

## Summary of Updates for Illinois Early Intervention Provider Handbook Last Revised 07/2022

**NOTE:** There are several clarifications that may not have been noted in this summary. Due to the large amount of changes made, it is recommended that all providers/payees take time to re-read the entire Handbook.

- EI Central Billing Website links were revised throughout handbook
- New Provider Connections website link was also updated throughout handbook
- Also rates for each category of service have been edited to include the increase that went into effect 07/01/19
- This handbook will go into full effect on 07/01/22

### Foreword

New language for all providers/payees to become knowledgeable of the contents and explanation of other details within handbook. Also includes contact information for notifying the Bureau of corrections or comments.

### Table of Contents

3.4 - Addition of Student Observations and Placements in Early Intervention

Included Attachment 6 for Student Observations and Placements in Early Intervention Guidance and Consents

Revised numbers of Attachments

### Chapter 1

- Included link to NAEYC regarding EI Service Delivery
- Revised service description
- Revised Principles of Early Intervention to include approved updates from January 2021 Illinois Interagency Council on Early Intervention meeting

### Chapter 2

2.2 Revised Bureau of EI contact information

2.3 Revised language in several of the EI Partner sections including updating Provider Connections new website address

2.5 EI Monitoring Reviews

- *Administrative Directive* - Revised last paragraph, 2nd sentence to clarify Monitoring staff's role in the review of privacy notice
- *Documentation to Support Services Provided and Billed to the CBO* – This section has been updated to include additional details of what is necessary in daily documentation and IFSP development time
- *Review of Authorizations* – included language regarding occurrences of service frequency
- *Physician's Prescription* – Removed language that referenced all licensed providers and a clarification that regarding alternate timeframes for the need
- *Evaluation/Assessment Reports* – Included language related to dating and billing of reports. Also, information added regarding providers must attend the entire IFSP meeting for IFSP discussion and development to be paid, no partial authorizations are to be requested or granted.
- *Associate-Level Provider & Supervision Documentation* – Revised to say every 30 days from date of services
- *Private Insurance Refund* section added

2.5.8 Included language of items to make available for monitoring reviews

### Chapter 3

- 3.1 Included FERPA to compliance with HIPAA regulations dot-point
- 3.3 Revised to be consistent for all associate-level providers
- 3.3.1 Included additional language on IMPACT requirements
- 3.3.3 Included language about single enrollment inactivations
- 3.3.5 Removed reference to RSS feed, no longer available
- 3.3.7 Revised timeline to renew application to 60 days and timeframe for background checks has lessened
- 3.3.9 Included language regarding license inactivation or suspension
- 3.3.10 Included language regarding protocol of DCFS investigations of providers
- 3.4.3 Updated language for associate-level provider requirements and identification of their credential status
- 3.4.4 Updated language for CFY not needing monthly supervision and licensure requirements
- 3.5 Included Student Observation and Placement in Early Intervention, this addition shifted numbering for remainder of Chapter
- 3.6 Revised 3.3.6 regarding enrollment requirements  
New language about secondary reimbursement providers
- 3.7 Revised and restructured this section to include DCFS investigations, lapse of license, etc.
- 3.8 Revised language regarding recording of services and virtual applications
- 3.10.4 Included note clarifying that providers may not deliver services to a child as 2 or more disciplines, and provided example
- 3.10.8.d Included IEP authorization language
- 3.11 Included link to Abused and Neglected Child Reporting Act  
Language and link to Admin Code added regarding cooperation of DCFS investigations
- 3.12.2 Revised language regarding provider selection
- 3.12.3 Included language about review of results of ASQ:SE 2
- 3.12.4 Revised language regarding provider selection
- 3.12.6c Included language regarding clinical opinion delay percentages
- 3.12.6d Revised language regarding to evaluation
- 3.12.7c Included language on team decisions and discussions of results of evaluations  
Included language on LVV service delivery option  
Removed duplicative information regarding the Transition Planning Conference
- 3.12.7d Included language regarding team communication options  
Added a reference to IFSP Development Time chart
- 3.12.8 Revised second paragraph child's age from 27 months to 25 months  
Included brief language about extended services
- 3.12.9 Included information regarding extended services
- 3.3.13 Included language that reports must be submitted to the CFC prior to billing or receiving an IM – IFSP meeting authorization  
Included clarifications and examples for when reports might cross timelines
- 3.13 Updated language to assist with timing of reports and added duration of days for when reports are due  
Add language regarding developmental justification  
Added language on when to complete a discharge vs. a developmental justification
- 3.14 Included new language for EI/ES services

### Chapter 4

Note added to refer families to their Service Coordinator in the event they have questions about their fee or insurance.

- 4.3 Included language #2
- 4.4 Included language that providers are to encourage families to look and complete surveys on Family Outcomes

## **Chapter 5**

Throughout chapter, revised Transition Plan to say Transition Steps and Services

- 5.1 Provided clarification regarding IFSP Outcomes should be gathered from providers/family and developed by the Service Coordinator
- 5.3 New Dot Point - Added information on IFSP Requirements
- 5.5.2 Included language regarding the importance of Child Outcomes
- 5.6 Dot point 7 - Removed DT from list of individuals able to develop a letter of developmental necessity
- 5.7 Clarification regarding IFSP development time requires detailed case notes  
Included language on who could consult and the purpose  
clarified that private insurance verification or recertifications are not billable not Included at bottom of table in regard to allowable phone consultation is only to be used during Pandemic.  
Included language on IFSP development activities
- 5.8 Included additional team members in EI provider consultation  
Included a clarification of what IFSP provider consultation does not look like  
Included row and language regarding consultation time with other early childhood partners  
Included comment at bottom of chart regarding phone consultation

## **Chapter 6**

- 6.3 1<sup>st</sup> dot-point – clarified waiver type
- 6.4.1 Added time frame for corrected claims
- 6.4.3 Included language that there is a limit seven (7) rendering service providers to utilize Insurance Billing Unit

## **Chapter 7**

- Moved policy and procedure for ordering eyeglasses to Chapter 22, Vision. Included reference of where to find information on eyeglasses.
- Revised language throughout Chapter

## **Chapter 8**

- Included information on Deaf Mentors, removed in error
- 1<sup>st</sup> page, last paragraph, language revised to provide clarification on how to authorize for DT-H and Aural Rehab.
- Edited language on NOTE under Billable Activities with Authorizations
- Included procedure codes used for Deaf Mentors at the end of the Chapter
- Included language under billing notes regarding testing procedures
- Included language of what type of authorization will be provided to the Audiologist for a Hearing Screening/Examination

## **Chapter 11**

Language included that Interpreters are to never be alone in the family's home, only when accompanied by the EI Provider

Language included regarding when it is necessary to deliver interpretation services

## **Chapter 12**

- Revised clinics to be clinician
- Included language that the final report from the clinician is to be shared with IFSP team, holding a meeting with the IFSP team if changes to the IFSP are needed
- Included language information on non-medical professions
- Revised language in Standard Referral Process

## **Chapter 15**

Provided language on evaluation/assessment authorizations  
Updated Procedure Codes with added modifier

### **Chapter 16**

Provided language on evaluation/assessment authorizations  
Updated Procedure Codes with added modifier

### **Chapter 17**

Included new procedure codes released in 2019

### **Chapter 19**

Revised Note under Qualified staff to point to correct chapters  
Revised evaluation/assessment code  
Included language regarding licensure requirements

### **Chapter 20**

- Revised language that global evaluations are not acceptable, similar to OT and PT disciplines
- Provided language on evaluation/assessment authorizations within Procedure Codes

### **Chapter 22**

- Removed reference to Chapter 9.1 for eyeglasses procedure – inaccurate reference
- Included policy and procedure on how to order eyeglasses and included more details including contact information and form link for ordering. This information was previously located in the AT Chapter.

### **Chapter 23**

- Included a new definition to identify how to document adjusted age
- Included language to include resubmitted and corrected claim timelines
- Included language regarding Arena Evaluations/Assessments
- Realigned Documentation definition, included revised language to provide minimum requirements, and that document translation should not be billed until after the documents have been delivered to the Service Coordinator
- Included a new definition explaining the requirement of using a tool to provide reports and procedures of how to submit a new tool
- Under Equally-Qualified Providers, included language that the Payee cannot allow same provider to provide services as two disciplines
- Included new definition of Evaluation and Assessment Instruments, Early Intervention Approved that includes that the use of a tool is mandatory, this is not a change but a clarification to prevent confusion
- Included language on Arena Evaluations/Assessments and reporting
- Information on percentages of delay needed in reports.
- Definition of letter of developmental necessity for AT devices added
- Make-Up Sessions definition Included seven (7) calendar days
- Included clarification language to secure electronic email
- Included EI/ES and references for information

### **Attachments**

**Attachment 1** - Assistive Technology Letter of Developmental Necessity Guidance and Report Format

**Attachment 2** - Revised first paragraph on reporting timelines

Report Format - Rearranged date, age, in Demographic Information

**Attachment 3** - Included definition of Adjusted Age

- Report Format - Rearranged date, age, in Demographic Information

- Included language on adjusted age
- Included language on billing date
- Included language on individual reports

**Attachment 4** - Report Format - Rearranged date, age, in Demographic Information

**Attachment 5** - Report Format - Rearranged date, age, in Demographic Information

Included language that if using multiple tools, at least one of those tools must be on the list of approved evaluation and assessment instruments

**Attachment 6** - New – Included Guidance and Consent for Student Observation and Placement in Early Intervention (EI) – adding this attachment shifted all remaining attachments causing the attachments to be different numbers

**Attachment 7** - Updated guidance to include new handbook name and edits to Principles

**Attachment 8** - IFSP – Revised Section 3, 6, and 7

**Attachment 9** - Revised language in regard to Handbook

**Attachment 10** – Reformatted chart

**Attachment 11** - Included EI/ES Flowchart

**Attachment 12** – Revised Comments section placement