

TITLE 89: SOCIAL SERVICES  
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES  
SUBCHAPTER e: EARLY CHILDHOOD SERVICES

PART 500  
EARLY INTERVENTION PROGRAM

SUBPART A: GENERAL PROVISIONS

Section

500.10	Purpose
500.15	Incorporation by Reference
500.20	Definitions

SUBPART B: COMPONENTS OF THE STATEWIDE SYSTEM

500.25	Public Awareness and Child Find
500.30	Central Directory
500.35	Local Interagency Councils
500.40	Illinois Interagency Council on Early Intervention
500.45	Regional Intake Entities
500.50	Eligibility
500.55	Early Intervention Services/Devices
500.60	Provider Qualifications/Credentialing and Enrollment
500.65	Monitoring

SUBPART C: SERVICE DELIVERY REQUIREMENTS

500.70	Intake
500.75	Eligibility Determination
500.80	Individualized Family Service Plan Development
500.85	Individualized Family Service Plan Implementation
500.90	Individualized Family Service Plan Updating
500.95	Case Transfer
500.100	Transition to Part B or Other Appropriate Services at Age Three
500.105	Case Closure
500.110	Recordkeeping
500.115	Service Provider Requirements

SUBPART D: FINANCIAL MATTERS

500.120	Billing Procedures
500.125	Payor of Last Resort

500.130 Family Fee/Insurance

SUBPART E: PROCEDURAL SAFEGUARDS/CLIENT RIGHTS

- 500.135 Minimum Procedural Safeguards
- 500.140 Administrative Resolution of Complaints By Parents
- 500.145 Mediation
- 500.150 Confidentiality/Privacy
- 500.155 Right to Consent
- 500.160 Surrogate Parents
- 500.165 Written Prior Notice
- 500.170 State Complaint Procedure

- APPENDIX A Sliding Fee Schedule
- APPENDIX B Assessment Instruments
- APPENDIX C Requirements for Professional and Associate Level Early Intervention (EI)  
Credentialing and Enrollment to Bill
- APPENDIX D Use of Associate Level Providers
- APPENDIX E Medical Conditions Resulting in High Probability of Developmental Delay  
(not an exclusive list)

AUTHORITY: Implementing and authorized by the Early Intervention Services System Act [325 ILCS 20] and Part C of the Individuals with Disabilities Education Act (IDEA) (20 USC 1400 et seq., as amended in 1997).

SOURCE: Adopted at 25 Ill. Reg. 8190, effective July 1, 2001; amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003.

**Section 500.20 Definitions**

"Act" means the Early Intervention Services System Act [325 ILCS 20].

"Child find" means an activity that identifies potentially eligible infants and toddlers.

"Council" or "IICEI" means the Illinois Interagency Council on Early Intervention established under Section 4 of the Early Intervention Services System Act.

"Credential" means an official documentation from the Department's credentialing office that an individual has met pertinent licensing, degree, and certification requirements as set forth in Appendix C, as well as the applicable education, experience, continuing professional education, and ongoing professional development requirements as set forth in Section 500.60.

"Day", for purposes of this Part, means calendar day.

"Department" means the Illinois Department of Human Services.

"Early intervention services" or "EI services" means services that:

- are designed to meet the developmental needs of each child eligible under the Act and the needs of his or her family;

- are related to enhancing the child's development;

- are selected in collaboration with the child's family;

- are provided under public supervision;

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

- are designed to meet an infant's or toddler's developmental needs in any of the following areas:

  - cognitive development;

  - physical development, including vision and hearing;

language, speech and communication development;

social-emotional development; or

adaptive self-help skills development;

meet the standards of this Part, including the requirements of the Act;

include one or more of the services set forth in Section 500.55;

are provided by qualified personnel, as set forth in Section 500.60;

are provided in conformity with an Individualized Family Service Plan;

are provided throughout the year; and

are provided to the maximum extent appropriate in natural environments, including the home and community settings that are natural or normal for the child's age peers who have no disability.

"Early Intervention Services System" or "System" means the system of service delivery described in this Part that implements Part C of IDEA in Illinois and the Illinois Early Intervention Services System Act.

"Eligible children" or "eligible child" means infants and toddlers under 36 months of age with any of the following conditions:

Developmental delay;

A physical or mental condition that typically results in developmental delay; or

At risk of having substantial developmental delays, according to informed clinical judgment.

"Developmental delay" means a Department determined eligible level of delay (30% and above) in one or more of the following areas of childhood development: cognitive; physical, including vision and hearing; language, speech and communication; social-emotional; or adaptive self-help skills, as measured by Department approved diagnostic instruments and standard procedures or as confirmed through informed clinical judgment of qualified staff based upon multidisciplinary evaluation and assessment if the child is unable to be appropriately and accurately tested by the

standardized measures available.

"Physical or mental condition that typically results in developmental delay" means a medical diagnosis (see Appendix E) approved by the Department as an eligible condition 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 subspecialists included are those such as pediatric neurologists, geneticists, pediatric orthopedic surgeons and pediatricians with special interest in disabilities.

"At risk of substantial developmental delay, according to informed clinical judgment" 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 early intervention services are not provided, because a child is experiencing either:

a parent who has been medically diagnosed as having a severe disorder as set forth under axis I and axis II of the Diagnostic and Statistical Manual IV (DSM IV) (1994; American Psychiatric Association, 1400 K Street, NW, Washington, D.C. 20005) 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.

Services for children determined to be "at risk" shall not be funded under Federal Part C funding, nor subject to its requirements, unless Part C funding for "at risk" services is requested by the lead agency.

"Enroll" means to enter into an agreement that establishes duties, expectations and relationships between the Department and the individual or agency provider that provides early intervention services to eligible children and their families. A provider must be enrolled to bill and receive payment for services from the Early Intervention Program.

"Evaluation/Assessment" or "Evaluation" means the initial and ongoing procedures used by appropriate qualified staff to determine:

- a child's eligibility under this Part in accordance with the definition of "eligible infants and toddlers";

- the child's status in each of the developmental areas set forth in "early intervention services";

- the child's unique strengths and needs;

- the services appropriate to meet those needs;

- the resources, priorities, and concerns of the family; and

- the supports and services necessary to enhance the family's capacity to meet the developmental needs of its infant or toddler with a disability.

"Individualized Family Service Plan" or "Plan" or "IFSP" means a written plan for providing early intervention services to an eligible child and the child's family, as set forth in Subpart C.

"Lead agency" means the State agency, as designated by the Governor and the Act, responsible for administering the Act and this Part in accordance with federal laws and rules. The Illinois Department of Human Services has been so designated.

"Local interagency agreement" means an agreement entered into by local

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

"Local interagency council" or "LIC" means a local advisory body established for each designated geographic intake region as set forth in Section 6 of the Early Intervention Services System Act.

"Local service area" means a local interagency council region.

"Multidisciplinary team", sometimes referred to as the IFSP team, means a group of people concerned with the developmental needs of the child, including the child's parent/guardian and service coordinator and members from pertinent disciplines involved in the provision of integrated and coordinated services, including evaluation and assessment activities, who determine appropriate EI services by consensus as set forth in this Part.

"Natural environment" means home and community settings that are natural or normal for the child's age peers who have no disability.

"Parents" means a parent, a guardian, a person acting as a parent of a child or a surrogate parent appointed as set forth in this Part.

"Part B" means Part B of the Individuals with Disabilities Education Act (20 USC 1400 et seq.) (IDEA) governing "Assistance for Education of All Children with Disabilities".

"Part C" means Part C of IDEA (20 USC 1400 et seq.) governing "Infants and Toddlers with Disabilities".

"Regional intake entity" means the Department's designated entity responsible for implementation of the Early Intervention Services System within its designated geographic area as set forth in Section 500.45.

"Transition" is the process of transferring eligible children receiving early intervention services under this Part out of such services to Part B services or to other appropriate developmental or educational services.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.45 Regional Intake Entities**

The Department will assure the designation of regional intake points as necessary to accomplish consistent, System intake and service coordination throughout the State. The regional entity shall be the contracted entity responsible for implementation of the Early Intervention Services System within its designated geographical area. The regional entity shall:

- a) Participate in public awareness and child find activities by disseminating information to primary referral sources and working with local interagency councils.
- b) Provide adequate accessible space/facilities to store permanent early intervention records and to house staff.
- c) Select, train, and supervise qualified staff to carry out the following tasks within the System specified time frames:
  - 1) Receive referrals.
  - 2) Develop, maintain and process the permanent early intervention case record in accordance with policies set forth by the Department.
  - 3) Provide information about the Early Intervention Services System, including rights and procedural safeguards and available advocacy services, to families and initiate intake with parental consent.
  - 4) Coordinate EI and non-EI services for enrolled families.
  - 5) Ensure that eligibility is determined according to the Department's early intervention eligibility criteria.
  - 6) Comply with family fee policies and procedures as set by the Department.
  - 7) Develop the initial IFSP with the family, within 45 days after referral, consistent with requirements in this Part and federal regulations.
  - 8) Monitor that the integrity of the IFSP process is maintained and completed through accurate, timely and complete implementation of the services as mutually determined and agreed to by the IFSP Team, and consented to in writing by the child's parent/guardian.
  - 9) Monitor that the Part C funds are the "payor of last resort" to the extent allowed by law. This includes assistance in accessing resource supports, including but not limited to Medicaid (Title XIX), the State Child Health Insurance Program (Title XXI), the Division of Specialized Care for Children (Title V) and private insurance.
  - 10) Assist the family in monitoring IFSP implementation and obtain updated documentation from service providers listed on the IFSP in accordance with this Part, communicating regularly with the family using a variety of face-to-face, telephone, written correspondence, and other methods, including team meetings, to ensure that the family is well informed and an active participant in the implementation of the IFSP.
  - 11) Assure that IFSPs are reviewed at least every six months and updated annually.



- 12) Assure that transition planning, case transfer and case closure occur consistent with the requirements of this Part.
- 13) Be knowledgeable of and comply with all applicable federal and State laws, guidelines, procedures, rules, regulations, and executive orders applicable to its activities, including, but not limited to:
  - A) The Individuals with Disabilities Education Act (20 USC 1400 et seq.). The United States Department of Education regulations for the early intervention program for Infants and Toddlers with Disabilities (34 CFR 303) and the Illinois Early Intervention Services System Act.
  - B) The federal Family Education Rights and Privacy Act (FERPA) (20 USC 1232g, 1232h) and the United States Department of Education implementing regulations (34 CFR 99); the Illinois School Student Records Act [105 ILCS 10].
  - C) The Americans with Disabilities Act (42 USC 12131-12134).
- d) Maintain a directory of non-EI financial resources and support services for use with families.
- e) Assist families in accessing non-EI financial resources and support services by making appropriate referrals while the child is enrolled with the Early Intervention Services System and at transition. Children found ineligible should be offered referrals for non-EI community resources prior to case closure.
- f) Maintain administrative and programmatic contact with all EI service providers in the service area.
- g) Participate in routine monitoring and technical assistance activities as required by the Department, including on-site monitoring, data collection and reporting obligations, record reviews, financial audits, complaint investigations, and consumer satisfaction surveys.
- h) Enroll as a "KidCare agent" in order to complete the KidCare application as authorized under Section 22 of the Children's Health Insurance Program Act.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.50 Eligibility**

- a) An Illinois child under the age of 36 months of age and his or her family are eligible for services set forth in this Part if the child:
  - 1) is experiencing a Department 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 judgment of qualified staff based upon a multidisciplinary evaluation and assessment, at risk of substantial developmental delay.
- b) Eligibility must be determined by consensus of qualified staff based upon multidisciplinary evaluation and assessment, using one or more of the following:
  - 1) One or more standardized evaluations or criterion referenced measures approved by the Department. (See Appendix B.) If a child is unable to be appropriately and accurately tested by the standardized measures available, informed clinical judgment of the qualified staff based upon multidisciplinary evaluation and assessment may be used to document the level of delay. Activities to determine clinical judgment shall include observation and parent report and shall be described in the written report documenting the informed clinical judgment of qualified staff that the child is experiencing delay at a level determined by the Department to be eligible;
  - 2) Specific medical diagnosis as determined by the Department. If a child exhibits a medical condition not approved by the Department as being an eligible condition, written verification by a qualified pediatrician or pediatric sub-specialist (pediatric neurologist, geneticist, pediatric orthopedic surgeon, pediatrician with special interest in disabilities) that the child's medical condition typically results in substantial developmental delay within the varying ranges of developmental disabilities may be used; or
  - 3) Written verification of the consensus that, based on informed clinical judgment, development of substantial developmental delay is probable if early intervention services are not provided to the child who is experiencing risk factors as defined in Section 500.20. This report must also identify which risk factors the child is experiencing.
- c) Eligibility shall be determined annually. Children will continue to be eligible if they:
  - 1) have entered the program under any of the eligibility criteria in subsection (a) but no longer meet the current eligibility criteria under this Section; and
  - 2) either:

- A) continue to have any measurable delay; or
  - B) have not attained a level of development in each area, including cognitive, physical (including vision and hearing), language, speech and communication, psycho-social, or self-help skills, that is at least at the mean of the child's age equivalent peers; and
- 3) have been determined by the multidisciplinary team to require the continuation of early intervention 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 differ from the initial individualized family service plan because of the child's developmental progress, and may consist of only service coordination, evaluation and assessments.
- d) If a family removes a child from services prior to reaching age three years and the child is later referred again, the child must meet eligibility criteria in effect at the time of the subsequent referral in order to be re-enrolled.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.55 Early Intervention Services/Devices**

Early intervention services as defined in Section 500.20 may include the following as deemed necessary under the IFSP:

- a) Assistive technology, including:
  - 1) Assistive technology devices, meaning any item, piece of equipment or product system that is used to increase, maintain, or improve the functional capabilities of children with disabilities. Devices must be approved prior to purchase by the Department. Prior approval will not exclude assistive technology devices as defined in this Part that are required in order to meet the child's EI needs. Devices that meet the medical, life sustaining or routine daily needs of the child do not fall within the definition of assistive technology device.
  - 2) Assistive technology services, meaning services that directly assist a child with a disability in selection, acquisition, or use of an assistive technology device.
- b) Audiology, aural rehabilitation/other related services for the purposes of:
  - 1) Identification of children with auditory impairment, using appropriate criteria and audiologic screening techniques;
  - 2) Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures;
  - 3) Referral for medical testing and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
  - 4) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other related services;
  - 5) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices;
  - 6) Provision of services for prevention of hearing loss; and
  - 7) Family training, education and support provided to assist the child's family in understanding the child's special needs as related to audiology, aural rehabilitation and other related services and to enhancing the child's development.
- c) Clinical assessment, counseling and other therapeutic services for the purposes of:
  - 1) Evaluation to determine a child's developmental status and need for early intervention services;
  - 2) Administering psychological or developmental tests and assessment procedures to determine the need for psychological or other counseling services;
  - 3) Interpreting evaluation results;
  - 4) Obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health, and

- development;
- 5) Planning and managing a program of psychological or other counseling services, including psychological or other counseling for children and parents, family counseling, consultation on child development, parent training, and education programs; and
- 6) Family training, education and support provided to assist the child's family in understanding the child's needs as related to psychological or other counseling services and to enhancing the child's development.
- d) Developmental therapy services for the purposes of:
  - 1) Evaluation/assessment, IFSP development, provider to provider consultation and treatment planning that leads to achieving IFSP outcomes, special instruction activities defined in the IFSP that promote acquisition of skills in various developmental areas, including cognitive processes and social interaction, provision of information and support related to enhancing the child's skill development.
  - 2) Family training, education and support provided to assist the child's family in understanding the child's special needs as related to developmental therapy services and to enhancing the child's development.
- e) Family training and support that can include education provided to assist the family of an eligible child in understanding the needs of the child as related to the provider's specific discipline and to enhancing the child's development.
- f) Health consultation by a licensed physician who has provided recent and/or ongoing medical treatment for the child with service providers who are identified on a child's IFSP as members of the child's multidisciplinary team concerning the child's health care needs that impact the provision of early intervention services.
- g) Medical services for diagnostic or evaluation purposes provided by a licensed physician to determine a child's developmental status and need for early intervention services.
- h) Nursing services for the purposes of:
  - 1) Evaluation to determine a child's developmental status and need for early intervention services;
  - 2) Assessment to determine a child's health status and identify the need for medical referrals;
  - 3) Provision of required nursing care during the time the child is receiving other early intervention services, such as:
    - A) administration of medications, treatments, and regimens prescribed by a licensed physician; and
    - B) 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 other EI services;
  - 4) Family training, education and support provided to assist the child's family in understanding the child's needs as related to nursing services and to

enhancing the child's development.

Nursing services do not include hospital or home health nursing care required due to surgical or medical intervention or medical health services such as immunizations and regular "well child" care that are routinely recommended for all children.

- i) 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 the eligible child based upon individual assessment;
  - 3) Making referrals to appropriate community resources to achieve plans; and
  - 4) Family training, education and support provided to assist the child's family in understanding the child's needs as related to nutrition services and to enhancing the child's development.
- j) Occupational therapy services to address the functional needs of a child related to adaptive development; adaptive behavior and play; and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include:
  - 1) Evaluation/assessment and intervention;
  - 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;
  - 3) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability; and
  - 4) Family training, education and support provided to assist the child's family in understanding the child's needs as related to occupational therapy services and to enhancing the child's development.
- k) 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/screening/assessment of infants and toddlers to identify movement dysfunction;
  - 2) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems;
  - 3) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
  - 4) Family training, education and support provided to assist the child's family

- in understanding the child's needs as related to physical therapy services and to enhancing the child's development.
- l) Service coordination carried out by a service coordinator to assist and enable a child eligible under Part C and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided through the State's early intervention program, including:
    - 1) Providing comprehensive case management to coordinate EI and non-EI services provided for the child and family;
    - 2) Contacting the child/family at a minimum of one time per month to coordinate and monitor the provision of needed evaluation/assessments and services;
    - 3) Facilitating and participating in the development, review and updating of Individualized Family Service Plans;
    - 4) Facilitating the development of a transition plan to preschool services;
    - 5) Facilitating referrals for appropriate EI and non-EI services and supports;
    - 6) Developing and maintaining the child's permanent and electronic EI record at the regional intake entity; and
    - 7) Informing families of the availability of advocacy services.
  - m) Social services for the purposes of:
    - 1) Evaluation to determine a child's developmental status and need for early intervention services;
    - 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 evaluation of the child within the family context;
    - 4) Providing individual and family group counseling with parents and other family members, and appropriate social skill building activities with the child and parents;
    - 5) Working with those problems in the child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services;
    - 6) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services; and
    - 7) Family training, education and support provided to assist the child's family in understanding the child's needs as related to social work or other counseling services and to enhancing the child's development.
  - n) Speech-language therapy services for the purposes of:
    - 1) Evaluation/assessment activities to identify communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders, and

- delays in those skills;
- 2) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills;
- 3) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills; and
- 4) Family training, education and support provided to assist the child's family in understanding the child's needs as related to speech therapy services and to enhancing the child's development.
- o) Transportation services (e.g., loaded mileage for travel by taxi, common carrier or car) provided in accordance with the Department's EI transportation policies to enable an eligible child and the child's family to travel to and from the location where the child receives another early intervention service.
- p) Vision services for the purposes of:
  - 1) Evaluation/assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities;
  - 2) Referral for medical or other professional services necessary for the habilitation and/or rehabilitation of visual functioning disorders;
  - 3) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities;
  - 4) Orientation/mobility and other vision services related to improvement of visual functioning, including orientation and mobility training for all environments, communication skills training, visual training, independent living skills training and additional training necessary to activate visual motor activities; and
  - 5) Family training, education and support provided to assist the child's family in understanding the child's needs as related to vision services and to enhancing the child's development.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)



**Section 500.60 Provider Qualifications/Credentialing and Enrollment**

- a) Credentialing and enrollment, as set forth in this Part, is only for the purpose of providing and being reimbursed for EI services as set forth in this Part. It is not a license.
- b) An individual shall meet the pertinent licensing, degree, education and/or certification requirements for the service to be provided, as set forth in Appendix C, as well as the requirements set forth in this Section, in order to qualify for and maintain a credential to provide EI services. Credentialed providers must also enroll in order to be reimbursed for services.
- c) To be credentialed and maintain the credential the individual shall also:
  - 1) not be delinquent in paying a child support order as specified in Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65];
  - 2) not be in default of an educational loan in accordance with Section 2 of the Education Loan Default Act [5 ILCS 385/2];
  - 3) not have served or completed a sentence for a conviction of any of the felonies set forth in 225 ILCS 46/25(a) and (b) within the preceding five years (see 30 ILCS 500/50-10);
  - 4) not have been indicated as a perpetrator of child abuse or neglect in an investigation by Illinois or another state for at least the previous five years;
  - 5) be in compliance with pertinent laws, rules, and government directives regarding the delivery of services for which they seek credentialing.
- d) Education  
As of July 1, 2007, to be credentialed and maintain the credential an individual must provide documentation of the completion of educational experiences, as approved by the Department, that include at least 2 semester college hours or the equivalent (30 clock hours or CEU credit hours) in each of the following early intervention core knowledge content areas:
  - 1) The Development of Young Children: Typical and Atypical;
  - 2) Working with Families of Young Children with Disabilities;
  - 3) Intervention Strategies for Young Children with Special Needs; and
  - 4) Assessment of Young Children with Special Needs.Parent Liaisons are not required to provide this documentation.
- e) Temporary Credential  
An individual who is not currently credentialed and has submitted an application to the Department's credentialing office, including an acceptable plan for ongoing professional development as required in subsection (j)(2), and has met the pertinent requirements provided in Appendix C, as well as the education requirements in subsection (d) and other requirements in this Part, will be issued a temporary credential and may provide EI services.
- f) Training During Temporary Credential
  - 1) In order to qualify for full credential status an individual must document

the completion of 18 hours of early intervention systems training as required and provided by the Department, within 6 months after issuance of the temporary credential. This training shall include at least:

- A) Practice and procedures of private insurance;
- B) The role of the regional intake entities, service coordination, program eligibility determinations, family fees, Medicaid, KidCare, and the Division of Specialized Care for Children (DSCC) applications, referrals, and coordination with Early Intervention, and procedural safeguards;
- C) Introduction to the Early Intervention Program, including provider enrollment and credentialing, overview of Early Intervention Program policies and regulations, and billing requirements; and
- D) Evaluation and assessment of birth-to-three children, individualized family service plan development, monitoring and review, best practices, service guidelines, and quality assurance. Extensions of up to 6 months may be allowed upon request in writing setting forth the facts concerning noncompliance with this requirement. The Department's credentialing office will consider hardship and other extenuating circumstances and determine if an extension should be granted on an individual basis.

- 2) In order to qualify for full credential status as a Parent Liaison or Service Coordinator, an individual must document completion of training as required and approved by the Department, within 90 days after the receipt of the temporary credential for such service. This training shall include at least the early intervention systems training, set forth in subsections (f)(1)(A) through (D), as well as:

- A) Use of the management information system;
- B) Regional intake entity operating philosophies and procedures; and
- C) Transition.

Extensions of up to 90 days may be granted upon written request setting forth facts concerning noncompliance with this requirement. The Department's credentialing office will consider extreme hardship and other extenuating circumstances and determine if an extension should be granted on an individual basis.

- g) Supervision Requirement Either Prior to or During Temporary Credential

- 1) In order to qualify for full credential status, an individual must complete and document 240 hours of supervised professional experience providing direct EI services, for which they are being credentialed, to infants, toddlers and their families, except that audiologists or audiologists in supervised professional experience need only document 30 such hours. Documentation must show that the clinical professional supervisor met with the individual at least one hour per week and that the experience was evaluated by the clinical professional supervisor as satisfactory.

- 2) Individuals without the supervised professional experience required in subsection (g)(1) shall complete and document 240 hours of such supervised experience within 6 months after issuance of their temporary credential. Extensions of up to 6 months may be granted upon written request setting forth the facts concerning noncompliance with this requirement. The Department's credentialing office will consider extreme hardship and other extenuating circumstances and determine if an extension should be granted on an individual basis.
- h) **Full Credential**  
Once an individual with a temporary credential has documented satisfactory completion of the requirements in subsections (f) and (g), as well as the ongoing professional development requirement in subsection (j)(2), he/she is eligible to be fully credentialed.
- i) **Evaluation/Assessment Services**  
For developmental therapists, occupational therapists, physical therapists, and speech therapists and, as of September 1, 2003, Early Intervention Specialists in all credentialed disciplines, evaluation/assessment services for the purpose of determining initial eligibility, participating in the development of an initial comprehensive IFSP, and adding new types of services to existing IFSPs must be provided by a provider with a credential for Evaluation/Assessment as set forth in Appendix C in addition to an Early Intervention Specialist credential in the discipline required by the service being evaluated.
- j) **Renewal of Credential**  
Full credentials are valid for three years. At least one month before his/her credential expires, a provider shall submit a renewal application to the Department in a form required by the Department. To qualify for renewal, the provider must have met and provide documentation of the following continuing professional education and development activities, as well as documentation of maintenance of pertinent licensure/certification requirements and compliance with this Part. Failure to receive a renewal notice from the Department shall not excuse the submission of a renewal application for one's credential.
  - 1) **Continuing Professional Education**  
During the three years that the full credential is valid, a credentialed provider shall receive a total of 30 hours of continuing professional education as approved by the Department, with a minimum of 5 hours during each year of his/her credential. This training shall include two or more of the early intervention core knowledge content areas set forth in subsections (d)(1) through (4). Extensions of up to three months may be granted upon written request setting forth the facts concerning noncompliance with this subsection (j)(1). The Department's credentialing office will consider extreme hardship and other extenuating circumstances and determine if an extension should be granted on an individual basis. The extension shall not extend the time within which the subsequent year's

training requirements must be received.

2) Ongoing Professional Development

A credentialed provider (including temporary) shall participate in a system of ongoing professional development that includes, at a minimum, a once a month face-to-face meeting with either an individual specialist-level credentialed provider of the same discipline, or a group, at least one of whom is a specialist-leveled credentialed provider of the same discipline, in order to facilitate best practices through case review. As of April 1, 2003, each provider shall submit an ongoing professional development plan with his/her initial and renewal credential application in a format provided by the Department, and shall also report ongoing professional development activities on an annual basis to the Department's credentialing office in a format provided by the Department.

Service Coordinators and Parent Liaisons employed by regional intake entities shall participate in ongoing professional development experience as defined and implemented through a contractual agreement between the Department and the regional intake entity, instead of the requirement of this subsection (j)(2).

k) Restoration of Lapsed Credential

A credential that has lapsed for one year or less may be restored upon application proving the receipt of 10 hours of continuing professional education, as continuing professional education defined in subsection (j)(1), during the lapse period.

l) Enrollment

Credentialed providers (including temporary) must enroll with the Department in order to bill and receive payment for early intervention services. Enrollment requires entering into an agreement with the Department that establishes the duties, expectations, and relationships between the Department and the provider. Providers shall submit an enrollment application packet at the same time they submit an application for a credential. Providers credentialed as an "associate", as defined in Appendix C, are not required to enroll, but shall be supervised by a specialist who is credentialed and enrolled in the same discipline, as set forth in Appendix D, and who bills for the services provided by the associate level provider under his/her supervision and who receives directives and policy and procedural changes. Failure to receive Department payments, directives and policy and procedural changes, due to failure to comply with this subsection, shall not excuse compliance with those directives and changes.

m) Change of Name or Address

Credentialed providers shall notify the Department's credentialing office of any change of name or address within 30 days prior to billing under the new name and/or address, or 30 days after such change, whichever comes first. Correct information is required for a provider to receive payment for services.

n) Providers shall also enroll with the Department of Public Aid to become a

Medicaid provider, simultaneously with EI enrollment.

- o) An individual applying for or renewing enrollment shall state whether he or she is also enrolled as a DSCC provider.
- p) Termination of Credential/Enrollment
  - 1) Credentialing/enrollment, as set forth in this Section, is not a license. Rights of credential and enrollment are set forth in the Service Provider Agreement. In addition to the provisions of this subsection (p), the Department may exercise any rights it has under the Service Provider Agreement to terminate the agreement.
  - 2) The following shall result in immediate automatic termination of a provider's credential and enrollment:
    - A) Failure to comply with the requirements of subsection (f) and/or (g) 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 Medicaid and/or other programs of federal or State agencies.
    - C) Lapse of credential/enrollment for over 1 year without complying with subsection (k) or 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.
  - 3) The following shall also result in termination of a provider's credential and enrollment:
    - A) Failure to comply with provisions of this Part, or with Early Intervention 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.
  - 4) The provider shall be notified of the date of termination and the reason, and shall help to transition clients 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.

- 5) The 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 hearing.
- 6) The decision of the Secretary or the designee shall be final.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.75 Eligibility Determination**

- a) The service coordinator shall, with informed parental consent:
  - 1) Assist the family in developing an evaluation plan that lists testing activities needed to collect the information and the appropriate available enrolled providers chosen by the family to conduct the tests;
  - 2) Arrange for the evaluation plan to be implemented; and
  - 3) Obtain evaluation reports, including statements of evaluator findings related to the child's eligibility status and the child's functioning level, unique strengths and needs in the developmental areas tested and the services appropriate to meet those needs in all of the following five developmental domains:
    - A) cognitive development;
    - B) physical development, including vision and hearing;
    - C) language, speech and communication development;
    - D) social-emotional development; and
    - E) adaptive self-help skills development.
- b) Providers shall conduct authorized evaluations and provide reports to the service coordinator within at least four business days after the evaluation but prior to initial IFSP development.
- c) After sufficient information has been collected to determine eligibility status, the service coordinator shall ensure that eligibility is determined as set forth in Section 500.50. Existing records and evaluation reports may be used to assist with the evaluation/assessment process. Evaluations/assessments used in the eligibility determination and/or IFSP development process must have been completed no more than six months prior to the child's eligibility determination and/or IFSP development.
- d) If the child is determined eligible, the service coordinator shall:
  - 1) Inform the parent in writing that the child was determined eligible; and
  - 2) Assure completion of further comprehensive evaluation/assessment activities with the family.
- e) If the child is determined ineligible the service coordinator shall inform the parent in writing and shall close the case as set forth in Section 500.105. Written notice shall be consistent with the requirements of Section 500.165.
- f) With informed parental consent, the service coordinator shall notify the referral source in writing of the status of the referral.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.80 Individualized Family Service Plan Development**

- a) The service coordinator shall:
  - 1) Review existing records to identify whether additional information is needed to determine the child's current health status and medical history and, if so, shall request the information upon receipt of informed parental consent.
  - 2) Review existing records and evaluation reports to identify whether additional information is needed to determine the child's functioning levels, unique strengths and needs and the services appropriate to meet those needs in the five developmental domains (cognitive development; physical development, including vision and hearing; communication development; social-emotional development; and adaptive self-help skills) and, if not, shall arrange for additional evaluation/assessment activities using methods described in Section 500.75.
  - 3) Assist the family in determining its resources, priorities and needs related to being able to enhance its child's development and the supports and services appropriate to meet those needs.
  - 4) Assist the family initially, and annually thereafter or more often as required by change of circumstances, in determining its ability to participate in the cost of services that are subject to family fees. The inability of a family to participate in the cost of services shall not result in the denial of services to the child or the child's family.
  - 5) At the point of early intervention intake, and again at any periodic review of eligibility thereafter or upon a change in family circumstances, collect information regarding any and all public and private insurance under which the child's services may be covered.
  - 6) Explain to each family, orally and in writing, all of the following:
    - A) That the early intervention program will pay for all early intervention services set forth in the individualized family service plan that are not covered or paid under the family's public or private insurance plan or policy and not eligible for payment through any other third party payor.
    - B) That services will not be delayed due to any rules or restrictions under the family's insurance plan or policy.
    - C) That the family may request, with appropriate documentation supporting the request, a determination of an exemption from private insurance use under Section 13.25 of the Act.
    - D) That responsibility for co-payments or co-insurance under a family's private insurance plan or policy, but only to the extent that those payments plus the balance to be claimed do not exceed the current State rate for early intervention services, will be transferred



- to the lead agency's central billing office.
- E) That families will be responsible for payments of family fees, which will be based on a sliding scale according to income, and that these fees are payable to the central billing office, and that if the family encounters a catastrophic circumstance, as defined under Section 500.130(g)(1), making it unable to pay the fees, the lead agency may, upon proof of inability to pay, waive the fees.
- b) The Department shall not pay for services listed on the IFSP that the Department is not required to fund. Early intervention funding is the payor of last resort for IFSP services that the Department is required to fund. When an application or a review of eligibility for EI services is made, and at any eligibility redetermination, or upon a change in family circumstances, the family shall be asked if it is currently enrolled in Medicaid, KidCare, or the Title V program administered by the University of Illinois Division of Specialized Care for Children (DSCC).
- 1) If the family is enrolled in any of these programs, that information shall be put on the IFSP and entered into the computerized case management system, and shall require that the IFSP of a child who has been found eligible for services through DSCC state that the child is enrolled in that program.
  - 2) For those programs in which the family is not enrolled, a preliminary eligibility screen shall be conducted simultaneously for medical assistance (Medicaid) under Article V of the Illinois Public Aid Code; children's health insurance program (KidCare) benefits under the Children's Health Insurance Program Act; and Title V maternal and child health services provided through DSCC.
  - 3) When a child is determined eligible for and enrolled in the EI program and has been found to at least meet the threshold income eligibility requirements for Medicaid or KidCare, complete a KidCare/Medicaid application with the family and forward it to the Illinois Department of Public Aid's KidCare Unit for a determination of eligibility.
- c) Prior to development of the initial or annual Individualized Family Service Plan, the service coordinator shall:
- 1) Arrange for a meeting to be held, at a time and place convenient for the family, between the child's parent and other family members by parental request, the service coordinator, a person or persons directly involved in conducting the evaluations/assessments, potential service providers within the EI Service System as appropriate, and others, such as an advocate or person outside the family by parental request, to develop the Individualized Family Service Plan; and
  - 2) Provide reasonable prior written notice to the family and other participants of this meeting.
- d) At the meeting to develop the Individualized Family Service Plan, the service coordinator shall:

- 1) Coordinate and participate in the meeting.
  - 2) Ensure that the meeting is conducted in the parent's native language or mode of communication, unless it is clearly not feasible to do so, or that an interpreter is present to translate what is discussed.
  - 3) Seek a consensus by the multidisciplinary team regarding functional goals and objectives and an integrated plan to meet the goals and objectives set forth in subsection (e).
  - 4) If no consensus is reached, the service coordinator shall establish a Department approved service plan consistent with Department guidelines and reviewed by Department designated experts as set forth in subsection (f).
  - 5) Provide the parents with prior written notice, pursuant to Section 500.165, of the Department's proposed service plan. The parents may seek mediation or an impartial administrative resolution regarding other requested services.
- e) The Individualized Family Service Plan must:
- 1) Be developed by a multidisciplinary team, including the service coordinator and the parent as set forth in subsection (g).
  - 2) Be based on a multidisciplinary assessment of the unique strengths and needs of the child and a family-directed assessment of resources, priorities and concerns of the family.
  - 3) Include services necessary to provide appropriate developmental benefits for the identified needs.
  - 4) Include supports and services necessary to enhance the family's capacity to meet the identified developmental needs.
  - 5) State the natural environments in which services shall be appropriately provided and justification of why early intervention cannot be achieved satisfactorily in a natural environment if any services are to be provided elsewhere.
  - 6) Include all components as required by the Department.
  - 7) Provide a statement of the child's present developmental levels in the following areas, based on professionally acceptable objective criteria:
    - A) physical development, including vision and hearing;
    - B) cognitive development;
    - C) language, speech and communication development;
    - D) social or emotional development; and
    - E) adaptive self-help skills development.
  - 8) Provide a statement of the family's resources, priorities and concerns related to enhancing the development of the child.
  - 9) Provide a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures and timelines used to determine:
    - A) The degree to which progress toward achieving the outcomes is

- being made; and
  - B) Whether modifications or revisions of the outcomes or services are necessary.
- 10) A statement of the specific EI services to be provided, including:
- A) The frequency and intensity for each service, meaning the number of times a service will be provided within a given period and the length of time the service will be provided during each session;
  - B) The method of delivering the services, meaning whether the service will be provided on a group or individual basis;
  - C) The location in which early intervention services will be provided, including whether the location would be considered a natural environment for the child and family, as described in subsection (e)(5); and
  - D) The projected beginning dates as soon as possible after development of the IFSP and the duration or ending dates of the services.
- 11) A statement of any other services, such as medical services, that the child needs but that are not required early intervention services. The statement should include the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. Routine medical services such as immunization or well child care do not need to be listed unless the child is not receiving those services and needs them.
- 12) The name of the service coordinator qualified to carry out all applicable responsibilities who will be responsible for implementation of the IFSP and coordination with other agencies and persons.
- 13) The steps to be taken to support the transition of the child to preschool services under Part B of IDEA to the extent that those services are considered appropriate or to other services that may be available, if appropriate. The steps include:
- A) Discussions with and training of parents regarding future placements and other matters related to the child's transition at age three years;
  - B) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting; and
  - C) With informed parental consent, the transmission of information about the child to the local educational agency to ensure continuity of services, including evaluation information and copies of the IFSP.
- 14) State whether the family has private insurance coverage and, if the family has such coverage, attach a copy of the family's insurance identification card or otherwise include all of the following information:

- A) The name, address, and telephone number of the insurance carrier.
  - B) The contract number and policy number of the insurance plan.
  - C) The name, address, and social security number of the primary insured.
  - D) The beginning date of the insurance benefit year.
- f) During and as part of the IFSP development, and any changes thereto, the multidisciplinary team shall consult Department developed therapy guidelines and Department designated experts, if any, to help determine appropriate services, and frequency and intensity of those services. Services must be justified by the multidisciplinary team in order to be included on the IFSP. If the multidisciplinary team recommends services different in nature or in frequency and duration than those recommended by the guidelines and experts, it must provide written justification for the services consistent with the philosophy therein. The guidelines are not intended to be caps on frequency and intensity but to express EI service philosophy and best practice parameters.
- g) The contents of the IFSP shall be fully explained to the parents and informed written consent obtained prior to the provision of services. If the parents do not provide consent for a particular service, the EI services to which consent is obtained shall be provided.
- h) The service coordinator shall determine if an Interim Individualized Family Service Plan, as set forth in sections 303.322(e)(2) and 303.345 of Part C of IDEA, is needed to initiate partial services for an eligible child while intake is being completed. An Interim IFSP may be needed if some early intervention services have been determined to be needed immediately for the child or family.
- i) If an Interim IFSP is needed, the service coordinator shall:
- 1) Document the reasons an Interim IFSP is needed;
  - 2) Assist the family in determining its ability to participate in the cost of services that are subject to family fees;
  - 3) Complete the Department required IFSP form with the child's parent and with input from the multidisciplinary team members who recommended immediate services for the child and family;
  - 4) Arrange for the Interim IFSP to be implemented;
  - 5) Request service reports at the end of the Interim IFSP period and monitor provision of services; and
  - 6) Maintain the child's permanent and electronic record with the regional intake entity during the Interim IFSP period.
- j) The implementation of an Interim IFSP shall not be used to extend the 45 day intake period. A fee may be assessed for services subject to family fee if the family is assessed as having the ability to participate in the costs of its child's services.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.85 Individualized Family Service Plan Implementation**

- a) Upon receiving informed written consent from the child's parent to implement the Individualized Family Service Plan, the service coordinator shall:
  - 1) Arrange for implementation of the IFSP utilizing available enrolled providers. Every effort shall be made to refer families eligible for DSCC services to DSCC-enrolled providers;
  - 2) Provide copies of the IFSP to each person the parent has consented to receive a copy, including each enrolled provider who is providing early intervention services to the child who is the subject of that plan;
  - 3) Request direct service reports and monitor provision of services; and
  - 4) Update and maintain the child's permanent and electronic record with the regional intake entity during the IFSP period.
- b) The parent has the right to accept or decline any or all services without jeopardy to other services under this Part as set forth in Section 500.155(c). Refusals of services or referrals shall be documented in writing.
- c) Providers shall render authorized services as indicated in the IFSP. They shall provide direct service reports to the service coordinator at least every six months and prior to each IFSP update/review or more often if the child's progress/lack of progress warrants.
- d) The Illinois Early Intervention Services System is not responsible for funding early intervention services the parent seeks from providers not enrolled with the system unless an enrolled provider cannot be made available to the family. Services outside the System in such situations must be pre-approved by the Department.
- e) When a family's insurance coverage is through a managed care arrangement with a network of providers that includes one or more types of early intervention specialists who provide the services set forth in the family's IFSP, the family shall use those network providers, but only to the extent that:
  - 1) the network provider is immediately available to receive the referral and to begin providing services to the child;
  - 2) the network provider is enrolled as a provider in the Illinois early intervention system and fully credentialed under the current policy or rule of the Department;
  - 3) the network provider can provide the services to the child in the manner required in the IFSP;
  - 4) the family would not have to travel more than an additional 15 miles or an additional 30 minutes to the network provider than it would have to travel to a non-network provider who is available to provide the same service; and
  - 5) the family's managed care plan does not allow for billing (even at a reduced rate or reduced percentage of the claim) for EI services provided

- by non-network providers.
- f) If a child has been receiving services from a non-network provider and the regional intake entity determines, at the time of enrollment in the EI program or at any point thereafter, that the family is enrolled in a managed care plan, the family shall transfer to a network provider within 45 days after that determination if all the requirements of subsection (e) have been met and the child is less than 26 months of age.
  - g) If an exemption to use of insurance is granted, it shall be noted on the IFSP, and the family and the providers serving the family shall be notified in writing of the exemption.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.90 Individualized Family Service Plan Updating**

- a) The IFSP shall be reviewed at least every six months, or more frequently if conditions warrant or upon reasonable request of the child's parent. The review may be carried out by a meeting with multidisciplinary team members.
  - 1) The purpose of the review is to determine:
    - A) The degree to which progress toward achieving the outcomes is being made; and
    - B) Whether modification or revision of the outcomes, services or supports is necessary.
  - 2) The service coordinator shall facilitate the review and implementation of any changes that are agreed upon by consensus of the multidisciplinary team and that are consistent with requirements of Section 500.80(f). Upon informed parental consent, the child's permanent and electronic record shall be updated.
- b) Providers shall conduct authorized assessments using a Department approved test instrument (see Appendix B) as indicated on the IFSP as an ongoing process throughout the period of the child's eligibility and shall provide assessment reports to the service coordinator prior to IFSP updates/reviews.
- c) At least once a year, the service coordinator shall arrange for an annual IFSP meeting to evaluate and revise the IFSP for the child and the child's family. The results of any current evaluations and ongoing evaluations of the child and family must be used in determining what services are needed and shall be provided. The service coordinator shall facilitate development of the annual IFSP by conducting the activities outlined in Section 500.80.
- d) The service coordinator shall facilitate implementation of the annual IFSP by conducting the activities outlined in Section 500.85.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.115 Service Provider Requirements**

Service providers shall:

- a) Not bill families for authorized early intervention services.
- b) Participate in evaluation/assessment activities and the development, review and revision of IFSPs in a timely and comprehensive manner, and provide early intervention services in a family centered, ethical and culturally competent manner. Family members are to be an integral part of service planning, the child's participation in early intervention services, and the outcomes identified in the IFSP.
- c) Provide accurate services as set forth in the IFSP in a timely manner.
- d) Contact the service coordinator to request multidisciplinary team approval for proposed changes in the delivery of services to eligible children and to request parental consent prior to implementing any changes to services listed on the IFSP.
- e) Agree that they shall not bill or receive reimbursement from the Department's centralized billing system for services in excess of what is authorized in the IFSP.
- f) Agree not to terminate services for an eligible child without written notification to the child's service coordinator at least 30 days prior to the anticipated date of service termination.
- g) Meet and maintain all applicable standards and regulations for individual and program licensure, certification and credentialing. Comply with all applicable State and federal laws and regulations for physical facilities in which services are made available.
- h) Provide evaluation reports and direct service reports to the service coordinator as required by this Part and as necessary to the provision of EI services consistent with federal and State requirements.
- i) Submit invoice of charges for billable services following service delivery, according to Department billing requirements.
- j) Unless an exemption is granted to a family, bill private insurance and/or any and all other third party payors before submitting invoices for EI reimbursement.
  - 1) Bill the child's insurance carrier for each unit of EI service for which coverage may be available.
  - 2) When the service is not exempted, providers who receive a denial of payment on the basis that the service is not covered under any circumstance under the plan are not required to bill that carrier for that service again until the following insurance benefit year. That explanation of benefits denying the claim, once submitted to the central billing office, shall be sufficient to meet the requirements of this subsection (j)(2) as to subsequent services billed under the same billing code provided to that child during that insurance benefit year.
  - 3) Any time limit on a provider's filing of a claim for payment with the central billing office that is imposed through a policy, procedure, or rule of



- the Department shall be suspended until the provider receives an explanation of benefits or other final determination of the claim it files with the child's insurance carrier.
- 4) In all instances when an insurance carrier has been billed for EI services, whether paid in full, paid in part, or denied by the carrier, the provider must provide the central billing office, within 90 days after receipt, a copy of the explanation of benefits form and other required information.
  - 5) When the insurance carrier has denied the claim or paid an amount for the EI service billed that is less than the current State rate for EI services, the provider shall submit the explanation of benefits with a claim for payment, and the Department shall pay the provider the difference between the sum actually paid by the insurance carrier for each unit of service provided under the IFSP and the current State rate for EI services.
  - 6) The State shall also pay the family's co-payment or co-insurance under its plan, but only to the extent that those payments plus the balance of the claim do not exceed the current State rate for EI services.
  - 7) The provider may under no circumstances bill the family for the difference between its charge for services and that paid by the insurance carrier or by the State.
- k) Allow the Department to recoup money improperly submitted to provider by:
    - 1) offset from future reimbursements, or
    - 2) submitting repayment in full or in installments negotiated with the Department.
  - l) Participate in routine monitoring and supervision activities as set forth by the Department, including self-assessment, on-site monitoring, data collection and reporting obligations, record reviews, financial audits, complaint investigation, and consumer satisfaction surveys.
  - m) Comply with any and all federal and State statutes and regulations, policies, guidelines, directives and procedures, including but not limited to those listed in Section 500.45(c)(13), and others that are applicable to the services being provided.
  - n) Provide services and communications to clients in a language or mode of communication understood by the client. If necessary, interpreters may be used.
  - o) Be knowledgeable about and inform families of their rights and procedural safeguards, including requirements as set forth in 20 USC 1439 and 34 CFR 303.400 et seq., and comply with those rights and procedural safeguard requirements.
  - p) Make himself/herself available as required for administrative hearings, complaint proceedings or legal proceedings involving services under this Part.
  - q) Assist as required in maintaining the child's EI record at the regional intake entity.
  - r) The evaluators/assessors shall meet criteria as set forth in this Part.
    - 1) Evaluators/assessors shall attend additional training as set forth by the Department and shall agree in writing to operate within the framework of

the EI philosophy and best practices and guidelines, prior to being authorized to perform and bill for evaluations and assessments.

- 2) In order to be paid for an evaluation/assessment, evaluators/assessors shall meet all deadlines for submitting evaluations/assessments as set forth in this Part and in the Early Intervention Provider Agreement.
- 3) Evaluators/assessors shall participate in the IFSP meeting, for which they will be reimbursed. The meeting shall be held within 45 days after the child is referred to the system, unless there is a delay over which they have no control.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.130 Family Fee/Insurance**

- a) A statewide sliding fee schedule shall be established by the Department annually for direct EI services and assistive technology devices set forth in Section 500.55, except for those services that are required to be provided at no cost to families. (See Appendix A.)
- b) Each family's fee obligation shall be established annually. Family fees will be billed and collected in installments through the centralized billing system. Families shall not be required to pay more in annual fees than the cost of EI services and assistive technology devices received during the year and paid by the EI system. At the written request of the family, the fee obligation shall be adjusted prospectively at any point during the year upon proof of change in family income or family size.
- c) Parents shall have their private insurance billed for services and devices.
- d) Medicaid, KidCare and WIC Program recipients shall not be charged an EI fee. Parents of children eligible for Medicaid shall enroll their children with Medicaid so Medicaid funds can be accessed for EI services and devices.
- e) No one shall be denied services based on inability to pay.
- f) Families with insurance coverage, whether public or private, shall incur no greater or less direct out-of-pocket expenses for EI services than families who are not insured.
- g) Exemptions:
  - 1) A family may request exemption from the fee due to documentation of catastrophic circumstances or extraordinary expense, by showing either:
    - A) out-of-pocket medical expense in excess of 15% of gross income; or
    - B) a disaster such as fire, flood, or tornado causing direct out-of-pocket loss in excess of 15% of gross income.
  - 2) A family may request exemption from insurance use upon documentation showing a material risk of losing coverage because:
    - A) the insurance plan/policy covering the child is an individually purchased policy/plan purchased by a head of household who is not eligible for group medical insurance; or
    - B) the insurance plan/policy has a lifetime cap that applies to one or more specific types of early intervention services specified in the IFSP that coverage could be exhausted during the period covered by the service plan.

The exemption will only apply to the early intervention service and/or plan or policy for which there is a showing of material risk of loss of coverage.
  - 3) Regional intake entities shall submit requests for exemptions to the Department on the day that they are received, and the Department or its

designee shall decide within 10 business days whether to grant the exemption and notify the family.

- h) A parent wishing to contest his/her family fee assessment may request mediation or an administrative resolution under Section 500.145 or 500.140. Such request shall be made as soon as possible but at least within 30 days after notice of the fee assessment.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.140 Administrative Resolution of Complaints By Parents**

- a) The parents of a child between birth to 36 months or a public agency (as defined at 34 CFR 300.22 (2000)) may request an impartial administrative proceeding to resolve a dispute regarding the evaluation, identification, placement, delivery of services, or provision of appropriate services for their child (or if a public agency, for a child for whom it has responsibility).
- b) A request for an impartial administrative proceeding shall be made in writing to the Department at:

Chief  
Bureau of Administrative Hearings  
Illinois Department of Human Services  
Harris Building  
100 S. Grand Avenue East – 3rd Floor  
Springfield, Illinois 62762

With a copy to the regional intake entity and to:

Chief  
Bureau of Early Intervention  
Illinois Department of Human Services  
623 East Adams – 2nd Floor  
P.O. Box 19429  
Springfield, Illinois 62794-9429

- c) The letter requesting the proceeding shall include:
  - 1) the name, address, and telephone number of the child's parent, of the person making the request for the proceeding, if it is someone other than the child's parent, and of the child;
  - 2) the name of the child and the child's birthdate;
  - 3) a description of the nature of the problem of the child relating to the proposed or refused initiation or change, including facts relating to the problem;
  - 4) authorization for release of the child's early intervention service records to the Department and the hearing officer;
  - 5) the remedy being sought or proposed resolution of the controversy to the extent known and available to the parents at the time;
  - 6) the primary language spoken by the parents;
  - 7) the service delivery agency and/or provider involved in the dispute; and
  - 8) evidence supporting the remedy or proposed resolution (i.e., IFSP, Family Resource Inventory, bill payment, etc.).

The letter shall be confidential and only used for purposes of resolution of the dispute and as agreed to by the child's parents.

- d) Upon receipt of request for an impartial proceeding, parties involved in the dispute shall be offered the option of mediation as set forth in Section 500.145.
- e) During the pendency of any proceeding involving a complaint, unless the parent and the Department agree otherwise, the child must continue to receive the appropriate Part C EI services currently being provided. If the complaint involves application for initial Part C services, the child must receive those services that are not in dispute.
- f) The parent shall be informed of free or low cost legal and other related services available in the area if the parent requests that information or the parent or agency initiates a resolution under this Section. Regional intake entities shall maintain that information and make it available upon request or if a proceeding is initiated under this Section.
- g) Upon written request for an impartial proceeding, the Department shall appoint an impartial hearing officer. The Department shall maintain a list of hearing officers. An impartial hearing officer must:
  - 1) be licensed to practice law in Illinois;
  - 2) have knowledge about the provisions of IDEA Part C and the Illinois Early Intervention Services System Act, the needs of eligible children and their families, and services available to them under those statutes;
  - 3) not be an employee of the Department or a State educational agency, LEA or private service provider involved in the provision of early intervention services or care of the child;
  - 4) not have a personal or professional interest that would conflict with his/her objectivity in implementing the process.
- h) Complaints under this Part shall be submitted to the Department as soon as possible, but at least within three months after the complainant's knowledge of the disputed activity.
- i) Organizations and/or providers and/or individuals with whom the complainant has a dispute shall be parties to the proceeding as deemed necessary by the impartial hearing officer in order to resolve the dispute.
- j) Within five days after receiving written notification from the Department of Human Services, the appointed hearing officer shall contact the parties to determine a time and place reasonably convenient to the parties for a hearing and any pre-hearing conferences. The hearing officer shall provide the parties at least ten days' written notice of the dates, times, and locations of any pre-hearing conferences and of the hearing.
- k) The hearing officer may conduct a pre-hearing conference either in person or by telephone in order to narrow the issues, determine stipulations by the parties, exchange evidence and names of witnesses, and consider other matters that may aid in efficient disposition of the case. At the conclusion of the pre-hearing conference, the hearing officer will prepare a written report of the conference to

be entered into the hearing record memorializing the discussion, any stipulations, and scheduling accommodations made for parties or witnesses.

- l) Any party to a hearing has a right to:
  - 1) be accompanied (at the party's expense) and advised by counsel and by individuals with special knowledge or training with respect to children with disabilities;
  - 2) present evidence and confront, cross-examine, and compel the attendance of witnesses;
  - 3) prohibit the introduction of any evidence at the proceeding that has not been disclosed to that party at least five days before the proceedings; and
  - 4) obtain a written or electronic verbatim record of the hearing.
- m) Parents involved in hearings must be given the right to:
  - 1) obtain written findings of fact and decision within 45 days after receipt of the request for impartial resolution;
  - 2) have the child who is the subject of the hearing present; and
  - 3) open the hearing to the public (hearings shall be closed to the public unless the parent requests them to be open).
- n) As soon as possible, but at least five business days prior to the hearing, each party shall disclose to all other parties all evaluations completed by that date and recommendations based on those evaluations that the party intends to use at the hearing, as well as other evidence to be offered at hearing and other relevant documentation.
- o) The regional intake entity shall disclose the complete record of the child to the Department within five business days after receipt of the letter requesting a proceeding under this Section.
- p) The hearing officer may bar any party failing to comply with subsection (n) from introducing evidence at hearing that was not produced as required in subsection (n).
- q) 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.
- r) At the hearing, the party requesting the administrative resolution has the burden of proceeding first and demonstrating by a preponderance of the evidence that the provision or proposed provision of EI services for the child violates Part C, the State Act, or this Part.
- s) Upon completion of the submission of evidence and testimony, parties shall be given a reasonable period of time to present written or oral arguments to complete the process within 45 days.
- t) The hearing officer shall maintain and prepare a record of the proceeding and shall prepare written findings and a decision that shall be served upon the parties. The record shall contain the letter requesting the proceeding, evidence submitted

at the hearing, a transcript or recording of the hearing, prehearing conference reports, motions, orders and all other material that is part of the record.

- u) Any and all written findings and decisions shall be transmitted to the Illinois Interagency Council on Early Intervention and be made available to the public without personally identifying information.
- v) Either party may request a delay in convening the hearing and/or the pre-hearing conference for good cause. The party requesting the delay shall do so in writing to the hearing officer, with a copy served at the same time to all parties. The requesting party shall set forth the reasons for the request and the hearing officer shall, upon receiving the request, either grant or deny the request. The hearing officer shall contact the Department of Human Services with the date and place of the hearing and pre-hearing conference.
- w) Any party aggrieved by the findings and decision made in the hearing has a right to bring civil action in a State court of competent jurisdiction or in a district court of the United States regardless of the amount in controversy.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)



**Section 500.APPENDIX C Requirements for Professional and Associate Level Early Intervention (EI) Credentialing and Enrollment to Bill**

Nothing in this Appendix C shall exempt any individual from compliance with any and all State licensing requirements and/or supervisory requirements pertinent to the individual's delivery of services.

**EI SERVICE****QUALIFIED STAFF****Assistive Technology**

Durable medical equipment and supplies; providers may enroll to bill. No credential required.

**Audiology, Aural  
Rehabilitation/Other Related  
Services**

Audiologists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Audiologist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\* (Provider is automatically enrolled under assistive technology and aural rehabilitation categories.)

Unlicensed individuals with a masters in audiology who are participating in a supervised professional experience may apply for an EI Associate: Audiologist in supervised professional experience credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.\*

Speech/Language Pathologists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Speech/Language Pathologist credential and enroll to bill for aural rehabilitation services. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\* (Provider is automatically enrolled under aural rehabilitation and speech therapy categories.)

Unlicensed individuals with a masters in speech-language pathology who are participating in a supervised professional experience may apply for an EI Associate: Speech/Language

Pathologist in supervised professional experience credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.\*

Unlicensed individuals employed by school districts as School Speech/Language Therapists who will only be providing services through their school employment may apply for an EI Specialist: School Speech/Language Therapist credential and enroll to bill for aural rehabilitation services. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\* (Provider is automatically enrolled under aural rehabilitation and speech therapy categories.)

Individuals with a current Special Education for Deaf and Hard of Hearing teaching certificate may apply for an EI Specialist: Developmental Therapist/Hearing credential and enroll to bill for aural rehabilitation services. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\* May also provide Developmental Therapy Services. (Provider is automatically enrolled under aural rehabilitation category.)

Clinical Assessment,  
Counseling, and Other  
Therapeutic Services

Clinical Psychologists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Clinical Psychologist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Clinical Professional Counselors with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Clinical Professional Counselor credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Marriage and Family Therapists with a current license in the state where they provide services to Illinois children may

apply for an EI Specialist: Licensed Marriage and Family Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Clinical Social Workers with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Clinical Social Worker credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Unlicensed individuals employed by school districts as School Psychologists who will only be providing services through their school employment may apply for an EI Specialist: School Psychologist credential. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Graduate students in psychology who submit a letter from the graduate school verifying that they are providing psychological services in a supervised internship setting in order to complete a comprehensive, culminating training experience prior to granting of a graduate degree in psychology may apply for an EI Associate: Psychology Intern credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.\*

#### Developmental Therapy

Individuals with an EI Specialist Developmental Therapist credential on January 1, 2004 or who are applying for an EI Specialist Developmental Therapist credential prior to January 1, 2004 must have (1) a minimum of Teacher Endorsement in Early Childhood Education (ECE) or Special Education or bachelors degree in ECE, Early Childhood Special Education, Special Education, or human service field with one year of experience working hands on with children birth to 3 with developmental disabilities (Persons with a degree in a human service field must submit proof of training on the use of a formal assessment tool that would allow the provider to perform global evaluations/assessments.); or (2) a

current license in art, music, recreation, or other type of therapy, rehabilitative or habilitative in nature, in the state where they provide services to Illinois children may apply for credential renewal or, prior to January 1, 2004, may apply for an EI Specialist Developmental Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.

Individuals who do not hold an EI Specialist Developmental Therapist credential on January 1, 2004 must have a bachelors degree or higher in Early Childhood Education (Type 04), Early Childhood Special Education (Type 04), Special Education (LBS-1 or LBS-2), Special Education: Deaf/Hard of Hearing or Blind/Partially Sighted (3-21), Child Development Elementary Education, Developmental Psychology, or Social Work and when applicable a teaching certificate; or with a bachelors degree or higher and a full specialist credential in the Early Intervention program; or a current license in art, music, recreation, or other type of therapy, rehabilitative or habilitative in nature, in the state where they provide services to Illinois children; and can document the completion of educational experiences as approved by the Department that include at least 2 semester college hours or the equivalent (30 clock hours or CEU credit hours) in each of the following EI core knowledge content areas: the Development of Young Children; Typical and Atypical; Working with Families of Young Children with Disabilities; Intervention Strategies for Young Children with Special Needs; and Assessment of Young Children with Special Needs; and can submit proof of training on the use of a formal assessment tool that would allow the provider to perform global evaluations/assessments may apply for an EI Specialist: Developmental Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

An emergency waiver of educational requirements for developmental therapists may be applied for and must be accompanied by the recommendation of a regional intake entity manager documenting the need for developmental therapy services in the service area. A bachelors degree or

higher is required. If approved, the resulting temporary credential will be reviewed at 6-month intervals for a maximum of 18 months. A training plan toward qualification for full credential status must be submitted with the emergency waiver application. Additional training is required within 6 months for continued enrollment.\*

Individuals with a current Special Education for Deaf and Hard of Hearing teaching certificate may apply for an EI Specialist: Developmental Therapist/Hearing credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\* They may also provide aural rehabilitation services based on their qualifications and experience. (Provider is automatically enrolled under aural rehabilitation category.)

Individuals with (1) a bachelors degree or higher in Orientation and Mobility or (2) a current Special Education for Blind and Partially Seeing teaching certificate may apply for an EI Specialist: Developmental Therapist/Vision credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\* They may provide Developmental and/or Vision Therapy services related to visual functioning based on their qualifications and experience. (Provider is automatically enrolled under the vision category.)

Individuals with an associates degree in early childhood education or child development who have an EI Associate: Developmental Therapy Assistant temporary credential on July 1, 2003 may apply for full associate credential status if additional training requirements are met.\* No other new temporary or full associate credentials for Developmental Therapy Assistants will be issued. Individuals who have an associate credential will be allowed to submit an application to have their credential renewed no more than two times after July 1, 2003. Associate services are billed under the enrolled supervisor's name.

Evaluation/Assessment

Individuals with a current Early Intervention Specialist credential and who also meet all the following requirements

may apply for an Evaluation/Assessment credential:

Documentation of a minimum of three years (full time equivalent) pediatric experience within the Early Intervention Specialist credentialed discipline is required with no less than 20% of that experience related to infants and toddlers between birth and three years of age or the equivalent, with a minimum of one year (full time equivalent) pediatric experience within the Early Intervention Specialist credentialed discipline with no less than 60% of that experience related to infants and toddlers;

Documentation of a minimum of six months pediatric post degree supervision;

Demonstration of competency in using and interpreting a variety of approved assessment tools related to his/her discipline by participating in evaluator specific training;

Demonstration of past work as a member of a service team and agreement to work with the service coordinator, other evaluators, and the family as an effective team member;

Agreement to participate in IFSP meetings as specified in this Part;

Agreement to perform evaluation/assessments and present recommendations thereon, that are consistent with DHS therapy guidelines and early intervention philosophy, and to provide adequate justification for recommendations;

Agreement to participate in routine quality assurance and/or early intervention monitoring activities conducted by the Department or its Designee, or the U.S. Department of Education, Office of Special Education Programs;

Agreement to comply with all applicable federal and/or State laws, rules, regulations, policies, provider

agreement and procedure and guidelines;

Documentation of attendance at  
Evaluation/Assessment training as required and  
provided by the Department.

The expiration date of an Evaluation/Assessment credential will coincide with the Early Intervention Specialist discipline specific credential. Renewal of the Evaluation/Assessment credential is contingent on the successful renewal of the Early Intervention Specialist discipline specific credential.

#### Family Training and Support

Individuals with a high school diploma or equivalent who are the parent or guardian of a child with special needs and are employed by an entity such as an agency or hospital that provides early intervention services as a Parent Liaison may apply for an EI Parent Liaison credential and enroll to bill. Completion of Parent Liaison Training is required within 90 days after being issued a temporary credential for full credential status and continued enrollment.

Individuals who are bilingual or an interpreter for the deaf may enroll to bill as an interpreter. Upon application for enrollment, the bilingual applicant must identify the languages for which he/she is applying to interpret and his/her proficiency in reading, writing or speaking the languages and submit 2 letters of professional reference from non-family members attesting to the applicant's competency in the specified language areas. Interpreters for the deaf must meet the requirements set forth in 225 ILCS 442. Additional training is required within 6 months for continued enrollment.\* Interpreters are not required to obtain a credential.

Deaf adults who have been certified by Hearing and Vision Connections as a language mentor for the deaf may enroll to bill. Language mentors are not required to obtain a credential.

#### Health Consultation

Physicians with a current license in the state where they provide services to Illinois children may enroll to bill. Physicians are not required to obtain a credential.

#### Medical Services

Physicians with a current license in the state where they

(Diagnostic/Evaluation  
Purposes Only)

provide services to Illinois children may enroll to bill.  
Physicians are not required to obtain a credential.

Individuals on the physician's service team should refer to the service area appropriate to their discipline for credentialing requirements.

Nursing

Registered Nurses with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Registered Nurse credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\* (Provider is automatically enrolled under nutrition category.)

Nutrition

Licensed Dietitians with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Dietitian credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Licensed Nutrition Counselors with a current license in the state where they provide EI services to Illinois children may apply for an EI Specialist: Licensed Nutrition Counselor credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Registered Nurses with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Registered Nurse credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Occupational Therapy

Occupational Therapists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Occupational Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*



Certified Occupational Therapy Assistants with a current license in the state where they provide services to Illinois children may apply for an EI Associate: Licensed Certified Occupational Therapy Assistant credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.\*

#### Physical Therapy

Physical Therapists with a current license in the state where they provide Part C EI service to Illinois children may apply for an EI Specialist: Licensed Physical Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.\*

Physical Therapy Assistants with a current license in the state where they provide services to Illinois children may apply for an EI Associate: Licensed Physical Therapy Assistant credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.\*

#### Service Coordination

Individuals with an EI Service Coordination credential on January 1, 2003 and: (1) an EI Specialist credential of any type, (2) a bachelors degree or higher in human services, behavioral science, social science or health related field, (3) a current license as a Registered Nurse, (4) current employment as a service coordinator in a Family Case Management Agency, or (5) an associates degree in human services, education, behavioral science, social science, or health related field plus 2 years of experience working with children birth to 5 to provide intervention services or service coordination in a community agency serving children and families, may apply for renewal of their credential.

Individuals who do not hold an EI Coordination credential on January 1, 2003 and with a bachelors degree or higher in human services, behavioral science, social science or health related field or a current license as a Registered Nurse may apply for an EI Service Coordination Credential and enroll as an employee of a Child and Family Connections office.

Additional training is required within 90 days after being issued a temporary credential for full credential status and continued enrollment.

#### Social Services

Social Workers with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Social Worker credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Professional Counselors with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Professional Counselor credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Registered Nurses/Advanced Practice Nurses who are masters prepared Psychiatric-Mental Health Clinical Nurse Specialists with a current license in the state where they provide services may apply for an EI Specialist: Licensed Registered Nurse/Advanced Practice Nurse credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.\* The Advanced Practice Nurse must provide a collaborative agreement with a collaborating physician who provides services to children birth to 3. The written collaborative agreement shall describe the working relationship of the Advanced Practice Nurse with the collaborating physician and shall authorize the categories of care, treatment, or procedures to be performed by the Advanced Practice Nurse, including early intervention services to be provided.

Unlicensed individuals employed by school districts as School Social Workers who will only be providing services through their school employment may apply for an EI Specialist: School Social Worker credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Graduate students in social work who submit a letter from their graduate school verifying that they are providing social work services in a supervised internship setting in order to complete a comprehensive, culminating training experience prior to granting of a graduate degree in social work may apply for an EI Associate: Social Work Intern credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.\*

#### Speech Therapy

Speech/Language Pathologists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Speech/Language Pathologist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\* (Provider is automatically enrolled under aural rehabilitation and speech therapy categories.)

Unlicensed individuals employed by school districts as School Speech/Language Therapists who will only be providing services through their school employment may apply for an EI Specialist: School Speech/Language Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.\*

Unlicensed individuals with a masters in speech-language pathology who are participating in a supervised professional experience may apply for an EI Associate: Speech/Language Pathologist in supervised professional experience credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months for full associate credential status.\*

Speech/Language Pathology Assistants with a current license in the state where they provide services to Illinois children may apply for an EI Associate: Speech/Language Therapy Assistant credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.\*

Transportation	Individuals with an appropriate vehicle registration number, insurance and current driver's license may enroll to bill. Not required to obtain a credential.
Vision	<p>Optometrists or Ophthalmologists with a current license in the state where they provide services to Illinois children may enroll to bill. Not required to obtain a credential.</p> <p>Individuals with (1) a bachelors degree or higher in Orientation and Mobility or (2) a current Special Education for Blind and Partially Seeing teaching certificate may apply for an EI Specialist: Developmental Therapist/Vision credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.* They may provide Developmental and/or Vision Therapy services related to visual functioning based on their qualification and experience.</p>

\* See Section 500.60(f) for additional training requirements.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)

**Section 500.APPENDIX D Use of Associate Level Providers**

Nothing in this Appendix D shall exempt any individual from compliance with any and all State licensing requirements and/or supervisory requirements pertinent to the individual's delivery of services.

In order to enlist the widest pool of qualified service providers, the EI System will support 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, enrolled supervisor.

**GUIDELINES**

Each credentialed associate level provider shall be supervised by a specialist credentialed/enrolled in the same discipline. (Appendix C identifies the requirements for professional and associate level credentialing and enrollment.)

- 1) The credentialed/enrolled specialist shall:
  - a) evaluate/assess the child, develop the plan for intervention services required to accomplish Service Plan outcomes and submit evaluation/assessment report prior to Service Plan development/update/review;
  - b) instruct the associate level provider about the intervention services to be provided;
  - c) reassess the child as determined by the child's Service Plan and any licensure requirement for the enrolled specialist or associate level staff at least prior to each Service Plan update/review;
  - d) revise the intervention activities as needed;
  - e) approve all methods and materials selected to implement the intervention plan;
  - f) for each child to which an associate level provider provides intervention services, conduct direct supervision during client services at a minimum of once each month;
  - g) submit direct service report prior to each Service Plan update/review and more often if the child's progress/lack of progress warrants;
  - h) submit bills for services provided by the associate level provider;
  - i) participate in Service Plan development/update/review; and
  - j) follow supervision requirements as set forth in his/her licensure or other certification standards.
- 2) The credentialed associate level provider shall:

- a) provide services only as instructed by the supervising specialist;
  - b) record all early intervention services provided;
  - c) report all changes in child's condition to the supervising specialist;
  - d) check authorization to make sure the associate is identified in the comment field as the provider of direct service under the supervisor; and
  - e) if the associate's name does not appear in the comment field of the authorization, contact the child's service coordinator to correct the oversight.
- 3) The credentialed associate level Audiologists and Speech/Language Pathologist in his/her supervised professional experience shall:
- a) provide services under the supervision of a specialist who is credentialed/enrolled in the same discipline;
  - b) provide services consistent with the Illinois Speech/Language Pathology and Audiology Practice Act that includes evaluation/assessment and service plan development; and
  - c) follow the guidelines as listed in (1) and (2) above, except the restriction in (1)(a) that does not allow the associate to provide evaluation/assessment or service plan development.

**NOTE:** Supervisory time is non-billable time and is considered to be administrative time that is part of the rate paid.

(Source: Amended at 27 Ill. Reg. \_\_\_\_\_, effective February 7, 2003)