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The purpose of the Child and Family Connections Procedure Manual is to assist Child and Family Connections staff with the procedural operations of the statewide system and in performance of day to day activities. The procedures outlined in this document are based on federal and state regulations and Department policies.

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.

Please note that 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 or on the Internet at www.iphca.org/cornerstone/user/manualweb.htm
The procedures outlined in this document are based on federal and state regulations and Department policies. Child and Family Connections staff is required to comply with these procedures and all pertinent law, rule and policy. To review the following pieces of enabling legislation, visit the DHS/Early Intervention web site at www.dhs.state.il.us/ei, the “Laws and Rules” section under “Documents.”

**Enabling Legislation:**

Part C of The Individuals with Disabilities Education Act (IDEA) [20 USC 1400 et seq.], as amended in 1997, and related regulations can be viewed and downloaded by selecting either “Individuals with Disabilities Education Act” or “Federal Regulations.”

The Early Intervention Services System Act [325 ILCS 20/3 et seq.] can be viewed and downloaded by selecting “Early Intervention Services System Act (325 IL CS 20/).”

State rules for the Early Intervention Services System can be viewed and downloaded by selecting “Part 500 – Early Intervention Final Rule.”

Other law, rule and policy may also apply.
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 should be integrated into a comprehensive plan that encourages transdisciplinary activities and avoids unnecessary duplication of services. The plan should 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 quality. 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.
In direct service the therapist provides one-on-one interaction with the child and family or with a small group of children. Direct service is appropriate when specialized approaches and techniques are needed that are individualized to the child and require the skills of a trained therapist to administer. In virtually all areas of therapy, direct service consists of various components, including 1) educational (teaching, demonstrating, promoting the use of a skill which the child has the understanding and physical capacity to perform but is not doing so consistently); 2) remediation or work on improving the child’s capacity to do a component of the skill through use of therapeutic techniques (e.g., stretching to improve range of motion, massage to free up joints, changing the environment, providing a sensory stimulus); 3) expert alteration of the task (provision of adaptive equipment for mobility or self feeding), and 4) co-treatment. All of the treatment modalities depend on the therapists’ expert understanding of the foundations of the task, of ongoing observation of the response to the treatment, and to varying the treatment depending on the response of the child.

Monitoring of the intervention services involves evaluating/assessing the child, developing a program and teaching family members and other team members to implement the program. Monitoring occurs when the frequency of therapy is determined to be monthly or less. The therapist remains responsible for the outcome of the plan and oversees the program to ensure that the procedures are implemented on a consistent basis. Monitoring also involves a focused reevaluation of a child to see if the child is meeting goals as written on the service plan, given his overall health, sensorimotor and developmental status and requires provision by an EI professional. Implicit in the idea of monitoring is that if expected progress is not occurring, or regression is occurring, the process will change in some way. This may include reevaluation/assessment, revision of the service plan or referral for medical diagnostic evaluation.

Consultation involves the request of one professional to another regarding a specific area of concern. The consultation may require several contacts, but ends with a response and recommendations. Consultation consists of an evaluation by a therapist with subsequent direction to the child’s parents, educators or other professionals, regarding activities or program modifications which can be incorporated into play, self care, and/or educational routines. Consultative services are designed to enable others to meet their expressed goals and may or may not involve hands-on work by the therapist with the child. In consultation the therapist uses their knowledge and experience to enable another person to interact with the child or group of children more successfully. Consultation may include directions for positioning, suggesting activities that promote the acquisition of certain functional skills, modifications to an existing program to improve endurance and speed, recommendations for orthotics, and making suggestions for environmental changes.

Often monitoring or consultative services are combined with direct services in a co-treatment model.
What Is Child and Family Connections?

Child and Family Connections is the regional office responsible for ensuring that all referrals to the Early Intervention Services System receive a timely response in a professional and family-centered manner. Each Child and Family Connections is responsible for implementation of the Early Intervention Services System within their specific geographic region of the state, as outlined below.

Child and Family Connections ensures that all of the opportunities under the Early Intervention Services System are made available to families, that families are provided with accurate and timely information regarding their choices or options and thorough information regarding their rights, procedural safeguards, opportunities and responsibilities under federal and state law.

Child and Family Connections serves as the electronic link between the CFC region and the Central Billing Office (CBO) via Cornerstone. Client referral information is stored electronically 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 a service plan.

Child and Family Connections is also responsible for providing staff to conduct parent liaison activities and to facilitate activities of Local Interagency Councils (LICs) within Child and Family Connections boundaries. All staff employed as service coordinators or parent liaisons by a Child and Family Connections are required to obtain an Early Intervention credential prior to providing services to families.

Child and Family Connections Functions

All Child and Family Connections activities should be conducted in ways that are consistent with the Health Insurance Portability and Privacy Act (HIPAA) (Public Law 104-191, Title II, § 262(a), 100stat. 2024). Child and Family Connections functions include but are not limited to the following:

a) Outreach and Child Find activities

b) Service Coordination activities
   - Receiving referrals;
   - Developing, maintaining, and processing the permanent early intervention case record;
   - Providing information about the Early Intervention Services System, including rights and procedural safeguards and available advocacy services to families;
   - Conducting and completing intake;
   - Coordinating EI and non-EI services for enrolled families;
   - Ensuring completion of initial and annual eligibility determination, including insurance and financial information;
   - Complying with family fee policies;
- Coordinating evaluations/assessments necessary for development of service plans;
- Facilitating service plan development within 45 days after referral, monitoring and updating;
- Monitoring that the integrity of the IFSP process is maintained and completed through accurate, timely and complete implementation of the services as mutually determined and agreed to by the IFSP Team, and consented to in writing by the child’s parent/guardian;
- Monitoring that Part C funds are the “payor of last resort” to the extent allowed by law; (This includes assistance in accessing resource supports including but not limited to Medicaid, the State Child Health Insurance Program (KidCare), the Division of Specialized Care for Children, and private insurance.)
- Assisting the family in monitoring IFSP implementation and obtaining updated documentation from service providers listed on the IFSP, communicating regularly with the family using a variety of face-to-face, telephone, written correspondence, and other methods, including team meetings, to ensure that the family is well informed and an active participant in the implementation of the IFSP;
- Assuring that IFSPs are reviewed at least every six months and updated annually;
- Assuring that transition planning, case transfer and case closure occur consistent with the state and federal requirements;
- Being knowledgeable of and comply with all applicable federal and State laws, guidelines, procedures, rules, regulations, and executive orders applicable to CFCs’ activities; and
- Knowing, understanding, and following the philosophy of Early Intervention.

c) Parent Liaison activities (See Parent Liaison Activities for details.)

d) 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 their contractual obligations;
- Maintaining a directory of non-EI financial resources and support services for use with families;
- Maintaining for six years (HIPAA requirement) permanent records for each child referred in accordance with record-keeping requirements;
- Facilitating Local Interagency Council activities (See Local Interagency Council Coordination for details.);
- Assisting families in accessing non-EI financial resources and support services by making appropriate referrals while the child is enrolled with the Early Intervention Services System and at transition. Children found ineligible should be offered referrals for non-EI community resources prior to case closure.
- 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 the Department, including on-site monitoring, data collection and reporting obligations, record reviews, financial audits, complaint investigations, and consumer satisfaction surveys;
- Enrolling as a "KidCare agent" in order to complete the KidCare application as authorized under Section 22 of the Children's Health Insurance Program Act; and
- Submitting data and reports as requested by the state and performing other activities as requested by the Department to assist in system implementation.
POLICY:

1) Child and Family Connections shall maintain appropriate records as required by 89 Illinois Administrative Code Part 500. All Child and Family Connections activities shall be conducted in ways that are consistent with confidentiality and other record provisions as set forth in the Health Insurance Portability and Privacy Act (HIPAA), (42 USC 1320 (a) et seq.), the Family Educational Rights to Privacy Act (FERPA) (20 USC 1232g), and other pertaining laws.

2) Child and Family Connections shall protect the confidentiality of personally identifiable information at collection, storage, disclosure and destruction stages.

3) Child and Family Connections shall require one official to assume responsibility for ensuring the confidentiality of the Protected Health Information (PHI).

4) All persons collecting or using the PHI shall be trained regarding confidentiality requirements. All current and new CFC staff must receive basic training on HIPAA Privacy Standards and participation in this training shall be documented in his/her personnel file.

5) Each Child and Family Connections shall maintain, for public inspection, a current listing of those employees having access to PHI.

6) Child and Family Connections shall maintain a permanent case record for each child served by the Child and Family Connections agency. This record shall be separate from clinical records if the agency also provides treatment or therapy.

7) Permanent case records shall be housed at the main Child and Family Connections office. A working file may be copied for use in satellite offices and in the field.

8) All entries to records shall be kept current and be legible, dated and the author designated. If hard copy, the author shall sign and date the entry.

9) Upon initiation of services, Child and Family Connections shall obtain consent from families to permit the federal Office of Special Education Programs or its designees and the Department of Human Services and its designees access to all of the family’s Child and Family Connections and service provider records for the purpose of providing and paying for services, monitoring provision of services or investigating complaints.

10) Child and Family Connections entities and providers shall have written policies and procedures regarding the compilation, maintenance, storage of and access to records.

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

12) Records shall be maintained for a period of at least six (6) years from the child's discharge from Early Intervention services or longer if administrative or legal action is pending. Destruction of records shall be consistent with pertinent laws.
Access to Records

1) Parents retain the right to inspect and review their EI record. Child and Family Connections shall comply with a request without unnecessary delay and before any meeting regarding an IFSP or any hearing relating to the identification, evaluation, or placement of the child, or the provision of early intervention services to the child, and in no case more than 45 days after the request has been made (consistent with 34 CFR Part 99.10(b)). If the information is protected health information under HIPAA, the agency shall comply with the request within 30 days if the information is accessible on site and within 45 days if it is not accessible on site. [See Access Rights 89 Illinois Administrative Code 500.150 (b)(1)-(3)]

Access to Protected Health Information (89 Ill. Adm. Code 500.150(b)(1)&(4), 45 CFR 164.524)

1) The agency shall also comply with the provisions regarding access of HIPAA protected health information as set forth in 45 CFR 164.524, particularly the provision regarding grounds for denial, reviewability of denial, notice of denial, required review by a licensed health care professional, and notice and existence of a complaint procedure.

2) Request procedure

   a) Requests must be in writing.
   b) You must act on the request in 30 days unless the information is not maintained or accessible on-site, in which case you may have one 15 day extension if you inform the person in writing giving the reason for delay (HIPAA allows a 30 day extension but FERPA only allows 15).
   c) If you deny access whether in whole or in part you must give the person a written denial.

3) Denials requiring no review - You may deny access to certain information without offering review as, e.g.:

   a) Psychotherapy notes;
   b) Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding;
   c) Information created or obtained in the course of research if the individual has agreed to the denial of access when consenting to participate in the research;
   d) Certain protected health information to which access is prohibited or not required by law (and which the CFC is highly unlikely to have);
   e) If the protected health information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information;
4) Denials requiring review - You may deny access in some circumstances if you offer review, e.g.:
   a) If a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
   b) If the protected health information makes reference to another person (unless the other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to the other person (FERPA requires that a parent be granted access to only those records pertaining to his or her child); or
   c) If the request for access is made by the individual’s personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that access to the personal representative is reasonably likely to cause substantial harm to the individual or another person.

5) Review must be done by a professional - The review must by done by a licensed health care professional who did not participate in the original decision to deny.

6) Denial procedure - If you deny access, in whole or in part, you must:
   a) To the extent possible, give the person access to any other requested protected health information, after excluding the denied information.
   b) Provide a timely, written denial containing:
      i. The basis for the denial;
      ii. If applicable, a statement of the individual’s review right and the place to direct the request for review (name or title and telephone number of contact person); and
      iii. A description of how the individual may complain to you or the Department pursuant to 45 CFR 164.530 and to the Secretary of HHS pursuant to the procedures in 45 CFR 160.306. The description shall include the name, title and telephone number of the contact person or office designated.
   c) Inform the individual where to direct the request for access if the protected health information that is requested is not maintained by you and you know where it is maintained.
   d) Designate and promptly refer a request for review to a licensed health care professional who was not directly involved in the denial. The designated reviewing official must determine, within a reasonable period of time, whether or not to deny the access based on the above review standards.
   e) Promptly provide written notice to the individual of the determination of the designated reviewing official and take other action as required above to carry out the designated reviewer’s official determination.

7) Who responds to requests - You must handle requests regarding records created and maintained by you in the course of providing EI services. If the request relates to
records created and maintained by the Bureau of Early Intervention or the CBO, you should instruct the individual to contact the Bureau or the CBO directly to request access.

8) Child and Family Connections shall keep a record of parties obtaining access to records collected, maintained, or used (except access by parents and authorized employees of the participating agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records. At the parent’s request, each participating agency shall also provide an accounting of disclosures of a child’s HIPAA protected information which have been made in the past six years, as required in 45 CFR 164.528 (exceptions are provided therein for various disclosures).

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

10) Child and Family Connections shall provide on request a list of the types and locations of records collected, maintained, or used by the agency.

11) Child and Family Connections may charge a fee for copies of records as outlined in 89 Illinois Administrative Code 500.150f.

12) Parents who believe that information in their child’s record is inaccurate, misleading or violates the privacy or other rights of the child may request that Child and Family Connections amend the information as set forth in 89 Illinois Administrative Code 500.150(g)(1) – (3). The agency shall also comply with the provisions regarding amendments of HIPAA protected health information as set forth in 45 CFR 164.526, particularly the provision regarding denial and regarding notice and provision of a complaint procedure.

Amendment of Protected Health Information (89 Ill. Adm. Code 500.150(g)(2)&(4), 45 CFR 164.526)

1) A family has a right to request amendment of records under HIPAA similar to the right granted under the Family Educational Rights and Privacy Act regulations (FERPA, 34 CFR 99.20-22) already reflected in 500.150(g)&(h). Additional requirements under HIPAA are as follows:

2) Procedure - Requests for amendment must be in writing and provide a reason to support the requested amendment. They must be designated as a request for amendment under HIPAA. You must handle requests regarding records created and maintained by you in the course of providing EI services. If the request relates to records created and maintained by the Bureau of Early Intervention or the CBO, you should instruct the individual to contact the Bureau or the CBO directly to request the amendment.
3) Denials that are allowed - The standard for amendment of records under FERPA is whether the record is “inaccurate, misleading, or otherwise in violation of privacy rights of the child”. Under HIPAA you may deny the request if the record they wish to amend:

a) Was not created by the EI program, unless the individual provides a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;

b) Is not part of the records subject to amendment;

c) Is not accessible to the person under the access provisions above; or

d) Is accurate and complete.

4) Response required in 60 days - Under HIPAA if you are unable to act on the amendment within 60 days, you may extend the time by no more than 30 days, if you provide the individual with a written statement of the reasons for the delay and the date by which you will respond in writing.

5) Acceptance - If you agree to an amendment, under both HIPAA and FERPA you must notify the person in writing and make the change. Under HIPAA you must also:

a) Obtain the individual’s identification of and agreement to notification of relevant persons with whom the amendment needs to be shared.

b) Make reasonable efforts to inform and provide the amendment within a reasonable time to those identified and persons that you know have the record and could rely on it to the detriment of the individual.

6) Denial - If you deny the request, in whole or in part you must provide the timely written notification giving the basis for denial and the right to contest the decision. Under FERPA the person has a right to a hearing by the agency as set forth in 500.150(h). Under HIPAA there is a right to submit a complaint under the HIPAA complaint procedure below.

7) Statement of disagreement - Under HIPAA and FERPA the person must also be informed of the right to place a statement in the record commenting on the contested information and their disagreement with it. Under HIPAA they can also request that their request to amend and its denial be placed in the record. The statement of disagreement can be limited in length and you may provide and maintain a rebuttal, if it is shown to the individual.

8) Future disclosures - You must include the material appended through the above procedures, with any subsequent disclosure of the protected health information to which the disagreement relates. When a subsequent disclosure is made using a standard transaction under 45 CFR 162 that does not permit the additional material to be included with the disclosure, you may separately transmit the material to the recipient of the standard transaction.
Hearing Regarding Records

1) Child and Family Connections shall give the parent an opportunity for a hearing to challenge the content of the record on the grounds that the information in the record is inaccurate, misleading or in violation of privacy right of the child as set forth in 89 Illinois Administrative Code 500.150(h)(1) – (10).

Accounting of disclosures (89 Ill. Adm. Code 500.150(c), 45 CFR 164.528)

1) Exceptions - An individual has a right to receive an accounting of any disclosures of protected health information made in the six years prior to the date on which the accounting is requested, except for disclosures:
   a) To carry out treatment, payment and health care operations;
   b) To the subjects of the protected information;
   c) As authorized by law, valid consent or authorization;
   d) To persons involved in the individual's care or other notification purposes as provided in 45 CFR 164.510 (for example, disclosures to a close friend or clergy member);
   e) For national security or intelligence purposes;
   f) To correctional institutions or law enforcement officials as provided in 45 CFR 164.512(k)(5); or
   g) That occurred prior to April 14, 2003.

2) Suspension by enforcement agencies - Health oversight agencies and law enforcement agencies may temporarily suspend individuals' rights to accounting of disclosure if it may impede their activities.

3) Contents of accounting disclosure - Accounting must include for each disclosure:
   a) the date of the disclosure;
   b) the name of the entity or person who received the protected health information and, if known, the address of the entity or person;
   c) a brief description of the protected health information disclosed; and
   d) a brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the written request.

If during the period covered by the accounting, multiple disclosures were made to the same person or entity for a single purpose, the accounting may, with respect to such multiple disclosures, provide the above information regarding the first disclosure, the frequency, or number of disclosures and the date of the last such disclosure.

4) Action in 60 days - You must act on a request for an accounting no later than 60 days after receipt of the request, by either providing the individual with the accounting requested; or extend the time by no more than 30 days if you provide the individual with a written statement of the reasons for the delay and the date by which you will provide the requested accounting.
5) Fees - You must provide the first accounting to an individual in any 12-month period without charge. You may impose a fee for each subsequent request by the same individual within a 12-month period, unless (pursuant to FERPA) such a fee would prevent the individual from exercising this right. You must advise the individual in advance of the fee and provide the opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fees.

HIPAA “Minimum Necessary” Requirement (89 Ill. Admin. Code 500.45(c)(13)(d), 45 CFR 164.502(b))

1) Minimum Necessary Standard - When using, disclosing or requesting protected health information, reasonable efforts must be made to use, disclose or request only the minimum amount necessary for the intended purpose.

2) Exceptions - The minimum necessary standard does not apply when:

   a) The information is disclosed to or requested by a health care provider for treatment;
   b) The use or disclosure is authorized by the individual;
   c) The disclosure is made to the United States Dept. of Health and Human Services Office of Civil Rights, when investigating a complaint or conducting a compliance review under the federal HIPAA rule;
   d) The use or disclosure is required by law; and
   e) The use or disclosure is required for compliance with the federal HIPAA rules.

3) Procedure - Determine the need for access - When you receive, request or store protected health information, you must identify:

   a) Those persons or classes of persons in the workforce (which includes employees, volunteers, trainees, contractors and employees of contractors) who need access to protected health information to carry out their duties; and
   b) The category or categories of protected health information to which access is needed.

4) Condition the access - You must establish appropriate conditions on access to protected health information to ensure that:

   a) Only staff with a need for access to protected health information, as determined above, has such access; and
   b) Staff shall only have access to the categories of protected health information needed, as determined above, to carry out their assigned duties.

5) Limit requests - When requesting protected health information from another entity, you must request only the information reasonably necessary for the purposes of the request. For example, CFC staff shall not request a child’s entire medical record unless staff has determined that the entire record is needed for the intended purpose.
CFC PROCEDURE MANUAL

Section    OVERVIEW OF CHILD AND FAMILY CONNECTIONS
Sub-Section Recordkeeping

6) Limit disclosures - When disclosing protected health information to another entity, you must disclose only the information reasonably necessary for the purposes of the disclosure. For example, CFC staff shall not disclose a child’s entire CFC file unless the request specifically indicates why the entire file is needed and the disclosure has been authorized by the child’s parent or guardian or is otherwise permitted by law.

Complaint process (89 Ill. Adm. Code 500.45(13)(d)&150, 45 CFR 160.306 & 164.530)

1) Filing a complaint - Individuals who have complaints concerning the Department’s or the CFC’s HIPAA privacy policies and procedures (“policies and procedures”), or the Department’s or the CFC’s compliance with those policies and procedures, may submit a complaint.

2) Complaints about DHS policies and procedures or actions - If the complaint concerns the Department’s policies and procedures or actions by Department staff (for example, if the complaint is that the Department’s amendment procedure violates HIPAA, or that DHS staff inappropriately refused to amend a record maintained by the Department), the individual shall be directed to submit the complaint in writing to the Bureau of Early Intervention’s Privacy Officer at:

   HIPAA Privacy Officer
   DHS - Bureau of Early Intervention
   222 South College, 2nd Floor
   Springfield, IL 62704
   217/782-1981

3) Complaints about the CFC’s policies and procedures or actions - If the complaint concerns the CFC’s policies and procedures or its actions (for example, if the complaint is that the CFC wrongfully denied a request to amend a record within its control), the complainant shall be directed to submit the complaint in writing to the Program Manager at the CFC. If the CFC receives a complaint that is about the Department, the CFC shall immediately forward the complaint to the Bureau of Early Intervention for disposition.

4) Responding to a complaint about the Department - When the complaint is about the Department, the Privacy Officer (or his or her designee) for the Department will review the complaint and conduct an investigation as appropriate, and inform the complainant as to the disposition of the complaint within 30 days of the receipt of the complaint. If a disposition is not made within the 30-day period, the Department will inform the complainant as to the time frame within which a disposition will be made.

5) Responding to a complaint about the CFC - When the complaint is about the CFC, the Privacy Officer for the CFC (or Program Manager or other designated staff) will review the complaint and conduct an investigation as appropriate, and inform the complainant as to
the disposition of the complaint within 30 days of the receipt of the complaint. If a disposition is not made within the 30-day period, the CFC will inform the complainant as to the time frame within which a disposition will be made.

6) Responding to a complaint about a provider - When the complaint is about a provider’s HIPAA policies and procedures or actions, the complainant shall be directed to send the complaint to the provider. A copy of the complaint must also be sent to the Bureau of Early Intervention, as it may be considered a “state complaint” under 89 Ill. Admin. Code 500.170.

7) Responding to a complaint about the CBO - When the complaint is about the CBO’s HIPAA policies and procedures or actions, the complainant shall be directed to send the complaint to the CBO, with a copy to the Department’s Bureau of Early Intervention.

8) Documenting the complaint - All complaints received by the Bureau of Early Intervention and the CFC must be documented by the Bureau and the CFC, respectively, along with the disposition of the complaint, if any. When the complaint is about the CFC, the CFC will immediately forward a copy of the complaint to the Bureau, as it may be considered a “state complaint” under 89 Ill. Admin. Code 500.170. The CFC shall also forward a copy of the disposition of the complaint to the Bureau at the address listed in (a)(1) upon disposition of the complaint.

9) Non-exclusive - This complaint procedure does not replace or usurp the procedures for filing a complaint about an alleged violation of HIPAA with the U.S. Dept. of Health and Human Services pursuant to 45 CFR 160.306, or a State Complaint with the Bureau of Early Intervention pursuant to, 89 Ill. Admin. Code 500.170.

10) Non-retaliation - Neither the Department nor the CFC, or their respective employees, may intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an individual for:
   a) The exercise of any right or for participation in any process established under HIPAA, including filing of a complaint;
   b) Filing a complaint with the Secretary of the U.S. Department of Health and Human Services under HIPAA;
   c) Testifying, assisting or participating in an investigation, compliance review, proceeding or hearing under Part C of Title XI; or
   d) Opposing any act or practice made unlawful by HIPAA, provided the individual has a good faith belief that the opposed practice is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of any provision of the HIPAA privacy rule.

11) No waiver of rights - Neither the Department nor the CFC may require individuals to waive their rights under HIPAA as a condition of the provision of treatment, payment or eligibility for Early Intervention services.
Child and Family Connections permanent case records shall contain at a minimum:

1) Accurate demographic, referral, financial and Insurance/Medicaid information.
2) Signed releases and consents;
3) Evaluation/assessment reports and documentation of initial and annual eligibility determination;
4) Current and past Individualized Family Service Plans;
5) Service coordination case notes unless maintained electronically;
6) Any other periodic reviews describing the child’s overall progress;
7) Signed Screening Device for Determining Family Fees and Eligibility for KidCare/Medicaid & DSCC which is completed at intake and annual eligibility determinations and documentation of eligibility or ineligibility for KidCare and DSCC, if applicable;
8) Copies of all correspondence between CFC staff and the child’s family, physician, EI service providers and anyone else contacted regarding the child;
9) If closed, a case closure summary documenting the outcomes
10) Any other information required per policy, rule or law.
Child and Family Connections Permanent Case Records:

Child and Family Connections 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 1.0  Referral / Intake / Legal

1.1 Consents (hard copy required)
1.2 Releases (hard copy required)
1.3 Early Intervention - ISBE Surrogate Parent Request Form
1.4 Guardianship Information
1.5 Other legal status information

Section 2.0  Service Plans

2.1 Early Intervention - Evaluation/Assessment Plan/authorizations and attachments (hard copy required)
2.2 Early Intervention – Interim Individualized Family Service Plan and attachments (hard copy required)
2.3 Early Intervention - Individualized Family Service Plan and attachments (hard copy required)
2.4 Documentation of CBO authorized services (prior to Cornerstone implementation)
2.5 Copies of Provisional Provider Authorization Request forms and corresponding decision memos from DHS, if applicable
2.6 A hard copy of service coordination case notes printed prior to case closure,

Section 3.0  Reports

3.1 Medical Reports (Health Summary Forms, Immunization Records, Other Medical Reports)
3.2 Early Intervention Reports (hard copy required)
3.3 All other documentation collected during eligibility determination or Service Plan development, monitoring and update process (i.e., previous outside screenings, assessments, evaluations, etc.).

Section 4.0  Correspondence

4.1 Letters, memos, e-mail (except insurance correspondence which is filed in the Financial Section) (hard copy required)
Section 5.0  Financial

5.1  Financial assessment/documentation of income (hard copy required)
5.2  Family Participation Fee Exemption Request and attachments  
     (if applicable/hard copy required)
5.3  Insurance Affidavit, Assignment and Release (hard copy required)
5.4  Documentation of private insurance coverage
5.5  Insurance Exemption Request and attachments  
     (if applicable/hard copy required)
5.6  Documentation of public insurance coverage (Copy of Medicaid/KidCare – State 
     Child Health Insurance Program recipient identification card)  
     (if applicable/hard copy required)
5.7  Insurance correspondence
5.8  Documentation regarding eligibility or ineligibility for other third party payors,  
     including Division of Specialized Care for Children
5.9  Screening Device for Determining Family Fees and Eligibility for 
     KidCare/Medicaid & DSCC (hard copy required)
POLICY:

From the point of referral through completion of services in the Individualized Family Service Plan (IFSP), families of children applying for Early Intervention services have a right to disagree with decisions about services.

There are three methods of dispute available in Illinois. These are:
- Mediation
- Complaints
- Request for Impartial Administrative Resolution

PROCEDURE:

Mediation

1.0 Parties/Purpose

1.1 Any party having a dispute involving the identification, evaluation, or placement of a child for early intervention services, or the provision of early intervention services, may request mediation regardless of whether a request for an impartial administrative proceeding has been or will be made. The mediation request may occur prior to or simultaneously with a request for an administrative proceeding and is open to any and all parties (public agencies, private agencies, parents) having standing in such disputes.

1.2 The purpose of a mediation process is to provide an alternative to the impartial administrative resolution as a way to resolve disagreements between parents and early intervention services personnel. In virtually all cases, it is less costly and less adversarial than an administrative proceeding. 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 Individualized Family Service Plan and to be aware of the concerns and problems expressed by the other party.

2.0 The form Request for Mediation shall be used. Requests for mediation must be made in writing to:

Chief
DHS - Bureau of Administrative Hearings
100 S. Grand Ave. East, 3rd Floor
Harris Building
Springfield, IL 62762
With copies sent to the Child and Family Connections office serving the family and to:

Chief
DHS - Bureau of Early Intervention
222 S. College, 2nd Floor
Springfield, IL 62704

3.0 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.

4.0 If a request for administrative resolution is made, mediation will be offered. Mediation may not be used to delay or deny the right to an administrative resolution or other rights under Part C.

5.0 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 early intervention services under Part C. 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.

6.0 The mediation is offered at no cost to the parties. It must be voluntary by all parties.

7.0 The mediator shall assure that mediation conferences are convened and concluded in a timely fashion and in no event later than the administrative resolution of a complaint if one is requested.

8.0 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.

9.0 The role of the mediator is that of a neutral facilitator assisting parents and early intervention personnel to resolve their disagreement. Although the mediator is in control of the session, he/she 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. He or she summarizes positions and may help the parties consider possible alternatives.

10.0 If an agreement is reached by the parties, it shall be set forth in a written mediation agreement signed by authorized representatives of the parties to the dispute. No record is kept of the discussions at the meeting. The mediation agreement will record only the date of the mediation, the parties to the mediation and terms agreed upon.
11.0 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.

12.0 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.

13.0 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.

14.0 The mediation allows an uninterrupted opportunity for both parties to present their views in a non-adversarial setting. It allows parents and Early Intervention 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.

15.0 Regional intake entities, service coordinators and other participants in the EI system shall encourage resolution of disputes by mediation.

Complaints

1.0 Individuals or organizations may file written, signed complaints with the Illinois Department of Human Services (DHS) stating that a state agency, regional intake entity or provider is violating a law or rule regarding the Early Intervention program. The form Request for Investigation of State Complaint shall be used. The form must contain the facts that support the complaint. The alleged violation must have occurred not more than one year before the date the complaint is received by DHS unless a longer period is reasonable because:

1.1 The alleged violation continues for that child or other children; or

1.2 The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the complaint is received.

2.0 DHS shall have 60 calendar days from receipt of the complaint to investigate and issue a written decision to the complainant and interested parties, addressing each allegation in the complaint. During this time, DHS may carry out an independent on-site investigation if deemed necessary and must give the complainant an opportunity to submit additional
information, either orally or in writing, about the allegations made in the complaint. Complaints must be submitted in writing to:

Chief
DHS - Bureau of Early Intervention
222 S. College, 2nd Floor
Springfield, IL 62704

A copy shall also be sent to the Child and Family Connections office serving the family.

3.0 After reviewing all relevant information DHS must issue a written decision to the complainant and the subject of the complaint as to whether the agency or provider is violating a requirement of Part C, addressing each allegation in the complaint and containing findings of fact as well as conclusions, the reasons for the final decision and, if the complaint was found to be valid, corrective actions required to correct the cause(s) of the complaint.

4.0 Such final decisions are enforceable and binding. They may be amended only upon agreement in writing between DHS and the organization or individual upon whom corrective actions are imposed.

5.0 Organizations or individuals upon whom corrective actions are imposed 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 party.

6.0 The 60-day time period in subsection (b) may be extended if exceptional circumstances exist with respect to a particular complaint.

7.0 DHS shall monitor implementation of the final decision to determine that corrective actions and timelines therefore have been met.

8.0 Organizations or individuals upon whom corrective actions are imposed, may be terminated from participation in programs if corrective actions are not met.

9.0 If an issue raised in a written complaint (or any Part thereof) is also the subject of an administrative resolution request, the State must set aside any part that is being addressed under the administrative resolution but resolve any other issues within the 60 day timeline.

10.0 If an issue is raised in a written complaint, which has already been decided in an administrative resolution, the previous decision is binding and the complainant must be so informed.

11.0 A complaint alleging failure of a public agency or private service provider to implement a decision made pursuant to a request for impartial administrative resolution, must be resolved by the Department.
Request for Impartial Administrative Resolution

1.0 The parents of a child between birth to 36 months or a public agency (as defined at 34 CFR 300.22) may request an impartial administrative proceeding 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). The form Request For Administrative Resolution Of A Complaint By An Impartial Hearing Officer shall be used.

2.0 A request for such proceeding shall be made in writing to the Department at:

Chief
DHS - Bureau of Administrative Hearings
Harris Building
100 S. Grand Avenue, East – 3rd Floor
Springfield, IL  62762

With copies to the Child and Family Connections office serving the family and to:

Chief
DHS - Bureau of Early Intervention
222 S. College, 2nd Floor
Springfield, IL 62704

3.0 The completed form requesting the proceeding shall include:

3.1 the name, address, and telephone number of the child’s parent, and of the person making the request for the proceeding, if it is someone other than the child’s parent, and of the child;
3.2 the name of the child and the child’s date of birth;
3.3 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;
3.4 authorization for release of the child’s early intervention service records to the Department and the hearing officer;
3.5 the remedy being sought or proposed resolution of the controversy to the extent known and available to the parents at the time;
3.6 the primary language spoken by the parents;
3.7 the service delivery agency(s) and/or provider(s) involved in the dispute; and
3.8 evidence supporting the remedy or proposed resolution (i.e. IFSP, Family Fee Calculation Form, bill payment, etc.).

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

4.0 Upon receipt of request for an impartial proceeding, parties involved in the dispute shall be offered the option of mediation.
5.0 During the pendency of any proceeding involving a complaint, unless the parent and the Department agree otherwise, the child must continue to receive the appropriate EI services currently being provided. If the complaint involves application for initial services, the child must receive those services, which are not in dispute.

6.0 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 the parent or agency initiates a resolution under these provisions. Regional intake entities shall maintain such information and make it available upon request or if a proceeding is initiated hereunder.

7.0 Upon written request for an impartial proceeding, the Department shall appoint an impartial hearing officer. The Department shall maintain a list of such hearing officers. An impartial hearing officer must:

7.1 be licensed to practice law in Illinois;
7.2 have knowledge about the provisions of IDEA Part C and the Illinois Early Intervention Services System Act, and the needs of, and services available thereunder, for eligible children and their families;
7.3 not be an employee of DHS or a state educational agency, school district or private service provider involved in the provision of early intervention services or care of the child;
7.4 not have a personal or professional interest that would conflict with his/her objectivity in implementing the process.

8.0 Complaints hereunder shall be submitted to the Department as soon as possible but at least within three months of the complainant’s knowledge of the disputed activity.

9.0 Organizations and/or providers and/or individuals with whom the complainant has a dispute shall be parties to the proceeding as deemed necessary by the impartial hearing officer in order to resolve the dispute.

10.0 Within five days of receiving written notification by the Department of Human Services, the appointed hearing officer shall contact the parties to determine a time and place reasonably convenient to the parties for a hearing and any pre-hearing conferences. The hearing officer shall provide the parties at least ten days’ written notice of the dates, times, and locations of any pre-hearing conferences and of the hearing.

11.0 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 memorializing the discussion, any stipulations and scheduling accommodations made for parties or witnesses.
12.0 Any party to a hearing has a right to:

12.1 be accompanied (at the party’s expense) and advised by counsel and by individuals with special knowledge or training with respect to children with disabilities;

12.2 present evidence, and confront, cross-examine, and compel the attendance of witnesses;

12.3 prohibit the introduction of any evidence at the proceeding that has not been disclosed to that party at least five days before the proceedings; and

12.4 obtain a written or electronic verbatim record of the hearing.

13.0 Parents involved in hearings must be given the right to:

13.1 obtain written findings of fact and decision within 45 days after receipt of the request for impartial resolution.

13.2 have the child who is the subject of the hearing present; and

13.3 open the hearing to the public (hearings shall be closed to the public unless the parent requests it to be open).

14.0 As soon as possible, but at least five business days prior to the hearing, each party shall disclose to all other parties all evaluations completed by that date and recommendations based thereon which the party intends to use at the hearing, as well as other evidence to be offered at hearing and other relevant documentation.

15.0 The regional intake entity shall disclose the complete record of the child to the Department within five business days of receipt of the letter requesting a proceeding hereunder.

16.0 The hearing officer may bar any party failing to comply with 14.0 above from introducing evidence at hearing which was not produced as required therein.

17.0 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.

18.0 Upon completion of the submission of evidence and testimony, parties shall be given a reasonable period of time to present written or oral arguments.

19.0 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 letter requesting 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.

20.0 Any and all written findings and decisions shall be transmitted to the Illinois Interagency Council on Early Intervention and be made available to the public without personally identifying information.
21.0 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. The hearing officer shall contact the Department of Human Services with the date and place of the hearing and pre-hearing conference.

22.0 Any party aggrieved by the findings and decision made in the hearing has right to bring civil action in a state court of competent jurisdiction or in a district court of the United States regardless of the amount in controversy.
POLICY:

1) Referrals shall be accepted by phone, by written correspondence or in person.

2) Information obtained by Child and Family Connections is considered confidential under FERPA and under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the CFC is unable to locate the family, 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 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 Child and Family Connections Consent for Release of Information form.

3) Primary referral sources are required by federal rule, 34 CFR 303.321(d)(2)(ii), and state rule, 89 Illinois Administrative Code 500.25(a), to make referrals to the EI System no more than two working days after a potentially eligible child is identified. When contacted by the CFC, families have the option to decline services. Primary referral sources include:
   a) hospitals, including perinatal and post-natal care facilities;
   b) physicians;
   c) parents;
   d) child care programs;
   e) local educational agencies;
   f) public health facilities;
   g) other social services agencies; and
   h) other health care providers.

4) Upon receiving a referral, CFCs shall ensure that evaluation, eligibility determination, assessments in all five developmental domains (cognitive development; physical development, including vision and hearing; language, speech and communication development; social-emotional development; and adaptive self-help skills development), and development of the initial Individualized Family Service Plan (IFSP) are completed with the family within 45 calendar days. The 45-day intake period can be extended by documented family request. Service coordination, evaluation/assessment, eligibility determination and Individualized Family Service Plan development, review and updating and procedural safeguards shall be provided at no cost to families.
PROCEDURE:

1.0 Verify the following general eligibility requirements and send Ineligible Based on General Eligibility form letter #30.F04 if necessary:

1.1 Review the date of birth to verify that the child is under age three.
1.2 Review the child's place of residence to verify that child is currently living in Illinois. Children residing in private residential facilities that are not funded in part or in whole by that state or federal monies and have no service standards established that address the developmental needs of the children 0-3 in their care may be enrolled in the Part C EI Program and receive any and all needed EI services.
1.3 If the child is 33 months to 36 months, discuss Early Intervention age requirements and transition to 3 - 5 services. Proceed with 0-3 referral and/or referral to 3 - 5 services upon family request.
1.4 If the child is 36 months or older refer to 3 - 5 services if appropriate.
1.5 If the child does not currently reside in Illinois, provide information regarding how to access services in the state of residence as part of the ineligibility letter.

2.0 Verify child resides in your Child and Family Connections region using child’s address or zip code or child’s placement address or zip code if in foster care.

2.1 If address is NOT in your region, ensure that the referral is immediately directed to the appropriate CFC.
2.2 If address is in your region, proceed to 3.0.

3.0 Refer to the Cornerstone Reference Manual, Section 18.2.1, Referral Activities, for instructions on how to enter referral information into Cornerstone.

4.0 Add or edit child’s enrollment information.

5.0 If child’s legal guardian is DCFS complete the Participant Medicaid/Insurance Record. [Cornerstone identifies DCFS wards by their Recipient Identification Number (RIN) provided by Medicaid/KidCare (State Child Health Insurance Program). This screen is completed for all children following eligibility determination. However, for reporting purposes, it is important to complete this screen at this point for those children who are DCFS wards.]
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Section INTAKE

POLICY:

1) Intake is the process of contacting the family to discuss the scope of Early Intervention services, family fees and private insurance requirements; enrollment status in KidCare/Medicaid and DSCC and completion of a KidCare application and referral to DSCC, if indicated; procedural safeguards; and, if screening results indicate, to begin Early Intervention eligibility determination. The intake appointment should happen as soon as possible after the referral is received and should be scheduled at a time and location convenient for the family.

2) Families, including families with private insurance, who may be eligible for Medicaid/KidCare or DSCC as indicated by the Screening Device, are required to apply for benefits through Medicaid/KidCare and/or accept referral to DSCC in order to implement and remain eligible for Early Intervention services, except those which are at no cost to the family.

3) As payor of last resort, all other resources must be maximized to cover the costs of Early Intervention services prior to utilizing state and federal appropriations for Early Intervention services. If a family’s refusal of DSCC-funded services, including noncompliance with service provider requirements, would result in a potential cost to the Early Intervention Program, the family (with or without private insurance) will not be able to receive Early Intervention services and assistive technology devices which are subject to fees.

4) All contact with the family must be in the family’s chosen language and/or method of communication. The service coordinator should be aware of and sensitive to the family’s culture, ethnicity and language.

5) The intake appointment provides families an opportunity to:

   a) Ask questions and share information about their child and family.
   b) Receive information and support from the service coordinator.
   c) Begin adding information to the case record from discussion and relaying medical information and reports or other relevant documents.
   d) Assist the service coordinator in deciding what further information and assessments are needed to determine eligibility.
   e) Begin investigating their private insurance coverage, if applicable.
   f) Submit a KidCare application and receive a referral for DSCC services, if indicated.

6) A variety of approaches are acceptable, including personal contact at home, hospital, school, business, or community setting. The family’s right to confidentiality must be ensured at all times and a Notice of Privacy Practices must be provided at intake (89 Ill. Adm. Code 500.70(f), 45 CFR 164.520). DHS will provide the notice to be used for EI clients. Families should be invited and encouraged to include other family members, friends or other sources of support during initial intake activities, although families should be made aware that protected health information will be discussed during intake activities.
7) Upon receipt of informed consent from the child’s parent, the service coordinator shall proceed with initial intake activities that shall include:
   a) Completion of Department required intake forms;
   b) Request of existing records regarding the child’s need for services; and
   c) Review of existing records to identify whether additional information is needed to determine if the child meets federal and State established eligibility criteria.

8) With appropriate consent from the family, using the Child and Family Connections Consent for Release of Information form, the CFC may acquire and release information to the entity identified on the form, including medical and evaluation/assessment reports, diagnosis, prescriptions and other information as specifically described. A separate form should be completed to acquire and to release information, with only one entity identified on each form. 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 Child and Family Connections Consent for Release of Information form.

9) The service coordinator shall request the appointment of a surrogate parent upon referral and prior to evaluation of a child who would not otherwise have relative care representation.

10) Families have the right to decline services at any time. Steps to follow when a family declines services are described in 6.0, below.

PROCEDURE:

1.0 Contact family within two days of referral to verify that general eligibility requirements are met and, if so, to discuss:
   1.1 EI process and time lines.
   1.2 Procedural safeguards and rights and privacy practices.

Questions about family participation fees, use of private insurance, and enrollment in KidCare/Medicaid and DSCC should be answered, as needed.

2.0 Determine whether an educational surrogate parent is required. [Refer to “When a Surrogate is Needed” at end of this section.]
3.0 Schedule intake meeting using Cornerstone.

3.1 Legally responsible adult (LRA) or surrogate parent must attend this meeting and sign consent forms.

3.1 If appropriate, send Intake Appointment Confirmation form letter #30.F08.

4.0 If family does not have a telephone or if unable to contact by phone:

4.1 Send Initial Contact – Unable to Contact by Phone form letter #30.F14 and attachments to inform the family of the EI referral and ask them to schedule a meeting.

4.2 If no response within 10 days, send Second Contact – Unable to Contact by Phone form letter #30.F16 and copy the referral source. Parent liaison may assist in attempting contact.

4.3 If no response to the second letter within another 10 days, discontinue case.

5.0 Meet with family.

5.1 Orient to EI services and other related services.

5.2 Determine the family’s concerns and priorities.

5.2.1 Discuss the child’s likes and dislikes as well as other information that may facilitate the evaluation/assessment process.

5.3 Explain procedural safeguards and rights and provide the family with a copy of the State of Illinois Infant, Toddler and Family Rights booklet, the Parent Handbook, and the Notice of Privacy Practices.

5.4 Obtain parent signature(s) on Informed Consent and Documentation of Receipt of Rights and on Cornerstone Informed Consent Form. Complete the Consent for Release of Information form(s) in order to release information to the referral source and release information to and/or obtain information from others as needed. (Use pre-approved DCFS versions for wards.) 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.

5.4.1 In the event that the family does not have the child’s medical records, the CFC may acquire and release these records with appropriate consent from the family using the Child and Family Connections Consent for Release of Information form. These records can be reviewed by evaluation/assessment and/or direct service providers pursuant to the consents.

5.5 Explain parents’ role and responsibilities related to their participation in the Early Intervention Services System.

5.6 Complete a step-by-step process to determine the family’s enrollment status in KidCare/Medicaid and DSCC using the Screening Device for Determining Family
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**Fees and Eligibility for KidCare/Medicaid and DSCC** and complete appropriate follow-up as indicated.

5.6.1 If a family’s gross income falls within the stated guidelines for KidCare/Medicaid, ALWAYS take a KidCare application.

5.6.2 If a family’s gross income exceeds the stated guidelines for KidCare, ALWAYS ask if the family has high medical bills. If the family’s medical bills exceed $2,000 per month, do not take a KidCare Application. Refer the family to their local Department of Human Services 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 spenddown. The Central KidCare Unit does not process applications for spenddown.)

5.6.3 If a family’s gross income exceeds the stated guidelines for KidCare and the family does not have medical bills over $2,000 per month, ALWAYS ask the family if they would like to file a KidCare Application. Never refuse to take or discourage a family from filing a KidCare Application.

5.6.4 If the child may be eligible for KidCare, and the family has chosen not to file a KidCare Application, explain to the family that they will not be able to receive Early Intervention services and assistive technology devices subject to fees.

5.6.5 If referral to DSCC is indicated and a Consent for Release of Information form has been completed (with “DSCC Referral” written under “Type of Information” by “Other”) 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).

5.6.6 Explain to the family that they will not be able to receive Early Intervention services and assistive technology devices subject to fees if a referral to DSCC is indicated and the family refuses to participate in the referral.

5.6.7 Place a signed copy of the Screening Device for Determining Family Fees and Eligibility for KidCare/Medicaid and DSCC in the child’s permanent case record.

5.7 Discuss the Family Fee determination process and the statewide requirements regarding the use of private insurance, if the family has private insurance and/or is in the income range requiring fees.

5.8 If family may be eligible for an exemption from family participation fees or private insurance use discuss the exemption process with the family.

5.8.1 Provide the family with Family Participation Fee Exemption Request and/or Insurance Exemption Request form(s).

5.8.2 Provide assistance to facilitate form completion as necessary.

5.8.3 Inform family that an insurance exemption request forms can be completed at the time of service plan development and submitted to the Bureau of Early Intervention after the IFSP has been written.
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5.8.4 Inform family that a family fee exemption request form can be completed prior to the initial IFSP and submitted to the Bureau of Early Intervention. Send family size and gross income in place of the family fee report.

5.9 Provide a general overview of Individualized Family Service Plan (IFSP) process.

5.10 Complete intake/social history activities in Cornerstone. Refer to the Cornerstone Reference Manual, Section 18.2.2, Home Visit

6.0 If the family declines services during any part of the intake process:

6.1 Explain right to decline services.
6.2 Ensure that family understands consequences of refusal.
6.3 Explain complaint procedures.
6.4 Explain how to access future services.
6.5 Refer to community resources.
6.6 Obtain parent signature(s) on Informed Consent and Documentation of Receipt of Rights form.
6.7 Document the date and the reason for case discontinuation in Cornerstone Case Notes.
6.8 Complete case closure. [Refer to Transfers and Case Closure.]

7.0 Send follow-up letter to referral source if appropriate consent from the family has been obtained from the referral source or by the CFC.

WHEN A SURROGATE PARENT IS NEEDED

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.

2) Child and Family Connections staff shall notify the local Department of Children and Family Services (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.

3) Child and Family Connections 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.

4) If unable to identify or locate the parent, guardian, or relative of a child who is not a ward of the state, Child and Family Connections staff shall request the appointment of an educational surrogate parent from ISBE.

5) Child and Family Connections staff shall monitor to assure that surrogate parent appointment is made by ISBE within ten days.
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.

WHAT THE DCFS GUARDIAN SIGNS

Annually, DHS obtains DCFS Guardian signature on any forms, which 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.
POLICY:

1) All Early Intervention services shall be authorized prior to provision of services.

2) The evaluation/assessment process should begin with an exploration of the family’s specific developmental concerns. The family’s concerns coupled with the findings on a global assessment will determine the specific developmental areas that are in question, and the need for additional evaluations/assessments in those areas. These evaluations/assessments can then be used to develop family-centered functional outcomes and specific intervention strategies.

3) All initial evaluations and assessments for the purpose of determining initial eligibility and adding new types of services to existing IFSPs shall be provided only by credentialed and enrolled providers, who are also authorized to do evaluations and assessments pursuant to an “Individual Provider Agreement for Authorization to Provide Early Intervention Evaluations/Assessments” and hold a current Evaluation/Assessment credential. Do not issue authorizations to the evaluator category except for the above circumstances.

4) All evaluation/assessment reports including those for initial and ongoing evaluations and assessments must be provided to the service coordinator within 14 calendar days of the receipt of a request to perform an evaluation/assessment. Unless sufficient extenuating circumstances exist and are documented in a letter from the CFC manager, a provider must attend the IFSP meeting in order to be paid for an evaluation/assessment.

Audiologists who have completed an evaluation prior to the initial IFSP meeting with test results that were obtained within the normal range may choose not participate in the initial IFSP meeting. If the audiologist chooses not to participate, he/she must fill-out and attach the Individualized Family Service Plan Meeting Attendance Waiver for Audiologists form and attach it to the audiological evaluation claim for the Central Billing Office (CBO) to process payment.

5) Facilitate the comprehensive evaluation/assessment to collect information related to the child’s eligibility status, the child’s functioning levels, unique strengths and service needs in the following five developmental domains:

1.1 cognitive development;
1.2 physical development including vision and hearing;
1.3 language, speech and communication development;
1.4 social emotional development; and
1.5 adaptive self-help skills development.

6) Evaluation/assessment includes professional observation and interpretation of the quality of a child’s performance of developmental tasks and how these are integrated
into the daily routines of the family. This requires full family participation throughout the assessment process to ensure that the therapists’ observations are a meaningful reflection of the family’s perspective.

7) In order to maximize all available resources, evaluations conducted by providers within or outside of the Early Intervention Services System prior to referral can and should be used to assist in eligibility determination and IFSP development if they are current (within the last six months) and contain all needed information. In order to consider the evaluation within the context of the whole child and family and make service recommendations accordingly, enrolled providers should attend the IFSP meeting. If the provider is not enrolled or if the enrolled provider is not available to attend the IFSP, a member of the technical assistance consultant or a credentialed evaluator should review the evaluation and attend the IFSP meeting.

**PROCEDURE:**

1.0 With appropriate consent from the family, obtain existing medical and developmental records and evaluation reports to assist with the evaluation/assessment process. Evaluations and assessments must have been completed within six months of their use in eligibility determination and/or plan development.

2.0 Use the Cornerstone system to generate authorizations for needed evaluations/assessments that will be provided through the Early Intervention Services System. Refer to the Cornerstone Reference Manual, Section 18.2.3, Evaluation.

2.1 Utilize only providers authorized by DHS to do initial evaluations and assessments or to determine the need to add a new service to an existing IFSP.

2.2 Provide copy of signed Child and Family Connections Informed Consent & Documentation of Receipt of Rights, (which gives permission for release, review and discussion of assessment reports) to each member of the evaluation and assessment team.

3.0 Monitor the status of evaluation/assessment activities in order to ensure completion in a timely manner.

3.1 Request DHS Provisional service authorization using the Provisional Provider Authorization Request form for reimbursement of family transportation expenses to evaluation/assessment locations, if necessary. Provisional service authorizations must be approved prior to service delivery.

4.0 Collect any additional information needed for eligibility determination.

5.0 Obtain evaluation and assessment reports from providers within fourteen calendar days of receipt of the request to perform the evaluation or assessment.
5.1 In extenuating circumstances, if the report cannot be completed within 14 days, the CFC Manager may determine if a 5-day extension is necessary. If the manager approves an extension, adjust the authorization as necessary.

6.0 Provide a copy of all evaluation and assessment reports to each member of the evaluation and assessment team.

7.0 Ensure that a multidisciplinary team consisting of two or more disciplines has conducted evaluation/assessments and/or has reviewed existing evaluation/assessment information and agrees with the child’s Early Intervention eligibility or ineligibility determination.
POLICY:

1) Children residing in Illinois who are under the age of three years and their families are initially eligible for Early Intervention services if written evaluation reports from the multidisciplinary team confirm the child:

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

2) “Developmental delay” means a Department 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:

   a) Measured by Department approved diagnostic instruments and standard procedures; (see the following Assessment Instruments list) or
   b) 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. Activities used to determine clinical judgment shall include observation and parent report and shall be described in the written evaluation report.

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

   a) Approved by the Department as an eligible condition; (see the following list of Medical Conditions Resulting in a High Probability of Developmental Delay.) or
   b) Confirmed by a qualified family physician, pediatrician or pediatric sub-specialist as being a condition with a relatively well-known expectancy for developmental outcomes within varying ranges of developmental disabilities. Pediatric subspecialists included are those such as pediatric neurologists, geneticists, pediatric orthopedic surgeons and pediatricians with special interest in disabilities. If a child exhibits a medical condition not approved by the Department 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.

4) “At risk of substantial developmental delay, according to informed clinical judgment” means the multidisciplinary team confirms that development of a Department determined eligible level of delay (30% or greater) is probable if Early Intervention services are not provided because the child is experiencing either:
Section EARLY INTERVENTION ELIGIBILITY DETERMINATION

Sub-Section Initial and Annual Eligibility Determination

a) 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

b) Three or more of the following risk factors:
   1) Current alcohol or substance abuse by the primary caregiver;
   2) Primary caregiver who is currently less than 15 years of age;
   3) Current homelessness of the child;
   4) Chronic illness of the primary caregiver;
   5) Alcohol or substance abuse by the mother during pregnancy with the child;
   6) 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;
   7) An indicated case of abuse or neglect regarding the child and the child has not been removed from the abuse or neglect circumstances.

Activities used to determine by clinical judgment that development of an eligible level of delay (30% or greater) is probable if Early Intervention services are not provided and presence of risk factors shall include observation and parent report and shall be described in the written evaluation report.

5) 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.

6) Initial evaluations and assessments shall be provided only by credentialed and enrolled providers, who are also authorized to do evaluations and assessments pursuant to an “Individual Provider Agreement for Authorization to Provide Early Intervention Evaluations/Assessments”.

7) Eligibility must be redetermined at the end of each annual Individualized Family Service Plan (IFSP) period using Department determined eligibility criteria in effect at the time of the annual evaluation. Children who do not meet current eligibility criteria upon redetermination will continue to be eligible only if they:

   a) 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

   b) Have been determined by the multidisciplinary IFSP team to require the continuation of Early Intervention services, provided in an appropriate developmental manner to meet the child’s needs, in order to support continuing developmental progress.

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.
8) When an application or review of eligibility for early intervention services is made and at any eligibility redetermination thereafter, service coordinators shall determine a family's enrollment status in KidCare/Medicaid and complete a KidCare Application and make a referral to DSCC, if indicated.

PROCEDURE:

1.0 Review all evaluation/assessment 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 Early Intervention eligibility criteria. One person cannot sign as both disciplines.

1.1 Verify that initial evaluations were conducted by providers authorized by DHS to provide evaluations/assessments.

2.0 If the child is eligible for Early Intervention:

2.1 Enter Cornerstone eligibility determination information. Refer to the Cornerstone Reference Manual, Section 18.2.4 Eligibility Determination

2.2 Send Eligible form letter #30.F32 to provide written notice of the child's eligibility. With parental consent (see INTAKE) copy the referral source.

2.3 Coordinate and authorize any additional assessments needed for IFSP development. Utilize providers authorized by DHS as evaluators for initial assessments.

2.4 Contact the family to discuss eligibility.

2.5 Explain voluntary family assessment (Family Considerations page of IFSP).

2.6 Discuss the child's current learning environments, explore possible settings for service delivery and discuss natural environments.

2.7 Explore options regarding use of insurance payments for Early Intervention services, including guidance on the exemption process, if needed. (For more on the exemption process, see INTAKE, 5.8)

2.8 Inform family that proof of income and insurance will be required at the time of IFSP development.

2.9 During Intake and prior to each annual IFSP, complete the Screening Device to determine potential eligibility for KidCare/Medicaid and University of Illinois Division of Specialized Care for Children (DSCC) services. If indicated, complete and submit a KidCare application and/or make a referral to DSCC. File the completed, signed screening form in the child’s file. See INTAKE, 5.6, for a complete step-by-step process to determine the family’s enrollment status in KidCare/Medicaid and DSCC using the Screening Device for Determining Family Fees and Eligibility for KidCare/Medicaid and DSCC and completing appropriate follow-up as indicated.
3.0 Child is NOT eligible for Early Intervention:

3.1 Provide written notification of ineligibility determination to the family by sending Ineligible Based on Evaluation form letter #30.F28 indicating Early Intervention ineligibility and right to dispute the determination. [Refer to Disputes.] With parental consent (see INTAKE, Procedure, 5.4), copy the referral source at initial eligibility determination only.

3.1.1 Give ten (10) days notice before discontinuing services if the child was found ineligible through annual re-evaluation. Send sample form letter 30.F28, INELIGIBLE BASED ON EVALUATION, Sample 2: Ineligible – Annual eligibility Determination.

3.2 Contact the family in order to provide verbal notification of ineligibility for Early Intervention.

3.3 Discuss other community resources and refer to those resources, as appropriate.

3.4 Document the child’s ineligibility for Early Intervention in case notes.

3.5 Edit the child’s level of delay on the Early Intervention Program Data screen, if necessary.

3.6 Complete case closure. [Refer to Transfers and Case Closure.]
## Assessment Instruments (Revised 2-5-03)

<table>
<thead>
<tr>
<th>Developmental Area/ Test Name</th>
<th>Discipline(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global</strong></td>
<td></td>
</tr>
<tr>
<td>◦ Assessment Evaluation &amp; Programming System (AEPS)</td>
<td>A professional with training and credentials and meeting the requirements specified by the particular test instrument</td>
</tr>
<tr>
<td>◦ Alpen-Boll Developmental Profile II</td>
<td></td>
</tr>
<tr>
<td>◦ Batelle Developmental Inventory</td>
<td></td>
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<tr>
<td>◦ Carolina Curriculum for Infants and Toddlers</td>
<td></td>
</tr>
<tr>
<td>◦ Child Developmental Inventory (CDI)</td>
<td></td>
</tr>
<tr>
<td>◦ Early Learning Accomplishment Profile (ELAP)</td>
<td></td>
</tr>
<tr>
<td>◦ Infant Development Inventory (IDI)</td>
<td></td>
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<tr>
<td>◦ INSITE (for visually impaired)</td>
<td></td>
</tr>
<tr>
<td>◦ Hawaii Early Learning Profile (HELP)</td>
<td></td>
</tr>
<tr>
<td>◦ Infant Toddler Developmental Profile (IDA)</td>
<td></td>
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<tr>
<td>◦ Mullen Scales of Early Learning (MSEL)</td>
<td></td>
</tr>
<tr>
<td>◦ Reynell-Zinkin Scales: Developmental Scales for Young Handicapped Children</td>
<td></td>
</tr>
<tr>
<td>◦ Transdisciplinary Play Based Assessment (TPBA)</td>
<td></td>
</tr>
<tr>
<td><strong>Cognitive</strong></td>
<td></td>
</tr>
<tr>
<td>◦ Bayley Scales of Infant Development-Mental</td>
<td>A professional with training and credentials and meeting the requirements specified by the particular test instrument</td>
</tr>
<tr>
<td>◦ Functional Emotional Assessment Scales (FEAS)</td>
<td></td>
</tr>
<tr>
<td>◦ Infant Toddler Sensory Profile</td>
<td></td>
</tr>
<tr>
<td>◦ Pediatric Evaluation of Disability Inventory (PEDI)</td>
<td></td>
</tr>
<tr>
<td>◦ Test of Sensory Functioning in Infants</td>
<td></td>
</tr>
<tr>
<td>◦ Vineland Adaptive Behavior Scales (VABS)</td>
<td></td>
</tr>
<tr>
<td><strong>Motor</strong></td>
<td></td>
</tr>
<tr>
<td>◦ Alberta Infant Motor Scale</td>
<td>A professional with training and credentials and meeting the requirements specified by the particular test instrument</td>
</tr>
<tr>
<td>◦ Bayley Scales of Infant Development- Motor</td>
<td></td>
</tr>
<tr>
<td>◦ Erhardt Developmental Test of Prehension</td>
<td></td>
</tr>
<tr>
<td>◦ Gross Motor Functional Measures (must be used in combination with a tool that provides age equivalents or % delay)</td>
<td></td>
</tr>
<tr>
<td>◦ Peabody Developmental/ Motor Test 2</td>
<td></td>
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<tr>
<td>◦ Test of Infant Motor Performance (TIMP)</td>
<td></td>
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<tr>
<td>◦ TIME: Miller</td>
<td></td>
</tr>
</tbody>
</table>
## Early Intervention Eligibility Determination

### Initial and Annual Eligibility Determination

<table>
<thead>
<tr>
<th>Developmental Area/ Test Name</th>
<th>Discipline(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adaptive</strong></td>
<td></td>
</tr>
<tr>
<td>♦ Early Coping Inventory</td>
<td></td>
</tr>
<tr>
<td>♦ Functional Emotional assessment Scales (FEAS)</td>
<td></td>
</tr>
<tr>
<td>♦ Functional Independence Measures (WEE FIMS)</td>
<td>A professional with training and credentials and meeting the requirements specified by the particular test instrument</td>
</tr>
<tr>
<td>♦ Infant Toddler Sensory Profile</td>
<td></td>
</tr>
<tr>
<td>♦ Pediatric Evaluation of Disability Inventory (PEDI)</td>
<td></td>
</tr>
<tr>
<td>♦ Test of Sensory Functioning in Infants</td>
<td></td>
</tr>
<tr>
<td>♦ Vineland Adaptive Behavior Scales</td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
</tr>
<tr>
<td>♦ Callier-Azusa Scale</td>
<td>A professional with training and credentials and meeting the requirements specified by the particular test instrument</td>
</tr>
<tr>
<td>♦ Communication &amp; Symbolic Behavior Scales (CSBS) (must use all 3 portions: Infant Toddler Checklist, Caregiver Questionnaire, &amp; Behavioral Sample)</td>
<td></td>
</tr>
<tr>
<td>♦ Early Language Milestone Scales (ELM-2)</td>
<td></td>
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<tr>
<td>♦ McCarthy Communicative Developmental Inventory</td>
<td></td>
</tr>
<tr>
<td>♦ Non-Speech Test</td>
<td></td>
</tr>
<tr>
<td>♦ Pre-School Language Scale (PLS 3 or 4)</td>
<td></td>
</tr>
<tr>
<td>♦ Receptive Expressive Emergent Language Scale (REEL)</td>
<td></td>
</tr>
<tr>
<td>♦ Reynell Developmental Language Scales-American Version</td>
<td></td>
</tr>
<tr>
<td>♦ Rosetti Infant Toddler Language Scale</td>
<td></td>
</tr>
<tr>
<td>♦ Sequenced Inventory of Communication Development (SICD)</td>
<td></td>
</tr>
<tr>
<td>♦ SKI-HI Learning Development Scales (Hearing Impaired 0-3)</td>
<td></td>
</tr>
<tr>
<td><strong>Articulation</strong></td>
<td></td>
</tr>
<tr>
<td>(must be used in combination with one of the approved communication tools for evaluation &amp; assessment)</td>
<td></td>
</tr>
<tr>
<td>♦ Assessment of Phonological Processes-R (English &amp; Spanish)</td>
<td></td>
</tr>
<tr>
<td>♦ Goldman-Fristoe Test of Articulation</td>
<td></td>
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<tr>
<td>♦ Hodson Phonological Screening</td>
<td></td>
</tr>
<tr>
<td>♦ Paden Phonological Screening</td>
<td></td>
</tr>
<tr>
<td>♦ Spanish Articulation Measure (SPAM)</td>
<td></td>
</tr>
</tbody>
</table>
## CFC PROCEDURE MANUAL

### Section EARLY INTERVENTION ELIGIBILITY DETERMINATION

#### Sub-Section Initial and Annual Eligibility Determination

<table>
<thead>
<tr>
<th>Developmental Area/ Test Name</th>
<th>Discipline(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Emotional</strong></td>
<td>A professional with training and credentials and meeting the requirements specified by the particular test instrument</td>
</tr>
<tr>
<td>† Achenbach Child Behavior Checklist</td>
<td></td>
</tr>
<tr>
<td>† Carey Temperment Scales (must be used with tool that provides age equivalents or % delay)</td>
<td></td>
</tr>
<tr>
<td>† Early Coping Inventory</td>
<td></td>
</tr>
<tr>
<td>† Functional Emotional Assessment Scale (FEAS)</td>
<td></td>
</tr>
<tr>
<td>† Infant-Toddler Social and Emotional Assessment (ITSEA)</td>
<td></td>
</tr>
<tr>
<td>† Vineland Social Emotional Early Childhood Scale</td>
<td></td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td>A professional with training and credentials and meeting the requirements specified by the particular test instrument</td>
</tr>
<tr>
<td>† Conditioned Play Audiometry (CPA)</td>
<td></td>
</tr>
<tr>
<td>† Otoacoustic Emissions (OAE)</td>
<td></td>
</tr>
<tr>
<td>† Speech Awareness Thresholds (SAT)</td>
<td></td>
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<tr>
<td>† Speech Discrimination Test</td>
<td></td>
</tr>
<tr>
<td>† Visual Reinforcement Audiometry (VRA)</td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>A professional with training and credentials and meeting the requirements specified by the particular test instrument</td>
</tr>
<tr>
<td>† Erhardt Developmental Test of Vision</td>
<td></td>
</tr>
<tr>
<td>† The Oregon Project Global Assessment Tool (assessment only)</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>A professional with training and credentials and meeting the requirements specified by the particular test instrument</td>
</tr>
<tr>
<td>† Autism Diagnostic Observation Scale (assessment)</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** If a provider requests permission to use a tool not on this list, the CFC should submit the request to their developmental pediatrician consultation contractor. The developmental pediatrician consultation contractor should review the tool and submit their findings and recommendations to DHS for a decision about whether or not to add the tool. DHS will then notify all CFCs regarding the final decision.
## DOCUMENTATION OF AT RISK STATUS

<table>
<thead>
<tr>
<th>At Risk Category</th>
<th>Documentation Needed</th>
<th>ICD-9 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent is diagnosed with Developmental Disability</td>
<td>1) Written verification of the parent’s diagnosis from a physician or licensed clinical counselor such as a clinical psychologist or clinical social worker and 2) Written report from the multidisciplinary evaluation team of why in their clinical judgment the child is at risk of developing substantial developmental delay due to the parent’s diagnosis if EI services are not provided. Report should also meet evaluation/assessment report guidelines.</td>
<td>V-19 Family History of Other Conditions</td>
</tr>
<tr>
<td>Parent is diagnosed with severe mental disorder as set forth under axis I and axis II of the Diagnostic and Statistical Manual (DSM) IV</td>
<td>1) Written verification of the parent’s diagnosis from a physician or licensed clinical counselor such as a clinical psychologist or clinical social worker and 2) Written report from the multidisciplinary evaluation team of why in their clinical judgment the child is at risk of developing substantial developmental delay due to the parent’s diagnosis if EI services are not provided. Report should also meet evaluation/assessment report guidelines.</td>
<td>V-19 Family History of Other Conditions</td>
</tr>
<tr>
<td>Three of these risk factors: 1) Primary caregiver currently abuses alcohol or other substance. 2) Primary caregiver is currently under 15. 3) Child is currently homeless. 4) Chronic illness of primary caregiver. 5) Mother abused alcohol or other substance during pregnancy. 6) Primary caregiver has education level less than 10th grade and level in not appropriate to age. 7) Indicated case of abuse/neglect and child has not been removed from situation.</td>
<td>1) Written report from multidisciplinary evaluation team indicating: a) risk factors present, b) how the risk factors were identified, and c) why in their clinical judgment the child is at risk of developing substantial developmental delay due to the identified risk factors if EI services are not provided. Report should also meet evaluation/assessment report guidelines.</td>
<td>V-19 Family History of Other Conditions</td>
</tr>
</tbody>
</table>
MEDICAL CONDITIONS RESULTING IN HIGH PROBABILITY OF DEVELOPMENTAL DELAY (with ICD9 CM Codes) AND DSCC SCREENING INFORMATION (not an exclusive list)

<table>
<thead>
<tr>
<th>Eligible EI Diagnoses with ICD9 CM Codes</th>
<th>Eligible/Non-Eligible and/or Description of DSCC Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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, speech (due to structural defects), inborn errors of metabolism leading to severe neurological, mental and physical deterioration, eye and urinary system.</td>
</tr>
<tr>
<td><strong>Anomalies of Central Nervous System</strong></td>
<td></td>
</tr>
<tr>
<td>Spina Bifida/Myelomeningocele (741.9)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Spina Bifida with Hydrocephaly (741.0)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Encephalocele (742.0)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Hydroencephalopathy (742.3)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Microencephaly (742.1)</td>
<td>Not DSCC eligible.</td>
</tr>
<tr>
<td>Congenital Hydrocephalus (742.3)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Reduction deformities of brain (742.2):</td>
<td></td>
</tr>
<tr>
<td>Absence</td>
<td>Holoprosencephaly</td>
</tr>
<tr>
<td>Agenesis</td>
<td>Hypoplasia</td>
</tr>
<tr>
<td>Agyria</td>
<td>Lissencephaly</td>
</tr>
<tr>
<td>Aplasia</td>
<td>Microgyria</td>
</tr>
<tr>
<td>Arhinecephaly</td>
<td>Schizencephaly</td>
</tr>
<tr>
<td>Anomalies of the Spinal Cord (742.5)</td>
<td></td>
</tr>
<tr>
<td>Birth weight: &lt;1000 gm. (765.0)</td>
<td>Not DSCC eligible by itself.</td>
</tr>
</tbody>
</table>
### Eligible EI Diagnoses with ICD9 CM Codes

<table>
<thead>
<tr>
<th>Unfactorized</th>
<th>Eligible/Non-Eligible and/or Description of DSCC Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chromosomal Disorders</strong> (most common, not to be used as an exclusive list)</td>
<td>Syndromes are not DSCC eligible by themselves but may include DSCC eligible conditions:</td>
</tr>
<tr>
<td>Trisomy 21 (Down Syndrome) (758.0)</td>
<td>Not DSCC eligible but typically cover the cardiac and hearing impairments.</td>
</tr>
<tr>
<td>Trisomy 13 (758.1)</td>
<td>Craniofacial, limb deformities, cardiac are DSCC eligible.</td>
</tr>
<tr>
<td>Trisomy 18 (758.2)</td>
<td>Cardiac impairments would be DSCC eligible.</td>
</tr>
<tr>
<td>Autosomal Deletion Syndromes (758.3)</td>
<td>Not typically DSCC eligible unless causing cardiac, hypospadias or other DSCC eligible conditions.</td>
</tr>
<tr>
<td>Fragile X Syndrome (759.83)</td>
<td>Not DSCC eligible.</td>
</tr>
<tr>
<td>Williams Syndrome (746.9)</td>
<td>Not usually DSCC eligible unless causing cardiac impairments or strabismus.</td>
</tr>
<tr>
<td>Angelmann’s Syndrome (758.5) Prader-Willi Syndrome (759.81)</td>
<td>Seizures, scoliosis and strabismus would be DSCC eligible, if present, for either syndrome.</td>
</tr>
<tr>
<td><strong>Congenital Infections</strong></td>
<td>Only treatable motor/orthopedic and eye impairments (defects of eyeball or eye muscle) are DSCC eligible for these congenital infections.</td>
</tr>
<tr>
<td>Toxoplasmosis (771.2) Rubella (771.0) Cytomegalovirus (771.1) Herpes Simplex with CNS involvement (771.2)</td>
<td></td>
</tr>
<tr>
<td><strong>Neonatal Meningitis (322.9)</strong></td>
<td>Only treatable motor/orthopedic and eye impairments (defects of eyeball or eye muscle) are DSCC eligible for these congenital infections.</td>
</tr>
<tr>
<td><strong>Cerebral Palsy</strong> (343.0 - 343.9, excluding 343.5 - 343.7) DSCC eligible (motor and neuro impairments)</td>
<td></td>
</tr>
<tr>
<td><strong>Craniofacial Anomalies (Major)</strong></td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Cleft Palate (749.0)</td>
<td>DSCC eligible * (See further instructions on referring to DSCC, listed on last page)</td>
</tr>
<tr>
<td>Eligible EI Diagnoses with ICD9 CM Codes</td>
<td>Eligible/Non-Eligible and/or Description of DSCC Diagnoses</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Disorders of the Sense Organs</strong></td>
<td></td>
</tr>
<tr>
<td>Sensorineural Hearing Impairment, Bilateral $&gt;40$ dB (389.10)</td>
<td>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.</td>
</tr>
<tr>
<td>Visual Impairment (369.0–369.9)</td>
<td>Potentially DSCC eligible (blindness not DSCC eligible) eye muscle imbalance – DSCC eligible.</td>
</tr>
<tr>
<td>Bilateral Amblyopia (368.0)</td>
<td>DSCC eligible when requires treatment.</td>
</tr>
<tr>
<td>Severe Retinopathy of Prematurity ROP 3+ (362.21)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Bilateral Cataracts (743.3)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Myopia of 3 dioptors or more (367.1) Albinism (270.2)</td>
<td>Not DSCC eligible.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disorders of the Central Nervous System</strong></td>
<td></td>
</tr>
<tr>
<td>Hypsarrhythmia (345.6)</td>
<td>Not DSCC eligible.</td>
</tr>
<tr>
<td>Acquired Hydrocephalus (331.4)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Stroke (436)</td>
<td>Motor and speech problems may be DSCC eligible.</td>
</tr>
<tr>
<td>Traumatic Brain Injury (851–854)</td>
<td>Neither are automatically DSCC eligible but either could cause DSCC eligible motor, speech or orthopedic conditions.</td>
</tr>
<tr>
<td>Intraventricular Hemorrhage – Grade III, IV (431)</td>
<td></td>
</tr>
<tr>
<td>Hypoxic Ischemic Encephalopathy (with organ failure, seizures, renal failure, cardiac failure) (768.5)</td>
<td>Not DSCC eligible by itself but seizures, renal impairments, cardiac impairments are DSCC eligible.</td>
</tr>
</tbody>
</table>
### Eligible EI Diagnoses with ICD9 CM Codes

<table>
<thead>
<tr>
<th>Disorders of the Central Nervous System-continued</th>
<th>Eligible/Non-Eligible and/or Description of DSCC Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unspecified Encephalopathy (348.3)</td>
<td>Only treatable motor/orthopedic impairments or seizures are DSCC eligible.</td>
</tr>
<tr>
<td>Spinal Cord Injury (952.9)</td>
<td>Only treatable motor/orthopedic impairments are DSCC eligible.</td>
</tr>
<tr>
<td>Neonatal Seizures (secondary to asphyxia or hypoglycemia) (779.0)</td>
<td>Acute seizures are not DSCC eligible.</td>
</tr>
<tr>
<td>Central Nervous System Cysts (742.4 or 348.0)</td>
<td>Potentially DSCC eligible if not cancerous.</td>
</tr>
<tr>
<td>Central Nervous System Tumors (191 or 225)</td>
<td>Potentially DSCC eligible if not cancerous.</td>
</tr>
<tr>
<td>Periventricular Leukomalacia (431)</td>
<td>Not DSCC eligible by itself. If causing Cerebral Palsy, this is DSCC eligible.</td>
</tr>
</tbody>
</table>

| Inborn Errors of Metabolism (277.9)             | Only those causing physical and neurological impairment and mental retardation, if left untreated, are DSCC eligible. |

### Neuromuscular Disorders

| Congenital Muscular Dystrophy (359.0)          | DSCC eligible. |
| Myotonic Dystrophy (359.2)                     | DSCC eligible. |
| Werdnig-Hoffman (Spinal Muscular Atrophy) (335.0) | DSCC eligible if treatable. |
| Congenital Myopathy (359.0)                     | Potentially DSCC eligible for treatable motor/orthopedic impairments. |
| Duchenne (359.1)                                | DSCC eligible. |

| Pervasive developmental disorder / Autistic spectrum (299.0) | Not DSCC eligible. |
### Eligible EI Diagnoses with ICD9 CM Codes

<table>
<thead>
<tr>
<th>Syndromes</th>
<th>Eligible/Non-Eligible and/or Description of DSCC Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornelia de Lange (759.8)</td>
<td>Orthopedic and craniofacial impairments are DSCC eligible.</td>
</tr>
<tr>
<td>Lowe's (270.8)</td>
<td>Cataracts and kidney problems are DSCC eligible.</td>
</tr>
<tr>
<td>Rett (330.8)</td>
<td>Not DSCC eligible.</td>
</tr>
<tr>
<td>Rubenstein-Taybi (759.89)</td>
<td>Causes DSCC eligible hip dislocation and joint problems.</td>
</tr>
<tr>
<td>CHARGE (multiple anomalies) (759.7)</td>
<td>DSCC eligible: eye, kidney, cardiac, nervous, hearing and external body impairments.</td>
</tr>
<tr>
<td>VATER (759.89)</td>
<td>DSCC eligible urinary, cleft palate and esophageal atresia.</td>
</tr>
</tbody>
</table>

| Fetal Alcohol Syndrome (760.71) | Not DSCC eligible, but could cause some DSCC eligible motor/orthopedic impairments.                                       |
| (Not just exposure to alcohol in utero or fetal alcohol effects, but a diagnosis of the syndrome) |

<table>
<thead>
<tr>
<th>Orthopedic Abnormalities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brachioplexus at birth (767.6)</td>
<td>Potentially DSCC eligible.</td>
</tr>
<tr>
<td>Caudal Regression (756.13)</td>
<td>Not DSCC eligible.</td>
</tr>
<tr>
<td>Proximal Focal Femoral Deformities (755.60)</td>
<td>Potentially DSCC eligible.</td>
</tr>
<tr>
<td>Partial Amputations (755.4)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Holt-Oram (758.89)</td>
<td>Potentially DSCC eligible.</td>
</tr>
<tr>
<td>Acquired Amputations (736.9)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Arthrogryposis Multiplex Congenita (754.89)</td>
<td>DSCC eligible.</td>
</tr>
<tr>
<td>Osteogenesis Imperfecta (756.51)</td>
<td>DSCC eligible.</td>
</tr>
</tbody>
</table>
CFC PROCEDURE MANUAL
Section EARLY INTERVENTION ELIGIBILITY DETERMINATION
Sub-Section Initial and Annual Eligibility Determination

<table>
<thead>
<tr>
<th>Eligible EI Diagnoses with ICD9 CM Codes</th>
<th>Eligible/Non-Eligible and/or Description of DSCC Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technology Dependent</strong></td>
<td></td>
</tr>
<tr>
<td>Tracheostomy (V55.0)</td>
<td>Potentially DSCC eligible if secondary to structural defect of upper airway and not chronic lung disease.</td>
</tr>
<tr>
<td>Ventilator Dependent (V46.1)</td>
<td>Potentially DSCC eligible for IDPA/DSCC Home Care Program (waiver)</td>
</tr>
<tr>
<td><strong>Social Emotional Disorders</strong></td>
<td></td>
</tr>
<tr>
<td>Attachment or Relationship Disorder</td>
<td>Not DSCC eligible by itself.</td>
</tr>
</tbody>
</table>

Children with undiagnosed medical conditions or who require further medical evaluation may be referred by the Child and Family Connections 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.
POLICY:

1) Families whose children are enrolled under private insurance plans are required to use their child’s benefits to assist in meeting the costs of covered Early Intervention services and devices unless an insurance exemption has been approved.

2) The family, in conjunction with the CFC, and in cooperation with their insurance company and the service provider, will determine insurance benefits. The provider shall contact the insurance carrier for verification of benefits and should send the verification in the form of a denied claim or statement of non-coverage under the insurance plan to the CBO as part of the billing process. One or more of the following items must be obtained by the CFC as documentation if the service is not covered:
   - Applicable pages from the plan;
   - Written response or denial from insurance company
   - Or, as a last resort, notes from conversation(s) with the insurance company, with the name(s) of contact, phone number(s) and date(s) of contact, by CFC Manager and/or service coordinator.

3) All Early Intervention service providers are required to bill private insurance prior to billing the CBO unless an exemption has been approved. The only exceptions are: Developmental Therapists, Interpreters, Deaf Mentors, and Physicians providing only medical diagnostics, Transporters, and Parent Liaisons.

4) Families may request exemption from private insurance for one or more services if such use would put the family at material risk of losing their coverage as specified on the Insurance Exemption Request form.
   a) Individual insurance plan/policy covering child was purchased individually by a head of household not eligible for group medical insurance.
   b) Child’s private insurance plan/policy has lifetime cap for one or more types of early intervention services which could be exhausted during the IFSP period based on the estimated cost of the Early Intervention services.

5) Service coordinators are required to enter public and/or private insurance information on Cornerstone for covered EI eligible children.

6) Regional intake entities are required to apply to the Illinois Department of Public Aid to become KidCare Applicant agents.

7) Families, including families with private insurance, who may be eligible for Medicaid/KidCare or DSCC, as indicated by the Screening Device, are required to apply for benefits through Medicaid/KidCare or accept referral to DSCC in order to implement and remain eligible for Early Intervention services except those available at no cost to the family.
8) As payer of last resort, all other resources must be maximized to cover the costs of Early Intervention services prior to utilizing state and federal resources for Early Intervention services. If a family refuses to utilize other available resources to cover the cost of services, including noncompliance with Early Intervention system requirements, the family (with or without private insurance) will only be able to receive Early Intervention services available at public expense.

PROCEDURES

**Determining Other Eligibility**

1.0 During Intake and prior to each annual IFSP, complete the Screening Device to determine potential eligibility for KidCare/Medicaid and University of Illinois Division of Specialized Care for Children (DSCC) services. (See INTAKE, 5.6.) If indicated, complete and submit a KidCare application 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.

**Documenting Insurance Coverage**

2.0 Assist family in completion of the Insurance Affidavit, Assignment and Release form.

   2.1 If the child has private health insurance ONLY, obtain a copy of the current medical card for the hardcopy record and document insurance coverage as appropriate in Cornerstone.

   2.2 If the child has public health insurance (Kidcare/Medicaid) only input the child’s Medicaid recipient identification number into Cornerstone and enter “NO PRIVATE INSURANCE” on the PA35 screen.

   2.3 If the child has both public and private health insurance input the private insurance as the primary insurance and also input the child’s Medicaid recipient identification number into Cornerstone.

   2.4 If the child does not have public and/or private health insurance, document this accordingly in Cornerstone.

**Determining if Insurance will be Billed**

3.0 Determine if insurance may be used to pay for Early Intervention services and equipment or if any Statutory Waivers or Exemptions may be applicable for that particular child. If the insurance company will not release information, assist policyholder in obtaining the information below by making the call during a home or office visit or by placing a conference call with the family and the insurance provider. All information obtained on the family’s policy must be forwarded to the service provider.
3.1 Insurance use is required if all of the following are true:

3.1.1 Insurance provider is available to receive the referral and begin services immediately (within 15 business days).

3.1.2 Insurance provider is enrolled and fully credentialed as a provider in the Early Intervention system.

3.1.3 Insurance company will cover the services in the manner required in the IFSP.

3.1.4 Family would not 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 (APPLICABLE FOR CENTER BASED SERVICES ONLY).

3.1.5 The family’s insurance carrier has approved providers that are enrolled and credentialed in the Early Intervention system or they allow for billing (even at a reduced rate) for Early Intervention services by non-insurance providers.

3.2 If the child is covered under a private insurance plan, enter “BILL INSURANCE FIRST” on the PA3 screen and enter the appropriate billing indicator for each provider on their authorization on the SVO7 screen.

3.3 If the family has private insurance and a waiver applies:

3.3.1 Determine which type of waiver applies.

3.3.2 Obtain written verification of the type of waiver from the insurance company.

3.3.3 If written verification is not attainable, obtain verbal verification and document the verification according to the guidelines of the AT-A-GLANCE Insurance Guidelines and Procedures policy grid. This certification must be made by the CFC staff and cannot be accepted if verified by a direct service provider or family. NOTE: verbal verification may be used only if written verification is not attainable.

3.3.4 Complete the Statutory Insurance Waiver Certification form and ensure that the CFC manager has reviewed and signed off on the form and that the form has been reviewed with the family and they understand the impact of waiving insurance use on the family fee.

3.3.5 Attach all documentation to the original waiver and maintain in the child’s hardcopy record.

3.3.6 Input the appropriate waiver reason into Cornerstone on the SV07 screen and provide a copy of the authorization to the provider for billing purposes. The CBO will pay or deny claims based on this information.

3.3.7 All approved insurance waivers apply only to the IFSP period in which they were approved, apply only to the provider or payee for which it has been verified, and must be rectified for each IFSP period.
3.4 If the family qualifies for Insurance Use Exemption, provide them with a copy of the Insurance Exemption Request form and explain the two types of exemptions that may be requested:

a) Private Purchase/Non-Group Plan  
b) Lifetime Cap on some or all IFSP services

3.4.1 Upon request of the family, assist them in completing the form, ensure that the CFC Manager has reviewed and signed off on the form, and submit it and all attachments and documentation to the Insurance Coordinator at DHS. Ensure that the form has been reviewed with the family and they understand the impact of exempting insurance use on the family fee. DHS will make a decision within 10 business days of receiving all required information. Notify all service providers of any change in billing status that results from an exemption request.

3.4.2 Update SV07 Insurance field to indicate “Pending Exempt” after submitting to DHS. Do not use this code until the exemption request has been sent to DHS.

3.4.3 Upon receipt of a decision, update the SV07 Insurance field and notify all service providers.

3.4.4 If the private insurance plan/policy covering the child was purchased individually by a head of the household and is not part of a group medical insurance plan, and an exemption has been approved for all Early Intervention services, enter the code for insurance exempt/individual plan on the SV07 screens for each applicable authorization.

3.4.5 If an exemption has been approved for all IFSP services because a child’s private insurance plan/policy has a lifetime cap which could be exhausted during the IFSP period due to the billing of early intervention services, enter the code INSURANCE EXEMPT/CAP ON ALL on the SV07 screens for each applicable authorization.

3.4.6 If an exemption has been approved for one or more (but not all) IFSP services because a child’s private insurance plan/policy has a lifetime cap for one or more types of early intervention services which could be exhausted during the IFSP period due to the billing of early intervention services, enter the code BILL INSURANCE FIRST on the SV07 screens for each applicable authorization and use the insurance indicator on the auth screen (SV07) to indicate which services have been exempted from insurance use.

3.4.7 All appropriate insurance exemptions apply only to the IFSP period in which they were approved. Exemptions must be recertified for each IFSP period.

3.4.8 If the Insurance Use Exemption has been denied, update the SV07 Insurance field to reflect BILL INSURANCE FIRST and notify all service providers of the new insurance billing status. Claims submitted to the
Central Billing Office more than seven calendar days after the date of the denial will be returned to the provider unpaid if they do not have an insurance Explanation of Benefits attached.

3.5 Eligibility for a Statutory Insurance Waiver and/or an Insurance Exemption must be redetermined and re-issued at the time of the annual IFSP meeting or earlier if the family reports a change to one or more of the situations specified in 3.1.1 through 3.1.5 above. NOTE: It is not necessary to reissue a Statutory Insurance Waiver or reapply for an Insurance Exemption to cover the time period created by extending an IFSP end date. Notify the Claims Processing Supervisor at the CBO of the extension by fax or e-mail at: 877/895-8197 or scolburn@cquestamerica.org.

**Determining the Provider**

4.0 Give the family a list of credentialed, enrolled Early Intervention providers in the geographic area. The list should include which insurance networks each provider participates in. **Determination of benefits AND OUT OF NETWORK PAYMENT STATUS is established in cooperation between the CFC, family, insurance company, and the provider.** If the providers that are approved by the family’s insurance network are not known to the CFC or the family, the CFC will assist the family in obtaining a list of approved providers from the insurance carrier and verifying if any of those providers are credentialed and enrolled in the Early Intervention system.

4.1 **IF THE INSURANCE PROVIDER** will not approve payment to an out-of-network provider, the family will be required to accept services from an HMO provider in accordance with all applicable Early Intervention rules and statutes.

4.2 The Service Coordinator will also advise the family that **THERE MAY BE GREATER FLEXIBILITY IN PAYMENT OPTIONS UNDER PPO OR POS INSURANCE PLANS,** but an actual determination of benefits would be established in cooperation with the family, insurance company and the provider.

5.0 Print and attach the following and distribute to IFSP team members and family as part of the IFSP:

- Cornerstone *Insurance Report,*
- Family’s insurance card, if applicable,
- *Insurance Affidavit, Assignment, and Release* form,
- *Insurance Use Exemption Request* form, if applicable

**Note:** If private insurance exemption is approved for some or all services, attach a copy of the DHS exemption approval letter to the Cornerstone *Insurance Report* before distributing to providers and families.
6.0 Tell families that they must inform their service coordinator immediately if the child’s Medicaid/KidCare or private insurance coverage changes. Failure to inform the service coordinator of the change may result in the provider’s inability to receive payment from the insurance company and/or the CBO thereby creating a liability for the cost of those services on the part of the family.

**Updating Insurance Information**

7.0 Upon verification of a change in insurance coverage from one private insurance to another private insurance or from public insurance to private insurance:

7.1 Notify CBO via fax or e-mail of the transitional status by one of the following methods:

- FAX: 877/895-8197 (Attn: Sarah Colburn)
- EMAIL: scolburn@cquestamerica.org

7.2 Enter the termination date for the old insurance in Cornerstone, as of the date the old insurance was no longer effective [NOTE: Users cannot edit Medicaid effective dates in Cornerstone.].

7.3 Enter the effective date for the new insurance as of the date the CFC was notified of the insurance change.

7.4 Change the insurance flag in Cornerstone to PENDING EXEMPT. [NOTE: This signifies the transition period from one insurance policy to another. The transition period may not exceed 45 calendar days. During this transition period the CBO will cover the cost of services. The purpose of the transition period is to allow the CFC to work with the family to identify what, if any, provider availability/restrictions the new insurance company has, to determine if the family now qualifies for an insurance exemption or statutory waiver and to allow an opportunity to submit/request the required paperwork if applicable.]

7.5 Print a new Insurance report.

7.6 Forward the new insurance report to all affected providers.

7.7 Complete steps 2.0 – 4.2 above for the new insurance.

7.8 Within 45 days of the notice of the change in insurance, update the insurance flag in Cornerstone appropriately.

7.9 Complete steps 5.0 – 6.0 above.

8.0 Upon verification of a change in insurance coverage from private insurance to public insurance (i.e., Medicaid):

8.1 Enter the termination date for the old insurance in Cornerstone, as of the date the old insurance was no longer effective.

8.2 Change the insurance flag in Cornerstone to “NO PRIVATE INSURANCE”

8.3 Complete an F2-SHARE function in Cornerstone to bring any existing Medicaid information into the child’s electronic EI record.

8.4 If no existing Medicaid information is available, enter the child’s public insurance information into Cornerstone.
8.5 If existing Medicaid information is available, check to make sure the information is accurate.

8.5.1 If the information is not accurate, fax a copy of the child’s most recent Medicaid Recipient Identification card (both sides) to Sarah Colburn at the EI CBO at the fax number listed in 7.1 above with a cover letter explaining the reason for the fax.

8.6 Complete steps 5.0 – 6.0 above.

9.0 Upon verification of a change in insurance coverage from private or public insurance to no insurance:

9.1 Enter the termination date for the old insurance in Cornerstone, as of the date the old insurance was no longer effective. (NOTE: Users cannot edit Medicaid effective dates in Cornerstone.)

9.2 Change the insurance flag in Cornerstone to NO PRIVATE INSURANCE, if necessary.

9.3 Complete steps 5.0 – 6.0 above if the Insurance report changed.

PROVIDER RESPONSIBILITIES

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

a) Review Insurance Plan or Policy Booklet.

Ask the family to provide a copy of the policy or plan. Review the plan, noting references to IFSP services, requirements for services and exclusions. A service may be listed in the Benefits Summary, but it is necessary to go to the specific section for that benefit to determine coverage. The benefit may be under its own heading, 'Speech Therapy' or may be included in a section, such as 'Outpatient Rehabilitation Services'. For further information, also review the Exclusions Section. There may be references in these sections to 'restorative' therapy, (i.e., that which restores a previous function). There may be other subjective restrictions such as the requirement that significant improvement may be expected within two months of initiating therapy.

b) Contact Insurance Company.

If more information is needed, it may be necessary to contact the insurance provider. Call the number on family’s insurance card. If there is no number available, reference the Insurance Provider Phone Directory on the Early Intervention web site to obtain a general number for the insurance company. When insurance company is reached, ask
to be connected with Benefits Verification. Identify yourself, say you are representing a customer and would like to verify coverage of particular Early Intervention services. If permitted, be prepared to provide policyholder's identifying information. If the insurance company will not release information, assist policyholder in obtaining the information below by making the call during a home or office visit or by placing a conference call with the family and the insurance provider.

c) **Submit documentation to the CBO.**

Collect the following documentation from the family, if applicable, and submit the appropriate Statutory Waiver to the covered service providers for submission to the CBO:
- Applicable pages from plan; and/or
- Written response/denial from insurance company.

**DEFINITIONS**

**Enrolled Provider**
A provider that is credentialed and enrolled in the Early Intervention System to provide direct service to children.

**Approved Provider**
A provider that is authorized to provide services and bill an insurance company as part of their network of providers.

**Commercial Health Insurance Plans (also referred to as Private Plans)**

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

b) **Preferred Provider Organization - PPO**
PPO contracts with a network of preferred providers but will reimburse at a lower rate for out-of-network providers.

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

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

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

Government - Sponsored Health Plans (Also referred to as Public Plans)

a) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)
   Civilian Health and Medical Program of the Veterans Administration (CHAMPVA)
   These are federal programs to cover health expenses of the dependents of military personnel and veterans. They are secondary to commercial health plans. Military medical-care providers are to be used if available. Prior authorization may be required for use of civilian providers. Administered by TRICARE.

b) MEDICAID - KidCare Assist
Medicaid is a federally assisted program to help with medical expenses of eligible low-income families. It is administrated through the Illinois Department of Public Aid.

c) KidCare Share, Premium or Rebate
Children whose families are not eligible for Medicaid (KidCare Assist) due to income may be eligible for these low-income programs. KidCare Share and Premium require a co-pay for services. KidCare Premium also requires payment of a premium. Through KidCare Rebate, IDPA reimburses the policyholder for the cost of health insurance.

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

1) Service coordinators are required to document each family’s gross annual income and family size before implementation of initial and annual Individualized Family Service Plans (IFSPs), regardless of:
   a) Public or private insurance coverage; or
   b) Types of Early Intervention services needed.

2) Families that refuse to disclose financial information may not receive Early Intervention services and assistive technology devices subject to fees.

3) One fee is assessed per family, using a sliding fee scale that adjusts for gross income and family size.
   a) If more than one child is enrolled, one child’s IFSP period will be designated as the fee account period for the entire family.
   b) Accumulated annual services provided to all family members will be reflected on the family’s monthly fee invoice.
   c) The sliding scale is subject to annual review and revision by the Department of Human Services.

4) Families are assessed fees, and receive monthly fee invoices showing fees accumulated since the beginning of the current fee period, unless:
   a) Annual gross income is at or below 185% of the Federal Poverty Level; or
   b) Early Intervention eligible children are enrolled in Medicaid/KidCare or the WIC Program; or
   c) Exemption from fees has been granted.

5) Families may request exemption from fees for the current IFSP period if:
   a) Out-of-pocket medical expenses during the past twelve months meets or exceeds 15% of their gross annual income; or
   b) Out-of-pocket losses during the past twelve months due to disaster such as fire, flood or tornado meets or exceeds 15% of their gross annual income.

6) DHS makes a decision regarding fee exemption requests within ten business days of receiving the completed request from the family’s service coordinator. If approved, the exemption is effective on the date on which the request was received at DHS.

7) Families are not required to pay more annual fees than annual state payments for services subject to fees.
CFC PROCEDURE MANUAL

Section EARLY INTERVENTION SERVICE COORDINATION
Sub-Section Family Fee Determination

a) Direct IFSP services and assistive technology devices are subject to fees.
b) Screening, evaluation and assessment (including medical diagnostic services); IFSP development (including review and modification); service coordination; and family training and support by parent liaisons, interpreters and deaf mentors are not subject to fees.

8) Annual fees are charged in level monthly installments, in order to adjust total fees to the actual length of the fee period and assist families in budgeting.

9) Level monthly installments of the annual fee begin to accrue on the begin date of the earliest authorization for services subject to fees.

10) Fee maximums are adjusted for partial months at the beginning and end of the fee period.
   a) Families are charged if the fee effective period begins on or before the 15th of the month.
   b) Families are charged if the fee effective period ends after the 15th of the month.

11) Families are encouraged to pay level monthly installments if total state payments for services subject to fees are expected to equal or exceed maximum fees during the annual IFSP period.

12) Families are responsible for paying at least the minimum due amount shown on their monthly invoice.
   a) Minimum due amounts vary from month to month, depending on provider billing schedules.
   b) Minimum due amounts remain zero until the state pays for a service subject to fees.

13) Payments are applied to the oldest minimum due amount and are IFSP account specific.
   a) Families can begin paying on a second IFSP account when there is still an open balance owed on the previous IFSP account, but all accounts are considered when determining delinquency.
   b) Payments are applied to accounts based on the account number shown on the return stub.

14) At the written request of the family, the fee obligation shall be adjusted prospectively at any point during the year upon proof of change in family income or family size.

15) DHS initiates collection procedures against families based on unpaid minimum due amounts.
a) Service coordinators are required to discontinue Early Intervention services subject to fees, including assistive technology devices, after DHS notifies families that their oldest minimum payment is three months (ninety days) past due.

b) Services not subject to fees can continue.

c) Monthly installments of the annual fee will continue to be applied to the account balance through the end of the IFSP, and minimum due amounts will be recalculated monthly based on accumulated CBO payments for annual services subject to fees.

16) Families receive monthly statements on the previous IFSP account, in addition to any current IFSP account invoices, until the account is paid in full and has had no activity during the last month.

a) Final reconciliation of the previous account may be delayed up to nine months to allow for providers to bill the state.

b) Upon reconciliation, overpayments on previous accounts are credited to the family’s current account if one or more children remain in the Early Intervention Services System. Overpayments are refunded to the family if all their children have exited the System.

17) If a family does not agree with the findings of their financial assessment, they may consult information about individual child complaints included in the booklet, State of Illinois: Infant/Toddler and Family Rights Under IDEA for the Early Intervention System.

18) Any fee dispute must be submitted to the Department of Human Services within 30 days of the family’s initial receipt of their Early Intervention Family Fee Report, using the Request for Investigation of State Complaint form.

19) All other resources must be accessed prior to use of state and federal Early Intervention funds.

PROCEDURES:

1.0 Confirm family size and annual gross income reported on most recent Screening Device for Determining Family Fees and Eligibility for KidCare/Medicaid & DSCC are still accurate. This screening is completed at intake and prior to each annual IFSP. If not accurate, complete the following:

1.1 Re-screen. (See INTAKE, 5.6)

1.2 Complete needed referrals.

1.3 Update Cornerstone regarding child’s enrollment in KidCare/Medicaid (PA05), DSCC and other programs (PA35) and document activities in case notes.
2.0 Explain income and family size will be used to determine any family fees and one fee will be assessed per family. Also explain fee exemption may be requested at any time, if family encounters medical expenses or losses due to disaster such as fire, flood or tornado in excess of 15% of their annual gross income.

2.1 If the family refuses to document income, leave the fee record blank and develop an IFSP limited to services not subject to fees.

2.2 Fees are currently calculated using the following sliding fee table:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>$0 Fee/ Month</th>
<th>$10 Fee/ Month</th>
<th>$20 Fee/ Month</th>
<th>$30 Fee/ Month</th>
<th>$50 Fee/ Month</th>
<th>$70 Fee/ Month</th>
<th>$100 Fee/ Month</th>
<th>$150 Fee/ Month</th>
<th>$200 Fee/ Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-185% FPL</td>
<td>0-22,422</td>
<td>186-22,422</td>
<td>201-30,300</td>
<td>251-36,360</td>
<td>301-42,420</td>
<td>351-48,480</td>
<td>401-60,600</td>
<td>501-72,720</td>
<td>Above 600% FPL</td>
</tr>
<tr>
<td>186-200% FPL</td>
<td>$22,423</td>
<td>22,231-24,240</td>
<td>30,301-36,360</td>
<td>36,361-42,420</td>
<td>42,421-48,480</td>
<td>48,481-60,600</td>
<td>60,601-72,720</td>
<td>Above 72,720</td>
<td>Above 600% FPL</td>
</tr>
<tr>
<td>251-300% FPL</td>
<td>$30,301</td>
<td>30,521-38,150</td>
<td>45,781-53,410</td>
<td>53,411-61,040</td>
<td>61,041-76,300</td>
<td>76,301-91,560</td>
<td>92,001-110,400</td>
<td>Above $110,400</td>
<td>Above $110,400</td>
</tr>
<tr>
<td>301-350% FPL</td>
<td>$36,361</td>
<td>36,801-46,000</td>
<td>55,201-64,400</td>
<td>64,401-73,600</td>
<td>73,601-92,000</td>
<td>92,001-110,400</td>
<td>107,701-129,240</td>
<td>Above $129,240</td>
<td>Above $129,240</td>
</tr>
<tr>
<td>501-600% FPL</td>
<td>$60,601</td>
<td>53,411-61,040</td>
<td>64,401-73,600</td>
<td>73,601-92,000</td>
<td>92,001-110,400</td>
<td>107,701-129,240</td>
<td>Above $129,240</td>
<td>Above $129,240</td>
<td>Above $129,240</td>
</tr>
<tr>
<td>above 600% FPL</td>
<td>$72,720</td>
<td>64,401-73,600</td>
<td>73,601-92,000</td>
<td>92,001-110,400</td>
<td>107,701-129,240</td>
<td>Above $129,240</td>
<td>Above $129,240</td>
<td>Above $129,240</td>
<td>Above $129,240</td>
</tr>
</tbody>
</table>

For family sizes above 5, add the following to above income ranges for each additional family member:

| +1 | $0-5,809 | $5,810-6,280 | $6,281-7,850 | $7,851-9,420 | $9,421-10,990 | $10,991-12,560 | $12,561-15,700 | $15,701-18,840 | $18,840 |

**Based on FFY 2003 Federal Poverty Level Guidelines. This table is updated annually.**

3.0 Obtain written documentation of income for permanent record:

3.1 Copy of Medicaid/KidCare Recipient Card; or
3.2 Copy of WIC Identification Card; or
3.3 Most recent Federal Income Tax Form if it accurately reflects current gross income; or
3.4 Other documentation--Itemized statement signed by the parent indicating their estimated annual income (no income, cash income, check stubs, commissions, etc.) and any proof of that income.

3.4.1 Use this method only if there have been significant income changes since family last filed a tax return or if first three documentation types do not apply.
3.4.2 If this method is used and family receives paychecks, family must provide two recent consecutive check stubs from each working parent (gross amount averaged and multiplied by number of pay periods per year) with their itemized statement of estimated annual income.

4.0 If more than one child from family is enrolled, group children in Cornerstone. NOTE: Not all CFC offices are able to group children due to shared server issues. This issue is scheduled to be resolved in a future Cornerstone version. However, until that time, sibling accounts at shared server sites must be manually adjusted. To manually adjust an account, the service coordinator must select a group head using the criteria in 4.1 – 4.3 below. Once a group head is selected, the service coordinator must forward the following information to the Family Fee Coordinator:

- Fax a completed Early Intervention Fee Credit Request form,
- Designated group head, and
- Each child’s Family Fee report, if complete.

Completed grouping requests may be faxed to the Family Fee Coordinator at 217/524-6248 or mailed to 222 S. College, 2\textsuperscript{nd} Fl., Springfield, IL 62704. If you are not sure whether you are housed at a shared server site, contact your CFC Manager.

4.1 If all children in the family have the same date of birth and are being enrolled at the same time, the service coordinator can select the group head at random.
4.2 If the children have different dates of birth and are being enrolled at the same time, select the oldest child as the group head.
4.3 If the children being enrolled have different dates of birth and/or are being enrolled at different points in time, always select the child who was enrolled first as the group head, regardless of age.

5.0 Enter financial information in Cornerstone and update for all grouped children, if applicable.

5.1 Enter family size used for tax reporting purposes, plus any dependents added since filing. Use 1 for DCFS wards in foster care and children residing in private residential facilities where the facility has guardianship established (i.e. custodial, legal).
CFC PROCEDURE MANUAL

Section EARLY INTERVENTION SERVICE COORDINATION
Sub-Section Family Fee Determination

5.2 Enter annual gross income. (ex. Line 22 on Federal 1040.) Use $0 for DCFS wards in foster care and children residing in private residential facilities where the facility has guardianship established (i.e. custodial, legal). NOTE: You must enter an income amount for non-DCFS wards on Medicaid/KidCare. Families may verbally report their income.

5.3 Enter type of written income documentation obtained. Use Medicaid/KidCare Recipient card for DCFS wards in foster care.

5.4 If fee greater than zero is assessed, enter name (last name and then first name) and social security number of financially responsible adult. If fee is zero, do not complete step 5.4.

6.0 Print, give family copy of Cornerstone Early Intervention Family Fee Report and explain report to them. Request they inform their service coordinator immediately upon any changes in:

6.1 Family size, necessitating Cornerstone update of family size;
6.2 Annual gross income, necessitating Cornerstone update of income amount;
6.3 KidCare/Medicaid or other public health insurance status, necessitating Cornerstone update of income documentation type and insurance information;
6.4 WIC status, necessitating Cornerstone update of income documentation type.

Fee Exemption Requests

7.0 If a family with fees requests exemption from fees any time during the IFSP period, assist family in completion of Family Participation Fee Exemption Request form.

7.1 Verify gross income, family size, Medicaid/KidCare status and WIC status reported by family is correct for current year. If necessary, update Cornerstone data and reprint Cornerstone Early Intervention Family Fee Report.

7.2 If family still has a fee after any financial information updates, give family a copy of Family Participation Fee Exemption Request form.

7.3 Explain exemptions may be requested if out-of-pocket extraordinary medical expenses or losses due to disaster such as fire, flood or tornado during the twelve months prior to signature date on request form have met or exceeded 15% of their annual gross income.

7.3.1 Medical expenses deductible for income tax purposes will be accepted as medical expenses for fee exemption request purposes. Families should contact their tax consultant if they have questions about deductible medical expenses.

7.4 Review required documentation with family:

7.4.1 REQUIRED: Completed Family Participation Fee Exemption Request form; and
CFC PROCEDURE MANUAL

Section EARLY INTERVENTION SERVICE COORDINATION
Sub-Section Family Fee Determination

7.4.2 REQUIRED: Copy of Cornerstone Early Intervention Family Fee Report (printed from Cornerstone) showing current gross income, family size, type of documentation and fee amount, if the fee screen has been completed; and

7.4.3 REQUIRED: Itemized list of medical or disaster related payments during previous 12 months and/or bills currently owed that will not be covered by insurance (list largest items first and stop when bottom line totals more than 15% of their annual gross income); and

7.4.4 REQUIRED: Copies of family’s paid receipts and/or unpaid invoices showing portion that will not be covered by insurance for each payment or bill shown on itemized list; and

7.4.5 OPTIONAL: Other documentation family believes necessary to prove they should receive exemption from fees, including statement of why they feel it should be considered.

7.5 Obtain completed request form from family and verify all necessary documentation is attached. Service coordinator and program manager signatures are required to certify completeness.

7.6 Completed packet may be faxed to the Family Fee Coordinator at 217/524-6248 or mailed to 222 S. College, 2nd Fl., Springfield, IL 62704.

7.6.1 Update Cornerstone (PA 25) proof of income field to indicate “Pending Exempt” after submitting packet to DHS. Do not use this code until exemption request has been sent to DHS.

7.6.2 Reprint updated Cornerstone Early Intervention Family Fee Report showing no fee due to pending exempt status and give to family.

7.7 Update Cornerstone (PA 25) proof of income field upon receipt of DHS decision.

7.7.1 Reprint updated Cornerstone Early Intervention Family Fee Report showing final status and give to family.

Monthly Fee Invoices and Statements

8.0 Each IFSP account has its own “Account #” and related invoices. Families may receive invoices on IFSP accounts for up to nine months, until final reconciliation occurs on the account.
8.1 Invoices are mailed during the first week of the month and cover the previous month. For example, February’s invoice will reflect fee and CBO activity during the month of January.

8.2 Invoices are sent to the Financially Responsible Adult as identified on the Secondary Address screen in Cornerstone.

9.0 After being grouped in Cornerstone, all siblings who have IFSPs are listed as “Eligible Children” on family’s invoice. Families with fees receive one invoice for current IFSP account, regardless of number of enrolled children.

10.0 Level monthly installments of the annual fee begin to accrue on the begin date of the earliest authorization for services subject to fees. These level monthly installments are shown on invoices as “Current Charges”. Families are encouraged to pay “Current Charges” each month if they expect annual CBO payments for services subject to fees to equal or exceed their annual fees.

10.1 During fee period, running total of CBO payments for services subject to fees for all family members is indicated in “Total CBO Services Paid to Date” line of invoice.

10.2 Billing system verifies monthly that family is not asked to pay more in annual fees than CBO has paid out for annual services subject to fees. “Minimum Payment” is the portion of “Account Balance” that families must pay by “Payment Due Date”.

10.3 Payments are applied to oldest balance owed for IFSP account # shown on family’s return stub.

11.0 Families with invoice questions should call Early Intervention Central Billing Office at 800/634-8540.

Fee Credit Requests

12.0 If family is billed in error, request a fee credit by faxing DHS Bureau of Early Intervention a copy of family’s most recent fee invoice and the Early Intervention Fee Credit Request form.
### Sample Invoice

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Child’s EI #</th>
<th>Account #</th>
<th>Invoice #</th>
<th>Billing Month</th>
<th>Payment Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TERRY TESTCASE</td>
<td>960746</td>
<td>960746/01</td>
<td>CB900965</td>
<td>March 2002</td>
<td>04/25/02</td>
</tr>
</tbody>
</table>

**IFSP Period**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Due From Last Statement</td>
<td>100.00</td>
</tr>
<tr>
<td>Payment:</td>
<td>-100.00</td>
</tr>
<tr>
<td>Charges This Month:</td>
<td>100.00</td>
</tr>
<tr>
<td>Account Balance:</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**MINIMUM PAYMENT CALCULATION**

1. Total CBO Services Paid To Date: 53.00
2. Total Family Payments to Date: 200.00
3. Difference if line 2 less than line 1: .00

Minimum due: .00
(lesser of line 3 or Account Balance)

**Delinquency Reports**

13.0 DHS sends written prior notice to family if they fall behind in minimum payments. Service coordinators should be prepared to update financial data and recalculate fees if income, family size or Medicaid/WIC status has changed. They should also assist families with fee exemption requests if the family is experiencing medical expenses or losses due to disaster that meets or exceeds 15% of their annual gross income.
13.1 When DHS sends a notice to the family regarding minimum due payments that are one month (30 days) past due, follow-up with family if needed.

13.2 When DHS sends a notice to the family regarding minimum due payments that are two months (60 days) past due, follow-up with family if needed.

13.3 When DHS sends a notice to the family regarding minimum due payments that are three months (90 days) past due:

13.3.1 Adjust the end date of authorizations for services subject to fees to end on a date at least 2 weeks after notice is sent to family and providers. Notice (see 13.3.3) is consistent with Individuals with Disabilities Education Act 20 USC 1439 (a)(6).

13.3.2 Notify the DHS Bureau of Early Intervention to suspend processing of assistive technology requests not yet approved for authorization. Do not discontinue approved assistive technology devices already authorized.

13.3.3 Print revised IFSP and send to family and other IFSP team members, with Discontinuation of One or More Services form letter #30.F20 Sample 6 at least two weeks before revised authorization end dates.

14.0 Upon contact from family indicating payment has been made and requesting reinstatement of services subject to fees, contact the CBO Help Desk at (800) 634-8540 to verify receipt of payment. Check back, if necessary, to allow for mail delivery and CBO processing.

14.1 Upon verification of receipt of payment, initiate IFSP review process, if necessary, to identify which services subject to fees should be re-authorized. (See IFSP Updating)

Sample Delinquency Report Entry

<table>
<thead>
<tr>
<th>CHILD/ADULT/ADDRESS</th>
<th>EI#</th>
<th>IFSP</th>
<th>0 TO 30</th>
<th>31 TO 60</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TESTCASE, CARTER c/o JOHN TESTCASE</td>
<td>270081</td>
<td>11/15/01-03/24/02</td>
<td>10.00</td>
<td>10.00</td>
<td>20.00</td>
</tr>
<tr>
<td>37 N. WASHINGTON LAGRANGE, IL 60525</td>
<td>[Carter’s family would receive a one month past due letter from DHS because $10.00 of their minimum payment was 30 days past due.]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample Delinquency Letter Sent by DHS to Families with Past Due Accounts

According to our records, your Early Intervention family fee minimum payment is past due, as follows.

<table>
<thead>
<tr>
<th>1-31 Days</th>
<th>31-60 Days</th>
<th>61-90 Days</th>
<th>Over 90 Days</th>
<th>Total</th>
</tr>
</thead>
</table>

If you have recently mailed payment in full, please disregard this notice.
Please contact your Child and Family Connections service coordinator to report changes in income, family size, KidCare/Medicaid status or WIC status, as these changes may affect your family fee amount. Additionally, your service coordinator can assist you in requesting exemption from family fees if extraordinary medical expenses or disasters (such as fire, flood or tornado) have caused out-of-pocket expenses during the past twelve months that meets or exceeds 15% of your annual gross income.

**PLEASE NOTE:** The Department of Human Services will instruct your service coordinator to discontinue authorizations for Early Intervention services subject to fees, including assistive technology devices, if some or all of your minimum payment becomes over 90 days past due. In addition, we will initiate collection proceedings against you at that time.

Thank you for your prompt attention to this matter. Payments should be mailed as soon as possible to the address shown on your monthly family fee invoice and/or statement of previous account. You may contact the Central Billing Office Help Desk at (800) 634-8540 if you have questions about your invoice.

Sincerely,

_________________, Chief
Bureau of Early Intervention

**Bankruptcy**

15.0 Obtain a current Chapter 13 Petition, Chapter 13 Discharge, Chapter 7 Petition, Chapter 7 Discharge, or a notice/motion/document for bankruptcy from the U.S. Bankruptcy Courts, an attorney or the FRA.

16.0 Fax the documentation of bankruptcy to the EI CBO at 217/541-7339.

17.0 Modify the family fee information in Cornerstone ONLY IF a change in the family’s income, proof of income or size necessitates a modification. (NOTE: Pre-petition debt may not be pursued. However, post-petition debt may be. Therefore, families retain responsibility for the portion of their fee that accrues after their bankruptcy has been discharged.)
CFC PROCEDURE MANUAL

Section EARLY INTERVENTION SERVICE COORDINATION
Sub-Section Individualized Family Service Plan (IFSP) Development
Procedure Covered Services

POLICY:

1) Early Intervention services:
   a) Are designed to meet the developmental needs of each child eligible for Early
      Intervention and the needs of his or her family related to enhancing the child’s
      development;
   b) Are selected in collaboration with the child’s family;
   c) Are provided under public supervision;
   d) Are provided at no cost except when a family has been determined able to participate in
      the costs of their services based on a statewide sliding scale;
   e) Are designed to meet an infant’s or toddler’s developmental needs in any of the following
      areas:
      ♦ Cognitive development,
      ♦ Physical development, including vision and hearing,
      ♦ Language, speech and communication development,
      ♦ Social-emotional development, or
      ♦ Adaptive self-help skills development;
   f) Assist families in meeting the developmental needs of their child through training and
      support.
   g) Meet the standards of the state, including the requirements of the state Act;
   h) Include one or more of the services listed in 2) below;
   i) Are provided by qualified personnel;
   j) Are provided in conformity with an Individualized Family Service Plan;
   k) Are provided throughout the year; and
   l) Are provided to the maximum extent appropriate in natural environments, including the
      home and community settings that are natural or normal for the child’s same age peers
      who have no disability.

2) As required by federal law, Early Intervention covers the following services based on the
   identified needs of the individual child and family:
   a) Assistive technology devices and services;
   b) Audiology, aural rehabilitation/other related services;
   c) Developmental therapy (special instruction) services;
   d) Health consultation services;
   e) Medical services for diagnostic or evaluation purposes only;
   f) Nursing services;
   g) Nutrition services;
   h) Occupational therapy services;
   i) Physical therapy services;
   j) Psychological and other counseling services;
   k) Service coordination services (through Child and Family Connections);
   l) Social work and other counseling services;
   m) Speech-language therapy services;
   n) Transportation services; and
   o) Vision services.
PROCEDURE:

1.0 Review the evaluation and assessment information in order to determine which recommended services are covered by Early Intervention and which services must be covered by other fund sources.

2.0 If a family has private insurance, assist the family as necessary in reviewing their private insurance plan to determine requirements for coverage of Early Intervention services.

3.0 For specific information regarding the service descriptions, qualified staff, billable activities, and rates, please refer to the most recent version of the Early Intervention Service Descriptions, Billing Codes and Rates document.
POLICY:

1) An interim IFSP may be needed if some Early Intervention services have been determined to be needed immediately for the child or family.

2) An interim IFSP may only be developed for children who have been determined eligible for the Early Intervention Program.

3) An interim IFSP may not be used to extend the 45-day timeline.

4) A physician’s prescription must be obtained prior to service provision, routed to the appropriate service provider and a copy maintained in the child’s hardcopy record for each of the following Early Intervention 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.

PROCEDURE:

1.0 Determine whether an interim IFSP is needed pursuant to Individuals with Disabilities Education Act regulations 34 CFR 303.322 (e)(2) and 303.345. If so, document the reason(s) the interim IFSP is needed in case notes.

2.0 Communicate with the family to arrange for a meeting time and location.

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

4.0 Assist the family in determining their ability to participate in the cost of services that are subject to fees.

5.0 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.

6.0 Work with family to ensure that prescriptions for services are obtained prior to service provision as necessary.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Interim IFSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.0</td>
<td>Ensure that the services being discussed are appropriate to the needs of the child and/or family.</td>
</tr>
<tr>
<td>8.0</td>
<td>Facilitate the selection of available providers as described in Provider Selection and as required by applicable private insurance requirements. (NOTE: Private insurance may to be used for evaluation/assessment activities).</td>
</tr>
<tr>
<td>9.0</td>
<td>Generate authorizations for appropriate EI services using the Service Authorization screen in Cornerstone.</td>
</tr>
<tr>
<td>10.0</td>
<td>Arrange for the interim IFSP to be implemented.</td>
</tr>
<tr>
<td>11.0</td>
<td>Request service reports at the end of the interim IFSP period and monitor provision of services.</td>
</tr>
<tr>
<td>12.0</td>
<td>Maintain the child’s permanent and electronic record during the interim IFSP period.</td>
</tr>
</tbody>
</table>
POLICY:

1) At the meeting to develop the IFSP the service coordinator shall:
   a) Coordinate and participate in the meeting.
   b) Ensure that the meeting is conducted in the parent’s native language or mode of
      communication, unless it is clearly not feasible to do so, or that an interpreter is
      present to translate what is discussed.
   c) Seek a consensus by the multidisciplinary team regarding functional goals and
      objectives and a integrated plan to meet the goals and objectives as set forth in
      500.80 (e).
   d) If no consensus is reached, the service coordinator shall establish a Department
      approved service plan consistent with Departmental guidelines and reviewed by
      Department designated experts.
   e) Provide the parents with prior written notice, pursuant to Section 500.165, of the
      Department’s proposed service plan. The parents may seek mediation or an
      impartial administrative resolution regarding other requested services.

2) The IFSP is an important document. Those portions of the IFSP completed by hand
   must be legibly completed in ink.

3) The IFSP is a confidential document. Photocopies of the completed IFSP may be
   distributed as directed by the parent’s informed, signed consent.

4) The original signed IFSP is maintained in the child’s comprehensive early intervention
   record and housed at the regional intake entity.

5) 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.

6) The Department shall not pay for services listed on the IFSP that the Department is not
   required to fund.

7) Early intervention funding is the payor of last resort for IFSP services that the
   Department is required to fund.

8) A physician’s prescription must be obtained prior to service provision, routed to the
    appropriate service provider and a copy maintained in the child’s hardcopy record for
    each of the following Early Intervention 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.

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 therapy should depend on the amount of time necessary for the family to incorporate new techniques into family routines and reevaluation/assessment of the child’s response to therapy.

The family is the primary foundation of their child’s optimum development in all areas. In order for therapy to be successful, it is essential for families to be involved in facilitating carryover to daily living activities. This means that an important goal of therapist-family collaboration is to support the child’s participation in the family and his/her functional environment.

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 therapists.

The inclusion of specific services in the intervention plan should never be based solely on the presence of a medical diagnosis or delay. Services should be linked to specific functional outcomes, regardless of the underlying cause.

Acute rehabilitative therapy is not developmentally based process, but is a medically based service outside the Early Intervention arena. Once the condition has become subacute or chronic, the therapy treating the developmental delay can and should be provided by the Early Intervention Program.
CFC PROCEDURE MANUAL

Section EARLY INTERVENTION SERVICE COORDINATION
Sub-Section Individualized Family Service Plan (IFSP) Development
Procedure Initial/Annual IFSP Development

PROCEDURE:

1.0 Review existing records to identify whether additional information is needed to determine the child’s current health status and medical history and, if so, request such information upon receipt of informed parental consent.

2.0 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.

3.0 Ensure that the family has had an opportunity to review and complete the optional Family Considerations form for inclusion in the IFSP document.

4.0 Within 45 days of referral, 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. 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, potential service providers within the EI system, as appropriate, and others such as an advocate or person outside the family by parental request. Send IFSP Meeting form letter 30.F36.

4.1 Transportation services may be authorized pre-IFSP. However, it is important to note that parents who require reimbursement for transporting their child using their private auto enroll as a Transportation provider with the State.

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

5.1 Evaluators are required to attend the IFSP meeting. 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. Authorize their participation as follows:
   IFSP MEETING – OFFSITE if providers attend the IFSP in person
   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.

5.2 Provider will accept responsibility for conference call if done for their convenience.
**CFC PROCEDURE MANUAL**

**Section**  EARLY INTERVENTION SERVICE COORDINATION

**Sub-Section**  Individualized Family Service Plan (IFSP) Development

**Procedure**  Initial/Annual IFSP Development

| 5.3 | If an evaluation completed prior to a child’s referral to EI was used to assist in determining Early Intervention 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, a member of the technical assistance team or a credentialed evaluator should review the evaluation and attend the IFSP meeting. |
| 6.0 | Coordinate development of the IFSP. |
| 6.1 | Coordinate and participate in the IFSP meeting. |
| 6.2 | 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 translate what is discussed. |
| 6.3 | Discuss previously distributed evaluation and assessment reports/results. |
| 6.4 | Seek a consensus by the multidisciplinary team regarding functional goals and objectives and an integrated plan to meet the goals and objectives as set forth in 89 Ill. Adm. Code 500.80(e) and (f). |
| 6.5 | If no consensus is reached, the service coordinator will not complete a service plan prior to consultation with Department designated experts in order to establish a Department approved service plan, and shall then provide the parents with prior written notice, pursuant to 89 Ill. Adm. Code 500.165, regarding the proposed IFSP. |
| 6.6 | Complete the hard copy and electronic sections of the IFSP as indicated in the Individualized Family Service Plan (IFSP) Form Instruction document. |
| 6.7 | Generate IFSP meeting authorizations according to the parameters outlined in 12.1 above and give the providers in attendance their authorization numbers. |
| 6.8 | Obtain parental consent to implement services. |
| 6.9 | Work with family to ensure that prescriptions for services are obtained prior to service provision for early intervention services as required by licensure and/or by insurance as necessary. |
| 6.10 | Print the IFSP with approved EI service authorizations and distribute as authorized. Include a copy of the Insurance Report to Early Intervention Service Providers and a copy of the Family Fee Report to the family. |
POLICY:

1) Early intervention service providers are selected in collaboration with the family.

2) Families are offered a choice of available, enrolled early intervention 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 89 Illinois Administrative Code 500.85(e);
   - 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 early intervention service providers in the geographic region may be limited.

3) The CFC and LIC will work collaboratively to identify and address gaps in service delivery.

PROCEDURE:

1.0 The service coordinator shall offer the family enrolled service providers available to provide Early Intervention services as outlined in the IFSP. Transportation services may be offered as needed for accessing any Part C Early Intervention service identified on the IFSP.

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

3.0 If an enrolled service provider cannot be identified with CFC Manager assistance, the CFC Manager must immediately contact the DHS Bureau that administers the Early Intervention program at 217/782-1981 to discuss:

   3.1 The identified service need.
   3.2 Service provider options offered to the family, if any.
   3.3 Efforts made to recruit providers for enrollment.

4.0 Bureau staff will:

   4.1 Work with the CFC Manager and the LIC to develop strategies to resolve service gaps.
   4.2 Assist the CFC Manager in attempting to locate a provider within seven business days.

5.0 If an available enrolled 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 service authorization using the Provisional Provider Authorization Request form.

6.0 Within two business days, the Bureau shall contact the provider and approve a service rate. If the provider’s usual and customary charge is above the state-approved rate, the Bureau and provider shall agree upon a reasonable rate.

7.0 The CFC shall immediately inform the Provisional provider about how to enroll. The CFC shall also inform the provider and family that the provisional authorization will be discontinued on the date an available enrolled provider is offered to the family should the provisional provider decline to enroll.

8.0 On the date an available enrolled provider is offered to the family or the Provisional provider becomes enrolled, the CFC shall notify the Bureau to discontinue the Provisional authorization.

9.0 For families who transfer to an enrolled provider and for Provisional providers who enroll, complete the authorization process on Cornerstone.

10.0 Provide verbal and written notification to families who decline to transfer to an enrolled provider indicating:

10.1 The date on which the Provisional authorization will be discontinued and why;

10.2 Payment for all subsequent service with the non-enrolled provider will be the family’s responsibility; and

10.3 EI funds will continue for IFSP services the family receives from enrolled providers.

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

11.1 The date on which the Provisional authorization will be discontinued and why; and

11.2 Payment for all subsequent service with the non-enrolled provider will be the family’s responsibility.

12.0 Update the child’s permanent and electronic case record.
CFC PROCEDURE MANUAL

Section EARLY INTERVENTION SERVICE COORDINATION
Sub-Section Individualized Family Service Plan (IFSP) Development
Procedure Assistive Technology Authorizations

POLICY:

1) Early Intervention covers authorized assistive technology (AT) devices and services directly related to the developmental needs of the child.

2) Early Intervention is not responsible for paying for devices and services that are necessary to treat or control a medical condition.

3) Assistive technology devices and services must be developmentally and age appropriate.

4) Any assistive technology requested for a child must be submitted to the Department for prior approval. 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.

5) The Department maintains the right to request the substitution of less expensive items of comparable function if a substitution is deemed appropriate.

PROCEDURE:

1.0 If the need for assistive technology 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.

1.1 Ensure that the IFSP team, including the family, is aware of the Department’s pre-approval process for assistive technology.

1.2 Ensure that the AT need is related to one or more of the child’s developmental outcomes and is appropriately documented in the IFSP.

2.0 If the IFSP team determines that the need for assistive equipment can only be met via a purchase through the Department, the CFC AT coordinator or service coordinator submits the following:

2.1 Assistive Technology Prior Approval Request Form, completed by the service coordinator in its entirety. 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;

2.2 IFSP sections: Cover page, Section 2 – Present Levels of Development and Section 3 – Child and Family Outcome(s) relating to AT only;

2.3 Physician’s order (when applicable);
2.4 Evaluation(s) reflecting developmental need, identifying goals and objectives with the utilization of the recommended equipment/service;

2.5 Picture and description of requested item including manufacturer pricing; and

2.6 Copy of DSCC eligibility letter, if applicable.

3.0 If the AT request is for a child 33 months of age or older, include with the AT request a letter of justification 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
- All steps taken to obtain the requested equipment/device(s) from resources available to the child after age 3 (i.e. Medicaid, private insurance, DSCC, Lekotek, Illinois Assistive Technology Project, local civic organizations, lending libraries).

4.0 Completed requests may be faxed to the attention of the Assistive Technology Coordinator at 217/524-6248, or mailed to 222 S. College, 2nd Fl., Springfield, IL 62704.

4.1 Upon receipt of a completed AT request, the Department will review the request and fax a decision memo to the service coordinator.

4.2 If, upon review, it is determined that the AT request is incomplete, the service coordinator will be notified of missing or incomplete information and will have 14 calendar days to submit all necessary information to the Department. Failure to submit requested information may result in an automatic denial of the AT request.

5.0 Upon receipt of the Department’s decision memo, generate authorizations for approved equipment/devices.

5.1 Generate authorizations for approved equipment/device(s) taking care to enter the authorization information exactly as it is written in the Department’s decision memo. [NOTE: It is important that the HCPCS code, quantity and amount be checked for accuracy before saving the authorization in the Cornerstone system. If the authorization information in the Department’s decision memo is known to be or appears to be incorrect, contact the Department for clarification before saving the authorization.]

6.0 Notify the IFSP team of the Department’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].


6.1 If it is determined that the equipment/devices cannot be covered by the State’s EI Program, 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, the Division of Specialized Care for Children (DSCC), Lekotek, Illinois Assistive Technology Project, and/or local civic organizations. Funding sources may be combined to cover the cost of the equipment/device(s).

7.0 Notify the family, reprint the IFSP and send the revised IFSP to all IFSP team members. However, send only the AT authorization to the supplying vendor.

**Returns**

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.

8.0 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.

9.0 If a replacement item is needed, obtain/completed the following information:

9.1 Revised Assistive Technology Prior Approval Request Form, indicating new equipment and a comment about equipment returned;
9.2 Letter of developmental necessity indicating why original equipment was not appropriate and why new request will better meet the needs of the child;
9.3 If new item is significantly different from item returned, a new physician’s order;
9.4 Picture and description of new item including manufacturer pricing; and
9.5 Verification from the vendor of return and funding status of the original item.

9.5.1 If vendor has not yet billed for the original equipment, proceed with submission of request to DHS and cancel the authorization.
9.5.2 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.

10.0 Complete 4.0 above.

11.0 Additional information regarding Assistive Technology services can be found in the document Early Intervention Assistive Technology Guidelines.
CFC PROCEDURE MANUAL

Section EARLY INTERVENTION SERVICE COORDINATION
Sub-Section Individualized Family Service Plan (IFSP) Development
Procedure Eye Glasses Authorizations

POLICY:

1) Eyeglasses for eligible children are purchased through the Illinois Department of Corrections.

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

PROCEDURE:

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

2.0 Generate an authorization for the optometric examination using the Service Authorization screen.
   **NOTE:** The CBO will generate the authorization for eyeglasses and will send that authorization and order form to Illinois Department of Corrections.

3.0 Generate 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.

4.0 For additional information regarding eyeglasses for children enrolled in the Early Intervention Program, refer to attachment 4 of the Early Intervention Service Descriptions, Billing Codes and Rates document.
POLICY:

1.0 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.

2.0 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.

3.0 All assessments for the purpose of adding new types of services to existing IFSPs shall be provided only by credentialed and enrolled providers, who are also authorized to do evaluations and assessments pursuant to an "Individual Provider Agreement for Authorization to Provide Early Intervention Evaluations/Assessments" and hold a current Evaluation/Assessment credential.

4.0 The Illinois Early Intervention Services System is not responsible for funding early intervention services the parent seeks from providers not enrolled with the system unless an enrolled provider cannot be made available to the family. Services outside the System in such situations must be pre-approved by the Department and a provisional authorization must be requested.

PROCEDURE:

1.0 Upon receiving informed written consent from the child’s parent to implement the IFSP:

   1.1 Arrange for implementation of the IFSP utilizing available enrolled provider. Every effort shall be made to refer families eligible for DSCC services to DSCC-enrolled providers.

   1.2 Provide copies of the IFSP to each person the parent has consented to receive a copy, including each enrolled provider who is providing early intervention services to the child who is the subject of that plan;

2.0 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.

   2.1 Communicate monthly with the family via a face-to-face meeting or phone call. If the family cannot be reached by phone, written correspondence may be utilized. However, face-to-face meetings or phone calls are preferred modes of communication.

3.0 Update and maintain each child’s permanent and electronic record with the regional intake entity, as needed, during the IFSP period.
CFC PROCEDURE MANUAL

Section EARLY INTERVENTION SERVICE COORDINATION
Sub-Section Individualized Family Service Plan (IFSP) Updating
Procedure Required Six Month Reviews

POLICY:

1) The IFSP shall be reviewed at least every six months, or more frequently if conditions warrant or upon reasonable request of the child’s parent.

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.

3) Early intervention service providers shall conduct authorized assessments using a Department 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.

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.

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 Department designated experts in order to establish a Department approved service plan, and shall then provide the parents with prior written notice, pursuant to 89 Ill. Adm. Code 500.165, regarding the proposed IFSP.

PROCEDURE:

1.0 Request direct service reports prior to the review meeting and review the reports to determine whether changes to services are being recommended and whether the full IFSP team will need to meet.

2.0 Communicate with the family to determine who should participate in the review meeting, apart from the parent(s) and the service coordinator and to discuss a convenient time and location to meet.

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

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

4.1 Review each outcome and related service/support with the family and all early intervention service providers in order to determine whether the services, as provided, are facilitating the achievement of the identified outcomes.
5.0 If changes are recommended to the frequency, intensity, duration or place of service of one or more early intervention services, review the recommendation with the family and all early intervention 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.

5.1 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.

6.0 Upon review, complete IFSP revisions as needed. [Refer to the Individualized Family Service Plan (IFSP) Form Instructions document.]

6.1 Using Section 3 of the IFSP, document any progress made (or lack thereof) toward achieving the identified outcome made.

6.2 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 early intervention services, using Discontinuation of One or More Services letter 30.F20.

7.0 Once the IFSP has been updated, print, copy and distribute the document in its entirety to the family, the Early Intervention 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.
POLICY:

1) At least once a year, the service coordinator shall arrange for an annual IFSP meeting to evaluate and revise the IFSP for the child and the child’s family.

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.

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.

4) Potential eligibility for KidCare/Medicaid and University of Illinois Division of Specialized Care for Children (DSCC) services must be determined prior to each annual IFSP using the Screening Device for Determining Family Fees and Eligibility for KidCare/Medicaid and DSCC.

PROCEDURE:

1.0 One to two months prior to the annual IFSP meeting, conduct annual eligibility redetermination and subsequent steps appropriate for child’s eligibility status. [Refer to Initial and Annual Eligibility Determination.]

1.1 Authorize assessments necessary to establish continuing EI eligibility and annual IFSP development within the current IFSP.

1.2 Complete financial assessments for family fee determination and private insurance use.

2.0 Prior to each annual IFSP, complete the Screening Device to determine potential eligibility for KidCare/Medicaid and DSCC services. If indicated, complete and submit a KidCare application 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.

3.0 If child remains eligible and family consents to continued services, complete eligibility determination procedures as indicated in Initial and Annual Eligibility Determination.

4.0 Complete new annual IFSP. [Refer Initial and Annual Individualized Family Service Plans.]

5.0 If ineligible or family does not consent to continue services, follow case closure procedures. [Refer to Transfers and Case Closure.]
POLICY:

1) Transition activities will begin no later than six months prior to the child’s third birthday.

2) For children who may be eligible for preschool services, a conference shall be convened at least 90 days before the child’s third birthday upon the parent’s approval. This conference shall be attended by, at least, the family, the service coordinator and the Local Education Agency (LEA) 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.

3) For children who will not be eligible for preschool services, reasonable efforts shall be made to convene a conference with the family, the service coordinator and providers of other services.

4) A written transition plan shall be developed based on the 90-day transition conferences, which shall provide for discussion with and training of the family, as well as for the transition of the child.

PROCEDURE:

1.0 Six months prior to the child’s third birthday begin to communicate with the child’s family about transition and with the parent’s consent, begin to communicate with the LEA and appropriate community programs as well.

1.1 Use the Transition Planning Worksheet to facilitate discussion with and training of the family regarding the transition process and to document all referrals to other services and all refusals of services by the parents.

1.2 Obtain written parental consent to make transition referrals.

1.3 With informed parental consent, inform the child’s local educational agency that the child will shortly reach the age of eligibility for preschool services under Part B.

1.4 Send the family a copy of The Educational Rights of Students with Disabilities.

1.5 Complete or assist the family in completing district-specific referral procedures.

1.6 Document all transition activities in case notes.

2.0 At least 90 days prior to the child’s third birthday convene a transition conference.

2.1 If the child may be eligible for preschool services:

2.1.1 Convene a conference consisting of at least the family, the LEA and the service coordinator to discuss services for the child. [NOTE: the LEA has an obligation under the law to participate in transition planning conferences.]

2.1.2 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.
2.2 If the child will not be eligible for preschool services, make reasonable efforts to convene a conference consisting of the family, providers of other appropriate services and the service coordinator to discuss possible service options after the child leaves the Early Intervention program.

2.3 Complete the Transition Plan participant form in Cornerstone (EITP).

2.4 Document all transition activities in case notes.

3.0 On the child’s third birthday, or as soon after as possible, close the child’s electronic and hardcopy case records. Print a hard copy of service coordinator case notes prior to case closure. **NOTE:** Cases that are not manually terminated in Cornerstone will automatically terminate approximately 30 days after the child’s third birthday. In order to ensure accurate federal reporting data, it is very important to manually close all cases, documenting accurate termination reasons, in as timely a manner as possible.
POLICY:

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 Illinois’ Early Intervention Services System to another state’s EI Services System are conducted in a manner which ensures minimal disruption to the child and family’s services and/or supports.

2) When a child exits the Early Intervention Services System, Child and Family Connections shall update and close the child’s permanent and electronic record and shall maintain the child’s permanent record as a closed file.

PROCEDURE:

In-State Transfers

1.0 If family makes the current service coordinator aware of an upcoming move, notify family of how to contact the new Child and Family Connections.

   1.1 Obtain parent signature on the Consent for Release of Information form and the Cornerstone Informed Consent Form allowing transfer of information to the new Child and Family Connections.

   1.2 Notify the new Child and Family Connections of the child’s name, Cornerstone Participant ID and CBO/EI number.

   1.3 Print Cornerstone case notes, Individualized Family Service Plan and attachments and Participant Enrollment Information Report for the permanent record.

   1.4 Route permanent record to the Child and Family Connections manager for review and approval to transfer.

   1.5 After approval, forward copy of permanent record (including copies of the Cornerstone case notes, IFSP and attachments and Participant Enrollment Information Report as indicated in 2.3 above) to the new Child and Family Connections manager and maintain the permanent record as a closed file. [NOTE: Do NOT close the electronic record in Cornerstone. The record will be automatically inactivated when the receiving CFC requests the transfer in Cornerstone.]

2.0 If family presents to a new (receiving) CFC and the old (transferring) CFC was not able to obtain consent to release the EI record, the new service coordinator obtains consent to obtain the EI record and forwards it to the old CFC.

   2.1 Upon receipt of the signed Consent for Release of Information form, the transferring CFC completes steps 1.3 – 1.5 above within 5 calendar days of the request for information.
CFC PROCEDURE MANUAL

Section EARLY INTERVENTION SERVICE COORDINATION
Sub-Section Individualized Family Service Plan (IFSP) Updating
Procedure Transfer and Case Closure

3.0 Upon receipt of the permanent record, the new (receiving) Child and Family Connections requests the transfer in Cornerstone and assigns a new service coordinator.

4.0 The new service coordinator initiates contact with the family as soon as possible to arrange new providers for the services on the child’s Individualized Family Service Plan if the original providers are not able to continue serving the child and family in the new region. [Refer to Required Six-Month Reviews.]

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 Med/Insurance Screen and Family Fee.

4.1 Adjust the end date on service authorizations that are no longer effective and generate new authorizations as needed for providers in the local area.

4.2 Review with the family any persons, in addition to the Early Intervention 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.

4.3 Print, copy and distribute the Individualized Family Service Plan to the family, the Early Intervention 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.]

Out-of-State Transfers

5.0 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 new Part C EI Services System.

6.0 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 Illinois’ EI Services System to the EI Services System in the new state.

7.0 Give the family contact information for the EI Services System 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.
8.0 Ensure that all providers are aware of the upcoming move and the tentative date for termination of EI services.

9.0 If the parent agrees, coordinate an IFSP review meeting to review discharge summaries and update developmental progress in the IFSP.

10.0 Upon confirmation of the family’s move and verification that all providers have completed all billable case activities, close the child’s electronic record.

10.1 Follow steps 13.0 – 14.0 below.

Exiting Prior to Age Three

11.0 When a child exits Early Intervention services prior to reaching three years of age or moves in-state and does not consent to transfer of permanent and electronic records to the new Child and Family Connections, update and close the child’s permanent and electronic record and maintain the child’s permanent record as a closed file.

12.0 Send a termination letter to the family documenting the reason Early Intervention services are being terminated.

12.1 Immediately notify providers of case closure and authorization discontinuation.
12.2 Document provider notification in Cornerstone.
12.3 Adjust the authorization end dates in Cornerstone to the last date of service. [NOTE: Do NOT adjust any authorizations until providers verify that they have received notice of service termination and a final date of service is established.]

13.0 Print a hard copy of service coordination case notes and close the electronic case record. [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 final service dates when closing electronic case records.]

13.1 Document the closure reason in case notes.
13.2 Terminate service coordinator assignment on the Case Manager Assignment History screen.

14.0 Close the hardcopy case record.
Aging Out

15.0 When a child exits Early Intervention at three years of age, update and close the child’s permanent and electronic record and maintain the child’s permanent record as a closed file.

16.0 Send a termination letter to the family documenting the reason Early Intervention services are being terminated and notify providers of case closure.

17.0 Close the electronic case record.

17.1 Document the closure reason in case notes.

17.2 Edit the child’s Cornerstone program status on the Program Information to indicate closure reason. If this is not done promptly, Cornerstone will automatically terminate the child at thirty-seven (37) months. [NOTE: Automatic case closures negatively impact CFC performance contracting statistical data.]

17.3 Terminate service coordinator assignment on the Case Manager Assignment History screen.

18.0 Close the hardcopy case record.
POLICY:

1) Parents may request reimbursement for the expense of Early Intervention IFSP services if the following conditions apply:
   a) The child’s IFSP was developed in compliance with Early Intervention system requirements.
   b) The child’s IFSP included the services for which reimbursement is sought.
   c) Child and Family Connections confirms that no enrolled Early Intervention provider could be obtained to provide the service for which reimbursement is sought.

2) Reimbursement will not be authorized for services available through an enrolled Early Intervention service provider but purchased privately due to parent choice.

3) Parents may be reimbursed for expenses associated with transporting their child to and from Early Intervention services identified on the child’s IFSP if all of the following apply:
   a) The family member who is transporting the child is enrolled with the State as a Transportation provider.
   b) If services are provided in a setting other than one that is natural for the child and his/her same age peers, the IFSP team must have agreed (and adequately justified) that the service setting is necessary in order for the intervention to be successful.

PROCEDURE:

1.0 If a parent requests reimbursement for the expense of Early Intervention IFSP services, assist the family in completing the Parent Reimbursement Request form and all required attachments.

2.0 If a parent needs to become an enrolled Transportation provider, direct them to the Provider Connections web site for an enrollment application and/or have them call Provider Connections at (800) 701-0995 for assistance.
POLICY:

1) CFCs and LICs are responsible for provider recruitment within their local service areas.

2) Identified gaps in service delivery require that provider recruitment efforts begin immediately. Service delivery gaps may be identified when:
   a) Service Coordinators have identified lack of enrolled providers within the CFC local service area to provide services to eligible children, or
   b) The LIC has completed a needs assessment which has identified a lack of enrolled providers within the CFC local service area.

3) Each individual provider of care must be properly credentialed and/or enrolled with the Central Billing Office (CBO) in order to receive authorization to provide Early Intervention services.

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 Early Intervention Specialist credential in the discipline required by the service being evaluated.

PROCEDURE:

1.0 The LIC identifies all existing services and resources in the CFC local service area, including services that may be provided by independent providers.

2.0 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 Individual Provider Agreement for Authorization to Provide Evaluation/Assessment.

3.0 The LIC Coordinator and/or the CFC Program Manager meet with identified providers of services to explain Early Intervention and the credential/enrollment process.

4.0 Provider(s) agreeing to enroll may download application material from the Provider Connections web site at www.wiu.edu/ProviderConnections. If providers have questions about the credential/enrollment process, they may contact Provider Connections at (800) 701-0995.

5.0 Providers required to obtain a credential submit the credential/enrollment application sections. A credential will not be granted unless Central Billing Office and Illinois
Department of Public Aid (IDPA) enrollment applications are submitted with the credential application.

5.1 Physicians, transportation providers, interpreters, assistive technology providers, deaf mentors, optometrists and ophthalmologists are not required to obtain a credential;

5.2 Providers may initially apply for an Early Intervention “temporary” credential and enroll to bill the Central Billing Office 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.

6.0 Providers required to enroll with the Illinois Department of Public Aid (IDPA) as an Early Intervention provider must submit the IDPA application section.

6.1 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 IDPA.

7.0 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.

8.0 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 Provisional service authorization.)

9.0 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
POLICY:

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.

2) Two main functions of Parent Liaisons are:

(a) Development and provision of direct support services to families and
(b) Provision of consultation/resources to team members and other service providers regarding family perspectives on practices and policies for services and system development.

3) Parent Liaisons may be employed by either:

a) Child and Family Connections (CFC); or
b) An agency that provides Early Intervention services.

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

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

6) Once 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.

PROCEDURE:

1.0 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.

2.0 Fulfill Parent Liaison responsibilities as required by local service area such as:

2.1 serving as a member of IFSP teams, as needed;
2.2 working with team members and administrators to promote family-centered policies and practices at the local level, participating in staff meetings, team and agency training and staff development;
2.3 participating on the LIC and assisting in recruitment of parent members;
2.4 providing parent to parent support at time of intake and during the initial evaluation/assessment and IFSP development process if employed by a CFC;
2.5 providing parent to parent support during six month/annual IFSP reviews;
2.6 providing on-going parent-to-parent support, if needed;
2.7 providing information on the benefits of insurance use;
2.8 developing and coordinating opportunities for parent-to-parent linkages;
2.9 participating in service team meetings and coordinating with other team members
   regarding family services, upon family request;
2.10 provide consultation/resources to team members and other service providers
   regarding family perspectives on practices and policies for services and system
   development;
2.11 facilitating parent support groups;
2.12 notifying service coordinators if families have issues that cannot be addressed by
   a Parent Liaison or that require services by a licensed counselor; and
2.13 providing parent resource and referral information.

3.0 Provide services in a professional manner as a representative of the Early Intervention
   Services System and the CFC or employing agency.
POLICY:

1) Local Interagency Councils (LIC’s) are components of the statewide infrastructure of the Early Intervention Services System and emphasize planning at the local level to identify and coordinate all resources and services available within each Child and Family Connections (CFC) local service area.

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.

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.

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 the Department 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.

Local interagency councils shall assist with:
(a) 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;
(b) local needs assessments, planning, and evaluation efforts;
(c) identify and resolve local access issues;
(d) provider recruitment; and
(e) development of an annual report to the Council regarding child find and public awareness.

3) The LIC meeting schedule should include meeting times and locations that are conducive to parent participation.

4) Child and Family Connections must fulfill all LIC responsibilities and identify a contact person(s) responsible for ensuring that LIC activities are carried out.

5) LIC Coordinators are not required to submit a credential/enrollment application packet.
CFC PROCEDURE MANUAL

Section LOCAL INTERAGENCY COUNCIL COORDINATION

PROCEDURE:

1.1 Providing staff/staff support for LIC meetings;
1.2 Identifying existing services and resources available within the local service area to address system needs;
1.3 Conducting local needs assessments;
1.4 Developing strategies to address gaps in service delivery identified in local needs assessments, including identification of additional funding sources and provider recruitment;
1.5 Facilitating the development of coordination agreements among local service providers, and other agencies providing services to children and families;
1.6 Facilitating coordination of people and resources necessary to implement an integrated, comprehensive service delivery system that meets the state criteria;
1.7 Coordinating public awareness initiatives and activities in the CFC area;
1.8 Submitting biannual Child Find screening calendars of upcoming screening events in the local service area;
1.9 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;
1.10 Submitting monthly 0-5 Child Find Screening Data Collection Forms for data collection purposes;
1.11 Developing plans and local interagency agreements for facilitating transition and integration of eligible children and families from the Early Intervention Services System into the community and/or public school system at the age of three;
1.12 Facilitating local system conflict resolutions related to LIC activities;
1.13 Collaborating with higher education groups in the local area to ensure that they are aware of the needs in the EI community.
1.14 Disseminating state policy to all providers and other stakeholders within CFC local service area;
1.15 Ensure accurate and timely submission of data and reports as requested by the state;
1.16 Remaining neutral in LIC matters, functioning as a mediator who assists the LIC in coming to consensus and respecting the diversity of LIC members and their view points;
1.17 Facilitating the work of the LIC and its committees;
1.18 Facilitating completion of quarterly LIC reports to DHS in the following format: 1) List LIC meeting dates. 2) Provide a brief summary of the issues that have been discussed by the LIC and the resulting outcomes or activities. 3) Provide a
1.19 Facilitating completion of an annual summary of the information provided in the quarterly LIC reports to the Illinois Interagency Council on Early Intervention.

2.0 Provide services in a professional manner as a representative of the Early Intervention Services System and the CFC.
Child and Family Connections Statewide Forms:

- Assistive Technology Prior Approval Request
- Child Find Screening and Data Collection
- Consent for Release of Information
- Cornerstone Informed Consent Form
- Family Participation Fee Exemption Request
- Fee Credit Request Form
- Individualized Family Service Plan Meeting Attendance Waiver for Audiologists
- Informed Consent & Documentation of Receipt Of Rights
- Insurance Affidavit, Assignment And Release
- Insurance Exemption Request
- Parent Reimbursement Request
- Provisional Provider Authorization Request
- Request for Administrative Resolution of Complaint by an Impartial Hearing
- Request for Investigation of State Complaint
- Request for Mediation
- Screening Device for Determining Family Fees And Eligibility for KidCare/Medicaid & DSCC
- Statutory Insurance Waiver Certification
- Taxpayer Identification Number and Certification (W-9)

Sample Forms Letters

30.F04 INELIGIBLE BASED ON GENERAL ELIGIBILITY
30.F08 INTAKE APPOINTMENT CONFIRMATION
30.F14 INITIAL CONTACT –UNABLE TO CONTACT BY PHONE
REFERENCES MATERIALS

**Early Intervention Service Descriptions, Billing Codes and Rates**

**Early Intervention Assistive Technology Guidelines and Attachments:**
Attachment A: Assistive Technology Equipment - 10/03

**Individualized Family Service Plan (IFSP)**

Form Instructions And Non-Cornerstone Service Plan Pages:
(Print and insert from DHS EI website)

- Section 1: Family Considerations
- Section 3: Child and Family Outcomes
- Section 5: Transition Planning Worksheet
- Section 7: Implementation and Distribution Authorization
- Section 8: Meeting Participation/Contributor List
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:

(check one) ___ TO ___ FROM

Name ____________________________________________________________
Address __________________________________________________________
City, State & Zip ___________________________________________________

Specific Information to be Disclosed if Available

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<tr>
<th>Obtain</th>
<th>Release</th>
<th>Type of Information</th>
<th>Description (timeframe, date of service)</th>
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<td>Developmental Reports</td>
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<td>Occupational Therapy Reports</td>
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<td>Vision Reports</td>
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<td>Medical Reports, Diagnosis, Prescriptions</td>
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<td>Eligibility Information to Referral Source</td>
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<td>Other</td>
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This information is needed for the following purpose(s): (check all that apply)

_____ Establish Early Intervention eligibility
_____ Develop an Individualized Family Service Plan
_____ Coordinate, monitor and implement EI services
_____ 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)

(06/03)
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**

**DATE SIGNED**

**CFC MUST SUBMIT FORM AND ATTACHMENTS TO FEE EXEMPTION REQUEST COORDINATOR AT THE DEPARTMENT OF HUMAN SERVICES BUREAU OF EARLY INTERVENTION FOR DECISION**

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

**Program Manager Signature and Date**

**Service Coordinator Signature and 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.
I grant permission for Child and Family Connections (CFC) to collect identifying information and information regarding activities below for my child and family. I understand this information will be stored electronically and in a hard copy case record. The information will be used only for purposes of referral for and review, provision and monitoring of Early Intervention services. My service coordinator, service providers and the Department of Human Services or its designees may see and discuss the information with each other for those purposes. They may also conduct the following activities as necessary to support my child’s participation in the Illinois Early Intervention program:

a) Provide developmental screenings, evaluations and assessments.
b) Collect and review reports of developmental screenings, evaluations and assessments and services.
c) Determine eligibility for Early Intervention initially and annually.
d) Determine family participation fees.
e) Collect insurance information and share with my providers.
f) Assist my family in development of appropriate Individualized Family Service Plans.
g) Provide early intervention services as authorized through the Illinois Early Intervention Services System.

My child and family’s Early Intervention rights were explained to me and I understand them. I acknowledge that I have received 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 Early Intervention system follows and the steps I can take to assure that my Early Intervention rights are guaranteed.

I understand I have a right to disagree with your decisions and to file a state complaint or request mediation or an impartial administrative hearing. I understand I have a right to inspect, copy, review, and amend Early Intervention records you maintain on my family and me. I understand I have a right to privacy regarding the information collected about my child and family in the Early Intervention program. I understand you agree to maintain the information confidentially.

I acknowledge that I have received the “Notice of Privacy Practices” describing how information about my child and my family may be used and disclosed.

I understand that applying to the Early Intervention Services System indicates that I am giving permission for my child’s private or public insurance be utilized to the extent that it covers some or all of my family’s Early Intervention services subject to fees.

I understand I do not have to agree to each of the Early Intervention services offered or to any of the services. However, failure to accept such services may prohibit the developmental opportunities for my child. I understand I may withdraw this permission in writing at any time except to the extent 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 Early Intervention program.

Parent/Guardian Signature __________________________________________ Date ____________________

Parent/Guardian 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.
CHILD AND FAMILY CONNECTIONS
INSURANCE AFFIDAVIT, ASSIGNMENT AND RELEASE

Child’s Last Name, First Name & Middle Initial

Child’s Date of Birth (Month/Day/Year)

Cornerstone Participant ID# CBO/EI #

CHECK ONE:

By signature below, I hereby assign the benefits from all non-exempted private health insurance for this child to the child’s authorized EI providers and consent to the release of information regarding benefit determinations, payee information and claims to the Department of Human Services or its designee, Child and Family Connections staff and the child’s authorized EI providers.

If insurance payments are made directly to me for EI services and assistive technology devices, I will forward these payments directly to the providers. I hereby verify that I have provided and will provide up-to-date insurance coverage and benefit information to Child and Family Connections staff and EI providers for the child listed above and will assist as needed in the prompt processing of any insurance claims. I will notify the providers if any claims are rejected by insurance.

I understand I can revoke this insurance assignment and release at any time by contacting the Child and Family Connections service coordinator for the child listed above and indicating in writing that I revoke this assignment and release. I understand that I will no longer be able to receive Early Intervention services and assistive technology devices subject to fees if I do so.

This child has public insurance through Medicaid/KidCare and has a Medicaid/KidCare recipient card.

I understand that the Department of Human Services will bill Medicaid directly for my child and family’s Early Intervention services. I hereby verify that I have provided and will provide up-to-date Medicaid/KidCare coverage information to Child and Family Connections staff for the child listed above.

This child does not have private or public health insurance coverage.

(If undeclared private or public insurance coverage is later discovered to have been in effect during the Individualized Family Service Plan period, the State shall recover from the family any Early Intervention payments for services which should have been paid by that insurance.)

PARENT/GUARDIAN CERTIFICATION:

I certify that the information given above is correct to the best of my knowledge.

PARENT/GUARDIAN/Policyholder Signature

DATE SIGNED TO IMPLEMENT

PLEASE NOTE:

This affidavit is valid until the end of the current Individualized Family Service Plan unless revoked by the Policyholder.

A PHOTOCOPY OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL.

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.
Section 1: Family Information
Child’s Name ___________________________ Parent/Guardian’s Name ___________________________
Address _____________________________ _____________________________
City, State & Zip ___________________________ Daytime Phone ___________________________
Cornerstone Participant ID# ___________________________ EI/CBO # ___________________________

Section 2: Non-Enrolled Service Provider Information
Provider’s Name ___________________________
Address _____________________________
City, State & Zip ___________________________ Daytime Phone ___________________________

Section 3: Current Early Intervention Service Coordinator Information
Current SC ___________________________ Daytime Phone ___________________________
SC Who Developed IFSP, if Different ___________________________ Daytime Phone ___________________________

Section 4: Early Intervention Service(s) for which Reimbursement is Requested

<table>
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<tr>
<th>Description of Service(s)</th>
<th>Date(s) of Service(s)</th>
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Total Reimbursement Amount Requested $ ___________________________

Section 5: Parent/Legal Guardian Certification
I certify that all statements in Sections 1 through 4 are true and accurate.

Signature ___________________________ Date ___________________________

Section 6: CFC Certification
I, being the Service Coordinator who developed the family’s IFSP or their representative, certify that the EI service(s) listed in Section 4 were on the IFSP. I also certify that no enrolled Early Intervention service provider was available for the service(s) listed in Section 4.

Service Coordinator ___________________________ Date ___________________________
CFC Manager ___________________________ Date ___________________________

Section 7: Checklist of Required Attachments
- Copy of cover page, applicable outcome page(s) and signature page of the IFSP(s) effective during the service dates listed in Section 4.
- Copies of documentation supporting the payment for services for which reimbursement is being requested (i.e., paid receipts, invoices, and/or cancelled checks).
- Completed W-9 form for the parent/legal guardian to whom the reimbursement check should be written.
- Copy of the completed Cornerstone Family Fee Report for the IFSP period.

**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.

(04/03)
Section 1: Family Information
Child’s Name ___________________________ Parent/Guardian’s Name ___________________________
Address ___________________________________________________________ Daytime Phone ____________
City, State & Zip ___________________________________________________________ EI/CBO # __________
Cornerstone Participant ID # ___________________________ CFC # __________________________

Section 2: Non-Enrolled Service Provider Information and Certification
Provider’s Name ___________________________________________________________
Address ___________________________________________________________
City, State & Zip ___________________________________________________________ Daytime Phone ____________
Is provider in the process of enrolling with the CBO? (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 ___________________________ Daytime Phone ___________________________
I, the Service Coordinator, certify:
1) that the EI service requested is necessary for evaluation or assessment or is on an IFSP 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.

<table>
<thead>
<tr>
<th>Service Needed</th>
<th>Begin Date</th>
<th>Location</th>
<th>Natural Env</th>
<th># of Times</th>
<th>Auth/Month/Week</th>
<th>Minutes/Session</th>
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<tbody>
<tr>
<td>YES</td>
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Names of Enrolled EI Providers contacted and reason unavailable:
__________________________________________________________________________

SC Signature ___________________________ Date ___________________________
CFC Manager Signature ___________________________ Date ___________________________

Section 4: Checklist of Required Attachments
For All Requests: _______ Completed W-9 form
_________ Copy of License, Certification or Credential, if applicable
For Evaluation or Assessment: _______ Copy of CFC Informed Consent and Documentation of Receipt
For Ongoing Services: _______ Copy of cover page, applicable outcome page(s) and signature page of IFSP

**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.

(04/03)
REQUEST FOR ADMINISTRATIVE RESOLUTION
OF COMPLAINT BY AN IMPARTIAL HEARING OFFICER

Send copy of completed form to each of the three addresses shown below:

1) Chief
   Bureau of Administrative Hearings
   Illinois Dept. of Human Services
   Harris Building, 3rd Floor
   100 S. Grand Avenue East
   Springfield, IL 62762

2) Chief
   Bureau of Early Intervention
   Illinois Dept. of Human Services
   222 South College, 2nd Floor
   Springfield, IL 62704

3) Enter name and address of child’s CFC:
   Child and Family Connections # _____

I am hereby requesting that a 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**

<table>
<thead>
<tr>
<th>Child’s Last Name, First Name &amp; Middle Initial</th>
<th>Phone Number</th>
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<tr>
<th>Child’s Birthdate (Month/Day/Year)</th>
<th>Parent/Guardian/Surrogate’s Name(s)</th>
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<table>
<thead>
<tr>
<th>City, State &amp; Zip</th>
<th>Primary Language</th>
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**Section 2: Information about the Person requesting Administrative Resolution**

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**Section 3: Service Delivery Agency(ies) and/or Provider(s) involved in the Dispute**

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<th>City, State &amp; Zip</th>
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<th>City, State &amp; Zip</th>
<th>Phone Number</th>
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</table>

*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):**

(04/03)
**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):**

<p>| | |</p>
<table>
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**Section 5: Remedy being sought or proposed resolution (attach additional pages if needed):**

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**Attach material supporting the request and proposed remedy.**

I understand that by requesting administrative resolution 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 an impartial 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** ________________

**Name (Printed)** ____________________________

**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
   Bureau of Early Intervention
   Illinois Dept. of Human Services
   222 South College, 2nd Floor
   Springfield, IL 62704

2) Enter name and address of child's CFC:
   Child and Family Connections # ______________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________

I am hereby filing a complaint because I believe that the provider(s) below violated provisions of the Early Intervention Program. I would like for the Department of Human Services to investigate this situation and impose corrective action.

Section 1: Information about the Child and Family

Child's Last Name, First Name & Middle Initial
Child's Birthdate (Month/Day/Year)
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):

(04/03)
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.

Signature ___________________________ Date ______________
Name (Printed) __________________________________________
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.

(04/03)
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 an administrative proceeding. 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 Birthdate (Month/Day/Year)
- 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):**

(04/03)
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 ____________
Name (Printed) _______________________
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.

(04/03)
CHILD AND FAMILY CONNECTIONS
INSURANCE EXEMPTION REQUEST

Child’s Last Name, First Name & Middle Initial

Child’s Date of Birth  (Month/Day/Year)

Current IFSP Begin Date  CBO/EI #

You may request exemption from private insurance use if such use would put you at material risk of losing your coverage as set forth below. A decision will be made within ten (10) business days of your request. Exemption will only apply to the service and/or plan or policy for which there is such a risk and may apply to one or more policies under which child has coverage.

Check type of exemption requested:

_____  1) Insurance use exemption for all IFSP services because private insurance plan/policy covering child was purchased individually by a head of household not eligible for group medical insurance.

_____  2) Insurance use exemption for one or more IFSP services because child’s private insurance plan/policy has lifetime cap for one or more types of early intervention services which could be exhausted during IFSP period.

LIST SPECIFIC SERVICES FOR WHICH EXEMPTION IS REQUESTED:

**Attach documentation**

PARENT/GUARDIAN CERTIFICATION:

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

PARENT OR GUARDIAN SIGNATURE

MAILING ADDRESS

DATE SIGNED

**CFC MUST SUBMIT FORM AND DOCUMENTATION TO INSURANCE EXEMPTION REQUEST COORDINATOR AT THE DEPARTMENT OF HUMAN SERVICES BUREAU OF EARLY INTERVENTION FOR DECISION**

Program Manager Certification  Service Coordinator Certification

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.

(04/03)
CHILD AND FAMILY CONNECTIONS
STATUTORY INSURANCE WAIVER CERTIFICATION

**CFC MUST SUBMIT FORM TO CENTRAL BILLING OFFICE AND SERVICE PROVIDER TO ATTACH TO CLAIMS TO CBO**

Child’s Last Name, First Name & Middle Initial

Child’s Date of Birth (Month/Day/Year)

Current IFSP Begin Date CBO/EI #

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. The Waiver will only apply to the service and/or plan or policy for which the outlined criterion exists.

Check type of 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 Early Intervention system.

3) Insurance carrier will NOT cover the cost of services in the manner required in the IFSP.

4) 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.

5) Insurance carrier has NO approved providers that are enrolled and credentialed in the Early Intervention system and the carrier will NOT allow for billing (even at a reduced rate) for Early Intervention services by non-insurance providers.

Date Issued: Waiver Effective Date: Waiver End Date:

PARENT/GUARDIAN CERTIFICATION:

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

PARENT OR GUARDIAN SIGNATURE

DATE SIGNED

Name, Discipline & Tax ID of Authorized Provider

Program Manager Certification Service Coordinator Certification

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.

(04/03)
**CHILD AND FAMILY CONNECTIONS**

**ASSISTIVE TECHNOLOGY PRIOR APPROVAL REQUEST**

Please print clearly, complete entire request form and include required attachments. Incomplete requests forms will be returned, delaying request.

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>CFC#</th>
<th>CFC Phone</th>
<th>CFC SC Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td>_____</td>
<td>- ________</td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>EI#</th>
<th>Birthdate</th>
</tr>
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<tbody>
<tr>
<td>___________________________________________________________________</td>
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<tr>
<th>Diagnosis(es) (1)</th>
<th>ICD-9</th>
<th>(2)</th>
<th>ICD-9</th>
<th>(3)</th>
<th>ICD-9</th>
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<thead>
<tr>
<th>Medicaid Eligible?</th>
<th>If YES, enter 9-digit Medicaid #</th>
<th>DSCC Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>______</td>
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<tr>
<th>Enrolled Equipment Vendor</th>
<th>Ordering Physician</th>
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<tr>
<th>Print IDPA provider #</th>
<th>Date listed on enclosed equipment prescription</th>
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<tr>
<td>(12-digits)</td>
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<th>Street Address</th>
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<table>
<thead>
<tr>
<th>City, State, ZIP</th>
<th>City, State, ZIP</th>
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<th>Phone</th>
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<td>(_____)-<em><strong><strong><strong>-</strong></strong></strong></em></td>
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</table>

**EQUIPMENT REQUESTED - How will the device(s) requested relate to the outcomes on the IFSP?**

<table>
<thead>
<tr>
<th>ITEM(S) REQUESTED</th>
<th>HCPCS</th>
<th>QTY</th>
<th>$ Each</th>
<th>$ Total</th>
<th>P, R, X</th>
<th>HCPCS</th>
<th>QTY</th>
<th>$ Each</th>
<th>$ Total</th>
<th>Status</th>
<th>IDPA</th>
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**FOR DHS OFFICE USE ONLY**

<table>
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<tr>
<th>The Following Documentation must be included with this request:</th>
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ALL REQUESTS MUST BE SUBMITTED FROM THE CFC OFFICE STAFF. FAX THIS FORM AND REQUIRED ATTACHMENTS TO DHS FAX# 217/524-6248.
Please print or type the following information:

<table>
<thead>
<tr>
<th>Audiologist Name:</th>
<th></th>
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<tbody>
<tr>
<td>Agency, if applicable:</td>
<td></td>
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</table>

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.

(10/03)
Screening Device for Determining Family Fees and Eligibility for KidCare/Medicaid & 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?
   G Yes (Proceed to STEP THREE)
   G No (No referral - Proceed to SIGNATURES)

STEP THREE - KIDCARE/MEDICAID
A. Is the child currently enrolled in KidCare?
   G Yes (Proceed to STEP FOUR)
   G No
B. Has the family already submitted a KidCare application?
   G Yes (Proceed to STEP FOUR)
   G No

A child may be eligible for KidCare if the family’s annual gross income is less than:
< $30,300 for a family of 2
< $38,150 for a family of 3
< $46,000 for a family of 4
< $53,850 for a family of 5
For family sizes above 5, add $7,850 to $53,850 for each additional family member.

• If a family’s gross income falls within these guidelines, ALWAYS take a KidCare 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 a KidCare Application. Refer the family to their local Department of Human Services Office 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, ALWAYS ask the family if they would like to file a KidCare Application. Never refuse to take or discourage a family from filing a KidCare Application.

Note: These amounts are higher than the actual KidCare income standards. They have been increased to account for disregards allowed under KidCare, which simplifies the screening process.

C. Does the family’s gross income fall within these guidelines?  G Yes
   G No
D. Choose one of the following:
   G KidCare Application was filed on the following date - ___________________
   G KidCare 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?
   G Yes (Proceed to SIGNATURES)
   G No
STEP FOUR - continued
Choose one of the following options:
Option 1  G  Referral to DSCC is not indicated at this time.
Option 2  G  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  G  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:
G  Orthopedic conditions (bone, muscle, joint disease)
G  Heart defects
G  Hearing loss
G  Neurological conditions (nerve, brain, spinal cord, does not include autism or developmental delay)
G  Certain birth defects
G  Disfiguring defects such as cleft lip, cleft palate, and severe burn scars
G  Speech conditions which need medical treatment
G  Certain chronic disorders such as hemophilia and cystic fibrosis
G  Certain inborn errors of metabolism, including PKU, Galactosemia, and congenital hypothyroidism
G  Eye impairments including cataracts, glaucoma, strabismus and certain retinal conditions - excluding isolated refractive errors
G  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 be over 285% of the federal poverty level or you refuse to use insurance or enroll for KidCare/Medicaid benefits for which you are eligible, DSCC cannot offer financial assistance for medical treatment services.

SIGNATURES
I certify that the information given above is correct to the best of my knowledge. I understand that I will not be able to receive Early Intervention services and assistive technology devices subject to fees if my child may be eligible for KidCare (STEP THREE (C) marked “yes”), and I have chosen not to file a KidCare Application.

Parent/Guardian: _________________________________________ Date: _____________
Service Coordinator: _________________________________________ Date: _____________

(04/03)
Early Intervention Fee Credit Request

Date Submitted to DHS: ___________________________

CFC #: ______________ Service Coordinator’s Name: ____________________________ Phone #/Ext: ____________________________

Child’s Name: ____________________________ EI #: ____________________________ Date of Birth: ____________________________

Month(s) Credit Requested: ____________________________

Reason fee credit is requested: ____________________________________________
________________________________________________________
________________________________________________________

Steps taken by CFC to correct problem: ______________________________________
________________________________________________________
________________________________________________________

Action Taken *(FOR DHS USE ONLY):* ______________________________________
________________________________________________________
________________________________________________________

☐ Attach Current Family Fee Report (REQUIRED)

☐ Attach Documentation to support family fee (if applicable, i.e.: family contacts regarding incorrect IFSP end date, change in family size, Medicaid card, etc.

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

(08/03)
CHILD FIND
SCREENING DATA COLLECTION FORM

I. IDENTIFYING INFORMATION

County___________________________________ CFC/School Dist.# ___________________
Date _______________________________ Month of _________________________________
Location(s)___________________________________________________________________
Contact Person________________________________________ Phone__________________

Agencies Represented

<table>
<thead>
<tr>
<th>Type</th>
<th>0-3(Y)</th>
<th>3-5(Y)</th>
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</table>

Type: CFC, School District (LEA), EI Provider, Health Department (HD), Childcare Provider (CC), Other-please indicate type

II. SCREENING INFORMATION

<table>
<thead>
<tr>
<th>Total Screened</th>
<th>Age 0-11 Months</th>
<th>Age 12-23 Months</th>
<th>Age 24-35 Months</th>
<th>Age 36-47 Months</th>
<th>Age 48-60 Months</th>
<th>Age 61+ Months</th>
</tr>
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</tbody>
</table>

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 office.
Revised 1/15/02 DMM
Cornerstone Informed Consent Form

The Cornerstone Consent Form is to be completed and signed for every client who is new to a Cornerstone agency. This includes clients who are new to the clinic either through transfer or referral.

Guidelines for Completing the Cornerstone Consent Form:

- The participant or person signing the form must first understand the contents of the form.
- The program person presenting the Consent form must determine if assistance is needed, and provide it. Examples of assistance include reading the form to the participant if they cannot read or if they have a visual or other impairment, and translating the form if the participant does not understand English and does not have an interpreter with them.
- After the form is presented and read, the participant must be asked if they understand the form, specifically what information will be shared, with whom it will be shared, and how it will be used.
- The participant must also be asked if they have any questions or need further explanations before signing the form.

Point-by-Point Review of the Cornerstone Consent Form:

1. Identifying information (i.e., demographics, etc.)
2. Explanation of how the program works and why we need to share information.
3. By signing the form, the participant voluntarily agrees to the exchange of information.
4. Laws require the information to be kept confidential and not re-disclosed without permission.
5. The consent may be withdrawn (revoked) at any time. However, if someone in the program has already shared information while the consent was still in effect, the revocation can not undo that.
6. If the participant does not sign the form:
   - participants can still participate in the program (with the exception of Early Intervention), but will not receive the full benefit of case management
   - participants in the WIC program can receive nutrition education, but will not be able to receive food instruments
   - Early Intervention participants cannot receive EI services
   - the participant will be required to complete forms and answer questions for each different provider or agency
   - the participant will limit the ability of case managers to track their case to ensure that the participant is receiving proper services it will take longer to receive services
7. A photocopy or faxed copy of the consent form is as valid as the original. The original can be duplicated so that persons named in the form can have copies without having the participant re-sign the form.
8. If the participant cannot sign his or her name, they must be asked to make an X on the signature line. The program person or other witness must then write in “This is the signature mark of (name of participant), as witnessed by (signature of witness).”

9. If the participant is 18 years or older and has not been determined disabled and in need of a guardian, the participant can give consent.

10. If the person is a minor, the following can give consent:
    - Either parent (even if a minor)
    - A court appointed legal guardian (a copy of Letters of Office is required)
    - DCFS
    - An adult who has health care power of attorney granted by parent/legal guardian

    In addition:
    - A pregnant minor may give consent on her own behalf
    - A minor 12 years of age or older may give consent on his/her own behalf to medical care or counseling related to the diagnosis or the treatment of any sexually transmissible disease, addiction, or alcoholism
    - For a minor between 12 and 18 years of age, both the minor and the parent/legal guardian must consent to the disclosure of mental health records • A married minor can give consent on his/her own behalf
    - A minor 16 years of age or older who has been judicially emancipated may give consent on his/her own behalf
CORNERSTONE INFORMED CONSENT FORM

Name of Participant: ___________________________ (Last)    (First)  (M)

Date of Birth: ___________________________ (Month)  (Day)  (Year)

Male  Female

Participant’s ID Number

____________________________

It is important that you read the following. If there is anything that you do not understand, or if you have any questions, be sure to ASK.

Welcome to Cornerstone, a system that collects data on a wide range of health care services to individuals. These services include WIC (Women, Infants and Children); Immunizations; Case Management; Prenatal and Postpartum Care; Pediatric Primary Care; Early Intervention; Breast and Cervical Cancer; Diabetes Control; and Healthy Families Illinois.

We are asking for permission to collect information about the participant and store it in a centralized computer system maintained by the Illinois Departments of Human Services and Public Health. Based on the information collected during the enrollment or registration process, we will determine whether you need further service. Only those authorized health care professionals with a direct need to know about you will have access to this information. Information may be released for service authorization, audit, and evaluation purposes. Necessary information, without any client’s name, will be sent to federal agencies that fund these programs.

By signing this consent form, you agree to allow certain information to be collected by this agency/clinic. The person(s) receiving this information has a legal and ethical duty to keep the information confidential and private and not release it to anyone else without your written permission unless the law allows it.

A. I authorize ___________________________(Cornerstone site) to collect information during the enrollment/registration process.

B. This authorization covers all the medical, social and financial information about the participant, including: participant background and demographic information; health visit information; medical and developmental history; prenatal, birth, and postpartum data; infant/child visit data; immunization records; participant risks; problems or factors that prevent the participant from receiving proper medical care; appointments made and services received; goals and care plan; WIC food packages; program information; information required by the federal Maternal and Child Health Block Grant Program, and Early Intervention. Any information you do not want released should be written in Part D.

C. This authorization also covers information about mental health, AIDS, HIV, sexually transmissible diseases, alcoholism, and drug use, which may be reported by me. I understand that I am not required to report or discuss those matters with anybody.

D. The following information I do NOT want to be shared:

E. I am making this consent within the limits of my legal authority. I understand that I may revoke this consent orally or in writing at any time, but that revoking this consent will not cancel what was done before I revoked it. I also understand and agree not to hold the Illinois Departments of Human Services and Public Health liable for the release of any information about me in accordance with the terms of this consent form.

F. A photostatic copy/facsimile of this consent will be as valid as the original

For child participant:  For adult participant:

OR

Signature of parent/legal guardian/caretaker  Signature of adult participant / Date
/Date

Signature of Witness: ___________________________ Date: ___________________________

(07/01)
Form W-9
(Requested January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name

Business name, if different from above

Check appropriate box:
[ ] Individual
[ ] Corporation
[ ] Partnership
[ ] Other

- - - - -

Address (number, street, and apt. or suite no.)

City, State, and ZIP code

Requester’s name and address (optional)

List account number (s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Signature of U.S. person

Here

Date

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes. If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Cat. No. 10231X

Form W-9 (Rev. 1-2003)
**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called “backup withholding.” Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only). Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

**Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Specific Instructions**

**Name**

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

**Sole proprietor.** Enter your individual name as shown on your social security card on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line. If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Exempt From Backup Withholding**

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the “Exempt from backup withholding” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(h)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities. Other payees that may be exempt from backup withholding include:
6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;
9. A futures commission merchant registered with the Commodity Futures Trading Commission;
10. A real estate investment trust;
11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
12. A common trust fund operated by a bank under section 584(a);
13. A financial institution;
14. A middleman known in the investment community as a nominee or custodian; or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

<table>
<thead>
<tr>
<th>If the payment is for...</th>
<th>THEN the payment is exempt for...</th>
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</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt recipients except for 9</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker</td>
</tr>
<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt recipients 1 through 5</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000</td>
<td>Generally, exempt recipients 1 through 7</td>
</tr>
</tbody>
</table>

1 See Form 1099-MISC, Miscellaneous Income, and its instructions.
2 However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys’ fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see Limited liability company (LLC) on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note: See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at www.ssa.gov/online/ss5.html. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.
Part II. Certification
To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see Exempt from backup withholding on page 2.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice
Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and SSN of:</th>
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</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account)</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account</td>
</tr>
<tr>
<td>3. Custodian account of a minor (Uniform Gift to Minors Act)</td>
<td>The minor</td>
</tr>
<tr>
<td>4. a. The usual revocable savings trust (grantor is also trustee)</td>
<td>The grantor-trustee</td>
</tr>
<tr>
<td>4. b. So-called trust account that is not a legal or valid trust under state law</td>
<td>The actual owner</td>
</tr>
<tr>
<td>5. Sole proprietorship or single-owner LLC</td>
<td>The owner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For this type of account</th>
<th>Give name and EIN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Sole proprietorship or single-owner LLC</td>
<td>The owner</td>
</tr>
<tr>
<td>7. A valid trust, estate or pension trust</td>
<td>Legal entity</td>
</tr>
<tr>
<td>8. Corporate or LLC electing corporate status on Form 8832</td>
<td>The corporation</td>
</tr>
<tr>
<td>9. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td>The organization</td>
</tr>
<tr>
<td>10. Partnership or multi-member LLC</td>
<td>The partnership</td>
</tr>
<tr>
<td>11. A broker or registered nominee</td>
<td>The broker or nominee</td>
</tr>
<tr>
<td>12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments</td>
<td>The public entity</td>
</tr>
</tbody>
</table>

1 List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person’s number must be furnished.

2 Circle the minor’s name and furnish the minor’s SSN.

3 If you are a corporation, LLC, or other legal entity, you may use either your SSN or EIN (if you have one).

4 You must show your individual name, but you may also enter your business or “DBA” name. You may use either your SSN or EIN (if you have one).

5 You may use either your SSN or EIN (if you have one).

6 You must provide the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.
SAMPLE

FORM LETTERS
30.F04 Sample Form Letter Text

**INELIGIBLE BASED ON GENERAL ELIGIBILITY**
This text may be individualized for each child and family.

**Sample 1 (Over Age Three):**

Dear _________:

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,

**Sample 2 (Not an Illinois Resident):**

Dear _________:

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,
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.

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
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.
30.F16 Sample Form Letter Text
SECOND CONTACT—UNABLE TO CONTACT BY PHONE
This text may be individualized for each child and family.

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 to 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 1: Child Reaches 3 Years of Age**

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 2: Child No Longer Resides in Illinois**

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

(06/03)
**Sample 3: 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 4: No Response**

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 5: IFSP Outcomes Have Been Met – One or More Services to be Discontinued

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 6: Discontinuation of One or More Services due to 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 to Family
Revised Individualized Family Service Plan provided to Family & IFSP Team Members

cc: IFSP Team Members

(06/03)
Sample 7: Notification that Services will Change Due to Individualized Family Service Plan Review

(Text under revision)

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
30.F28 Sample Form Letter Text

**INELIGIBLE BASED ON EVALUATION**

This text may be individualized for each child and family.

Sample 1: 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,

Enclosure: Rights Booklet

(06/03)
Sample 2: Ineligible -- Annual Eligibility Determination

(Text under revision)

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,

Enclosure: Rights Booklet
Sample Form Letter Text

**ELIGIBLE**

This text may be individualized for each child and family.

### Sample 1: 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,

Enclosure: Rights Booklet

### Sample 2: 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,

Enclosure: Rights Booklet

(06/03)
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,

Enclosure: Rights Booklet

cc:
EARLY INTERVENTION

SERVICE DESCRIPTIONS,

BILLING CODES AND RATES

Download from DHS Early Intervention website at:

www.dhs.state.il.us/ei

(03/04)
EARLY INTERVENTION
ASSISTIVE TECHNOLOGY
GUIDELINES

Download from DHS Early Intervention website at:
www.dhs.state.il.us/ei
EARLY INTERVENTION ASSISTIVE TECHNOLOGY GUIDELINES

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EARLY INTERVENTION ASSISTIVE TECHNOLOGY GUIDELINES

DEFINITION OF ASSISTIVE TECHNOLOGY

The definition of assistive technology includes both assistive technology devices and assistive technology services. An assistive technology device is any 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.

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

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

ASSISTIVE TECHNOLOGY DEVICES

Assistive technology (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.

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 most items requested (see Attachment A).

Early Intervention 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. Equipment/devices must be developmentally and age appropriate to be considered eligible for Early Intervention funding.

The following sections address those items currently eligible for Early Intervention funding and those items that are not considered eligible under the definition of assistive technology.
Information contained in this document supercedes any previous decisions regarding approval of specific assistive technology equipment or services.

**Eligible services**

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 assistive technology 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.

Available assistive technology 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, wrist rests, 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 settings so the child can participate in multiple activities in their natural environment. Ex.: Standers, walkers, floor sitters, chair inserts, trays, side-lyers, straps, rolls, sand bags, 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.

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 assistive technology to use with a particular child for different tasks and in different settings.

When an infant or toddler’s needs are being assessed for the possible use of assistive technology, 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.

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.

**Limitations**

Certain equipment/services are not covered in the scope of assistive technology 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, etc.;
- Devices requested for children 2 years, 9 months of age and over, as equipment requested during this time would not be available long enough to achieve identified outcomes;
- 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, 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, and other common play materials;

- Standard equipment used by service providers in the provision of early intervention 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;
- FM systems;
- 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.

EVALUATION

Assistive technology evaluations can be requested when there is reason to believe that a child may benefit from the use of AT. The need for AT devices/services may be identified:

1. As part of the initial multidisciplinary evaluation, where the evaluator determines a need that can be addressed when eligibility is determined;
2. 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;
3. Through the ongoing assessment process conducted by the child’s provider(s).

Note: Reimbursement for evaluations is done through the evaluation code for the specific provider type.

Assistive technology 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 assistive technology 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.

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.

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 assistive technology. Typically, these people have expertise in areas like assistive computer technology, augmentative communication, mobility and positioning.
and so forth. Other assistive technology experts specialize in age or disability-specific technologies, such as visual and hearing impairment devices.

**Components of an Assistive Technology Evaluation**

The four principles to consider when evaluating the potential for AT solutions should include:

1. **Use of the multidisciplinary team.**
2. **Family members are a crucial member of the team.**
3. **Focus on function** – “What is it that the child needs to do that he/she currently cannot do?”
4. **Strive for simplicity.**

Team members should have a basic understanding of the kinds of assistive technology 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:

1. **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.
2. **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, distractability and attention span need also be considered.
3. **Health and development.** Statements regarding child’s current health status, vision, hearing, and motor status should be included.
4. **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.
5. **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.
6. **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.
7. **Proper recommendation for the device.** Consideration should be given to using a team which includes the parent, Service Coordinator, other early intervention service providers and the AT specialist to ensure a common understanding of the recommendation for a particular device or characteristic of the type of assistive technology device.
8. **Use of loan equipment.** Checking out equipment from available local lending libraries or accessing local Lekotec programs is strongly recommended to ensure the appropriateness of the device prior to purchase. The Illinois Assistive Technology 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.

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 assistive technology options.

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.

Other Considerations

There are a number of questions that the IFSP team including the family should answer when deciding about the inclusion of assistive technology 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 assistive technology 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?
Parents play a vital role in the choice, implementation, and use of assistive technology. 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.

ASSISTIVE TECHNOLOGY AND THE IFSP

All children with disabilities who are eligible for early intervention services must be provided with assistive technology, 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 assistive technology devices and services are required, however, only when they relate to the developmental needs of infants and toddlers and their families.

Inclusion of assistive technology 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. Assistive technology 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:

1. The outcomes that will be achieved for the child and family, including the way in which the AT device is expected to increase, maintain, or enhance a child’s functional capabilities.
2. 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.
3. 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.
4. The qualified personnel who will be providing the AT services and the frequency, intensity and method of delivery recommended.

FUNDING

Early Intervention will pay for AT items at rates comparable with the Illinois Department of Public Aid (IDPA) rate structure. For those items requiring individualized pricing, Early Intervention will reimburse at the rate of vendor wholesale cost plus 50% up to the manufacturer’s suggested retail price (MSRP). For items in which there is no wholesale discount to vendors (such as equipment marketed direct to consumer), rate may be adjusted by 20% if no alternative is available pending approval by the assistive technology coordinator. All rates submitted are subject to the approval of the assistive technology coordinator.

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 manufacture or catalog pricing submitted.
OBTAINING ASSISTIVE TECHNOLOGY

Any assistive technology requested for a child must be submitted to DHS for prior approval and is required for the provision of all equipment/services except when the item is listed in Attachment A as “no prior approval required.” 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.

Requests are processed through the DHS Bureau of Early Intervention for prior approval consideration. Requests can be submitted by fax or by mail to:

Illinois Department of Human Services
Bureau of Early Intervention - Assistive Technology
222 South College, 2nd Floor
Springfield, IL  62704
Fax:  217/524-6248

Procedure

1. The therapist identifies an AT need through evaluation or ongoing assessment and brings it to the IFSP team for consideration.
2. If the IFSP team agrees with need, an outcome page relating to the AT need is completed by the service coordinator.
3. The service coordinator compiles all the necessary documentation:
   a. Assistive Technology Prior Approval Request Form (Attachment B), completed by the service coordinator in its entirety. 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 – Feeder seat with tray should be listed as one item under HCPCS code W8666, Tristander with various support attachments listed as one item under HCPCS code W8667),
   b. IFSP sections: Cover page, Section 2 – Present Levels of Development and Section 3 – Child and Family Outcome(s) relating to AT only,
   c. Physician’s order (when applicable),
   d. Evaluation reflecting developmental need, identifying goals and objectives with the utilization if the recommended equipment/service,
   e. Picture and description of item including manufacturer pricing,
   f. Copy of Medicaid card (front and back) of Medicaid-eligible clients, and,
   g. Copy of DSCC eligibility letter, if applicable.
4. The request including all necessary information listed above is sent to the assistive technology coordinator at DHS for review.
   a. All AT must be pre-approved. Once a request has been received, it will be reviewed by the assistive technology coordinator for the above information within 21 working days of the date of receipt.
   b. If missing or additional information is required, a memo of notification identifying what information is needed will be faxed to the child’s service coordinator. The service coordinator will have 10 working days to provide the assistive technology coordinator with the information for processing. If information is not received by this time, request will be denied due to lack of information.
5. Once all pertinent information is received to the satisfaction of the assistive technology coordinator, request will be reviewed and recommendation made within 21 working days of receipt of pertinent information. Notification of request status will be sent by fax to the child’s service coordinator at this time.

6. The service coordinator enters an authorization(s) for any approved items indicated in the DHS notification.
   a. 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.

7. If the AT request is denied, no authorization is entered.
   a. The service coordinator must inform the family and service providers of the denial.
   b. The 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, Division of Specialized Care for Children (DSCC), Lekotek, Illinois Assistive Technology Project, local civic organizations, and parent contributions. Actual funding may include a combination of fund sources.

8. The 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.

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 outcomes in the IFSP. Early Intervention does maintain the right to request the substitution of a less expensive item of comparable function if a substitution is deemed appropriate. Note: Request for children 2 years, 9 months and older will be denied as equipment requested during this time wouldn’t allow the child to achieve substantial benefit while in the EI program.

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, wheelchairs, prosthetics/orthotics, augmentative communication devices and hearing aids. Seldom does it include learning tools like switch-operated toys, assistive play equipment, and computer equipment.

**Returns**

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.

1. The therapist contacts the service coordinator about equipment return.
2. Equipment in question is returned to the vendor by the family.
3. If a replacement item is needed, the service coordinator obtains the following information:
   a. Revised [Assistive Technology Prior Approval Request Form](#) (Attachment B), indicating new equipment and a comment about equipment returned
   b. Letter of developmental necessity indicating why original equipment was not appropriate and why new request will better meet the needs of the child,
   c. If new item is significantly different from item returned, a new physician’s order (when applicable) should be obtained,
   d. Picture and description of new item including manufacturer pricing,
e. Verification from the vendor of return and funding status of the original item.
   i. If vendor has not yet billed for the original equipment, process with submission of request to DHS.
   ii. 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.


RELATIONSHIP TO OTHER PROGRAMS

Many of the eligible children in this program are also eligible for, or participating in other programs, such as DSCC or IDPA (Illinois Department of Public Aid)/Kidcare. The Early Intervention Services System is payor of last resort and should be utilized when these funding sources are exhausted.

1. IDPA/Kidcare and EI
   a. When an AT need is determined for eligible children participating in both programs, follow the general procedure described above.
   b. Once the request has been received by the assistive technology coordinator at DHS, The request is reviewed for content and forwarded to IDPA for prior approval.
   c. IDPA will send notice following their policies and procedures to the AT coordinator indicating the approval or denial status.
   d. DHS notifies the service coordinator of approval/denial status and proceeds with procedure outlined above.
   e. Provider bills the CBO for the equipment
   f. If device is not eligible for EI funding, child’s service 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 IDPA funding outside of EI.

2. DSCC and EI
   a. 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.
   b. When an AT need is determined for eligible children participating in both programs, a request should be submitted to DSCC for approval. Note: Many items are not eligible for DSCC funding. Contact your local DSCC regional office for additional information.
      i. If equipment is eligible for DSCC funding, provider should utilize this source by billing DSCC for equipment.
      ii. 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.
   c. Although a child may not appear eligible for DSCC services at the time of submission of the request to DHS, review by the assistive technology coordinator may demonstrate that DSCC should be consulted. In this instance, the assistive technology coordinator may request a referral to DSCC for eligibility and subsequent funding of equipment.
      i. If DSCC eligibility is determined and funding approved, vendor should bill DSCC for equipment.
ii. If DSCC funding not approved, submit a copy of this notification to the assistive technology coordinator.

d. If device is not eligible for EI funding, child's service coordinator will be notified by fax after initial review is made.

IMPLEMENTATION OF ASSISTIVE TECHNOLOGY

There are several things to consider when the use of assistive technology 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.

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 assistive technology companies would allow free trial periods or offer loaners at no cost, this rarely happens. Some companies do, however, allow for equipment rental or have return policies.

PROVIDER PARTICIPATION

For consideration to be given by DHS to pay for assistive technology equipment/services, the provider must be enrolled in the Early Intervention Services System under the provider type of Assistive Technology. 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 Early Intervention children.
REFERENCES

Illinois Department of Public Aid. (2000) Information *Notice 8/31/00*


South Carolina Department of Health and Environmental Control (2000). *Babynet Service Guidelines: Assistive Technology*


## Assistive Technology Billing Codes

<table>
<thead>
<tr>
<th>CODE</th>
<th>CODE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4636</td>
<td>Replacement, handgrip, cane, crutch, or walker, each</td>
</tr>
<tr>
<td>A4637</td>
<td>Replacement, tip, cane, crutch, walker, each</td>
</tr>
<tr>
<td>A9300</td>
<td>Exercise equipment, (i.e., therapy ball, roll, bolster, any size)</td>
</tr>
<tr>
<td>A9900</td>
<td>Computer access, software</td>
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<tr>
<td>A9900</td>
<td>Miscellaneous DME supply, accessory, and/or service component of another HCPCS code (i.e. Weighted vest, any type)</td>
</tr>
<tr>
<td>A9900</td>
<td>Switch activated device</td>
</tr>
<tr>
<td>A9900</td>
<td>Switch, battery adapter</td>
</tr>
<tr>
<td>A9900</td>
<td>Weighted blanket, any size</td>
</tr>
<tr>
<td>A9900</td>
<td>Weights, miscellaneous</td>
</tr>
<tr>
<td>E0110</td>
<td>Crutches, forearm, includes crutches of various materials, adj or fixed, pair, complete</td>
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<tr>
<td>E0111</td>
<td>Crutch, forearm, includes crutches of various materials, adj or fixed, each, complete</td>
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<tr>
<td>E0130</td>
<td>Walker, rigid pickup, adjustable/fixed, each</td>
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<tr>
<td>E0135</td>
<td>Walker, folding (pickup), adj or fixed height</td>
</tr>
<tr>
<td>E0141</td>
<td>Walker, rigid wheeled without seat</td>
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<td>E0142</td>
<td>Rigid walker, wheeled, with seat</td>
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<tr>
<td>E0143</td>
<td>Folding walker, wheeled, without seat</td>
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<td>E0144</td>
<td>Enclosed, framed folding walker, wheeled with posterior seat</td>
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<tr>
<td>E0146</td>
<td>Folding walker, wheeled, with seat</td>
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<td>E0153</td>
<td>Platform attachment, forearm crutch, each</td>
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<td>E0154</td>
<td>Platform attachment, walker, each</td>
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<tr>
<td>E0155</td>
<td>Wheel attachment, rigid pickup walker, per pair</td>
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<td>E0158</td>
<td>Leg extensions for walker, per set of four (4)</td>
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<tr>
<td>E0247</td>
<td>Tub stool or bench</td>
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<tr>
<td>E1399</td>
<td>Temporary code (feeder seats, positioning chairs)</td>
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<tr>
<td>E1399</td>
<td>AFO, addition, foot/calf strap, each (therapeutic listening programs)</td>
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<tr>
<td>E1399</td>
<td>Durable Medical Equipment, NEC</td>
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<tr>
<td>E1399</td>
<td>Posture control seat for floor sitting and feeding, any size</td>
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<tr>
<td>E1399</td>
<td>Walker, pelvic stabilizer attachment</td>
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<tr>
<td>E1399</td>
<td>Wedge, floor therapy</td>
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<tr>
<td>E1802</td>
<td>Dynamic adjustable forearm, pronation/supination device, includes soft interface material</td>
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<td>E1902</td>
<td>Communication board, non-electronic augmentative or alternative communication device (PECS, eye-comm. board, boardmaker)</td>
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<td>K0113</td>
<td>Trunk support device, vest type, without inner frame, prefabricated, Benik, only</td>
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<td>CODE DESCRIPTION</td>
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<tr>
<td>K0541</td>
<td>Speech generating device, digitized speech, prerecorded messages, &lt;=8 min recording time (Twin talk)</td>
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<td>K0542</td>
<td>Speech generating device, digitized speech, prerecorded messages, &gt;8 min recording time (Dynavox, Macaw, Step by Step, E-talk)</td>
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<td>K0544</td>
<td>Speech generating device, synthesized speech, permitting multi methods of message formation and multi methods of device access</td>
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<td>K0546</td>
<td>Accessory for speech generating device, mounting system</td>
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<td>K0547</td>
<td>Accessory for speech generating device, NOC (overlay, keyguard)</td>
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<td>L0984</td>
<td>Spinal orthosis, protective body sock</td>
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<td>L1500</td>
<td>THKAO, mobility frame (Newington, parapodium types)</td>
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<td>L1510</td>
<td>THKAO, standing frame, with or without tray and accessories</td>
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<td>L1520</td>
<td>THKAO, swivel walker</td>
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<td>L1600</td>
<td>HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, F&amp;A</td>
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<td>HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, F&amp;A</td>
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<td>HO, abduction control of hip joints, semi-flexible, (Pavlik harness), prefabricated, F&amp;A</td>
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<td>L1630</td>
<td>HO, abduction control of hip joints, semi-flexible, (Von Rosen type), custom fabricated</td>
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<td>L1640</td>
<td>HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated</td>
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<td>L1650</td>
<td>HO, abduction control of hip joints, static, adjustable (Ilfled type), prefabricated, F&amp;A</td>
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<td>L1660</td>
<td>HO, abduction control of hip joints, static, plastic, prefabricated, F&amp;A</td>
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<td>L1680</td>
<td>HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Ranch hip action type), custom fabricated</td>
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<td>L1690</td>
<td>Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, F&amp;A (SWASH)</td>
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<tr>
<td>L1800</td>
<td>KO, elastic with stays, prefabricated, F&amp;A</td>
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<tr>
<td>L1810</td>
<td>KO, elastic with joints, prefabricated, F&amp;A</td>
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<td>L1830</td>
<td>KO, immobilizer, canvas longitudinal, prefabricated, F&amp;A</td>
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<td>L1860</td>
<td>KO, modification of supracondylar prosthetic socket, custom fabricated</td>
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<td>Ankle orthosis, elastic, prefabricated, F&amp;A (e.g., neoprene, lycra)</td>
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<td>L1902</td>
<td>AFO, ankle gauntlet, prefabricated, F&amp;A</td>
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<td>L1904</td>
<td>AFO, molded ankle gauntlet, custom fabricated</td>
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<td>L1920</td>
<td>AFO, single upright with static or adjustable stop, custom fabricated</td>
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<td>L1930</td>
<td>AFO Prefabricated</td>
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<td>L1930</td>
<td>AFO, plastic or other material, prefabricated, F&amp;A</td>
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<td>L1940</td>
<td>AFO, plastic or other material, custom fabricated</td>
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<td>L1945</td>
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<td>AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated</td>
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<td>CODE DESCRIPTION</td>
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<tr>
<td>L1950</td>
<td>AFO, spiral, (IRM type), plastic, custom fabricated</td>
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<td>L1960</td>
<td>AFO, posterior solid ankle, plastic, custom fabricated</td>
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<td>L1970</td>
<td>AFO, plastic, with ankle joint, custom fabricated</td>
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<td>L1980</td>
<td>AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar &quot;BK&quot; orthosis), custom fabricated</td>
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<td>AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar &quot;BK&quot; orthosis), custom fabricated</td>
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<td>KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar &quot;AK&quot; orthosis), custom fabricated</td>
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<td>L2010</td>
<td>KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar &quot;AK&quot; orthosis), without knee joint, custom fabricated</td>
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<td>L2020</td>
<td>KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar &quot;AK&quot; orthosis), custom fabricated</td>
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<td>L2030</td>
<td>KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar &quot;AK&quot; orthosis), without knee joint, custom fabricated</td>
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<td>L2035</td>
<td>KAFO, full plastic, static (pediatric size), prefabricated, F&amp;A</td>
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<td>L2036</td>
<td>KAFO, full plastic, double upright, free knee, custom fabricated</td>
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<tr>
<td>L2037</td>
<td>KAFO, full plastic, single upright, free knee, custom fabricated</td>
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<tr>
<td>L2038</td>
<td>KAFO, full plastic, without knee joint, multiaxis ankle, (Lively orthosis or equal), custom fabricated</td>
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<td>HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated</td>
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<td>HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated</td>
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<tr>
<td>L2060</td>
<td>HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated</td>
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<td>L2070</td>
<td>HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated</td>
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<td>L2080</td>
<td>HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated</td>
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<td>HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated</td>
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<td>L2200</td>
<td>Addition to lower extremity, limited ankle motion, each joint</td>
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<td>L2210</td>
<td>Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint</td>
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<td>L2220</td>
<td>Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint</td>
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<td>L2230</td>
<td>Addition to lower extremity, split flat caliper stirrups and plate attachment</td>
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<td>L2240</td>
<td>Addition to lower extremity round caliper and plate attachment</td>
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<tr>
<td>L2250</td>
<td>Addition to lower extremity, foot plate, molded to patient model, stirrup attachment</td>
</tr>
<tr>
<td>L2260</td>
<td>Addition to lower extremity, reinforced solid stirrup</td>
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<td>L2265</td>
<td>Addition to lower extremity, long tongue stirrup</td>
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<td>L2270</td>
<td>Addition to lower extremity, varus/valgus correction (&quot;t&quot;) strap, padded/lined or malleolus pad</td>
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<tr>
<td>L2280</td>
<td>Addition to lower extremity, molded inner boot</td>
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<td>L2300</td>
<td>Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable</td>
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<td>L2310</td>
<td>Addition to lower extremity, abduction bar, straight</td>
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<tr>
<td>L2320</td>
<td>Addition to lower extremity, nonmolded lacer</td>
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<tr>
<td>L2330</td>
<td>Addition to lower extremity, lacer molded to patient model</td>
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<tr>
<td>L2335</td>
<td>Addition to lower extremity, anterior swing band</td>
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<tr>
<td>L2340</td>
<td>Addition to lower extremity, pretibial shell, molded to patient model</td>
</tr>
<tr>
<td>L2350</td>
<td>Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for “PTB,” “AFO” orthosis)</td>
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<tr>
<td>L2360</td>
<td>Addition to lower extremity, extended steel shank</td>
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<tr>
<td>L2370</td>
<td>Addition to lower extremity, Patten bottom</td>
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<tr>
<td>L2375</td>
<td>Addition to lower extremity, torsion control, ankle joint and half solid stirrup</td>
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<tr>
<td>L2380</td>
<td>Addition to lower extremity, torsion control, straight knee joint, each joint</td>
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<tr>
<td>L2405</td>
<td>Addition to knee joint, drop lock, each joint</td>
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<tr>
<td>L2415</td>
<td>Addition to knee lock with integrated release mechanism (ball, cable, or equal), any material, each joint</td>
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<tr>
<td>L2425</td>
<td>Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint</td>
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<tr>
<td>L2430</td>
<td>Addition to knee joint, ratchet lock for active and progressive knee extension, each joint</td>
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<tr>
<td>L2435</td>
<td>Addition to knee joint, polycentric joint, each joint</td>
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<td>L2580</td>
<td>Addition to lower extremity, pelvic control, pelvic sling</td>
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<td>L2600</td>
<td>Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each</td>
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<td>L2622</td>
<td>Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each</td>
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<tr>
<td>L2624</td>
<td>Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each</td>
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<td>L2627</td>
<td>Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables</td>
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<td>Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables</td>
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<td>Addition to lower extremity, pelvic control, band and belt, unilateral</td>
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<td>Addition to lower extremity, pelvic control, band and belt, bilateral</td>
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<tr>
<td>L2650</td>
<td>Addition to lower extremity, pelvic and thoracic control, gluteal pad, each</td>
</tr>
<tr>
<td>L2660</td>
<td>Addition to lower extremity, thoracic control, thoracic band</td>
</tr>
<tr>
<td>L2670</td>
<td>Addition to lower extremity, thoracic control, paraspinal uprights</td>
</tr>
<tr>
<td>L2680</td>
<td>Addition to lower extremity, thoracic control, lateral support uprights</td>
</tr>
<tr>
<td>L2760</td>
<td>Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)</td>
</tr>
<tr>
<td>L2768</td>
<td>Orthotic side bar disconnect device, per bar</td>
</tr>
<tr>
<td>L2770</td>
<td>Addition to lower extremity orthosis, any material, per bar or joint</td>
</tr>
<tr>
<td>L2785</td>
<td>Addition to lower extremity orthosis, drop lock retainer, each</td>
</tr>
<tr>
<td>CODE</td>
<td>CODE DESCRIPTION</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>L2795</td>
<td>Addition to lower extremity orthosis, knee control, full kneecap</td>
</tr>
<tr>
<td>L2800</td>
<td>Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull</td>
</tr>
<tr>
<td>L2810</td>
<td>Addition to lower extremity orthosis, knee control, condylar pad</td>
</tr>
<tr>
<td>L2820</td>
<td>Addition to lower extremity orthosis, soft interface for molded plastic, below knee section</td>
</tr>
<tr>
<td>L2830</td>
<td>Addition to lower extremity orthosis, soft interface for molded plastic, above knee section</td>
</tr>
<tr>
<td>L2860</td>
<td>Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each</td>
</tr>
<tr>
<td>L2999</td>
<td>Lower extremity orthosis, NOS</td>
</tr>
<tr>
<td>L3000</td>
<td>Foot insert, removable molded to patient model, &quot;UCB&quot; type, berkely shell, each</td>
</tr>
<tr>
<td>L3001</td>
<td>Foot insert, removable, molded to patient, Spenco, each</td>
</tr>
<tr>
<td>L3002</td>
<td>Foot insert, removable, molded to patient model, Plastazote or equal, each</td>
</tr>
<tr>
<td>L3003</td>
<td>Foot insert, removable, molded to patient model, silicone gel, each</td>
</tr>
<tr>
<td>L3010</td>
<td>Foot insert, removable, molded to patient model, longitudinal arch support, each</td>
</tr>
<tr>
<td>L3020</td>
<td>Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each</td>
</tr>
<tr>
<td>L3030</td>
<td>Foot insert, removable, formed to patient foot, each</td>
</tr>
<tr>
<td>L3040</td>
<td>Foot, arch support, removable, premolded, longitudinal, ea</td>
</tr>
<tr>
<td>L3050</td>
<td>Foot, arch support, removable, premolded, metatarsal, each</td>
</tr>
<tr>
<td>L3060</td>
<td>Foot, arch support, removable, premolded, longitudinal/metatarsal, each</td>
</tr>
<tr>
<td>L3070</td>
<td>Foot, arch support, nonremovable, attached to shoe, longitudinal, each</td>
</tr>
<tr>
<td>L3080</td>
<td>Foot, arch support, nonremovable, attached to shoe, metatarsal, each</td>
</tr>
<tr>
<td>L3090</td>
<td>Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each</td>
</tr>
<tr>
<td>L3140</td>
<td>Foot, abduction rotation bar, including shoes</td>
</tr>
<tr>
<td>L3150</td>
<td>Foot, abduction rotation bar, without shoes</td>
</tr>
<tr>
<td>L3170</td>
<td>Foot, plastic heel stabilizer</td>
</tr>
<tr>
<td>L3201</td>
<td>Orthopedic shoe, oxford with supinator or pronator, infant</td>
</tr>
<tr>
<td>L3202</td>
<td>Orthopedic shoe, oxford with supinator or pronator, child</td>
</tr>
<tr>
<td>L3204</td>
<td>Orthopedic shoe, hightop with supinator or pronator, infant</td>
</tr>
<tr>
<td>L3206</td>
<td>Orthopedic shoe, hightop with supinator or pronator, child</td>
</tr>
<tr>
<td>L3212</td>
<td>Benesch boot, pair infant</td>
</tr>
<tr>
<td>L3213</td>
<td>Benesch boot, pair child</td>
</tr>
<tr>
<td>L3257</td>
<td>Orthopedic footwear, additional charge for split size</td>
</tr>
<tr>
<td>L3300</td>
<td>Lift, elevation, heel tapered to metatarsals, per inch</td>
</tr>
<tr>
<td>L3310</td>
<td>Lift, elevation, heel and sole, neoprene, per inch</td>
</tr>
<tr>
<td>L3320</td>
<td>Lift, elevation, heel and sole, cork, per inch</td>
</tr>
<tr>
<td>L3332</td>
<td>Lift, elevation, inside shoe, tapered, up to one-half inch</td>
</tr>
<tr>
<td>L3350</td>
<td>Heel wedge</td>
</tr>
<tr>
<td>L3380</td>
<td>Clubfoot wedge</td>
</tr>
<tr>
<td>CODE</td>
<td>CODE DESCRIPTION</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>L3580</td>
<td>Orthopedic shoe addition, convert instep to velcro closure</td>
</tr>
<tr>
<td>L3700</td>
<td>EO, elastic with stays, prefabricated, F&amp;A</td>
</tr>
<tr>
<td>L3701</td>
<td>Elbow orthosis, elastic, prefabricated F&amp;A, (e.g., neoprene, Lycra)</td>
</tr>
<tr>
<td>L3710</td>
<td>EO, elastic with metal joints, prefabricated F&amp;A</td>
</tr>
<tr>
<td>L3720</td>
<td>EO, double upright with forearm/arm cuffs, free motion, custom fabricated</td>
</tr>
<tr>
<td>L3730</td>
<td>EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated</td>
</tr>
<tr>
<td>L3740</td>
<td>EO, double upright with forearm/arm cuffs, free motion, custom fabricated</td>
</tr>
<tr>
<td>L3760</td>
<td>Elbow orthosis, with adjustable position locking joint(s), prefabricated, F&amp;A, any type</td>
</tr>
<tr>
<td>L3762</td>
<td>Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, F&amp;A</td>
</tr>
<tr>
<td>L3800</td>
<td>WHFO, short opponens, no attachments, custom fabricated</td>
</tr>
<tr>
<td>L3805</td>
<td>WHFO, long opponens, no attachments, custom fabricated</td>
</tr>
<tr>
<td>L3807</td>
<td>WHFO, without joints, prefabricated, F&amp;A, any type</td>
</tr>
<tr>
<td>L3810</td>
<td>WHFO, addition to short and long opponens, thumb abduction (&quot;C&quot;) bar</td>
</tr>
<tr>
<td>L3890</td>
<td>Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each</td>
</tr>
<tr>
<td>L3906</td>
<td>WHO, wrist gauntlet, molded to patient model, custom fabricated</td>
</tr>
<tr>
<td>L3907</td>
<td>WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated</td>
</tr>
<tr>
<td>L3908</td>
<td>WHO, wrist extension control cock-up, non-molded, prefabricated, F&amp;A</td>
</tr>
<tr>
<td>L3909</td>
<td>Wrist orthosis, elastic, prefabricated, F&amp;A (e.g., neoprene, Lycra)</td>
</tr>
<tr>
<td>L3911</td>
<td>Wrist hand finger orthosis, elastic, prefabricated, F&amp;A (e.g., neoprene, Lycra)</td>
</tr>
<tr>
<td>L3912</td>
<td>HFO, flexion glove with elastic finger control, prefabricated, F&amp;A</td>
</tr>
<tr>
<td>L3914</td>
<td>WHO, wrist extension cock-up, prefabricated, F&amp;A</td>
</tr>
<tr>
<td>L3923</td>
<td>HFO, without joints, prefabricated, F&amp;A</td>
</tr>
<tr>
<td>L3936</td>
<td>WHFO, Palmer, prefabricated, F&amp;A</td>
</tr>
<tr>
<td>L3938</td>
<td>WHFO, dorsal wrist, prefabricated, F&amp;A</td>
</tr>
<tr>
<td>L3946</td>
<td>HFO, composite+F164 elastic, prefabricated, F&amp;A</td>
</tr>
<tr>
<td>L3956</td>
<td>Addition of joint to upper extremity orthosis, any material; per joint</td>
</tr>
<tr>
<td>L3999</td>
<td>Upper limb orthosis, NOS</td>
</tr>
<tr>
<td>L4210</td>
<td>Repair of orthotic device, repair or replace minor parts</td>
</tr>
<tr>
<td>L4392</td>
<td>Replacement soft interface material, static AFO</td>
</tr>
<tr>
<td>Q4051</td>
<td>Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding, and other supplies)</td>
</tr>
<tr>
<td>S5199</td>
<td>Adaptive, utensil, feeding</td>
</tr>
<tr>
<td>S5199</td>
<td>Adaptive, cup, nosey</td>
</tr>
<tr>
<td>S5199</td>
<td>Personal care item, NOS, each</td>
</tr>
<tr>
<td>S8470</td>
<td>Stander, positioning device</td>
</tr>
<tr>
<td>V5014</td>
<td>Hearing aid, repairs, over $100</td>
</tr>
<tr>
<td>CODE</td>
<td>CODE DESCRIPTION</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>V5014</td>
<td>Repair/Modification of a hearing aid</td>
</tr>
<tr>
<td>V5060</td>
<td>Hearing aid, monaural, behind the ear</td>
</tr>
<tr>
<td>V5140</td>
<td>Hearing aid, binaural, behind the ear</td>
</tr>
<tr>
<td>V5150</td>
<td>Hearing aid, binaural, glasses</td>
</tr>
<tr>
<td>V5160</td>
<td>Hearing aid dispensing fee, binaural</td>
</tr>
<tr>
<td>V5241</td>
<td>Hearing aid dispensing fee, monaural</td>
</tr>
<tr>
<td>V5267</td>
<td>Hearing aid, pediatric care kit</td>
</tr>
<tr>
<td>V5264</td>
<td>Hearing aid ear mold/insert, not disposable, any type</td>
</tr>
<tr>
<td>V5266</td>
<td>Battery for use in hearing aid</td>
</tr>
<tr>
<td>V5266</td>
<td>Hearing aid, battery, silver, any size, each</td>
</tr>
<tr>
<td>V5267</td>
<td>Hearing aid supplies/accessories</td>
</tr>
<tr>
<td>V5267</td>
<td>Hearing aid, alligator clip</td>
</tr>
<tr>
<td>V5267</td>
<td>Hearing aid, Replacement cord</td>
</tr>
<tr>
<td>V5336</td>
<td>Repair/Modification of augmentative communication system or device</td>
</tr>
</tbody>
</table>
INDIVIDUALIZED

FAMILY SERVICE PLAN (IFSP)

FORM INSTRUCTIONS

AND NON-CORNERSTONE SERVICE PLAN PAGES

Download from DHS Early Intervention website at:

www.dhs.state.il.us/ei
EARLY INTERVENTION
PUBLIC AND PRIVATE INSURANCE USE
DETERMINATION
<table>
<thead>
<tr>
<th>SCENARIO</th>
<th>ACCEPTABLE DOCUMENTATION</th>
<th>ACTION REQUIRED BY:</th>
<th>PAYER</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service <strong>NOT</strong> a covered benefit</td>
<td>1. Pages from policy, and/or&lt;br&gt;2. Written statement from insurer, and/or&lt;br&gt;3. Notes from conversations including name of contact, date, phone number.</td>
<td>CFC: Supplies waiver to CBO and provider for submission to CBO with claims.</td>
<td>CBO</td>
<td>1. Only when the insurance refuses to accept the evaluation already performed by an EI provider to determine eligibility.&lt;br&gt;2. CBO pays for dates of service prior to Pre-Cert, but only when claims are submitted with an attached approval or denial from insurer.&lt;br&gt;3. Insurance pays for dates of service after the Cert has been approved.</td>
</tr>
<tr>
<td>Insurance Required Evaluation by Their Approved Provider</td>
<td>1. Written statement from insurer, <strong>and/or</strong>&lt;br&gt;2. Notes from conversations including name of contact, date, phone number.</td>
<td>CFC: Supplies waiver to CBO and provider for submission to CBO with claims.</td>
<td>CBO</td>
<td>1. <strong>INSURANCE</strong> (second eval) 1. CBO pays if insurance determination of coverage exceeds 15 business days. 2. <strong>CBO</strong> pays if insurance determination of coverage exceeds 15 business days. 3. Insurance pays for dates of service after the Cert has been approved.</td>
</tr>
<tr>
<td>Insurance Requires Medical Diagnosis</td>
<td>1. Pages from policy, <strong>and/or</strong>&lt;br&gt;2. Written statement from insurer, <strong>and/or</strong>&lt;br&gt;3. Notes from conversations including name of contact, date, phone number.</td>
<td>CFC: Supplies waiver to CBO and provider for submission to CBO with claims.</td>
<td>CBO</td>
<td><strong>Provider:</strong> Submits documentation in&lt;br&gt;1. <strong>INSURANCE</strong>&lt;br&gt;2. <strong>CBO</strong>&lt;br&gt;1. If insurer denies payment after review of the submitted material, provider submits EOB and claim to</td>
</tr>
</tbody>
</table>
## At-A-Glance Insurance Guidelines

<table>
<thead>
<tr>
<th>SCENARIO</th>
<th>ACCEPTABLE DOCUMENTATION</th>
<th>ACTION REQUIRED BY:</th>
<th>PAYER</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBO. 2. If provider fails to supply required information, claims will not be paid by CBO because this represents a failure to comply with insurance company requirements. (Refers to the child’s need for IFSP services, NOT an attempt to establish a diagnosis or link a medical model to EI services.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral Required</td>
<td>1. Pages from policy, <strong>and/or</strong> 2. Written statement from insurer, <strong>and/or</strong> 3. Notes from conversations including name of insurance company contact, date, phone number.</td>
<td>CFC: Works with family, provider and primary care physician to obtain referral.</td>
<td>1. INSURANCE 2. CBO</td>
<td>If the doctor refuses to offer referral or will only refer to a provider unable to meet the mandates of the IFSP, the CFC will verify and provide statutory waiver.</td>
</tr>
<tr>
<td>Pre-Auth/Pre-Cert Required</td>
<td>1. Insurance company specific.</td>
<td>Provider: Submits documentation in accordance with insurance company’s requirements.</td>
<td>1. CBO 2. INSURANCE</td>
<td>1. CBO pays for dates of service prior to Pre-Cert, but only when claims are submitted with an attached approval or denial from insurer. 2. Insurance pays for dates of service after the Cert has been approved.</td>
</tr>
</tbody>
</table>
| Requires Network Provider that is NOT EI Credentialed | 1. Pages from policy, **and/or** 2. Written statement from insurer, **and/or** 3. Notes from conversations including name of insurance company contact, date, phone number. | CFC: Supplies waiver to CBO and provider for submission to CBO | CBO | 1. CBO pays for dates of service.
<table>
<thead>
<tr>
<th>SCENARIO</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Out of Network Rate Available</td>
<td>conversations including name of contact, date, phone number.</td>
<td>with claims.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider credentialing Requirements different than EI</td>
<td>N/A</td>
<td>CFC: Issues auths for the provider.</td>
<td>INSURANCE</td>
<td>CFC: Supplies waiver to CBO and provider for submission to CBO with claims.</td>
</tr>
<tr>
<td>Insurance company Limits # of Visits</td>
<td>1. Pages from policy, and/or 2. Written statement from insurer, and/or 3. Notes from conversations including name of contact, date, phone number.</td>
<td>CBO</td>
<td>If the insurance company requires credentials other than those established by EI, if none of the insurer’s providers are also EI credentialed, CBO pays.</td>
<td></td>
</tr>
<tr>
<td>Maximum Payable</td>
<td>1. Final EOB documenting visits exhausted. 2. Written statement from insurer. 3. Notes from conversations including name of insurance company contact, date, phone number.</td>
<td>Provider: Submits documentation to CBO along with claims.</td>
<td>CBO</td>
<td>• After insurance company has paid for the pre-established number of visits, CBO should be billed for IFSP services. • Provider may follow insurer’s guidelines for requesting approval for additional visits beyond initial limit.</td>
</tr>
<tr>
<td>Max Payable</td>
<td>1. EOB denying payment based on annual maximum payable met 2. Written statement</td>
<td>Provider: Submits documentation to CBO along with claims.</td>
<td>CBO</td>
<td>• After insurance company has paid up to their pre-established maximum amount payable, CBO should be billed for IFSP services • Provider may follow insurer’s guidelines.</td>
</tr>
</tbody>
</table>
# At-A-Glance Insurance Guidelines

<table>
<thead>
<tr>
<th>SCENARIO</th>
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<tbody>
<tr>
<td></td>
<td>from insurer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Notes from conversations including name of insurance company contact, date, phone number.</td>
<td></td>
<td></td>
<td></td>
<td>guidelines for requesting approval for additional visits beyond initial limit.</td>
</tr>
<tr>
<td>Insurance Deductible Applies</td>
<td>1. EOB denying payment for failure to pay deductible</td>
<td>Provider: Submits documentation to CBO along with claims.</td>
<td>CBO</td>
<td>Provider bills insurance company, if denied then submits the EOB with the claim to CBO.</td>
</tr>
<tr>
<td>Waiver or Exemption issued based on primary insurance status</td>
<td>1. Waiver approval from CFC. 2. Exemption approval from DHS.</td>
<td>Provider: Submits documentation (if applicable) to CBO along with claims.</td>
<td>CBO</td>
<td>Insurance waivers and exemptions apply to insurance use in general. Secondary insurance not billed if waiver or exemption has been granted for primary insurance.</td>
</tr>
<tr>
<td>Insurance Co-pay applies</td>
<td>N/A</td>
<td>Provider: Submits documentation to CBO along with claims.</td>
<td>INSURANCE</td>
<td>Liability is transferred to the State of Illinois; CO-PAY IS NOT COLLECTED</td>
</tr>
</tbody>
</table>