

Child and Family Connections Procedure Manual

July 26, 2012

Federal regulation requires changes to policies and procedures to complete a public participation process which includes a 60-day posting, with the receipt of written comments for 30 days and public hearings. The CFC Procedure Manual is attached for your use. The procedural manual should be considered guidance until the public participation process is completed.

Illinois Department of Human Services
Division of Family & Community Services
Early Intervention Program

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CHAPTER 1.0**INTRODUCTION**

The purpose of the Child and Family Connections (CFC) Procedure Manual is to assist CFC staff with the procedural operations of the statewide Early Intervention (EI) Services System and in performance of day-to-day activities. Uniformity and consistency are integral to implementation of the statewide system. Procedures are provided for such activities as referral, intake, eligibility determination, service plan development and monitoring the implementation of service plans.

Note: This manual does not contain detailed procedures for using Cornerstone. For that information, please refer to the Cornerstone Reference Manual, which is available electronically on each Cornerstone workstation.

The procedures outlined in this document are based on federal and state regulations and DHS policies. CFC staff are required to comply with these procedures and all pertinent law, rule and policy. To review the following enabling legislation, visit the DHS EI Program website at www.dhs.state.il.us/ei, then going to the section entitled *Laws and Rules*.

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

The Early Intervention Services System Act (325 IL CS 20/) can be viewed and downloaded by going to:
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1463&ChapterID=32>

State rules for the EI Services System can be viewed and downloaded by going to: <http://www.ilga.gov/commission/jcar/admincode/089/08900500sections.html>

The Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191, Title II, § 262(a), 100stat. 2024) can be viewed by visiting the Office for Civil Rights website at:
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html>

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

Other laws, rules and policy may also apply.

CHAPTER 2.0 PRINCIPLES OF EARLY INTERVENTION

- 1) The primary goal of EI is to support families in promoting their child's optimal development and to facilitate the child's participation in family and community activities.
- 2) The focus of EI is to encourage the active participation of families in the therapeutic process by imbedding intervention strategies into family routines. It is the parents who provide the real early intervention by creatively adapting their child care methods to facilitate the development of their child, while balancing the needs of the rest of their family.
- 3) EI requires a collaborative relationship between families and providers, with equal participation by all those involved in the process. An on-going parent-professional dialogue is needed to develop implement, monitor, and modify therapeutic activities.
- 4) Intervention must be linked to specific goals that are family-centered, functional, and measurable. Intervention strategies should focus on facilitating social interaction, exploration, and autonomy.
- 5) Intervention shall be integrated into a comprehensive plan that encourages transdisciplinary activities and avoids unnecessary duplication of services. The plan shall be built around family routines, with written home activity programs to encourage family participation in therapeutic activities on a daily basis.
- 6) Intervention should be monitored periodically to assure that the strategies implemented are successful in achieving outcomes.
- 7) Children and their families in the Early Intervention System deserve to have services of highest quality possible. High standards will be set for the training and credentialing of administrative and intervention staff. Training, supervision, and technology will be focused to achieve excellence.

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

CHAPTER 3.0 OVERVIEW OF CHILD AND FAMILY CONNECTIONS**3.1 What Is Child and Family Connections (CFC)**

The CFC is the regional intake entity responsible for ensuring that all referrals to the EI Services System receive a timely response in a professional and family-centered manner. Each CFC is responsible for implementation of the EI Services System within their specific geographic region of the state. All staff employed as Service Coordinators or Parent Liaisons by a CFC are required to obtain an EI credential prior to providing services to families.

The CFC functions as the electronic link between the CFC region and the CBO via the state Cornerstone system. Client referral information is stored electronically in Cornerstone and routine updates are made based upon information obtained and decisions made with respect to eligibility, service planning, and service delivery through development and implementation of an Individualized Family Service Plan (IFSP).

3.2 CFC Functions

All CFC activities should be conducted in ways that are consistent with the FERPA and HIPAA. Service coordination is an active, ongoing process that involves assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the EI services required under this part; and coordinating the other services identified in the IFSP under § 303.344(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.

- CFC activities include:
 - Receiving referrals;
 - Developing, maintaining, and processing the permanent EI case record;
 - Providing families with information about the EI Services System, including accurate and timely information regarding choices or options and thorough information about rights, procedural safeguards, available advocacy services and opportunities and responsibilities under federal and state law;
 - Facilitating and participating in the IFSP development within 45 days after the initial date of referral also reviewing, monitoring, evaluating and updating;
 - Conducting and completing intake;
 - Coordinating the provision of EI and non-EI services and other services (such as educational, social and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided for enrolled families;
 - Ensuring completion of initial and annual eligibility determination, including insurance and financial information;
 - Complying with family fee policies;
 - Coordinating evaluations and assessments necessary for development of IFSPs;
 - Completing current EI levels of development/child outcome ratings.
 - Conducting referral and other activities to assist families in identifying available EI providers;

- Monitoring that the integrity of the IFSP process is maintained and completed
Assisting the family in monitoring IFSP implementation and obtaining updated documentation from service providers listed on the IFSP, to determine that appropriate EI services are being provided communicating monthly 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 functioning as an active participant in the implementation of the IFSP;
- Assuring that all IFSPs are reviewed at least every six months and updated annually;
- Facilitating the development of a transition plan to preschool, school or, if appropriate, to other services.
- Being knowledgeable of and complying with all applicable federal and State laws, guidelines, procedures, rules, regulations, and executive orders applicable to CFC activities;
- Maintaining accurate documentation in the form of case notes that summarize all conversations held between a Service Coordinator and a child's family and/or providers;
- Participating in a process to measure family outcomes; and
- Knowing, understanding, and following the philosophy of EI.
- Social Emotional Activities (see CFC SUPPORT SERVICES/Social Emotional section for details)
- Parent Liaison activities (See CFC SUPPORT SERVICES/Parent Liaison Activities section for details)
- Pediatric Consultative Services (See CFC SUPPORT SERVICES/Pediatric Consultative Services section for details).
- Local system management activities
- Providing adequate accessible and secure space and facilities to store permanent records, house staff and hold meetings;
- Selecting, training and supervising qualified staff necessary to carry out the CFCs contractual obligations;
- Maintaining a directory of non-EI financial resources and support services for use with families;
- Maintaining permanent records for each child referred for a minimum of six years, in accordance with EI record-keeping requirements; Facilitating Local Interagency Council activities (See CFC SUPPORT SERVICES/Local Interagency Council Coordination section for details);
- Assisting families in accessing non-EI financial resources and support services by making appropriate referrals while the child is enrolled with the EI Services System and at transition. Children found ineligible should be offered referrals for non-EI community resources prior to case closure;
- Maintaining administrative and programmatic contact with all EI service providers in the service area;

- Participating in routine monitoring and technical assistance activities as required by DHS, including on-site monitoring, data collection and reporting obligations, record reviews, financial audits, complaint investigations, and consumer satisfaction surveys;
- Enrolling as a "All Kids Application Agent" in order to complete the All Kids application for families who may be eligible and choose to enroll in All Kids; and
- Submitting data and reports as requested by the state and performing other activities as requested by DHS to assist in system implementation.

3.3 Overview of Program Manager Reports

CFC offices are required to submit reports that provide data concerning local system management activities.

3.4 Program Manager Reports Policy

- 3.4.1 Each CFC Program Manager will report service delays to the DHS EI Program on a monthly basis.
- 3.4.2 Each CFC Program Manager will report Service Coordination Caseload counts on a monthly basis.
- 3.4.3 Each CFC Program Manager will report Family Fee Delinquency Activity on a monthly basis.
- 3.4.4 Each CFC Program Manager will report Transition Referral activity on children referred less than 45 days from third birthday on a monthly basis.
- 3.4.5 Each CFC Program Manager will work with their Local Interagency Council(s) (LICs) to address delays in services, provider recruitment and gaps in services due to lack of qualified credentialed/enrolled providers on an annual basis.

3.5 Program Manager Reports Procedure

The data for the service delays, the Service Coordination Caseload summary, the Transition Referral activity and the LICs information will be completed in a report format provided by the DHS EI Program. The Family Fee Delinquency report is formatted at the discretion of the CFC Program Manager.

- 3.5.1 The service delays and transition referral activity will be reported monthly using the DHS-created database. The Program Manager must gather and report electronically the required service delay information for children for which the initial Individualized Family Service Plan (IFSP), six month review, annual IFSP or specific services are delayed beyond the required timelines and will record the service delay information on the most current version of the EI Service Delay/Transition Referral Activity Worksheet.
- 3.5.2 The Program Manager must gather and report electronically the required transition referral activity, as outlined in Section 7 of the manual, for children referred less than 45 days before their third birthday on the most current version of the EI Service Delay/Transition Referral Activity Worksheet. The transition referral activity information must be sent to the EI Program Data Manager via secure CBO webmail no later than the close of business the 10th day of the following month. In the event that the 10th of the month falls on a weekend or holiday the report must be submitted no later than the close of business of the

next business day. NOTE: Service Delay reporting does not include medical diagnostic or AT services.

- 3.5.3 The Service Coordination Caseload summary is automated through the Cornerstone system. The Program Manager, or their designee, must complete the AD22 – Employee Expenses to calculate the number of Full Time Equivalent (FTE) Service Coordination positions for the month. Only those Service Coordinators who are credentialed and carrying a caseload should be counted. Also if a Service Coordinator goes on leave, they should not be counted towards the FTE Count for any month they are on leave. Finally the CFC manager does not count towards the CFC FTE Count. In the event **no** FTE Count is recorded by the CFC in Cornerstone, the CFC will be reported as having 0 staff for the reporting month. The individual Service Coordinator staff information must be updated monthly no later than the 9th of the following month.
- 3.5.4 The Program Manager must use the monthly CBO report of Family Fee delinquency to indicate the actions taken to contact families who are showing on the list as delinquent. Reporting can be any method to identify actions taken to contact families at the 30/60/90 days over-due point of the IFSP and activity taken to discontinue services for failure to comply with Family Fee policy. This information is due by the 25th of the month of the receipt of the monthly Family Fee Delinquency report and is to be submitted to the EI Family Fee Specialist via fax or secure webmail.
- 3.5.5 Six weeks after the end of the fiscal year, each CFC Program Manager will submit an annual report on the work of the LIC(s) to address delays in services, provider recruitment and gaps in services due to lack of qualified credentialed/enrolled providers and to coordinate, design and implement child find activities for the CFC office's geographic region.

CHAPTER 4.0 CFC SUPPORT SERVICES**4.1 Overview of CFC Support Services**

CFC Support Services consist of four subgroups: Social Emotional Component, Pediatric Consultative Services, Parent Liaison Activities and Local Interagency Council Coordination. Each CFC office will be responsible to perform the duties outlined in the CFC Policy & Procedure Manual under each subgroup. Staff responsibilities for these subgroups can be merged and/or preformed separately as determined by each CFC office. Prior to each fiscal year, the CFC Program Manager will submit an Annual Support Services Plan to the assigned DHS Liaison EI Program staff who will review the plan for that fiscal year. Midway through the fiscal year (approximately January-February) the assigned DHS EI Program staff will follow up on the plan with the CFC Program Manager to see if the activities and procedures are being implemented as planned.

4.2 Social Emotional Component Policy

The Social Emotional (SE) component supports SE development for all children in EI and more effectively identifies and serves children with SE concerns and their families. The SE component provides SE screening as a part of intake and when needed, specialized assessment and intervention to address SE/behavioral/mental health concerns. The comprehensive approach provides relationship-based training, addition of a SE Specialist to the EI entry points, reflective consultation for managers, reflective supervision and case consultation for Service Coordinators, and professional development and networking for providers.

4.3 Social Emotional Component Procedure

The CFC is responsible for ensuring that all 6 elements of the SE component are fully implemented. Examples of activities are identified in each element.

- 4.3.1 SE Specialist - The SE Specialist provides professional development, clinical consultation, and systems-support to infuse relationship-based, reflective practice throughout the EI process. Primary responsibilities of the SE Specialist include reflective consultation to the CFC Program Manager, individual and group case consultation, and coordination of components including overseeing the implementation of SE screening and specialized assessment.
- 4.3.2 Staff selected to serve as a SE Specialist should have the educational, professional, and clinical skill to support the implementation of the ten elements listed here. The primary work of the SE Specialists is consultative in nature. The SE Specialist should not provide direct clinical services to clients that he/she is not licensed to perform.
- 4.3.3 DHS recommends that the SE Specialist have all or most of the following skills and education/work experiences in order to perform the duties of the position.
 - Master's degree in child development, special education, psychology, social work, counseling or a related field.
 - Supervised clinical experience with children and families.
 - Knowledge of and training in infant development: typical and atypical; attachment theory; family systems theory; psychopathology in infancy and toddler hood; diagnosis of mental health disorders in infancy (DC: Zero to Three and or DSM IV-TR); impact of stress and trauma in infancy;

assessment of parent/child relationship; intervention to support parent/child relationship; assessment of adult mental health disorders.

- Deep understanding of philosophy and practice of relationship-based EI.
- Knowledge of consultation process and experience in providing consultation regarding parenting and child development and team process.
- Knowledge about and skill in providing reflective supervision and consultation.
- Capacity to plan and provide in-service education to service providers and practitioners.
- Compatibility with the Program Manager predictive of the formation of a trusting relationship between the SE Specialist and the Program Manager and staff.
- Experience in the EI system providing direct services to infant and toddlers and their families.

4.3.4 **Relationship-Based Training in EI**

EI providers who wish to take an active role in the SE component and CFC Program Managers, SE Specialists, Service Coordinators, and Parent Liaisons are directed to complete relationship-based training provided or approved by the Illinois EI Training Program. Locally, the CFC offices will embed relationship-based philosophy, on a daily basis, into every day service delivery.

4.3.5 **Reflective Consultation for the Manager**

The SE Specialist meets as agreed upon with the Program Manager for the following purposes:

- To offer support around the difficult demands of the manager's role;
- To provide the Program Manager with the first-hand experience of reflective supervision to prepare them to provide reflective supervision for staff; and
- To jointly plan and monitor all SE components.

4.3.6 Integrated Assessment and Intervention Planning - As needed after intake, the SE Specialist consults with the Service Coordinators regarding the intake interviews and the ASQ: SE findings.

4.3.7 Case Consultation - Case consultation sessions offer Service Coordinators another opportunity to develop understanding and skills in relationship-based EI. The SE Specialists and Program Managers and/or Assistant Managers lead small group sessions using a guided process that helps Service Coordinators, Parent Liaisons and, in some settings, providers to consider their work with each child and family from multiple perspectives. This includes consideration of the child's social-emotional development in the context of family relationships, a family's readiness and needs, and felt experience of Service Coordinators working with children and families.

- 4.3.8 SE Specialist Network - SE Specialists participate with other SE Specialists in consultation and support activities and network with local providers of counseling services to talk about best practices in EI and the appropriateness of services/referrals.

4.4 Pediatric Consultative Services Policy

- 4.4.1 Each CFC office will have a contract in place for the provision of developmental pediatric consultation services that must include, at a minimum, a clinical developmental pediatric professional to provide the services and supports that are listed below. Clinical developmental pediatric professionals include the following: Pediatrician, Nurse Practitioner, Developmental Pediatrician, or EI Therapist with strong developmental background who can provide a global perspective.
- 4.4.2 Quality assurance activities that include the following:
- On request by the CFC, review medical records, which may provide an explanation for a child's problems and thus avoid unnecessary medical diagnostic evaluations.
 - Review evaluations/assessments and listen to the Service Coordinator's discussions of their observations of the child in order to assist in identifying signs of PDD, Autism, Verbal and Motor Apraxia, Sensory Regulatory Disorder or other diagnoses that have not been previously addressed in either evaluation/assessment or treatment activities.
 - Discuss the specific medical diagnosis with the Service Coordinator and the impact that a disease or syndrome may have on a child and family. Make suggestions for a better approach to the family.
 - Assist with post-IFSP development for consistency with principles and best practices and the expressed EI philosophy, principles, best practices, and procedures.
- 4.4.3 Participate in IFSP meetings as needed.
- 4.4.4 Provide consultation regarding requests for IFSP service changes.
- 4.4.5 Provide technical assistance and training to EI providers to address local and system needs and Service Coordinator training tailored to needs identified pursuant to reviews or by the CFC Manager.
- 4.4.6 Assist CFCs with Child Find with the medical community.

4.5 Parent Liaison Activities Policy

- 4.5.1 The CFC must ensure the availability of Parent Liaison services to interested families. The Parent Liaison role is to bring to the delivery of services the unique experience of parenting a child with special needs.
- 4.5.2 Two main functions of Parent Liaisons are:
- Development and provision of direct support services to families; and

- Provision of consultation/resources to team members and other service providers regarding family perspectives on practices and policies for services and system development.

4.5.3 Parent Liaisons **must** be employed by one of the following entities:

- CFC; or
- An agency that provides EI services.

4.5.4 Family preferences, team needs, and local concerns are considered in each CFC area when determining Parent Liaison responsibilities.

4.5.5 A Parent Liaison must have a high school diploma or equivalent and be the parent or guardian of a child with special needs.

4.5.6 In order to be employed as a Parent Liaison, the individual must obtain a Parent Liaison credential and enroll with the Central Billing Office as a Parent Liaison prior to providing services to families.

4.6 Parent Liaison Activities Procedure

4.6.1 Complete credentialing and enrollment process. Within 90 days of receipt of a temporary credential, the Parent Liaison must attend the Systems Overview and Service Coordination/Parent Liaison training sessions. In order to qualify for full credential status, the Parent Liaison must complete and document 240 hours of supervised professional experience providing direct EI services.

4.6.2 Complete activities identified in the annual CFC Support Services Plan to provide the two main functions of Parent Liaisons listed in Policy 4.5.2, above.

4.7 Local Interagency Council Coordination Policy

4.7.1 Local Interagency Councils (LICs) are components of the statewide infrastructure of the EI Services System and emphasize planning at the local level to identify and coordinate all resources and services available within each CFC local service area. Each CFC will be responsible for the coordination of their LIC(s).

4.7.2 Members of each LIC shall include, but are not limited to, the following: parents; representatives from coordination and advocacy service providers; local education agencies; other local public and private service providers; representatives from State agencies at the local level; and others deemed necessary by the LIC.

4.7.3 The LIC is responsible for coordination, design, and implementation of child find and public awareness activities for their geographic region. Such efforts shall take into consideration the region's cultural, communication, geographical, and socio-economic make-up. The CFC shall be responsible for staffing the local council, carrying out child find and public awareness activities.

4.7.4 The CFC and LIC shall assure that child find and public awareness activities are coordinated with comprehensive local and statewide efforts and shall provide information to DHS to monitor the effectiveness of the efforts and determine possible gaps in public awareness and child find. If gaps are determined, the CFC and the LIC shall increase efforts as required.

- 4.7.5 Local interagency councils shall assist the CFC with:
- development of collaborative agreements between local service providers, diagnostic and other agencies providing additional services to the child and family and agreements related to transition and integration of eligible children and families into the community;
 - local needs assessments, planning, and evaluation efforts;
 - identifying and resolving local access issues;
 - provider recruitment; and
 - development of an annual report to the Council regarding child find and public awareness.
- 4.7.6 The LIC meeting schedule should include meeting times and locations that are conducive to parent participation.
- 4.7.7 CFC must fulfill all LIC responsibilities and identify a contact person(s) responsible for ensuring that LIC activities are carried out.

4.8 Local Interagency Coordinating Council Procedure

- 4.8.1 Providing staff/staff support for LIC meetings;
- 4.8.2 Conducting local needs assessments;
- 4.8.3 Developing strategies to address gaps in service delivery identified in local needs assessments, including identification of additional funding sources and provider recruitment;
- 4.8.4 Facilitating the development of coordination agreements among local service providers, and other agencies providing services to children and families;
- 4.8.5 Coordinating public awareness initiatives and activities in the CFC area;
- 4.8.6 Submitting biannual Child Find screening calendars of upcoming screening events in the local service area;
- 4.8.7 Coordinating child find activities in the CFC local service area, including the development of agreements with the local school districts and other entities that also conduct child find activities;
- 4.8.8 Submitting monthly *0-5 Child Find Screening Data Collection Forms* for data collection purposes;
- 4.8.9 Developing plans and local interagency agreements for facilitating transition and integration of eligible children and families from the EI Services System into the community and/or public school system at the age of three;
- 4.8.10 Facilitating local system conflict resolutions related to LIC activities;
- 4.8.11 Facilitating completion of an annual report to the Illinois Interagency Council on EI.

4.9 Provider Recruitment Policy

- 4.9.1 CFCs and LICs are responsible for provider recruitment within their local service areas.
- 4.9.2 Identified gaps in service delivery require that provider recruitment efforts begin immediately. Service delivery gaps may be identified when:
- Service Coordinators have identified lack of enrolled providers within the CFC local service area to provide services to eligible children, or
 - The LIC has completed a needs assessment which has identified a lack of enrolled providers within the CFC local service area.
- 4.9.3 Each individual provider of care must be properly credentialed and/or enrolled with the CBO in order to receive authorization to provide EI services.
- 4.9.4 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 in addition to an EI Specialist credential in the discipline required by the service being evaluated.

4.10 Provider Recruitment Procedure

- 4.10.1 The LIC identifies all existing services and resources in the CFC local service area, including services that may be provided by independent providers.
- 4.10.2 The LIC Coordinator and/or the CFC Program Manager should identify and recruit qualified credentialed providers to apply for the evaluation/assessment credential to ensure that a sufficient number of individuals from across disciplines have this credential to meet the evaluation/assessment needs of the families in the CFC service area. The qualified provider should submit the *Evaluation/Assessment Portfolio Application*, including evaluation reports in the required format and documentation of attendance at an Evaluation/Assessment Workshop (day 2 of the Systems Overview), and an *Agreement for Authorization to Provide Early Intervention Evaluations/Assessments*.
- 4.10.3 The LIC Coordinator and/or the CFC Program Manager meet with identified providers of services to explain EI and the credential/enrollment process.
- 4.10.4 Provider(s) agreeing to enroll may download application material from the Provider Connections website at www.wiu.edu/ProviderConnections. If providers have questions about the credential/ enrollment process, they may contact Provider Connections at (800) 701-0995.
- 4.10.5 Providers required to obtain a credential submit the credential/enrollment application sections. A credential will not be granted unless Central Billing Office and HFS enrollment applications are submitted with the credential application.
- Physicians, transportation providers, interpreters, AT providers, deaf mentors, optometrists and ophthalmologists are not required to obtain a credential;

- 4.10.6 Providers may initially apply for an EI “temporary” credential and enroll to bill for authorized services for eligible children. Additional training is required within 6 months, along with documentation of 240 hours (30 hours for audiologists) of supervised professional experience providing direct EI services either prior to or during temporary credential, for full credential status and continued enrollment.
- 4.10.7 Providers that are required to enroll with HFS as an EI provider must submit the HFS application section.
- School Speech/Language Pathologists who are not licensed by the Illinois Department of Professional Regulation, Parent Liaisons, Interpreters, Deaf Mentors, Dietitians and Nutrition Counselors are not required to enroll with HFS.
- 4.10.8 All providers are required to enroll with the Central Billing Office prior to authorization for services and must submit the Central Billing Office enrollment application section.
- 4.10.9 If an available enrolled provider is not identified within seven business days of the IFSP meeting, the CFC shall locate an available qualified provider who is not enrolled and shall request a DHS provisional service authorization, contact the provider within two days, and immediately inform the provisional provider on how to enroll. (See “Provider Selection and Provisional Authorizations section for information of the provisional service authorization process.)
- 4.10.10 Providers submit completed application packets to Provider Connections at the following address. Faxed copies will not be accepted.

Provider Connections
Western Illinois University
27 Horrabin Hall
Macomb, IL 61455
Phone #: 800/701-0995
Fax: 309/298-3066
website: www.wiu.edu/ProviderConnections

CHAPTER 5.0 RECORDKEEPING**5.1 Personally Identifiable Information (PII)**

- 5.1.1 The CFC shall ensure the confidentiality of all PII collected or maintained pursuant to Part C in accordance with the FERPA, 20 U.S.C. 1232 (g) and 34 CFR part 99 and 89 Illinois Administrative Code 500.
- 5.1.2 The confidentiality procedures described in this policy apply to PII of a child and the child's family that is contained in EI records collected, used or maintained under Part C from the point in time when the child is referred for EI services until records are no longer required to be maintained under applicable Federal and State law.
- 5.1.3 PII is defined as (1) the child's name; (2) the name of the child's parent or other family members; (3) the address of the child or the child's parents; (4) personal identifiers, such as the child's social security number; (5) other identifiers, such as the child's date of birth, place of birth, mother's maiden name; (6) other information, that alone or in combination is linkable to a specific child that would allow a reasonable person to identify the child; or (7) information requested by a person who the provider believes knows the identity of the child to whom the EI record relates.
- 5.1.4 Each CFC must protect the confidentiality of PII at the collection, maintenance, use, storage, disclosure and destruction stages.

5.2 Safeguards

- 5.2.1 One official at each CFC shall be designated the Confidentiality Officer. The Confidentiality Officer shall assume responsibility for ensuring the confidentiality of any PII.
- 5.2.2 All persons collecting or using PII must receive training or instruction regarding the State's policies and procedures and participation in this training shall be documented in each individual's personnel file.
- 5.2.3 Each CFC must maintain, for public inspection, a current list of those employees within the agency who may have access to PII. The list shall detail the specific type of information each person has access to. The list shall be kept current.
- 5.2.4 The CFC must keep a record of parties obtaining access to EI records (except access by parents and authorized representatives and employees) including: (1) the name of the party; (2) the date access was given; (3) and the purpose for which the party is authorized to access the EI records.

5.3 EI Records - Paper Records

- 5.3.1 CFCs shall maintain a permanent case record for each child served by the CFC. This record shall be separate from clinical records if the agency also provides treatment or therapy.
- 5.3.2 Permanent case records shall be housed at the main CFC office.
- 5.3.3 A working file may be copied for use in a satellite office and in the field. Archived files must be accessible for monitoring purposes.

5.3.4 All entries to records shall be kept current and must be legible, dated and the author designated. If the record is a hard copy, the author shall sign and date the entry.

5.3.5 All paper records shall be secured with a locking mechanism. Only authorized personnel shall have access to such records.

5.4 EI Records - Electronic Format

5.4.1 One official at each CFC shall be designated the Security Officer. Each CFC is responsible for implementation of HIPAA Security requirements to EI records in electronic format.

5.4.2 When PII is transmitted between the CFC and the EI Program in electronic format, the preferred method of communication is via the CBO Secure webmail system. If the CBO Secure webmail system cannot be used, the CFC shall: (1) encrypt and password protect the information; or (2) fax via a stand-alone fax (transmission via telephone line) with a cover letter with appropriate privacy notifications included.

5.4.3 When PII is transmitted between the providers and the CFC in electronic format, the sender shall:

- encrypt and password protect the information; or
- fax via a stand-alone fax (transmission via telephone line) with a cover letter with appropriate privacy notifications included
- Online Voice over Internet Protocol (VoIP) E-Fax services are not compliant with HIPAA or FERPA requirements and should not be used for transmission of information from providers or CFCs. All fax transmissions should be conducted using stand-alone fax systems.

5.4.4 Email communications between a parent or any other individual designated by the parent and the CFC shall be encrypted and password protected unless the parent has given written consent to allow communication via a public internet system. The consent must name the entity or entities that will be allowed to receive and respond to non-secure email communications. This consent must be kept in the child's permanent CFC record.

5.4.5 Personal laptops and tablet/e-reader devices cannot be used. Personal smart phones, PDA devices, and digital cameras without secured media (including but not limited to I-Phones, Droids, and Blackberries) cannot be used to take pictures or transmit information containing PHI.

5.5 Departure of CFC Employee

5.5.1 If a person leaves the employment of the CFC, the CFC shall take the following steps within three calendar days of that person's last date of employment: (1) transfer all active cases (if applicable) to a new service coordinator and shut down the Cornerstone user ID; and (2) if the person is credentialed, notify Provider Connections via fax or e-mail of the persons last date of employment with the CFC.

5.6 Confidentiality Notice for Parents

5.6.1 The CFC shall give parents a Confidentiality Notice when a child is referred for Part C services. The Confidentiality Notice shall include: (1) a description of the children on whom PII is maintained; (2) the type of information sought; (3) the methods the State intends to use in gathering the information; (4) the sources from whom the information is gathered; (5) the uses of the information; (6) a summary of the policies and procedures the CFC and providers must follow regarding storage, disclosure to third parties, retention and destruction of PII; (7) a description of the rights of parents and children regarding the PII ; and (8) a description of the extent that the notice is provided in native languages in the various population groups in the State.

5.7 Parents Access to EI Records

5.7.1 The CFC shall comply with a parents request to inspect and review any EI records, including records related to evaluations and assessments, screening, eligibility determinations, development and implementation of IFSPs, provision of EI services, individual complaints involving the child, or any part of the child's EI record.

5.7.2 The CFC must reply with a request without unnecessary delay, and before any meeting regarding an IFSP and before any Due Process Hearing. In all cases, the CFC shall comply within 10 calendar days after the request has been made.

5.7.3 The right to inspect and review includes

- the right to a response from the CFC to reasonable requests for explanations and interpretations of the EI records;
- the right to request copies; and
- the right to have a representative of the parent inspect and review the EI records.

5.7.4 The parents shall be provided at no cost a copy of each evaluation, assessment of the child, family assessment and IFSP as soon as possible after each IFSP meeting.

5.7.5 The CFC may charge a fee for copies of records that are made for parents if the fee does not effectively prevent the parents from exercising their right to inspect and review the records. The CFC may not charge a search fee to retrieve information.

5.7.6 The CFC may presume that the parent has authority to inspect and review records relating to his or her child unless the agency has been provided documentation that the parent does not have the legal authority.

5.7.7 If an EI record includes information on more than one child, the parents of those children only have the right to inspect and review the information relating to their child or to be informed of that specific information.

5.7.8 Upon request, the CFC must provide parents a list of the types and locations of EI records collected, maintained, or used by it.

5.8 Amendment of Records at Parent's Request

- 5.8.1 A parent who believes that information in the EI records are inaccurate, misleading or violates the privacy or other rights of the child or parent may request that the CFC amend the information. The CFC must decide whether to amend the information within five business days of the request.
- 5.8.2 If the CFC denies the request to amend the records, the CFC must (1) inform the parent; (2) advise the parent of a right to an informal hearing; and (3) notify the EI Central Office within the five business day time period referenced above. The EI Central Office will set the informal hearing within seven business days of receiving notice of the dispute. The hearing officer will be designated by the Part C Coordinator. The parent shall be given the opportunity to present evidence and may at his or her own expense, be assisted or represented by one or more individuals, including an attorney. A decision will be issued in writing within ten business days of the completion of the hearing. The decision must be based solely on the evidence presented at the hearing, and must include a summary of the evidence and the reasons for the decisions.
- 5.8.3 If the outcome of the hearing is that the record must be amended, the information shall be amended and the parent shall be informed in writing. If the outcome of the hearing is the record does not need to be amended, the parent must be notified that he or she has a right to place in the EI record a statement commenting on the information and setting forth any reasons for disagreeing with the decision. The statement must be maintained as part of the EI record as long as the record is maintained by the CFC and if the records are disclosed to any party the statement also shall be disclosed to the party.

5.9 Parental Consent Prior to Disclosure of EI Records to Third Party

- 5.9.1 The CFC shall handle 3rd party requests for documents maintained by the CFC in the course of providing EI services. Any disclosure of PII to a third party shall be in compliance with 34 CFR Part 303.414.
- 5.9.2 If the request relates to records maintained by the DHS EI Program or the CBO, the CFC shall instruct the requestor to contact DHS or the CBO directly.

5.10 Retention of Records

Records shall be maintained for a period of at least six years from the child's discharge from EI, unless legal action is pending. If legal action is pending, the records shall be maintained in compliance with instructions from the Part C Coordinator.

5.11 Destruction of Records

- 5.11.1 At intake, the CFC shall inform the parent that records must be maintained for six years after the child stops receiving Part C services. If the parent would like the records destroyed after the child turns three, the CFC shall destroy the records. This means physical destruction of the record or ensuring all personal identifiers are removed from the record so that the record is no longer personally identifiable. However, a permanent record of a child's name, date of birth, parent contact information (including address and phone number), names of service coordinator(s) and provider(s), exit data (including year and age upon exit, and

any programs entered into upon exiting) may be maintained without time limitation. The records shall not be destroyed if litigation is threatened or pending without written permission from the Part C Coordinator.

- 5.11.2 All removable media, including floppy disks, CDs, DVDs, cassettes and flash drives that contain PII shall be destroyed or sanitized prior to being discarded.

5.12 Lost or Stolen Records

- 5.12.1 Facilities for the handling, processing and storage of records (whether hard copy, magnetic tapes, computer files or other automated systems, etc.) shall be secured from unauthorized access, theft, loss, fire or other natural occurrences.

- 5.12.2 The CFC shall immediately notify the Part C Coordinator of DHS EI Program in writing upon discovery of any lost or stolen PII stored on any device that holds digital information (e.g. laptop, flash drive, floppy disks.)

5.13 Enforcement

Parents may file a State Complaint for violations of any of these procedural safeguards, unless a different remedy is specifically stated. DHS may impose appropriate sanctions for such violations.

5.14 Child and Family Connections Permanent Case Records

All case records shall contain at a minimum:

- Accurate demographic, referral, financial and Insurance/All Kids information.
- Signed releases and consents;
- Evaluation/assessment reports, including copies of any reports that have been translated into a family's native language, and documentation of initial and annual eligibility determination;
- Current and past IFSPs;
- Service coordination case notes unless maintained electronically. NOTE: Case notes must contain accurate documentation and must include a summary of **all** conversations held between a Service Coordinator and a child's family and/or providers. If the incident was not case noted, the incident did not occur. Service Coordinator documentation must corroborate a service provider's consultation between the service provider and the Service Coordinator;
- Any other periodic reviews describing the child's overall progress;
- Signed *Screening Device for Determining Family Fees and Eligibility for All Kids & DSCC* which is completed at intake and annual eligibility determinations and the Illinois Division of Specialized Care for Children (DSCC) documentation of eligibility or ineligibility for All Kids and DSCC, if applicable;
- A copy of the initial voluntary family assessment completed by the Service Coordinator at Intake and a written summary in a DHS-specified format that summarizes the results of that assessment, including a family's issues, priorities and concerns;
- Copies of all correspondence between CFC staff and the child's family, physician, EI service providers and anyone else contacted regarding the child, including copies of any correspondence that has been translated into a family's native language;
- PII disclosure log;

- If closed, a case closure summary documenting the IFSP functional outcomes, the current EI levels of development as defined by the child outcomes ratings and a new hard copy of the service coordination case notes.
- Any other information required per policy, rule or law.

5.15 Child and Family Connections Permanent Case Record Outline

CFC permanent case records are arranged in sections with dividers. As documents are updated, **file** them in reverse chronological order so the most current document is on top. Hard copy items shall be filed as follows, if applicable for the child and family:

Section 1- Referral/Intake/Legal

- Consents (*hard copy required*)
- Releases (*hard copy required*)
- EI - ISBE Surrogate Parent Request Form
- Guardianship Information
- Other legal status information

Section 2 - Service Plans

- EI - Evaluation/Assessment Plan/authorizations and attachments (*hard copy required*)
- EI - Interim IFSP and attachments (*hard copy required*)
- EI - IFSP and attachments (*hard copy required*)
- Copies of Provisional Provider Authorization Request forms and corresponding decision memos from DHS, if applicable
- Service coordination case notes printed prior to case closure (*hard copy required*)

Section 3 - Reports

- Medical Reports (Health Summary Forms, Immunization Records, Other Medical Reports)
- Completed voluntary family assessment and summary of assessment
- EI Reports, including copies of reports translated into a family's native language (*hard copy required*)
- All other documentation collected during eligibility determination or Service Plan development, monitoring and update process (i.e., previous outside screenings, assessments, evaluations, etc.)

Section 4 - Correspondence

- Letters, memos, e-mail (except insurance correspondence which is filed in the Financial Section), including letters and memos translated into a family's native language (*hard copy required*)

Section 5 - Financial

- Financial assessment/documentation of income (*hard copy required*)
- Family Participation Fee exemption request(s), Family Fee credit requests and attachments, if applicable (*hard copy required*)
- Public benefits/private insurance consent(s) (*hard copy required*)
- Documentation of private insurance coverage
- Insurance exemption request and attachments, if applicable (*hard copy required*)
- Documentation of public benefits coverage, copy of All Kids recipient identification card or screen print of Cornerstone PA42, if applicable (*hard copy required*)
- Insurance correspondence

- Documentation regarding eligibility or ineligibility for other third party payors, including *DSCC Screening Device for Determining Family Fees and Eligibility for All Kids & DSCC (hard copy required)*

Section 6.0 - PII Disclosure Log

- A PII disclosure log must be attached to the front inside cover of each file

CHAPTER 6.0 DISPUTES**6.1 Dispute Methods**

There are three methods of dispute resolution available in Illinois. These are:

- State Complaints;
- Mediation; and
- Due Process Hearings.

6.2 State Complaints

6.2.1 Individuals or organizations (hereinafter referred to as Complainant) may file a written, signed State Complaint with DHS stating that DHS, CFC or Payee/Provider (hereinafter referred to as Responding Party) is violating a law or rule regarding the DHS EI program. The form *Request for Investigation of State Complaint* shall be used and shall include:

- A statement that the Responding Party has violated a requirement of Part C of the Act;
- The facts on which the statement is based;
- The signature and contact information of the Complainant;
- If violations pertain to a specific child the following shall be included: (a) the name and address of the residence of the child; (b) the name of the CFC serving the child; (c) the name of the provider, if relevant; (d) a description of the nature of the problem of the child, including facts relating to the problem; and (d) a proposed resolution of the problem to the extent known and available to the party at the time the Complaint is filed.

6.2.2 A request for investigation of a State Complaint shall not be denied if the above information is otherwise provided in writing.

6.2.3 State Complaints must be submitted in writing to:

Part C Coordinator
DHS – Early Intervention Program
823 East Monroe
Springfield, IL 62701

6.2.4 The Complainant must forward a copy of the State Complaint to the Responding Party at the same time the Complainant files the State Complaint with DHS.

6.2.5 The alleged violation must have occurred not more than one year before the date the State Complaint is received by DHS.

6.2.6 DHS shall have 60 calendar days from receipt of the State Complaint to investigate and issue a written decision to the Complainant and interested parties, addressing each allegation in the State Complaint. During this time, DHS may carry out an independent on-site investigation, if deemed necessary. DHS shall give the Complainant an opportunity to submit additional information, either orally or in writing, about the allegations made in the State Complaint. DHS shall give the Responding Party an opportunity to respond to the State

Complaint. DHS shall give an opportunity for the Complainant and the Responding Party to voluntarily engage in mediation. See Mediation section below.

- 6.2.7 After reviewing all relevant information DHS must issue a written decision to the Complainant and the Responding Party as to whether the Responding Party is violating a requirement of Part C. DHS shall address each allegation in the State Complaint and include findings of fact as well as conclusions. If DHS determines the Responding Party failed to provide appropriate services, DHS shall address:
- corrective actions required to correct the cause(s) of the State Complaint; and
 - whether changes to policy and procedures which impact the future provision of service for children with disabilities and their families, is required. DHS may award the Complainant compensatory services or monetary reimbursement from the Responding Party where appropriate.
- 6.2.8 Such final decisions are enforceable and binding. They may be amended only upon agreement in writing between DHS and the Responding Party.
- 6.2.9 The Responding Party may request reasonable technical assistance or alternative corrective actions. However, such requests do not change the final decision unless it is amended in writing between DHS and the Responding Party.
- 6.2.10 The 60-day time period may be extended if exceptional circumstances exist with respect to a particular State Complaint.
- 6.2.11 DHS shall monitor implementation of the final decision to determine that corrective actions and timelines therefore have been met.
- 6.2.12 The Responding Party may be terminated from participation in programs if corrective actions are not met.
- 6.2.13 If an issue raised in the State Complaint (or any Part thereof) is also the subject of a due process hearing, DHS must set aside any part that is being addressed in a due process hearing but resolve any other issues within the 60-day timeline.
- 6.2.14 If an issue is raised in the written State Complaint, which has already been decided in a due process hearing, the previous decision is binding and the complainant must be so informed.
- 6.2.15 A State Complaint alleging a failure of the Responding Party to implement a decision made pursuant to a Request for Due Process Hearing must be resolved by DHS.

6.3 Mediation

6.3.1 Parties/Purpose

- Any party having a dispute involving any matter under Part C, including the identification, evaluation, or placement of a child for EI services, or the provision of the services may request mediation to resolve disputes. Mediation may be used at any time, regardless of whether a Request for Due Process Hearing or a State Complaint is filed.

- One purpose of a mediation process is to provide an alternative to the Due Process Hearing as a way to resolve disagreements. In virtually all cases, it is less costly and less adversarial than a Due Process Hearing. Neither party is asked to abandon its beliefs about the child's ability. Rather, the parties are asked to consider alternatives, which could be incorporated into the child's IFSP and to be aware of the concerns and problems expressed by the other party.

6.3.2 The form *Request for Mediation* shall be used, and shall be submitted in writing to:

Chief
DHS - Bureau of Administrative Hearings
401 South Clinton, 6th Floor
Chicago, IL 60607

with copies sent to the CFC office serving the child/family and to:

Part C Coordinator
DHS – Early Intervention Program
823 East Monroe
Springfield, IL 62701

- 6.3.3 The written request shall include the name and address of the child and of the person requesting mediation, a description of the nature of the problem of the child, including the facts related to the problem, a proposed resolution to the problem, supporting relevant documentation of the facts, and the name and address of service providers.
- 6.3.4 If a Request for Due Process Hearing is made, mediation will be offered. Mediation may not be used to deny or delay a parent's right to a due process hearing or other rights under Part C.
- 6.3.5 The mediation will be conducted by a qualified and impartial mediator who is trained in effective mediation techniques and who is knowledgeable in laws and regulations relating to EI services under Part C. DHS must maintain a list of individuals who meet these criteria and DHS must select mediators on a random, rotational or other impartial basis. A mediator may not be an employee of an agency providing services to the child at issue, nor of DHS, nor have a personal or professional conflict of interest that conflicts with the person's objectivity.
- 6.3.6 DHS shall bear the cost of the mediation process. It must be voluntary by all parties.
- 6.3.7 The mediator shall assure that mediation conferences are convened and concluded in a timely fashion and in no event later than the due process hearing if one is requested.
- 6.3.8 The mediator will contact the parties to set a mutually convenient date, time and location for the mediation conference, to answer any questions the parties may have regarding the process and to request additional information from the parties.

- 6.3.9 The role of the mediator is that of a neutral facilitator assisting parents and EI personnel to resolve their disagreement. Although the mediator is in control of the session, the mediator is not the decision-maker and may not compel action by either party. The mediator allows the parties to present their positions, establishes an understanding of the disagreement, determines points of agreement, and offers suggestions/proposals for resolution, attempting to help the parties achieve a mutual solution that is in the best interests of the child. The mediator facilitates the process, summarizes positions and may help the parties consider possible alternatives.
- 6.3.10 If an agreement is reached by the parties, it shall be set forth in a written mediation agreement signed by representatives of all parties who have authority to bind the parties. The mediation agreement will record only the date of the mediation, the parties to the mediation, the terms agreed upon and the following statement: All discussions that occurred during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding.
- 6.3.11 Discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent administrative hearing or civil proceeding. The parties will be asked to sign a confidentiality pledge prior to the commencement of the mediation. Only the fact that mediation occurred and the terms of any mediation agreement reached is admissible in subsequent proceedings.
- 6.3.12 Participants in the mediation conference should be limited to those necessary to resolution of the dispute and shall include persons authorized to act on behalf of the parties. In determining participants, the parties and mediator should be guided by desire to achieve mutual non-adversarial problem solving with the child's interests and the interests of the EI system as the goal.
- 6.3.13 The parties are expected to approach the mediation session in good faith and with the intention of attempting to reach an agreement. It is important that all parties approach the session with a willingness to listen and to consider all aspects of the issues in the interests of the child and of the EI system. They are active participants in the session and, if agreement is reached, develop the terms of the agreement with the assistance of the mediator.
- 6.3.14 The mediation allows an uninterrupted opportunity for both parties to present their views in a non-adversarial setting. It allows parents and EI personnel to focus on their common concerns, rather than their differences. Even if an agreement is not reached, there is the potential of both parties leaving the session with an enhanced perspective of the issues, and with a more positive working relationship.
- 6.3.15 Regional intake entities, Service Coordinators and other participants in the EI system shall encourage resolution of disputes by mediation.
- 6.3.16 A written signed mediation agreement under this paragraph is enforceable in any State Court of competent jurisdiction or in a District Court of the United States.

6.4 Request for Due Process Hearing

6.4.1 The parents of a child, a provider, a CFC or DHS may submit a *Request for Due Process Hearing Officer* form to resolve a dispute regarding the evaluation, identification, placement, delivery of services, or the provision of appropriate services for their child (or if a public agency, for a child for whom they have responsibility).

6.4.2 A *Request for Due Process Hearing Officer* form shall be used and submitted in writing to:

Chief
DHS - Bureau of Administrative Hearings
401 South Clinton, 6th Floor
Chicago, IL 60607

with copies to the CFC office serving the family and to:

Part C Coordinator
DHS – Early Intervention Program
823 East Monroe
Springfield, IL 62701

6.4.3 The *Request for Due Process Hearing Officer* shall include:

- The name, address, and telephone number of the child's parent, or the person making the request if it is someone other than the child's parent, or available contact information if no address;
- The name of the child and the child's date of birth;
- The address of the residence of the child or if the child is homeless available contact information for the child;
- The name and address of the child's CFC;
- A description or the nature of the problem of the child relating to the proposed or refused initiation or change, including facts relating to the problem;
- Authorization for release of the child's EI service records to DHS and the hearing officer;
- The remedy being sought or proposed resolution of the controversy to the extent known and available to the parents at the time;
- The primary language spoken by the parents;
- The service delivery agency(s) and/or provider(s) involved in the dispute; and
- Evidence supporting the remedy or proposed resolution (i.e. IFSP, Family Fee Calculation Form, bill payment, etc.).

6.4.4 The Request for Due Process Hearing shall be confidential and only used for purposes of resolution of the dispute and as agreed to by the child's parents.

- 6.4.5 A party may not have a due process hearing until the party or the attorney representing the party files a request containing all of the above information. The Request for Due Process Hearing form shall be used, but the request will not be denied if the above information is otherwise provided in writing. If DHS or other party deems the request insufficient, they shall notify the hearing officer and the complaining party in writing within 15 calendar days of receipt of the request. The hearing officer shall make a determination on the face of the notice of whether or not it is sufficient within five (5) calendar days of receipt of the notification and shall notify the parties in writing of that determination. Within 10 days, the party that is the subject of the Request for Due Process Hearing shall send to the complaining party a response which specifically addresses the issues raised in the Request for Due Process Hearing.
- 6.4.6 The CFC shall disclose the complete record of the child to DHS within five (5) calendar days of receipt of the complaint requesting a proceeding hereunder.
- 6.4.7 Pursuant to 34 CFR 303.421, if “prior written notice” was not provided to the parent regarding the subject matter of the parent’s request for impartial administrative hearing, the CFC shall send the parent a response within 10 calendar days of receiving the complaint. This response shall not preclude the assertion that the parent’s request for due process hearing was insufficient, where appropriate. The response shall include:
- An explanation of why the CFC or payee/provider proposed or refused to take the action raised in the complaint;
 - A description of other options the IFSP team considered and the reason why those options were rejected;
 - A description of the evaluation procedure, assessment, record or report the agency used as the basis for the proposed or refused action; and
 - A description of the factors relevant to the CFC or payee/provider’s proposal or refusal.
- 6.4.8 A party may amend its’ Request for Due Process Hearing Officer if the other parties consent in writing to the amendment and are given the opportunity to resolve the complaint through a resolution meeting as described in 6.4.9, or if the hearing officer grants permission no later than 5 business days before a due process hearing occurs. The timelines for the resolution meeting identified in 6.4.10 below, and for resolution of the hearing request, begin a new with the filing of the amended request.
- 6.4.9 Upon receipt of a sufficient *Request for Due Process Hearing Officer* form, DHS will convene a resolution meeting with the parent, the relevant member or members of the IFSP Team who have specific knowledge of the facts identified in the complaint and a DHS representative if necessary. The parent and DHS must determine the relevant members of the IFSP team to attend the meeting. The purpose of this meeting is to provide the parents with an opportunity to resolve the complaint.
- 6.4.10 The resolution meeting must be held within 15 calendar days of receipt of the request for hearing.

- 6.4.11 The resolution meeting must include a representative who is authorized to make decisions on behalf of each party.
- 6.4.12 A party may not be represented by an attorney at the resolution meeting unless the parent is accompanied by an attorney.
- 6.4.13 If the parties are able to resolve the dispute during the resolution meeting, the parties shall execute a legally binding agreement that is signed by both the parent and the other party representatives and that is enforceable in any State court of competent jurisdiction or in a district court of the United States.
- 6.4.14 A party may void this agreement within 3 business days of the agreement's execution.
- 6.4.15 Though recommended, the resolution meeting is not mandatory if the parent and other parties agree to waive it, or agree to use mediation.
- 6.4.16 Mediation option: Upon receipt of a request for a due process hearing, parties involved in the dispute shall be offered the option of mediation as set forth above.
- 6.4.17 During the pendency of a proceeding, unless the parent and DHS agree otherwise, the child must continue to receive the appropriate EI services identified in the most recent IFSP that the parents consented to. If the Request for Due Process Hearing involves application for initial services, the child must receive those services, which are not in dispute.
- 6.4.18 The parent shall be informed of free or low-cost legal and other related services available in the area if the parent requests such information or if the parent, provider, CFC or DHS initiates a due process hearing under these provisions. CFCs shall maintain such information and make it available upon request or if a proceeding is initiated hereunder.
- 6.4.19 Upon receipt of a *Request for Due Process Hearing Officer* form, DHS shall appoint an impartial hearing officer. DHS shall maintain a list of such hearing officers, which includes a statement of qualifications of each of hearing officer. An impartial hearing officer must:
- Be licensed to practice law in Illinois;
 - Have knowledge about the provisions of IDEA Part C and the Illinois EI Services System Act, and the needs of eligible children and their families and services available to them;
 - Not be an employee of DHS or a state educational agency, school district or private service provider involved in the provision of EI services or care of the child;
 - Not have a personal or professional interest that would conflict with his/her objectivity in implementing the process.
- 6.4.20 A *Request for Due Process Hearing Officer* form must be submitted to DHS as soon as possible but at least within 3 months of the date the complainant knew or should have known about the alleged action that forms the basis of the

complaint. This timeline shall not apply during any period of time that the parent was prevented from requesting the hearing due to:

- Specific misrepresentations by DHS, CFC or the Provider/Payee that the problem forming the basis of the complaint has been resolved; or
- DHS, CFC or the Provider/Payee withheld information from the parent that was required to be provided to the parent.

- 6.4.21 If DHS has not resolved the complaint to the satisfaction of the parent within 30 days of the receipt of the request for hearing, the hearing may occur and the 45-day time line for resolution of the complaint by the hearing officer begins. This 30-day time period will be delayed by any length of time the parent fails to participate in the resolution meeting, unless the parties have jointly agreed to waive the resolution meeting or to use mediation.
- 6.4.22 If DHS is unable to obtain participation of the parent in the resolution meeting after reasonable efforts have been made and documented, the hearing officer may dismiss the complaint. If DHS fails to hold the resolution meeting within 15 days of receiving notice of the complaint or fails to participate in the meeting, the parent may request the hearing officer to begin the 45-day time line for resolution of the complaint.
- 6.4.23 The hearing must be resolved within 45 days, with a final decision completed and mailed to the parties. The 45 days begin the day after one of the following:
- The parties agree in writing to waive the resolution meeting; or
 - A mediation or resolution meeting starts but the parties agree in writing before the end of the 30-day period that no agreement is possible; or
 - The parties agree in writing to continue the mediation at the end of the 30-day resolution period, but a party later withdraws from the mediation process.
 - The parties shall immediately notify the appointed Hearing Officer and DHS in writing as soon as any of the above occurs.
- 6.4.24 Within five (5) days of receiving written notification that the 45-day time period for resolution has begun pursuant to 6.4.21 above, the appointed hearing officer shall contact the parties to determine a time and place reasonably convenient to the parents and child involved for a hearing and any pre-hearing conferences. The hearing officer shall provide the parties and the Part C Coordinator at least ten (10) days' written notice of the dates, times, and locations of any pre-hearing conferences and of the hearing.
- 6.4.25 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, which 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 documenting the discussion, any stipulations and orders and scheduling accommodations made for parties or witnesses.

- 6.4.26 Any party to a hearing has a right to:
- 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;
 - Present evidence, and confront, cross-examine, and compel the attendance of witnesses;
 - Prohibit the introduction of any evidence at the proceeding that has not been disclosed to that party at least five days before the proceedings;
 - Obtain a written or electronic verbatim record of the hearing; and
 - Obtain written or at the option of the parent, electronic findings of fact and decision.
- 6.4.27 Parents involved in hearings must be given the right to:
- Have the child who is the subject of the hearing present;
 - Open the hearing to the public (hearings shall be closed to the public unless the parent requests it to be open); and
 - Have the record of the hearing, the findings of fact and decision provided at cost to the parents.
- 6.4.28 As soon as possible, but at least five (5) business days prior to the hearing, each party shall disclose to all other parties all evaluations completed by that date and recommendations based thereon which the party intends to use at the hearing, as well as other evidence to be offered at hearing, names of all witnesses and the nature of their testimony and any other relevant documentation whether it will be offered at hearing or not.
- 6.4.29 The hearing officer may bar any party failing to comply with 6.4.28 above from introducing evidence or calling witnesses at the hearing that were not produced as required therein.
- 6.4.30 No party shall be allowed to raise issues at the hearing that were not raised in request for impartial administrative hearing, unless the other parties agree.
- 6.4.31 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.
- 6.4.32 At the hearing the party requesting the hearing 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 the laws or rules governing EI services.
- 6.4.33 Upon completion of the submission of evidence and testimony, parties shall be given a reasonable period of time to present written or oral arguments.

- 6.4.34 The hearing officer determination as to whether the child received appropriate EI services shall be made on substantive grounds.
- In matters alleging a procedural violation, a hearing officer may find that a child did not receive appropriate EI services only if the procedural inadequacies:
 - Impeded the child's right to appropriate EI services;
 - Significantly impeded the parent's opportunity to participate in the decision making process regarding the provision of appropriate EI services to the parent's child; or
 - Caused deprivation of developmental benefit.
 - This does not preclude the hearing officer from ordering DHS, a CFC, or Payee/ Provider to comply with procedural requirements.
- 6.4.35 The hearing officer shall maintain and prepare a record of the proceeding and shall prepare written findings and a decision, which shall be served upon the parties. The record shall contain the request for the proceeding, evidence submitted at the hearing, a transcript or recording of the hearing, pre-hearing conference reports, motions, orders and all other material which is part of the record.
- 6.4.36 Any and all written findings and decisions shall be transmitted to the Illinois Interagency Council on EI and be made available to the public without personally identifying information.
- 6.4.37 Either party may request a delay in convening the hearing and/or the pre-hearing conference for 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, taking into account the right to resolution set forth in 6.4.23 above, which may be needed.
- 6.4.38 Any party aggrieved by the findings and decision made in the hearing has the right to bring civil action in a state court of competent jurisdiction or in a district court of the United States within 90 days from the date of the decision of the hearing officer, regardless of the amount in controversy.
- 6.4.39 Calculation of Time: Time periods set forth herein are calendar days unless otherwise specified.

6.5 Notice of Procedural Safeguards

- 6.5.1 The *State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System* booklet contains an explanation of the three methods of dispute resolutions. Provide a copy of the booklet to parents at each of the following times: (1) upon initial referral; (2) upon annual redetermination of eligibility/annual IFSP review; (3) upon the first filing of a Request for Due Process Hearing; and (4) upon request by a parent.

- 6.5.2 If a parent, provider or any other stakeholder expresses a desire to file a State Complaint, request Mediation and/or request a due process hearing, the CFC shall provide the appropriate form. Complaint forms can be downloaded from the EI Monitoring Program's website at www.eitam.org. The parent shall also be given The *State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System* booklet if the parent does not have a co

CHAPTER 7.0 REFERRALS TO CHILD AND FAMILY CONNECTIONS**7.1 How & When Referrals Are Accepted**

- 7.1.1 Referrals shall be accepted by phone, written correspondence or in person.
- 7.1.2 CFCs are required to accept all referrals, including referrals for children who are homeless, are the subject of a substantiated case of child abuse or neglect or who have been identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.
- 7.1.3 Referrals must be entered into Cornerstone based upon the date of receipt. Any referral received on a date that the CFC office is closed must immediately be entered into Cornerstone on the first business day thereafter and must reflect the actual date of receipt. Example: The referral was received on a Saturday morning when the CFC was closed. On Monday, when the CFC is open for business, the CFC will enter the referral using Saturday's date. The date of the referral begins the 45-day intake period allowed to complete eligibility determination and if the child is found to be eligible, the initial Individualized Family Service Plan (IFSP).

7.2 Confidentiality of Referral Information

Information obtained by a CFC is considered confidential under the Family Educational Rights and Privacy Act (FERPA) and security must be maintained as described under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

7.3 Primary Referral Sources

Primary referral sources are required by federal rule, 34 CFR 303.303(a)(2)(i), to make referrals to the EI System as defined in 89 Sec., Admin. Code 500.25a). When contacted by the CFC, families have the option to decline services. Primary referral sources include but are not limited to:

- Hospitals, including perinatal and post-natal care facilities;
- Physicians;
- Parents;
- Child care programs and early learning programs;
- Local educational agencies & schools;
- Public health facilities;
- Other social services agencies;
- Other clinics and health care providers;
- Public agencies and staff in the child welfare system, including child protective service and foster care;
- Homeless family shelters; and
- Domestic violence shelters and agencies.

7.4 Contact with Referral Sources

- 7.4.1 If the CFC is unable to locate the family and the referral source was identified, the CFC may contact the referral source to inform them that the family has not been contacted and to request additional contact information. Once the family has been located, information about the referral may not be given to the referral source without a signed *Consent for Release of Information*. If the referral source wants to know the outcome of its referral, the referral source should seek consent from the family and provide a copy of a signed *Consent for Release of Information* to the CFC at the time of referral. Information about referrals may also be given to the referral source if the CFC obtains consent from families using the *Consent for Release of Information* form.
- 7.4.2 If the referral is an intact family from a Department of Children Services (DCFS), and are subjects of indicated reports of abuse or neglect or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, please see DCFS Intact Families at the end of this chapter.

7.5 Exceptions to the 45-Day Time Frame

The only exceptions to the 45-day time frame are:

- if the child or parent is unavailable to complete the initial evaluation, the initial assessments of the child and family or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's EI records; or
- the parent has not provided consent for the initial evaluation/assessment of the child, despite documented, repeated attempts by the Service Coordinator.

7.6 Review of Referral

- 7.6.1 Review the date of birth to verify that the child is under age three. If the child is over age 3, provide information as part of your correspondence on how to access services through the State Board of Education. (see, *Sample Letter 1: Ineligible Based On General Eligibility Over Age Three*)
- 7.6.2 Review the child's place of residence to verify that the child is currently living in Illinois. If the child does not currently reside in Illinois, provide information regarding how to access services in the state of residence as part of your correspondence (see, *Sample Letter 2: Ineligible Based On General Eligibility – Not an Illinois Resident*)
- 7.6.3 Children residing in private residential facilities that are not funded in part or in full by State or federal monies and have no service standards established that address the developmental needs of children 0-3 in their care may be enrolled in the Part C EI Program and receive any and all needed EI services.
- 7.6.4 If it is more than 45 days but less than 90 days before the child will turn 3, proceed with completion of the EI referral process.
- 7.6.5 If the child will turn 3 in less than 45 days accept the referral and proceed with the following steps.
- Explain to the family that evaluations, assessments and the initial IFSP meeting are not required for a child that will turn 3 years old in less than 45 days.

- Do not enter the child's information into the Cornerstone system, unless the Service Coordinator will be obtaining a signed *Consent to Collect and Store Personally Identifying Information (PII)* form.
- If the child may be eligible for preschool services under IDEA Part B, speak to the family about a referral to the school district for 3-5 services. Using the *Consent for Release of Information* form, obtain consents for releasing information to both the Local Education Agency (LEA) where the child resides and the State Education Agency (SEA). With parental consent, complete the *Early Intervention to Early Childhood Tracking* form, found in *Chapter 13-Transition*, and send it to both the appropriate LEA, as well as the EI Data Manager, who will forward the form to the SEA.
- If the child's information has been entered into Cornerstone (the parent signed the *Notice for Consent to Collect and Store Personally Identifying Information (PII)* form, close the case using the appropriate closure code.
- On a monthly basis, the CFC office will be submitting a report to the EI Program that identifies all children who are referred to EI less than 45 days before their third birthdays. The report will include the child's name and birth date, the parent's name and address, and the outcome of the referral (i.e. the child was referred to the LEA and the SEA for preschool services under Part B, with parental consent or was not referred to the LEA/SEA, either because consent was not received or the child was not potentially eligible for preschool services under Part B.)

7.6.6 If the child is older than 3 years old, refer to 3-5 services, if appropriate.

7.6.7 Verify that the child resides in the CFC region using the child's address or zip code or child's placement address or zip code if in foster care. If the address is NOT in your region, ensure that the referral is immediately directed to the appropriate CFC.

7.7 Other Residences to Consider

7.7.1 If the child is homeless and the family cannot provide an address, accept the referral and refer to the Cornerstone Reference Manual for instructions on how to enter the referral. Homeless means individuals who lack a fixed, regular and adequate nighttime residence and includes:

- Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless due to reasons listed above.

7.7.2 Add or edit the child's enrollment information, as necessary.

7.7.3 If the child's legal guardian is DCFS, enter household of "1" (one) in the system and record "0" (zero) income. Also, the Proof of Income should be "AllKids < 200% FL".

7.8 DCFS Intact Families

7.8.1 New intact families with children birth to three are automatically referred to the DCFS Intact Early Childhood Program on a weekly basis. Cases are then assigned to a DCFS Intact Family Developmental Specialist.

- If the child is in a DCFS intact family and are subjects of indicated reports of abuse or neglect or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, it is the responsibility of the DCFS Intact Family Developmental Specialist to inform the parents of the infant or toddler that DCFS strongly encourages that they permit their child to receive a developmental screening.

7.8.2 It is the responsibility of the DCFS Intact Family Developmental Specialist to complete the following tasks:

- Collaborate with case managers around scheduling an initial developmental screening using the DCFS Provider Database; assist the family in locating a screening provider within their community.
- Obtain a *Consent for the Release of Information for DCFS Wards* form and submits this form to the CFC the child was referred to in order for DCFS to share copies of any previous screenings, evaluations or assessments prior to referral with the CFC and to obtain information from the CFC about the child's referral status, EI evaluations/assessments and a copy of the IFSP for the family record.
- If the child's screening indicates that there is a need for developmental concerns, explain to the family that EI Program supports and teaches families how to play and learn with their children in ways that will help them gain essential skills, improve their child's developmental, social/emotional and educational growth, make their child more independent, and give the child the best possible start in life;
- Assist the family with referral to EI system by calling 1-800-323-4769 (automated) or use the DHS Office Locator at: <http://www.dhs.state.il.us/page.aspx?item=31183> to identify the CFC office in the family's local area;
- Communicate the results of the screening with the DCFS Intact Family Case Manager through an email report, and forwards copies of the screening results to the DCFS Intact Family Case Manager to be maintained in the DCFS Intact Family case file.

7.8.3 After the screening and referral process, communication regarding assessment and services is the responsibility of the DCFS Intact Family Developmental Specialist. If the child meets the eligibility requirements for EI the DCFS Intact Family Developmental Specialist will complete the following tasks:

- Participate in the development of the child's IFSP;

- Monitor and evaluate the family's follow through with their IFSP and
- Collaborate with the Early Intervention service coordinator to engage in an ongoing exchange of information to ensure appropriate service delivery, to support and advocate on behalf of the family as needed, and to stay informed of developmental progress.

CHAPTER 8 INTAKE**8.1 Intake Policy**

- 8.1.1 Intake is the process of meeting face to face in person with the family to explain what EI is and to complete all initial steps required prior to beginning the evaluation/assessment process. Service Coordinators are required to fully complete all intake activities prior to scheduling evaluation/assessment activities.
- 8.1.2 All contact with the family must be in the family's chosen language and/or method of communication. If the parent is deaf or hard of hearing, blind or visually impaired, or for the parent with no written language, the mode of communications that is usually used by the parent should be used (ex., sign language, Braille or oral interpretation/translation). The Service Coordinator should always be aware of and sensitive to the family's culture, ethnicity and language.
- 8.1.3 A family's right to confidentiality must be ensured at all times and the *Notice of Confidentiality Practices* and a signed *Consent to Collect and Store Personally Identifying Information (PII)* must be provided and received at intake. DHS will provide the notice and the acknowledgment that must be provided to and signed by EI clients. Families should be invited and encouraged to include other family members, friends or other sources of support during initial intake activities. Families should be made aware that protected health information and other personal information will be discussed during intake activities.
- 8.1.4 Once the family has been located, information about the referral may not be given to the referral source without appropriate consent. If the referral source wants to know the outcome of its referral, the referral source should seek consent from the family and provide a copy of a signed consent form to the CFC at the time of referral. Information about referrals may also be given to the referral source if the CFC obtains consent from families using the *Parental Consent and Ability to Decline Services* form.
- 8.1.5 If the child has a Primary Care Physician (PCP), always request that the family sign the *Consent for Release of Information* form to the physician if you did not receive a signed consent from the physician with the referral. It is important that the PCP be aware that the child was referred to EI, is provided information on the status of the referral and receives a copy of the IFSP if the child is deemed eligible.
- 8.1.6 Upon receipt of a signed *Parental Consent and Ability to Decline Services* form from the child's parent, the Service Coordinator shall proceed with initial intake activities identified in Procedures found below. NOTE: The purpose of this consent is to allow the Service Coordinator to legally gather additional information about the child/family, to document that you have provided and explained family rights and procedural safeguards and the EI *Notice of Confidentiality Practices* and to get consent to complete evaluations and assessments, to transfer a case to another CFC if the need arises, to complete a voluntary family assessment and to move forward to complete the full intake process.

- 8.1.7 With appropriate consent from the family, using the *Consent to Release Information* form the CFC may obtain and/or release information to the entity identified on the form, including medical information, evaluation reports completed prior to referral to EI, diagnosis, prescriptions, referral, and other information as specifically described on the consent form. A separate form containing an original parent signature must be completed to obtain and/or release information for each entity that information will be obtained from and/or released to. The Service Coordinator is required to complete the form prior to requesting that a parent sign the form. Never ask a parent to sign a blank form.
- 8.1.8 With parental consent Service Coordinators will complete a voluntary family directed assessment using the "Routines Based Interview" assessment tool. You can download the Routines Based Interview Report form from the Siskin Children's Institute at www.siskin.org/downloads/RBI_Report_Form.pdf Related references and materials are available at the following website. www.siskin.org/www/docs/112.190/.
- 8.1.9 The purpose of the family directed assessment is to determine the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child based upon those functional outcomes. This requires full family participation throughout the process to ensure that the Service Coordinators observations are a meaningful reflection of the family's perspective.
- 8.1.10 With parental consent administer the appropriate ASQ:SE.
- 8.1.11 Upon completion of intake the Service Coordinator will fully complete the *Intake/Social History Summary Sheet* and distribute the completed sheet to the members of the initial evaluation/assessment and IFSP team.
- 8.1.12 Families have the right to decline services at any time. Steps to follow when a family declines services are described in procedure below.

8.2 Intake Procedures

- 8.2.1 Contact the family within two business days after the date of referral to verify that general eligibility requirements such as age, etc., are met and if so;
- Discuss the EI intake process and time lines;
 - Answer any initial questions that the family may have about EI such as family participation fees, use of private insurance, transition, etc.;
 - Discuss family rights, procedure safeguards and EI privacy practices;
- 8.2.2 If it is more than 45 days but less than 90 days before the child will turn 3, discuss EI age requirements, transition to 3 - 5 services and continue with intake.
- If the child is determined eligible for Part C based upon completion of evaluations/assessments and the child may be eligible for 3 to 5 services, with parental consent notify the school district (LEA) and begin the transition process immediately.
 - If the family declines transition, complete the required portion of the *EI to EC Tracking* form and send it to the school district.

- See the *Chapter 13-Transition* section of this manual for EI to EC Tracking policy/procedures.
- 8.2.3 Determine whether an educational surrogate parent is required. If a surrogate parent is required, request the appointment of a surrogate parent upon referral and prior to evaluation of a child who would not otherwise have foster or relative care representation. NOTE: See When a Surrogate is Needed guidelines found at the end of this section;
- 8.2.4 Discuss the requirement that a Legally Responsible Adult (LRA) or surrogate parent who has the right to sign consent forms on behalf of the child must attend the meeting. An LRA is a biological or adoptive parent of the child, a foster parent, a guardian authorized to act as the child's parent, a relative caregiver with whom the child lives, an individual who is legally responsible for the child's welfare or a surrogate parent. Surrogate parents have the same rights as parents;
- 8.2.5 Schedule a date, time and location for the intake meeting that is convenient for the family. This may include locations such as home, school, business or other community setting.
- 8.2.6 Explain to the family that they have the right and are encouraged to invite other family members, friends or other sources of support to attend the intake meeting.
- 8.2.7 Explain to the family that protected health information and other personally identifying information (PII) will be discussed and shared during the intake meeting.
- 8.2.8 If appropriate, immediately send *Sample Letter 3: Intake Appointment Confirmation*.
- 8.2.9 If the family does not have a telephone or if you are unable to contact the family by phone:
- Send *Sample Letter 4: Initial Contact – Unable To Contact by Phone*
 - and attachments to inform the family of the EI referral and ask them to schedule a meeting.
 - If no response within 10 days, send *Sample Letter 5: Second Contact – Unable to Contact by Phone* and copy the referral source. Parent liaison may assist in attempting contact.
 - If no response to the second letter within another 10 days, close the case.
- 8.2.10 Meet with the family face to face in person to complete the following intake activities:
- Provide the family with a copy of the *State of Illinois Infant/Toddler and Family Rights* booklet, *A Guide for Families Parent Handbook*, and the EI *Notice of Confidentiality Practices*.
 - Review these documents with the family and explain family rights, procedure safeguards, and EI *Notice of Confidentiality Practices* to the family.

- Obtain parent signature(s) on the *Parental Consent and Ability to Decline Services* form and the *Consent to Collect and Store Personally Identifying Information (PII)*.
 - Review all initial referral information entered into Cornerstone to determine if initial information gathered is accurate and complete. NOTE: If information is inaccurate or is not complete; do not create a duplicate record in Cornerstone. Go back to the original record and make the appropriate changes.
 - Familiarize the family to EI services and other related services.
 - Describe “natural environments” and the federal requirement that EI services be provided in a child’s natural environments. NOTE: Section 303.126(b) of Part C of IDEA states that “Natural environment’s means settings that are natural or typical for a same aged infant or toddler without a disability, may include the home or community settings”.
 - If the family consented to the voluntary family assessment when signing the *Parental Consent and Ability to Decline Services* form by checking the *Yes* box, administer the Routines Based Interview (RBI) assessment. After the intake meeting, record the results of the assessment on the *Intake/Social History Summary Sheet*.
 - Discuss the child’s likes and dislikes as well as other information that may facilitate the evaluation process.
 - Discuss the family’s developmental priorities and concerns.
 - Discuss the family’s resources. This means determination of what the family already has available to help support the child’s development in home and community based settings? (i.e., extended family, park programs, church, playgroup, respite care, WIC or other)
- 8.2.11 Administer the appropriate ASQ:SE based upon the child’s chronological age and record the results on the *Intake/Social History Summary Sheet* after the intake meeting.
- 8.2.12 Complete the *Consent for Release of Information* form to: 1) obtain/release information from and/or to the referral source; 2) obtain information from other resources; and 3) release information obtained from other resources to EI providers as needed. (Use pre-approved DCFS versions for wards.) NOTE: If information is received concerning HIV/AIDS, do not share this information with any other entity without a consent that is specific to HIV/AIDS that has been signed by the parent or guardian only. It is a violation of Public Health laws to share HIV/AIDS information without specific consent.
- If consent is given to obtain/release information, describe the information that will be obtained/released in the description area of the *Consent for Release of Information* form, form before asking the family to sign the form(s).
 - Obtain a separate *Consent for Release of Information* form, with an original signature for every entity that you will obtain from and/or release information to.

- 8.2.13 Explain parents' role and responsibilities related to their participation in the development of the IFSP and the EI Services System.
- 8.2.14 Complete the process identified below to determine the family's enrollment status in All Kids and DSCC using the *Screening Device for Determining Family Fees and Eligibility for AllKids and DSCC* and complete appropriate follow-up as indicated. Provide every family with the *Notice of System of Payments and Fees* as well as the *Family Participation Fees Fact Sheet*. Explain the content and answer any questions the family may have.

The All Kids program encompasses a population that extends beyond the scope of the annual gross income identified on the *Screening Device For Determining Family Fees and eligibility for All Kids & DSCC*. Families whose income exceeds the annual gross income identified on the Screening Device may be eligible for All Kids Level 2 and above. Families who do not have insurance are strongly encouraged to complete the All Kids Application. Families who have All Kids Level 2 and above may be assessed a family fee.

- If a family's gross income falls within the stated guidelines Identified on the Screening Device for All Kids and DSCC, explain the benefits of enrolling in the All Kids program. If the parent agrees to enroll in the All Kids program, as an All Kids Application Agent the Service Coordinator should help the parent complete and submit an All Kids application to the Illinois Department of Healthcare and Family Services.
- If a family's gross income exceeds the stated guidelines identified on the Screening Device for All Kids and DSCC, and the family has insurance, ALWAYS ask if the family has high medical bills. If the family's medical bills exceed \$2,000 per month, do not take an All Kids Application. Refer the family to their local DHS Office to apply for medical assistance. (In this situation, the family is being referred to their local DHS office to determine if they are eligible for spend-down.)
- If a family's gross income exceeds the stated guidelines identified on the Screening Device for All Kids and DSCC and the family does not have medical bills over \$2,000 per month or any type of private insurance coverage, ALWAYS ask the family if they would like to file an All Kids Application. Never refuse to take or discourage a family from filing an All Kids Application.
- If the child may be eligible for All Kids based upon the stated income guidelines identified on the Screening Device, but the family has chosen not to file an All Kids Application, the eligible child/family still has the right to receive all EI services identified in the IFSP.
- If referral to DSCC is indicated and a *Consent for Release of Information* form has been completed and signed by the parent/guardian, send a copy of the consent form, the completed Screening Device and copies of the following Cornerstone screens/reports to your local DSCC office: Participant Enrollment Information (HSPR0770), Assessment History (HSPR0207) and Insurance (HSPR0794). NOTE: When completing the Consent form to make a referral to DSCC, under "Type of Information, Other" write "DSCC Referral". File the completed Screening Device and Consent form in the child's CFC permanent record.

- Explain to the family that they will not be able to receive EI services and AT devices subject to fees if a referral to DSCC is indicated and the family refuses to participate in the referral.
 - Place a signed copy of the *Screening Device for Determining Family Fees and Eligibility for All Kids and DSCC* in the child's permanent case record and document in case notes whether or not an All Kids Application was completed and submitted for eligibility determination if the family consented and their gross income falls within the stated guidelines identified on the Screening Device.
- 8.2.15 Discuss the Family Fee determination process and information regarding the use of private insurance, if the family has private insurance and/or is in the income range requiring fees. NOTE: See *Chapter 10-Public and Private Insurance Use Determination* and *Chapter 11-Family Participation Fees* for process. Hand the Financially Responsible Adult (FRA) the *Notice of Social Security Disclosure* form to explain the use of collected Social Security Numbers for EI. The FRA must sign agreeing to provider or declining to provide their Social Security Number.
- 8.2.16 If the child has private insurance and/or public benefits (AllKids, except Premium Level 2 and above), follow the procedures as outlined in the *Chapter 10-Public and Private Insurance Use Determination*.
- 8.2.17 If the family has consented to use of insurance and is potentially eligible for an exemption for private insurance use based on the type of private health plan they own, the CFC must follow the process to submit the request to exempt the use of the private health insurance plan. Inform the family of the various types of exemptions and refer to *Chapter 10-Public and Private Insurance Use Determination* for actions to take to obtain the private insurance exemption.

These are the exemption types for Private Insurance:

- The private health insurance plan is a privately purchased/non-group plan
- The private health insurance plan has an annual or lifetime cap on some or all IFSP services that could endanger the future use by the family for non-EI services.
- The private health insurance plan is part of enrollment in the Illinois Comprehensive Health Insurance Program (ICHIP).
- The private health insurance plan has a tax-savings account attached that automatically withdraws based on billing by providers of EI services. NOTE: It is very important to begin the private insurance exemption request process as early in the Intake process as possible in order to prevent possible service delays.
- Inform the families that exemptions from private health insurance plans may result in the family paying a Family Participation Fee based on household size and income.

- 8.2.18 If the family appears eligible for an exemption from Family Participation Fees, discuss the Family Fee Exemption process with the family.
- Inform the family that proof of income will be required in order to apply for the exemption at the initial IFSP development meeting or at any time during the IFSP.
 - If the family declines to provide proof of income and is not eligible for All Kids, inform the family that failure to provide the requisite income information and documentation will result in a family fee charge that is equal to the maximum allowable family fee monthly installment charged per month.
 - If the family provided proof of income, provide the family with the *Family Participation Fee Exemption Request* form and follow the procedures in outlined in *Chapter 11-Family Participation Fees*.
 - Provide assistance to facilitate form completion and required documentation gathering as necessary.
 - Inform the family that a *Family Fee Exemption Request* form can be completed prior to the initial IFSP (or anytime during the IFSP but it is not retroactive) to submit to the EI Program for approval. If a family chooses to request the exemption prior to IFSP, send family size and gross income in place of the Family Fee Report because a family fee report cannot be generated from the Cornerstone system prior to the IFSP.
- 8.2.19 Provide a general overview of the IFSP process. NOTE: Refer to *Chapter 12- Individualized Family Service Plan* area for the process.
- 8.2.20 Provide a general overview of the transition process.
- 8.2.21 Complete intake/social history activities on your laptop in Cornerstone. NOTE: Refer to the *Cornerstone Reference Manual, Section 18.2.2, Home Visit* for information on the use of laptops for intake activities.
- 8.2.22 If the family declines services during any part of the intake process:
- Explain right to decline services.
 - Ensure that family understands consequences of refusal.
 - Explain complaint procedures.
 - Explain how to access future services.
 - Refer to community resources.
 - Document the date and the reason for case discontinuation in Cornerstone Case Notes.
 - Complete case closure. NOTE: Refer to *Chapter 14- Transfers and Case Closure*.
- 8.2.23 Send a follow-up letter to the referral source if the referral source or the CFC has obtained a signed consent from the family.

- 8.2.24 Fully complete the *Intake/Social History Summary Sheet* and put a copy in the child's CFC permanent case record. Send copies to each provider who will complete initial evaluations/assessments with the authorizations to provide those services.
- 8.2.25 If the parent was able to provide you with a copy of a medical record from a physician that documents that the child has a medical diagnosis such as autism, cerebral palsy, etc., enter that diagnosis into Cornerstone. NEVER enter an ICD-9 code for a medical diagnosis other than developmental delay if you do not have a medical record from a physician that states that the child was truly diagnosed with the condition.

8.3 When A Surrogate Parent Is Needed

- 8.3.1 Foster parents and relative caregivers of children who are wards of the state may serve as educational surrogate parents for the children in their care.
- 8.3.2 A guardian authorized to act as the child's parent, a relative caregiver with whom the child lives or an individual who is legally responsible for the child's welfare may serve as educational surrogate parents for the children in their care.
- 8.3.3 CFC staff shall notify the local DCFS Educational Advisor's Office if a foster parent or relative caregiver of a DCFS ward needs assistance in making decisions regarding the child's services.
- 8.3.4 CFC staff shall request the appointment of an educational surrogate parent from the Illinois State Board of Education (ISBE) Surrogate Parent Program for all wards of the state placed in private residential facilities.
- 8.3.5 If unable to identify or locate the parent, guardian, or relative of a child who is not a ward of the state, CFC staff shall request the appointment of an educational surrogate parent from ISBE.
- 8.3.6 CFC staff shall monitor to assure that surrogate parent appointment is made by ISBE within ten days but no more than 30 days.
- 8.3.7 Surrogate parents have the same rights as a parent.

8.4 What the Foster/Surrogate Parent Signs

The Foster/Surrogate Parent, other than one for a child who is a ward of the state, signs everything that a parent would normally sign.

8.5 What the DCFS Guardian Signs

Annually, DHS obtains DCFS Guardian signature on all forms that must be co-signed by the DCFS Guardian. DHS then provides copies of these forms to CFCs for use with all DCFS wards. DCFS Guardian signed forms must be renewed annually in the child's file.

CHAPTER 9 ELIGIBILITY DETERMINATION**9.1 Eligibility Criteria**

Children residing in Illinois who are under the age of three years and their families are initially eligible for EI services if written evaluation/ assessment reports completed by a multidisciplinary team confirm that the child:

- Has a developmental delay; or
- Has a physical or mental condition which typically results in developmental delay; or
- is at risk of having substantial developmental delays, according to informed clinical judgment.

9.2 Developmental Delay

“Developmental delay” means DHS-determined eligible level of delay (30% or greater) 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. The eligible level of delay must have been:

- 9.2.1 Measured by DHS approved diagnostic instruments and standard procedures; (see the following *Assessment Instruments* list) **or**
- 9.2.2 Confirmed through informed clinical judgment of the multidisciplinary team if the child is unable to be appropriately and accurately tested by the standardized measures available.
- 9.2.3 Activities used to determine eligibility whether using a diagnostic instrument or clinical judgment that development of an eligible level of delay (30% or greater) is probable if EI services are not provided shall also include clinical observation of the child, parent report, identification of the child’s unique strengths and needs in the area(s) that are being tested and a review of the child’s medical, educational or other records. This information shall be described in the required written evaluation/assessment report to be submitted in a DHS determined report format.

9.3 Medical Conditions Resulting in Developmental Delay

“Physical or mental condition which typically results in developmental delay” means a medical diagnosis:

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

9.4 Clinical Judgment

“At risk of substantial developmental delay, according to informed clinical judgment” means the multidisciplinary team confirms that development of a DHS determined eligible level of delay (30% or greater) is probable if EI services are not provided because the child is experiencing either:

- 9.4.1 A parent who has been medically diagnosed as having a severe mental disorder as set forth under axis I and axis II of the Diagnostic and Statistical Manual (DSM) IV or a developmental disability; or
- 9.4.2 Three or more of the following risk factors:
- Current alcohol or substance abuse by the primary caregiver;
 - Primary caregiver who is currently less than 15 years of age;
 - Current homelessness of the child. Homelessness is defined as children who lack a fixed, regular and adequate nighttime residence, in conformity with the McKinney Vento Homeless Assistance Act;
 - Chronic illness of the primary caregiver;
 - Alcohol or substance abuse by the mother during pregnancy with the child;
 - Primary caregiver with a level of education equal to or less than the 10th grade, unless that 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.
- 9.4.3 Activities used to determine by clinical judgment that development of an eligible level of delay (30% or greater) is probable if EI services are not provided and presence of risk factors shall include clinical observation of the child, parent report, identification of the child's unique strengths and needs and a review of the child's/parent's medical, educational or other reports. This information shall be described in the required written evaluation/assessment report to be submitted in a DHS determined report format.

9.5 Discontinuation of Services – Family Choice

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. NOTE: Service Coordinators must complete all steps required to complete an initial IFSP when re-enrolling a child that was previously removed from the program, beginning with the Intake process.

9.6 Exception to 45-Day Timeline Due to Family Unavailability

If the child or parent is unavailable to complete the initial evaluation, the initial assessments of the child and family or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's EI records, or the parent has not provided consent for the initial evaluation/assessment of the child despite documented repeated attempts by the Service Coordinator, the 45-day timeline does not apply for this period.

9.7 Eligibility Determination Policy

Evaluations/assessments to determine initial eligibility or the need to add a new service to the IFSP shall be provided by credentialed/enrolled evaluators only.

- 9.7.1 Evaluations/assessments must be obtained from a minimum of two disciplines to determine initial eligibility and re-determine eligibility for services. NOTE: One person cannot evaluate as two disciplines for a single child/family.

9.8 Redetermination

Eligibility must be re-determined at the end of each annual IFSP period using DHS-determined eligibility criteria in effect at the time of the annual evaluation/assessment period. NOTE: Refer to *Individualized Family Service Plan* Section for the Required Annual Reviews procedure. Children who do not meet current eligibility criteria upon re-determination will continue to be eligible only if they:

- 9.8.1 Exhibit any measurable delay or have not attained a level of development in one or more developmental areas that is at least the mean of the child's age equivalent peers; **and**
- 9.8.2 Have been determined by the multidisciplinary IFSP team to require the continuation of EI services in order to support continuing developmental progress.
- 9.8.3 When eligibility for EI services is reviewed at any time thereafter, Service Coordinators shall determine a family's enrollment status in AllKids. If the child is not enrolled in AllKids, and the child may be eligible, with parent consent complete an All Kids Application and make a referral to DSCC, if indicated.

9.9 Eligibility Determination Procedure

Review all evaluations and medical reports with the family to ensure that two or more disciplines participated in and are in agreement with the determination of eligibility and to determine if the child meets EI eligibility criteria.

- 9.9.1 Verify that the initial evaluations/assessments were conducted by credentialed/enrolled Evaluators or by approved provisional Evaluators.
- 9.9.2 Verify that, unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child. The Service Coordinator should always be aware of and sensitive to the child's culture, ethnicity and language.
- 9.9.3 If the family has not provided consent for the initial evaluation/assessment of the child despite documented, repeated attempts by the Service Coordinator, the 45-day timeline does not apply for this period. Enter the exception code for this situation into the Cornerstone system and be sure that you have documented all attempts to obtain consent, including phone calls, letters and any other type of attempt you have made to obtain the signed consent

9.10 Children Found Eligible for EI Services

If the child is eligible for EI complete the following steps:

- 9.10.1 Enter Cornerstone eligibility determination information. NOTE: Refer to the *Cornerstone Reference Manual* for instructions.

- 9.10.2 Send *Sample Letter 17: Eligible – No Further Assessment Needed* to provide written notice of the child's eligibility. With parental consent, see *Chapter 8 – Intake*, provide a copy to the referral source.
- 9.10.3 Coordinate and authorize any additional evaluations/assessments needed for the development of the IFSP. Utilize only credentialed/ enrolled evaluators to complete initial evaluations/assessments.
- 9.10.4 Contact the family to discuss eligibility.
- 9.10.5 If the family has not already provided this information, inform the family that written proof of income and insurance will be requested at the time of IFSP development, including proof of All Kids enrollment if applicable. Follow policy and procedures outlined in *Public and Private Insurance Use Determination* and *Family Fees* chapters

9.11 Children Found Not Eligible for EI Services

If the child is NOT eligible for EI the Service Coordinator shall complete the following activities:

- 9.11.1 Contact the family in order to provide verbal notification of ineligibility for EI.
- 9.11.2 Provide written notification of ineligibility determination to the family by sending *Sample Letter 14: Ineligible – Initial Eligibility Determination* indicating EI ineligibility and right to dispute the determination. (Refer to *Chapter 6 - Disputes*). Upon receipt of a signed *Consent to Release Information* form (see *Chapter 8 - Intake*), copy the referral source at initial eligibility determination.
- 9.11.3 Provide ten (10) days notice before discontinuing services if the child was found ineligible through annual re-evaluation. Send *Sample Letter 15: Ineligible – Annual Eligibility Determination*
- 9.11.4 Discuss other community resources and refer to those resources, as appropriate.
- 9.11.5 Document the child's ineligibility for EI in Cornerstone case notes.
- 9.11.6 Edit the child's level of delay on the EI Program Data screen, if necessary.
- 9.11.7 Complete case closure. (Refer to *Chapter 14 - Transfer and Case Closure*).

Approved Assessment Instruments
(Not an exclusive list)

Developmental Area/ Test Name	Discipline(s)
<p><u>Global</u></p> <ul style="list-style-type: none"> • Assessment Evaluation & Programming System (AEPS) • Alpen-Boll Developmental Profile II • Batelle Developmental Inventory • Carolina Curriculum for Infants and Toddlers • Child Developmental Inventory (CDI) • Early Learning Accomplishment Profile (ELAP) • Infant Development Inventory (IDI) • INSITE (for visually impaired) • Hawaii Early Learning Profile (HELP) • Infant Toddler Developmental Profile (IDA) • Mullen Scales of Early Learning (MSEL) • Reynell-Zinkin Scales: Developmental Scales for Young Handicapped Children • Transdisciplinary Play Based Assessment (TPBA) 	<p>A professional with training and credentials and meeting the requirements specified by the particular test instrument</p>
<p><u>Cognitive</u></p> <ul style="list-style-type: none"> • Bayley Scales of Infant Development-Mental • Functional Emotional Assessment Scales (FEAS) • Infant Toddler Sensory Profile • Pediatric Evaluation of Disability Inventory (PEDI) • Test of Sensory Functioning in Infants • Vineland Adaptive Behavior Scales (VABS) 	<p>A professional with training and credentials and meeting the requirements specified by the particular test instrument</p>
<p><u>Motor</u></p> <ul style="list-style-type: none"> • Alberta Infant Motor Scale • Bayley Scales of Infant Development- Motor • Erhardt Developmental Test of Prehension • Gross Motor Functional Measures (must be used in combination with a tool that provides age equivalents or % delay) • Peabody Developmental/ Motor Test 2 • Test of Infant Motor Performance (TIMP) • TIME: Miller 	<p>A professional with training and credentials and meeting the requirements specified by the particular test instrument</p>
<p><u>Adaptive</u></p> <ul style="list-style-type: none"> • Early Coping Inventory • Functional Emotional Assessment Scales (FEAS) • Functional Independence Measures (WEE FIMS) • Infant Toddler Sensory Profile • Pediatric Evaluation of Disability Inventory (PEDI) • Test of Sensory Functioning in Infants • Vineland Adaptive Behavior Scales 	<p>A professional with training and credentials and meeting the requirements specified by the particular test instrument</p>

Developmental Area/ Test Name	Discipline(s)
<p><u>Communication</u></p> <ul style="list-style-type: none"> • Callier-Azusa Scale • Communication & Symbolic Behavior Scales (CSBS) (must use all 3 portions: Infant Toddler Checklist, Caregiver Questionnaire, & Behavioral Sample) • Early Language Milestone Scales (ELM-2) • McCarthy Communicative Developmental Inventory • Non-Speech Test • Pre-School Language Scale (PLS 3 or 4) • Receptive Expressive Emergent Language Scale (REEL) • Reynell Developmental Language Scales-American Version • Rosetti Infant Toddler Language Scale • Sequenced Inventory of Communication Development (SICD) • SKI-HI Learning Development Scales (Hearing Impaired 0-3) 	<p>A professional with training and credentials and meeting the requirements specified by the particular test instrument</p>
<p><u>Articulation</u> (must be used in combination with one of the approved communication tools for evaluation & assessment)</p> <ul style="list-style-type: none"> • Assessment of Phonological Processes-R (English & Spanish) • Goldman-Fristoe Test of Articulation • Hodson Phonological Screening • Paden Phonological Screening • Spanish Articulation Measure (SPAM) 	<p>A professional with training and credentials and meeting the requirements specified by the particular test instrument</p>
<p><u>Social Emotional</u></p> <ul style="list-style-type: none"> • Achenbach Child Behavior Checklist • Carey Temperment Scales (must be used with tool that provides age equivalents or % delay) • Early Coping Inventory • Functional Emotional Assessment Scale (FEAS) • Infant-Toddler Social and Emotional Assessment (ITSEA) • Vineland Social Emotional Early Childhood Scale 	<p>A professional with training and credentials and meeting the requirements specified by the particular test instrument</p>
<p><u>Hearing</u></p> <ul style="list-style-type: none"> • Conditioned Play Audiometry (CPA) • Otoacoustic Emissions (OAE) • Speech Awareness Thresholds (SAT) • Speech Discrimination Test • Visual Reinforcement Audiometry (VRA) 	<p>A professional with training and credentials and meeting the requirements specified by the particular test instrument</p>

Developmental Area/ Test Name	Discipline(s)
<u>Vision</u> <ul style="list-style-type: none"> Erhardt Developmental Test of Vision The Oregon Project Global Assessment Tool (assessment only) 	A professional with training and credentials and meeting the requirements specified by the particular test instrument
<u>Other</u> <ul style="list-style-type: none"> Autism Diagnostic Observation Scale (assessment) 	A professional with training and credentials and meeting the requirements specified by the particular test instrument

NOTE:

Providers may use tools that are not identified on this list if the tool meets all of the following criteria:

- The tool is **listed** in the Mental Measurement Yearbook Series;
- The tool is **nationally distributed**;
- The tool is **age appropriate**;
- The tool has been **formally validated**;
- The tool is **individually administered**; and
- The tool has **been approved for use** by the Illinois Department of Healthcare and Family Services (HFS).

It is the responsibility of the provider to present proof of the above criteria to the DHS EI Program for HFS review and approval. The Mental Measurement Yearbook Series can be found at the Early Childhood Intervention Clearinghouse, many local libraries and by visiting the website at www.BurosInstitute.com. There is a cost to access some of the materials found on this website.

**MEDICAL CONDITIONS RESULTING IN HIGH PROBABILITY OF
DEVELOPMENTAL DELAY AND DSCC SCREENING INFORMATION**
(Not an exclusive list)

Eligible EI Diagnoses	Eligible/Non-Eligible and/or Description of DSCC Diagnoses
Children with medical conditions which are not listed may be determined eligible for EI services by a qualified family physician, pediatrician or pediatric subspecialist (pediatric neurologist, geneticist, pediatric orthopedic surgeon, pediatrician with special interest in disabilities) who provides written verification that the child's medical condition is associated with a high probability of developmental delay as listed in eligibility criteria.	Any specific diagnosis alone (except cystic fibrosis and hemophilia) is not eligible for DSCC unless there are associated impairments in the following categories: Orthopedic, nervous system, cardiovascular, external body, hearing, organic speech disorders, inborn errors of metabolism leading to severe neurological, mental and physical deterioration, eye and urinary system.
Anomalies of Central Nervous System Spina Bifida/Myelomeningocele Spina Bifida with Hydrocephaly Encephalocele Hydroencephalopathy Microencephaly Congenital Hydrocephalus Reduction deformities of brain Absence Holoprosencephaly Agenesis Hypoplasia Agyria Lissencephaly Aplasia Microgyria Arhinecephaly Schizencephaly Anomalies of the Spinal Cord	DSCC eligible. DSCC eligible. DSCC eligible. DSCC eligible. Not DSCC eligible. DSCC eligible. None of these would be DSCC eligible on their own; treatable motor/orthopedic impairments or seizures could be DSCC eligible for these deformities. Only treatable motor/orthopedic impairments are potentially DSCC eligible. DSCC eligible
Birth weight: <1000 gm.	Not DSCC eligible by itself.
Chromosomal Disorders (most common, not to be used as an exclusive list) Trisomy 21 (Down Syndrome) Trisomy 13 Trisomy 18 Autosomal Deletion Syndromes Fragile X Syndrome Williams Syndrome Angelmann's Syndrome	Syndromes are not DSCC eligible by themselves but may include DSCC eligible conditions: Not DSCC eligible but typically cover the cardiac and hearing impairments. Craniofacial, limb deformities, cardiac are DSCC eligible. Cardiac impairments would be DSCC eligible. Not typically DSCC eligible unless causing cardiac, hypospadias or other DSCC eligible conditions. Not DSCC eligible. Not usually DSCC eligible unless causing cardiac impairments or strabismus.

Eligible EI Diagnoses	Eligible/Non-Eligible and/or Description of DSCC Diagnoses
Prader-Willi Syndrome	Seizures, scoliosis and strabismus would be DSCC eligible, if present, for either syndrome.
Congenital Infections Toxoplasmosis Rubella Cytomegalovirus Herpes Simplex with CNS involvement	Only treatable chronic motor/orthopedic, hearing loss and eye impairments (defects of eyeball or eye muscle) are DSCC eligible for these congenital infections.
Neonatal Meningitis	Only treatable chronic motor/orthopedic, hearing loss and eye impairments (defects of eyeball or eye muscle) are DSCC eligible for these congenital infections.
Cerebral Palsy	DSCC eligible (motor and neuro impairments)
Craniofacial Anomalies (Major) Cleft Palate	DSCC eligible. DSCC eligible * (See further instructions on referring to DSCC, listed on last page)
Disorders of the Sense Organs Sensorineural Hearing Impairment, Unilateral or Bilateral >40 dBL Visual Impairment Bilateral Amblyopia Severe Retinopathy of Prematurity ROP 3+ Bilateral Cataracts Myopia of 3 dioptors or more Albinism	DSCC eligible – hearing loss of 30dB or greater at any 2 of the following frequencies: 500, 1000, 2000, 4000 and 8000 Hz; or hearing loss of 35 dB or greater at any one of the frequencies 500, 1000 and 2000 Hz; involving one or both sides. Potentially DSCC eligible (blindness not DSCC eligible) eye muscle imbalance – DSCC eligible. DSCC eligible when requires forced patching treatment. DSCC eligible. DSCC eligible. Not DSCC eligible. Not DSCC eligible.
Disorders of the Central Nervous System Hypsarrhythmia Acquired Hydrocephalus Stroke Traumatic Brain Injury Intraventricular Hemorrhage – Grade III, IV Hypoxic Ischemic Encephalopathy (with organ failure, seizures, renal failure, cardiac failure) Unspecified Encephalopathy Spinal Cord Injury	Not DSCC eligible. DSCC eligible. Motor and speech problems may be DSCC eligible. Neither are automatically DSCC eligible but either could cause DSCC eligible motor, speech or orthopedic conditions. Not DSCC eligible by itself but seizures, renal impairments, cardiac impairments are DSCC eligible. Only treatable motor/orthopedic impairments or seizures are DSCC eligible. Only treatable motor/orthopedic impairments are DSCC eligible.

Eligible EI Diagnoses	Eligible/Non-Eligible and/or Description of DSCC Diagnoses
Disorders of the Central Nervous System-continued Neonatal Seizures (secondary to asphyxia or hypoglycemia) Central Nervous System Cysts Central Nervous System Tumors Periventricular Leukomalacia	Acute seizures are not DSCC eligible. Potentially DSCC eligible if not cancerous. Potentially DSCC eligible if not cancerous. Not DSCC eligible by itself. If causing Cerebral Palsy, this is DSCC eligible.
Inborn Errors of Metabolism	Only those causing physical and neurological impairment <u>and</u> mental retardation, if left untreated, are DSCC eligible.
Neuromuscular Disorders Congenital Muscular Dystrophy Myotonic Dystrophy Werdnig-Hoffman (Spinal Muscular Atrophy) Congenital Myopathy Duchenne	Motor and orthopedic conditions are potentially eligible for these conditions.
Pervasive developmental disorder / Autistic spectrum	Not DSCC eligible.
Syndromes Cornelia de Lange Lowe's Rett Rubenstein-Taybi CHARGE (multiple anomalies) VATER	Syndromes are not DSCC eligible by themselves but may include DSCC eligible conditions: Orthopedic and craniofacial impairments are DSCC eligible. Cataracts and kidney problems are DSCC eligible. Not DSCC eligible. Causes DSCC eligible hip dislocation and joint problems. DSCC eligible: eye, kidney, cardiac, nervous, hearing and external body impairments. DSCC eligible urinary, cleft palate and esophageal atresia
Fetal Alcohol Syndrome (Not just exposure to alcohol in utero or fetal alcohol effects, but a diagnosis of the syndrome)	Not DSCC eligible, but could cause some DSCC eligible motor/orthopedic impairments.
Orthopedic Abnormalities Brachioplexus at birth Caudal Regression Proximal Focal Femoral Deformities Partial Amputations	Potentially DSCC eligible. Not DSCC eligible. Potentially DSCC eligible. DSCC eligible.

Eligible EI Diagnoses	Eligible/Non-Eligible and/or Description of DSCC Diagnoses
Holt-Oram	Potentially DSCC eligible.
Acquired Amputations	DSCC eligible.
Arthrogryposis Multiplex Congenita	DSCC eligible.
Osteogenesis Imperfecta	DSCC eligible.
Technology Dependent	
Tracheostomy	Potentially DSCC eligible if secondary to structural defect of upper airway and not chronic lung disease.
Ventilator Dependent	Potentially DSCC eligible for IDHFS/DSCC Home Care Program (waiver)
Social Emotional Disorders	
Attachment or Relationship Disorder	Not DSCC eligible by itself.

Children with undiagnosed medical conditions or who may require further medical evaluation may be referred for a medical diagnostic evaluation. If you have any questions regarding these eligible medical conditions or medical diagnostic services, please contact your developmental pediatrician consultation contractor.

* **Referring to DSCC** – Children with cleft palate, orthopedic abnormalities, or other potential DSCC eligible diagnoses associated with physical disabilities are to be referred to the Division of Specialized Care for Children (DSCC) prior to IFSP development. DSCC may provide medical diagnostic support at no cost to the family. Simultaneously Child and Family Connections should complete the intake process as usual. DSCC will determine the type of ongoing assistance they can provide.

CHAPTER 10 PUBLIC AND PRIVATE INSURANCE USE DETERMINATION**10.1 Policy for Public Benefits**

- 10.1.1 All families shall be provided the *Notice of System of Payments and Fees* as well as the *Family Participation Fees Program Fact Sheet* at Intake and at each annual IFSP explaining EI's system of payment provisions and no cost protections.
- 10.1.2 CFCs will **not** require any family to have an application for Public Benefits (AllKids) submitted on their behalf by the AllKids Application agent (CFC). But, families with no public benefits who may qualify for AllKids should be **encouraged** to apply for AllKids. If the family chooses to apply, the CFC must assist the family in applying for AllKids. Additionally, the CFC will ask the family for their consent to share PII with AllKids (if approved) as well as submit claims to AllKids (if approved).
- 10.1.3 A parent may revoke their consent at any time. The revocation is not retrospective and any actions prior to the revocation of consent.

10.2 Procedures for Public Benefits

- 10.2.1 During Intake and at each annual IFSP, the CFC will provide *Notice of System of Payments and Fees* as well as the *Family Participation Fees Program Fact Sheet* to all families. Ensure the families have all concerns answered.
- 10.2.2 Based on the results at Intake and each Annual IFSP of the *Screening Device for Determining Family Fees and Eligibility for All Kids & DSCC*, determine if the family is currently enrolled in AllKids or is potentially eligible for AllKids.
- 10.2.3 If the family is currently enrolled in AllKids, have the family review and sign the *Notice to Use Public Benefits and Consent to Disclose PII – AllKids Enrolled*. This allows EI to submit claims to AllKids for potential reimbursement.
- Obtain a copy of the current AllKids card or a screen print of the PA42 showing current eligibility. AllKids Premium Level 2 and above are not billable to AllKids for reimbursement and do not qualify as public benefits.
- 10.2.4 If the family is not currently enrolled in AllKids but the screening tool shows potential eligibility, advise the family that they are not required, but are encouraged, to submit an application for AllKids and offer any assistance for that process. Also, have the family review and sign the *Notice to Consent & use Public Benefits and Consent to Disclose PII – Potentially Eligible for AllKids*. This allows EI to pass PII and submit claims to AllKids if the family later becomes enrolled in AllKids.
- Ask the family for future outcome information on any application submitted to HFS. Check with the family periodically if they have indicated they did apply. PA42 can also be used to review eligibility once an application is processed by HFS.

- 10.2.5 If the family is not currently enrolled and does show potentially eligible for AllKids, remind the family to also report any changes to income or household circumstances that may cause potential eligibility and offer to assist in the future if needed.

10.3**Benefits Verification Process for Public Benefits**

- 10.3.1 Families currently enrolled in AllKids (except Premium Level 2 and above), but no private insurance plan.
- **Consent Obtained:**
If the family signed the consent to allow disclosure of PII, indicate in the Cornerstone system using the Insurance Flag set to “No Private Insurance”. There is no need to complete a benefits’ verification.
 - **Consent Not Obtained:**
If the family declined the consent to allow disclosure of PII, indicate in the Cornerstone system using the Insurance Flag set to “No Private Insurance”. Submit a copy of the *Notice to Use Public Benefits and Consent to Disclose PII - AllKids Enrolled* with the parent’s signature showing they did not consent. This is how CBO will know to not forward claims to AllKids.
- 10.3.2 Families potentially eligible for AllKids (except Premium Level 2 and above), but no private insurance plan.
- **Consent Obtained**
If the family signed the consent to allow use of Public Benefits and disclosure of PII and if they become enrolled in AllKids (except Premium Level 2 and above), indicate in the Cornerstone system using the Insurance Flag set to “No Private Insurance”. There is no need to complete a benefits’ verification.
 - **Consent Not Obtained**
If the family declined the consent to allow use of Public Benefits and/or declined the disclosure of PII, indicate in the Cornerstone system using the Insurance Flag set to “No Private Insurance”. Submit a copy of the *Notice To Consent & Use Public Benefits and Consent to Disclose PII – Potentially Eligible for AllKids* with the parent’s signature showing they did not consent. This is how CBO will know to not forward claims to AllKids.
- 10.3.3 Families enrolled or potentially eligible for AllKids (except Premium level 2 and above) who **also** have private health insurance.
- **Consent Obtained**
The family must have signed the *Notice to Consent to Use Private Insurance* **and** the *Notice to Use Public Benefits and Consent to Disclose PII - AllKids Enrolled* **or** *Notice to Consent & Use Public Benefits and Disclose PII – Potentially Eligible for AllKids*. Set the Cornerstone Insurance Flag to “Bill Insurance First” and submit the normal benefits verification outlined in the **Families consenting to usage of Private Health Insurance Benefits** outlined below.
 - **Consent Not Obtained**

If the family did not consent to using either their private insurance or public benefits, set the Cornerstone Insurance Flag to “No Private Insurance”. There is no need for a benefits verification process but the CFC must also send a copy of whichever consent was appropriate for the public benefits (AllKids Enrolled or Potentially Eligible for AllKids) and private insurance indicating the family did not consent. This is how the CBO will know to not forward claims to AllKids or expect private insurance EOBs to accompany claims from the service provider(s).

10.4 Policy for Private Health Insurance Benefits

- 10.4.1: During Intake and at each IFSP, the CFC will provide *Notice of System of Payments and Fees* as well as the *Family Participation Fees Program Fact Sheet* to all families. Ensure the families have all concerns answered. Families whose children are enrolled under private insurance plans are asked to use their benefits to assist in meeting the costs of covered EI services and AT devices.
- 10.4.2: No family with private insurance can be mandated to use their private insurance plans. A family who chooses to use their private insurance benefits must sign the informed consent. Families who consent to using their private insurance may also receive waivers and exemptions for certain or all covered services based on criteria outlined in the following procedures.
- 10.4.3: A parent may revoke their consent at any time. The revocation is not retrospective and any services provided prior to the revocation can be processed through the private insurance plan.
- 10.4.4: EI service providers are required to follow authorizations for services, including insurance usage, waivers, exemptions, etc and bill appropriately following policies and procedures. Note: The following services are the exception to insurance billing: Developmental Therapists, Translators/Interpreters, Deaf Mentors, and Physicians providing only medical diagnostics, Transportation providers and Parent Liaisons.

10.5 Procedures for Private Health Insurance Benefits

- 10.5.1 During Intake and at each annual IFSP, the CFC will provide *Notice of System of Payments and Fees* as well as the *Family Participation Fees Program Fact Sheet* to all families. Ensure the families have all concerns answered.
- 10.5.2 The CFC will provide the family the *Notice to Consent and Use Private Insurance* form for their review and signature.
- 10.5.3 The family must also be fully informed of the ramifications of waivers, exemptions and Family Fees based on the results of the benefits verification process and provider choice options. A family that agrees to private benefits usage must follow the policies and procedures of their private health insurance plan with regards to provider choice and the philosophy and principals of EI.

10.6 Benefits Verification Process for Private Health Insurance – Family Consented**10.6.1: Submitting a Benefits Verification Request**

- Obtain a copy of the front and back of the private insurance card.
- Indicate the proper insurance flag of “Bill Insurance First” in Cornerstone.
- Submit a copy of the front and back of the insurance card, the signed *Notice to Consent and Use Private Insurance* along with the *CFC Fax Cover Sheet for Insurance Benefits Verification Requests/Updates* form to the CBO for the benefits verification process.
 - If a family needs to consent separately to bill private insurance based on specific services, complete the *Consent to Use Private Insurance for Specific Service(s)*.
 - Indicate each IFSP insurance-billable service and have the family mark the appropriate consent indicator and sign the form.
 - Include a copy of the form to the CBO with the benefits verification process.
- The CBO will verify the private health insurance benefits and provide a result to the CFC within 5 working days to assist the family and CFC in determining Provider Choice limits, if applicable.
- The CBO will inform the CFC if the results indicate a need for a pre-billing waiver due to finding no enrolled EI providers or due to the private benefits plan indicating the EI services are not covered under the plan. The CBO will work with the CFC to automatically issue a pre-billing waiver to the service provider.
 - If the provider is not known yet, the CBO will issue a pre-billing waiver for the specific discipline.
 - The CFC must inform their CBO Insurance Processor when a payee/provider is located. The CBO will re-issue the pre-billing waiver in the individual payee/provider’s name for the records.
 - The CFC must pass a copy of the pre-billing waiver to the rendering provider for their records. No provider should be asked to perform services without the waiver process being completed and a waiver in hand for their records.
- The CBO will provide a pre-billing waiver automatically if the PCP referral is unobtainable due to the PCP not referring to an EI enrolled provider.
 - If the provider is not known yet, the CBO will issue a pre-billing waiver for the specific discipline.
 - The CFC must inform their CBO Insurance Processor when a payee/provider is located. The CBO will re-issue the pre-

billing waiver in the individual payee/provider's name for the records.

- The CFC must pass a copy of the pre-billing waiver to the rendering provider for their records. No provider should be asked to perform services without the waiver process being completed and a waiver in hand for their records.

NOTE: The physician's prescription must still be obtained prior to direct service provision. A copy must be forwarded to the appropriate service provider and a copy maintained in the record for services provided by Audiologists, Speech Language Pathologists, Occupational Therapists and Physical Therapists.

- The CBO benefits verification process is a high-level request and does not replace the more comprehensive and detailed benefits verification the rendering provider must perform with the insurance plan to ensure accuracy of billing/payment. Remind the providers that providers who fail to perform their own comprehensive benefits verification risk non-payment for services rendered.

10.6.2: Waiver or Exemption of Private Insurance Use

- Determine if the CBO benefits verification process results renders the need for a pre-billing waiver or exemption of using the private insurance and submit the *CFC Fax Cover Sheet for Insurance Benefits Verification Request/Update* indicating the applicable waiver/exemption request.
- If the benefits verification limits the choice of EI providers and the CFC has contacted all the providers on the list with no success of locating a provider who can accept the referral within 15 days, the CFC must submit a pre-billing waiver request.
- Provider Not Available: Complete the Waiver request section of the *CFC Fax Cover Sheet for Insurance Benefits Verification Request/Update*, the *Pre-Billing Waiver Request* form and submit, along with the appropriate case documentation (notes indicating the results of the contacts with the list of insurance mandated providers including the date of contact, phone number or e-mail address and, date services could begin by the insurance mandated provider), to the CBO.
- Provider Not Enrolled: Complete the Waiver request section of the *CFC Fax Cover Sheet for Insurance Benefits Verification Request/Update*, the *Pre-Billing Waiver Request* form and submit, along with the appropriate case documentation (notes indicating the results of the any contacts providers including the date of contact, phone number or e-mail address), to the CBO. Note: If the CBO is aware that there are no insurance-enrolled, EI credentialed providers at the time of the benefits verification, a pre-billing waiver will be automatically issued.

- Excessive Travel Time or Distance: If the insurance mandated provider must be a clinic-based provider based on the IFSP team's decision due to the needs of the child, a pre-billing waiver must be submitted. Complete the Waiver request section of the *CFC Fax Cover Sheet for Insurance Benefits Verification Request/Update*, the *Pre-Billing Wavier Request* form and submit, along with the appropriate case documentation (notes, address of clinic family will travel to), to the CBO.
- If any information is incomplete or missing on the request, the CBO will have no choice but to deny the request and the CFC must resubmit a new request including all the above indicated required forms, documents or items.
- The CBO will process and inform the CFC the results within 10 working days of receipt of the Waiver request.
- Maintain all documentation and requests in the child's permanent record.
- Based upon the type of private insurance plan, plan restrictions, waivers or exemptions, the CFC must assist the family in choosing the provider based on the allowances of the private benefits plan, the availability of EI providers and the plans coverage. If the insurance plan will not approve benefits to an out-of-network provider, the family will be required to accept services from an EI enrolled in-network provider following all other policies and procedures of accepting private insurance usage.

10.6.3: Exemption of Insurance Use

- If the family has chosen, or if the CFC becomes aware of a need for an exemption to using private insurance, the CFC should submit that request by indicating on the *CFC Fax Cover Sheet for Insurance Benefits Verification Requests/Updates* as early in the process as possible. The current Exemption request may be necessary based on an Individually Purchased/Non-Group Plan, A plan that has Annual or Lifetime cap (limits) that EI services may exceed or exhaust the amount if the plan is used for EI and the family has a Tax Savings Plan (such as a Health Savings Account or Health Reimbursement Account) that is automatically withdrawing funds when claims are submitted to the health plan.
- Complete the appropriate section and include all noted documentation necessary to complete the request.
- For Tax Savings Plan exemptions, the CFC must also submit the completed *CFC Tax Savings Account Information Sheet* to let CBO know the contact information for the tax savings plan account.
- CBO will process and inform the CFC the results within 10 working days of receipt of the Exemption request.

10.6.4: Updating Insurance Information

- When status of private insurance changes the CFC must act immediately to ensure continuance of services and reimbursement to providers.
- Check monthly with the family to ensure all coverage is the same. Being especially mindful of major plan year changes such as end of calendar year or fiscal years (each plan is different). Ask specific questions to families to ensure the most current accurate information is known. It might be the provider who discovered the update first. If so, take appropriate actions immediately when informed by provider or family.
- Use the *CFC Fax Cover Sheet for Insurance Benefits Verification Requests/Updates* and complete the Change/Update section on an active child with an IFSP.
- Inform parents of choice of private benefits usage as outlined in procedures above. If parent consents, follow procedures listed above, if parent declines, follow procedures below.
- Families obtaining insurance for the first time will receive a 45-day exception to insurance billing for providers, beginning the day the CBO receives the request from the CFC. This 45-day exception allows the services to continue and the provider to bill the CBO directly for a period of time while the CBO, the CFC and the provider all process the benefits verification information to determine benefits coverage. As soon as the results of the benefits verification are received by the CFC, or once the 45-days are over, the services must be delivered in the manner matching the benefits verification results, including any need for a waiver or exemption. **NOTE:** The CFC must ensure the insurance flag is correctly set and the authorizations reflect the accurate insurance coverage.
- Families changing private benefits plans (including new plan within same insurance company/carrier) will also receive a 45-day exception to insurance billing, beginning the day the CBO receives the request, while the CBO, the CFC and the provider all process the benefits verification information to determine benefits coverage and start date of services. Note: The CFC must ensure the insurance flag is correctly set and the authorizations reflect the accurate insurance coverage.
- Families changing from having private benefits to having no private benefits will have all services billed directly to EI which will impact the Family Fee if the family participates in Family Fees. Again, submit the update request to the CBO and adjust Cornerstone only when the CFC receives the results from the CBO confirming the date of the lapse in private benefits coverage. After the CFC receives the confirmation of Lapse Date of private benefits, the CFC must adjust the insurance flag in Cornerstone accordingly and must re-write all direct service authorizations to correctly reflect the insurance status to providers.

- If the family does not have the new insurance plan card or identification yet, the CFC must complete the *CFC Change of Insurance Notification* form along with the *CFC Fax Cover Sheet for Insurance Benefits Verification Requests/Updates* to assist the CBO in processing the benefits verification request.
- The CFC should recommend families who lack private benefits to research options such as AllKids. Answer any questions as needed for families.

10.7 Families Declining Usage of Private Health Insurance Benefits

- 10.7.1 During Intake and at each annual IFSP, the CFC will provide *Notice of System of Payments and Fees* as well as the *Family Participation Fees Program Fact Sheet* to all families. Ensure the families have all concerns answered.
- 10.7.2 The CFC will provide the family the *Notice to Consent and Use Private Insurance* form for their review and signature.
- 10.7.3 EI cannot mandate a family use their private health insurance for EI services.
- 10.7.4 The family must be fully informed of the cost assurances of EI services using public and private benefits and program costs including Family Fees along with the philosophy and principals of EI.

10.8 Benefits Verification Process for Private Insurance – Parents did not Consent

- 10.8.1 No benefits verification is necessary for families who do not consent to using their private health insurance benefits but EI must keep a record of these families for statistical purposes.
- 10.8.2 Indicate the proper insurance flag in Cornerstone.
- If the family does not consent to using their private insurance benefits AND does or does not have public benefits (AllKids – except AllKids Premium Level 2 or above) choose “No Private Insurance”. (Note: Future versions of Cornerstone will provide an insurance flag that will identify that the family does have private insurance, but has declined to provide consent to utilize it.)
 - Provide a copy of the *Notice to Consent and Use Private Insurance* to the CBO. This tells the CBO this family did not consent so the CBO will not expect insurance EOBs with claims from the service provider(s).

CHAPTER 11 FAMILY PARTICIPATION FEES**11.1 Family Participation Fee Policy**

- 11.1.1 Family Participation Fees are assessed based on household size and income.
- 11.1.2 Family Fees are calculated as an annualized amount per IFSP period and broken into monthly installments for easier budgeting purposes. Family Fees are invoiced monthly to those who qualify to participate.
- 11.1.3 Any and all services subject to fees are accrued and compared to the maximum out of pocket calculated for the Family Participation Fee.
- 11.1.4 A family is never charged more than the amount EI pays for services subject to fees.
- 11.1.5 The family pays either the amount calculated for the annualized Family Participation Fee maximum out of pocket OR the amount EI pays for services subject to fees – whichever is less. Maximizing insurance plans helps offset the cost to the program which may also offset the amount a family owes in Family Fees; meaning, if insurance pays for the direct services subject to fees, the family may owe only part of the calculated annualized Family Participation Fee.

11.2 Services Subject To Fees

Services subject to fees means that the amount the EI System pays for these services on behalf of the child(ren) and family will be considered when calculating the amount the family may owe EI:

- AT (Durable Medical Equipment and Supplies); Audiology, Aural Rehabilitation and other related services; Developmental therapy; Health Consultation; Nursing Services; Nutrition Services; Occupational Therapy; Physical Therapy; Psychological and or other counseling services; Social Work and counseling services; Speech Language Therapy; Transportation Vision Services.

11.3 Services Not Subject To Fees

Services not subject to fees means services that are provided at no cost to the child(ren) or family per law these service include:

- Evaluations; Assessments; Service Coordination (including but not limited to Transition, IFSP meetings, etc); IFSP Development and IFSP Meetings for direct service providers and Developmental Screenings; Medical Diagnostic Services; Interpretation and Translation Services.

11.4 Determining Family Fees Participation

- 11.4.1 Financial: All families are subject to a Family Fee participation calculation. A family's household size and taxable, reported income are factors used to determine the amount based on a sliding scale. The family also must meet the state's definition of "ability to pay". The ability to pay is determined by comparing the calculated amount from the sliding scale and considering out of pocket extraordinary medical/disaster expenses. If

these expenses exceed 15% of the reported income, the family does not meet the state's definition of "ability to pay". This would determine if a family qualifies for a Family Fee Exemption (see Exemption section below). The family may have income proven to be less than 185% Federal Poverty Level with AllKids (all plans under Expansion Level 2) or WIC eligibility documentation. Families proving income under 185% FPL are automatically excluded from paying the Family Fee based on their amount of income and proof of income.

- 11.4.2 **Multiple Siblings:** A family is only assessed one Family Fee account per household, regardless of the number of siblings in the EI system at any one time. A Family Fee account is specific to a matching IFSP period. Families who have multiple IFSPs will have multiple Family Fee Accounts. Each account is associated with a separate IFSP, calculated separately and invoiced separately. A family who qualifies to participate in Family Fees will receive a monthly invoice in addition to the Parent Explanation of Benefits showing any and all services provided to their child(ren).
- 11.4.3 **Declining Verification of Income:** A family may also decline proving proof of household income. If the family declines to prove income, they must sign an agreement that the family will be subject to the highest annualized Family Fee calculation/monthly installment. The agreement also explains the services subject to fees and insurance usage options to help minimize the out of pocket costs to the family.
- 11.4.4 **Exemption Requests:** A family who does not meet the states definition of ability to pay as outlined above, must be provided all EI IFSP-approved and consented services at no cost. The family should receive information and assistance to request an Exemption to Family Fee participation. Family Fee Exemptions must be requested through the CFC and follow proper procedures. Exemptions are only for the current IFSP and are not retrospective. All out-of-pocket medical and/or disaster expenses for the household are considered, not just the child in EI. All expenses must be within the previous 12 months of submitting the request. Expenses can include actual payment amounts on qualifying expenses as well as outstanding "due" current amounts for qualifying expenses. Any medical expense approved by the Internal Revenue Service as an acceptable medical cost can be used in the calculation of the Family Fee Exemption.
- 11.4.5 **Changes to household size or income:** The Family Fee can be adjusted in the system prospectively, at the request of the family and with proof of the needed adjustment. If household size or income changes occur, the CFC should obtain necessary documentation and immediately make adjustments in the system.
- 11.4.6 **Acknowledgement of Understanding and Agreeing to Family Participation Fees:** Every family is given written documentation and support to understand Family Fees and is required to sign an agreement that they understand the Family Participation Fee process.

- 11.4.7 Family Fee Record period: The Family Fee record begins with the entry of the first direct service authorization subject to fees and ends only when the IFSP ends or is closed. The monthly level payment installments accrue beginning the first calendar month direct services subject to fees are authorized to begin before the 16th of the month and will continue through the last calendar month the file is active after the 15th of the month. This means if the first direct service authorization for services subject to fees is entered on the 18th of the month, that calendar month will not accrue the monthly installment. And if the case is closed or IFSP ends before the 16th of the month, the monthly installment will not accrue for that final calendar month. The Family Fee is not based on how many or what type of services but rather it is calculated based on household size and income and broken into monthly installments. All services subject to fees are accumulated towards the maximum out of pocket but the family cannot be charged more than what EI pays for direct services subject to fees.
- 11.4.8 The Family Fee is a monthly installment of the annualized maximum out of pocket. This means that if the monthly installment is \$100 and the Family Fee period is 11 months, the maximum out of pocket is \$1,100 broken into 11 level monthly payments of \$100. If the CBO pays \$3,000 for direct services subject to fees, the family only owes \$1,100. If the CBO pays \$500, the family only owes \$500. Remember that the EI charges the maximum out of pocket or the amount EI pays for services subject to fees – whichever is less.

11.5

Family Fee Procedures

Explain to the family the policies and procedures of Family Fees including sliding scale calculations, exemptions and choice to decline providing income verification.

- 11.5.1 Ensure the family has been provided at Intake and at each annual IFSP the *Family Participation Fees Program Fact Sheet* to discuss and answer questions.
- 11.5.2 Record the household size into the system: Record the number of people in the EI household that the head of household is financially responsible for based on who is counted on Internal Revenue Tax forms. If filing status has changed since the last tax return was filed, enter the amount claimed and case note the situation. This is useful for recent separations, divorces, etc. Document any differences from the number claimed to any documents received for audit purposes.
- 11.5.3 For DCFS Wards in foster care OR children residing in private residential facilities where the facility has guardianship established only: Enter Household Size of 1 in the system.
- 11.5.4 If the family has chosen not to provide household income amounts or proof of the amount, ensure the family is informed of the provision to decline and accept the Family Participation Fees maximum annualized calculation. The parent must sign the *Family Participation Fees Payment Agreement* indicating their understanding and acceptance.

- 11.5.5 If the family chose to decline income proof, indicate this on the PA25 in Cornerstone.
- 11.5.6 For all other households, confirm the household size and income reported on the most recent *Screening Device for Determining Family Fee and Eligibility for AllKids & DSCC* are still accurate.
- 11.5.7 Record the household Proof of Income into the system: There is a hierarchy of income proof. EI recognizes certain other state entities eligibility as proof of income (AllKids under Premium Level 2, DCFS Wards and WIC). EI will not require tax returns or pay stubs for these families because they have already verified their income with the other state agencies. Other households, agreeing to share income, must use the hierarchy of income proof (Federal Tax Return, Current Pay Stubs or Statement of Income affidavit) listed in order below. Copies must be obtained for the record and audit purposes. **NOTE:** Even families of DCFS Wards, AllKids under Premium Level II and WIC must still provide an amount of income to be recorded. The Proof of Income will be the respective state agency's proof in the list – no additional proof of income is required other than their AllKids card (or print out of PA42 screen from the Cornerstone system).
- For DCFS Wards in foster care **OR** children residing in private residential facilities where the facility has guardianship established only: Enter \$0 for Income amount with the Household Size of 1 in the system. Proof of Income should be AllKids < 200% FPL
 - Use AllKids < 200% FPL for households on AllKids* who can provide a copy of their current AllKids card (or you can obtain the proof from the system and print a copy of the PA42 screen) for the record. *If household receives AllKids Level 2 or above, obtain other proof of income.
 - Use WIC ID Card for households with current proof of WIC participation. Obtain copy for the record.
 - Use Federal Income Tax Form – 1040 for households not covered under AllKids or WIC. Record the amount from line 22 of the most recent Federal Income Tax Form 1040 if it accurately reflects the household income sufficiently. Obtain copy for the record. W-2 documents are not acceptable. If the most current tax return does not accurately reflect the household income, choose the next appropriate option;
 - Use Two Check Stubs for households not covered by options above provided it currently reflects the current income of the household. Obtain copies of 2 consecutive pay stubs from all employed parents in the EI household for the record. Calculate the annual gross income amount based on frequency of pay dates (2 times per month, bi-weekly, monthly, etc).
 - Use Statement of Income Affidavit for households not covered under the other Proof of Income options. This is useful for

households who are may be self-employed and do not receive pay stubs or the status of employment has changed since the last tax filing or the tax return does not adequately reflect the current income situation. Have the family provide and sign a written statement of anticipated annual gross income. The affidavit does not have to be notarized or obtained from an accountant. Keep the original in the record.

11.6 Families Participating in Family Fees

After explaining the Family Fee policy and reviewing the *Family Participation Fees Fact Sheet*, if the family is subject to Family Participation Fees, provide the family with the *Family Participation Fees Payment Agreement* form to review. After all questions have been answered, complete and sign. **NOTE:** Best practice is to have all families sign, but it is required of all families calculated to participate in Family Fees.

- Maintain the original in the case record
- Provide the family with a copy of the signed agreement

11.6.1 Family Fee Report

- Calculate and print out the system generated Cornerstone HSPR0778-Family Fee Report as soon as all verified information is in the system.
- Maintain a copy in the record.
- Provide a copy to the family as soon as possible but before any direct services subject to fees begin.
- Remind the family to report changes timely per the *Family Participation Fees Payment Agreement* form they signed.
- Confirm the report indicates the correct household size, annual gross income and Proof of Income.

11.6.2 Changes to household size or income:

- If anything changes that affects the Family Fee calculations, update the system and reprint the Family Fee report as quickly as possible.
- Maintain a copy in the record
- Provide a copy to the family as soon as possible.

11.7 Families Not Participating in Family Fees

For families not eligible for Family Participation Fees, calculate and print out the Family Fee Report from Cornerstone showing family is not eligible to participate in Family Fees. **NOTE:** Best practice is to have all families sign the *Family Participation Fees Payment Agreement* form, but it is only required of families calculated to participate in Family Fees.

Family Fee Report

- Maintain a copy in the record.
- Provide a copy to the family as soon as possible but before any direct services subject to fees begin.

- Remind the family to report changes timely.

Changes to household size or income

- If anything changes that affects the Family Fee calculations, update the system and reprint the Family Fee report as quickly as possible.
- Maintain a copy in the record
- Provide a copy to the family as soon as possible.

11.8 Family Fee Exemptions

If the family is eligible for an exemption from participating in Family Fees, assist the family in the process of applying for the exemption immediately. Explain to the family the exemption policies and procedures.

- 11.8.1 Family Fee exemptions are for families who have, or are incurring, excessive out-of-pocket expenses due to high medical costs or disasters such as fire or flood that are in excess of 15% of the gross annual income.
- 11.8.2 Verify the current gross income and household size to determine if any unreported changes have occurred that could adjust the Family Participation Fee amount.
- 11.8.3 If necessary, submit a Family Fee credit request for instances approvable that could adjust an accruing balance owed by the family. This includes situations such as change of income or new household member not corrected in the system timely.
- 11.8.4 Consider expenses for any household member – not just the child participating in EI when determining documentation for the request.
- 11.8.5 Expenses allowed by the Internal Revenue Service for medical deduction itemization are allowed by EI to be counted towards out-of-pocket medical expenses. Example: Dental, medical, optical. **NOTE:** Health Insurance premiums paid using pre-tax dollars are not allowed.
- 11.8.6 Families should contact their tax consultant if they have specific questions about qualifying medical expenses.
- 11.8.7 Family Fee exemptions are not retroactive and begin the day the *Family Participation Fee Exemption Request* form is completed and submitted to DHS.
- 11.8.8 Family Fee exemptions are for the current IFSP period and must be reapplied for when the current IFSP period ends and the child will continue in EI in a new IFSP period.
- 11.8.9 Expenses include payments for qualifying expenses made within the last 12 month period from the month of request. Expenses also include current amounts due on current (within 12 months) outstanding bills for qualifying expenses. Example: Surgery performed that has outstanding

balance due now, even if actual date of surgery occurred prior to the 12-month period prior to the request.

11.8.10

Collect and review the required documentation with the family listed on the *Family Participation Fee Exemption Request* form. The request packet must include:

- Completed and signed form
- Copy of Family Fee Report showing current gross income and household size.
- Itemized list of all medical or disaster allowable expenses during previous 12 months and/or bills currently owed that will not be covered by insurance. Best to look for larger items first to meet required 15% to make calculations easier. Stop accepting expenses once 15% is exceeded.
- This list should be created by the family showing details of the amount and where/who accrued the expense. Example: John Doe, \$140, ABC Hospital.
- Copies of receipts and/or unpaid invoices showing portion still due that is not covered by insurance matching itemized list described above. The family may use printouts from an agency showing history of the previous 12 months of payments such as pharmacy or insurance printout.
- Optional documentation that family feels is necessary to prove consideration if not matching the required items above.
- Confirm the packet is complete and submit to the Family Fee Coordinator at DHS.
- Adjust the Proof of Income in the Cornerstone system once the packet has been sent. The day the packet is submitted to DHS, adjust the Proof of Income to Pending Exempt.
- Reprint the Family Fee Report. Send copy to family and file copy in record.
- The family will not accrue a monthly installment for any month while Pending Exempt is the Proof of Income.
- DHS will review and make a decision within 10 working days of receipt. DHS will inform the CFC of the decision with a Memorandum which is to be shared with the family within 4 working days of receipt of the Memorandum by the CFC.

11.8.11

If DHS approves the request, the CFC should adjust the Proof of Income to either Medical Exempt or Disaster Exempt, as appropriate.

- Reprint the Family Fee Report.
- Send copy to family
- File copy in record

- 11.8.12 If DHS denies the request, the CFC should adjust the Proof of Income to the correct proof on file (Federal Tax Return 1040, Two Check Stubs, Statement of Income Affidavit, etc).

- Reprint the Family Fee Report.
- Send copy to the family
- File copy in record

11.9

Family Fee Credit Requests

If the family was billed in error, the CFC must document and verify the cause of the error and request a fee credit. Examples: Authorizations are entered but services do not start timely that would result in a monthly installment being charged for a month that the child did not start yet. Also, when the child is discharged but the case is not terminated timely and the monthly installment accrues for one or more months while the child does not receive any services. If a change in household size or income that was not adjusted in the system timely results in an incorrect monthly installment charged, submit a request for the partial amount that was incorrectly accrued.

- Complete the *Family Participation Fee Credit Request* form
- Submit completed form and current Family Fee Report to DHS
- Adjust the system as necessary
- Issue new Family Fee Report if changes occur in the Family Fee calculation
- Send copy to the family
- File copy in record

11.10

Family Fee Delinquency

DHS sends a written notice to the family if they fall behind in minimum payments. Service Coordinators should be prepared to update financial data and recalculate fees if income, family size, AllKids or WIC status changes or if the family no longer meets the state's definition of "ability to pay". The Service Coordinator must use the monthly Delinquency Report to make contact with families above and beyond the DHS written notices.

- When DHS sends a notice to the family regarding minimum due payments that are one month (30 days) past due, follow up with family.
- When DHS sends a notice to the family regarding minimum due payments that are two months (60 days) past due, follow up with family.
- When DHS sends a notice to the family regarding minimum due payments that are three months (90 days) past due;
 - Notify the provider(s) that services subject to fees will be discontinued and the date that they will be discontinued.
 - Notify the family that services subject to fees will be discontinued and the date that they will be discontinued, but that the child is still eligible for services not subject to fees AND that, as long as the case remains open, the monthly installment will continue to accrue.

- Adjust the end dates of authorizations for services subject to fees to end on a date at least two weeks after the notices have been sent to the family and providers. NOTE: The exception is AT devices. Do not discontinue AT service authorizations that have previously been entered into Cornerstone.
- After adjust authorizations, print the revised IFSP and send a copy to the family and other team members with a letter indicating the discontinuation, send, *Sample Letter 11: Discontinuation of One or More Services – IFSP Outcomes Have Been Met*.
- File a copy of the IFSP and the letter in the CFC permanent record.
- DO NOT enter any new authorizations for newly approved AT devices or any other services subject to fees until the family is no longer delinquent. Notify the DHS AT Coordinator to suspend processing AT requests not yet approved for authorization.
- Upon contact from family indicating payment and wanting services to start again, contact the CBO Call Center at 1-800-634-8540 to verify receipt of payment. Check back as necessary as the processing of a payment could take 5-7 working days to show in the system.
- Once verification of payment making parents less than 90-days delinquent is received, initiate the IFSP review/update process to identify services that are subject to fees that should be re-authorized.

11.11**Bankruptcy**

If a family states they have filed for bankruptcy but continue to receive invoices from the CBO, contact the CBO Call Center at 1-800-634-8540 to work with the Family Fee Accountant to help the CBO obtain necessary documents from the family.

- Modify the Family Fee information in Cornerstone ONLY IF the family indicates other changes to household size, income, excessive out-of-pocket medical/disaster expenses. Follow procedures outlined above to review Family Participation Fees eligibility.
- EI will not pursue pre-discharge debt for bankruptcy but will pursue post-discharge debt. Therefore the families retain responsibility for the portion of their fee not recorded in the bankruptcy period but are responsible for the portion after the disposition/discharge.

CHAPTER 12 INDIVIDUALIZED FAMILY SERVICES PLAN (IFSP)**12.1 Interim IFSP Policy**

- 12.1.1 An interim Individualized Family Service Plan (IFSP) may be needed pursuant to the *Individuals with Disabilities Education Act* regulations 34 CFR 303.310(c)(3) and 303.345 for children for whom the following has been determined:
- If there are exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days and the Service Coordinator has documented those circumstances in the child's EI record (for example, the child or parent has been hospitalized); or
 - Obvious immediate needs were identified, even at the time of referral that would ensure the completion of evaluations/assessments that will determine the child eligible for EI services (e.i. a physician recommends that a child with cerebral palsy begin receiving physical therapy for developmental issues as soon as possible). NOTE: In this case evaluations/assessments and eligibility determination must still occur and the initial IFSP must still be developed within the 45-day timeline.
- 12.1.2 An interim IFSP may not be used to extend the 45-day timeline unless 12.1.1 applies.
- 12.1.3 A physician's prescription must be obtained prior to direct service provision, routed to the appropriate service provider and a copy maintained in the CFC permanent record for each of the following EI services/service providers:
- Audiology and aural rehabilitation services provided by licensed Audiologists or licensed Speech-Language Pathologists;
 - Occupational therapy services provided by licensed Occupational Therapists;
 - Physical therapy services provided by licensed Physical Therapists; and
 - Speech-language therapy services provided by licensed Speech-Language Pathologists.

12.2 Interim IFSP Procedure

- 12.2.1 The Service Coordinator shall determine whether an interim IFSP is needed pursuant to *Individuals with Disabilities Education Act* regulations 34 CFR 303.310(c)(3) and 303.345. If so, document the reason(s) the interim IFSP is needed in case notes. NOTE: An interim IFSP is not to be used to extend the 45-day timeline unless exceptional circumstances can be documented.
- 12.2.2 An interim IFSP can be implemented if there are exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (i.e. child is ill). If exceptional circumstances have been determined:

- Document the exceptional circumstances that made it impossible to complete the evaluation and assessment within the 45-day timeframe;
 - Develop and implement an interim IFSP to the extent appropriate and consistent with 303.345(a) and (b).
- 12.2.3 An interim IFSP can be developed if obvious immediate needs were identified even at the time of referral. NOTE: In this case eligibility must still be determined and the initial IFSP must be developed within the 45-day timeline.
- Document that obvious immediate needs were identified even at the time of referral. NOTE: An interim IFSP is not to be used to extend the 45-day timeline unless exceptional circumstances (see 12.1.1 above) can be documented; and
 - Develop an interim IFSP to the extent appropriate and consistent with 303.345(a) and (b).
- 12.2.4 303.345(a) and (b) states that an interim IFSP can be developed prior to evaluation and assessments if the following conditions are met:
- Parental consent is obtained;
 - The interim IFSP includes the name of the Service Coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons; and
 - The interim IFSP includes the EI services that have been determined to be needed immediately by the child and the child's family.
- 12.2.5 Communicate with the family to arrange for a meeting time and location.
- 12.2.6 Provide reasonable prior written notice to the family and other participants of this meeting.
- 12.2.7 Assist the family in determining their ability to participate in the cost of services that are subject to fees.
- 12.2.8 Enter the interim IFSP dates in Cornerstone and complete the IFSP form with the child's parent/guardian and with input from the IFSP team members who recommended immediate services for the child and family.
- 12.2.9 Work with family to ensure that prescriptions for direct services are obtained prior to service provision as necessary.
- 12.2.10 Ensure that the services being discussed are appropriate to the needs of the child and/or family.
- 12.2.11 Facilitate the selection of available providers as described in Provider Selection and as required by applicable private insurance requirements. (NOTE: Private insurance may not be used for evaluation/assessment activities).

- 12.2.12 Generate authorizations for appropriate EI services using the Service Authorization screen in Cornerstone.
- 12.2.13 Arrange for the interim IFSP to be implemented.
- 12.2.14 Request service reports at the end of the interim IFSP period and monitor provision of services.
- 12.2.15 Maintain the child's permanent and electronic record during the interim IFSP period.
- 12.2.16 Ensure that evaluations/assessments are completed within the 45-day time frame unless the above applies and the evaluations/assessments could not be completed due to exceptional circumstances within the required 45-day time frame

12.3**Initial/Annual IFSP Development Policy**

- 12.3.1 All IFSP meetings must be conducted as follows:
 - In settings and at times that are convenient for the family; and
 - In the native language of the family or other mode of communication used by the family unless it is clearly not feasible to do so.
- 12.3.2 Meeting arrangements must be made with, and written prior notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.
- 12.3.3 All IFSP meetings must include the following participants:
 - The parent or parents of the child;
 - Other family members, as requested by the parent, if feasible to do so;
 - An advocate or person outside of the family if the parent requests that the person participate;
 - The service coordinator responsible for implementing the IFSP;
 - The providers who completed the evaluations/assessments; and
 - As appropriate, providers who will be providing early intervention services to the child/family (annual IFSP review meeting).
- 12.3.4 At the meeting to develop the IFSP the Service Coordinator shall:
 - Coordinate and participate in the IFSP meeting;
 - Ensure that the meeting is conducted in the parent's native language or other mode of communication, unless it is clearly not feasible to do so, or that an interpreter is present to interpret what is discussed;
 - Seek a consensus by the multidisciplinary team regarding child outcomes. The IFSP team will measure each child's functioning as compared to same-age peers related to the following three outcomes:

- positive social-emotional skills, including social relationships;
- acquisition and use of knowledge of skills; and
- use of appropriate behaviors to meet needs.
- Seek a consensus by the multidisciplinary team regarding, functional outcomes, goals and objectives and an integrated plan to meet the outcomes, goals and objectives;
- If no consensus is reached, the Service Coordinator shall establish a DHS-approved service plan (IFSP) that is consistent with DHS guidelines (EI policies/procedures) that will be reviewed by DHS designated experts (clinical technical assistance consultant(s) under contract by CFC offices);
- Provide the parents with prior written notice of the DHS proposed service plan IFSP. The parents may seek mediation or a due process hearing officer regarding other requested services; and
- Complete the *Consent for Release of Information for Children With Identified Hearing Loss* form and submit the form to the Illinois Department of Public Health (IDPH) Vision and Hearing Screening Program at the address identified on the form if the child meets any of the following criteria: 1) the child presented with an identified hearing loss during initial enrollment; 2) the child was referred from an IDPH Newborn Hearing Program with a confirmed hearing loss; 3) an identified hearing loss was confirmed after the initial IFSP meeting; or 4) the family of a child with an identified hearing loss chose not to accept EI services.

- 12.3.5 The IFSP is an important document. Those portions of the IFSP completed by hand must be legibly completed in ink.
- 12.3.6 The IFSP is a confidential document. Photocopies of the completed IFSP must be distributed to the family, providers and other individuals/agencies/physicians as soon as reasonably possible but no more than 15 business days after the completion of the IFSP meeting as directed by the parent's informed, signed consent on Section 7 of the IFSP (Implementation and Distribution Authorization). Note: AT and Transportation providers are not required to receive a copy of the IFSP.
- 12.3.7 The original signed IFSP is maintained in the child's permanent record housed at the CFC office.
- 12.3.8 All necessary services for each eligible child as agreed upon by the IFSP team, including the family, must be documented on the IFSP regardless of availability.
- 12.3.9 DHS shall not pay for services listed on the IFSP that DHS is not required to fund.
- 12.3.10 EI funding is the payor of last resort for IFSP services that DHS is required to fund.

- 12.3.11 A physician's prescription must be obtained prior to direct service provision, routed to the appropriate service provider and a copy maintained in the child's permanent record for each of the following EI services/service providers:
- audiology and aural rehabilitation services provided by licensed Audiologists or licensed Speech-Language Pathologists;
 - occupational therapy services provided by licensed Occupational Therapists;
 - physical therapy services provided by licensed Physical Therapists;
 - speech-language therapy services provided by licensed Speech-Language Pathologists.
- 12.3.12 Decisions regarding services for each individual child are made by consensus of the IFSP team, including the parents. EI services should be based on a collaborative relationship between families and providers that emphasizes the family's role as central in EI activities. Frequency of developmental services should depend on the amount of time necessary for the family to incorporate new techniques into family routines and re-evaluation/assessment of the child's response to the developmental services.
- 12.3.13 The family is the primary interventionist and the primary foundation of their child's optimum development in all areas. In order for developmental services to be successful, it is essential for families to be involved in facilitating carryover to daily living activities. This means that the most important goal of the EI provider/family collaboration is to support the child's participation in the family and his/her functional/natural environment.
- 12.3.14 Intervention services should be considered as a means of achieving the functional outcomes that have been determined by the IFSP team. Specific strategies should be collaborative and interdisciplinary, avoiding unnecessary duplication of similar activities by multiple EI providers.
- 12.3.15 The inclusion of specific services in the intervention plan should never be based solely on the presence of a medical diagnosis or delay. Developmental services must be linked to specific developmental functional outcomes, regardless of the underlying cause of the developmental delay.
- 12.3.16 Acute rehabilitative therapy is not a developmentally based service, but is a medically based service that is provided by other resources outside the EI arena. Once the condition has become sub acute or chronic, EI services to treat the developmental delay(s) can and should be provided by the EI Program.
- 12.3.17 Evaluations, eligibility determination and IFSP development may occur on the same day if the following criteria apply.
- All required intake activity has been previously completed with the family, a review of existing records has occurred and the appropriate composition of the evaluation team has been determined. NOTE: See Intake, Evaluation Authorizations and

Initial and Annual Eligibility Determination Sections of this manual for steps that must be completed prior to the development of the IFSP.

- The family has been contacted and has agreed to the completion of evaluations, eligibility determination and the development of the IFSP on the same day. NOTE: A minimum of two disciplines is required to complete evaluations to determine initial eligibility and to re-determine eligibility on an annual basis. Arena or team evaluations may be used. However, the evaluators should be carefully selected to ensure that each evaluator is addressing an identified area of concern. Use developmental information obtained through the Referral and Intake processes to help determine the most appropriate composition of an evaluation team for each child.

12.3.18 If a family agrees to allow evaluations, eligibility determination and IFSP development to occur on the same day, the *Waiver of Written Prior Notice* form must be completed on that day in the presence of the family and the following information must be documented in writing:

- the evaluation team's determination regarding eligibility;
- the reason for the team's decision;
- the procedural safeguards available to the parent, including the right to refuse EI service; and
- the parent's consent to waive written notice of eligibility determination and written prior notice of the IFSP meeting. NOTE: Service Coordinators should carefully observe the family and ensure that they are adequately informed and emotionally prepared to proceed with the development of the IFSP. If the Service Coordinator feels that the parent(s) needs time to consider the evaluation findings or does not have sufficient support to proceed, the Service Coordinator should immediately stop the meeting and work with the family and providers to reconvene the team at a later date that is convenient to the family.
- Natural Environments - If it is determined that a specific service must be provided in a setting other than a natural environment, the IFSP team must complete the Natural Environments Worksheet to justify the decision to provide the service(s) in a non-natural environment.

12.4 Initial/Annual IFSP Development Procedure

12.4.1 The Service Coordinator must review existing records to identify whether additional information is needed to determine the child's current health status and medical history and, if so, complete the *Consent for Release of Information* form in order to acquire the additional information and to release that information to members of the IFSP team. A separate form containing an original parent signature must be completed to acquire and to release information for each entity that information will be acquired from or released to.

12.4.2 The Service Coordinator must 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 so, arrange for additional evaluation/assessment activities, as described in *Initial and Annual Eligibility Determination*.

- 12.4.3 Within 45 days of referral the Service Coordinator must arrange for a meeting to be held at a time and place convenient for the family in order to develop the IFSP. Central locations may be used when scheduling IFSP meetings in order to maximize attendance and facilitate timeliness as long as the location is convenient to the family and the family has agreed to the time and place. This meeting must include the child's parent/guardian and other family members by parental request, the Service Coordinator, a person or persons directly involved in conducting the evaluation/ assessments, and others such as an advocate or person outside the family by parental request. Send a copy of the *IFSP Meeting form letter 30.F36* to the family and all entities that will participate in the IFSP meeting. File a copy of the letter in the child's CFC permanent record.
- 12.4.4 Transportation services to evaluations and IFSP meetings may be authorized pre-IFSP. However, it is important to note that parents who require reimbursement for transporting their child using their private auto should enroll as a Transportation provider with the State.
- 12.4.5 Provide reasonable prior written notice to the family and other participants of this meeting.
- Providers are required to attend the entire IFSP meeting in order to receive authorization for payment. If a person directly involved in conducting the evaluation/assessments cannot attend the meeting, make arrangements for the person to participate in the meeting by telephone conference call. Using a laptop computer authorize provider participation by selecting, either IFSP MEETING-OFFSITE if providers attend the IFSP in person or IFSP DEVELOPMENT-ONSITE if due to extenuating circumstances, providers are not able to participate in person and must participate in the IFSP meeting by phone.
 - NOTE: EI Audiologists who perform evaluations for a child are not required to attend provided if the following two criteria are met. 1) The test results of the evaluation resulted in results within normal range in at least one or both ears and 2) the evaluation report is submitted within 14 days of the request to perform the evaluation.
 - Have the Audiologist sign the completed *Individualized Family Service Plan Meeting Attendance Waiver for Audiologists* to be maintained in the record.
 - Do not provide authorization prior to the meeting. The time allowed for billing on the authorization must equal the time that the provider was actually present at the entire meeting.

- Providers will accept responsibility for phone charges for IFSP meeting conference calls if done for their convenience.
 - If an evaluation completed prior to a child's referral to EI was used to assist in determining EI eligibility and the provider who completed the evaluation is enrolled in the EI Services System, the provider should be encouraged to attend the IFSP meeting. If the provider is not enrolled or if the enrolled provider is not available to attend the IFSP meeting, a credentialed evaluator of the same discipline should review the evaluation and attend the IFSP meeting.
- 12.4.6 The Service Coordinator will coordinate development of the IFSP as follows:
- Coordinate and participate in the IFSP meeting;
 - Ensure that the IFSP 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 interpret what is discussed;
- 12.4.7 Seek a consensus by the multidisciplinary team regarding child outcomes. The IFSP team will measure each child's functioning as compared to same-age peers related to the following three outcomes:
- positive social-emotional skills, including social relationships;
 - acquisition and use of knowledge of skills; and
 - use of appropriate behaviors to meet needs.
- 12.4.8 Discuss previously distributed evaluation and assessment reports/results;
- 12.4.9 Seek a consensus by the multidisciplinary team regarding functional outcomes, goals and objectives and an integrated plan to meet the outcomes, goals and objectives;
- 12.4.10 If it is determined that a specific service must be provided in a setting other than a natural environment, the IFSP team must complete the *Natural Environments Worksheet* at the meeting to justify the decision to provide the service(s) in a non-natural environment.
- 12.4.11 If no consensus can be reached by the IFSP team, the Service Coordinator will not complete a service plan prior to consultation with DHS designated experts in order to establish a DHS approved service plan, and shall then provide the parents with prior written notice regarding the proposed IFSP;
- Complete the hard copy and electronic sections of the IFSP as indicated in the *Individualized Family Service Plan (IFSP) Form Instruction* document;
 - Using a laptop computer, generate IFSP meeting authorizations according to the parameters outlined in the procedure above and give the providers in attendance their authorization numbers;

- Obtain the parent's informed, signed consent to implement services on Section 7 of the IFSP (Implementation and Distribution Authorization). Include the child's Primary Care Physician (PCP) in this section under the area that allows other individuals/agencies to receive a copy of the IFSP and any revisions made to the IFSP. It is important that the PCP be aware that the child was referred to EI, is provided information on the status of the referral and receives a copy of the IFSP if the child is deemed eligible or when a new IFSP is developed;
- Complete the *Consent for Release of Information for Children With Identified Hearing Loss* form and submit the form to the Illinois Department of Public Health (IDPH) Vision and Hearing Screening Program at the address identified on the form if the child meets any of the following criteria: 1) the child presented with an identified hearing loss during initial enrollment; 2) the child was referred from an IDPH Newborn Hearing Program with a confirmed hearing loss; 3) an identified hearing loss was confirmed after the initial IFSP meeting; or 4) the family of a child with an identified hearing loss chose not to accept EI services.
- Work with the family to ensure that prescriptions for services are obtained prior to direct service provision for EI services as required by EI, licensure and/or by insurance as necessary; and
- Print the IFSP with approved EI service authorizations and distribute to the family, EI providers and any other entity identified on Section 7 of the IFSP (Implementation and Distribution Authorization) as soon as reasonably possible, but no more than 15 business days after the IFSP meeting. Include a copy of the Insurance Report to EI Service Providers and a copy of the Family Fee Report to the family. Note: A copy of the IFSP must be provided to every member of the IFSP team, with the exception of AT and Transportation providers. Send service authorization(s) and a copy of the Insurance Report to AT providers and service authorization(s) to Transportation providers.

12.4.12 If evaluations/assessments and the IFSP meeting were held on the same day, the *Waiver of Written Prior Notice* form must be completed in the presence of the family, documenting in writing the evaluation team's determination regarding eligibility, the reason for the team's decision, the procedural safeguards available to the parent, including the right to refuse EI services, and the parent's consent to waive written notice of eligibility determination and written prior notice of the IFSP meeting.

12.5 Individualized Family Service Plan Implementation Policy

12.5.1 The parent has the right to accept or decline any or all services without jeopardy to other services. Refusals of services or referrals shall be documented in writing.

12.5.2 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.

- 12.5.3 All Evaluations for the purpose of adding new types of services to existing IFSPs shall be provided only by credentialed/enrolled providers who hold current Evaluation/Assessment credentials. NOTE: See the "Evaluation Authorizations" sub-section found in the "Early Intervention Eligibility Determination" section of this manual.
- 12.5.4 Prior to making any changes to an existing authorization the provider(s) who is requesting a change must submit the *Developmental Justification of Need to Change Frequency, Intensity or Location of Authorized Services* to the service coordinator; a multidisciplinary IFSP team meeting must be scheduled at a time and place that is convenient to the family for the purpose of reviewing the proposed change(s) and to come to an agreement that the change(s) is in the best interest of the child; and the parent must be given written prior notice of the meeting and the proposed change(s) a reasonable time before the meeting and the family must be provided the *State of Illinois Infant/Toddler and Family Rights under IDEA for the Early Intervention System* booklet. If the team, including the family, agrees to the requested changes and the family has private health insurance, the family must sign a new *Notice to Consent and Use Private Insurance* form. See the *Developmental Justification of Need to Change Frequency, Intensity or Location of Authorized Services Guidelines and Worksheet*.
- 12.5.5 The Illinois EI Services System is not responsible for funding early intervention services that a parent privately seeks from providers not enrolled with the system, unless an enrolled provider cannot be made available to the family. If services must be accessed outside of the System due to no available enrolled providers, those services must be pre-approved by DHS and a provisional authorization must be requested. See the "Provider Selection" sub-section found in the "Individualized Family Service Plan Development" section of this manual for steps to implement a provisional authorization.

12.6 Individualized Family Service Plan Implementation Procedure

- 12.6.1 Upon receiving the parent's informed, signed consent to implement services on Section 7 of the IFSP (Implementation and Distribution Authorization):
- 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.
 - Provide copies of the IFSP as soon as reasonably possible but no more than 15 business days after the IFSP meeting to each person that the parent has consented to receive a copy, including each enrolled provider who is providing EI services to the child who is the subject of that plan and other individuals/agencies/physicians for whom the parent has consented to receive a copy of the plan. Include a copy of the Insurance Report to EI Service Providers
 - If family consents to use of Insurance, ensure all direct service providers have the following:
 - Front and back of family's insurance card;

- Notice to Consent to Use Private Insurance;
- Parental Consent and Ability to Decline Services;
- Consent to Collect and Store Personally Identifying Information (PII)
- Provide the Family Fee Report to the family.
- NOTE: A copy of the IFSP must be provided to every member of the IFSP team, with the exception of AT and Transportation providers.

12.6.2 Assist the family in monitoring the implementation of the IFSP, assess the family's satisfaction with the services and/or supports that are being provided and verify the accuracy of demographic and financial information.

- Communicate monthly with the family via a face-to-face meeting or phone call. If the family cannot be seen via a face-to-face meeting or reached by phone, written correspondence may be utilized. However, face-to-face meetings or phone calls are preferred modes of communication.
- Always ask the family if insurance coverage has changed, are services being provided as authorized, etc.
- Document the communication in case notes.

12.6.3 Prior to making any changes to existing authorizations in an IFSP, the CFC must:

- Follow the *Developmental Justification of Need to Change Frequency, Intensity or Location of Authorized Services Guidelines and Worksheet* procedures.
- Ensure the family is provided with a *State of Illinois Infant/Toddler and Family Rights under IDEA for the Early Intervention System* booklet.
- If changes are agreed to by everyone and the family has private insurance, the family must also sign a new *Notice to Consent to Use Private Insurance* form.

12.6.4 Update and maintain each child's permanent and electronic case record as needed after each monthly face-to-face meeting or phone call or at any time during the IFSP period that it is determined that information has changed.

12.7 **Provider Selection & Provisional Authorization Process Policy**

12.7.1 EI service providers are selected in collaboration with the family.

12.7.2 Families are offered a choice of available, enrolled EI service providers. This choice may be limited due to the following:

- Private insurance policies or other payors (i.e. DSCC) may require the use of network providers, except as specified in the Public and Private Insurance Use Determination section of this manual;

- The developmental needs of the child may lend to the expertise or experience of one provider over another; and/or
- The number of credentialed and enrolled EI service providers in the geographic region may be limited.

12.7.3 If an available credentialed/enrolled evaluator or direct service provider is not identified within seven business days, the CFC will proceed with the provisional authorization process.

12.7.4 The CFC and Local Interagency Council (LIC) will work collaboratively to identify and address gaps in service delivery.

12.7.5 The purpose of the provisional provider process is to provide services for children when no other credentialed and enrolled provider is available. If an enrolled provider is available, that provider must be utilized first. This process is not to allow providers to circumvent the background check and fingerprinting process and cannot be used with providers who allow their credential to lapse.

12.7.6 Provisional provider requests are not backdated for the start date. The request is processed based on the date of receipt by the DHS. The exception is the IFSP meeting and must be received by the DHS within two weeks of the meeting.

12.7.7 Developmental Therapists not yet enrolled do not use the provisional approval process. Rule 500 states "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 awarded for a maximum of 18 months. A training plan toward qualification for full credential status must be submitted with the emergency waiver application." NOTE: If exceptional circumstances occur; contact the Provisional Provider Coordinator to discuss the need for a DT to obtain a provisional approval

12.8 Provider Selection & Provisional Authorization Process Procedure

12.8.1 The Service Coordinator shall offer the family a choice of enrolled service providers available to provide EI services as outlined in the IFSP.

12.8.2 If no enrolled provider can be identified for an IFSP service, immediately contact the CFC Manager for assistance.

12.8.3 For initial evaluations to determine eligibility for EI services or to add a new service to an existing IFSP, if an available EI enrolled evaluator is not identified within seven business days, the CFC shall locate an enrolled direct service provider and shall request a DHS provisional provider service authorization for the evaluation. If neither an EI enrolled evaluator nor an enrolled direct service provider willing to accept a provisional evaluation approval is available, then an available qualified provider who is not enrolled will be contacted and the CFC shall request a DHS provisional provider service authorization.

- 12.8.4 For direct service provision, if an available EI enrolled direct service provider is not identified within seven business days, the CFC shall locate an available qualified provider who is not enrolled, and shall request a DHS provisional provider service authorization.
- 12.8.5 The CFC shall immediately inform the provisional provider about how to credential and/or enroll as a provider for EI. The CFC shall also inform the provider and family that the provisional authorization will be discontinued on the date that an available enrolled provider is offered to the family should the provisional provider decline to enroll. The provisional provider will immediately begin the credential and enrollment process. If the provisional provider has not submitted paperwork to become credentialed and enrolled within three months of receiving the provisional approval, a new provider will be located. Extensions of provisional approvals will depend on individual needs of the CFC and in consultation with the Provisional Provider Coordinator.
- 12.8.6 If the provisional provider declines to begin the credential and/or enrollment process, and there are no other alternatives for the specified services, the CFC must request a written copy of the providers usual and customary rate structure or a signed statement from the provider stating that the provider will accept the state EI rates to submit with the *Provisional Provider Authorization Request* form.
- 12.8.7 Service Coordinators shall complete the following activities to request a DHS provisional service authorization:
- Submit the *Provisional Provider Authorization Request* form and the following required attachments to the DHS Provisional Provider Coordinator. Each provisional request is a “stand alone” request and must include all of the required attachments.
 - Completed current W-9 form. NOTE: You can access the current W-9 form at <http://www.irs.gov>.
 - Copy of license, certification or credential, if applicable (if not enrolled in the CBO);
 - Signed copy of the *Consent to Collect and Store Personally Identifying Information (PII)* form for evaluations; or
 - If the child has an IFSP, a copy of the IFSP Cover page, applicable IFSP functional outcome page(s), and parent/guardian signature implementation page;
 - If the provisional provider has declined to begin the credential and or enrollment process, a written copy of the providers usual and customary rate structure or a signed statement from the provider stating that the provider will accept the state EI rates.
 - The completed packet may be faxed to the Provisional Provider Coordinator at 217/524-6248 or mailed to:

Provisional Provider Coordinator
DHS - Early Intervention Program
823 East Monroe
Springfield, IL 62701

- Allow a minimum of five business days to process the provisional request. Do not have the provider begin services until the provisional approval memo is received. Same day or next day requests are not guaranteed and services may need to be rescheduled.

12.8.8 On the date an available enrolled provider is offered to the family or the provisional provider becomes enrolled, the Service Coordinator shall notify the DHS Provisional Provider Coordinator to discontinue the provisional authorization and enter services authorizations.

- For families who transfer to an enrolled provider **and** for provisional providers who enroll, complete the authorization process on Cornerstone and fax a copy of the authorization to the provider and to the Provisional Provider Coordinator at 217/524-6248. File a copy of the authorization in the child's CFC permanent record.

12.8.9 Provide verbal and written notification to families who decline to transfer to an enrolled provider indicating the following:

- The date on which the provisional authorization will be discontinued and why;
- Payment for all subsequent service with the non-enrolled provider will be the family's responsibility; and
- EI funds will continue for IFSP services the family receives from enrolled providers.

12.8.10 Provide verbal and written notification to the non-enrolled provider who declines to enroll indicating the following:

- The date on which the provisional authorization will be discontinued and why; and
- Payment for all subsequent service with the non-enrolled provider will be the family's responsibility.

12.8.11 Update the child's CFC permanent record and Cornerstone electronic case record

12.9 **Required Six Month Review Policy**

12.9.1 The Individualized Family Service Plan (IFSP) shall be reviewed at least every six months or more frequently if conditions warrant or upon reasonable request of the child's parent. NOTE: The six-month review is required by Part C of the Individuals with Disabilities Act.

12.9.2 The review may be carried out by a meeting or teleconference and must include, at a minimum, the parent or parents of the child and the Service Coordinator.

12.9.3 EI service providers shall conduct authorized assessments using a DHS approved instrument 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. NOTE: The required report that is due at the six month review may be a summary of the provider's record notes if it is

determined that there is not a need to administer a formal assessment tool at this time.

12.9.4 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.

12.9.5 If changes to the IFSP are recommended, the full IFSP team must be convened and a consensus reached regarding the recommended changes before they may be implemented. If no consensus is reached, the Service Coordinator will not complete a service plan prior to consultation with DHS designated experts in order to establish a DHS approved service plan, and shall then provide the parents with prior written notice regarding the proposed IFSP.

12.10 Required Six-Month Review Procedure

12.10.1 Request direct service reports from providers prior to the six month review meeting and review the reports to determine whether changes to existing services are being recommended. If changes to existing services are being recommended, ensure that the provider who is recommending the changes has included the *Developmental Justification of Need to Change Frequency, Intensity or Location of Authorized Services Worksheet* with their six-month report.

12.10.2 Communicate with the family to determine who should participate in the review meeting, apart from the parent(s), and the Service Coordinator and providers of existing EI services and to discuss a time and place to hold the meeting that is convenient to the family.

12.10.3 Provide reasonable prior written notice to the family and other participants of this meeting.

12.10.4 Obtain input from the family and all EI service providers regarding any progress made (or lack thereof) toward achieving the identified functional outcomes since the beginning of the IFSP period.

- Review each functional outcome and related service/support with the family and all EI service providers in order to determine whether the services, as provided, are facilitating the achievement of the identified outcomes.

12.10.5 If changes are recommended to the frequency, intensity, duration or place of service of one or more EI services, review the recommendation with the family and all EI service providers in order to determine whether the recommended service change is consistent with the resources and priorities of the family, is considerate of the other services/supports being provided and is likely to achieve the intended result.

12.10.6 If changes are requested within the first three months of an IFSP the original IFSP team must reconvene with the provider recommending the changes in attendance. The team must agree that a change from the team's original recommendation(s) is needed and is in the best interest of the child.

- 12.10.7 If changes are requested more than three (3) months after the development of an IFSP, the child's current multidisciplinary service team must participate in the IFSP review meeting. The multidisciplinary service team must agree that a change from the team's original recommendation(s) is needed and is in the best interest of the child.
- 12.10.8 If a provider submitted a *Developmental Justification of Need to Change Frequency, Intensity or Location of Authorized Services Worksheet* with their six month report and it was accepted as a completed document by the Service Coordinator, share the Worksheet with the all members of the multidisciplinary team prior to the IFSP meeting.
- 12.10.9 If changes are requested by a provider at the IFSP meeting, complete the *Developmental Justification of Need to Change Frequency, Intensity or Location of Authorized Services Worksheet*, it is the responsibility of the multidisciplinary team to complete the Worksheet at the IFSP meeting.
- 12.10.10 Upon review, complete IFSP revisions as needed. NOTE: Refer to the *Individualized Family Service Plan form instructions* document.
- 12.10.11 Using Section 3 of the IFSP, document any progress made (or lack thereof) toward achieving the identified outcome.
- 12.10.12 Provide the family with written prior notice of any modifications or revisions, which would change the placement of the child or the provision of appropriate EI services, using *Discontinuation of One or More Services form letter 30.F20*.
- 12.10.13 Once the IFSP has been updated, print, copy and distribute the document in its entirety to the family, the EI service providers listed in the IFSP and anyone else the family has consented to receive a copy. ALWAYS distribute changes in service authorizations in this manner, taking special care to ensure that affected providers have been adequately notified of changes to their service authorizations.

12.11**Required Annual Review Policy**

- 12.11.1 At least once a year the Service Coordinator shall arrange for an annual IFSP meeting to re-determine eligibility and revise the IFSP for the child and the child's family.
- 12.11.2 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.
- 12.11.3 At least annually, a financial assessment shall be completed with the family in order to redetermine their ability to participate financially in their child's intervention, and update private insurance information.
- 12.11.4 Potential eligibility for All Kids and DSCC services must be determined prior to each annual IFSP using the *Screening Device for Determining Family Fees and Eligibility for All Kids and DSCC*.
- 12.11.5 Children who do not meet current EI eligibility criteria upon re-determination will continue to be eligible only if they:

- Exhibit any measurable delay or have not attained a level of development in one or more developmental areas that is at least the mean of the child's age equivalent peers (Consult with developmental pediatrician consultation contractor for help in making this determination.); **AND**
- Have been determined by the multidisciplinary IFSP team to require the continuation of EI services, provided in an appropriate developmental manner to meet the child's needs, in order to support continuing developmental progress.

- 12.11.6 Explain procedural safeguards, rights and privacy practices and provide the family with a copy of the *State of Illinois Infant, Toddler and Family Rights* booklet, the *Parent Handbook*, and the *EI Notice of Confidentiality Practices*.
- 12.11.7 Obtain parent signature(s) on the *Informed Parental Consent and Ability to Decline Services* form.
- 12.11.8 The type, frequency and intensity of services will differ from the initial IFSP based on the child's developmental progress and may consist of only service coordination, evaluation and assessments and IFSP development.

12.12 Required Annual Review Procedure

- 12.12.1 One to two months prior to the annual IFSP meeting, conduct the annual eligibility re-determination and subsequent steps appropriate for child's eligibility status. NOTE: Refer to *Initial and Annual Eligibility Determination*
- 12.12.2 Authorize assessments necessary to establish continuing EI eligibility and annual IFSP development within the current IFSP.
- 12.12.3 Complete financial assessments for family fee determination and private insurance use.
- 12.12.4 Prior to each annual IFSP, complete the Screening Device to determine potential eligibility for Medicaid/All Kids and DSCC services. If indicated, complete and submit a All Kids application with family consent and/or make a referral to DSCC. As part of the referral to DSCC and with proper authorization (documented with the *Consent for Release of Information* form), send to the DSCC local office a copy of the completed *Screening Device* and the following Cornerstone screens/reports: Participant *Enrollment Information*, *Assessment History*, and *Insurance*. File the completed, signed screening form in the child's file.
- 12.12.5 If the child remains eligible and family consents to continued services, complete eligibility determination procedures as indicated in Initial and Annual Eligibility Determination.
- 12.12.6 Explain procedural safeguards, rights and privacy practices and provide the family with a copy of the *State of Illinois Infant, Toddler and Family Rights* booklet, the *Parent Handbook*, and the *EI Notice of Confidentiality Practices*.

12.12.7 Complete new annual IFSP. Refer to *Initial and Annual Individualized Family Service Plans*.

12.12.8 If ineligible or family does not consent to continue services, follow case closure procedures. NOTE: Refer to *Transfers and Case Closure*.

12.13 **Eyeglasses Authorizations Policy**

12.13.1 Eyeglasses for eligible children are purchased through the Illinois Department of Corrections (IDOC).

12.13.2 Optometric examination services and dispensing fees must be authorized prior to service provision.

12.14 **Eyeglasses Authorizations Procedure**

12.14.1 Facilitate the selection of available vision providers to conduct the optometric examination.

12.14.2 Generate an authorization for the optometric examination AND an authorization for the dispensing fee using the *Service Authorization* screen. NOTE: every optometric examination authorization must be accompanied by a *Dispensing Fee Authorization*, regardless of whether or not eyeglasses are prescribed.

12.14.3 If it is determined that the child needs eyeglasses, the provider will submit a IDOC order form that includes the prescription information to the CBO along with their claim for the optometric examination and the dispensing fee. The CBO will generate the specific authorization(s) and send it to IDOC with the order form.

12.14.4 The IDOC will make the eyeglasses and send them to the provider. The provider will dispense the eyeglasses to the child. Note: A claim against the dispensing fee authorization will not be honored by the CBO unless the claim is accompanied by an IDOC order form requesting eyeglasses for the child. For additional information regarding eyeglasses for children enrolled in the EI Program, refer to the "Procedure to Order Eyeglasses" section of the *Early Intervention Service Descriptions, Billing Codes and Rates Provider Handbook*

12.15 **AT Authorizations Policy**

12.15.1 EI covers authorized AT (AT) devices and services directly related to the developmental needs of the child.

12.15.2 EI is not responsible for paying for devices and services that are necessary to treat or control a medical condition or assist a parent or caregiver with his/her disability.

12.15.3 EI is not responsible for paying for devices and services that are necessary or desirable for typically developing children.

12.15.4 AT devices and services must be developmentally and age appropriate.

12.15.5 Each CFC office will designate one CFC AT Coordinator. This individual will be the contact person at the CFC for the EI Program AT Coordinator.

- 12.15.6 Any AT requested for a child must be submitted to DHS for prior approval with two exceptions (see *AT Guidelines/Obtaining AT* for exceptions). Prior approval is required for the provision of all equipment/services. The prior approval process reviews developmental necessity, determines covered services, pricing requests, quantity and duplication.
- 12.15.7 All AT evaluations and letters of developmental necessity must be completed by a credentialed/enrolled evaluator.
- 12.15.8 DHS maintains the right to request the substitution of less expensive items of comparable function if a substitution is deemed appropriate.
- 12.15.9 Eyeglasses are not processed under AT devices. Refer to *Eyeglasses Authorizations*.

12.16**AT Procedure**

- 12.16.1 If the need for AT is identified outside of a formal IFSP meeting, the Service Coordinator must reconvene the IFSP team in order to discuss the need for AT services, existing resources that may be used to loan or purchase the AT equipment/device, and/or alternative, comparably effective adaptations.
- Upon notification of the possible need to add AT services as a new service to the IFSP, convene a meeting of the IFSP service team and the child's family.
 - Ensure that the IFSP team, including the family, is aware of the DHS's prior approval process for AT.
 - If the team determines that there is a need for AT services, and the direct service provider is a credentialed/enrolled evaluator, request that the evaluator write a letter of developmental necessity to submit for AT prior approval purposes. The provider will bill this time as IFSP development time. Never accept a letter of developmental necessity prior to the IFSP team determination of the need for the requested item(s)
 - If the direct service provider is not a credentialed/enrolled evaluator, generate an evaluation authorization to a credentialed/enrolled evaluator who will complete an AT evaluation, generate the evaluation report and develop the letter of developmental necessity to submit for prior approval purposes. The provider will bill this time based upon evaluation procedure codes identified on the authorization.
 - Ensure that the AT need is appropriately related to one or more of the child's functional developmental outcomes and is documented in the IFSP.
- 12.16.2 If the IFSP team determines that the need for AT can only be met via a purchase through DHS, the CFC AT coordinator submits the following:
- *AT Prior Approval Request Form*, completed by the Service Coordinator in its entirety. Note: Items with attachments or accessories must be listed under one HCPCS code with the breakdown of cost, description of each attachment and/or accessory and the purpose of each attachment and/or accessory identified in

- the (letter of developmental necessity) and vendor information; IFSP sections, Cover page, Section 2 – Present Levels of Development
Section 3 – Child and Family Functional Outcome(s) relating to AT only;
- Physician's order/script;
 - The letter of developmental necessity reflecting the developmental need, the child's current functioning, identifying goals and objectives with the utilization of the recommended equipment/service and how it will be used;
 - Picture and description of requested item(s) including manufacturer pricing;
 - Itemized vendor quote on letterhead;
 - Copy of DSCC eligibility letter, if applicable; and
- 12.16.3 In addition the items listed above, requests for hearing technology such as aids or bone anchored hearing aid (baha) processors must also include the *Notice of Consent for Release of Information – Children with Identified Hearing Loss* form and if the child is not HFS eligible, the family fee report, including family size.
- 12.16.4 If the AT request is for a child 32 months of age or older, include with the AT request a letter of justification for an exception which includes the following information:
- Developmental benefit expected to be achieved prior to age 3 through the use of the requested equipment/device(s); and
 - Steps taken to obtain the requested equipment/device(s) from resources available to the child after age 3 (i.e. private insurance, DSCC, Lekotek, Illinois AT Project, local civic organizations, lending libraries, etc.).
- 12.16.5 Completed requests must be mailed to:
- Assistive Technology Coordinator
DHS- Early Intervention Program
823 East Monroe
Springfield, IL 62701
- 12.16.6 Upon receipt of a completed AT request, DHS will review the request and fax a decision memo to the AT Coordinator who submitted the request.
- 12.16.7 If upon review it is determined that the AT request is incomplete, the AT Coordinator will be notified by fax of missing or incomplete information and will have 14 business days to submit all necessary information to DHS. Failure to submit requested information may result in an automatic denial of the AT request.
- 12.16.8 Upon receipt of the DHS decision memo, generate authorizations for approved equipment/devices for a minimum of three months or up to a scheduled IFSP meeting. Note that all authorizations end the day before an IFSP meeting date. This may impact an authorization that has been

generated and the equipment not yet received by the family and billing for the date of service by the vendor.

- 12.16.9 Generate authorizations for approved equipment/device(s) taking care to enter the authorization information exactly as it is written in DHS's decision memo. NOTE: It is important that the HCPCS code, quantity and amount be checked for accuracy prior to saving the authorization in the Cornerstone system. If the authorization information in the DHS decision memo is known to be or appears to be incorrect, contact the DHS AT Coordinator for clarification before the authorization is entered/saved.
- 12.16.10 Notify the IFSP team of DHS's decision regarding the requested equipment/ devices and convene a meeting of the IFSP team, if necessary, to discuss denied requests or substituted equipment/devices. NOTE: Do not enter authorizations for equipment/device(s) that are denied.
- 12.16.11 If it is determined that the equipment/devices cannot be funded by DHS, work with the IFSP team and the vendor to assist the family in pursuing any and all other funding options (including recycled devices). Other funding options may include public or private insurance, DSCC, Lekotek, Illinois AT Project, and/or local civic organizations. Funding sources may be combined to cover the cost of the equipment/device(s).
- 12.16.12 Notify the family, reprint the IFSP and send the revised IFSP to all IFSP team members. NOTE: Only send the AT authorization and the Insurance Report to the supplying vendor.

12.17 **AT Returns**

- 12.17.1 If an item is received by the family and is determined by the therapist to not appropriately meet the child's needs, the item is to be returned immediately (within 30 days) so that appropriate equipment can be obtained. Work with the family to determine how to return the equipment. If the vendor shipped the wrong equipment, it is the vendor's responsibility to pay for the return.
- 12.17.2 Upon notification from the therapist and/or family of the need to return one or more AT items, notify the family of their responsibility to return the item to the vendor in a timely manner (within 30 days).
- 12.17.3 If a replacement item is needed, the following information is required:
- A new *AT Prior Approval Request* form indicating the new equipment to be purchased;
 - A letter of developmental necessity indicating why the original equipment was not appropriate and why a new request will better meet the needs of the child;
 - If the new item is significantly different from the returned item, a new physician's order, picture and description of the new item, including manufacturer pricing and verification from the vendor of the return and funding status of the original item.

- If vendor has not yet billed for the original equipment, proceed with submission of the request to DHS and cancel the original authorization.
- If vendor has billed the Insurance, CBO or other fund sources or has received payment for the original item, notify vendor of the need to return funds to the appropriate party(s) before a replacement item can be approved.

12.17.4 Proceed with the procedures for obtaining AT.

12.17.5 Additional information regarding AT services can be found in the document entitled *Early Intervention AT Guidelines*.

12.18

AT Guidelines

12.18.1 The definition of AT includes both AT devices and AT services. An AT device is any durable item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

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

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

12.19

AT Devices

12.19.1 AT devices range from low technology to high technology items. Low technology devices are devices that rely on mechanical principles and can be purchased or made using simple hand tools and easy to find materials, such as homemade or modified items already used in the home. High technology devices include sophisticated equipment and may involve electronics.

12.19.2 Consideration of the types of AT devices and services available through this system is continually monitored. Determination of what equipment and services falls within these guidelines will be updated periodically as these considerations are reviewed. Eligible devices and services refer to items and services for which payment can be made. A written

recommendation (order), signed and dated by the child's physician (often a prescription form) is required for all items requested or the physician can sign and date the letter of developmental necessity. Print the name of the physician under the signature for legibility.

12.19.3 EI deals only with AT that is directly relevant to the developmental needs of the child and specifically excludes devices and services that are necessary to treat or control a medical condition or assist a parent or caregiver with a disability. Equipment/devices must be developmentally and age appropriate to be considered eligible for EI funding.

12.19.4 The following sections address those items currently eligible for EI funding and those items that are not considered eligible under the definition of AT.

12.19.5 Information contained in this document supersedes any previous decisions regarding approval of specific AT equipment or services.

12.20

Eligible AT Services

12.20.1 As the term AT covers so many different types of devices, it is often useful to divide the devices into functional categories. The following are examples of the types of AT devices that may be provided to eligible children and their families under this program. The AT available to young children is changing and expanding at a rapid pace, and it should be noted that this list is not an exhaustive list of AT devices, but is intended to provide guidance. There may be other items not listed that would appropriately meet the needs of children in this program.

12.20.2 Available AT include:

- **Aids for Daily Living.** Self-help aids are designed for use in activities such as bathing, eating, dressing, and personal hygiene. Ex.: Bath chairs, adaptive utensils.
- **Assistive Listening.** Assistive listening devices to help with auditory processing. Ex.: hearing aids.
- **Assistive Toys and Switches.** Because "play" is the work of infants and toddlers, assistive devices such as switch-operated toys serve a vital role in the development of young children with disabilities. Playing with switch-operated toys helps build important cause and effect and choice-making skills that prepare a child for communication aids and computer use. Ex.: Single-use switches, switch battery adapters, switch adapted toy items.
- **Augmentative Communication.** Augmentative communication devices are devices that should be used across all the natural settings so that the child learns how to communicate with a variety of different people in different circumstances. The inclusion of a variety of different augmentative communication strategies is particularly important for young children and may include a program that uses signing, device, gestures, and communication pictures and boards. Ex.: Symbol systems, picture or object communication boards, electronic communication devices, and communication enhancement software.

- **Computer Access.** There are a wide variety of technologies that provide access to the computer. Once an access method has been determined, then decisions can be made about input devices and selection techniques. Input devices can include switches, touch windows, head pointers, etc. In some cases, access to keyboards can be improved by simple modifications such as slant boards, keyguards or keyboard overlays. Output devices include any adaptation that may be needed to access the screen display. Computer technology can help very young children acquire important developmental skills and work toward their individual goals. A variety of software programs have been developed for this population. These programs help infants and toddlers learn and practice cause and effect, early choice making, and build fine motor and visual motor skills.
- **Mobility.** Mobility devices include braces, certain types of orthotics, self-propelled walkers and crawling assist devices.
- **Positioning.** Proper positioning is important so that a child can interact effectively in their environment and to aid in promotion of the child's physical development. Proper positioning is typically achieved by using padding, structured chairs, straps, supports, or restraints to hold the child's body in a stable and comfortable position. Also considered is a child's position in relation to family or peers. Often, it is necessary to design positioning systems for a variety of setting so the child can participate in multiple activities in their natural environment. Ex.: Stenders, walkers, floor sitters, trays, side-lyers, straps, rolls, weighted vests and garments, etc.
- **Visual aids.** General methods for assisting with vision needs include increasing contrast, enlarging images, and making use of tactile and auditory materials. Devices that assist with vision may include optical or electronic magnifying devices, low vision aids such as hand-held or spectacle mounted magnifiers, and vision stimulation devices such as light boxes.
- **Repair and Maintenance.** Repair, alteration and maintenance of necessary equipment. The provider is responsible for the fulfillment of all warranty service and warranty repair.

12.20.3 It is important to realize that within each of these categories, there is a continuum of device choices from simple to complex that should be considered when trying to find the AT to use with a particular child for different tasks and in different settings.

12.20.4 When an infant or toddler's needs are being assessed for the possible use of AT, there are usually a number of options that can and should be explored. The selection of devices should always start with simpler, low or mid tech tools to meet the child's needs. If a low-tech device, such as a laminated picture for making a choice, meets the child's needs, then that should be the device provided. Different devices from across the continuum should also be carefully matched to the different environments in which the devices will be used, appreciating that while a device may be

useful in one setting, it may not be appropriate or effective in other settings.

- 12.20.5 When choosing a device, it is important to note that trials with a variety of different devices can actually help determine the child's needs, preferences and learning styles.

12.21**Limitations to AT**

- 12.21.1 EI reserves the right to limit items of the same or similar nature such as switches, adapted switch toys, adapted cups, adapted utensils and tableware, computer software, therapy balls, rolls, bolsters, wedges, sensory items, swings, etc.
- 12.21.2 Certain equipment/services are not covered in the scope of AT and payment will not be made for their provision. The following are examples of devices or services that are not considered AT under this program.
- Equipment/services that are prescribed by a physician, primarily medical in nature and not directly related to a child's developmental needs. Examples include but are not limited to helmets, oxygen, feeding pumps, heart monitors, apnea monitors, intravenous supplies, electrical stimulation units, beds, etc.;
 - Devices requested for children 2 years, 8 months of age and over, as equipment requested during this time would not be available long enough to achieve identified outcomes. Request must be received for review prior to 2 years, 8 months;
 - Equipment/services for which developmental necessity is not clearly established;
 - Equipment/services covered by another agency;
 - Equipment/services where prior approval (when applicable) has not been obtained;
 - Typical equipment, materials, and supplies related to infants and toddlers utilized by all children and which require no special adaptation. Examples include clothing, diapers, cribs, high chairs, car seats, infant swings, typical baby/toddler bottles, cups, utensils, dishes, infant monitors, etc. Toys that are not adapted, used by all children and are not specifically designed to increase, maintain, or improve the functional capabilities of children with disabilities include such examples as building blocks, dolls, puzzles, balls, ball pits, tents, tunnels and other common play materials;
 - Standard equipment used by service providers in the provision of EI services (regardless of service delivery setting), such as therapy mats, tables, desks, etc.;
 - Seating and mobility devices such as car seats, strollers, wheelchairs or any part thereof;
 - Equipment/services which are considered duplicative in nature, generally promoting the same goal and/or objective with current or previously approved equipment/services;
 - Equipment/service if a less expensive item or service is available and appropriate to meet the child's need;

- Extended warranties;
- FM systems;
- Power equipment for positioning chair, gait trainers, etc.;
- Beds of any type and related accessories;
- Helmets;
- Replacement equipment if original item has not been returned to vendor or if payment for equipment has not been returned to the CBO by the supplying vendor;
- Sales tax, shipping and handling charges.
- Set –up charges;

12.22**AT Evaluation****12.22.1**

AT evaluations can be requested when there is reason to believe that a child may benefit from the use of AT. The AT evaluation is to be completed by a credentialed evaluator as in most situations the AT request is for a new AT item or service. The need for AT devices/ services may be identified:

- As part of the initial multidisciplinary evaluation, where the credentialed evaluator determines a need that can be addressed when eligibility is determined;
- As part of a supplemental evaluation included in the child's IFSP based on an anticipated or emerging need and as agreed upon by the team;
- Through the ongoing assessment process conducted by the child's provider(s) if they are a credentialed evaluator. Note: Reimbursement for evaluations is done through the evaluation code for the specific provider type.

12.22.2

AT evaluations differ somewhat from "typical" evaluations conducted as part of eligibility or review of a child's needs and strengths. There are virtually no standardized tests to "find out" what kind of technology a child needs to use. Instead, a good AT evaluation looks at the results of all recent evaluations, along with the current IFSP goals and objectives. The evaluator should talk with the child's parents, interview people who work with the child, and interact directly with the child and the devices. The environment should be carefully examined, especially when the device has to work in a variety of settings.

12.22.3

The actual evaluation process consists of considerable observation coupled with trials with a full range or continuum of possible devices from low to high technology. Data is gathered from these trials about the effectiveness of various technologies to meet the child's needs. Information is collected concerning the child's ability and accuracy when using various technologies, including the positioning and settings that work best. The child's and family's feelings about the actual devices tried should be considered, as even very young children can show what they like and dislike by how they interact with different devices.

- 12.22.4 As the number of devices and the complexity of those technologies have grown exponentially in the past few years, many people who work extensively in this area have found the need to specialize in different areas of AT. Typically, these people have expertise in areas like assistive computer technology, augmentative communication, mobility and positioning and so forth. Other AT experts specialize in age or disability-specific technologies, such as visual and hearing impairment devices.

12.23**Components of an AT Evaluation**

- 12.23.1 The four principles to consider when evaluating the potential for AT solutions should include:
- Use of the multidisciplinary team.
 - Family members are a crucial member of the team
 - Focus on function – “What is it that the child needs to do that he/she currently cannot do?”
 - Strive for simplicity.
- 12.23.2 Team members should have a basic understanding of the kinds of AT that exists and how it can be used to help a child achieve more independence and control of his/her environment. The team assessing AT needs should address the following:
- **Current developmental needs and functioning of the child.** Consideration should be given to the recommendation of the most appropriate device for the child’s *current* development. Because technology devices and the needs of a child and family change, devices should be used to enhance the child’s *current* development and functioning, addressing *immediate* needs and the appropriateness of the equipment in attaining outcomes that address the development and functioning of the child.
 - **Cognitive and emotional resources.** This should include assessing the child’s ability to understand language, respond to prompts and trials, ability to make choices and the ability for social interaction. The child’s response to stimuli and reinforcers, distractibility and attention span need also be considered.
 - **Health and development.** Statements regarding child’s current health status, vision, hearing, and motor status should be included.
 - **Needs of the child and family.** Consideration should be given to devices that can fit easily into the family’s lifestyle and will have the optimum functional and developmental impact on the child.
 - **Equipment and device options.** Consideration should be given to whether outcomes can be accomplished through the creative use of existing resources (e.g. household items, toys, etc. currently available in the home), loan programs or low-technology devices and other less intrusive option, prior to progressing to high technology equipment.
 - **Use of equipment.** Consideration should be given to devices that are needed to help achieve a specific functional outcome and are not therapeutically “nice to have.” Equipment should be used to

achieve a functional goal that will improve a child's development. Utilization of current equipment in the home should be documented as well.

- **Proper recommendation for the device.** Consideration should be given to using a team which includes the parent, Service Coordinator, other EI service providers and the AT specialist to ensure a common understanding of the recommendation for a particular device or characteristic of the type of AT device.
- **Use of loan equipment.** Checking out equipment from available local lending libraries or accessing local Lekotek programs is strongly recommended to ensure the appropriateness of the device prior to purchase. The Illinois AT Project (IATP) can answer questions regarding specific AT needs and a comprehensive directory available to assist in locating equipment and funding. IATP can be reached at 800-852-5110 or on the web at www.iltech.org. If equipment is needed for short-term use, utilizing equipment in this manner rather than purchase is strongly recommended.

12.23.3 The AT evaluation report should include information listed above and any other pertinent information regarding the reasons for evaluation, background of the child, observations of the child in the natural environment(s), observations of the child using currently available technologies, and observations of the child using a variety of possible AT options.

12.23.4 If the report recommends AT, it should include a full range of options or minimum specifications for equipment and a detailed justification if one device is recommended over all other choices. Equipment choices should consider current equipment, as well as high and low-tech options. Funding options must also be included as well as information about vendors and possible repair and maintenance providers.

12.24 Other Considerations with AT

12.24.1 There are a number of questions that the IFSP team including the family should answer when deciding about the inclusion of AT in a child's IFSP based on the conclusions included in the evaluation report.

- What are the parent's goals for their child? Is any AT necessary to meet the parent's current goals?
- What are the skills, needs, and likes of the child?
- What problem will the AT device solve?
- Will the proposed solution enable the child to function more independently and/or more successfully?
- What is the ability of the child to independently and successfully learn and use the device?
- Are there implications for the child's health status (e.g. effects of required positioning on respiratory or cardiac status)?
- What are the limitations of the device?

- Are there a number of equal device options for consideration?
- Why is this technology more appropriate than other low-tech or no-tech alternatives?
- How flexible is the device? Can it grow with the child's needs and abilities?
- Is there a way a currently available piece of technology can be modified to meet the need?
- How useful will the technology be with the other devices the child currently uses?
- Does the family (or child) like or have other feelings about the device?
- Are the size and weight of the device important issues?
- If the device is carried between home and other settings, what precautions need to be made?
- Have all the functional environments of the child's use been considered? What are the child's home and family activities?
- Is the device safe and/or sturdy?
- Is the technology current enough to provide service and part options for the immediate future? How easy is it to obtain repairs?
- Has the device been on the market long enough to establish itself and for problems to have been worked out?
- Has there been or is there a possibility for an adequate trial period?
- Is the device available?
- What is the expected lifetime and duration of use for the device?
- Can the device be used for a number of different tasks?

12.24.2 Parents play a vital role in the choice, implementation, and use of AT. They should be involved with choosing, adapting, routine maintenance, training, and on-going assessment associated with the child's use of the devices. They are also vital in sharing their dreams and visions for their family and the child so that the team can better determine what kind of technologies would best suit their child.

12.25

AT and the IFSP

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

12.25.2 Inclusion of AT in the IFSP must occur on an individual basis and must be based on the child's needs, the family's concerns and intervention priorities and goals. AT devices/services must be included in the IFSP as

agreed upon by the parent and other team members. At minimum, the IFSP should have the following information:

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

12.26**Funding**

12.26.1

EI will pay for AT items at rates comparable with the Illinois Department of Healthcare and Family Services (HFS) rate structure. For those items requiring individualized pricing, EI will reimburse at the rate of vendor wholesale cost plus 50% up to the manufacturers' suggested retail price (MSRP). For items in which there is no wholesale discount to vendors (such as equipment marketed direct to consumer/catalog companies), rate may be adjusted by 25% if no alternative is available pending approval by the AT coordinator. All rates submitted are subject to the approval of the AT coordinator.

12.26.2

Pricing information submitted by vendors must include manufacturer's pricing information either by providing with the quote copies of the catalog page depicting the item with printed price easily readable or a copy of the separate pricing sheet along with picture and description of the item. For items that are marketed direct to consumer, the vendor price quote must explain any variance between manufacturer or catalog pricing submitted.

12.27**Obtaining AT**

12.27.1

Any AT requested for a child must be submitted to DHS for prior approval and is required for the provision of all equipment/services with the exception of replacement hearing aid ear molds and 16 batteries every 60 days (contact the DHS AT Coordinator for current HCPCS codes and pricing). A letter of developmental necessity from the audiologist must be on file in the child's record to order this equipment without prior approval. The prior approval process reviews requests to look for developmental necessity, equipment/services as described in the section addressing "limitations," pricing requests, quantity and duplication.

- 12.27.2 Requests are processed through the DHS EI Program for prior approval consideration. Requests must be submitted by mail to:

Assistive Technology Coordinator
DHS - Early Intervention Program
823 East Monroe
Springfield, IL 62701

12.28**Step by Step AT Process**

- 12.28.1 The therapist identifies an AT need through evaluation or ongoing assessment, contacts the service coordinator to schedule an IFSP meeting and brings the information to the IFSP team for consideration.
- 12.28.2 If the IFSP team agrees with a need, a functional outcome page relating to the AT need is completed by the service coordinator or the item is added to an existing related functional outcome.
- 12.28.3 The service coordinator compiles all the necessary documentation:
- *AT Prior Approval Request Form* completed by the AT Coordinator or service coordinator in its entirety. Do not send the AT request form to the provider to complete. Note: Items with attachments or accessories should be listed under one HCPCS code with the breakdown of cost, description of each attachment and/or accessory and the purpose of each attachment and/or accessory identified in the evaluation and vendor information. (Example – Corner chair with tray should be listed as one item under HCPCS code A9900, Tri-stander with various support attachments listed as one item under HCPCS code E0641);
 - IFSP sections: Cover page, Section 2 – Present Levels of Development and Section 3 – Child and Family Functional Outcome(s) relating to AT only (the functional outcome must be within the previous six month time frame);
 - Physician's order (script must be within the previous six month time frame);
 - A required letter of developmental necessity from a credentialed evaluator. The letter must be dated within the recent six-month time frame and include information on the child's developmental need and current functioning level. Goals and objectives must be identified in the most current IFSP with regards to the utilization of the recommended equipment/service. NOTE: Do not include AT justification in the initial evaluations or assessments as services must be determined at the IFSP meeting. A recommendation to complete an evaluation to determine the need for AT must be made by the IFSP team prior to the development of a letter of developmental necessity;
 - Picture and description of item including manufacturer pricing (catalog page, price sheet, web page with pricing, etc.);
 - Copy of DSCC eligibility letter, if applicable.

- For hearing technology, the *Consent for Release of Information – Children with Identified Hearing Loss* form and if the child is not HFS eligible, a copy of the family fee report including family size;
- The request including all necessary information listed above is mailed to the AT coordinator at DHS for review.
- All AT must be pre-approved with the exception of replacement hearing aid earmolds and hearing aid batteries (batteries limited to 16 every 60 days). A letter of developmental necessity must be in the child's record and no more than one year old. Earmolds are approved as needed but no more than two per authorization at the current HFS approved price.
- Once a request has been received, it will be reviewed by the AT coordinator for the above information within 21 business days of the date of receipt.
- If missing or additional information is required, a memo of notification identifying what information is needed will be faxed to the CFC AT coordinator. The CFC AT Coordinator will have 14 working days to provide the AT coordinator with the information for processing. If information is not received by this time, request will be denied due to lack of information.

12.28.4 Once all pertinent information is received to the satisfaction of the AT coordinator, request will be reviewed and recommendation made within 10 working days of receipt of pertinent information. Notification of request status will be sent by fax to the CFC AT Coordinator at this time.

12.28.5 The designated CFC staff (may be the AT Coordinator or service coordinator) enters the authorization(s) for any approved items indicated in the DHS notification.

- The information for the authorization must be entered exactly as written in the DHS notification, noting HCPCS code, quantity and amount, and must be checked for accuracy prior to saving the authorization in the Cornerstone system.
- If the authorization information in DHS's decision memo is known to be or appears to be incorrect, contact DHS for clarification before the authorization is entered/saved.

12.28.6 If the AT request is denied, no authorization is entered.

- The AT Coordinator or service coordinator must inform the family and service providers of the denial.
- The AT Coordinator or service coordinator and vendor should assist the family in pursuing any and all other funding options (including recycled devices). Typically, parents and providers look at private insurance, Medicaid, DSCC, Lekotek, Illinois AT Project, local civic organizations, and parent contributions. Actual funding may include a combination of fund sources.

- 12.28.7 The AT Coordinator or service coordinator notifies the family, reprints the IFSP and sends the revised IFSP to all team members, sending only the approved authorization to the supplying vendor.
- 12.28.8 Any requests received without the above information may experience delays in processing. As with any other EI service, AT services must be related to one or more functional outcomes in the IFSP. EI does maintain the right to request the substitution of a less expensive item of comparable function if a substitution is deemed appropriate. Note: Requests for children 2 years, 8 months and older may be denied as equipment requested during this time would not allow the child to achieve substantial benefit while in the EI program.
- 12.28.9 Typically, insurance, Medicaid, and DSCC funds pay for equipment and devices that fall under the category of "Durable Medical Equipment." This includes equipment such as daily living aids, standers, positioning systems, gait trainers and walker, prosthetics/orthotics, augmentative communication devices and hearing aids. Seldom does it include learning tools like switch-operated toys, assistive play equipment, sensory items and weighted or pressure vests.

12.29 **Change in HCPCS Codes**

At times, especially with orthotic requests, the vendor will quote the orthotics based on the therapist's letter of developmental necessity. When the vendor actually sees the child, it may be necessary to change the HCPCS code(s) originally requested. If this situation occurs:

- Complete a new AT request form with the new information. Write "code change" at the top of the page.
- Obtain a new vendor quote and manufacturer's pricing information (picture not required for orthotics).
- Obtain a new physician script if the script states specific items that are no longer applicable.
- Fax the above information to the attention of the DHS AT Coordinator and note as "Missing AT – code change".

12.30 **Change of Vendor**

- 12.30.1 In the event that a vendor must be changed to deliver an approved AT request:
- Complete a new AT request form with the new information. Write "Vendor Change" at the top of the page.
 - Obtain a new vendor quote and manufacturer's pricing information from the new vendor as they may quote a different price.
- 12.30.2 Fax the above information to the attention of the DHS AT Coordinator and note as "Missing AT – vendor change."

12.31 **How to Return a Piece of AT Equipment**

- 12.31.1 If an item is received by the family and is determined by the therapist to not appropriately meet the child's needs, the item is to be returned so that appropriate equipment can be obtained.

- The therapist contacts the AT coordinator about equipment return.
- Equipment in question is returned to the vendor by the family.
- If a replacement item is needed, the service coordinator obtains the following information:
 - Revised *AT Prior Approval Request Form* indicating new equipment and a comment about equipment returned
 - Letter of developmental necessity indicating why original equipment was not appropriate and why new request will better meet the needs of the child,
 - If new item is significantly different from item returned, a new physician's order (when applicable) should be obtained,
 - Picture and description of new item including manufacturer pricing,
 - Verification from the vendor of return and funding status of the original item.
- If vendor has not yet billed for the original equipment, process with submission of request to DHS.
- If vendor has billed the Insurance, CBO or other fund sources or has received payment for the original item, the vendor will need to return funds to the appropriate party(ies) before a replacement item can be approved.
- EI will approve payment of a "restocking fee" if the company the vendor obtained the equipment from has a written policy.
- Proceed with above procedure for obtaining AT

12.32 Relationship To Other Programs

12.32.1: Many of the eligible children in this program are also eligible for, or participating in other programs, such as DSCC or HFS (Illinois Department Healthcare and Family Services)/All Kids. The EI Services System is payor of last resort and should be utilized when these funding sources are exhausted.

12.32.2: HFS/All Kids and EI

- When an AT need is determined for eligible children participating in both programs, follow the general procedure described above.
- Once the request has been received by the DHS AT Coordinator, the request is reviewed for content and if approved, prior approval to HFS is entered by the DHS AT Coordinator.
- DHS notifies the CFC AT Coordinator of approval/denial status and proceeds with procedure outlined above.
- Provider bills the insurance and/or CBO for the equipment
- If device is not eligible for EI funding, the CFC AT Coordinator will be notified by fax after initial review is made. If the equipment is not eligible for EI funding and therefore denied, the provider may then pursue HFS funding outside of EI.

- Follow-up with the therapist and/or family to ensure the approved AT equipment has been received from the vendor in a timely manner.

12.32.3: DSCC and EI

- Children who may be potentially eligible for DSCC services should be referred to DSCC at the time of EI referral. If at any time there is question that a child is may be eligible for DSCC services, a referral should be made.
- If a child is eligible for both HFS/All Kids and DSCC, the AT request is sent directly to DHS as DSCC will require HFS eligible children to utilize HFS funding first.
- When an AT need is determined for eligible children participating in both programs (and not HFS/All Kids eligible), a request should be submitted to DSCC for approval. Note: Many items are not eligible for DSCC funding. Contact your local DSCC regional office or the DHS AT Coordinator for additional information.
- If equipment is eligible for DSCC funding, provider should utilize this source by billing DSCC for equipment.
- If it has been determined that equipment is not eligible for DSCC funding, submit request as described in the general procedure above and include copy of the letter of denial with the request.
- Although a child may not appear eligible for DSCC services at the time of submission of the request to DHS, review by the AT coordinator may demonstrate that DSCC should be consulted. In this instance, the AT coordinator may request a referral to DSCC for eligibility and subsequent funding of equipment.
- If DSCC eligibility is determined and funding approved, vendor should bill DSCC for equipment.
- If DSCC funding not approved, submit a copy of this notification to the AT Coordinator.

12.32.4: If a device is not eligible for EI funding, child's AT Coordinator will be notified by fax after initial review is made.

12.33

Implementation Of AT

12.33.1: There are several things to consider when the use of AT is to be implemented. The best device in the world will not work if the child does not use it. One reason for this is that it may be the wrong technology for the child. The device might be one of many other assistive items for the child and may be overwhelming for the family. The family may not have the physical space in their home to accommodate the utilization of the specific technology. Another reason is that parents or other caregivers may not be adequately trained on how to use the technology. Parents who understand how a device works and believe that it plays an important role in their child's development will provide more and better opportunities for the child to learn about and use the devices. Parents' preferences and feelings about particular devices often determine whether implementation and use of devices will be successful.

- 12.33.2: In many cases, successful choice and use of a device often requires an extended “trial period” with the device via rental, lease, or loan programs giving the child an adequate chance to learn and use the technology and then evaluate its usefulness. In situations where a variety of different technologies, both low and high tech, serve the same needs, the child should also be provided, when appropriate, with reasonable access to several of these technologies for a trial period to make decisions about when and where to use each device. While it would be helpful if AT companies would allow free trial periods or offer loaners at no cost, this may not occur. Some companies do, however, allow for equipment rental or have return policies.

12.34 **Provider Participation**

- 12.34.1: For consideration to be given by DHS to pay for AT equipment/services, the provider (vendor) must be enrolled in the EI Services System under the provider type of AT. Eligible providers are those who supply and/or service durable medical equipment, orthotics, hearing aids, and developmental and other equipment to assist activities of daily living. Manufacturers of items may be enrolled if distribution of equipment is directly to eligible EI children. Vendors are responsible to ensure approved equipment is received by the family in a timely manner, prior to billing insurance and/or the CBO. EI will not replace lost or stolen items upon delivery. Vendor should ensure safe delivery of items. Delivery to therapist office locations or CFC offices and signature verification of receipt should be considered.

12.35 **AT References**

- Illinois Department of Public Aid. (2000) *Information Notice 8/31/00*
- Connecticut State Department of Education and the Connecticut Birth to Three Systems. (1999). *Guidelines for AT*
- South Carolina Department of Health and Environmental Control (2000). *Babynet Service Guidelines: Assistive Technology*

CHAPTER 13: TRANSITION**13.1 Transition Policy**

A transition plan will be developed for **all** infants/toddlers with disabilities receiving EI services who will be exiting the EI service system on their third birthday.

- 13.1.1 Transition planning should occur prior to any transition within or from EI. The goal of transition planning includes the development of transition outcomes. These are the first outcomes listed and included in the IFSPs of all children; whether or not they are eligible for Part B. Transition planning should occur at least 90 days but no more than nine (9) months prior to the child's third birthday. Transition planning provides for 1) discussions and training regarding future services and other matters related to the child's transition, 2) 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 3) with the family's consent, transmission of information about the child, including evaluation and assessment information and a copy of the IFSP, to the Local Education Agency (LEA) to ensure continuity of services.
- 13.1.2 Transition activities may begin up to nine (9) months, but no later than six (6) months, prior to the child's third birthday.
- 13.1.3 For all children who are not due for an annual IFSP review meeting within 120 days of their third birthday, a meeting of the IFSP team must be convened no more than 120 days prior to the child's third birthday to discuss and document progress toward IFSP functional outcomes and EI Levels of Development/Child Outcomes. NOTE: If the IFSP team is able to participate in the transition conference described below, and progress measurement can be obtained at that point, it is not necessary to convene a separate IFSP team meeting.
- 13.1.4 When a child is referred to EI services less than 45 days before their third birthday, and if that child may be eligible for preschool services or other services under IDEA Part B, EI, with parental consent, will refer the child to the SEA and LEA where the child resides for preschool services. Using the *Consent for Release of Information* form, the Service Coordinator will obtain consents for releasing information to both the LEA where the child resides and the SEA. When signed consents are received, the Service Coordinator will complete the *Early Intervention to Early Childhood Tracking* form and send it to both the appropriate LEA as well as the EI Data Manager, who will forward the form to the SEA.
- 13.1.5 When a child is referred for EI services more than 45 but less than 90 days before their third birthday and may be eligible for Part B preschool services, as soon as possible after determining the child's eligibility the Service Coordinator will begin the transition process immediately. NOTE: Although a transition meeting is not required, all other transition steps must be followed. When the family accepts **or** declines transition, the appropriate section of the *Early Intervention to Early Childhood Tracking* form will be completed and forwarded to the LEA.
- 13.1.6 For children who may be eligible for preschool services, upon consent of the child's parent's a conference shall be convened no more than nine (9) months

but at least 90 days before the child's third birthday. This conference shall be attended by at least the family, the Service Coordinator and the Local Education Agency (LEA)/School District to discuss services for the child, including service options for the period from the child's third birthday through the remainder of the school year.

13.1.7 For children who will not be eligible for preschool services, upon consent of the child's parent's reasonable efforts shall be made to convene a conference with the family, the Service Coordinator and providers of other services.

13.1.8 A transition plan shall be developed based on the conferences, which shall provide for discussion with and training of the family, as well as for the transition of the child.

13.1.9 The CFC section of the *Early Intervention to Early Childhood Tracking* form must be completed. If a child's parents have agreed to complete the transition process to determine eligibility for preschool services, the following must occur.

- The Service Coordinator completes the *Early Intervention to Early Childhood Tracking* form and makes a copy for the CFC Program Manager for tracking purposes. NOTE: See form instructions at the end of this Section.
- The Service Coordinator sends the tracking form to the LEA/School District with the referral packet or gives the form to the LEA/School District representative at the transition meeting.
- The LEA/School District completes the form and returns it to the CFC within 20 calendar days after the child's third birthday. The information received from the LEA/School District documents the initiation of EC services.
- This information is entered into Cornerstone immediately upon receipt.
- If the form is not received from the LEA/School District within one month past the child's third birthday, a telephone call will be made by the CFC to the LEA/School District representative to determine the status of the form.

13.2 Transition Procedure

13.2.1 Within nine (9) months, but no later than six (6) months prior to the child's third birthday begin to communicate with the child's family about transition.

13.2.2 Obtain written parental consent on the *Consent for Release of Information* form to make transition referrals and to share information from the child's CFC permanent record with the LEA/School District and/or other community program(s) that the child may transition to. NOTE: The end date on the consent form to make referrals and to share information for transition purposes should be a child's third birthday. If a child's case is closed prior to a child's third birthday, the consent form to make referrals and to share information for transition purposes is still valid until the end date identified on the form.

- 13.2.3 With written parental consent, inform the child's LEA/School District that the child will shortly reach the age of eligibility for preschool services under Part B of the Individual with Disabilities Education Act. Send the family a copy of *The Educational Rights of Students with Disabilities* book or CD.
- 13.2.4 Complete or assist the family in completing district-specific referral procedures.
- 13.2.5 Document all transition activities in Cornerstone Service Coordinator case notes.
- 13.2.6 If a child exits the system prior to age three, notify the LEA/School District prior to closing the child's case if a transition referral has already been made. If the notification is not made prior to closing the case, the Service Coordinator can still notify the LEA/School District up to the end date identified on the Consent for Release of Information form. After the end date identified on the form, either the Service Coordinator or the LEA/School District representative will have to obtain a new written consent from the family to allow the release of information from the CFC to the LEA/School District.
- 13.2.7 If the parent(s) decline a referral to the LEA/School District, complete Section I of the *Early Intervention to Early Childhood Tracking* form (boxed in area of form) and submit the form to the LEA/School District. Do not provide any other information on the form except what is required in the boxed in area of Section I. NOTE: A *Consent for Release of Information* form is not required in order to notify the LEA/School District that a transition referral was declined.
- 13.2.8 Convene a meeting of the child's IFSP team no more than 120 days prior to the child's third birthday to discuss and document progress toward IFSP functional outcomes and EI levels of development/child outcomes. NOTE: If the IFSP team is able to participate in the transition conference described below, and progress measurement can be obtained at that point, it is not necessary to convene a separate IFSP team meeting.
- 13.2.9 At least 90 days but not more than nine (9) months prior to the child's third birthday convene a transition conference.
- 13.2.10 If the child may be eligible for preschool services the Service Coordinator shall complete the following activities:
- 13.2.11 With written parental consent, convene a conference consisting of at least the family, the Service Coordinator and the LEA/School District to discuss services for the child. NOTE: The LEA/School District has an obligation under the law to participate in transition planning conferences;
- 13.2.12 During the conference, review the child's service options for the period from the child's third birthday through the remainder of the school year concerning preschool services;
- 13.2.13 If the *Early Intervention to Early Childhood Tracking* form has not already been completed and sent to the LEA/School District with the referral packet, complete the CFC portion of the tracking form, make a copy of the form to

give to the CFC Program Manager for tracking purposes and give the completed form to LEA/School District;

- 13.2.14 Upon receipt of the *Early Intervention to Early Childhood Tracking* form from the LEA/School District, enter the information from the tracking form into Cornerstone system and file a copy in the child's CFC permanent record. NOTE: See Procedure to complete the *Early Intervention to Early Childhood Tracking* form at the end of this Section; and
- 13.2.15 If the form is not received from the LEA/School District within one month past the child's third birthday, a telephone call will be made by the CFC to the LEA/School District representative to determine the status of the form.
- 13.2.16 If the child will not be eligible for preschool services the Service Coordinator shall complete the following activities:
- With written parental consent, make reasonable efforts to convene a conference consisting of the family, the Service Coordinator and providers of other appropriate services to discuss possible service options after the child leaves the EI program.
 - Complete the CFC portion of the *Early Intervention to Early Childhood Tracking* form and enter the information into Cornerstone. File a copy in the child's CFC permanent record.
- 13.2.17 Document all transition activities in Cornerstone Service Coordinator case notes.
- 13.2.18 On the child's third birthday, or as soon after as possible, complete the following activities:
- Edit the child's Cornerstone program status on the Program Information screen to indicate case closure reason NOTE: In order to ensure accurate federal reporting data, it is very important to manually close all cases in Cornerstone in a timely manner and to document accurate termination reasons. Cases that are not manually terminated in Cornerstone will automatically terminate approximately 30 days after the child's third birthday and could negatively impact the CFC's performance contracting statistical data.
 - Print a hard copy of the Cornerstone Service Coordinator case notes and file in the child's CFC permanent record;
 - Terminate Service Coordinator assignment on the Cornerstone Case Manager Assignment History screen;
 - Close the hard copy and electronic case records with the appropriate case closure code. NOTE: Closing the electronic case record automatically adjusts all authorization end dates to one day before the case closure date (unless authorizations have been adjusted to end earlier). Be considerate of all service providers and final service dates when closing electronic case records.

CHAPTER 14: TRANSFER AND CASE CLOSURE**14.1 Transfer and Case Closure Policy**

- 14.1.1 Child and Family Connections (CFC) offices will work collaboratively to ensure that in-state transfers from one CFC to another CFC and out-of-state transfers from the Illinois' EI Services System to another state's Part C EI program are conducted in a manner which ensures minimal disruption to the child and family's services and/or supports.
- 14.1.2 When a child exits the EI Program, CFC shall update and close the child's permanent and electronic record and shall maintain the child's CFC permanent record as a closed file.

14.2 In-State Transfers

- 14.2.1 If a family makes the current Service Coordinator aware of an upcoming move, the Service Coordinator shall:
- Notify the family of how to contact the receiving (new) CFC;
 - Notify the new CFC of the child's name, Cornerstone Participant ID and CBO/EI number;
 - Print the Cornerstone Service Coordinator case notes, Individualized Family Service Plan (IFSP), IFSP attachments and Participant Enrollment Information Report and file in the child's CFC permanent record;
 - Route the child's CFC permanent record to the CFC manager for review and approval to transfer; and
 - After approval, forward a copy of the child's CFC permanent record (including copies of the Cornerstone Service Coordinator case notes, IFSP, IFSP attachments and Participant Enrollment Information Report) to the new CFC manager and maintain the original CFC permanent record as a closed file. NOTE: DO NOT close the electronic record in Cornerstone. The record will be automatically inactivated when the new CFC requests the transfer in Cornerstone.
- 14.2.2 If a family presents to a new CFC and the transferring (old) CFC released the child's EI record.
- Contact the transferring (old) CFC to request the record.
- 14.2.3 Upon receipt of the child's CFC permanent record, the new CFC must request the transfer of the case in Cornerstone and assign a new Service Coordinator. NOTE: The following screens transfer to the new CFC: Enrollment/Address, Birth Data Screen, EI Program Data Screen, EI Service Authorization Entry, EI Service Authorization Inquiry, Initial Referral Assessment, Pregnancy and Birth Information Assessment, Developmental Assessment, Participant All Kids/ Insurance Screen and Family Fee.
- 14.2.4 The new Service Coordinator initiates contact with the family as soon as possible to arrange new providers for the services on the child's IFSP if the original providers are not able to continue serving the child and family in the new region.

- Adjust the end date on service authorizations that are no longer effective and generate new authorizations as needed for providers in the local area. NOTE: New authorizations will not be needed if the original providers are able to continue to service the child and family in the new CFC region.
- Review with the family any persons, in addition to the EI providers listed in the IFSP, they wish to receive a copy of the IFSP and add those names to the current (signed) Implementation and Distribution Authorization page of the IFSP.
- Print, copy and distribute the IFSP to the family, the EI providers listed in the IFSP and anyone else the family has consented to receive a copy. NOTE: Language on the IFSP document permits service provider changes without written consent. Therefore, it is not necessary to obtain written consent before implementing services with new providers as long as the service types, frequencies, durations and locations are maintained.

14.3

Out-of-State Transfers

- 14.3.1 When notified by the family of an upcoming move to another state, obtain parent signature on the *Consent for Release of Information* form allowing transfer of information to the Part C EI program in the new state that the child will be moving to.
- 14.3.2 With appropriate consent, contact the EI program in the state the family is moving to and share/obtain information necessary to facilitate a smooth transition from the Illinois' EI Services System to the new state's Part C EI program.
- 14.3.3 Give the family contact information for the Part C EI Program in the new state and make the family aware of any steps necessary for them to complete prior to the move to aid the transfer process.
- 14.3.4 Notify all providers who have authorizations that the child/family will be moving and the tentative date that EI services will be terminated.
- 14.3.5 Request any written information required to complete the case closure and transfer process such as results of any recent evaluations/assessments and/or discharge reports.
- 14.3.6 If the parent agrees, coordinate an IFSP review meeting to review the results of any recent evaluations/assessments and/or discharge reports and to discuss and document progress toward IFSP functional outcomes and EI levels of development/child outcomes.
- 14.3.7 Upon confirmation of the family's out of state move the Service Coordinator shall complete the following activities:
- Send a termination letter to the family documenting the reason EI services are being terminated;
 - Notify the child's providers of authorization discontinuation and case closure;

- Document provider notification of authorization discontinuation and case closure in Cornerstone Service Coordination case notes;
- Edit the child's Cornerstone program status on the Program Information screen to indicate closure reason. NOTE: Do not complete case closure until this step is complete. In order to ensure accurate federal reporting data, it is very important to manually close all cases in Cornerstone in a timely manner and to document accurate termination reasons. Cases that are not manually terminated in Cornerstone will automatically terminate approximately 30 days after the child's third birthday and could negatively impact the CFC's performance contracting statistical data;
- Print a hard copy of Cornerstone Service Coordinator case notes and file in the child's CFC permanent record;
- Terminate Service Coordinator assignment on the Case Manager Assignment History screen;
- Close the hard copy and electronic case records. NOTE: Closing the electronic case record automatically adjusts all authorization end dates to one day before the case closure date (unless authorizations have been adjusted to end earlier). Be considerate of service providers and final service dates when closing electronic case records; and
- Transfer the information that the parent's have agreed to transfer to the new states Part C EI program.

14.4 Aging Out or Exiting Prior to Age Three

14.4.1: When a child exits EI due to aging out or prior to reaching three years of age the Service Coordinator shall complete the following activities:

- Convene a meeting of the child's IFSP team no more than 120 days prior to the child's third birthday **or** prior to closing the child's case if the child is exiting prior to age three, to discuss and document progress toward IFSP functional outcomes and EI levels of development/child outcomes
- Send a termination letter to the family documenting the reason EI services are being terminated;
- If the child is exiting prior to age three, immediately notify providers of case closure and authorization discontinuation.
- Document provider notification of case closure and authorization discontinuation in Cornerstone case notes.
- Notify the LEA/School District if **a transition referral has already been made**. NOTE: If the notification is not made prior to closing the case, the Service Coordinator can still notify the LEA/School District **up to the end date** identified on the *Consent for Release of Information* form to make transition referrals and to share information with the LEA/School District. After the end date

identified on the form, either the Service Coordinator or the LEA/School District representative will have to obtain written consent from the family to allow release of information from the CFC to the LEA/School District.

- Document LEA/School District notification in Cornerstone case notes.
- Edit the child's Cornerstone program status on the Program Information screen to indicate closure reason. NOTE: Do not complete case closure until this step is complete. **In order to ensure accurate federal reporting data, it is very important to manually close all cases in Cornerstone in a timely manner and to document accurate termination reasons.** Cases that are not manually terminated in Cornerstone will automatically terminate approximately 30 days after the child's third birthday and could negatively impact the CFC's performance contracting statistical data.
- Print a hard copy of Cornerstone Service Coordinator case notes and file in the child's CFC permanent record;
- Terminate Service Coordinator assignment on the Case Manager Assignment History screen; and
- Close the hard copy and electronic case records. NOTE: Closing the electronic case record automatically adjusts all authorization end dates to one day before the case closure date (unless authorizations have been adjusted to end earlier). Be considerate of service providers and final service dates when closing electronic case records

CHAPTER 15 PARENTS AS TRANSPORTATION PROVIDERS**15.1 Transportation Providers**

If a parent needs to become an enrolled Transportation provider, direct them to the Provider Connections website for an enrollment application and/or have them contact Provider Connections at 1-800-701-0995 for assistance.

CHAPTER 16 FORMS, SAMPLE LETTERS AND REFERENCE MATERIALS**Sample Letters****Forms****Individualized Family Service Plan (IFSP)**

- *IFSP Form Instructions*
- *Non-Cornerstone Service Plan Pages*

References, not included in this manual

- Early Intervention Service Descriptions, Billing Codes and Rates
<http://www.wiu.edu/ProviderConnections/pdf/ServiceDescriptionManual09-10.pdf>

Sample Letters

The text within these letters should be individualized for each child and family.

Sample Letter 1: Ineligible Based On General Eligibility – Over Age Three

Sample Letter 2: Ineligible Based On General Eligibility – Not an Illinois Resident

Sample Letter 3: Intake Appointment Confirmation

Sample Letter 4: Initial Contact – Unable To Contact by Phone

Sample Letter 5: Second Contact – Unable To Contact by Phone

Sample Letter 6: Discontinuation of One or More Services – Child Reaches Three Years of Age (Entering Other Services)

Sample Letter 7: Discontinuation of One or More Services – Child Reaches Three Years of Age (Not Entering Other Services)

Sample Letter 8: Discontinuation of One or More Services – Child No Longer an Illinois Resident

Sample Letter 9: Discontinuation of One or More Services – Voluntary Withdrawal by Parent/Guardian

Sample Letter 10: Discontinuation of One or More Services – No Response/Unable to Reach

Sample Letter 11: Discontinuation of One or More Services – IFSP Outcomes Have Been Met

Sample Letter 12: Discontinuation of One or More Services – Non-Payment of Family Fees (Cover Letter to Revised IFSP)

Sample Letter 13: Discontinuation of One or More Services – Notification that Services will Change Due to Individualized Family Service Plan Review

Sample Letter 14: Ineligible – Initial Eligibility Determination

Sample Letter 15: Ineligible – Annual Eligibility Determination

Sample Letter 16: Eligible – Further Assessment Needed

Sample Letter 17: Eligible – No Further Assessment Needed

Sample Letter 18: Confirmation of IFSP Meeting

Sample Letter 1: Ineligible Based On General Eligibility – Over Age Three

Dear (parent/guardian):

As we discussed, (child's name), is not eligible for Early Intervention because he/she is over the age of three. Your local school district will be able to assist you in determining whether (child's name) is eligible for developmental or educational services through the school. (LEA contact), (Title/Position) works for the school district and can assist you in the screening process. He/She can be reached at (phone number).

Sincerely,

Service Coordinator

Sample Letter 2: Ineligible Based On General Eligibility – Not an Illinois Resident

Dear (parent/guardian):

As we discussed, (child's name) is not eligible for Early Intervention because he/she does not live in Illinois. The Early Intervention system in (state of residence) will be able to assist you in determining whether (child's name) is eligible for early intervention services in (state of residence). (Early Intervention Coordinator in state of residence) is the Early Intervention system coordinator in (state of residence). He/she can be reached at (phone number).

Sincerely,

Service Coordinator

Sample Letter 3: Intake Appointment Confirmation

Dear (parent/guardian):

(Child's name) was recently referred to Child and Family Connections by (referral source) because of concerns with his/her (adaptive/cognitive/communication/motor/ social-emotional) development. Child and Family Connections is the regional system point of entry for the state's EI Services System. EI provides services and supports to infants and toddlers with developmental concerns and their families. Participation is voluntary.

As discussed, we will meet on (date) at (time and place) to begin the intake and eligibility determination process. I can be reached at (service coordinator phone number). I look forward to meeting you and your child.

Sincerely,

Service Coordinator

Enclosure: Informational Brochure(s)
 Rights Booklet

Sample Letter 4: Initial Contact – Unable To Contact by Phone

Dear (parent/guardian):

(Child's name) was recently referred to Child and Family Connections by (referral source) because of concerns with his/her (adaptive/cognitive/communication/motor/ social-emotional) development. Child and Family Connections is the regional system point of entry for the state's Early Intervention Services System. Early Intervention provides services and supports to infants and toddlers with developmental concerns and their families. Participation is voluntary.

I have not been able to contact you by phone. Please contact me in the next 10-days to let me know if you are interested in moving forward with this referral. I can be reached at (service coordinator phone number), or you can return this letter in the enclosed envelope. I look forward to hearing from you.

Sincerely,

Service Coordinator

Enclosure: Informational Brochure(s)
 Rights Booklet

Check one and return in the enclosed envelope if unable to contact me by phone:

Please call me at this number: _____ at this time: _____ to discuss this further.

I am not interested at this time.

Sample Letter 5: Second Contact – Unable To Contact by Phone

Dear (parent/guardian):

(Child's name) was recently referred to Child and Family Connections by (referral source) because of concerns with his/her (adaptive/cognitive/communication/motor/social-emotional) development. Child and Family Connections is the regional system point of entry for the state's Early Intervention Services System. Early Intervention provides services and supports to infants and toddlers with developmental concerns and their families. Participation is voluntary.

I have not been able to contact you by phone and have received no response to our first letter dated (date of first letter). Please contact me in the next two weeks to let me know if you are interested in moving forward with this referral. I can be reached at (service coordinator phone number), or you can return this letter in the enclosed envelope. I look forward to hearing from you.

If I do not hear from you by (10 days), I will assume you do not wish proceed with the referral at this time. If at any time before your child turns three you wish to learn more about Early Intervention, please feel free to contact us.

Sincerely,

Service Coordinator

Enclosure: Informational Brochure(s)
Rights Booklet

Check one and return in the enclosed envelope if unable to contact me by phone:

Please call me at this number: _____ at this time: _____ to discuss this further.

I am not interested at this time.

Sample Letter 6: Discontinuation Of One Or More Services – Child Reaches Three Years of Age (Entering Other Services)

Dear (parent/guardian):

As you know, (child's name) will be three years old on (date of child's third birthday). It is my understanding that (child's name) will be (entering the school district's special education program/enrolling in Head Start/receiving private therapy services/attending preschool/participating in child care/other) after he/she leaves Early Intervention.

(Child's Name)'s Early intervention services will end on (day before child's third birthday). Each of (child's name)'s service providers are aware/have been notified of his/her transition. **OPTIONAL SENTENCE:** (Child's name)'s IFSP has been forwarded to (school district/Head Start/other), as requested.

I have enjoyed working with you and your family.

Sincerely,

Service Coordinator

Sample Letter 7: Discontinuation of One or More Services – Child Reaches Three Years of Age (Not Entering Other Services)

Dear (parent/guardian):

As you know, (child's name) will be three years old on (date of child's birthday). It is my understanding that (child's name) will ***not*** be (entering the school district's special education program/enrolling in Head Start/receiving private therapy services/attending preschool/participating in child care/other) after he/she leaves Early Intervention.

(Child's Name)'s Early Intervention services will end on (day before child's third birthday). Each of (child's name)'s service providers are aware/have been notified of his/her transition.

I have enjoyed working with you and your family.

Sincerely,

Service Coordinator

Sample Letter 8: Discontinuation of One or More Services – Child No Longer an Illinois Resident

Dear (parent/guardian):

Due to (child's name)'s recent move to (new state of residence), he/she will no longer be able to receive early intervention services through the Illinois' Early Intervention Services System. I wanted to provide you with the name of the Early Intervention system coordinator in (new state of residence), in case you have not already had an opportunity to learn about (new state of residence)'s Early Intervention system. (Name of EI Coordinator in new state) is the Early Intervention system coordinator in (new state of residence). He/she can be reached at (phone number). I encourage you to contact him/her at your earliest convenience.

I have enjoyed working with you and your family.

Sincerely,

Service Coordinator

Sample Letter 9: Discontinuation of One or More Services – Voluntary Withdrawal by Parent/Guardian

Dear (parent/guardian):

As we discussed, you no longer wish to participate in Early Intervention. As a result of this decision, (child's name)'s authorized early intervention services have been discontinued effective (discontinuation date). Each of (child's name)'s early intervention service providers have been notified of (child's name)'s withdrawal from Early Intervention and the discontinuation of (child's name)'s service authorizations.

If at any time prior to (child's name)'s third birthday you wish to have him/her re-evaluated by the Early Intervention system, you may again contact us at (CFC phone number).

Sincerely,

Service Coordinator

Sample Letter 10: Discontinuation of One or More Services – No Response/Unable to Reach

Dear (parent/guardian):

We have been unable to reach you by phone and have received no response to repeated attempts to reach you by mail. It appears that your family is not interested in early intervention services at this time. I have closed (child's name)'s case record and will make no additional attempts to reach you.

If at any time prior to (child's name)'s third birthday you wish to have him/her evaluated by the Early Intervention system in order to determine his/her eligibility for services and supports, you may contact us at (CFC phone number).

Sincerely,

Service Coordinator

Sample Letter 11: Discontinuation of One or More Services – IFSP Outcomes Have Been Met

Dear (parent/guardian):

As we discussed, (child's name) has met his/her outcome(s) related to his/her (adaptive/cognitive/communication/ motor/social-emotional) development. (Child's name)'s (occupational therapist/physical therapist/speech therapist/other) as well as his/her (another member of the child's IFSP team) agree that (child's name) no longer needs (service[s] being discontinued). (Child's name)'s authorization for (service[s] being discontinued) will be discontinued effective (date of discontinuation a reasonable time after written prior notice has been given).

I am enclosing the rights booklet (State of Illinois: Infant/Toddler and Family Rights Under IDEA for the Early Intervention System) that explains your rights regarding early intervention services, including your right to contest this decision should you feel that to be necessary. If you wish to do so, the current services would stay in place while the dispute is being resolved. Please review the rights booklet at your earliest convenience. You should submit any requests to appeal the decision as quickly as possible and prior to the date of change of service. Please contact me at (service coordinator phone number) if you need any more information about your rights or if you would like a form to request a mediation or administrative proceeding regarding this decision.

Sincerely,

Enclosure: Rights Booklet

**Sample Letter 12: Discontinuation of One or More Services – Non-Payment of Family Fees
(Cover Letter to Revised IFSP)**

Dear (parent/guardian):

The Department of Human Services indicates they are initiating collection procedures against you for family fees that are three months (90 days) past due. They have therefore instructed me to discontinue your direct Individualized Family Service Plan (IFSP) services subject to fees, including assistive technology devices. Your revised IFSP is attached and will take effect on (two weeks from the date of this letter).

As indicated in the enclosed booklet, you have the right to appeal this decision. Throughout the appeal process, the early intervention services in question will not change. However, the appeal must be made prior to the effective date of the discontinuation.

Unless you request otherwise, services not subject to fees will continue as shown on your IFSP. This includes service coordination and any authorizations for assessments, IFSP development, or family support by parent liaisons, deaf mentors and interpreters. Installments of your annual fee will be added to your account each month until your IFSP expires, and accumulated state payments will be tracked. You will not be required to pay more in annual fees than the state pays for your annual services subject to fees.

After payment of your past due account, you may contact me to request reinstatement of discontinued services. I can be reached at (service coordinator phone number). I will then request payment confirmation from the Department of Human Services and obtain permission to reauthorize direct IFSP services subject to fees, including assistive technology devices.

Sincerely,

Service Coordinator

Enclosure: Rights Booklet
 Revised Individualized Family Service Plan provided to Family & IFSP Team Members

cc: IFSP Team Members

Sample Letter 13: Discontinuation of One or More Services – Notification that Services will Change Due to Individualized Family Service Plan Review

Dear (parent/guardian):

This is to notify you that the Early Intervention services authorized for (child's name) will change as follows: (description of change in service or levels of service). This change will be effective on (date of change to be no sooner than two weeks from the date of this letter). The change is being made pursuant to review of your IFSP and the current developmental needs of your child.

I am enclosing the rights booklet (State of Illinois: Infant/Toddler and Family Rights Under IDEA for the Early Intervention System) that explains your rights regarding early intervention services, including your right to contest this decision should you feel that to be necessary. If you wish to do so, the current services would stay in place while the dispute is being resolved. Please review the rights booklet at your earliest convenience. You should submit any requests to appeal the decision as quickly as possible and prior to the date of change of service. Please contact me at (service coordinator phone number) if you need any more information about your rights or if you would like a form to request a mediation or administrative proceeding regarding this decision.

Sincerely,

Service Coordinator

Enclosure: Rights Booklet

Sample Letter 14: Ineligible – Initial Eligibility Determination

Dear (parent/guardian):

As we discussed, (child's name) has been found ineligible for Early Intervention because the comprehensive evaluation indicates that he/she is not currently exhibiting an eligible diagnosis, level of delay or risk condition. I am enclosing a Rights booklet, which explains your right to appeal this decision should you feel that to be necessary. Please review the Rights booklet at your earliest convenience.

If at any time prior to (child's name)'s third birthday you feel he/she should be re-evaluated by the Early Intervention system, you may again contact us at (CFC phone number). If you have questions or concerns about this decision, please contact me at (service coordinator phone number).

Sincerely,

Service Coordinator

Enclosure: Rights Booklet

Sample Letter 15: Ineligible – Annual Eligibility Determination

Dear (parent/guardian):

As we discussed, (child's name) has been found ineligible for Early Intervention because the comprehensive annual evaluation indicates that he/she is not currently exhibiting an eligible diagnosis, level of delay or risk condition and services are not necessary in order to continue developmental progress. This change will be effective on (date of change – no sooner than two weeks from the date of this letter).

I am enclosing the rights booklet (State of Illinois: Infant/Toddler and Family Rights Under IDEA for the Early Intervention System) that explains your rights regarding the early intervention services, including the right to contest this decision should you feel that to be necessary. If you wish to do so the current services would stay in place while the dispute is being resolved. Please review the rights booklet at your earliest convenience. You should submit any requests to appeal the decision as quickly as possible and prior to the date of change of service. Please contact me at (service coordinator phone number) if you need more information about your rights or if you would like a form to request a mediation or administrative proceeding regarding this decision.

If at any time prior to (child's name)'s third birthday you feel he/she should be re-evaluated by the Early Intervention system, you may again contact us at (CFC phone number). If you have questions or concerns about this decision, please contact me at (service coordinator phone number).

Sincerely,

Service Coordinator

Enclosure: Rights Booklet

Sample Letter 16: Eligible – Further Assessment Needed

Dear (parent/guardian):

As we discussed, (child's name) has been found eligible for the Early Intervention system because he/she is exhibiting an eligible level of delay/has been diagnosed with a medically eligible condition/is at risk of substantial delay. (Child's name)'s evaluation(s) indicate that further assessments are needed in order to ensure that his/her Individualized Family Service Plan (IFSP) meets all of his/her developmental needs. Once these assessments are completed we can proceed with (child's name)'s IFSP development.

I have enclosed an additional Rights booklet for your review. Please feel free to contact me if you have any questions or concerns. I can be reached at (service coordinator phone number).

Sincerely,

Service Coordinator

Enclosure: Rights Booklet

Sample Letter 17: Eligible – No Further Assessment Needed

Dear (parent/guardian):

As we discussed, (child's name) has been found eligible for the Early Intervention system because he/she is exhibiting an eligible level of delay/has been diagnosed with a medically eligible condition/is at risk of substantial delay. You have indicated that you are interested in participating in Early Intervention. Since we have all of the information necessary to develop (child's name)'s IFSP, I will begin to coordinate the IFSP meeting. Please let me know of some dates and times that are convenient for you to meet.

I am enclosing an additional Rights booklet for your review. Please feel free to contact me if you have any questions or concerns. I can be reached at (service coordinator phone number).

Sincerely,

Service Coordinator

Enclosure: Rights Booklet

Sample Letter 18: Confirmation of IFSP Meeting

Dear (parent/guardian):

The purpose of this letter is to confirm the meeting to (plan/review) (child's name)'s IFSP. The meeting has been scheduled for (date of meeting) at (time of meeting) and will be held at (location of meeting). The (plan/review) process and meeting may result in a change in recommended services. In addition to you and I and (child's name)'s evaluators, I have invited (persons requested to be in attendance by the parent/guardian) to attend at your request.

If you need to reschedule this meeting, please contact me immediately at (service coordinator phone number).

Sincerely,

Service Coordinator

Enclosure: Rights Booklet

cc:

FORMS

0-5 Child Find Screening/ Data Collection and Instructions
Assistive Technology Prior Approval Request
CFC Change of Insurance Notification
CFC Fax Cover Sheet for Insurance Benefits Verification Requests/Updates
Consent for Release of Information
Consent for Release of Information for Children with Identified Hearing Loss
Consent to Collect and Store Personally Identifying Information (PII)
Consent to Use Private Insurance for Specific Service(s)
Early Intervention to Early Childhood Transition Tracking Instructions and Form
Family Fee Credit Request Form
Family Participation Fee Exemption Request
Family Participation Fees Program Fact Sheet
Family Participation Fees Payment Agreement
Guidelines/Worksheet Justification To Change Frequency / Intensity
Individualized Family Service Plan Meeting Attendance Waiver for Audiologists
Intake/Social History Summary Sheet
Natural Environments Instructions & Worksheet
Notice of Confidentiality Practices
Notice of Social Security Disclosure
Notice of System of Payments & Fees
Notice to Consent & Use Public Benefits and Consent to Disclose PII Potentially Eligible for AllKids
Notice to Consent and Use Private Insurance
Notice to Consent and Use Public Benefits—AllKids Enrolled
Parental Consent and Ability to Decline Services
Pre-Billing Insurance Waiver Request
Provisional Provider Authorization Request
Request for Due Process Hearing Officer
Request for Investigation of State Complaint
Request for Mediation
Screening Device for Determining Family Fees And Eligibility for All Kids & DSCC
Tax Savings Account Information Sheet
Waiver of Written Prior Notice

0-5 CHILD FIND SCREENING DATA COLLECTION FORM

I. IDENTIFYING INFORMATION

Date: _____ Month of: _____

County: _____ CFC #: _____

Name of School District: _____ District #: _____

Location(s): _____

Contact Person: _____ Phone #: _____

Agencies Represented	Type	0-3(✓)	3-5(✓)

Indicate type of screener, i.e., CFC, School District (LEA), Early Intervention Provider, Health Department (HD), Childcare Provider (CC)

II. SCREENING INFORMATION

Total Screened	Age 0-11 Months	Age 12-23 Months	Age 24-35 Months	Age 36-47 Months	Age 48-60 Months	Age 61+ Months

III. REFERRAL INFORMATION

0-3 Early Intervention	Early Headstart	Other Referral	# Referred for Rescreen

3-5 Early Childhood	Pre-K	Speech/ Language	Headstart	Other Referral	# Referred for Rescreen

Please fax completed form(s) monthly to local Child and Family Connections (CFC) office. You may find your local CFC office by going to the Illinois Department of Human Services office locator at www.dhs.state.il.us. If you have questions regarding this form, please contact Kathy Hill at 1-800-851-6197.

CHILD AND FAMILY CONNECTIONS ASSISTIVE TECHNOLOGY PRIOR APPROVAL REQUEST

Please print clearly, complete entire request form and include only required attachments. Incomplete request forms will be returned, which will delay request.

Submission Date: _____ CFC #: _____ CFC Phone: ____ / ____ - ____ ext.: _____ CFC AT Coordinator: _____
 Child's Name: _____ EI#: _____ Birthdate: _____
 Diagnosis(es) (1) _____ ICD-9 _____ (2) _____ ICD-9: _____ (3) _____ ICD-9 _____
 Medicaid Eligible? ☐ No ☐ Yes, Medicaid # (9 digits): _____ DSCC Status: _____ Date listed on enclosed equipment prescription: _____
 Enrolled Equipment Vendor Name: _____ Ordering Physician First/Last Name: _____
 IDHFS provider #, found in Enrolled Provider list (12 digits): _____ Physician License # (9 digits): _____
 Street Address: _____ Street Address: _____
 City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____
 Phone: ____ / ____ - ____ Phone: ____ / ____ - ____
 Name & discipline of team member (therapist) recommending equipment: _____
 Name & discipline of team member (therapist) who will train parent on how to use equipment: _____

1. Is equipment to be used solely in therapy sessions? <input type="checkbox"/> NO <input type="checkbox"/> YES 2. Has this child had previous AT requests? <input type="checkbox"/> NO <input type="checkbox"/> YES 3. Is the acquisition of requested Assistive Technology discussed in the IFSP? <input type="checkbox"/> NO <input type="checkbox"/> YES If you answered YES to #3, please include IFSP outcome pages (section 3) with items identified with this request					This section is for DHS OFFICE use only. COMMENTS:					
ITEM(S) REQUESTED	HCPCS	QTY	\$ EACH	\$ TOTAL	Revised Item Description	HCPCS	Qty	\$ Each	\$ Total	HFS?
				\$0.00						Y / N
				\$0.00						Y / N
				\$0.00						Y / N
				\$0.00						Y / N
				\$0.00						Y / N
				\$0.00						Y / N
				\$0.00						Y / N
				\$0.00						Y / N
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				\$0.00						Y / N
				\$0.00						Y / N
				\$0.00						Y / N
				\$0.00						Y / N

The following documentation must be included with this request, please check what is included:

- | | |
|--|---|
| <input type="checkbox"/> IFSP sections: Cover Sheet, Section 2, & Section 3 outcome pages identified above | <input type="checkbox"/> Picture & pricing of item (s) |
| <input type="checkbox"/> Copy of Dated & Signed credentialed evaluator letter of necessity supporting request | <input type="checkbox"/> Copy of DSCC eligibility or ineligibility letter |
| <input type="checkbox"/> Copy of Dated & Signed Physician's Prescription | <input type="checkbox"/> If hearing aids have been requested, attach Copy of Consent for Release of Information Children with Identified Hearing Loss |
| <input type="checkbox"/> Copy of vendor quote including options/accessories breakdown | |

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Federal Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

ALL REQUESTS MUST BE SUBMITTED FROM THE CFC OFFICE BY MAIL. FAXES WILL NOT BE ACCEPTED. MAIL THIS FORM AND REQUIRED ATTACHMENTS TO: DHS -BUREAU OF EARLY INTERVENTION, 823 EAST MONROE, SPRINGFIELD, IL 62701

CHILD AND FAMILY CONNECTIONS CHANGE OF INSURANCE NOTIFICATION
--

Child's Last Name, First Name & Middle Initial: _____

Child's Date of Birth (Month/Day/Year): _____

CBO/EI #: _____

Insurance Company Name: _____

Insurance Company Phone #: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth (Month/Day/Year): _____

Policy Number: _____

NOTE: Use this form only when no insurance card is obtainable by the family.

Submit this form along with the CFC Fax Cover Sheet for Insurance Benefits Verification Requests/Updates. A 45-day exception period will begin the date that the CBO receives them. During the 45-day exception period, all providers may bill the CBO for services. No insurance company EOB will be required during this period unless all conditions and requirements of the new insurance plan have been identified and met by the provider OR until the expiration of the 45-day exception period. The CFC will receive a Child & Family Connections 45 Day Insurance Exception Form completed by the CBO verifying the dates of the 45-day exception period. The CFC is responsible for informing the Payee/Provider and ensuring proper service authorizations are utilized.

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

CFC Fax Cover Sheet for Insurance Benefits Verification Request/Update

Submit the completed request, along with required documents, to the EI CBO using the following method:

Benefits Verification

The Benefits Verification request may be submitted:

- Via Fax as one submission (form and all required documents) **OR**
- Electronically through the secure CBO WebMail system as one submission (form and all documents in one attachment like a pdf).

Waivers

To request a waiver:

- Submit the Pre-Billing Waiver Request form as a Word document and send via secure CBO WebMail. A separate form must be used per discipline (if multiple).
- Submit the CFC Fax Cover Sheet for Insurance Benefits Verification Requests/Updates, indicating the appropriate waiver requested, and other supporting documentation
 - via fax the same day as the WebMail of the Pre-Billing Waiver Request form(s) **OR**
 - a second attachment scanned into one document such as a pdf.

Instructions for completing the CFC Fax Cover Sheet for Insurance Benefits Verification Requests/Updates form:

Complete Section 1 for each submission.

- If the family **does not** consent to using Private and/or Public benefits, check this box and include a copy of the consent signed indicating they Do Not Consent.
- When completing the box with Initial, Annual or Current, use these guidelines as it pertains to the status of the IFSP:
 - Choose **Initial** only when submitting an initial BV for a child never in EI before and has no IFSP active yet.
 - Choose **Annual** no more than 30 days prior to the end of the current IFSP. If the IFSP meeting is scheduled earlier than the End IFSP Date in Cornerstone, inform your CBO processor of the annual meeting date. But do not submit more than 30 days prior to the planned IFSP meeting date.
 - Choose **Current** if the BV is needed after the IFSP has been started and changes or other actions are now needed. Be sure to also complete Section 2, Section 3 noting the Change/Update to the current IFSP or Section 4 as appropriate for the action needed. Follow all instructions in each section to determine necessary supporting documentation.

Complete Section 2 for indicating the type(s) of EI Services the BV should be requested for. Only indicate those necessary. This section should be used for Initial, Annual BVs in addition to when there is a Change/Update to private health insurance such as new health plan coverage within same company or entirely new health plan company.

Complete Section 3 for any Changes/Updates to benefits during a current IFSP period. If new/different insurance is indicated, be sure to follow the instructions in Section 2 to indicate all the services and all the information about the new/different insurance plan.

Complete Section 4 if a Waiver/Exemption is needed. Be sure to submit one Pre-Billing Waiver Request (as a Word document) form per discipline. You should only submit one CFC Fax Cover Sheet for Insurance Benefits Verification Request/Update and supporting documentation (notes, etc...) per request.

CHILD AND FAMILY CONNECTIONS

FAX COVER SHEET FOR INSURANCE BENEFITS VERIFICATION REQUESTS/UPDATES

Section 1: Complete this section completely		Family does not Consent to Public/Private Benefits to be used: <input type="checkbox"/>	
To: Central Billing Office / COB Unit		From (Name):	
Fax Number Sent to: 1-217-492-5602		CFC #: 2	Total Pages <u>including</u> cover: 22
Date:		Senders Phone:	
Child's Name:		Child's EI#:	Insurance Plan Owner's Name:
IFSP: Initial <input type="checkbox"/> Annual <input type="checkbox"/> Current <input type="checkbox"/> If Current, complete sections 2, 3 or 4 as necessary		Primary Care Physician Name/Phone # :	

Section 2: Benefits Verification Request	Required Attachments
Insurance benefits check for (check only applicable services): <input type="checkbox"/> PT <input type="checkbox"/> PT Group <input type="checkbox"/> ST <input type="checkbox"/> ST Group <input type="checkbox"/> OT <input type="checkbox"/> OT Group <input type="checkbox"/> SW <input type="checkbox"/> SW Group <input type="checkbox"/> NU <input type="checkbox"/> NU Group <input type="checkbox"/> Psych <input type="checkbox"/> Psych Group <input type="checkbox"/> AU/AR	- Enlarged insurance card copy (front and back) <input type="checkbox"/> - <i>Notice to Consent and Use Private Insurance</i> <input type="checkbox"/>
Location Required for all services identified above. Choose appropriate location for each or all services as indicated under <i>Required Attachments</i> . <input type="checkbox"/> All Offsite <input type="checkbox"/> All Onsite <input type="checkbox"/> Other (specify) _____	
Partial Offsite (check services) <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> Other (specify) _____ Partial Onsite (check services) <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> Other (specify) _____	
Assistive technology benefits check <input type="checkbox"/>	- Enlarged insurance card copy <input type="checkbox"/> - <i>Notice to Consent and Use Private Insurance</i> <input type="checkbox"/> - Copy of AT request cover page <input type="checkbox"/>

Section 3: Change/Update to current IFSP insurance information (not for Initial / Annual)	Required Attachments
Existing Insurance Ended <input type="checkbox"/>	Date insurance reportedly ended: _____ AND Any letters from insurance company, if available.
New/Different Insurance Obtained <input type="checkbox"/>	Complete Sections 1 and 2 and include copy of card (front and back) and <i>Notice to Consent and Use Private Insurance</i> . If no card is available, complete the <i>CFC Change of Insurance Notification</i> form and submit along with this request.
CFC TRANSFER INFORMATION: Receiving CFC must submit new BV request if changing providers.	Receiving CFC #: _____ Sending CFC #: _____

Section 4: Waiver / Exemption Request	Required Attachments
<i>Pre-billing Waiver request</i> • Provider not available <input type="checkbox"/>	- Case note of conversation with Payee/Provider(contact person, date of contact, phone/email) - Pre-Billing Insurance Wavier Request form completed
<i>Pre-billing Waiver request</i> (if not discovered and approved during initial BV): • Provider not enrolled <input type="checkbox"/>	- Case note of conversation with Payee/Provider (contact person, date of contact, phone/email) - <i>Pre-Billing Insurance Wavier Request</i> form completed
<i>Pre-billing Waiver request</i> NOTE: This waiver type is <u>not applicable for offsite services</u> • Travel time/distance <input type="checkbox"/>	- Family's primary mode of transportation _____ AND - Address the family is traveling from _____ - <i>Pre-Billing Insurance Wavier Request</i> form completed
Exemption request (If not automatically discovered and exempted during initial BV): • Individual purchased/ non-group plan <input type="checkbox"/>	- Written documentation from insurance company stating plan is privately purchased and not part of a group <input type="checkbox"/>
Exemption request • Annual or Lifetime cap <input type="checkbox"/>	- Written documentation from insurance stating amount of annual/ lifetime cap <input type="checkbox"/> OR - Written documentation from insurance showing remaining amount of annual/lifetime cap <input type="checkbox"/> AND - Cornerstone authorizations <input type="checkbox"/>
Exemption request • Automatically withdrawing Tax Savings Plan <input type="checkbox"/>	- Completed CFC Tax Savings Account Information Sheet <input type="checkbox"/>
New Payee Waiver request (not due to change of insurance): • Change of Provider <input type="checkbox"/> (new Payee only)	- Case note indicating reason for change. - Complete Section 2 and follow procedures to maximize insurance.
Responding to CBO request	- Other <input type="checkbox"/>

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

CHILD AND FAMILY CONNECTIONS CONSENT FOR RELEASE OF INFORMATION

Child's Last Name, First Name & Middle Initial _____

Child's Date of Birth (Month/Day/Year) _____

Cornerstone Participant ID # _____ CBO/EI # _____

I authorize Child and Family Connections to release/obtain the below information: _____ TO _____ FROM _____

Name: _____

Address: _____

City, State & Zip: _____

Specific Information to be Disclosed if Available

Obtain	Release	Type of Information	Description (timeframe, date of service)
		Developmental Reports	
		Occupational Therapy Reports	
		Physical Therapy Reports	
		Speech/Language Reports	
		Audiological Reports	
		Vision Reports	
		Medical Reports, Diagnosis, Prescriptions	
		Program Eligibility & Financial Status	
		Eligibility Information to Referral Source	
		Other	

This information is needed for the following purpose(s): (check all that apply)

☐ Establish Early Intervention eligibility
 ☐ Coordinate, monitor and implement EI services
☐ Develop an Individualized Family Service Plan
 ☐ Facilitate transition
☐ Treatment, payment, healthcare operations

This consent for disclosure is valid until: _____ / _____ / _____
 Month Day Year

I understand that I have the right to inspect and copy the information to be disclosed. I understand that my consent is voluntary and that I may withdraw this consent by written request to the CFC above at any time, except to the extent that it has already been acted upon. I understand that my refusal to consent to disclosure will have the following consequences, if any: Inability to establish EI eligibility; develop an IFSP; coordinate, monitor and implement services; or facilitate transition.

Other consequences: _____

Parent/Guardian Signature: _____ Date _____

Surrogate Signature: _____ Date _____

Witness Signature: _____ Date _____

Notice to Receiving Agency/Person:

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

Send Information to: (enter name and address)

CHILD AND FAMILY CONNECTIONS

CONSENT FOR RELEASE OF INFORMATION CHILDREN WITH IDENTIFIED HEARING LOSS

NOTE: This form is only completed for children with an identified hearing loss and is completed at the time of the initial IFSP meeting or anytime after the initial IFSP meeting that an identified hearing loss is confirmed or if the family of a child with an identified hearing loss chooses not to accept services from the Early Intervention Services System.

I/We _____ give my/our informed consent for:

Parent/Legal Guardian Name (s)

Name of Service Coordinator

Child & Family Connections #

Phone #

Street Address/Post Office Box

City/Town

State

Zip Code

Name of Child's Audiologist

Phone #

To inform the Illinois Department of Public Health, Vision & Hearing Screening Program by transmission of this form that:

____ An Individualized Family Service Plan was completed on _____ for my child;

Date

____ An identified hearing loss was confirmed and services were added to my child's IFSP on _____ or

Date

____ My child has an identified hearing loss but I choose not to accept Early Intervention services.

Child's Legal Name (First & Last)

/ /
Date of Birth

Other name child known as

Street Address/Post Office Box

Hospital child born in

City/Town

State

Zip Code

The Illinois Department of Public Health will use this information to confirm that my child will receive services through the State of Illinois' Early Intervention program or that I have chosen not to accept services from Early Intervention. The Illinois Department of Public Health will not further disclose this information without my prior written consent and will use it only for the preparation of management or statistical reports. This information is needed to evaluate the State of Illinois' Universal Newborn Hearing Screening Program.

This consent is valid for 365 days following the date of my signature on this form. I understand that my consent is voluntary and that I may withdraw this consent by written request to the CFC above at any time, except to the extent that it has already been acted upon. I understand that my refusal to consent to the disclosure of this information will have no effect on the delivery of Early Intervention services to my child; however will inhibit effective evaluation of the State's Newborn Hearing Screening Program.

I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS FORM.

Signature (Parent/Legal Guardian)

Date

Witness

Date

Notice to Receiving Agency/Person:

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

Send Information to:

Administrator
IDPH - Vision and Hearing Screening Program
500 East Monroe, 1st Floor
Springfield, Illinois 62701
Phone: 217/782-4733
Fax: 217/557-5324

CHILD AND FAMILY CONNECTIONS

CONSENT TO COLLECT AND STORE PERSONALLY IDENTIFYING INFORMATION (PII)

I hereby grant permission for Child and Family Connections (CFC) to collect Personally Identifying Information (PII) related to my child and family. I understand this information will be stored electronically and in a hard copy case record. Early Intervention (EI) utilizes a data system called Cornerstone that collects a wide range of health care services to individuals. Those services include Women, Infants and Children (WIC); Immunizations; Case Management; Prenatal and Postpartum Care; Pediatric Primary Care; Early Intervention; Breast and Cervical Cancer, Diabetes Control; and Healthy Families Illinois. Cornerstone is maintained by the Department of Human Services (DHS) and the Illinois Department of Public Health (DPH). These DHS and DPH programs listed above using Cornerstone can know your child's participating in EI but cannot access detailed information regarding your child's services. Information may be released for audit and evaluation purposes. Necessary aggregate information, without any client's name, may be sent to federal agencies that fund these programs. The Cornerstone user with access to the system has a legal and ethical duty to keep the information confidential and private and not release it to anyone without your consent or unless required by law.

The detailed information collected will be used only for purposes permitted by the Individuals with Disabilities Education Act (IDEA) Part C EI Services Act which includes referrals, eligibility determination, service provision and claiming. My Service Coordinator, service providers and DHS and its designees, may see and discuss the information with each other for these purposes listed above.

I understand if I transfer to a new CFC office within Illinois, my information will be transferred to the new CFC office with no additional consent.

I am making this consent within the legal limits of my authority. I understand that I may withdraw my consent, in writing at any time, except to the extent that it has already been acted upon. I understand my refusal to grant permission or withdrawal permission will result in a discontinuation of participation in the EI program. To revoke my consent, I will contact my EI Service Coordinator.

I understand that my child's records are required to be maintained for a period of six years and will be automatically destroyed at the end of that period unless legal action is pending.

_____ I have received a copy of Notice of Confidentiality Practices

_____ I have not received a copy of Notice of Confidentiality Practices

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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

CHILD AND FAMILY CONNECTIONS

CONSENT TO USE PRIVATE INSURANCE FOR SPECIFIC SERVICE(S)

Child's Last Name, First Name & Middle Initial: _____

Child's Date of Birth (Month/Date/Year): _____

CBO/EI Number: _____

NOTICE TO USE PRIVATE INSURANCE:

1. As an Early Intervention (EI) family, you will not pay co-payments or deductibles related to your child's EI services. Illinois EI will not pay any premiums, nor will it be responsible for any increase in premiums or deductibles as a result of EI services. EI is not responsible for any loss of benefits of annual or lifetime health insurance coverage caps or discontinuation of benefits in your private insurance plan due to EI services. Please check with your private insurer to determine your health insurance coverage.
2. Illinois EI must obtain your consent to use private insurance initially, and each time there is an increase in the frequency, length, duration or intensity of services in your child's Individualized Family Service Plan (IFSP).
3. If insurance payments or Explanation of Benefits (EOB) are sent directly to me for EI services and/or assistive technology devices, I will forward these payments or EOBs directly to the providers.
4. If I possess/utilize a Tax Savings Plan such as a Health Savings Account or Health Reimbursement Account or any account utilizing pre-tax dollars for payment of medical services not otherwise paid by insurance, I understand I am required to provide my Service Coordinator with current information regarding any such account. Failure to disclose this information could result in lost funds from the accounts, which are not reimbursable by Early Intervention.
5. Early Intervention services, as specified in your child's IFSP, and to which you have consented, cannot be denied due to a parent's refusal to allow the use of private insurance.
6. If I have AllKids (excluding AllKids Premium Level 2 and above) and private insurance, I understand AllKids requires the use of private insurance as the primary insurance.
7. I understand I must provide current, up-to-date insurance coverage and benefit information to Child and Family Connections (CFC) staff and EI providers for the child listed above.
8. I understand I am responsible for providing assistance as needed in the prompt processing of any insurance claims including notification to providers if any claims are rejected by insurance.

CONSENT TO USE PRIVATE INSURANCE BY SPECIFIC SERVICE:

_____ I give my consent to the Illinois Department of Human Services, EI program to submit claims to my private insurance for the specified service of:

_____ Speech Therapy	_____ Speech Therapy Group
_____ Physical Therapy	_____ Physical Therapy Group
_____ Occupational Therapy	_____ Occupational Therapy Group
_____ Social Work Therapy	_____ Social Work Therapy Group
_____ Psychological Therapy	_____ Psychological Therapy Group
_____ Nutrition Therapy	_____ Assistive Technology (Durable Med Equip)
_____ Audiology	_____ Aural Rehabilitation (other related services)
_____ Health Consult	_____ Nursing
_____ Vision	_____ Other (list): _____

_____ I do not give my consent to the Illinois Department of Human Services, EI program to submit claims to my private insurance for the specified service of:

_____ Speech Therapy	_____ Speech Therapy Group
_____ Physical Therapy	_____ Physical Therapy Group
_____ Occupational Therapy	_____ Occupational Therapy Group
_____ Social Work Therapy	_____ Social Work Therapy Group
_____ Psychological Therapy	_____ Psychological Therapy Group
_____ Nutrition Therapy	_____ Assistive Technology (Durable Med Equip)
_____ Audiology	_____ Aural Rehabilitation (other related services)
_____ Health Consult	_____ Nursing
_____ Vision	_____ Other (list): _____

ACKNOWLEDGEMENT OF RECEIPT OF EI SYSTEM OF PAYMENTS AND FEES

_____ I have received a copy of the System of Payments and Fees.

_____ I have not received a copy of the System of Payments and Fees.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

Early Intervention to Early Childhood Transition Tracking Form Procedures

Section I

- Completed by the CFC Service Coordinator no later than 90 days prior to the child's third birthday. If the child is referred less than 45 days from their 3rd birthday, the service coordinator, with parental consent, will complete this form and send it to both the appropriate LEA as well as the EI Data Manager.
- List identifying information asked.
- Service Coordinator signs Section I.
- Service Coordinator (or person completing form) prints name and phone number.
- Service Coordinator makes a copy and gives to the CFC Program Manager.
- At the referral to LEA/School District OR at Transition meeting, CFC gives Tracking form to LEA/School District representative.
- The boxed area of Section I must be completed regardless of parent's decision to accept early childhood services.

Section II

- Completed by LEA/School District
- Upon the child's start into Early Childhood Special Education, other program, or parental refusal, school personnel completes the form and returns to the CFC Program Manager within 20 calendar days after child's third birthday. This information must also be entered into the ISBE Student Information System (SIS) if the child enrolls in the district.
- If eligibility was not determined within the 20 calendar days, but is determined at a later date, the LEA/School District Representative must complete and send a new or revised form to the CFC.
- LEAs/School Districts must ensure that they are not responsible for a delay in special education eligibility being determined.
- Person who completes form prints name, title and phone number.
- LEA/School District enters the date the form was received. If CFC did not initiate the form, the LEA/School District should complete a new form and indicate date the LEA/School District initiated the form.

Other Important Reminders:

- **Screenings:** Screenings are not required and cannot delay the process of Transition.
- **Transition Planning Conference:** Enter the actual date the Transition Planning Conference occurs.
- **Special Education Eligibility:** Enter the date that Special Education Eligibility was determined.
- **Parent Declined:** Complete if child is eligible but parent declines special services and indicate reason parent declined services, listing specific services that were declined.
- **No Show by Family:** Check to indicate parent did not show for scheduled meeting and identify attempts made to reschedule on the form.
- **Unable to Contact Family:** Check to indicate if unable to contact family and identify attempts made to contact the family on the form.
- **Transition Delayed:** Indicate Yes or No and; if yes, identify reason
- **IEP Completed Date:** Enter the date the IEP was completed and signed.
- **Services Begin Date:** Enter date the services began. If services did not start on third birthday, state reason.

CFC Activities/DHS Activities

CFC Program Manager will match initial copies to forms received from LEA/School District. If the form is not received from the LEA/School District within 20 calendar days past the child's birthday, a telephone call will be made to the LEA/School District to determine status.

DHS designated entity will keep statistical information regarding each child's 3-5 year placement and provide information as requested to LEA/School District. DHS and ISBE use this data to report to the Federal Office of Special Education Programs (OSEP).

Early Intervention to Early Childhood Tracking Form

Section I: To be completed by the CFC for each child and forwarded to LEA (regardless of parent's decision to accept or decline this referral).			
School District Name: _____		Date EI to EC Tracking Form Sent to LEA: ____ / ____ / ____	
Child's Name: _____		Parent/Guardian Name: _____ Phone #: _____	
Address: _____		City: _____ State: _____ Zip Code: _____	
Child's DOB: ____ / ____ / ____		Child's EI #: _____ CFC #: _____ Date Referred to CFC: ____ / ____ / ____	
Service Coordinator Name: _____		Phone #: _____ Fax #: _____	
Parent Declined Transition? ____ Yes ____ No		If Parent did not decline, Date Transition Packet Sent to LEA: ____ / ____ / ____	
If yes, Date Parent Declined: ____ / ____ / ____		Date LEA / EI Transition Planning Conference held: ____ / ____ / ____	
Section I Completed By: _____		Title: <u>Service Coordinator</u> Phone #: _____	

Section II: To be completed by the LEA/School District, then returned/forwarded to the CFC.	
Referred by CFC? ____ Yes ____ No <div style="display: inline-block; width: 40%; text-align: center;"> If Yes, Date tracking form received by LEA from CFC: ____ / ____ / ____ </div> <div style="display: inline-block; width: 40%; text-align: center;"> If No, Date LEA initiated tracking form: ____ / ____ / ____ </div>	
Date Special Education eligibility determined: ____ / ____ / ____ <div style="display: inline-block; width: 40%; text-align: center;"> OR Parent No Show ____ Unable to Contact ____ </div>	If No Show or Unable to Contact, list attempts: _____
IEP Completion Date: ____ / ____ / ____ IEP Services Begin Date: ____ / ____ / ____	If IEP Services did not start on child's third birthday, list why: _____
Parent Declined LEA Services: ____ Yes ____ No If Yes, Date Parent Declined: ____ / ____ / ____	If Yes, List Reason Parent Declined: _____
Transition Delayed: ____ Yes ____ No If yes, indicate reason for delay by checking one of the below: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> ____ Parent failure/refusal to produce child ____ School district delay ____ EI sends referral after child is 2.9 years of age but child in EI prior to 2.9 </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> ____ EI received child after he/she is 2.9 years of age ____ Child enrolled in district after consent was given in another district but before eligibility determination </div>	
Section II Completed By: _____ Title: _____ Phone #: _____	

LEA: Return to local CFC Office within 20 days after the child's third birthday by fax and enter information into SIS if the child enrolls in the district.

Under the provisions of the Illinois Mental Health and Development Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

R07/01/12

CHILD AND FAMILY CONNECTIONS FAMILY PARTICIPATION FEE CREDIT REQUEST

Date Submitted to DHS: _____

Submitted by CFC #: _____

Service Coordinator's Name _____

Service Coordinator's Phone Number/ Extension _____

Child's Name (First, Middle Initial, Last) _____

EI # _____

Date of Birth (Month/Day/Year) _____

Calendar Month(s) being requested for Credit: _____

Reason family fee credit is being requested: _____

Steps taken by CFC to correct problem: _____

Action Taken <i>*FOR DHS USE, ONLY*</i>
--

☐ **Attach Current Family Fee Report (REQUIRED)** showing changes in income, household size, etc.

☐ Attach documentation to support family fee (if applicable, i.e., family contacts regarding incorrect IFSP end date, provider contact notes, AllKids card, etc.

PLEASE FAX COMPLETE PACKET TO: DHS FAMILY FEE COORDINATOR AT 217/524-6248

CHILD AND FAMILY CONNECTIONS FAMILY PARTICIPATION FEE EXEMPTION REQUEST

Child's Last Name, First Name & Middle Initial _____

Child's Date of Birth (Month/Day/Year) _____ CBO/EI # _____

Parent/Guardian's First & Last Name _____

You may request exemption from participation fees if your out-of-pocket extraordinary medical expenses or losses due to disaster such as fire, flood or tornado which meet or exceed 15% of your gross income. A decision will be made within ten (10) business days of the Bureau of Early Intervention receiving your request from Child and Family Connections.

Check type of exemption requested:

- _____ 1) Exemption due to out of pocket medical expenses, which meet or exceed of 15% of gross income, paid during past 12 months and/or currently owed.
- _____ 2) Exemption due to out of pocket expenses, which meet or exceed of 15% of gross income, due to disaster such as fire, flood or tornado, paid during past 12 months and/or currently owed.

Attach documentation:

A. REQUIRED--Copy of computer generated Cornerstone Family Fee Report showing the family's annual fee amount.

B. REQUIRED--Itemized list of medical expenses or disaster losses paid by the family during past 12 months or currently owed, which total, which meet or exceed 15% of the family's annual gross income, AND, for each item listed, copies of paid receipts or invoices showing patient portion currently owed. TIP: Start with largest expenses and stop itemizing when you meet 15%.

C. OPTIONAL—In addition to A and B, other documentation the family believes necessary to prove they should receive exemption from fees, including statement of why they want the additional information considered.

PARENT/GUARDIAN CERTIFICATION:

I certify this information is correct to the best of my knowledge.

PARENT OR GUARDIAN SIGNATURE _____

MAILING ADDRESS _____

CITY, STATE & ZIP CODE _____

DATE SIGNED _____

****CFC MUST SUBMIT FORM AND ATTACHMENTS**

**TO FAMILY FEE COORDINATOR AT THE DEPARTMENT OF HUMAN SERVICES, EARLY INTERVENTION PROGRAM
FOR DECISION****

Sign below to certify documentation has been reviewed for completeness and accuracy. CFC #: _____

Program Manager Signature

Date

Service Coordinator Signature

Date

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

Illinois Early Intervention Services System Family Participation Fees Program Fact Sheet

Family Participation Fees:

Family Participation Fees are payments made by families for Early Intervention (EI) services that are subject to fees. Not all EI services are subject to fees. Direct services, like Physical Therapy, Developmental Therapy, or Speech Therapy are subject to fees. Other services such as Service Coordination, Evaluations, Assessments and Individualized Family Service Plan (IFSP) Development are not subject to fees. You can find a detailed list of services subject to fees in the Early Intervention Cornerstone Family Fee Report you receive from your service coordinator.

Requirement for Households paying Family Participation Fees:

The Early Intervention Program requires that able families help pay for their child and family's EI services. Families who are receiving AllKids (Excluding Premium Level 2 – 8), WIC, or whose income is at or below 185% of the federal poverty level are not required to pay a fee.

Comparison of free services provided by the school district:

The Free Appropriate Public Education (FAPE) requirement does not apply to Early Intervention. The Individuals with Disabilities Education Act (IDEA) says that EI services must be "provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees," (Section 632 (B)). 325 ILCS 20/ Early Intervention Services System Act is the state statute that allows a sliding scale payment system.

Calculation of amount of Family Participation Fees:

The fee assessment first calculates how much your family is able to pay over the course of one year and then breaks that down into a more convenient monthly amount called the Level Payment Amount. Fees are redetermined annually. Fees are calculated using your family size (for tax reporting purposes), your annual gross income (for tax reporting purposes) and considers any excessive out-of-pocket medical/disaster expenses. You can estimate your fee amount using the following table. When families choose not to disclose to EI, the family agrees to accept the highest family monthly installment while active in EI. This table is updated annually based on the Federal Poverty Levels.

FY 2013 FEE CALCULATION (Effective July 1, 2012)									
<i>Find column where family size and gross income meet to determine child's monthly fee installment:</i>									
Family Size	\$0 / Month Installment	\$10 / Month Installment	\$20 / Month Installment	\$30 / Month Installment	\$50 / Month Installment	\$70 / Month Installment	\$100 / Month Installment	\$150 / Month Installment	\$200 / Month Installment
	0-185% FPL	> 185-200% FPL	> 200-250% FPL	> 250-300% FPL	> 300-350% FPL	> 350-400% FPL	> 400-500% FPL	> 500-600% FPL	> 600% FPL
2	\$0 – 27,991	\$27,992 – 30,260	\$30,261 – 37,825	\$37,826 – 45,390	\$45,391 – 52,955	\$52,956 – 60,520	\$60,521 – 75,650	\$75,651 – 90,780	Above \$90,780
3	\$0 – 35,317	\$35,318 – 38,180	\$38,181 – 47,725	\$47,726 – 57,270	\$57,271 – 66,815	\$66,816 – 76,360	\$76,361 – 95,450	\$95,451 – 114,540	Above \$114,540
4	\$0 – 42,643	\$42,644 – 46,100	\$46,101 – 57,625	\$57,626 – 69,150	\$69,151 – 80,675	\$80,676 – 92,200	\$92,201 – 115,250	\$115,251 – 138,300	Above \$138,300
5	\$0 – 49,969	\$49,970 – 54,020	\$54,021 – 67,525	\$67,526 – 81,030	\$81,031 – 94,535	\$94,536 – 108,040	\$108,041 – 135,050	\$135,051 – 162,060	Above \$162,060
6	\$0 – 57,295	\$57,296 – 61,940	\$61,941 – 77,425	\$77,426 – 92,910	\$92,911 – 108,395	\$108,396 – 123,880	\$123,881 – 154,850	\$154,851 – 185,820	Above \$185,820
7	\$0 – 64,621	\$64,622 – 69,860	\$69,861 – 87,325	\$87,326 – 104,790	\$107,791 – 122,255	\$122,256 – 139,720	\$139,721 – 174,650	\$174,651 – 209,580	Above \$209,580
8	\$0 – 71,947	\$71,948 – 77,780	\$77,781 – 97,225	\$97,226 – 116,670	\$116,671 – 136,115	\$136,116 – 155,560	\$155,561 – 194,450	\$194,451 – 233,340	Above \$233,340
For family sizes above 8, add the following to above income ranges for each additional family member:									
1	\$0 – 7,326	\$7,327 – 7,920	\$7,921 – 9,900	\$9,901 – 11,880	\$11,881 – 13,860	\$13,861 – 15,840	\$15,841 – 19,800	\$19,801 – 23,760	Above \$23,760

**** Based on FFY 2012 Federal Poverty Level Guidelines. This table is updated annually.**

Illinois Early Intervention Services System Family Participation Fees Program Fact Sheet

The Level Monthly Payment Amount begins when your family's services subject to fees are authorized to begin and ending when your family's IFSP ends. This period, called the **Family Fee Effective Period**, is listed on your Early Intervention Cornerstone Family Fee Report.

Your maximum out-of-pocket Family Fee (listed on your Early Intervention Cornerstone Family Fee Report) is calculated based on your Family Fee Effective Period. The monthly level payment amount is sent each month to any family who qualifies for a Family Fee. The monthly level payment amount accrues the first month that one or more of your Authorizations for services subject to fees begins on or before the 15th of the month. You will receive a bill (invoice) for each month your family is active in Early Intervention through the month your IFSP ends on or after the 16th of the month.

Required financial documentation used to determine the Family Participation Fee amount:

You will be asked to provide your family's most recent Federal Income Tax form(s) in order to document gross annual income. If a recent Federal Income Tax form does not accurately reflect your annual gross income or is not available, two recent consecutive check stubs may be used.

If your child is covered by Medicaid/AllKids or WIC, you will be asked to provide a copy of his/her current Medicaid/KidCare Recipient Card or WIC Identification Card. In addition, you will be asked to provide a verbal indication of your annual gross income.

Family Participation Fee household calculation:

One Family Fee is assessed per family, even if more than one child is enrolled in the Early Intervention Program. Neither your maximum-out-of-pocket nor your monthly level payments will increase due to multiple children entering/receiving Early Intervention at the same time because the Family Participation Fee is based strictly on household size and income when you entered, not how many children participate in the program.

Affording Family Participation Fees during changes or extenuating circumstances:

The Illinois EI definition of ability to pay is comparing household size and taxable reported income to the Federal Poverty Level on a sliding scale and considers out-of-pocket medical/disaster expenses. A family meets the definition of ability to pay if the family falls within the scale and does not have proven out-of-pocket medical (allowable as IRS deductions) or disaster (fire, flood or act of nature) expenses in excess of 15% of the reported income. If a family does not meet the state's definition of "ability to pay", the family must be provided all EI IFSP approved and consented services at no cost without delay.

You may request that your family fee be re-assessed at any time if your income or family size changes. You may also request exemption from fees if current medical expenses or other expenses due to natural disaster such as fire, flood or tornado as defined above exceed 15% of your gross annual income.

Changes to your family's fee may only be applied prospectively. This means that the portion of your fee that has accrued up to the time you request a re-assessment or exemption cannot be changed in the system. Therefore, it is important that you notify your Service Coordinator as quickly as possible when a re-assessment or exemption is needed.

You must request a re-assessment or exemption through your Service Coordinator. You must follow the policies and procedures of requesting a Family Fee Exemption. This includes steps such as signing an Exemption Request form and providing documentation of the expenses. If approved, the Exemption begins when the Department of Human Services Bureau of Early Intervention receives the signed form from the Service Coordinator.

Illinois Early Intervention Services System Family Participation Fees Program Fact Sheet

Family Fee Statements

If your family has been assessed a fee, you will receive a monthly invoice, like the one below, from the Early Intervention Central Billing Office (CBO).

Family Fee Invoices are mailed during the first week of every month. Payments are due to the State on the date shown on the Invoice. Families with more than one child in EI should receive one Family Fee Invoice. If your family has more than one child in EI and is receiving more than one invoice, contact your Service Coordinator and notify him/her of the problem.



**Early Intervention
Central Billing Office**
P. O. Box 88726
Chicago, IL 60680-1726
(800)634-8540

Family Fee Invoice

Statement Date: 10/01/10

Payment Due Date: 10/25/10

Please allow 7-10 days for the payment to be credited to your account.

Parent Testcase
123 Any Street
Anytown, IL 99999

EI Child Name: Johnny Testcase
& siblings
EI Number: 111111
EI Account Number: 000111111/01
IFSP Dates: 07/15/10 – 07/14/11
Invoice Number: CB220168

- It is your responsibility to contact your Service Coordinator if you have any change in name/address or questions.
- Acceptable payment methods include check or money order made payable to the Illinois Department of Human Services. Do Not Send Cash.
- Keep this top portion for your records. Please carefully detach the remittance stub form below and return it with your payment in the enclosed envelope.
- Please refer to the back of this document for important information regarding Family Fee policy.
- If your family begins a second or third IFSP, you may receive multiple statements simultaneously, indicated by different suffix on account number.

Summary of Account Activity

Monthly Level Payment	\$ 100.00
CBO Payments to Date for Services Subject to Fees	\$ 422.64
Family Payments to Date towards Maximum Out Of Pocket	\$ 300.00
Total Adjustments/Credits for current IFSP	\$ 0.00
Amount and Date of most recent payment	\$ 100.00 09/22/10
Minimum Due	\$ 100.00

Key Term Definitions:

Monthly Level Payment: Amount calculated by taking Maximum and dividing by number of months in IFSP for easier budgeting purposes.

CBO Payments to Date for Services Subject to Fees: Total amount EI has paid since beginning of IFSP.

Family Payments to Date towards Maximum Out of Pocket: Total amount you have paid towards the Maximum for the current IFSP.

Total Adjustments/Credits for current IFSP: Amount of any credits approved based on policy.

Minimum Due: Amount calculated your family must pay immediately to avoid delinquency and potential lapse in services. This amount is calculated using the Monthly Level Payment multiplied by the number of months that have passed within the current IFSP.



**Early Intervention
Central Billing Office**
P. O. Box 88726
Chicago, IL 60680-1726
(800)634-8540

Parent Testcase
123 Anystreet
Anytown, IL 99999

EI Child Name	Johnny Testcase
EI Child #	111111
Account Number	000111111/01
Invoice Number	CB220168
Date Due	10/25/10
Minimum Due	\$100.00
Enter Amount Paid	\$

- Please allow 7 – 10 days for the payment to be credited to your account.
- If your family begins a second or third IFSP, you may receive multiple statements simultaneously. Please note the different suffix on the account number for proper credit to your accounts.

Illinois Early Intervention Services System Family Participation Fees Program Fact Sheet

Understanding Your Family Fee Invoice

These definitions may help you understand your Family Fee Invoice. You may refer to the Sample Family Fee Invoice (see page 3) to see how these items are arranged on the Invoice.

- **Monthly Level Payment:** The Maximum Out Of Pocket (from your Cornerstone Family Fee Report) broken down into monthly installment amounts. This level payment assists families in budgeting their Early Intervention expenses.
- **CBO Payments to Date for Services Subject to Fees:** This is the total amount accumulated from the beginning of the affected IFSP. It is strictly an amount to determine if any Minimum Due is owed by your family. You will accrue a monthly level payment each month but only owe a Minimum Due if CBO pays any direct services for your child(ren)/family.
- **Family Payments to Date towards Maximum Out Of Pocket:** This is the total amount accumulated from the beginning of the affected IFSP that your family has sent to Early Intervention.
- **Total Adjustments/Credits for current IFSP:** This is any amount Early Intervention determines your family was incorrectly charged. This may be credits issued because your family fee maximum out of pocket was decreased due to changes of household size/income or credits issued because your services ended prior to the end of the IFSP but the case was not correctly closed in the system.
- **Amount and Date of most recent payment:** The amount and date of when Early Intervention received your most recent payment.
- **Minimum Payment:** This amount is calculated by taking the amount paid by Early Intervention during the IFSP period for the family's services subject to fees, minus the family payments to date based on the monthly level payment amount, whichever is less. **NOTE: You will not be required to pay more in fees than the State pays for your family's services subject to fees.**

Payment Options

Determining monthly payment amounts:

You will be required to pay at least the Minimum Payment amount listed on your family's fee invoice. However, if the amount Early Intervention paid for services is less than your Current IFSP Maximum Out Of Pocket, you have two payment options. You may choose to either:

1. Pay the Monthly Level Payment amount as indicated (this is the recommended payment option because it is the only way to make sure that your minimum due is never higher than the level payment amount); or
2. Pay the Minimum Payment amount as indicated on your fee invoice.

The Minimum Payment amount is based on how much the State has paid your EI service provider(s) for services subject to fees. This amount may vary by month because providers have up to 9 months from the date of service or last written correspondence with the insurance company to bill for EI services. This means that the State may not pay anything for your family's services subject to fees for several months.

Later, when your provider starts submitting claims to Early Intervention, Early Intervention will begin making payments which does affect your Family Fee.

If you do not pay the Monthly Level Payment amount, and instead wait to pay until Early Intervention incurs some expense on behalf of your family, you may be required to pay an amount much higher than the level payment plan would have required. For this reason, families are usually encouraged to select the level payment plan by paying their Monthly Level Payment every month.

Illinois Early Intervention Services System Family Participation Fees Program Fact Sheet

Utilizing private health insurance to reduce costs to the Early Intervention program:

Only EI services subject to fees that are paid for by the State are used to calculate the Minimum Payment amount. This means that you will not be charged for EI services subject to fees that are paid for by your private insurance.

Delinquency and Reconciliation

Skiping Family Participation Fee Payments:

If a Minimum Payment amount becomes equal to three or more Monthly Level Payment amounts overdue, EI services subject to fees, including Assistive Technology devices, will be discontinued with written prior notice to you. Services not subject to fees may continue. As indicated to you in the booklet you received titled "State of Illinois, Infant/Toddler & Family Rights Under IDEA For The Early Intervention System" your family has the right to appeal this decision. If your family does appeal by following the provisions within the Family Rights booklet, certain services may continue during the appeal process.

Overpaying Family Participation Fees:

Nine months after the IFSP has ended (or earlier if possible), the State will verify that you have not paid more in fees than the State has paid for your services subject to fees. This is called *reconciliation*, or *reconciling* your account. If you have overpaid and one or more children remain in the EI Program, your current account will be credited any amount overpaid in previous accounts. If you do not have any other children in the EI Program, your overpayment will be refunded.

Early Intervention will not automatically refund an overpayment before your account has completed the reconciliation period. There is a potential to receive the refund earlier if all criteria is met. You must request an early refund by contacting your Service Coordinator. In order to allow an early refund, Early Intervention must obtain written documentation from your EI service provider(s) verifying that they have been paid in full and will not be billing the State for any other authorized EI services. There is not a requirement of the service provider to comply with such a request so the policy of the reconciliation process is the primary way of refunding any overpayment.

Understanding Your Rights

Disagreement with Family Participation Fee calculations:

If you do not agree with the fee your family has been assessed, you have the right to dispute the assessment. The booklet titled, State of Illinois: Infant/Toddler and Family Rights Under IDEA for the Early Intervention System has information about filing an individual child complaint. Complaints must be submitted in writing to the Department of Human Services no more than 30 days after you receive your family's Early Intervention Family Fee Report that tells you your fee amount.

More Information

If you have questions about your fee statement, you may contact the Early Intervention Central Billing Office at 800/634-8540.

If your income and/or family size has changed and you wish to request a re-assessment of your family fee or you are experiencing excessive medical or disaster expenses and wish to request a fee exemption, you must contact your Service Coordinator immediately. As explained on the Early Intervention Cornerstone Family Fee Report, changes are only made on future monthly installments. The system has no way of making changes for past months.

If you would like more information about the Early Intervention Program, you may visit the DHS Early Intervention website at www.dhs.state.il.us/ei/.

ILLINOIS EARLY INTERVENTION SERVICES SYSTEM FAMILY PARTICIPATION FEES PAYMENT AGREEMENT
--

Financially Responsible Adult (FRA) Information
--

FRA Name:

FRA Address: (street, city, state, zip code):

FRA Phone Number:

Child's Name:

Child's Date of Birth:

Child's EI Number:

Service Coordinator's Name:

CFC Number:

This Family Participation Fees Payment Agreement is between the Financially Responsible Adult (FRA) and the Illinois Department of Human Services Early Intervention Program. I understand that Early Intervention has a Family Fee component. On the date of _____, I received the Family Participation Fees Program Fact Sheet and received a verbal explanation of the family fee component from the Service Coordinator. As the FRA for the child named above, I understand that I will be responsible for paying the family fee for Early Intervention Services Subject to Fees as outlined on my Family Fee Report provided by the Service Coordinator from the system.

I certify that I am responsible for reviewing the information on my Family Fee Report for accuracy and that I am responsible to report any changes immediately. I understand if I report changes that I will receive an updated Family Fee report to indicate these changes and will be responsible for the newly calculated Family Participation Fee amount even if it changes. If I have not received an updated report, I will contact the Service Coordinator and/or the Program Manager.

I also acknowledge I received the *State of Illinois: Infant/Toddler and Family Rights Under IDEA for the Early Intervention System* booklet and understand that it outlines my rights and administrative resolution or mediation in the event I do not agree with the fee assessment. These rights have been explained to me and I understand them.

Financially Responsible Adult (Printed): _____

Financially Responsible Adult (Signature): _____

Date: _____

Service Coordinator (Printed): _____

Service Coordinator (Signature): _____

Date: _____

Original: Master File
Copy: Family

GUIDELINES/WORKSHEET
DEVELOPMENTAL JUSTIFICATION OF NEED TO CHANGE FREQUENCY, INTENSITY OR
LOCATION OF AUTHORIZED SERVICES
(Effective Date 09/01/09, Revised 07/01/12)

In order to ensure that all providers and service coordinators are in compliance with 303.421 of Part C of IDEA, are addressing the “Principles of Early Intervention” and other important policies, rules, regulations and guidelines that EI is required to function under, all providers are required to submit a Written Developmental Justification of Need to Change Frequency, Intensity or Location of Authorized Services to the Service Coordinator for any changes that are requested to existing authorizations for the time period between annual IFSP meetings. This also includes changes that are made at the six month review.

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

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

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

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

1. Early Intervention is Part C of the “Individuals with Disabilities Education Act” and is a developmental program. Services are authorized based upon the development of functional outcomes that focus on child development and family training, education and support and must address a child’s developmental needs rather than a child’s medical needs;
2. At the IFSP meeting, family centered functional outcomes must be written prior to the determination of service delivery decisions, which would include frequency, intensity and duration of authorizations (see definition of functional outcomes);
3. Functional outcomes must be based upon the “Principals of Early Intervention” which are found on page one of the Service Description, Billing Codes and Rates document;
4. Part C requires states to provide services in “Natural Environments”. Under Section 303.18 of Part C, Natural Environments is defined as “settings that are natural or normal for the child’s age peers who have no disabilities”. The Office of Special Education Programs (OSEP)

has had a longstanding interpretation of the Individuals with Disabilities Education Act (IDEA) that early intervention services must be provided in a natural environment, unless a written justification exists for providing these services in other settings. Effective July 1, 2005 all Service Coordinators and providers were required to use the "Natural Environment Justification Worksheet" at the IFSP meeting to justify all services that would not be provided in a child's most natural learning environments. (See Attachment 2 for Natural Environments Requirements/Worksheet and definition of Natural Environments in definition section). Service Coordinators will not authorize services in a non-natural environment without first completing the Natural Environment Justification Worksheet at the IFSP meeting.

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

- Require that all members of the multidisciplinary team who attended the meeting sign the *Child and Family Connections Justification to Change Frequency/Intensity/Location* form. By signing this form the provider is acknowledging that he/she participated in the IFSP review meeting and agrees that a change from the originally recommended frequency, intensity and/or location is needed and that the change is in the best interest of the child.
- If a provider attends the IFSP review meeting via a phone call, the Service Coordinator will print that providers name on the form and put their (Service Coordinator's) initials next to the provider's name. This will verify that the provider attended the meeting via a phone call.
- If a change in location from the natural environment was made, attach the Natural Environment Worksheet that was completed at the IFSP review meeting to the "Child and Family Connections Justification to Change Frequency/Intensity/Location" form at the completion of the meeting.
- Attach the written *Developmental Justification of Need* that was submitted by the provider who requested the change to the "Child and Family Connections Justification to Change Frequency/Intensity/Location" form at the completion of the IFSP review meeting.
- Discontinue the existing authorization(s) and generate a new authorization that reflects the recommended change(s).

CHILD AND FAMILY CONNECTIONS JUSTIFICATION TO CHANGE FREQUENCY / INTENSITY

Date of IFSP Review: _____ Child's Name (Last, First): _____

Child's EI #: _____ Child's Date of Birth: _____ CFC Office #: _____

Service Type: _____ Service Location: _____

Original Intensity: _____ Original Frequency: _____

Revised Intensity: _____ Revised Frequency: _____

IFSP Team Summary of Justification: _____

(Attach required written justification from provider who made change request)

We, the undersigned members of the Individualized Family Service Plan (IFSP) for the child stated above, participated and agree that a change from the originally recommended intensity and/or frequency is needed and it is in the best interest of the child.

Parent / Caregiver Date

Provider / Discipline Date

Service Coordinator Date

Provider / Discipline Date

Provider / Discipline Date

Provider / Discipline Date

Provider / Discipline Date

Provider / Discipline Date

CFC Program Manger acknowledges that SC held IFSP change Meeting and that Provider written justification for change is attached:

CFC Program Manager Date

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

EI PROVIDERS: IFSP CHANGE JUSTIFICATION WORKSHEET FOR DEVELOPMENT OF THE WRITTEN DEVELOPMENTAL JUSTIFICATION OF NEED TO CHANGE FREQUENCY, INTENSITY OR LOCATION OF AUTHORIZED SERVICES

Section 1: General Information (required for all changes)

Name of Provider Requesting Change	Discipline of Provider Requesting Change	
Name of Child's Service Coordinator	Child's Name	EI #

Section 2: Current IFSP/Authorization Information (required for all changes)

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

Functional Outcome That Supports Current Authorization:
Current Progress Toward That Outcome:

Section 3: Change Requested (required for all changes)

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

Section 4: Written Developmental Justification to Change Existing Authorization:

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

Principles of Early Intervention & Definition of Functional Outcomes & Written Home Activity Program	Information Required to Justify This Principle	Written Justification
1) Principle #1 - The primary goal of EI is to support families in promoting their child's optimal development and facilitate the child's participation in family and community activities.	Explain how the proposed change will increase this family's knowledge of child development and help to facilitate the child's participation in this family's daily routines and community activities?	
2) Principle #2 - The focus of EI is to encourage the active participation of families in the therapeutic process by imbedding intervention strategies into family routines. It is the parents who provide the real Early Intervention by creatively adapting their child care methods to facilitate the development of their child, while balancing the needs of the rest of their family.	What types of family training, education and support have you provided to this family to encourage their active participation in their child's services? What types of developmental strategies have been imbedded into this family's daily routines?	
3) Principle #3 - EI requires a collaborative relationship between families and providers, with equal participation by all those involved in the process. An on-going parent-professional dialogue is needed to develop, implement, monitor and modify therapeutic activities.	Does this family (parent/caregiver) routinely participate in the therapeutic activities as an equal participant? If so, do they participate hands on, observation only, or both? If the family does not actively participate, document the strategies that you have used to encourage active participation. If you have not encouraged active participation in the past, document how you will proceed to work with this family (parent/caregiver) to facilitate participation in all future therapeutic activities. Document the type of existing on-going parent/professional dialogue that you have with this family to determine when therapeutic activities/developmental strategies that have been incorporated into this family's daily routines need to be modified. If you do not currently have on-going parent/professional dialogue with the family, document how you will proceed to work with this family (parent/caregiver) to develop therapeutic activities/developmental strategies to incorporate into this family's daily routines.	
4) Principle #4 - Intervention must be linked to specific outcomes that are family-centered, functional and measurable. Intervention strategies should focus on facilitating social interaction, exploration and autonomy. Definition of Functional Outcomes – Family centered outcomes that are written by the IFSP team and the family based upon the family's identified priorities and concerns. Family centered functional outcomes are designed to encourage children to participate in the	Based upon the Principles of Early Intervention and the definition of Functional Outcomes, are the current functional outcome/intervention services considered to be family-centered and do they focus on facilitating social interaction, exploration and autonomy for the child/family? If so, has the current outcome been met? If the current outcome has been met, or is not in compliance	

Principles of Early Intervention & Definition of Functional Outcomes & Written Home Activity Program	Information Required to Justify This Principle	Written Justification
<p>same types of family and community activities as other children their age. In order for this to occur the IFSP team needs to be aware of the family's routines and the community activities that the family engages in. This will allow the team to consider daily routines and a variety of natural settings for intervention strategies to be implemented once the outcomes are developed. Family participation is the key to intervention and families are more likely to participate when the outcomes are meaningful to them and can be worked on throughout their everyday routines and activities. Functional Outcomes should be written to address areas of family concern rather than focusing on specific professional disciplines or therapies. The outcome must be related to a necessary skill and should state a process and a product. Functional outcomes are developed at the child's IFSP meeting.</p> <p>Family centered functional outcomes drive the decision making process to determine what EI services a child and family will receive. Service delivery decisions are not based on a child's medical diagnosis or percentage of delay, but rather on the child and family's unique strengths, needs, concerns and priorities that led to the development of each individualized family centered outcome. All outcomes must be functional and meaningful to the child and family. Family centered functional outcomes must be written prior to the determination of service delivery decisions, which would include disciplines to provide services and frequency, intensity and duration of services identified on authorizations. All recommendations for services must be based upon the "Principles of Early Intervention".</p>	<p>with the definition of "Functional Outcomes", would it be more appropriate to develop a new functional outcome rather than to increase the frequency/intensity of services or to change the location of services?</p> <p>If it is determined that a new functional outcome would not be more appropriate, please explain why an increase in frequency or intensity or a change in location of services would be more appropriate.</p> <p>If this request is to decrease services or discharge the child, please document the progress that this child has made and why intervention services should be decreased or why services are no longer required.</p>	
<p>5) Principle #5 - Intervention shall be integrated into a comprehensive plan that encourages transdisciplinary activities and avoids unnecessary duplication of services. The plan shall be built around family routines, with written home activity programs to encourage family participation in therapeutic activities on a daily basis.</p> <p>Definition of Written Home Activity Program - A written home activity program is a document that is written in the home or other place of service, with the input of the parent/caregiver during a direct service session. It should identify developmental strategies to meet functional outcomes that are important to the family and that support the family in developing or refining their ability to facilitate their child's active involvement in his or her community and family.</p>	<p>Will the proposed increase in frequency or intensity or change in location be a duplication of services that the child is currently receiving?</p> <p>Is there an existing home activity program in place that you developed with the parent/caregiver?</p> <p>If so, was the existing program built around family routines and does it encourage family participation in therapeutic activities on a daily basis?</p> <p>Have the family and other members of the child's IFSP team implemented that program?</p>	

Principles of Early Intervention & Definition of Functional Outcomes & Written Home Activity Program	Information Required to Justify This Principle	Written Justification
<p>This document should be shared with all members of the IFSP service team</p> <p>and the parent/caregiver. Time to create a written home activity program with the parent/caregiver is considered to be family training, education and support time that is billable as direct service time only.</p>	<p>Would a change to the existing home activity program be more appropriate rather than an increase in frequency/intensity or change in location?</p> <p>If an increase in frequency/intensity or a change in location is still required, explain how the recommended increase or change will impact/change the existing home activity program that is currently in place.</p>	
<p>6) Principle #6 - Intervention should be monitored periodically to assure that the strategies implemented are successful in achieving outcomes.</p>	<p>Explain how you will work with this family/caregiver to monitor and make changes to the “written home activity program” when needed.</p> <p>NOTE: Please refer back to Principle #3.</p>	

INDIVIDUALIZED FAMILY SERVICE PLAN MEETING ATTENDANCE WAIVER FOR AUDIOLOGISTS

Please print or type the following information:

Audiologist Name: _____

Agency, if applicable: _____

Child's Name: _____
Last Name First Name Middle Initial

I understand that by completing and signing this form I am certifying that the test results of the audiological evaluation that I completed were obtained within the normal range in at least one/both ears and that I have chosen not to attend the initial IFSP meeting for this child.

I also certify that I have submitted my evaluation report on the statewide evaluation format within the required timeframe (within 14 days of receipt of the request to perform the evaluation/assessment) to the Child and Family Connections office that is responsible for ensuring that this child receives all Early Intervention services that may be identified as a need.

AUDIOLOGIST CERTIFICATION.

I certify this information is correct to the best of my knowledge.

AUDIOLOGIST SIGNATURE _____

DATE SIGNED _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

CHILD & FAMILY CONNECTIONS **INTAKE/SOCIAL HISTORY SUMMARY SHEET**

Child's Last Name, First Name & Middle Initial: _____

Child's Date of Birth (Month/Date/Year): _____ Date of Intake: _____

Chronological Age (CA): _____ Months _____ Days Adjusted Age (AA): _____ Months _____ Days

CFC #: _____ Name of Service Coordinator: _____

Name of Person Completing Intake: _____

I. REFERRAL INFORMATION REVIEW

Review the reasons(s) for referral with the family member(s): Does the family agree or disagree?
Summarize discussion below:

II. OTHER PERSONS RESIDING IN HOUSEHOLD WITH CHILD

Please list all members of child's immediate family and other persons living in the same household and provide the information requested below (also enter this in PA16 in Cornerstone):

Family Member Name	Relationship	Date of Birth	Occupation- Place of Employment/ Grade in School	Other Comments
	Mother			
	Father			

Are the child's mother and father married? _____ Yes _____ No

If no, please explain the arrangements if any for both parents involvement.

Is there a history of medical or developmental problems in either the mother or father's side of the family that may be important for us to know with respect to your child?

Yes No

If yes, please explain.

III. PRIMARY MEDICAL CARE

Primary Care Physician:	
<i>Physician's Name</i>	<i>Phone #</i>
<i>Specialty Physician</i>	<i>Phone #</i>
Reason to see specialist and results of visit:	
<i>Specialty Physician</i>	<i>Phone #</i>
Reason to see specialist and results of visit:	
<i>Specialty Physician</i>	<i>Phone #</i>
Reason to see specialist and results of visit:	
<i>Specialty Physician</i>	<i>Phone #</i>

IV. HEALTH HISTORY SINCE BIRTH

How has your child's health been since birth? (include discussion of illnesses, hospitalizations, long-term medications, etc.)	
Prescribed Medications:	Reason Taken:
Adaptive Equipment:	Reason Needed:

V. SCREENING & ASSESSMENT HISTORY

Please list dates of previous screening, assessments or other tests (including birth and developmental screening, vision and hearing, etc):			
<i>Date</i>	<i>Test Administered</i>	<i>By Whom?</i>	<i>Results/Comments</i>
	<i>New Born Hearing Screening</i>		<i>Passed: Yes No</i> <i>(circle one)</i>

<i>Date</i>	<i>Test Administered</i>	<i>By Whom?</i>	<i>Results/Comments</i>
	<i>Additional Hearing Tests</i>		
	<i>Vision</i>		

VI. BIRTH AND PREGNANCY INFORMATION

Please complete the EI20 and PA11 in Cornerstone

VII. RESULTS OF ROUTINE BASED INTERVIEW AND ASQ:SE

STRENGTHS: Objective Observations, Parent Statements About Support Systems, Use of Other Resources, Parent/Child Interaction, Knowledge/Understanding of Child's Needs, etc.

SUPPORTS AND RESOURCES: (List all supports and resources available to the family including childcare (Home, Center or Relative), Extended Family, Church, Community Playgroups, WIC, All Kids/Medicaid, Respite Care, Health Department, etc.)

FAMILY ROUTINES: List Important Family Routines Including Satisfaction and Struggles with those Routines: (NOTE: This should be a Summary of Routines that are most important and have the highest priorities For Each Family. Same routines such as bed or bath time will differ in importance and priority across families).

DEVELOPMENTAL CONCERNS/ISSUES: Parental Concerns/Issues identified through conversation/ ASQ:SE/RBI, Why they called CFC, Objective Statements of SC Observations, etc.

DEVELOPMENTAL PRIORITIES: (Describe The Families Priorities As Related To Their Child's Development)

ASQ-SE Child's Score:	Cut-off Score:	Concerns:	Yes	No
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Evaluations Needed:	DT	ST	PT	OT	SW	Psych
Other:						
Specialized Behavioral or Relational Assessment:						

Information Reported By	Relationship to Child
Service Coordinator	Date of Intake

NATURAL ENVIRONMENTS REQUIREMENT

Part C of the Individuals with Disabilities Education Act (IDEA) requires that Early Intervention services be provided in “Natural Environments”. Section 303.26 of Part C defines Natural Environments **as “settings that are natural or typical for a same aged infant or toddler without a disability”**. Therefore, the provision of Early Intervention in natural environments is not just a guiding principle, but is also required by Federal law.

In 2004 IDEA was amended to include changes to the following statement: “The provision of early intervention services for any infant or toddler *with a disability* occurs in a setting other than a natural environment *that is most appropriate, as determined by the parent and the individualized family service plan team*, only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment”. In addition, the Federal Office for Special Education Programs (OSEP) has had a longstanding interpretation of the IDEA that Early Intervention services must be provided in a natural environment, unless a written justification exists for providing these services in other settings.

Based upon the above federal regulations, **effective July 1, 2005 all Service Coordinators and providers were required to use the “Natural Environment Justification Worksheet” at the IFSP meeting to justify all services that would not be provided in a child’s most natural learning environments**. Family centered functional outcomes **must** be written **prior** to the determination of service delivery decisions (see definition of functional outcomes). Once the functional outcomes have been written, if it is determined that the outcomes cannot be met in the child’s natural learning environment, the IFSP team must complete the Worksheet.

The Worksheet requires the IFSP team to justify why it was determined that it was not appropriate to provide the service(s) in the natural learning environment. Justification must be based on the needs of the child and the Principles of Early Intervention and not on any of the following, which are considered unacceptable justification reasons:

- Administrative convenience; and/or
- Fiscal reasons; and/or
- Personnel limitations; and/or
- Parent/therapist preferences; and/or
- Medical needs rather than developmental needs.

In addition, justification must indicate why the recommended setting is necessary to achieve the identified outcome, as well as why no other natural learning environment is appropriate. An IFSP team should always maximize their efforts to support the family within the child’s natural learning environments before contemplating the need for any justification process. Justification for each outcome must include a plan to transition interventions into the natural setting.

Natural Environments Worksheet

Child's Name:

Date:

Natural Environments Justification

Outcome # :

Service (s):

Environment in which service(s) will be provided:

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment:

Outcome # :

Service (s):

Environment in which service(s) will be provided:

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment:

Outcome # :

Service (s):

Environment in which service(s) will be provided:

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment:

Natural Environments Justification Worksheet

Review area	1 (unacceptable)	3 (acceptable)	5 (best practice)
A. Adequate information and evidence is provided to support the rationale that a child's needs and outcomes cannot be achieved in natural settings.	<p>The IFSP identifies one or more services that are not in a natural environment for the child and family.</p> <p style="text-align: center;">AND</p> <p>There is no justification or the justification is not based on the needs of the child but appears to be for:</p> <ul style="list-style-type: none"> ▪ administrative convenience, and/or ▪ fiscal reasons, and/or ▪ personnel limitations, and/or ▪ parent/therapist preferences. 	<p>The child is receiving most services in natural environments.</p> <p style="text-align: center;">AND</p> <p>When a service is provided in a setting that is not a natural environment, a justification is included in the IFSP that is based on the needs of the child, justifying that the setting is necessary to achieve the outcome.</p>	<p>All services are provided in natural environments.</p> <p style="text-align: center;">OR</p> <p>The child is receiving most services in natural environments.</p> <p style="text-align: center;">AND</p> <p>When a service is provided in a setting that is not a natural environment, a justification is included in the IFSP that is based on the needs of the child, justifying that the setting is necessary to achieve the outcome.</p> <p style="text-align: center;">AND</p> <p><u>For each service justified there is a plan to transition interventions into natural settings.</u></p>

CHILD AND FAMILY CONNECTIONS NOTICE OF CONFIDENTIALITY PRACTICES

When your child receives Early Intervention (EI) services, EI will compile personal and health information about your child. The information is usually collected by Child and Family Connections (CFC) on behalf of EI. Information regarding suspected developmental delay or related medical conditions may be collected at intake or at other times while your child is enrolled in EI. This may include your child's past, present or future physical, medical or mental health conditions. EI may also compile information about you (such as information about your pregnancy). Information may be collected from you or your child's primary care physician, specialists, EI providers, and any other person or entity who has relevant information related to the developmental needs of your child. You will be asked to provide written informed consent before EI gathers information from any person or entity related to your child.

EI is required by law to maintain the privacy of you and your child's personal and health information and to inform you of its duties and privacy practices. This notice describes some of the ways in which EI may use or disclose this information, and the rights you have concerning you and your child's personal and health information.

Personally Identifiable Information

The CFC shall ensure the confidentiality of all Personally Identifiable Information (PII) collected or maintained pursuant to Part C in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232 (g), 34 CFR part 99, and 89 Illinois Administrative Code 500. The confidentiality procedures described in this policy apply to Personally Identifiable Information (PII) of a child and the child's family that is contained in EI records collected, used or maintained under Part C from the point in time when the child is referred for EI services until records are no longer required to be maintained under applicable Federal and State law.

Disclosures of Records

EI will obtain your consent for most disclosures of PII, including the following:

- **Treatment:** EI will obtain your consent before disclosing you or your child's PII to a provider for treatment. For example, EI will obtain your consent before providing your child's occupational therapist with the results of your child's medical diagnostic evaluation.
- **Payment:** EI will obtain your consent before disclosing you or your child's PII for purposes of payment. For example, if you consent to use private health insurance, EI will obtain your consent to send PII to your health insurance company prior to sending the information. If your child is eligible for a government benefit program such as AllKids, and you consent to the use of AllKids to cover the cost of the EI services, EI will obtain your consent prior to sending PII to the Illinois Department of Health and Family Services, the entity which processes AllKids claims.

EI may disclose information without your consent for the following purposes:

- **When Required by Law:** EI may disclose you or your child's PII when require by federal, state or local laws. For example, EI may disclose information pursuant to a Federal Grand Jury subpoena.
- **Federal Oversight and Monitoring:** EI may disclose you or your child's PII to an office or agency of the federal government in connection with the federal government's oversight or monitoring information. For example, EI may disclose information to the Office of the Special Education Programs in connection with periodic program audits. In most cases, the information disclosed for this purpose will not identify the individual.
- **Illinois Department of Human Services:** Information collected from the CFC may be shared with the Illinois Department of Human Services, EI Program, the State Agency responsible for administering and overseeing the Illinois EI program.

- In An Emergency: EI may disclose you or your child's PII to medical or law enforcement personnel if the information is needed to prevent immediate harm to you or your child.

Right to Inspect and Copy EI Records

Parents have the right to inspect and review any EI records, including records related to evaluations, assessments, screenings, eligibility determinations, development and implementation of your child's Individualized Family Service Plan (IFSP), provision of EI services, individual complaints involving the child, or any part of the child's EI record. The CFC must reply with a request without unnecessary delay, and in all cases within 10 calendar days after the request has been made. The right to inspect and review includes: (1) the right to a response from the CFC to reasonable requests for explanations and interpretations of the EI records; (2) the right to request copies; and (3) the right to have you or your child's representative inspect and review the EI records.

Copy Charges

You shall be provided at no cost a copy of each evaluation, assessment of the child, family assessment and IFSP as soon as possible after each IFSP meeting. The CFC may charge a reasonable fee for other copies of EI records as long as the fee does not effectively prevent you from exercising your right to inspect and review the records. The CFC may not charge a search fee to retrieve information.

Right to List of Types and Locations of Records

You have the right to request the CFC to provide a list of the types and locations of personal and health information about you or your child collected, used or maintained by EI.

Amendment of Records at Parent's Request

If you believe that information in the EI records are inaccurate, misleading or violates the privacy or other rights of the child or parent, you may request that the CFC amend the information. The CFC must decide whether to amend the information within five business days of the request.

If the CFC denies the request to amend the records, the CFC must inform you of your right to an informal hearing. The date of your informal hearing will be set within seven days from the date the CFC denies the request for amendment. You will be given the opportunity to present evidence and may, at your expense, be assisted or represented by one or more individuals, including an attorney. A decision will be issued in writing within ten business days of the completion of the hearing. The decision must be based solely on the evidence presented at the hearing, and must include a summary of the evidence and the reasons for the decisions.

If the outcome of the hearing is that the record must be amended, the information shall be amended and you shall be informed in writing that the record was amended. If the outcome of the hearing is the record does not need to be amended, you will be notified that you have the right to place in the EI record a statement commenting on the information and setting forth any reasons for disagreeing with the decision. The statement must be maintained as part as the EI record as long as the record is maintained by the CFC and if the records are disclosed to any party, the statement also shall be disclosed to the party.

Right to Receive an Accounting of Disclosures

You have the right to request a list of each time EI has disclosed PII for reasons other than access by parents, authorized representatives of parents, the Illinois Department of Human Services, the CFC, EI treatment providers, or certain other reasons as provided by law. You must submit your request in writing to your local CFC. The CFC shall disclose: (1) the name of the party; (2) the date access was given; (3) and the purpose for which the party is authorized to access the EI records.

Access to Records

Each CFC must maintain, for public inspection, a current list of those employees within the agency who may have access to PII. The list shall detail the specific type of information each person has access to. The list shall be kept current.

Safeguarding Information

All paper records maintained at the CFC regarding you or your child shall be secured with a locking mechanism. Only authorized personnel shall have access to such records. Email communications between you, any other individual designated by you, and/or the CFC shall be encrypted and password protected unless you sign a consent to allow communication via a public internet system.

Retention of Records

Records shall be maintained for a period of 6 years, unless legal action is pending. If legal action is pending, the records shall be maintained in compliance with instructions from the Administrator of the EI Program.

Destruction of Records

At intake, the CFC shall inform the parent that records must be maintained for a period of 6 (six) years. If the parent would like the records destroyed at the end of the 6 (six) year period, the CFC shall destroy the records. This means the records will be physically destroyed or all personal identifiers are removed from the record so that the record is no longer personally identifiable. However, a permanent record of a child's name, date of birth, parent contact information (including address and phone number), names of service coordinator(s) and provider(s), exit data (including year and age upon exit, and any programs entered into upon exiting) may be maintained without time limitation. The records shall not be destroyed if litigation is threatened or pending without written permission from the Administrator of the EI Program.

Records on More Than One Child

If an EI record includes information on more than one child, you only have the right to inspect and review the information relating to your child or to be informed of that specific information.

Enforcement

You may file a State Complaint for violations of any of these procedural safeguards.

Native Language

This notice is provided publicly in Spanish and English and is available, to every extent possible, in the native language normally used by the child/family. Contact your CFC Service Coordinator to request this notice in a language other than those publicly offered.

To receive additional information or to file a complaint with EI, please contact your CFC Program Manager.

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

**Illinois Department of Human Services
Early Intervention Program**

Notice of Social Security Disclosure

The Privacy Act of 1974 requires that a disclosure statement be provided any person asked to provide their Social Security Number. Your Social Security Number is not a required item for Early Intervention. Your Social Security Number cannot be released to any other private company or public agency. Your Social Security Number is used strictly for the Family Participation Fee process within Early Intervention.

Failure to provide your social security number will not result in lost services. Failure to provide your social security number may result in loss of Family Fee Refunds, if due. Failure to pay at least the Minimum Due on monthly Family Fee invoices may result in cessation of direct services for your child(ren).

By providing your Social Security Number below and/or signing below, you acknowledge the disclosure statement and voluntarily provide your SS#.

Financially Responsible Adult Name _____

☐ Financially Responsible Adult Social Security Number _____ - _____ - _____

☐ Decline to provide SS# of Financially Responsible Adult

Financially Responsible Adult Name

Date

CHILD AND FAMILY CONNECTIONS

NOTICE OF SYSTEM OF PAYMENTS AND FEES

Illinois Early Intervention (EI) Program is funded through various sources and every attempt is made to maximize outside sources. Family sources for funding EI may include private insurance, AllKids and Family Participation Fees.

Private Insurance

1. If private health insurance is used, Illinois EI program will pay the co-payments and deductibles related to your child's EI services billable and payable by the private health insurance. Illinois EI program will not pay any premiums, nor will it be responsible for any increase in premiums or deductibles as a result of EI services. You will be responsible for any loss of benefits because of an annual or lifetime health insurance coverage caps in your private insurance.
2. If private health insurance is used and the family is subject to Family Participation Fees (see below), the use of private insurance can reduce the amount EI pays which can reduce the amount of Family Fees paid.
3. Families with public insurance or benefits or private health insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private health insurance.

AllKids

1. AllKids is the state public benefits program. For certain AllKids eligible families, EI receives funds from AllKids to pay for EI services.
2. You can contact your EI Service Coordinator if you are interested in more information about AllKids eligibility.
3. Families with public insurance or benefits or private health insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private health insurance.

Family Participation Fees

1. EI requires that able families help pay for their child and family's EI services.
2. The Fee assessment first calculates how much your family is able to pay (see Family Participation Fees Program Fact Sheet) and is recalculated annually.
3. Fees will not be charged for the services that a child is otherwise entitled to receive at no cost.
4. Families will not be charged any more than the actual cost of the EI services subject to fees (factoring in any amount received from other sources for payment such as private health insurance). For families subject to Family Participation Fees, the family will not be charged more than the actual cost of EI services subject to fees OR the maximum out-of-pocket calculated for their Family Participation Fees – WHICHEVER IS LESS.
5. The family has the choice to decline providing the requisite income information and documentation. The family who declines to provide the required income information and documentation will be charged the highest amount on the fee scale.
6. To determine ability to pay, Illinois EI program compares household size and taxable reported income to the Federal Poverty Level on a sliding scale and considers out of pocket medical/disaster expenses. A family meets the definition of ability to pay if the

family falls within the scale and does not have proven out-of-pocket medical (allowable as IRS deductions) or disaster (fire, flood or act of nature) expenses in excess of 15% of the reported income.

7. Inability to pay is defined as a family whose household size and taxable reported income does not fall within the sliding scale and/or has proven out-of-pocket medical (allowable as IRS deductions) or disaster (fire, flood or act of nature) expenses in excess of 15% of the reported income. These families must be provided all EI IFSP approved and consented services at no cost.
8. A family will not have a delay or denial of services for an inability to pay if the family meets the State's definition of inability to pay.

EI Services Provided at No Cost

- Evaluations
- Assessments
- Service Coordination services (including but not limited to Transition, IFSP meetings, etc.)
- IFSP development and IFSP meetings for direct service providers
- Developmental Screenings
- Medical Diagnostic services
- Interpretation
- Translation services

EI Services Subject to Family Participation Fees, Insurance Billing and AllKids Reimbursement

- | | |
|---|--|
| • Assistive Technology (Durable Medical Equipment and Supplies) | • Occupational Therapy |
| • Audiology, | • Physical Therapy |
| • Aural Rehabilitation and other related services | • Psychological and/or other counseling services |
| • Developmental Therapy | • Social Work and counseling services |
| • Health Consultation | • Speech Language Therapy |
| • Nursing Services | • Transportation |
| • Nutrition Services | • Vision Services |

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

CHILD AND FAMILY CONNECTIONS
NOTICE TO CONSENT & USE PUBLIC BENEFITS AND CONSENT TO DISCLOSE PII -
POTENTIALLY ELIGIBLE FOR ALLKIDS

Child's Last Name, First Name & Middle Initial _____

Child's Date of Birth (Month/Date/Year): _____

Child's AllKids Recipient ID Number: _____

CBO/EI Number: _____

NOTICE TO USE PUBLIC BENEFITS:

The Illinois Early Intervention (EI) Program is required to notify you of the following facts regarding the use of AllKids to pay for EI services:

1. If you give consent to Illinois EI to submit claims to AllKids (except AllKids Premium Level 2 or above), EI must first obtain parental consent before disclosing your child's personally identifiable information (PII) to the Illinois Department of Healthcare and Family Services (HFS), the state public agency responsible for the administration of AllKids.
2. The use of AllKids for EI services will not: (1) decrease available lifetime coverage or any other insured benefit for you or your child under AllKids; (2) result in you paying for services that would otherwise be covered by AllKids; (3) result in any increase in premiums or discontinuation of AllKids for you or your child; and (4) risk loss of eligibility for you or your child for home and community based waivers based on aggregate health related expenditures.
3. EI services, as specified in your child's Individualized Family Service Plan (IFSP), and to which you have consented, cannot be denied due to your refusal to allow AllKids to be billed for such services.
4. You have the right to withdraw your consent to disclose your child's PII at any time without affecting the EI services your child is receiving as specified in the IFSP. If you would like to withdraw your consent, notify your EI Service Coordinator.
5. If you have private insurance, AllKids requires the use of private insurance as the primary insurance. If you have private insurance, you will also be given the document entitled Notice to Consent & Use Private Insurance.

CONSENT TO USE PUBLIC BENEFITS

_____ I give my consent to the Illinois Department of Human Services, EI program to submit claims to AllKids, if I become eligible for AllKids, for the specified services listed in my child's IFSP.

_____ I do not give my consent to the Illinois Department of Human Services, EI program to submit claims to AllKids, if I become eligible for AllKids, for the specified services listed in my child's IFSP.

CONSENT TO DISCLOSE PERSONALLY IDENTIFYING INFORMATION (PII) FOR BILLING PURPOSES TO THE STATE AGENCY ADMINISTERING ALLKIDS

_____ I give my consent to the Illinois EI program to disclose personally identifying information to the Illinois Department of Healthcare and Family Services for billing purposes, the State agency responsible for administering the AllKids program, if I become eligible for AllKids.

_____ I do not give my consent to the Illinois EI program to disclose personally identifying information to the Illinois Department of Healthcare and Family Services for billing purposes, the State agency responsible for administering the AllKids program, if I become eligible for AllKids.

CONSENT TO DISCLOSE PERSONALLY IDENTIFYING INFORMATION (PII) FOR CARE COORDINATION AND ANALYSIS PURPOSES TO THE STATE AGENCY ADMINISTERING ALLKIDS

The purpose of this disclosure is to release information from DHS to HFS about your child, including name, AllKids recipient identification number, date of birth, and information about your child's referral to and eligibility for EI, including services received and other referrals made by EI.

Your consent allows HFS to share information with your child's assigned primary care provider (doctor) and treating doctors within the group, for care coordination. Care coordination allows your child's primary care provider (doctor) to be notified of your child's EI assessment, eligibility for services and services received.

Your consent also allows HFS to use the information for analysis purposes and to measure the quality of the care coordination process between the primary care provider (doctor) and EI. Information and reports resulting from data analysis will not be released with any individually identify information about your child.

_____ I consent to the release of data by DHS to HFS for care coordination and analysis purposes.

_____ I do not consent to the release of data by DHS to HFS for care coordination and analysis purposes.

ACKNOWLEDGEMENT OF RECEIPT OF EI SYSTEM OF PAYMENTS AND FEES

_____ I have received a copy of the *System of Payments and Fees*.

_____ I have not received a copy of the *System of Payments and Fees*.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

CHILD AND FAMILY CONNECTIONS

NOTICE TO CONSENT AND USE PRIVATE INSURANCE

Child's Last Name, First Name & Middle Initial: _____

Child's Date of Birth (Month/Date/Year): _____

CBO/EI Number: _____

NOTICE TO USE PRIVATE INSURANCE:

1. As an Early Intervention (EI) family, you will not pay co-payments or deductibles related to your child's EI services. Illinois EI will not pay any premiums, nor will it be responsible for any increase in premiums or deductibles as a result of EI services. EI is not responsible for any loss of benefits of annual or lifetime health insurance coverage caps or discontinuation of benefits in your private insurance plan due to EI services. Please check with your private insurer to determine your health insurance coverage.
2. Illinois EI must obtain your consent to use private insurance initially, and each time there is an increase in the frequency, length, duration or intensity of services in your child's Individualized Family Service Plan (IFSP).
3. If insurance payments or Explanation of Benefits (EOB) are sent directly to me for EI services and/or assistive technology devices, I will forward these payments or EOBs directly to the providers.
4. If I possess/utilize a Tax Savings Plan such as a Health Savings Account or Health Reimbursement Account or any account utilizing pre-tax dollars for payment of medical services not otherwise paid by insurance, I understand I am required to provide my Service Coordinator with current information regarding any such account. Failure to disclose this information could result in lost funds from the accounts, which are not reimbursable by Early Intervention.
5. Early Intervention services, as specified in your child's IFSP, and to which you have consented, cannot be denied due to a parent's refusal to allow the use of private insurance.
6. If I have AllKids (excluding AllKids Premium Level 2 and above) and private insurance, I understand AllKids requires the use of private insurance as the primary insurance.
7. I understand I must provide current, up-to-date insurance coverage and benefit information to Child and Family Connections (CFC) staff and EI providers for the child listed above.
8. I understand I am responsible for providing assistance as needed in the prompt processing of any insurance claims including notification to providers if any claims are rejected by insurance.

CONSENT TO USE PRIVATE INSURANCE:

_____ I give my consent to the Illinois Department of Human Services, EI program to submit claims to my private insurance for the specified services listed in my child's IFSP.

_____ I do not give my consent to the Illinois Department of Human Services, EI program to submit claims to my private insurance for the specified services listed in my child's IFSP.

ACKNOWLEDGEMENT OF RECEIPT OF EI SYSTEM OF PAYMENTS AND FEES

_____ I have received a copy of the System of Payments and Fees.

_____ I have not received a copy of the System of Payments and Fees.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

CHILD AND FAMILY CONNECTIONS

NOTICE TO USE PUBLIC BENEFITS AND CONSENT TO DISCLOSE PII-ALLKIDS ENROLLED

Child's Last Name, First Name & Middle Initial: _____

Child's Date of Birth (Month/Date/Year): _____

Child's AllKids Recipient ID Number: _____

CBO/EI Number: _____

NOTICE TO USE PUBLIC BENEFITS

The Illinois Early Intervention (EI) Services System is required to notify you of the following facts regarding the use of AllKids to pay for EI services:

1. EI must first obtain parental consent before disclosing your child's personally identifiable information (PII) to the Illinois Department of Healthcare and Family Services (HFS), the state public agency responsible for the administration of AllKids.
2. The use of AllKids for EI services will not: (1) decrease available lifetime coverage or any other insured benefit for you or your child under AllKids; (2) result in you paying for services that would otherwise be covered by AllKids; (3) result in any increase in premiums or discontinuation of AllKids for you or your child; and (4) risk loss of eligibility for you or your child for home and community based waivers based on aggregate health related expenditures.
3. EI services, as specified in your child's Individualized Family Service Plan (IFSP), and to which you have consented, cannot be denied due to your refusal to disclosing your child's personally identifiable information (PII) to the HFS the state public agency responsible for the administration of AllKids.
4. You have the right to withdraw your consent to disclose your child's PII at any time without affecting the EI services your child is receiving as specified in the IFSP. If you would like to withdraw your consent, notify your EI Service Coordinator.
5. If you have private insurance, AllKids requires the use of private insurance as the primary insurance. If you have private insurance, you will also be given the document entitled Notice to Consent & Use Private Insurance.

CONSENT TO DISCLOSE PERSONALLY IDENTIFYING INFORMATION (PII) FOR BILLING PURPOSES TO THE STATE AGENCY ADMINISTERING ALLKIDS

_____ I give my consent to the Illinois Early Intervention program to disclose personally identifying information to the Illinois Department of Healthcare and Family Services, the State agency responsible for administering the AllKids program.

_____ I do not give my consent to the Illinois Early Intervention program to disclose personally identifying information to the Illinois Department of Healthcare and Family Services, the State agency responsible for administering the AllKids program.

CONSENT TO DISCLOSE PERSONALLY IDENTIFYING INFORMATION (PII) FOR CARE COORDINATION AND ANALYSIS PURPOSES TO THE STATE AGENCY ADMINISTERING ALLKIDS

The purpose of this disclosure is to release information from DHS to HFS about your child, including name, AllKids recipient identification number, date of birth, and information about your child's referral to and eligibility for EI, including services received and other referrals made by EI.

Your consent allows HFS to share information with your child's assigned primary care provider (doctor) and treating doctors within the group, for care coordination. Care coordination allows your child's primary care provider (doctor) to be notified of your child's EI assessment, eligibility for services and services received.

Your consent also allows HFS to use the information for analysis purposes and to measure the quality of the care coordination process between the primary care provider (doctor) and EI. Information and reports resulting from data analysis will not be released with any individually identify information about your child.

_____ I consent to the release of data by DHS to HFS for care coordination and analysis purposes.

_____ I do not consent to the release of data by DHS to HFS for care coordination and analysis purposes.

ACKNOWLEDGEMENT OF RECEIPT OF EI SYSTEM OF PAYMENTS AND FEES

_____ I have received a copy of the System of Payments and Fees.

_____ I have not received a copy of the System of Payments and Fees.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law

CHILD AND FAMILY CONNECTIONS

PARENTAL CONSENT AND ABILITY TO DECLINE SERVICES

Child's Last Name, First Name & Middle Initial: _____

Child's Date of Birth (Month/Date/Year): _____

CBO/EI Number: _____

Your child has been referred to the Illinois Early Intervention (EI) Program to determine whether he/she has a developmental delay or disability. The Illinois EI Program is required to obtain informed, written consent before conducting a family assessment and the initial evaluation/assessment. This is obtained through your signature below.

I understand I do not have to agree to each of the EI services offered or to any of the services. However, failure to accept such services may prohibit the developmental opportunities for my child. I understand that I may withdraw this permission in writing at any time except to the extent that it has already been acted upon. I understand my refusal to grant permission or withdrawal of permission will result in a discontinuation of participation in the EI program.

Notice and Consent for Family Assessment

A family assessment will be conducted to help determine the resources, priorities, and concerns of the family and to identify the supports and services necessary to enhance the family's ability to meet the developmental needs of the infant or toddler.

_____ I give my consent to the EI Child & Family Connections (CFC) office to administer a Family Assessment.

_____ I do not give my consent to the EI CFC office to administer a Family Assessment.

Notice and Consent for Initial Evaluation/Assessment

A multidisciplinary evaluation will be conducted by at least two qualified individuals from different disciplines. Your participation in the evaluation process is strongly encouraged. You know your child best and can provide important information about your child. The evaluation is a comprehensive view of how your child is doing in the developmental areas of physical, cognitive, communication, social or emotional and adaptive. How the evaluation/assessment is performed will vary based on the needs of your child. It may include the review of medical/developmental records, parent interviews, child observation and administration of evaluation instruments. The evaluators will discuss this process with you.

_____ I give my consent to the EI program to conduct an Initial Evaluation/Assessment.

_____ I do not give my consent to the EI program to conduct an Initial Evaluation/Assessment.

CHILD AND FAMILY EI RIGHTS

My child and family's EI Rights have been explained to me and I understand them. EI will provide a copy of the document entitled, *State of Illinois Infant/Toddler and Family Rights under IDEA for the Early Intervention System*, which describes these rights, the procedures the EI system follows and the steps I can take to assure that my EI rights are guaranteed. As explained in the document, I understand I have a right to disagree with the decisions made by EI staff, the CFC and any provider, and I may file a State Complaint; request Mediation or a Due Process Hearing.

_____ I have received the *State of Illinois Infant/Toddler and Family Rights under IDEA for the Early Intervention System* booklet.

_____ I have not received the *State of Illinois Infant/Toddler and Family Rights under IDEA for the Early Intervention System* booklet.

System of Payments and Fees

_____ I have received the *CFC Notice of System of Payments and Fees* and Illinois EI Services *System Family Participation Fees Program Fact Sheet*.

_____ I have not received the *CFC Notice of System of Payments and Fees* and Illinois EI Services *System Family Participation Fees Program Fact Sheet*.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

CHILD AND FAMILY CONNECTIONS PRE-BILLING INSURANCE WAIVER REQUEST

Child's Last Name, First Name & Middle Initial _____

Child's Date of Birth (Month/Day/Year) _____

Current IFSP Begin Date _____ CBO/EI # _____

Current IFSP End Date _____

This form serves as certification of the existence of criteria defined in Illinois State Law and/or Administrative Rule to waive the requirement of private insurance use for Early Intervention services. A decision will be made within ten (10) business days of your request. The Waiver will only apply to the service and/or plan or policy for which the outlined criterion exists.

Check type of pre-billing waiver requested

- _____ 1) Insurance provider NOT available to receive the referral and begin services immediately (i.e. within 15 *business* days).
_____ 2) Insurance provider NOT enrolled and credentialed as a provider in the Early Intervention System.
_____ 3) Family would have to travel more than an additional 15 miles or an additional 30 minutes to the insurance provider as compared to travel to a different enrolled and credentialed provider.

Name, Discipline & Tax ID of Authorized Provider, if applicable

PARENT/GUARDIAN CERTIFICATION

I certify this information is correct to the best of my knowledge.

PARENT OR GUARDIAN SIGNATURE _____

MAILING ADDRESS _____

CITY, STATE & ZIP CODE _____

DATE SIGNED _____

CFC Program Manager Certification Date

Service Coordinator Certification Date

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

****CFC must submit form and documentation to Central Billing Office for review****

PRE-BILLING INSURANCE WAIVER REQUEST APPROVAL/DENIAL

For CBO Use Only:

Waiver Approved:		CBO Staff Initials:	
Date:		Effective Dates:	

Waiver Denied:		Reason:
Date:		

CHILD AND FAMILY CONNECTIONS

PROVISIONAL PROVIDER AUTHORIZATION REQUEST

Section 1: Family Information

CFC # _____

Child's Name _____ Parent/Guardian's Name _____
 Address _____ Daytime Phone _____
 City, State & Zip _____ EI # _____

Section 2: Non-Enrolled Service Provider Information and Certification

Provider's Name _____ Agency, if app. _____

Address _____

City, State & Zip _____ Daytime Phone _____

Is provider in the process of enrolling with the CBO? (Check one) ☐ YES ☐ NO

Is provider enrolled with the CBO but not an evaluator? (Check one) ☐ YES ☐ NO

Attach copy of qualifying license, certification or credential to this request, if applicable.

I certify that I will provide the requested Early Intervention service at the state rate and will submit monthly bills to DHS for services rendered. I understand that provisional authorization must be received from DHS **prior** to service provision. I understand that this provisional authorization will end as soon as an enrolled provider is available to serve the child.

Signature of Provider _____ Date _____

Section 3: Early Intervention Service Coordinator Information and Certifications

Current SC Name _____ Daytime Phone _____

I, the Service Coordinator, certify:

- 1) that the EI service requested is necessary for evaluation or assessment or is on an IFSP functional outcome page;
- 2) that the parents have signed the Child and Family Connections Informed Consent and Documentation of Receipt or Section 7 of the IFSP to indicate their permission to implement the service requested; and
- 3) that no enrolled provider is available to provide the service(s) requested.

Discipline	Service Needed	Begin Date	Location	Natural Env.	# of Times	Auth/ Month/ Week	Minutes/ Session
			<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	<input type="checkbox"/> YES <input type="checkbox"/> NO			

Names of Enrolled EI Providers contacted and reason unavailable:

Service Coordinator's Signature _____ Date _____

CFC Manager's Signature _____ Date _____

Section 4: Checklist of Required Attachments

For All Requests:

- ☐ Completed W-9 form (only need to submit first time)
- ☐ Copy of license, certification or credential, if applicable (only need to submit first time)

Prior to Initial IFSP:

- ☐ Copy of CFC Informed Consent and Documentation of Receipt

Child has an IFSP:

- ☐ Copy of cover page, applicable outcome page(s) & signature implementation page of IFSP

Interpreter/Transition

- ☐ Provide the language and specific auth increment for each service (not a total block of time.)

****CFC MUST SUBMIT FORM AND ATTACHMENTS TO DEPARTMENT OF HUMAN SERVICES FOR DECISION****

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

REQUEST FOR DUE PROCESS HEARING OFFICER

Send copy of completed form to each of the three addresses shown below:

1) Chief Illinois Dept. of Human Services Bureau of Administrative Hearings 401 South Clinton, 6 th Fl. Chicago, IL 60607	2) Chief Illinois Dept. of Human Services Early Intervention Program 823 East Monroe Springfield, IL 62701	3) Enter the Child & Family Connections (CFC) Information for the child below: CFC #: _____ CFC Name _____ CFC Address _____ CFC City, State, Zip Code _____
---	--	--

I am hereby requesting that a due process hearing officer be appointed in order to resolve the dispute described below about the evaluation, identification, placement, delivery of services, or provision of appropriate services for the child below.

Section 1: Information about the Child and Family

Child's Last Name, First Name & Middle Initial _____

Child's Date of Birth (Month/Day/Year) _____ Phone Number _____

Parent/Guardian/Surrogate's Name(s) _____

Address _____

City, State & Zip _____ Primary Language _____

Section 2: Information about the Person requesting Due Process

Name _____
Address _____
City, State & Zip _____ Phone Number _____

Section 3: *Service Delivery Agency(ies) and/or Provider(s) involved in the Dispute*

Name 1	
Address	
City, State & Zip	Phone Number
Name 2	
Address	
City, State & Zip	Phone Number

Attach Section 3 additional pages, if needed.

Section 4: The nature of the problem regarding early intervention services for the child, including facts related to the problem (Section 4 - continued on next page):

[illegible]

Section 4: CONTINUED - The nature of the problem regarding early intervention services for the child, including facts related to the problem (Attach additional Section 4 pages if needed):

Section 5: Remedy being sought or proposed resolution (attach additional pages if needed):

Attach material supporting the request and proposed remedy.

I understand that by requesting due process, I am hereby authorizing the release of the early intervention service records for the above child to the Department of Human Services, the hearing officer and any parties in the dispute, for the purpose of resolution of the dispute. I also understand that an attorney will be appointed as a due process hearing officer for the above dispute, who will set pre-hearing and hearing dates and make a decision regarding the dispute, after hearing the issues, testimony, and the evidence.

Signature _____ Date _____

Printed Name _____

Address _____

City, State & Zip _____ Phone Number _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

REQUEST FOR INVESTIGATION OF STATE COMPLAINT

Send copy of completed form to both addresses shown below:

1) Chief Illinois Dept. of Human Services Early Intervention Program 823 East Monroe Springfield, IL 62701	2) Enter the Child & Family Connections (CFC) Information for the child below: CFC #: _____ CFC Name _____ CFC Address _____ CFC City, State, Zip Code _____
--	--

I am hereby filing a complaint because I believe that the provider(s) below violated provisions of the Part C of the Individuals with Disabilities Act (IDEA). I would like for the Illinois Department of Human Services to investigate this situation and impose corrective action. A copy has been submitted to the agency or provider listed in Section 3.

Section 1: Information about the Child and Family

Child's Last Name, First Name & Middle Initial			
Child's Date of Birth (Month/Day/Year)		Phone Number	
Parent/Guardian/Surrogate's Name(s)			
Address			
City, State & Zip	Primary Language		

Section 2: Information about the Person Filing a State Complaint

Name _____

Address _____

City, State & Zip _____ Phone Number _____

Section 3: Service Delivery Agency(ies) and/or Provider(s) who violated provisions of the Early Intervention Program

Name 1			
Address			
City, State & Zip	Phone Number		
Name 2			
Address			
City, State & Zip	Phone Number		

Attach Section 3 additional pages, if needed.

Section 4: The nature of the violation, including specific facts (Section 4 - continued on next page):

Section 4: *CONTINUED - The nature of the violation, including specific facts. Attach additional Section 4 pages if needed*:

Section 5: *Remedy being sought or proposed resolution (attach additional pages if needed)*:

Attach material supporting the request and proposed remedy.

I understand that by requesting complaint investigation I am hereby authorizing the release of information as necessary to investigate the issue(s). I also understand that Department of Human Services Bureau of Early Intervention staff will investigate my complaint and make a determination as to corrective action which may be necessary, and will let me know the outcome. I verify I have sent a copy of this complaint to the agency or provider listed in Section 3.

Signature _____ Date _____
Printed Name _____
Address _____
City, State & Zip _____ Phone Number _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

REQUEST FOR MEDIATION

Send copy of completed form to each of the three addresses shown below:

1) Chief Illinois Dept. of Human Services Bureau of Administrative Hearings 401 South Clinton, 6 th Fl. Chicago, IL 60607	2) Chief Illinois Dept. of Human Services Early Intervention Program 823 East Monroe Springfield, IL 62701	3) Enter the Child & Family Connections (CFC) Information for the child below: CFC #: _____ CFC Name _____ CFC Address _____ CFC City, State, Zip Code _____
---	---	---

I am hereby requesting that a mediator be appointed to facilitate resolution of the dispute described below about the evaluation, identification, placement, delivery of services, or provision of appropriate services for the child below. I understand that mediation is generally less adversarial than a request for a due process. The mediator is a neutral facilitator, not a decision-maker. He/she helps the parties agree to a resolution, but does not compel action by the parties.

Section 1: Information about the Child and Family

Child's Last Name, First Name & Middle
Initial _____

Child's Date of Birth (Month/Day/Year) _____

Phone Number _____

Parent/Guardian/Surrogate's Name(s) _____

Address _____

City, State & Zip _____

Primary Language _____

Section 2: Information about the Person requesting Mediation

Name _____

Address _____

City, State & Zip _____

Phone Number _____

Section 3: Service Delivery Agency(ies) and/or Provider(s) involved in the Dispute

Name 1 _____

Address _____

City, State & Zip _____

Phone Number _____

Name 2 _____

Address _____

City, State & Zip _____

Phone Number _____

Attach Section 3 additional pages, if needed.

Section 4: The nature of the problem regarding early intervention services for the child, including facts related to the problem (Section 4 - continued on next page):

Section 4: CONTINUED - The nature of the problem regarding early intervention services for the child, including facts related to the problem (Attach additional Section 4 pages if needed):

Section 5: Remedy being sought or proposed resolution (attach additional pages if needed):

Attach material supporting the request and proposed remedy.

I understand that by requesting mediation I am hereby authorizing the release of the early intervention service records for the above child to the Department of Human Services, the mediator and any parties in the dispute, for the purpose of resolution of the dispute. I also understand that a mediator will be appointed for the above dispute, who will set a mediation date.

Signature _____ Date _____
Printed Name _____
Address _____
City, State & Zip _____ Phone Number _____

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

Screening Device for Determining Family Fees and Eligibility for AllKids & DSCC

STEP ONE - FAMILY FEES

- A. Family's total annual gross income: \$ _____
- B. Family Size: _____
-

STEP TWO

Is the child both an Illinois Resident and either a U.S. Citizen or Legal Immigrant?

- ☐ **Yes** (Proceed to STEP THREE)
- ☐ **No** (No referral - Proceed to SIGNATURES)
-

STEP THREE – ALL KIDS

- A. Is the child currently enrolled in All Kids? ☐ **Yes** (Proceed to STEP FOUR)
☐ **No**
- B. Has the family already submitted an All Kids application? ☐ **Yes** (Proceed to STEP FOUR)
☐ **No**

Monthly Family Gross Income Guidelines

- ▶ \$3,153 for a family of 2
- ▶ \$3,978 for a family of 3
- ▶ \$4,803 for a family of 4
- ▶ \$5,628 for a family of 5

For family sizes above 5, add \$825 for each additional family member.

- If a family's gross income falls within these guidelines, ask if the family would like to file an All Kids application.
- If a family's gross income exceeds these guidelines, **ALWAYS** ask if the family has high medical bills. If the family's medical bills exceed \$2,000 per month, do not take an All Kids application. Refer the family to their local Department of Human Services Office / Family Community Resource Center to apply for medical assistance.
- If a family's gross income exceeds these guidelines and the family does not have medical bills over \$2,000 per month, ask if the family would like to file an All Kids application. Never refuse to take or discourage a family from filing an All Kids application.

- C. Does the family's gross income fall within these guidelines? ☐ **Yes**
☐ **No**
- D. **Choose one of the following:**
- ☐ All Kids application was filed on the following date - _____
- ☐ All Kids application was not filed
-

STEP FOUR - DSCC

Is the child currently enrolled in University of Illinois Division of Specialized Care for Children (DSCC) or has the child already been referred to DSCC?

- ☐ **Yes** (Proceed to SIGNATURES)
- ☐ **No**

STEP FOUR - continued

Choose one of the following options:

- Option 1** ☐ Referral to DSCC is not indicated at this time.
- Option 2** ☐ Referral to DSCC for a diagnostic evaluation. Child **MUST** have a suspected potentially DSCC medically eligible condition. Check all suspected medical conditions below that apply.
- Option 3** ☐ Referral to DSCC is indicated due to physician diagnosis or medical condition that is or could be potentially DSCC eligible. (Refer to Child and Family Connections Procedure Manual, Section 4.20, Early Intervention Eligibility Determination.) Check all diagnosed medical conditions below that apply.

For Options 2 or 3, check all that apply:

- ☐ Orthopedic conditions (bone, muscle, joint disease)
- ☐ Heart defects
- ☐ Hearing loss
- ☐ Neurological conditions (nerve, brain, spinal cord, does not include autism or developmental delay)
- ☐ Certain birth defects
- ☐ Disfiguring defects such as cleft lip, cleft palate, and severe burn scars
- ☐ Speech conditions which need medical treatment
- ☐ Certain chronic disorders such as hemophilia and cystic fibrosis
- ☐ Certain inborn errors of metabolism, including PKU, and Galactosemia
- ☐ Eye impairments, including cataracts, glaucoma, strabismus and certain retinal conditions - excluding isolated refractive errors
- ☐ Urinary system impairments (kidney, ureter, bladder)

Comments:

Contact DSCC for additional technical assistance for referral. If referral to DSCC is indicated and a *Consent for Release of Information* form has been completed and signed by the parent/guardian, send the following Cornerstone screens/reports to your local DSCC office with a copy of this form: Participant Enrollment Information (HSPR0770), Assessment History (HSPR0207), and Insurance (HSPR0794).

Note to Parents: If your family's income appears to exceed DSCC financial eligibility criteria, DSCC cannot offer financial assistance for medical treatment services. All available insurance and/or All Kids benefits must be used. Families having no insurance with incomes above DSCC financial eligibility criteria are encouraged but not required to apply for the All Kids program.

SIGNATURES

I certify that the information given above is correct to the best of my knowledge. I understand that I will still be able to receive Early Intervention services and assistive technology devices subject to fees even if I have chosen not to file an All Kids application.

Parent/Guardian: _____

Date: _____

Service Coordinator: _____

Date: _____

CHILD AND FAMILY CONNECTIONS TAX SAVINGS ACCOUNT INFORMATION SHEET

CFCs are to use this form in addition to the *Child and Family Fax Cover Sheet for Insurance Benefits Verification Requests/Updates* form when requesting the exemption. The CFC must also ensure the family is aware of potential Family Fees when using exemptions or waivers. Failure of a family to provide the necessary information may result in inaccurate information from the tax savings plan verification process. This may result in funds withdrawn unnecessarily.

Child Information
Name:
Date of Birth:
Child's EI Number:
CFC Number:

Plan Holder Information (family member who owns the tax savings plan):
Name:
Date of Birth:
Phone Number:
Last 4 digits of Social Security Number:

Tax Savings Plan Information (name of company administering the funds):
Company/Plan Name:
Company/Plan Phone Number:
Representative's Name:
Group #:
Other ID #:
Effective Begin Date:
Effective End Date:
Automatic Withdraw: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

CHILD AND FAMILY CONNECTIONS WAIVER OF WRITTEN PRIOR NOTICE

Child's Last Name, First Name & Middle Initial: _____

Child's Date of Birth: (Month/Day/Year) _____

Cornerstone Participant ID #: _____ EI #: _____

SECTION 1: COMPLETED BY SERVICE COORDINATOR

I certify that two or more disciplines 1) reviewed all applicable and available developmental and, if appropriate, medical information, 2) either conducted developmental evaluations or reviewed existing, *current* developmental evaluations, and 3) concur on a recommendation regarding eligibility.

Signature of Service Coordinator

Date

Based on the findings of the team of evaluators and in accordance with Early Intervention Program policy, this child is/remains:

- ☐ **Eligible**
☐ **NOT Eligible**

If eligible, the following criteria have been established:

- ☐ Eligible level of developmental delay (30% or more in one or more domains);
- ☐ Measured by Department approved diagnostic instruments and standard procedures; or
- ☐ Confirmed through informed clinical judgment of qualified staff based upon multidisciplinary evaluation & assessment if the child is unable to be appropriately and accurately tested by the standardized measures available.
- ☐ Physical or mental condition which typically results in developmental delay; and/or
- ☐ At risk of substantial developmental delay, according to informed clinical opinion
- ☐ Parent has been diagnosed with a Department-defined eligible medical condition, and/or
- ☐ Three or more Department-defined at-risk conditions have been met

SECTION 2: REVIEWED WITH, COMPLETED AND SIGNED BY PARENT/FOSTER PARENT

IF INELIGIBLE, OBTAIN PARENT/FOSTER PARENT INITIALS AND SIGNATURE:

1. The evaluation/assessment results have been sufficiently explained to me. _____ Initials
2. I am comfortable with my level of understanding about my child's development in all areas at this time. _____ Initials

By signing below, I waive any right I may have had to any further written notice prior to eligibility determination. I understand that I have the right to dispute the determination of ineligibility and can find information regarding the dispute process in the *State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System* booklet.

Parent Signature

Date

Other Parent Signature

Date

IF ELIGIBLE, OBTAIN PARENT/FOSTER PARENT INITIALS AND SIGNATURE:

1. The evaluation/assessment results have been sufficiently explained to me. _____ Initials
2. I am comfortable with my level of understanding about my child's development in all areas at this time. _____ Initials
3. I understand that I do not have to develop my child's Individualized Family Service Plan (IFSP) _____ Initials
4. I understand that if I choose to schedule my IFSP development meeting for another day, I will not jeopardize any covered Early Intervention (EI) services/supports that my child or family may need. _____ Initials

By signing below, I waive my right to written notice prior to eligibility determination and IFSP development, including the determination of appropriate early intervention services and supports. I understand that I have the right to dispute the determination of services/supports identified in the IFSP and can find information regarding the dispute process in the *State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System* booklet.

Parent Signature

Date

Other Parent Signature

Date

Individualized Family Service Plan (IFSP) Form Instructions & Non-Cornerstone Service Plan Pages

PURPOSE OF THE STATEWIDE INDIVIDUALIZED FAMILY SERVICE PLAN

The IFSP statewide format is intended to facilitate the collection of essential information under the requirements of the Individuals with Disabilities Education Act (IDEA), specifically Part C. This form must be used to adhere to regulations for recordkeeping of the relevant state agencies participating in the Early Intervention Services System in conjunction with the lead agency. The Illinois IFSP, made up of reports generated by the state's electronic data management system, hardcopy forms completed by and/or with the family, and other attachments as necessary, serves as a common form which may be used by different public and private agencies that provide early childhood services to children and families.

GENERAL DOCUMENT GUIDELINES

1. The IFSP is an important document. Those portions of the IFSP that are required to be completed by hand must be completed in ink.
2. Record the child's name, EI# and Cornerstone ID# on the top of each of the hardcopy IFSP pages. Each page of the IFSP must be dated, reflecting the date of the IFSP development meeting, even if some of the information is collected and confirmed prior to this meeting date. When updated (based on review), the date on the top of the updated pages should reflect the review date. Updated pages must be filed within or attached to the child's current IFSP document, the Cover Page of which will direct auditors to the IFSP begin and end dates.
3. IFSP information must be routinely and regularly verified for accuracy.
4. The original, signed IFSP is maintained in the child's comprehensive early intervention record and housed at the local Child & Family Connections.
5. The IFSP process begins at referral and the initial intake, and occurs over a series of meetings among parents and service providers, throughout the provision of services until the child no longer receives services.
6. The IFSP is a confidential document. Photocopies of the completed IFSP may be distributed as directed by the parents' informed, signed consent.
7. A copy of the completed IFSP must be provided to the parents of a child found eligible for Part C Early Intervention services as soon as reasonably possible following completion.
8. The IFSP cannot be implemented without the signature of the parent/surrogate parent in Section 7: IFSP Implementation and Distribution Authorization.
9. All necessary services for each eligible child as agreed upon by the team members, including the family, must be documented on the IFSP regardless of availability or fund source.

COVER PAGE

INTENT:

The Cover Page provides identifying information concerning the child and family, names key individuals in the child and family's lives, and indicates the child and family's Early Intervention Service Coordinator.

LEGAL BASIS:

34 CFR Part 303, Section 303.344 (g) Identification of Service Coordinator.

SERVICE COORDINATION RESPONSIBILITIES:

The IFSP Cover Page is a template on the Cornerstone system called a *participant form*. The child's demographic information and the CFC/Service Coordinator information, located at the top of the Cover Page, are pulled from a variety of data sources in the Cornerstone system, including the enrollment screen, the address screen, the clinic administrative data table and the employee information screen. It is important that the information entered into the Cornerstone system be as accurate as possible. Inaccurate data entry will result in inaccurate data output on the IFSP Cover Page.

The *Provider Information and Other Helpful Resources* section may be completed prior to the IFSP meeting if the information being entered is known (i.e. LIC Coordinator information, etc.). During the IFSP meeting the IFSP team should review the completed information and identify and document other "helpful resources", including the Primary Care Physician (PCP), on the IFSP Cover Page (Participant Form EICV). The PCP should always be identified on the Cover Page of the IFSP and the service coordinator should discuss with the family the importance of sharing information with the PCP, including the status of the referral and the IFSP document.

COMPLETION INSTRUCTIONS:

1. Locate the IFSP Cover Page participant form (CM10 - EICV). If you have difficulty locating this form please refer to the Cornerstone User Manual.
2. Complete the required information (Name, Address, Phone and Fax/E-mail) for all predefined roles (Primary Care Physician, Parent Liaison, LIC Coordinator, School District/LEA Representative, and DCFS Caseworker, if applicable). Based on discussions with the family, use this space to capture information regarding individuals who play key roles in the lives of the child and/or family.
3. When the IFSP document is ready to be distributed, use the checklist at the bottom of the Cover Page to make sure that all components are included.

UPDATING INSTRUCTIONS:

When to update:

1. As needed when a change of information occurs.
2. Reviewed for accuracy at each review.
3. Updated as needed at each annual re-evaluation/review.

How to update:

As mentioned earlier, the demographic information on the electronic Cover Page is pulled from a variety of data fields in the Cornerstone system. If the demographic information is inaccurate or needs to be updated, users must return to the data field of origin. For example, the child's address, phone number and primary contact are derived from the child's address information as entered on PA03-F9. If this information changes, or is inaccurate as printed on the comprehensive IFSP report, users must return to the child's address field on PA03-F9 and update or correct information, as necessary.

Who updates:

Service Coordinator

Updating Procedures:

Attach the updated Cover Page to the top of the IFSP document. Do not discard the original Cover Page. Updated pages must be attached to or filed within the child's current IFSP document. Once the IFSP has been updated print, copy and distribute the document in its entirety to the family, the EI service providers listed in the IFSP and anyone else the family has consented to receive a copy.

FUNCTIONING LEVELS OF DEVELOPMENT

INTENT:

The Levels of Development section of the IFSP is a place to all synthesize all evaluation and assessment information, including family reports and observation data that have been collected and reviewed during the intake interview(s), eligibility determination and other IFSP evaluation activities. The Levels of Development section of the IFSP is also used to document the child's functional status compared to his/her same age peers at the time of the initial IFSP, as well as progress at each annual IFSP and prior to exit at age three. The information in the Levels of Development section of the IFSP should provide meaningful information to the family regarding their child's development so that they will be better able to participate in the IFSP development process and to meet the needs of their child and their family independent of the EI Services System.

LEGAL BASIS:

34 CFR Part 303, Section 303.344 (a) information about the child's status, and Section 303.322 (b) Definitions of Evaluation and Assessment, (c) Evaluation and Assessment of the child and Section 303.323 Nondiscriminatory Procedures.

SERVICE COORDINATION RESPONSIBILITIES:

Provide all team members with a description of what is needed to complete questions 1 through 10 on the AS03 – EI Levels of Development. Assist members as needed in organizing this information. Ensure that all needed information is gathered prior to the child and family's IFSP meeting. Complete the EI Levels of Development portion of the IFSP at the IFSP meeting with the family and the other members of the IFSP team. Ensure that all members of the team have a clear picture of the child's developmental status in each developmental domain and are able to form opinions and make recommendations based on shared information.

COMPLETION INSTRUCTIONS:

The child's present levels of development are captured on the AS03 screen in Cornerstone.

Variable amounts of information may be entered prior to the IFSP meeting based on input from the parent(s) during the Intake and available evaluation/assessment information available.

AS03 – EI Levels of Development/Child Outcome Ratings

1. Locate the AS03 assessment. If you have difficulty locating this assessment please refer to the Cornerstone User Manual.
2. Questions 1 and 2 may be completed prior to the IFSP meeting using information gathered from the family during Intake and medical and/or other records obtained and reviewed prior to the IFSP meeting.

Question # 1: Describe the child and family's strengths and challenges and the family's priorities, resources and concerns.

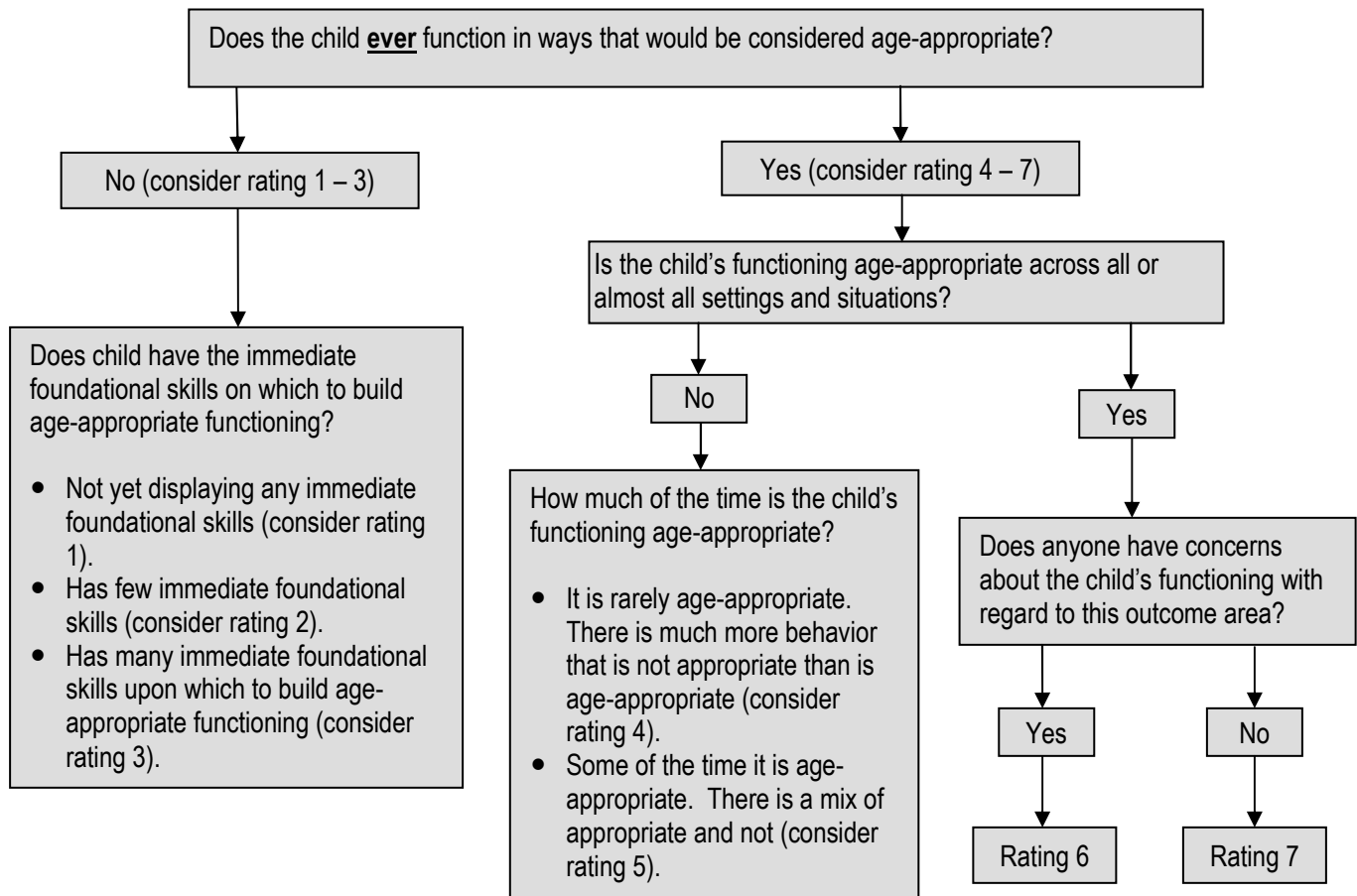
Question #2: Summarize the child's health status, including his/her hearing and vision status.

Questions #3 - #7: Enter the child's percent of delay and/or age equivalent in months as reported or verified by the child's evaluator. Also, describe the child's current level of functioning in each developmental domain. This description should convey to the family and other IFSP team members meaningful information about the area of development. For example, "Johnny can stack 2 blocks" is probably not meaningful to a parent. Whereas, "Johnny's fine motor skills, which he will need to button his

shirt, tie his shoes, and use pencils, crayons and scissors, are mildly delayed” is meaningful.

Questions #8 - #10: Discuss the child’s current functional status with the IFSP team. Do not focus on the child’s discrete developmental domains (i.e. communication, motor, cognitive). Rather, use the three Child Outcomes to focus the discussion on the child’s functioning during everyday routines and activities. The following decision tree may be used to assist the team in reaching consensus regarding the child’s present level of functioning related to each of the three Child Outcomes.

EI Levels of Development Flowchart



At the end of the AS03 assessment document the Sources of Information used to gather developmental, social, family and health/medical information about the child. Multiple sources of information will likely be used in order to obtain comprehensive information. Sources of Information may include:

1. Formal Assessment Instrument
2. Formal Parent Interview/Rating
3. Informal Parent Interview
4. Existing Med/Dev Records
5. Observation
6. Clinical Opinion/Judgment
7. Other

If one or more sources is a formal assessment instrument, select the assessment instrument used in the second column. Finally, document the date on which the assessment was completed or the source of information was completed/obtained/reviewed.

3. Make sure that the child's primary diagnosis, including a narrative description of the ICD-9 code, has been captured on the SV01 screen.

UPDATING INSTRUCTIONS:

When to update:

1. Check for appropriateness at each review.
2. Rewrite at the annual re-evaluation/review.
3. Ensure all information is current and conduct a final Child Outcome measurement rating no more than 120 days prior to exit at age 3.

How to update:

AS03 - Questions may be updated at any time.

Who updates:

The IFSP team provides updated information in preparation for an IFSP meeting. The service coordinator enters the information into the Cornerstone system.

Updating Procedures:

When updated (based on review), the date on the top of the updated pages should reflect the review date. Do not discard the original developmental information. Updated pages must be filed within the child's current IFSP document. The Cover Page will direct auditors to the IFSP begin and end dates. Once the IFSP has been updated print, copy and distribute the document in its entirety to the family, the EI service providers listed in the IFSP and anyone else the family has consented to receive a copy. Updated pages must be copied and distributed to those individuals for whom the parent(s) provided written consent to receive the IFSP.

IFSP FUNCTIONAL OUTCOMES

INTENT:

The outcome section provides the format for defining individual outcomes related to the child and family's needs. It provides space to identify strategies and/or activities designed to facilitate the achievement of the individual outcomes and services and/or supports that are available to assist the family with those strategies and/or activities. The outcome section also provides an opportunity to discuss natural environments.

LEGAL BASIS:

34 CFR Part 303, Section 303.344 Outcomes, Section (d) Early Intervention Services, (e) Other Services, Section 303.342 (b), Periodic Review and Annual Meeting to Evaluate the IFSP and Section 303.12 General Role of Service Providers.

SERVICE COORDINATION RESPONSIBILITIES:

The service coordinator should review this section with the family during the IFSP planning period. The family should be assisted in developing some outcome statements for presentation and discussion at the IFSP team meeting. These outcomes, developed by and/or with the family, should form the basis of discussion and together with other IFSP team member input should contribute to the design of an array of strategies, activities and services that are appropriate for the child and family. More than likely the activities performed by service coordinators will be reflected within one or more of the outcomes developed by the IFSP team. This is a wonderful opportunity for families to learn more

about the role and functions of the service coordinator. As families begin to understand this role, they can begin to assume aspects of this role themselves over time well before their transition from early intervention.

COMPLETION INSTRUCTIONS:

Outcomes are changes that the family wants to see occur for their child or their family. Within the outcome section we indicate what should happen (strategies and/or activities) to assist the family in meeting the needs of their child due to his/her developmental concern and what services and/or supports are needed to assist the family with these strategies and/or activities.

Outcomes should be simply written and reflect what the family is most interested in achieving over a given period of time (for example, six months or one year). Strategies and activities represent those specific interventions that are designed to promote the changes that the IFSP team wants to see occur for the child and family.

Develop one outcome per page. There may be as many pages for major outcomes as needed with each subsequent page being numbered at the bottom of the page 1 of 1, 1 of 2, 1 of 3, etc.

Outcomes may have several strategies, activities and services designed to accomplish the outcome.

What do we want for _____ and our family?

1. Enter the child's first name (or nickname) in the space provided.
2. Record the description of the outcome that family members want to see for their child or themselves, in any area of child development or family life related to the child's development. While it is the role of the IFSP team to assist the family in identifying outcomes that are realistic and achievable, the determination of a family's resources, priorities and concerns is ultimately the role of the parent.
3. State the outcomes in functional terms, including what is to occur (process) and what is expected as a result of these actions (product) (e.g. "We want Johnny to talk more so that he can communicate his needs to us better", or "We want to find a safe and competent day care provider so that Johnny's development will be stimulated while I'm at work"). An outcome may be a family or a child outcome.

How will we achieve this outcome?

1. Present the family with options and choices that represent a variety of strategies and activities that would meet the identified outcome.
 - Strategies may include family training/education activities necessary to achieve a developmental outcome for the child or strategies related to therapeutic interventions conducted specifically with the child. Another example of a strategy could be providing resource materials to the family to assist in their participation in activities addressing the outcome, or modifications to the environment, positioning or materials and or equipment (such as a feeding chair) that would assist in the activities related to the outcome.
 - The strategies and activities documented here should reflect broader strategies and/or activities to be carried out or facilitated by specific individuals identified in the IFSP. Treatment plans specific to individual disciplines should be shared with the family and may be attached to the IFSP but should not be copied onto the outcome section.
2. Document the steps to be taken to link the family with or secure funding for the needed services and/or supports that may facilitate the achievement of the identified outcome(s) which are not required to be provided by the EI Services System (i.e. child care, state health insurance coverage, etc.).

What EI and/or other services and supports would help us with this?

1. Identify those services and supports that will be accessed or investigated to assist with the achievement of this outcome.
 - Both EI services and other services needed by the child and/or family that are not required to be funded under EI, should be reflected in this column. In relation to Johnny's outcome listed above, an example of a service which would assist with the achievement of the outcome may be developmental therapy or, if appropriate, speech therapy. An example of a support would be a local parent group that provides a nursery service during the group meeting time. This would provide mom with support (if identified as a need) and would offer Johnny an opportunity for socialization and communication with typically developing peers.

Fund Source

Indicate the fund source (i.e. DSCC, private insurance) responsible for payment or from which payment is being sought for services not provided through EI. All covered EI services must be authorized. Therefore, it is **not** necessary to identify "EI" or "CBO" in the fund source column.

Upon review, how are we doing?

1. As the plan is reviewed, document progress made during the weeks/months of the plan's implementation. The assessment of this progress should be made through formal and informal assessment activities, including parent report and IFSP team member input.
2. Document changes to the outcome or any strategies, activities, services, or supports in the space provided. **NOTE:** Any change to the frequency, intensity, duration or location of service must be supported by written justification for the change based on formal and/or informal assessment activities, including parent report, and must be agreed upon by the IFSP team via a team meeting.
3. Obtain written, parental consent to change the frequency, intensity, duration or location of any EI service.
4. Provide the family with written notice of changes to individual service providers within a reasonable amount of time prior to the provider change.

Natural Environments

Based on the information obtained through informal discussions with the family and formal family assessments the IFSP team should be knowledgeable of the child's daily learning environments. If at the time of the IFSP meeting the IFSP team appears to be unaware of the child's daily learning environments, this discussion should occur prior to outcome development.

1. Review the EI services needed to achieve this outcome and discuss with the IFSP team the most appropriate location(s) for service delivery.
2. Indicate in the box provided whether the early intervention services identified will be provided/are being provided in natural environments. The federal law defines natural environments as "settings that are natural or normal for the child's age peers who have no disabilities," [CFR 303.12(4)(b)(2)], and requires that services be provided in natural environments unless intervention cannot be satisfactorily achieved there.
3. If it is determined that a specific service must be provided in a setting other than a natural environment, complete the Natural Environments Worksheet. The Natural Environments Worksheet should contain a statement of justification that:
 - a) Describes the basis of the IFSP team's decision,
 - b) Is based on the identified needs of the child and the projected outcomes as determined by the evaluation and assessment, and

- c) If appropriate, is based on the nature of the service required to meet the unique needs of the child.
4. If it was determined that a specific service was to be provided in a setting other than a natural environment, ensure that the Natural Environments Worksheet is maintained as a part of the IFSP document and is available for review by federal and state monitors.

UPDATING INSTRUCTIONS:

When to update:

1. At any point in time at parent or provider request based on the changing priorities, resources and concerns of the family or the developmental needs of the child.
2. Check for appropriateness at each review.
3. Rewrite at each annual re-evaluation review. [NOTE: The IFSP team may choose to retain one or more outcomes from the previous year's IFSP. If reasonable to do so, the service coordinator may copy the old outcome page and include it in the new IFSP, or the IFSP team may choose to rewrite the outcome in order to provide a cleaner form to last through the new IFSP period.]

How to update:

Document changes to the outcome or any strategies, activities, services or supports in the review column. Add an additional page if additional outcomes are identified upon review. File provider justifications for changes in early intervention or other services in the child's comprehensive early intervention record.

Who updates:

Service coordinator based on input from the family and IFSP team members.

Updating Procedures:

When updated (based on review), the date on the top of the updated pages should reflect the review date. Do not discard the original outcome information. Updated pages must be filed within the child's current IFSP document. The Cover Page will direct auditors to the IFSP begin and end dates. Once the IFSP has been updated print, copy and distribute the document in its entirety to the family, the EI service providers listed in the IFSP and anyone else the family has consented to receive a copy. Updated pages must be copied and distributed to those individuals for whom the parent(s) provided written consent to receive the IFSP.

AUTHORIZATIONS

INTENT:

The SV07 screen identifies EI services, the method of service delivery, the beginning and end dates for each service, the location of service provision, the frequency and intensity of services, the name of the Payee responsible for providing the service, the name of the individual providing the service (if different from the payee) and the status of the service authorization. This screen captures the information necessary to generate an authorization for services.

LEGAL BASIS:

34 CFR Part 303, Section 303.344(f) Duration of Services, Section 303.12 Early Intervention Services, (a) General (b) Natural Environments and (d) Types of Services and Section 303.346 Responsibility and Accountability.

SERVICE COORDINATION RESPONSIBILITIES:

- All early intervention services must be justified, must be related to at least one outcome, and must be based on multidisciplinary team consensus.
- If the parent does not consent to a service, it should not be authorized. (Services for which consent is not received may be documented as a need identified by the IFSP team in the outcome section and refusal to consent to the service(s) must be indicated in Section 7 by the parent.)
- All necessary services for each eligible child as agreed upon by the team members, including the family, must be documented on the IFSP regardless of availability.
- If changes are requested within the first three months of the plan, the original IFSP team must reconvene with the provider who is recommending the changes in attendance.

The discussion regarding service recommendations should begin during outcome development and should naturally flow into the authorized service plan. Refer to the Child and Family Connections Procedure Manual section 05.30.30 *Initial/Annual IFSP Development* for specific procedures related to service authorizations.

COMPLETION INSTRUCTIONS:

1. Locate the SV07 screen. If you have difficulty locating the SV07 screen please refer to the Cornerstone User Manual.
2. Complete a service authorization for each Early Intervention service. If you need assistance completing the SV07 screen, please refer to the Cornerstone User Manual or contact your assigned EI specialist. If you need assistance completing authorizations for Assistive Technology or Eyeglasses, please refer to sections 05.30.50 and 05.30.60 of the Child and Family Connections Procedure Manual.

UPDATING INSTRUCTIONS:

When to update:

1. At any point in time as needed at parent or provider request.
2. Checked for appropriateness at each review.
3. Rewritten at each annual review, with written parental consent.

How to update:

The following fields can be edited on existing authorizations as needed:

- End Date
- Comments

Edit the status field in order to discontinue or cancel an authorization for services as appropriate based on the following guidelines:

- Discontinue an authorization when there is **any** chance that services have been provided under the existing authorization. By discontinuing an authorization, the authorized provider may bill for services rendered during the authorized service period and within the authorized service parameters. Discontinuing an authorization automatically changes the authorization end date to today (the date of discontinuation).
- Cancel an authorization when **and only when** there is **no** chance that services have been provided under the authorization. By canceling an authorization, the authorized provider **may not** bill for services rendered during the authorized service period or within the authorized service parameters.
- Once an authorization has been sent to a provider, it is **strongly recommended** that the authorization be discontinued rather than canceled.

Who updates:
Service coordinator

Updating Procedures:

Updated pages must be filed within the child's current IFSP document. The Cover Page will direct auditors to the IFSP begin and end dates. Once the IFSP has been updated print, copy and distribute the document in its entirety to the family, the EI service providers listed in the IFSP and anyone else the family has consented to receive a copy. When distributed, the revised IFSP should be accompanied by a cover letter describing the enclosed update(s). **It is very important that providers receive timely notification of any authorization changes in order to avoid confusion regarding service provision.** Updates should be copied and distributed within 5 working days.

TRANSITION

INTENT:

To document all required transition activities.

LEGAL BASIS:

34 CFR Part 303, Section 303.344 (h) Transition from Early Intervention Services.

SERVICE COORDINATION RESPONSIBILITIES:

The service coordinator will inquire as to whether transition activities are needed and/or scheduled. The service coordinator and the other IFSP team members will determine the timely, appropriate steps and person or persons who will be responsible for completing transition activities. These activities may facilitate transitions within or from the Early Intervention Program.

COMPLETION INSTRUCTIONS:

Transition planning should occur prior to any transition from *Consent for Release of Information*. The goal of transition planning includes the development of transition outcomes. These are the first outcomes listed and included in the IFSPs of all children; whether or not they are eligible for Part B. Transition planning should occur at least 90 days but no more than nine (9) months prior to the child's birthday. Transition planning provides for 1) discussions and training regarding future services and other matters related to the child's transition, 2) 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 3) with the family's consent, transmission of information about the child, including evaluation and assessment information and a copy of the IFSP, to the Local Education Agency (LEA) to ensure continuity of services.

Discussions regarding transition may occur at any time during the early intervention process. The service coordinator should initiate discussions in order to optimize the transition planning time. Transition planning may be used to facilitate a variety of transition experiences, including transitions to new service providers, to new service delivery options, to the home after a hospital stay, to new living arrangements or to community activities.

Transition activities are recorded in Cornerstone on the Early Childhood Tracking Screen (PA34).

Transition Process

1. Ensure that formal transition planning begins as early as nine (9) months but no later than six (6) months prior to the child's third birthday.
2. Complete Section I of the EI to EC Tracking Form.
3. If applicable, forward to the LEA/School District (See Transition Section of this manual).
4. Enter Section I on the Early Childhood Tracking screen (PA34) in Cornerstone.

UPDATING INSTRUCTIONS:

When to update:

1. Update when the El to EC Tracking Form is returned to the CFC by the LEA/School District.

How to update:

Edit the Early Childhood Tracking screen (PA34).

Who updates:

CFC Staff.

IFSP IMPLEMENTATION AND DISTRIBUTION AUTHORIZATION

INTENT:

The intent of this page is 1) to certify that the family consents to IFSP implementation and 2) to indicate who can receive copies of or view the IFSP. The IFSP cannot be implemented or distributed without this authorization.

LEGAL BASIS:

34 CFR Part 303, Section 303.18 Parent, Section 303.342 Procedures for IFSP Development, Review and Evaluation, including (e) Parental Consent, and Section 303.404 (a)(2) the Consent to Initiate Services.

SERVICE COORDINATION RESPONSIBILITIES:

Informs the parent(s) of their rights regarding distribution of the IFSP document and the authorization to implement services. The service coordinator then assures that the IFSP is appropriately distributed and that services are implemented as directed by the IFSP.

COMPLETION INSTRUCTIONS:

1. Ensure that the family understands their rights and responsibilities with regard to the IFSP.
2. Document whether the family is consenting to all services identified in the IFSP.
3. If the family is not consenting to all services identified in the IFSP, document those services for which the family is not consenting.
4. Document the parent's refusal of services, if appropriate.
5. Identify other individuals whom the family would like to receive a copy of the IFSP.
6. Obtain the parent's or foster parent's signature(s) in order to implement the IFSP.

UPDATING INSTRUCTIONS:

When to update:

1. Obtain parent signature in order to document written parental consent to implement modified or new services as needed.
2. Obtain parent signature to implement the annual IFSP.

How to update:

Should any information change or should the parent opt to refuse services during the course of the IFSP period:

1. Complete a **new** IFSP Implementation and Distribution Authorization page.
2. Adjust the end date on all affected service authorizations as appropriate.
3. Notify all affected providers of the service authorization changes immediately.

STATE OF ILLINOIS CORNERSTONE EARLY INTERVENTION SERVICE PLAN

06/28/2007

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

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

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

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

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

EI Cover Page**Date Prepared: (**

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

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

School District/
LEA Rep.:

Primary Care
Physician:

Parent Liaison:

Local Interagency
Council Coord.:

DCFS Caseworker
(If applicable)

IFSP TABLE OF CONTENTS

Required Sections:

Attach if Completed:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Present Levels of Development | <input type="checkbox"/> Family Considerations for the IFSP |
| <input type="checkbox"/> Child and Family Outcomes | <input type="checkbox"/> Transition Planning Worksheet(s) |

CORNERSTONE

06/28/2007

EARLY INTERVENTION SERVICE PLAN

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

EI Cover Page

Date Prepared: _____

☒ Part C EI Service Authorizations ☐ Other _____☐ Transition Plan ☐ Other _____☐ IFSP Implementation and Distribution Authorization

CONFIDENTIAL MATERIAL

ELIGIBILITY DETERMINED:

PRIMARY DIAGNOSIS:

Child's Name:

El#:

Participant ID#:

Date:

SECTION 1: FAMILY CONSIDERATIONS - (Optional)

1. How would you describe your child?

2. What are some great things about your family?

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

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

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

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

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

Morning:

Lunchtime:

Afternoon:

Dinnertime:

Evening:

Bedtime:

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

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

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

☐ I agree to provide this information

☐ I do not agree to provide this information

Signature _____

Date _____

STATE OF ILLINOIS
CORNERSTONE

06/28/2007

EARLY INTERVENTION SERVICE PLAN

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

CURRENT STATUS OF FUNCTIONING/LEVELS OF DEVELOPMENT

Visit date: _____

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

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

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

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

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

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

CURRENT STATUS OF FUNCTIONING/LEVELS OF DEVELOPMENT

Visit date: _____

CHILD OUTCOMES SUMMARY

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

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

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

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

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

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

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

9. Acquiring and Using Knowledge and Skills

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

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

CORNERSTONE

06/28/2007

EARLY INTERVENTION SERVICE PLAN

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

CURRENT STATUS OF FUNCTIONING/LEVELS OF DEVELOPMENT

Visit date: _____

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

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

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

10. Taking Appropriate Action to Meet Needs

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

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

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

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

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

SOURCE OF INFORMATION

ASSESSMENT INSTRUMENT, IF APPLICABLE

DATE

FORMAL ASSESSMENT INSTRUMENT

OBSERVATION

Child's Name: _____	EI #: _____	Participant ID #: _____	Date: _____
SECTION 3: FUNCTIONAL OUTCOME # _____ (May be used as an Annual goal statement for Part B Preschool Services.)		Develop one outcome per page. Assign outcome # to identify each page individually. Each outcome may have several services, strategies and/or activities designed to facilitate the achievement of the outcome.	
*** Family Priorities (Concerns)			
What do we want for _____ and our family? <i>(What does the family want and why?)</i>			
How will we achieve this outcome? (List strategies and/or activities designed to facilitate the achievement of this outcome and/or steps to be taken to link us to services and/or secure funding for services if not required to be provided by the Part C Early Intervention System)	What Early Intervention and/or other services and supports would help us with this?	Fund Source	Upon review, how are we doing? Has our outcome been achieved? Should our outcome, strategies, activities and/or services change? If so, how? Written parental consent required to change any services.
FOR EARLY INTERVENTION PARTICIPANTS ONLY The primary setting for young children is within the context of the family, their home, their community, lifestyle and daily activities, routines and obligations. To the extent appropriate, services must be provided in the types of settings in which young children without and their families would participate. Are all Part C EI services needed to achieve this outcome being provided in natural environments?: ____ Yes ____ No If no, justify the extent to which any services will not be provided in natural environments:			
Note regarding Fund Source: All Part C Early Intervention Services must be pre-authorized. For all other services identified as needed but not required to be provided by the Part C Early Intervention System, indicate the fund Source (i.e. Medicaid, DSCC, private insurance) which is either responsible for payment or from which payment is being sought.			

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

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

RESIDENCE

CONTACT:

RELATIONSHIP:

TELEPHONE:

AUTHORIZATION START DATE:

END:

AUTHORIZED PAYEE:

TELEPHONE:

AUTH TYPE:

SERVICE:

METHOD:

PLACE OF SERVICE:

PROCEDURE:

FREQUENCY:

PER:

FOR:

AUTH NUM:

STATUS DATE:

PRIVATE INSURANCE:

COMMENTS:

* * * * *

AUTH TYPE:

SERVICE:

METHOD:

PLACE OF SERVICE:

PROCEDURE:

FREQUENCY:

PER:

FOR:

AUTH NUM:

STATUS DATE:

PRIVATE INSURANCE:

COMMENTS:

* * * * *

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

06/28/2007

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

AUTH TYPE:

SERVICE:

METHOD:

PLACE OF SERVICE:

PROCEDURE:

FREQUENCY:

PER:

FOR:

AUTH NUM:

STATUS DATE:

PRIVATE INSURANCE:

COMMENTS:

Child's Name:

EI#:

Participant ID#:

Date:

SECTION 7. IMPLEMENTATION AND DISTRIBUTION AUTHORIZATION

Required to implement services

The purpose of the required "Implementation and Distribution Authorization" signature page is: 1) to certify that the family consents to service plan implementation and 2) to indicate who can receive copies of or view the service plan.

FOR EARLY INTERVENTION PARTICIPANTS ONLY

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

☐ I hereby consent to all Early Intervention services herein.

☐ I hereby consent to all Early Intervention services herein, except:

☐ I hereby refuse the Early Intervention services offered herein.

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

Name**Role****Address****Phone**

Parent or Surrogate Parent Signature: _____ Date: _____

Other Signature: _____ Relationship: _____ Date: _____

Who updates:

Service coordinator

Updating Procedures:

When updated (based on review), the date on the top of the updated pages should reflect the review date. Do not discard the original signature page. Updated pages must be filed within the child's current IFSP document. The Cover Page will direct auditors to the IFSP begin and end dates. Once the IFSP has been updated print, copy and distribute the document in its entirety to the family, the EI service providers listed in the IFSP and anyone else the family has consented to receive a copy within 5 working days.

IFSP MEETING PARTICIPANT/CONTRIBUTOR LIST

INTENT:

To document the individuals who participated in the IFSP development meeting as well as those who participated by providing input, ensuring interdisciplinary team and parent participation.

LEGAL BASIS:

34 CFR Part 303, Section 303.17 Multidisciplinary, Section 303.18 Parent, Section 303.342 Procedures for IFSP Development, Review and Evaluation, Section 303.343 Participants in IFSP Meetings and Periodic Reviews.

SERVICE COORDINATION RESPONSIBILITIES AND PROCEDURES:

Service coordinators will complete this section at the IFSP development meeting or IFSP review meeting upon parent request. As indicated by the IFSP Table of Contents, this is an optional section. However, if completed, it must be included as part of the IFSP document.

UPDATING INSTRUCTIONS:

When to update:

At each IFSP review meeting.

Who updates:

Service coordinator.

Updating Procedures:

Include with the revised IFSP for distribution as needed.

IFSP PAGES NOT ON CORNERSTONE

Section 1: Family Considerations – (Optional)
Section 3: Functional Outcomes
Section 7: Implementation and Distribution Authorization
Section 8: Meeting Participant/Contributor List
Natural Environments Worksheet