education

ECTA – Early Childhood Technical Assistance Center

EI-EC PD CoP - Early Intervention-Early Childhood Professional Development Community of Practice

FERPA – Family Educational Rights and Privacy Act

HCPC - Healthcare Common Procedure Coding System

HIPAA – Health Insurance Portability and Accountability Act

ICD - International Classification of Diseases

IDEA – Individuals with Disabilities Education Act

IDHS – Illinois Department of Human Services

IDTA – Illinois Developmental Therapy Association

IEP – Individual Education Plan (also used for Individual Education Program)

IFSP – Individualized Family Service Plan

IICEI – Illinois Interagency Council on Early Intervention

IMPACT - Illinois Medical Program Cloud Technology – HFS Provider Enrollment System

LIC – Local Interagency Council

NICHCY – National Infant National Dissemination Center for Children with Disabilities

NPI – National Provider Identifier

OSEP - Office of Special Education Programs operated by the US Department of Education

OSERS - Office of Special Education and Rehabilitation Services operated by the US Department of Education

PD SIG – Professional Development Special Interest Group

PHI - Protected Health Information

PII - Personally identifiable information

PL – Parent Liaison

RBI – Routine-Based Interview

SAMHSA - Substance Abuse and Mental Health Services Administration

SC – Service Coordinator

SDA Workgroup – Service Delivery Approaches Workgroup, a Workgroup of the IICEI

SE – Social Emotional Consultant

SPP – State Performance Plan

SSIP - State Systemic Improvement Plan

ILLINOIS EARLY INTERVENTION

ASSISTIVE TECHNOLOGY (AT) DEVELOPMENTAL EVALUATION OF NECESSITY

COMING SOON!

ILLINOIS EARLY INTERVENTION
DISCHARGE REPORT FORMAT AND GUIDANCE

A discharge report from the provider is required for a child who is changing providers, turns three years of age, or moves out of a particular CFC's geographic boundaries. Providers are required to submit a report to each individual child's Service Coordinator no later than 14 days from the date of discharge, but before the child turn three years of age.

Providers must be given an authorization for IFSP Development time to write the discharge report. These summary reports of a provider's record notes should include:

1. Demographic information about the child;
2. Provider information, including signature;
3. Updates/changes in the child's developmental/social/medical history and a summary of the family's ongoing concerns including information about the child's/family's participation in services, i.e. expected frequency/intensity of service, attendance, child/family engagement, family carryover of recommended strategies
4. The degree to which progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes or EI services identified in the IFSP is necessary; and
5. Recommendations for additional EI or community resources that should be discussed at the IFSP meeting.

ILLINOIS EARLY INTERVENTION
DISCHARGE REPORT FORMAT

SECTION 1: Demographic Information		
Child's Name:	**EI #:**	**CFC #:**
Date of Birth:	**Chronological Age:**	**Adjusted Age:**
Parent's Name:	**Language Spoken in home:**	
Service Coordinator's Name:	**Physician's Name:**	

SECTION 2: Provider Information	
Date of Report:	
Reason for Discharge:	
Provider's Name:	**Provider's Phone Number:**
Provider's Discipline: ☐ **OT** ☐ **PT** ☐ **DT** ☐ **SLP** ☐ **SW** ☐ **Other:**	

SECTION 3: Concerns and Updates
A. Summarize any changes to the child's medical history, including evaluations/assessments completed, since the last report and summarize parents' continuing concerns. Include information from other sources such as family members, other caregivers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs.

SECTION 4: Progress Towards Outcomes
A: Please list the outcomes on the IFSP the provider has been addressing and the progress the child has made towards reaching those outcome since the last progress/assessment report.

SECTION 5: Further Recommendations
B. If applicable, recommendations for additional Early Intervention or other resources outside of Early Intervention that may help the child/family.

Provider's Printed Name

Provider's Signature **Date**

Illinois Early Intervention
EVALUATION/ASSESSMENT REPORT FORMAT AND GUIDANCE

Evaluation of a Child:
Early Intervention (EI) definitions:

- Initial Evaluation - the procedures used by qualified personnel to determine the child's initial eligibility.
- Evaluation - the procedures used by qualified personnel to determine a child's continuing eligibility.

Initial Evaluations to determine eligibility shall be completed by EI credentialed/enrolled **Evaluators** only. Evaluations to determine on-going eligibility will be completed by EI credentialed/enrolled providers. A minimum of two or more separate disciplines are required to complete both Initial Evaluations and Evaluations. Unless clearly not feasible to do so, all evaluations/assessments or assessments must be conducted in the language normally used by the child.

Evaluations of the child shall include:

1. administration of the evaluation tool;
2. collection of the child's history (including interviewing the parent);
3. identification of the child's level of functioning in each of the five developmental areas: cognitive, physical, communication, social or emotional, and adaptive;
4. gathering information from other sources such as family members, other caregivers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
5. reviewing medical, educational, and other records.

Assessment of a Child:
EI definitions:

- Initial Assessment – the assessment of the child conducted prior to the child's first IFSP meeting.
- Assessment - the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the EI services appropriate to meet those needs throughout the child's eligibility under EI, which includes the assessment of the child and the child's family.

Initial Assessments of the child shall be completed by EI credentialed/enrolled **Evaluators** only. Assessments of the child and family to determine on-going service needs shall be completed by EI credentialed/enrolled providers. A minimum of two or more separate disciplines are required to complete both Initial Assessments and Assessments.

Assessments of the child shall include:

1. a review of the results of any evaluations;
2. personal observations of the child;
3. identification of the child's needs in each of the developmental areas (cognitive development, physical development, communication development, social or emotional development and adaptive development).

4. If medical records determined eligibility, the assessment of the child shall also include the review of those records.

Eligibility Determination:
When determining **initial eligibility,** a child will be determined eligible based upon one of the following reasons as stated in 89 Illinois Administrative Code 500.50(a):

Subsection(a)
An Illinois child under the age of 36 months of age and his or her family are eligible for the program as set forth in this Part if the child:

1. is experiencing a IDHS determined eligible level of developmental delay; or
2. is experiencing a medically diagnosed physical or mental condition that typically results in developmental delay; or
3. is, according to informed clinical opinion of qualified staff based upon a multidisciplinary evaluation and assessment, at risk of substantial developmental delay. As defined in 89 Illinois Administrative Code 500.20, "At risk of substantial developmental delay, according to informed clinical opinion," means that there is consensus of qualified staff based upon multidisciplinary evaluation and assessment that development of a Department determined eligible level of delay is probable if EI services are not provided, because a child is experiencing either:
    - a parent who has been medically diagnosed as having a mental illness or serious emotional disorder defined in the Diagnostic and Statistical Manual V (DSM V) (American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901) that has resulted in a significant impairment in the parent's level of functioning in at least one major life functional area or a developmental disability; **or**
    - three or more of the following risk factors:
        - current alcohol or substance abuse by the primary caregiver;
        - primary caregiver who is currently less than 15 years of age;
        - current homelessness of the child;
        - chronic illness of the primary caregiver;
        - alcohol or substance abuse by the mother during pregnancy with the child;
        - primary caregiver with a level of education equal to or less than the 10th grade, unless that level is appropriate to the primary caregiver's age;
        - an indicated case of abuse or neglect regarding the child and the child has not been removed from the abuse or neglect circumstances.

On an annual basis a **re-determination of eligibility** must occur. If the child is not found eligible based upon the reasons outlined in Subsection (a) above, the child must meet the criteria as set forth in 89 Illinois Administrative Code 500.50(g) below in order to continue to receive services:

A child will continue to be eligible if he/she:

1. has entered the program under any of the eligibility criteria in Subsection (a) but no longer meet the current eligibility criteria under this Subsection; **and**
2. either:
    A. continues to have any measurable delay; **or**
    B. has not attained a level of development in each area, including cognitive, physical (including vision

and hearing), communication, social or emotional or adaptive skills, that is at least at the mean of the child's age equivalent peers; **and**

3. has been determined by the multidisciplinary team to require the continuation of EI services in order to support continuing developmental progress, pursuant to the child's needs, and provided in an appropriate developmental manner. The type, frequency, and intensity of services will likely differ from the initial IFSP because of the child's developmental progress, and may consist of only service coordination, evaluations and assessments.

Evaluation/Assessment and Assessment Report:
Upon completion of either an Evaluation/Assessment or an Assessment, a written report of findings is required and must be submitted using the *Illinois Early Intervention Evaluation/Assessment Report* format to the Child and Family Connections office within **14 calendar days, see Chapter 3.11, Reporting** for additional information**.** Complete all appropriate sections outlined in these instructions. Incomplete reports are not acceptable and will be returned to the provider for the revisions required to bring the report into compliance.

For initial and annual eligibility a provider may receive an EA authorization if eligibility has not been determined or an AS authorization if eligibility has already been determined. If a child enters EI already eligible based on any of the factors listed above under Eligibility Determination, no Evaluation is necessary. Only an Assessment (AS), to determine the needs of the child/family, must be performed. If a child needs to be determined eligible for EI, then both Evaluation and Assessment (EA) must be performed.

<u>Evaluation/Assessment:</u>
EI Providers performing evaluations and assessments for the purpose of determining initial and annual eligibility for EI must have an EA authorization in hand prior to service provision. The provider is expected to perform the Evaluation and Assessment and record the results on the *Illinois Early Intervention Evaluation/Assessment Report* format. Section 5E will only be completed for annual evaluation/assessment as it does not apply to initial eligibility.

<u>EA authorizations</u>:
- Initial eligibility determination:
  - Completed by a credentialed Evaluator to perform the initial Evaluation/Assessment of the child for eligibility determination, completing all sections except 5E.
- Redetermination of eligibility:
  - Completed by the ongoing direct service provider to perform the ongoing Evaluation/Assessment of the child for redetermination of eligibility, completing all sections including 5E, if applicable.

<u>Assessment:</u>
Providers performing initial and annual assessments for the purpose of identifying the unique strengths and needs and appropriate EI services to meet those needs must have an AS authorization in hand prior to service provision. The provider is expected to perform the Assessment and record the results on the *Illinois Early Intervention Evaluation/Assessment Report* format. For assessment, complete all sections except 5E.

<u>AS authorizations</u>:
- Initial assessment:
  - Completed by a credentialed Evaluator to perform the Assessment of a child/family prior to initial IFSP for a child whose eligibility for EI has already been established.
- Ongoing assessments:

- Completed by ongoing direct service provider to perform the Assessment of a child/family at necessary intervals including, but not limited to, 6-month and annual reviews.

Report Format:

***Section 1*:** Complete all demographic information for the child including the child's Service Coordinator and physician.

***Section 2*:** Indicate whether this report reflects information for evaluation and assessment (if eligibility needs to be determined) or assessment only (if eligibility has already been determined). Include the date of testing as well as provider name, phone number, and discipline. Indicate where testing occurred by checking appropriate box, identify where testing took place if not in the home.

***Section 3*:** Summarize referral information including who made the referral and the reason for referral as well as any developmental concerns the parents have if they are not the source of referral.

Section 4: Indicate the name(s) of any tool(s) used for evaluation and/or assessment. Include which of the five developmental domains are being addressed through testing, Provide age equivalents and percentages of delay for each domain evaluated. If assessment only, provide age equivalents and percentages of delay, if available.

***Section 5*:**

A. Summarize the child's social and developmental history and parents' concerns based on referral and intake information as well as information received from other sources, if applicable. Consider who is involved in the child's caregiving environment and include information from them, if applicable. Information from parent interview should be summarized here as well. Information about childcare, available family support, and family involvement in community activities may also be included here, if applicable.

B. Summarize the child's medical history as it pertains to the child's developmental functioning. Include information about prenatal care and complications, delivery information, child's health status, history of intervention, and/or use of assistive technology (if applicable) as well as available hearing and vision information.

C. Provide behavioral observations of the child. This section should include information about the child's attention span and ability to complete tasks. It should also include who was present for testing and how the child responded to the evaluator/assessor(s). Information about the child's communication strategies and persistence with tasks should also be included. Finally, a statement about how the observed behavior is or is not typical compared to how the child normally behaves based on feedback from the child's caregiver should also be provided.

D. Provide information about the child's level of functioning in each developmental domain tested. This should include information about the child's strengths and needs in each domain. This section should include not only information about response to testing tasks but also information about functional skills and how these relate to the child's ability to participate in family routines. At the annual review, this section should also include information about the child's progress towards IFSP outcomes. Each provider should include an update about the skills the child has acquired relative to the IFSP outcomes that the provider has been addressing with the family. If the child's age equivalents do not accurately portray the child's developmental status and Clinical Opinion will be used to determine initial or ongoing eligibility, explain:

1. The reason(s) the child was unable to be appropriately and accurately tested using a formal evaluation tool, and
2. The observed atypical development that may be causing the child to experience a IDHS determined eligible level of delay or greater.

E. This section is **only** used for annual redetermination of eligibility **when a child no longer meets the current eligibility criteria.** If the provider feels there is a need to continue services to support developmental progress, the provider must complete this section and address:

1. Any measurable delay or not attaining a level of development that is at least the mean of the child's same age equivalent peers; and
2. The specific needs of the child that require continued EI services for developmental progress.

***Section 6*:**

A. Briefly summarize the child's strengths and needs including how this impacts the child's ability to participate in family routines and activities. Include a statement about the accuracy of the tool's portrayal of the child's development.

B. List recommendations for EI and/or other community resources which may benefit the child and family, if applicable.

Individualized Family Service Plan outcomes as well as strategies and recommendations for services, with frequency, intensity, duration and location will be determined at the IFSP meeting in collaboration with the child's family based on their identified priorities and concerns and the Principles of Early Intervention.

NOTE: Providers must accept Evaluations/Assessments and Assessments that have been completed prior to the initial IFSP meeting or that have been completed to determine the need to add a new service to an existing IFSP when beginning direct services unless the evaluations/assessments are more than six (6) months old. EI will not pay for the direct service provider to duplicate existing Evaluations/Assessments and Assessments.

Annual Review:

On an annual basis, redetermination of eligibility must be completed. Direct Service Providers must use the *Illinois Early Intervention Evaluation/Assessment Report* format following the instructions in this document for ongoing eligibility redetermination. Providers should receive either an EA or AS authorization based on the information required to determine eligibility. In addition to the information included in the initial evaluation/assessment report, an annual review report should include information about services received and a summary of the child's progress towards IFSP outcomes.

Recommending further assessments:

When any team member feels a new service may be needed, the team member must notify the Service Coordinator to communicate the need for an assessment. No service can be added to an IFSP or services begun, unless the assessment process is completed, the team has met and agreed on the need for the service, the service addresses a Functional Outcome outlined on the child's IFSP, and consent is received by the parent for the service.

Reminders for billing:

- Bill for evaluation/assessment report writing time using the evaluation and/or assessment code identified under your credentialed/enrolled profession.

- Claims for evaluation/assessment or assessment and corresponding IFSP meeting attendance must be submitted together. If child is not eligible and no IFSP meeting is held, no IFSP authorization will be provided, so claim can be submitted when the evaluator is notified of the decision of ineligibility.
- Bill for the time to write direct service or discharge reports which require no testing procedures using the IFSP Development code identified under your credentialed / enrolled profession. See definition of IFSP development found in the *Glossary* section of the *Provider Handbook* document to determine the types of service that are considered billable under IFSP development procedure codes.
- EI does not pay a provider to write reports other than those required by EI for the initial evaluation/assessment, annual IFSP review, the six-month review, or discharge.
- Only bill for the actual time used to complete the evaluation/assessment or assessment process and the time spent writing the report. Documentation must justify the time billed or refunds may be required during monitoring, as outlined in this document.
- Documentation of evaluation/assessment should include a record note that identifies:
    - The date of service that the evaluation and assessment, assessment, or summary report was completed.
    - Time used to complete the evaluation and assessment or assessment.
    - Time used to write the report based upon the results of the evaluation and assessment or assessment.

ILLINOIS EARLY INTERVENTION
EVALUATION/ASSESSMENT REPORT FORMAT

SECTION 1: Demographic Information			
Child's Name:		**Early Intervention #:**	**CFC #:**
Date of Birth:	**Chronological Age:**	**Adjusted Age:**	
Parent's Name:		**Language Spoken in home:**	
Service Coordinator's Name:		**Physician's Name:**	

SECTION 2: Type of Report							
Check One: ☐ Evaluation/Assessment *(for Eligibility Determination)* ☐ Assessment *(if child already eligible)*							
Date of Evaluation/Assessment or Assessment:							
Provider Name:					**Provider Phone Number**:		
Provider Discipline:	☐ OT	☐ PT	☐ DT	☐ SLP	☐ SW	☐ Other:	
Location of Evaluation/Assessment: (check one) ☐ Home ☐ Other Setting (identify where):							

SECTION 3: Referral Information
Please list reason for referral, who referred to Child & Family Connections, and Parent/Guardian Concerns:

SECTION 4: Instrument(s) Administered during Evaluation and/or Assessment			
Title of Instrument Used	**Developmental Domain Addressed**	**Age Equivalent***	**Percent of delay***
**Required for Evaluation/Assessment. If completing Assessment only, provide if known.*			

SECTION 5: Evaluation and/or Assessment
A. Child's developmental history and summary of parents' concerns. Include information from other sources such as family members, other caregivers, social workers, and educators, as necessary to understand the full scope of the child's unique strengths and needs.

B. Summary of medical history, including pregnancy, delivery, child's health since birth, hearing and vision.

C. Behavioral Observations of the child (also include if observed behavior was viewed as typical or atypical as compared to child's usual behavior).

D. Child's level of functioning (identifying strengths and needs) in each of the developmental areas tested. As appropriate, include explanation of use of Clinical Opinion in determining eligibility. For annual reviews, also include information about the child's progress towards IFSP outcomes.

E. Provide justification for annual re-determination for children not meeting original eligibility criteria:

SECTION 6: Summary and Interpretation

A. Brief summation of the child's unique strengths and needs, ability to perform functional skills and how the child is able to participate in family routines. Include a statement about tool's accuracy in portraying child's development.

B. If applicable, recommendations for referrals for additional EI assessments and/or other resources outside of Early Intervention to be discussed at the IFSP meeting.

Evaluator Printed Name

Evaluator Signature

Date

ILLINOIS EARLY INTERVENTION
SIX-MONTH REVIEW REPORT FORMAT AND GUIDANCE

A periodic review of each child's IFSP must occur every six months or more frequently if conditions warrant, or if the family requests such a review, to determine if adjustment of the IFSP is needed.

Providers must be given an authorization for IFSP Development time to write the summary report. Providers are required to submit a report to each individual child's Service Coordinator prior to the six-month review. These summary reports of a provider's record notes should include:

- Demographic information about the child;
- Provider information;
- Updates/changes in the child's developmental/social/medical history and a summary of the family's ongoing concerns including information about the child's/family's participation in services, i.e. expected frequency/intensity of service, attendance, child/family engagement, family carryover of recommended strategies;
- The degree to which progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes or EI services identified in the IFSP is necessary; this is not just a listing of IFSP outcomes, providers should include the outcomes that they have been addressing and the child's progress they have observed towards meeting those outcomes; and
- Recommendations for additional EI or community resources that should be discussed at the IFSP meeting.

ILLINOIS EARLY INTERVENTION
SIX-MONTH REVIEW REPORT FORMAT

SECTION 1: Demographic Information		
Child's Name:	**EI #:**	**CFC #:**
Date of Birth:	**Chronological Age:**	**Adjusted Age:**
Parent's Name:	**Language Spoken in home:**	
Date of Report:		
Service Coordinator's Name:	**Physician's Name:**	

SECTION 2: Provider Information	
Provider's Name:	**Provider's Phone Number:**
Provider's Discipline: ☐ **OT** ☐ **PT** ☐ **DT** ☐ **SLP** ☐ **SW** ☐ **Other:**	

SECTION 3: Concerns and Updates
A. Child's developmental history and summary of parents' concerns. Include information from other sources such as family members, other caregivers, social workers, and educators, if necessary to understand the full scope of the child's unique strengths and needs.

B. Summary of medical history, including pregnancy, delivery, child's health since birth, hearing and vision.

C. Child/family participation in services.

SECTION 4: Progress Towards Outcomes
A. Please list each outcome on the IFSP and the progress the child has made towards reaching that outcome:

SECTION 5: Further Recommendations
B. If applicable, recommendations for additional Early Intervention Assessments and/or other resources outside of Early Intervention to be discussed at the IFSP meeting.

Provider's Printed Name

Provider's Signature **Date**

ILLINOIS EARLY INTERVENTION
MEDICAL DIAGNOSTIC REPORT FORMAT

SECTION 1: Demographic Information			
Child's Name:		**EI #:**	**CFC #:**
Date of Birth:	**Chronological Age:**	**Adjusted Age:**	
Parent/Guardian's Name:		**Language Spoken in home:**	
Service Coordinator's Name:		**Primary Physician's Name:**	

SECTION 2: Visit Information	
Date of Medical Diagnostic Evaluation/Assessment:	
Physician's Name:	**Physician's Phone #**:
Other Providers' Names and Disciplines (if any):	
1.	
2.	
3.	
4.	
5.	
Medical Diagnostic Clinic's Name:	
Address:	
Clinic Coordinator's Name:	**Phone #:**

SECTION 3: Referral Information
Please list reason for referral to medical diagnostic, and Parent/Guardian concerns:

SECTION 4: Instrument(s) Administered during Evaluation/Assessment (or complete 5.E)

Title of Instrument Used	Developmental Domain Addressed	Age Equivalency	Percentage of Delay

SECTION 5: Evaluation and/or Assessment
A. Child's developmental history and summary of parents' concerns. Include information from other sources such as family members, other caregivers, social workers, educators, and IFSP team members, as necessary, to understand the full scope of the child's unique strengths and needs. This information is found in child's IFSP, current evaluations and assessments, most recent IFSP teams' reports, existing scripts and authorizations.

B. Summary of relevant medical family history, including pregnancy, delivery, child's health since birth, hearing and vision.

C. Results from physical and neuro-developmental exams.

D. Behavioral Observations of the child (also include if observed behavior was viewed as typical or atypical as compared to child's usual behavior).

E. Child's level of functioning (identifying strengths and needs) in each of the developmental areas observed/examined. List instruments used, developmental domains addressed, age equivalency and percent of delay (if not completed in 4).

SECTION 6: Summary and Interpretation

A. Diagnostic impression and descriptive summary of developmental status (impact on typical functioning in all domains). Include a statement about child's eligibility.

B. If applicable, identify:

IFSP recommendations

Developmental/educational/family support recommendations

Medical recommendations

SECTION 7: Signatures

Printed name	Discipline	Signature	Date

DEVELOPMENTAL JUSTIFICATION TO CHANGE FREQUENCY, INTENSITY AND/OR LOCATION OF AUTHORIZED SERVICES WORKSHEET AND GUIDANCE

In order to ensure that all Early Intervention (EI) Providers and Service Coordinators are in compliance with 303.421 of Part C of Individuals with Disabilities Education Act (IDEA), are addressing the "Principles of Early Intervention" and other important policies, rules, regulations and guidelines required, all EI Providers must submit a written Developmental Justification of Need and the EI Provider *Developmental Justification to Change Frequency, Intensity and/or Location of Authorized Services Worksheet* to the Service Coordinator for any changes that are requested to existing authorizations for the time period between annual Individualized Family Service Plan (IFSP) meetings and changes that are made at the six-month review.

EI Providers who wish to request an increase or decrease, including discontinuation of services, in the frequency, intensity and/or change the location to an existing authorization must submit a written Developmental Justification of Need to the child's Service Coordinator. As mentioned above, this includes changes that are made at six-month reviews. Upon receipt of a written Developmental Justification of Need that contains all required information found in the following Worksheet, the Service Coordinator will convene an IFSP review meeting. If changes are requested within the first three (3) months after the development of an IFSP, the original multidisciplinary IFSP team must reconvene. The EI Provider who is recommending the change(s) must be in attendance. The team must agree that a change from the original recommendation(s) is needed and is in the best interest of the child/family.

If changes are requested more than three (3) months after the development of an IFSP, the child's current multidisciplinary IFSP team must participate in the IFSP review meeting. The team must agree that a change from the team's original recommendation(s) is needed and is in the best interest of the child/family.

The written Developmental Justification of Need must be based upon the "Principles of Early Intervention" and the policies identified in numbers one (1) through four (4) below. The EI Provider must address all information requested in the following Worksheet. Service Coordinators will return all requests to increase or decrease the frequency, intensity and/or change the location of an existing authorization to EI Providers who fail to include all required information requested in the Worksheet.

Please keep the following policies in mind when developing a written Developmental Justification of Need:

1. EI is covered under Part C of IDEA and is a developmental program. Services are authorized based upon the development of functional outcomes that focus on child development and family training, education and support and must address a child's developmental needs rather than a child's medical needs;

2. At the IFSP team meeting, family-centered functional outcomes must be written prior to the determination of service delivery decisions, which would include frequency, intensity and duration of authorizations (see definition of functional outcomes within the *Service Description, Billing Codes and Rates"* - EI Provider Handbook);

3. Functional outcomes must be based upon the "Principals of Early Intervention" which are found on page one of the *"Service Description, Billing Codes and Rates"* - EI Provider Handbook;

4. Part C requires states to provide services in "Natural Environments". Under Section 303.26 of Part C, Natural Environments is defined as "settings that are natural or typical for a same-aged infant or toddler without a disability." The Office of Special Education Programs

(OSEP) has had a longstanding interpretation of IDEA that EI services must be provided in a natural environment, unless a written justification exists for providing these services in other settings. Effective July 1, 2005, all Service Coordinators and EI Providers were required to use the *Natural Environment Worksheet* at the IFSP meeting to justify all services that would not be provided in a child's most natural learning environment. (See *Natural Environments Requirements/Worksheet* as defined in the definition section under Natural Environments in the EI Provider Handbook). Service Coordinators will not authorize services in a non-natural environment without completing the *Natural Environment Worksheet* at the IFSP meeting.

At the end of the IFSP review meeting, if the IFSP multidisciplinary team has agreed that a change in the originally recommended frequency, intensity and/or location of the existing authorization(s) is in the best interest of the child/family, the Service Coordinator will complete the following steps:

- Require that all members of the IFSP multidisciplinary team who attended the meeting sign the *Developmental Justification to Change Frequency, Intensity and/or Location for Authorized Services* form. By signing this form, the EI Provider is acknowledging that he/she participated in the IFSP review meeting and agrees that a change from the originally recommended frequency, intensity and/or location is needed and that the change is in the best interest of the child/family.

- If an EI provider attends the IFSP review meeting telephonically, the Service Coordinator will print and initial their name by the EI Provider's name on the form. This will verify that the EI Provider attended the meeting telephonically.
- If a change in location from the natural environment was made, attach the *Natural Environment* Worksheet that was completed at the IFSP review meeting to the *EI Provider Developmental Justification to Change Frequency, Intensity and/or Location for Authorized Services Worksheet* at the completion of the meeting.
- Attach the written Developmental Justification of Need that was submitted by the EI Provider who requested the change to the *EI Provider Developmental Justification to Change Frequency, Intensity and/or Location for Authorized Services Worksheet* at the completion of the IFSP review meeting.
- Discontinue the existing authorization(s) and generate a new authorization(s) that reflects the recommended change(s).

EARLY INTERVENTION PROVIDER
DEVELOPMENTAL JUSTIFICATION TO CHANGE FREQUENCY, INTENSITY, AND/OR LOCATION OF AUTHORIZED SERVICES WORKSHEET

SECTION 1: GENERAL INFORMATION (REQUIRED FOR ALL CHANGES)

Name and Discipline of Provider Requesting Change			Date of Request
Name of Child's Service Coordinator	CFC #	Child's Name	EI #

SECTION 2: CURRENT IFSP/AUTHORIZATION INFORMATION (REQUIRED FOR ALL CHANGES)

IFSP Begin Date	Authorized Frequency	Authorized Intensity	Authorized Location	# of Service Sessions Completed by Provider

Functional Outcome That Supports Current Authorization:

Current Progress Toward That Outcome:

SECTION 3: CHANGE REQUESTED (REQUIRED FOR ALL CHANGES)

Increase in Frequency or Intensity	Decrease in Frequency or Intensity	Change in Location	Discharge

SECTION 4: WRITTEN DEVELOPMENTAL JUSTIFICATION OF NEED TO CHANGE EXISTING AUTHORIZATION

Providers who are requesting an **increase in frequency or intensity or a change of location must address** all questions and provide all explanations/documentation requested in this Section. Providers who are requesting **a decrease in services or who have found the child age appropriate and are recommending that the child be discharged** from services are only required to address the last statement found under Principle #4 in the "Information Required to Justify This Principle" column.

Principles of Early Intervention & Definition of Functional Outcomes & Written Home Activity Program	**Information Required to Justify This Principle**
1) Principle #1 - The primary goal of EI is to support families in promoting their child's optimal development and facilitate the child's participation in family and community activities.	Explain how the proposed change will increase this family's knowledge of child development and help to facilitate the child's participation in this family's daily routines and community activities.
Principle #1 Written Justification:	
2) Principle #2 - The focus of EI is to encourage the active participation of families in the therapeutic process by imbedding intervention strategies into family routines. It is the parents who provide the real Early Intervention by creatively adapting their child care methods to facilitate the development of their child, while balancing the needs of the rest of their family.	What types of family training, education and support have you provided to this family to encourage their active participation in their child's services? What types of developmental strategies have been imbedded into this family's daily routines?
Principle #2 Written Justification:	
3) Principle #3 - EI requires a collaborative relationship between families and providers, with equal participation by all those involved in the process. An on-going parent-professional dialogue is needed to develop, implement, monitor and modify therapeutic activities.	Does this family (parent/caregiver) routinely participate in the therapeutic activities as an equal participant? If so, do they participate hands-on, observation, or both? If the family does not actively participate, document the strategies that you have used to encourage active participation. If you have not encouraged active participation in the past, document how you will proceed to work with this family (parent/caregiver) to facilitate participation in all future therapeutic activities. Document the type of existing on-going parent/professional dialogue that you have with this family to determine when therapeutic activities/developmental strategies that have been incorporated into this family's daily routines need to be modified. If you do not currently have on-going parent/professional dialogue with the family, document how you will proceed to work with this family (parent/caregiver) to develop therapeutic activities/developmental strategies to incorporate into this family's daily routines.
Principle #3 Written Justification:	

Principles of Early Intervention & Definition of Functional Outcomes & Written Home Activity Program	Information Required to Justify This Principle
4) Principle #4 - Intervention must be linked to specific outcomes that are family-centered, functional and measurable. Intervention strategies should focus on facilitating social interaction, exploration and autonomy. **Definition of Functional Outcomes** – Family centered outcomes that are written by the IFSP team and the family based upon the family's identified priorities and concerns. Family centered functional outcomes are designed to encourage children to participate in the same types of family and community activities as other children their age. In order for this to occur the IFSP team needs to be aware of the family's routines and the community activities that the family engages in. This will allow the team to consider daily routines and a variety of natural settings for intervention strategies to be implemented once the outcomes are developed. Family participation is the key to intervention and families are more likely to participate when the outcomes are meaningful to them and can be worked on throughout their everyday routines and activities. Functional Outcomes should be written to address areas of family concern rather than focusing on specific professional disciplines or therapies. The outcome must be related to a necessary skill and should state a process and a product. Functional outcomes are developed at the child's IFSP meeting. Family centered functional outcomes drive the decision making process to determine what EI services a child and family will receive. Service delivery decisions are not based on a child's medical diagnosis or percentage of delay, but rather on the child and family's unique strengths, needs, concerns and priorities that led to the development of each individualized family centered outcome. All outcomes must be functional and meaningful to the child and family. Family centered functional outcomes must be written prior to the determination of service delivery decisions, which would include disciplines to provide services and frequency, intensity and duration of services identified on authorizations. All recommendations for services must be based upon the "Principles of Early Intervention."	Based upon the Principles of Early Intervention and the definition of Functional Outcomes, are the current functional outcome/intervention services considered to be family-centered and do they focus on facilitating social interaction, exploration and autonomy for the child/family? If so, has the current outcome been met? If the current outcome has been met, or is not in compliance with the definition of "Functional Outcomes," would it be more appropriate to develop a new functional outcome rather than to increase the frequency/intensity of services or to change the location of services? If it is determined that a new functional outcome would not be more appropriate, please explain why an increase in frequency or intensity or a change in location of services would be more appropriate. If this request is to decrease services or discharge the child, please document the progress that this child has made and why intervention services should be decreased or why services are no longer required.
Principle #4 Written Justification:	

Principles of Early Intervention & Definition of Functional Outcomes & Written Home Activity Program	**Information Required to Justify This Principle**
5) Principle #5 - Intervention shall be integrated into a comprehensive plan that encourages transdisciplinary activities and avoids unnecessary duplication of services. The plan shall be built around family routines, with written home activity programs to encourage family participation in therapeutic activities on a daily basis. **Definition of Written Home Activity Program -** A written home activity program is a document that **is written in the home or other place of service, with the input of the parent/caregiver during a direct service session**. It should identify developmental strategies to meet functional outcomes that are important to the family and that support the family in developing or refining their ability to facilitate their child's active involvement in his or her community and family. This document should be shared with all members of the IFSP service team and the parent/caregiver. Time to create a written home activity program with the parent/caregiver is considered to be family training, education and support time that is billable as direct service time only.	Will the proposed increase in frequency or intensity or change in location be a duplication of services that the child is currently receiving? Is there an existing home activity program in place that you developed with the parent/caregiver? If so, was the existing program built around family routines and does it encourage family participation in therapeutic activities on a daily basis? Have the family and other members of the child's IFSP team implemented that program? Would a change to the existing home activity program be more appropriate rather than an increase in frequency/intensity or change in location? If an increase in frequency/intensity or a change in location is still required, explain how the recommended increase or change will impact/change the existing home activity program that is currently in place.
Principle #5 Written Justification:	
6) Principle #6 - Intervention should be monitored periodically to assure that the strategies implemented are successful in achieving outcomes.	Explain how you will work with this family/caregiver to monitor and make changes to the "written home activity program" when needed. **NOTE:** Please refer back to Principle #3.
Principle #6 Written Justification:	

Sample Individualized Family Service Plan (IFSP)

**In English and Spanish*

REPORT: HSPR0777

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

06/28/2007

Child's Name: _____ Date of Birth: _____ EI #: _____ Part I.D.#: _____ _____

Street: _____ City, State, Zip: _____ Phone #: _____

Primary Contact: _____ Relationship: _____ Primary Language Spoken: _____

Service Coordinator: _____ Telephone #: _____ FAX #: _____

CFC: _____ CFC Phone #: _____ IFSP Begin: _____ IFSP End: _____

EI Cover Page **Date Prepared:**

PROVIDER INFORMATION AND OTHER HELPFUL RESOURCES (EI providers, doctors, family/friends, daycare providers, LIC contacts, etc.)

------- ROLE ------- ---------- NAME ---------- ---------- ADDRESS ---------- ------ PHONE/FAX ------

School District/
LEA Rep.:

Primary Care
Physician:

Parent Liaison:

Local Interagency
Council Coor.:

_____

DCFS Caseworker
(If applicable)

IFSP TABLE OF CONTENTS

Required Sections:	Attach if Completed:
[ ] Present Levels of Development	[ ] Family Considerations for the IFSP
[ ] Child and Family Outcomes	[ ] Transition Planning Worksheet(s)

Notice to Receiving Agency/Person: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

Child's Name: _____ Date of Birth: _____ EI #: _____ Part I.D.#: _____

EI Cover Page **Date Prepared:**

[ ] Part C EI Service Authorizations [ ] Other _____
[ ] Transition Plan [ ] Other _____
[ ] IFSP Implementation and Distribution Authorization

CONFIDENTIAL MATERIAL

ELIGIBILITY DETERMINED:

PRIMARY DIAGNOSIS:

REPORT: HSPR0777

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

Child's Name: _____ Date of Birth: _____ EI #: _____ Part I.D.#: _____

CURRENT STATUS OF FUNCTIONING/LEVELS OF DEVELOPMENT

Visit date:

Document the child's percent of delay and/or age equivalent in months and provide a narrative description of the child's level of functioning, including the child and family's strengths, resources, priorities and concerns.

1. What are the family's strengths, resources, priorities and concerns related to enhancing the overall development of their child? (Review the ASQ-SE and the routines and daily activities discussed during the intake interview)

2. Overall Health and Medical Information (Including a statement regarding Hearing and Vision Status)

3. Adaptive Development	Delay	Age Eq
4. Cognitive Development	Delay	Age Eq
5. Communication Development (Total)	Delay	Age Eq
Expressive Communication	Delay	Age Eq
Receptive Communication	Delay	Age Eq
6. Motor Development (Total)	Delay	Age Eq
Fine Motor	Delay	Age Eq
Gross Motor	Delay	Age Eq
7. Social/Emotional Development	Delay	Age Eq

Child's Name: EI #: Date:

SECTION 1: FAMILY CONSIDERATIONS- (Optional)

1. How would you describe your child?

2. What are some great things about your family?

3. What are some things you find challenging or difficult?

4. Is there anything else you think would be helpful for others to know about your child or your family?

Describe a typical day for your child and/or family:

Morning:

Lunchtime:

Afternoon:

Dinnertime:

Evening:

Bedtime:

I understand that provision of this information on this page is voluntary and if I provide this information, it will be shared with the service plan team members and others indicated in this plan.

☐ I agree to provide this information
☐ I do not agree to provide this information

Signature: _____ Date: _____

The following would be helpful in the weeks or months ahead:

☐ Meeting other families whose child has similar needs
☐ Finding or working with doctors or other specialists
☐ Coordinating your child's medical care
☐ Finding out more about the services your family is receiving or could be receiving
☐ Finding new places to go in my community
☐ Planning for the future
☐ Transportation
☐ Child Care
☐ Finding someone to help out in my home (respite)
☐ Housing. clothing, jobs, food, telephone
☐ Safety
☐ Finding a support group
☐ Support/information for brothers, sisters, friends, relatives and/or others
☐ Information about my child's needs
☐ Help with insurance, SSI, Medicaid, Kid Care and/or DSCC
☐ Recreation - fun things to do as a family
☐ Other:

I'm concerned about and/or interested in my child's:

☐ Moving, crawling and/or walking
☐ Communicating
☐ Learning
☐ Feeding, nutrition
☐ Having fun with other kids
☐ Challenging behaviors or emotions
☐ Sleep patterns
☐ Equipment or supplies
☐ Health or dental care
☐ Pain or discomfort
☐ Vision or hearing
☐ Other:

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

Child's Name: _____ Date of Birth: _____ EI #: _____ Part I.D.#: _____

CURRENT STATUS OF FUNCTIONING/LEVELS OF DEVELOPMENT

Visit date:

CHILD OUTCOMES SUMMARY

The overall goal of Early Intervention supports and services is for children to be able to successfully participate in their family and their community. To that end, progress toward the following child outcomes is being measured.

8. Positive Socio-Emotional Skills (Including Social Relationships)

   Children who achieve this outcome show a variety of behaviors related to making and maintaining positive social relationships in age-appropriate ways. For example, they:

   * Demonstrate attachment with the significant caregivers in their lives.
   * Initiate and maintain social relationships with children and adults.
   * Behave in a way that allows them to participate in a variety of settings and situations.
   * Demonstrate trust in others.
   * Regulate sensory and emotional experiences.
   * Understand and follow rules.
   * Solve social problems.

   A. To what extent does this child show behavior and skills related to this outcome appropriate for his or her age across a variety of settings and situations?

COMPLETELY	Between SOMEWHAT and COMPLETELY	SOMEWHAT	Between EMERGING and SOMEWHAT	EMERGING	Between NOT YET and EMERGING	NOT YET

RATING

   B. Has the child shown any new skills or behaviors related to this outcome since the last outcome summary?

9. Acquiring and Using Knowledge and Skills

   Children who achieve this outcome show a variety of behaviors related to acquiring and using knowledge and skills across a variety of everyday routines and activities. For example, they:

   * Explore their environment.
   * Engage in daily learning opportunities through manipulating toys and other objects in an appropriate manner.
   * Use vocabulary through speaking, sign language or augmentative communication devices to communicate in an increasingly complex form.
   * Show imagination and creativity in play.
   * Obtain and maintain attention.

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

Child's Name: _____ Date of Birth: _____ EI #: _____ Part I.D.#: _____

CURRENT STATUS OF FUNCTIONING/LEVELS OF DEVELOPMENT

Visit date:

A. To what extent does this child show behavior and skills related to this outcome appropriate for his or her age across a variety of settings and situations?

COMPLETELY	Between SOMEWHAT and COMPLETELY	SOMEWHAT	Between EMERGING and SOMEWHAT	EMERGING	Between NOT YET and EMERGING	NOT YET	RATING

B. Has the child shown any new skills or behaviors related to this outcome since the last outcome summary?

10. Taking Appropriate Action to Meet Needs

Children who take appropriate action to meet their needs show a variety of behaviors related to this outcome. For example, they:

* Use gestures, sounds, words, signs or other means to communicate wants and needs.
* Meet their self care needs (feeding, dressing, etc.) so they can participate in everyday routines and activities.
* Use object as tools in appropriate ways (for example, forks, sticks, pencils, crayons, switches).
* Move from place to place to participate in everyday activities, play and routines.
* Seek help when necessary to move from place to place or to assist with basic care or other needs.
* Follow rules related to health and safety.

A. To what extent does this child show behavior and skills related to this outcome appropriate for his or her age across a variety of settings and situations?

COMPLETELY	Between SOMEWHAT and COMPLETELY	SOMEWHAT	Between EMERGING and SOMEWHAT	EMERGING	Between NOT YET and EMERGING	NOT YET	RATING

B. Has the child shown any new skills or behaviors related to this outcome since the last outcome summary?

SOURCE OF INFORMATION **ASSESSMENT INSTRUMENT, IF APPLICABLE** **DATE**

FORMAL ASSESSMENT INSTRUMENT

OBSERVATION

REPORT: HSPR0777

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

Child's Name: _____ Date of Birth: _____ EI #: _____ Part I.D.#: _____

RESIDENCE

CONTACT: RELATIONSHIP: TELEPHONE:

AUTHORIZATION START DATE: END:
AUTHORIZED PAYEE: TELEPHONE:

AUTH TYPE: SERVICE:
METHOD: PLACE OF SERVICE:
PROCEDURE:
FREQUENCY: PER: FOR:
AUTH NUM: STATUS DATE:
PRIVATE INSURANCE:
COMMENTS:
* * * * * *

AUTH TYPE: SERVICE:
METHOD: PLACE OF SERVICE:
PROCEDURE:
FREQUENCY: PER: FOR:
AUTH NUM: STATUS DATE:
PRIVATE INSURANCE:
COMMENTS:
* * * * * *

Child's Name:	EI #:	Date:
SECTION 3: FUNCTIONAL OUTCOME #: _____ (May be used as an Annual goal statement for Part B Preschool Services.)	**Develop one outcome per page. Assign outcome # to identify each page individually. Each outcome may have several services, strategies and/or activities designed to facilitate the achievement of the outcome.**	

***** Family Priorities** (*Concerns)* _____

What do we want for ____ and our family? *(What does the family want and why?)*

How will we achieve this outcome? (List strategies and/or activities designed to facilitate the achievement of this outcome and/or steps to be taken to link us to services and/or secure funding for services if not required to be provided by the Part C Early Intervention System)	What Early Intervention and/or other services and supports would help us with this?	Fund Source	Upon review, how are we doing? Has our outcome been achieved? Should our outcome, strategies, activities and/or services change? If so, how? Written parental consent required to change any services.

FOR EARLY INTERVENTION PARTICIPANTS ONLY: The primary setting for young children is within the context of the family, their home, their community, lifestyle and daily activities, routines and obligations. To the extent appropriate, services must be provided in the types of settings in which young children without and their families would participate. Are all Part C EI services needed to achieve this outcome being provided in natural environments? ☐ Yes ☐ No
If no, justify the extent to which any services will not be provided in natural environments:

Note regarding Fund Source: All Part C Early Intervention Services must be pre-authorized. For all other services identified as needed but not required to be provided by the Part C Early Intervention System, indicate the fund Source (i.e. Medicaid, DSCC, private insurance) which is either responsible for payment or from which payment is being sought.

Child's Name:	EI #:	Date:

SECTION 7. IMPLEMENTATION AND DISTRIBUTION AUTHORIZATION

Required to implement services

The purpose of the required "Implementation and Distribution Authorization" signature page is: 1) to certify that the family consents to the services outlined in the plan implementation and 2) to indicate who can view or receive copies of the plan, and who the family consents may exchange verbal/written information about the eligible child.

FOR EARLY INTERVENTION (EI) PARTICIPANTS ONLY

- The contents of the IFSP have been fully explained to me and if I agree to the services, I understand they must be provided.
- I understand that I may refuse any or all of the services offered by the State but that if I do, my child may not receive those services through the Part C EI Program.
- I also understand that I may request due process regarding the services offered and receive the undisputed services while the dispute is being resolved, or if I already have an IFSP, continue to receive the services currently being provided, while the dispute is being resolved.
- I understand and agree that individual Part C EI service provider changes may occur during the course of services, which do not require additional written consent on this page, as long as, the service type, frequency, duration, and location are maintained. I do understand that a new signed consent to share the IFSP will be required for any new EI service providers not listed below.
- In order to implement delivery of services, I agree that this IFSP will be distributed to EI service providers listed herein in addition to the individuals/agencies listed below.
- I consent to the verbal and written exchange of information between members of the IFSP Team.
- I understand that this IFSP must be reviewed every six (6) months, or more often if necessary.
- Finally, I understand that the Department of Human Services, as lead agency for the Part C EI Program, may refuse reimbursement for services not required to be funded by the Part C EI Program and is payor of last resort for all services required to be funded by the State. I hereby waive further notice regarding the services agreed to.

☐ I hereby consent to all EI services herein.

☐ I hereby consent to all EI services herein, except:

_____ _____

_____ _____

☐ I hereby refuse all EI services offered herein.

I consent to the following individuals/agencies to receive a copy of this service plan and any revisions made to it.

Name	Role	Address	Phone #

Parent or Surrogate Parent Signature: _____ Date: _____

Other Signature: _____ Relationship: _____ Date: _____

Child's Name:	EI #:	Date:
		Date:
		Date:
		Date:

SECTION 8. MEETING PARTICIPANT/CONTRIBUTOR LIST

Initial Service Plan Meeting

Name	Role	Participated/Contributed

Service Plan Review Meeting ☐ 6 Month ☐ Annual ☐ Other

Name	Role	Participated/Contributed

Service Plan Review Meeting ☐ 6 Month ☐ Annual ☐ Other

Name	Role	Participated/Contributed

Service Plan Review Meeting ☐ 6 Month ☐ Annual ☐ Other

Name	Role	Participated/Contributed

ESTADO DE ILLINOIS
CORNERSTONE
PLAN DE SERVICIO DE INTERVENCIÓN TEMPRANA

Fecha:

Nombre del niño(a): Fecha de nacimiento: Nº de EI:

RESIDENCIA:
CONTACTO: PARENTESCO: TELÉFONO:

FECHA DE INICIO DE AUTORIZACIÓN: FECHA FINAL:
BENEFICIARIO AUTORIZADO: TELÉFONO:
TIPO DE AUTORIZACIÓN: SERVICIO:
MÉTODO: LUGAR DEL SERVICIO:
PROCEDIMIENTO:
FRECUENCIA: POR MES: PARA:
Nº DE AUTORIZACIÓN: FECHA: FECHA DE ESTADO:
SEGURO PRIVADO:
COMENTARIOS:

FECHA DE INICIO DE AUTORIZACIÓN: FECHA FINAL:
BENEFICIARIO AUTORIZADO: TELÉFONO:
TIPO DE AUTORIZACIÓN: SERVICIO:
MÉTODO: LUGAR DEL SERVICIO:
PROCEDIMIENTO:
FRECUENCIA: POR MES: PARA:
Nº DE AUTORIZACIÓN: FECHA: FECHA DE ESTADO:
SEGURO PRIVADO:
COMENTARIOS:

ESTADO DE ILLINOIS *Fecha:*
CORNERSTONE
PLAN DE SERVICIO DE INTERVENCIÓN TEMPRANA (traducido del documento original en inglés)

Nombre del niño(a):	Fecha de nacimiento:	Nº de EI:	
Domicilio:	Ciudad, estado, código postal:		Nº de teléfono:
Contacto primario:	Parentesco:	Idioma primario:	
Coordinador(a) de servicio:	Nº de teléfono:	Nº de fax:	
CFC:	Nº de teléfono del CFC:	Inicio del IFSP:	Fin del IFSP:

Página de portada de EI **Fecha de preparación:**

INFORMACIÓN SOBRE EL PROVEEDOR Y OTROS RECURSOS ÚTILES (proveedores de EI, doctores, familia/amigos, guarderías, contactos de LIC, etc.)

PAPEL QUE DESEMPEÑA----------NOMBRE----------DOMICILIO----------Nº DE TELÉFONO/FAX----------
Distrito escolar/Rep. de LEA:
Médico principal:
Padre enlace:
Coordinador(a) de LIC:
Trabajador de DCFS (si pertinente):
Terapeutas:

Notificación para agencia/persona receptora: Bajo provisiones de la ley de Confidencialidad de Salud Mental y Discapacidades del Desarrollo de Illinois, la ley de Derechos Educacionales de la Familia y Privacidad, 20 USC 1232g y la ley de Portabilidad y Responsabilidad de 1996, la información recogida a continuación no puede ser re-divulgada a menos que la persona que dio el consentimiento original, vuelva a dar consentimiento un específico para su re-divulgación.

ESTADO DE ILLINOIS
CORNERSTONE
PLAN DE SERVICIO DE INTERVENCIÓN TEMPRANA

Fecha:

Nombre del niño(a): Fecha de nacimiento: Nº de EI:
Página de portada de EI: Fecha de preparación:

ÍNDICE DE CONTENIDOS DEL IFSP

Secciones obligatorias
- ☐ Niveles actuales de desarrollo
- ☐ Resultados infantiles y familiares
- ☐ Autorizaciones de servicio de Part C
- ☐ Plan de transición
- ☐ Implementación del IFSP y autorización para su distribución

Adjunte si fueron completadas
- ☐ Consideraciones familiares para el IFSP
- ☐ Hojas de planeamiento para transición
- ☐ Otro
- ☐ Otro

MATERIAL CONFIDENCIAL

DETERMINACIÓN DE ELEGIBILIDAD:
DIAGNÓSTICO PRIMARIO:

ESTADO DE ILLINOIS *Fecha:*
CORNERSTONE
PLAN DE SERVICIO DE INTERVENCIÓN TEMPRANA

Nombre del niño(a): Fecha de nacimiento: Nº de EI:

ESTADO DEL FUNCIONAMIENTO/NIVELES DE DESARROLLO ACTUALES Fecha de la visita:
Documente el porcentaje de retraso y/o la edad equivalente del niño en meses, y ofrezca una descripción de los niveles de funcionamiento del niño, incluyendo las fortalezas, recursos, prioridades y preocupaciones del niño y familia.

1. ¿Cuáles son las fortalezas, recursos, prioridades y preocupaciones de la familia relacionadas a mejorar el desarrollo del niño? (Revise el ASQ-SE y las rutinas y actividades diarias discutidas durante la entrevista de admisión)

2. Información global de salud y médica (incluyendo una declaración sobre el estado de la visión y la audición)

3.	Desarrollo de adaptabilidad	Retraso	Edad equivalente
4.	Desarrollo cognitivo	Retraso	Edad equivalente
5.	Desarrollo de la comunicación (total)	Retraso	Edad equivalente
	a. Comunicación expresiva	Retraso	Edad equivalente
	b. Comunicación receptiva	Retraso	Edad equivalente
6.	Desarrollo motriz (total)	Retraso	Edad equivalente
	a. Motricidad fina	Retraso	Edad equivalente
	b. Motricidad gruesa	Retraso	Edad equivalente
7.	Desarrollo social/emocional	Retraso	Edad equivalente

ESTADO DE ILLINOIS *Fecha:*
CORNERSTONE
PLAN DE SERVICIO DE INTERVENCIÓN TEMPRANA

Nombre del niño(a): Fecha de nacimiento: Nº de EI:

ESTADO DEL FUNCIONAMIENTO/NIVELES DE DESARROLLO ACTUALES Fecha de la visita:

RESUMEN DE LOS RESULTADOS INFANTILES

El objetivo global de los apoyos y servicios de Intervención Temprana es que los niños puedan exitosamente participar en su familia y en su comunidad. A tal fin, se mide el progreso hacia los siguientes resultados infantiles:

8. Habilidades socio emocionales positivas (incluyen relaciones sociales)

   Los niños que logran este resultado muestran una variedad de conductas relacionadas a hacer y mantener relaciones sociales positivas de maneras apropiadas para la edad. Por ejemplo, ellos:

   - Demuestran apego con cuidadores importantes en su vida
   - Inician y mantienen relaciones sociales con niños y adultos
   - Se comportan de maneras que les permiten participar en una variedad de lugares y situaciones
   - Demuestran confianza en otros
   - Regulan experiencias sensoriales y emocionales
   - Comprenden y siguen reglas
   - Resuelven problemas sociales

   A. ¿Hasta qué punto muestra el niño un comportamiento y habilidades relacionadas a este resultado apropiado para su edad en una variedad de lugares y situaciones?

COMPLETAMENTE	Entre UN POCO y COMPLETAMENTE	UN POCO	Entre EMERGENTE y UN POCO	EMERGENTE	Entre NO AUN y EMERGENTE	NO AUN	CLASIFICACIÓN

   B. ¿Ha mostrado el niño nuevas habilidades o conductas relacionadas a este resultado desde el último resumen de resultados?

9. Adquisición y uso de conocimiento y habilidades

   Los niños que logran este resultado muestran una variedad de conductas relacionadas a la adquisición y uso de conocimiento y habilidades en una variedad de rutinas y actividades cotidianas. Por ejemplo, ellos:

   - Exploran su ambiente
   - Se involucran en oportunidades de aprendizaje diarias a través de la manipulación de juguetes y otros objetos de manera apropiada
   - Usan vocabulario por medio de habla, lenguaje de signos o aparatos de comunicación aumentativa para comunicarse en formas cada vez más complejas
   - Muestran imaginación y creatividad en el juego
   - Obtienen y mantienen la atención

   A. ¿Hasta qué punto muestra el niño un comportamiento y habilidades relacionadas a este resultado apropiado para su edad en una variedad de lugares y situaciones?

COMPLETAMENTE	Entre UN POCO y COMPLETAMENTE	UN POCO	Entre EMERGENTE y UN POCO	EMERGENTE	Entre NO AUN y EMERGENTE	NO AUN	CLASIFICACIÓN

B. ¿Ha mostrado el niño nuevas habilidades o conductas relacionadas a este resultado desde el último resumen de resultados?

10. Uso de acción apropiada para satisfacer necesidades

Los niños que usan acciones apropiadas para satisfacer necesidades muestran una variedad de conductas relacionadas a este resultado. Por ejemplo, ellos:

- Usan gestos, sonidos, palabras, signos u otros medios para comunicar sus deseos y necesidades
- Satisfacen sus necesidades de cuidado personal (comer, vestirse, etc.) para poder participar en rutinas y actividades cotidianas
- Usan objetos como herramientas en formas apropiadas (por ej., tenedores, palitos, lápices, crayones, interruptores)
- Se mueven de un lugar a otro para participar en actividades, juego y rutinas cotidianas
- Buscan ayuda cuando es necesario para moverse de un lugar a otro o con necesidades de cuidado básico u otras necesidades
- Cumplen con las reglas relacionadas a la salud y seguridad

A. ¿Hasta qué punto muestra el niño un comportamiento y habilidades relacionadas a este resultado apropiado para su edad en una variedad de lugares y situaciones?

COMPLETAMENTE	Entre UN POCO y COMPLETAMENTE	UN POCO	Entre EMERGENTE y UN POCO	EMERGENTE	Entre NO AUN y EMERGENTE	NO AUN	CLASIFICACIÓN

B. ¿Ha mostrado el niño nuevas habilidades o conductas relacionadas a este resultado desde el último resumen de resultados?

FUENTE DE INFORMACIÓN INSTRUMENTO DE EVALUACIÓN, SI ES PERTINENTE FECHA:

INSTRUMENTO DE EVALUACIÓN FORMAL:
OBSERVACIÓN:

Nombre del niño(a): Nº de EI: Fecha:

SECCIÓN 1: CONSIDERACIONES FAMILIARES (Opcional)

1. ¿Cómo describiría a su hijo(a)?

2. ¿Cuáles son algunas de las cosas estupendas sobre su familia?

3. ¿Cuáles son algunas de las cosas que encuentra desafiantes o difíciles?

4. ¿Hay algo más que Ud. cree deberían otros saber sobre su niño(a) o familia?

Describa un día típico para su niño(a) y/o familia:

Mañana:

Almuerzo (lonche):

Tarde:

Cena:

Noche:

Hora de irse a la cama:

Entiendo que el suministro de la información de esta página es voluntario y que si la doy, será compartida con miembros del equipo del plan de servicios y otros indicados en este plan.

☐ Doy mi consentimiento para suministrar esta información
☐ No doy mi consentimiento para suministrar esta información

Firma: _____ Fecha: _____

Lo siguiente, sería útil en las semanas o meses venideros:

☐ Conocer a otras familias de niños(as) con necesidades similares
☐ Encontrar o trabajar con doctores u otros especialistas
☐ Coordinar el cuidado médico de su niño(a)
☐ Averiguar más sobre servicios que su familia recibe o podría recibir
☐ Encontrar nuevos lugares para ir/visitar en la comunidad
☐ Planear para el futuro
☐ Transporte
☐ Cuidado infantil (guardería)
☐ Encontrar a alguien que ayude en su casa (“*respite*” en inglés)
☐ Vivienda, ropa, trabajo, alimentos, teléfono
☐ Seguridad
☐ Encontrar un grupo de apoyo
☐ Apoyo/información para hermanos(as), amigos, parientes y/u otros
☐ Información acerca de las necesidades de su hijo(a)
☐ Ayuda con el seguro, SSI, Medicaid, Kidcare y/o DSCC
☐ Recreación – cosas divertidas para hacer en familia
☐ Otros:

Estoy preocupado(a) y/o interesado(a) en que mi hijo(a):

☐ Se mueva, gatee o camine
☐ Se comunique
☐ Aprenda
☐ Se alimente, nutrición
☐ Se divierta con otros niños(as)
☐ Comportamientos desafiantes o emociones
☐ Patrones de dormir
☐ Equipos o materiales
☐ Cuidado de salud o dental
☐ Dolor o incomodidad
☐ Visión o audición
☐ Otros:

Nombre del niño(a):	Nº de EI:	Fecha:
SECCIÓN 3: RESULTADO FUNCIONAL Nº: _____ (Puede usarse como declaración del objetivo anual para servicios prescolares de Part B)	**Desarrolle un resultado por página. Asigne el Nº de resultado para identificar cada página individualmente. Cada resultado puede tener varios servicios, estrategias y/o actividades designadas para facilitar el logro del resultado.**	
***** Prioridades familiares** (*Preocupaciones)* _____		
¿Qué queremos para _____ y nuestra familia? *(¿Qué desea la familia y por qué?)*		

¿Cómo lograremos este resultado? (Liste las estrategias y/o actividades diseñadas para facilitar el logro de este resultado y/o los pasos a tomar para conectar a servicios y/o para asegurar fondos para los servicios que no requieren ser financiados por el Sistema de Intervención Temprana Part C)	¿Qué ayuda podría ofrecer Intervención Temprana y/u otros servicios y respaldos?	Fuente de financiamiento	Analizando ahora, ¿cómo nos está yendo? ¿Logramos el resultado? ¿Deberemos cambiar el resultado, estrategias, actividades y/o servicios? Si creemos que sí, ¿cómo? Es necesario el consentimiento escrito de los padres para el cambio de servicios.

SOLO PARA PARTICIPANTES DE INTERVENCIÓN TEMPRANA: El ambiente principal para niños(as) pequeños(as) es dentro del contexto familiar, hogar, comunidad, estilo de vida y actividades, rutinas y obligaciones diarias. En la medida posible, los servicios deben ofrecerse en ambientes donde otros niños(as) pequeños(as) sin discapacidades y sus familias podrían participar. ¿Son todos los servicios de Part C necesarios para lograr este resultado, ofrecidos en ambientes naturales? ☐ Si ☐ No

Si la respuesta es negativa, justifique el grado en que alguno de los servicios no será ofrecido en ambientes naturales:

Nota sobre la fuente de financiamiento: Todos los servicios de intervención temprana Part C deber estar pre-autorizados. Indique la fuente de financiamiento (por ej., Medicaid, DSCC, seguro privado) responsable por el pago o de quien se solicita pago para los otros servicios identificados como necesarios pero que no requieren ser financiados por el Sistema de Intervención Temprana Part C,

SECCIÓN 7. AUTORIZACIÓN PARA IMPLEMENTACIÓN Y DISTRIBUCIÓN

Necesario para la implementación de servicios

El propósito de esta página de firmas obligatoria, "Autorización para Implementación y Distribución", es para: 1) certificar que la familia da consentimiento para los servicios listados en el plan de implementación y 2) indicar quien puede ver o recibir copias del plan, y quien tiene consentimiento familiar para intercambiar información verbal/escrita acerca del niño elegible.

SOLO PARA PARTICIPANTES DE INTERVENCIÓN TEMPRANA (EI)

- El contenido de este IFSP me ha sido explicado en su totalidad y si doy consentimiento para los servicios, entiendo que deben ser provistos.
- Entiendo que puedo rehusar alguno o todos los servicios ofrecidos por el estado pero si lo hago, mi hijo puede no recibir estos servicios del programa de intervención temprana.
- También entiendo que puedo solicitar garantías procesales para los servicios ofrecidos y recibir los servicios que no están siendo cuestionados mientras se resuelve la disputa o, si ya tengo un IFSP, continuar recibiendo los servicios ofrecidos mientras se resuelve la disputa.
- Entiendo y estoy de acuerdo que puede haber cambios con el proveedor individual de servicios de EI durante el curso de los servicios y que no se requiere mi consentimiento escrito siempre que el tipo, frecuencia, duración y lugar de los servicios se mantengan igual. Entiendo que será necesario un nuevo consentimiento firmado para compartir el IFSP con todo nuevo proveedor de servicios que no esté en la lista de abajo.
- Para implementar la entrega de servicios, estoy de acuerdo que este IFSP sea distribuido a proveedores de servicios de EI y a los individuos/agencias en la lista de abajo.
- Doy consentimiento para el intercambio escrito y verbal de información entre miembros del equipo de IFSP.
- Entiendo que este IFSP debe ser revisado cada síes (6) meses o más seguido si es necesario. Finalmente, entiendo que el Departamento de Servicios Humanos, la agencia que lidera el programa de Part C de EI, puede rehusar el reembolso de servicios no requeridos por el programa EI, y es el pagador de última instancia de servicios requeridos a ser pagados por el estado. Por la presente, renuncio a futuros avisos referidos a los servicios acordados.

☐ Doy mi consentimiento para todos los servicios de EI descriptos en este documento.

☐ Doy mi consentimiento para todos los servicios de EI descriptos en este documento, excepto:

_____ _____

_____ _____

☐ Rehúso los servicios de intervención temprana ofrecidos en este documento.

Doy mi consentimiento para que las siguientes personas/agencias reciban una copia de este plan de servicios y correcciones hechas al mismo.

Nombre	Papel	Domicilio	Nº de teléfono

Firma del padre, madre o padre sustituto: _____ Fecha: _____

Otra Firma: _____ Parentesco: _____ Fecha: _____

Nombre del niño(a):	Nº de EI:	Fecha: Fecha: Fecha: Fecha:

SECCIÓN 8. LISTA DE PARTICIPANTES/CONTRIBUYENTES DE LA REUNIÓN

Reunión para plan de servicios inicial

Nombre	Papel	Participó/Contribuyó

Reunión para revisar plan ☐ 6 meses ☐ Anual ☐ Otro

Nombre	Papel	Participó/Contribuyó

Reunión para revisar plan de serv. ☐ 6 meses ☐ Anual ☐ Otro

Nombre	Papel	Participó/Contribuyó

Reunión para revisar plan ☐ 6 meses ☐ Anual ☐ Otro

Nombre	Papel	Participó/Contribuyó

NATURAL ENVIRONMENTS REQUIREMENT

Part C of the Individuals with Disabilities Education Act (IDEA) requires that EI services be provided in "Natural Environments". Section 303.26 of Part C defines Natural Environments as **"settings that are natural or typical for a same aged infant or toddler without a disability"**. Therefore, the provision of EI in natural environments is not just a guiding principle, but is also required by Federal law.

In 2004 IDEA was amended to include changes to the following statement: "The provision of early intervention services for any infant or toddler *with a disability* occurs in a setting other than a natural environment *that is most appropriate, as determined by the parent and the individualized family service plan team*, only when EI cannot be achieved satisfactorily for the infant or toddler in a natural environment". In addition, the federal Office for Special Education Programs (OSEP) has had a longstanding interpretation of the IDEA that EI services must be provided in a natural environment, unless a written justification exists for providing these services in other settings.

Based upon the above federal regulations, **effective July 1, 2005 all Service Coordinators and providers were required to use the "Natural Environment Justification Worksheet" at the IFSP meeting to justify all services that would not be provided in a child's most natural learning environments**. Family centered functional outcomes **must** be written **prior** to the determination of service delivery decisions (see definition section for functional outcomes, within the EI Provider Handbook). Once the functional outcomes have been written, if it is determined that the outcomes cannot be met in the child's natural learning environment, the IFSP team must complete the Worksheet.

The Worksheet requires the IFSP team to explain why it was determined that it was not appropriate to provide the service(s) in the natural learning environment. Justification must be based on the needs of the child and the "Principles of Early Intervention" and not on any of the following, which are considered unacceptable justification reasons:

- Administrative convenience; and/or
- Fiscal reasons; and/or
- Personnel limitations; and/or
- Parent/therapist preferences; and/or
- Medical needs rather than developmental needs.

In addition, justification must indicate why the recommended setting is necessary to achieve the identified outcome, as well as why no other natural learning environment is appropriate. An IFSP team should always maximize their efforts to support the family within the child's natural learning environments before contemplating the need for any justification process. Justification for each outcome must include a plan to transition interventions into the natural setting.

Natural Environments Worksheet

Child's Name: Date:

Natural Environments Justification

Outcome #: Service(s):

Environment in which service(s) will be provided:

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment:

Outcome #: Service(s):

Environment in which service(s) will be provided:

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment:

Outcome #: Service(s):

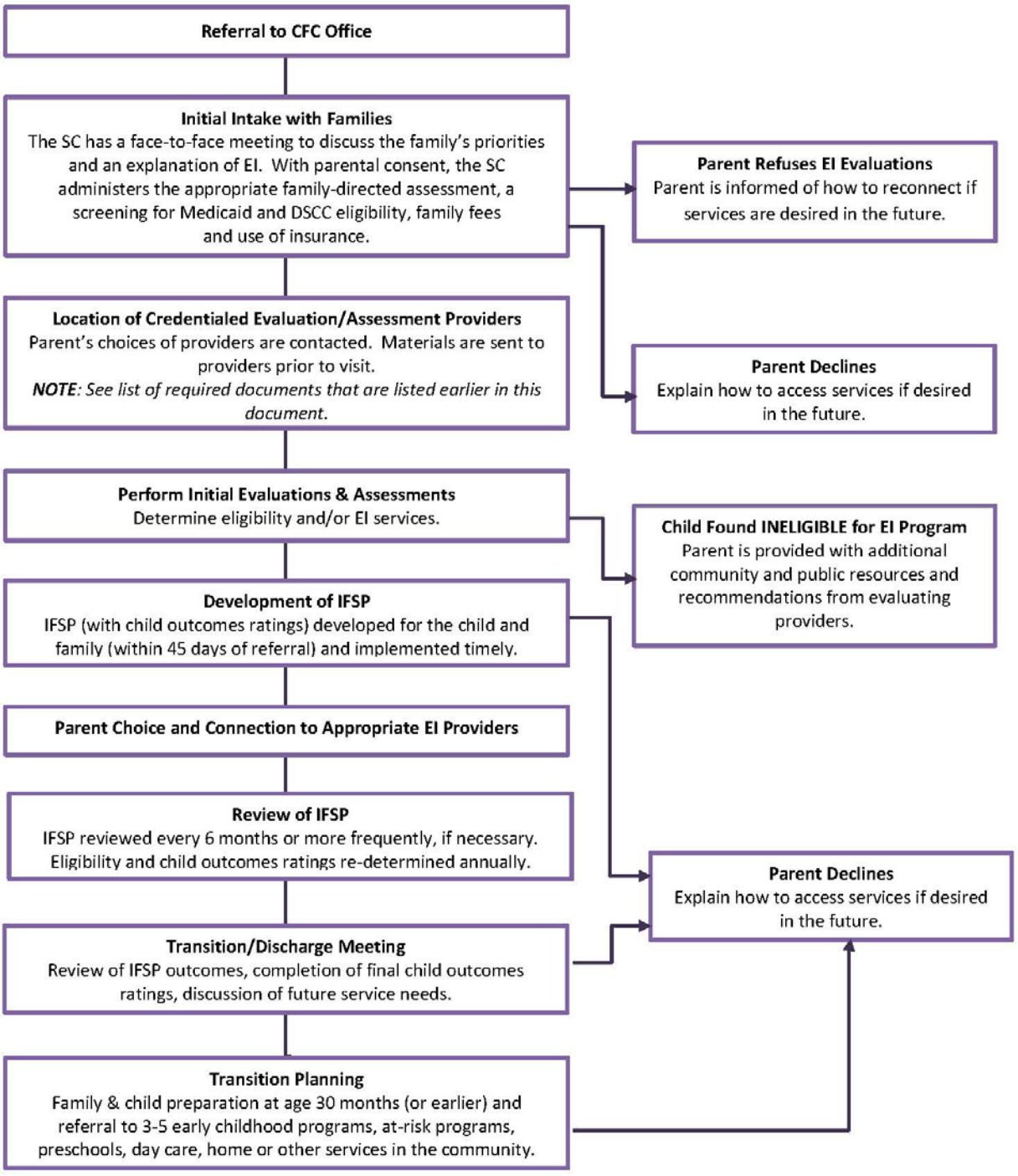
Environment in which service(s) will be provided:

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment:

Natural Environments Justification Worksheet

Review area	1 (unacceptable)	3 (acceptable)	5 (best practice)
A. Adequate information and evidence is provided to support the rationale that a child's needs and outcomes cannot be achieved in natural settings.	The IFSP identifies one or more services that are not in a natural environment for the child and family. **AND** There is no justification or the justification is not based on the needs of the child but appears to be for: ▪ administrative convenience, **and/or** ▪ fiscal reasons, **and/or** ▪ personnel limitations, **and/or** ▪ parent/therapist preferences.	The child is receiving **most** services in natural environments. **AND** When a service is provided in a setting that is not a natural environment, a justification is included in the IFSP that is based on the needs of the child, justifying that the setting is necessary to achieve the outcome.	**All** services are provided in natural environments. **OR** The child is receiving **most** services in natural environments. **AND** When a service is provided in a setting that is not a natural environment, a justification is included in the IFSP that is based on the needs of the child, justifying that the setting is necessary to achieve the outcome. **AND** For each service justified there is a plan to transition interventions into natural settings.

OVERVIEW OF EARLY INTERVENTION REFERRAL TO TRANSITION ACTIVITIES



Sample Authorization with Descriptions

REPORT: HSPR0771 | **STATE OF ILLINOIS** | RUN DATE: 04/12/2016
CORNERSTONE | TIME: 10:45
EARLY INTERVENTION PROGRAM – AUTHORIZED PROVIDER SERVICES | PAGE: 1

CFC SITE: 999999 #30 CFC - SUBURBIA **TELEPHONE:** (217) 555-1234
SERVICE COORDINATOR: 999999001 JOHNSON, ALBERT

A
CHILD EI NUMBER: 123456
NAME: SMITH, JOHN **PARTICIPANT ID:** S111-9901-9901-00
CATEGORY: EI EARLY INTERVENTION **DATE OF BIRTH:** 11/25/2013

RESIDENCE
123 HAPPY LANE **TELEPHONE:** (217) 555-1235
SPRINGFIELD, IL 62777
CONTACT: MARY SMITH **RELATIONSHIP:** MOTHER

AUTHORIZATION START DATE: 02/01/2016 — C — **END:** 10/31/2016

B **AUTHORIZED PAYEE:** ABC THERAPY COMPANY
123 MAIN STREET
SPRINGFIELD, IL 67777-7777 **TELEPHONE:** (217) 555-0001

D **AUTH TYPE:** IFSP-DIRECT SERVICE E **SERVICE:** SPEECH LANGUAGE THERAPY
F **METHOD:** INDIVIDUAL G **PLACE OF SERVICE:** 12 / HOME (OFFSITE)
H **PROCEDURE:** 92507 / SPEECH THERAPY SERVICES
I **FREQUENCY:** 2 **PER:** WEEK — J — **FOR:** 60 MINUTE(S)
K **AUTH NUM:** 123456-791-001-00 L **PRINT DATE:** 01/30/2016 M **DATE:** 02/04/2016
N **COMMENTS:** JOANIE CUNNINGHAM, SLP
O **PRIVATE INSURANCE:** 02/PRIVATE INSURANCE BILL

A – Child's information, including, child's name, home address, C'Stone identification #, EI #, DOB, contact name, relationship, & contact phone #
B – Agency the authorization has been assigned to
C – Date range for when the specified service is authorized to be performed
D – Type of authorization, see Glossary for definitions
E – Service type, i.e., OT, PT, SLP, etc.
F – Method in which the service must be provided, i.e., individual, group, purchase, repair, etc. See Glossary for additional information
G – Type of location the service will be provided, i.e., offsite, onsite, other, etc.
H – Authorized procedure code, see Chapters 7-22 for your provider type for additional information
I – A brief description of the procedure code listed in H
J – Number of times and intensity the service is to be provided, i.e., number of times per week, month, etc. for number of minutes, miles, etc.
K – Authorization to use when billing
L – Date the authorization was printed by the Service Coordinator
M – Date the authorization was created or last updated
N – Rendering provider, this includes Associate-Level providers. Correct name must be listed here if the provider is with an agency. If not, the Service Coordinator must be notified to make the necessary corrections.
O – Insurance requirement, i.e., bill insurance first, insurance billing not required. See CBO billing handbook for additional information

Please note, any and all errors must be corrected prior to providing the service to ensure payment.