

SECTION FOUR

Paying for EI Services

Families with children eligible for the Illinois Early Intervention Program often have many questions about paying for services.

What EI Services Are Free?

All evaluations and service coordination provided through the EI program are free. If your child is eligible and you enter the EI program, staff will work with you to develop and coordinate your Individualized Family Service Plan (IFSP) free of charge. If you speak a language other than English, the program will provide a free interpreter or translation service.

What Is a Family Participation Fee?

Families may pay a family participation fee for early intervention services. This fee is set each year and is based on your income, family size, and whether you have excessive out-of-pocket medical/disaster expenses. Your service coordinator can give you information on what your fee will be. If you do not wish to disclose your income, then you will pay the highest fee. Monthly statements are sent to your family indicating the monthly installment as well as the amount the system has paid for your child's services. Families never have to pay more in fees than the system pays for the services.

How Does Using My Private Insurance Help?

Private insurance can help reduce the amount the EI system pays for your child, potentially reducing your family participation fee. If you use your private insurance for services provided by the EI program, EI payments may help you meet your annual deductible. Also, you will not be billed for co-pays for EI services. Any services not covered by insurance are billed to the Illinois EI program. You should discuss your insurance and the billing process with your service coordinator.



How Does Providing Access to My Public Benefits, Such As All Kids, Help the EI Program?

The early intervention program can obtain partial reimbursement for certain services when families provide this access. This provides another potential source of revenue to the overall program. If you don't have public benefits but think you may be eligible, talk to your service coordinator about applying for All Kids. Families who do not have insurance are strongly encouraged to complete the All Kids application and to visit the Get Covered Illinois website at <https://getcovered.illinois.gov/>

What Does Giving Informed Consent to Use Insurance Mean?

You will be asked to sign a consent form. Signing this consent allows the Illinois EI program to contact and bill your insurance provider or All Kids for EI services.



Why Doesn't the Illinois EI Program Just Pay for Everything?

The EI program is the “payer of last resort.” That means all other available funds must be used first. The EI program receives federal funds, but these don't cover the full cost of the program. The state also provides money to support the EI program. Money from private insurance and family participation fees are important supports for the program. They help the program continue to provide high-quality services to all eligible families.

For More Information

If you have additional questions, please contact your service coordinator at your local Child and Family Connections office.

SECTION FIVE

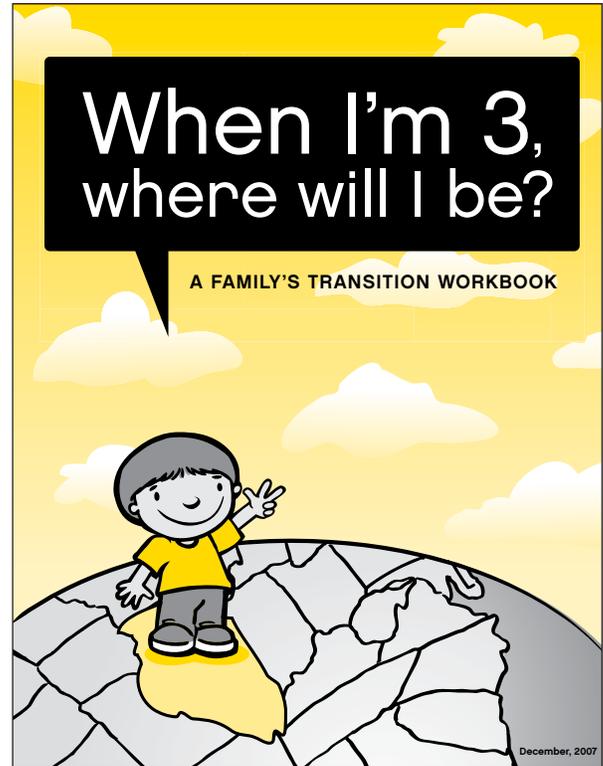
When Is It Time to Leave the EI Program?

Your child may leave EI services when your child's development improves and is no longer delayed by 30% or more. Otherwise, your child continues in the EI program until his or her third birthday. Six months before your child turns 3, you and your EI team will begin planning for a change in services. This gives you time to find out whether your child is eligible for early childhood special education services through your local school district. Not all children will qualify, and your child may require another evaluation. The **Illinois State Board of Education (ISBE)** is responsible for special education services for children age 3 and older. Here are the steps and your role in the process:

- Step 1: Prepare your child and family for transition.
- Step 2: Sign a consent form for referral to the local school district. You can accept or decline the referral. If you accept, then your consent to share information is needed.
- Step 3: Attend a transition planning conference for your child.
- Step 4: Participate in a school district's evaluation of your child, if needed.
- Step 5: Determine your child's eligibility for special education services.
- Step 6: If eligible, plan your child's **IEP**. If not eligible, consider other options for your child.

Evaluating Your EI Services

Shortly after leaving the EI program, you will receive a family outcomes survey from the Illinois EI Training Program. This is a very important survey, and we ask that you complete and return it as soon as possible. Your valuable responses will help the Illinois EI program learn about family experiences in the program and consider changes if needed. The survey asks about family **outcomes** such as (a) understanding your child's strengths, abilities, and special needs; (b) helping your child develop and learn; and (c) knowing your rights. It also asks about the helpfulness of the EI system. The survey can be completed in a variety of ways and is available in English and Spanish. Feel free to contact the Illinois EI Training Program (numbers included with the survey) if you want help in completing the survey.



This workbook guides Illinois families through their child's transition from Early Intervention Program services. Available at:

www.isbe.net/earlychi/pdf/transition_workbook.pdf

SECTION SIX

What Are Your Rights?

The Early Intervention (EI) Program in Illinois was established by Illinois law to comply with Part C of the federal Individuals With Disabilities Education Act. **IDEA** includes EI services for eligible children starting at birth until their third birthday. This act defines your rights as a parent of a child who is receiving EI services.



Some of your parental rights are described briefly here. More detailed information is available in State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System, available at <http://eiclearinghouse.org/resources/public-awareness/famrights-idea/>

Informed Consent

Informed consent means that you are giving permission for you and your child to receive EI services. You are asked to sign the IFSP document to show that you understand and agree with the plan and the services identified in it. You also will be asked to sign permissions to share information about your child and family with early intervention providers or other agencies that serve your child and family. Information can be shared only if you sign a form that identifies who will receive the information. All information should be given in the language you normally use.

Prior Written Notice

Written notice must be given to you before an agency or service provider makes a change in your child's EI services. Notice must be given in the language that you usually use. You should receive written notice of any meetings so you have reasonable time to make arrangements to attend.

Review of Records

You have the right to review any records related to your child's EI services. Records must be available to you within 10 calendar days after you request

them. You may request changes in the record if the information is inaccurate or violates confidentiality. If the agency refuses to amend the records, you have the right to request a due process hearing.

Confidentiality of Records

All records of your family's EI services are confidential. Your providers will share information with each other to provide the best services for your family. The records will be shared with others only as strict privacy laws allow. When you and your child prepare to leave the EI program, you will be asked to give written consent before your records are shared with the local school district or other agency that will serve your child at age 3.

Resolution of Concerns

If you have concerns about services, or if you disagree with decisions about your child, you should discuss them with your service coordinator at the CFC. These services or decisions may have to do with identification, evaluation, assessment, placement, or the appropriateness of the services. If you are not satisfied with the result of the discussion, formal options for administrative resolution are provided in the law. These include:



1. Complaints to the state. You may file a written, signed complaint with the Illinois Department of Human Services (IDHS) if you believe that a provider has violated a law or rule regarding the Part C Early Intervention Program. The statement must contain the facts that support your complaint.

IDHS has 60 days from receiving the complaint to investigate and write a decision. During this time, IDHS may carry out an independent investigation.

IDHS's decision must include findings from the investigation, conclusions, and a reason for the final decision. If the complaint is found to be true or valid, then the decision must include procedures to correct the cause of the complaint.

2. Mediation. If you have a disagreement with the local provider,

the CFC, or IDHS, you can request **mediation**. Mediation is a voluntary session facilitated by a qualified mediator in a location convenient for you within 10 days after the request. The mediator's role is to help the disagreeing parties to talk and reach an agreement. The mediator cannot order an agreement. Discussions that are held during mediation are confidential. Mediation is voluntary, and you must freely agree to participate in it. The state pays for the cost of mediation. A mediation agreement records the terms agreed upon. Previously agreed on services to your child should continue during the mediation period.

3. Due process hearing. You may request a due process hearing to resolve a complaint with your provider or CFC. If you request a due process hearing, you and your CFC have up to 30 days to resolve the complaint to your satisfaction. If you cannot do so, a due process hearing will be held.

A due process hearing is similar to a court hearing. The hearing must be held at a time and place that is reasonably convenient to you. A hearing officer listens to both sides of the disagreement. The hearing officer may not be an employee of any agency or other entity that is providing EI services for your child. At the hearing, you may bring an **advocate** or supporter who has special knowledge or training about your child or about children with disabilities. You also have the right to bring your child and to have the hearing open to the public.

You have the right to a copy of the record of the hearing, findings, and decisions, at no cost. The written decision must be mailed to you within 45 days after the 30-day resolution period ends. You have the right to appeal the decision.



Questions Frequently Asked by Families

What Questions Might I Ask My Parent Liaison?

- What are good resources in the community for parents like me?
- Are there community playgroups my child might be part of?
- Can you help me connect with other parents?

How Can I Keep All the Information That I Get From My EI Providers Organized?

Some parents use a folder to keep all the reports and other documents that they receive from their CFC. They may use another folder or notebook to keep information that they receive from their service providers. Many parents identify one place at home to keep all the notes and papers. You may want to keep a calendar handy to record all your appointments and visits and may check with your parent liaison for tips on how to keep documents organized.



What Do All the Terms Used in EI Mean? Where Can I Get More Information About My Child's Disability?

Like many service programs, the EI program has many different terms and labels to describe the program, the services, and the providers. The glossary in Appendix A will help you understand terms. You may also visit the Illinois Early Intervention Clearinghouse at <http://eiclearinghouse.org/>. The clearinghouse is designed for families who use EI services and want to learn more. It provides a central directory of services for the state of Illinois, and it also serves as a resource providing a variety of EI information and a link to its library catalog. You can borrow books and videos (at no charge) that will support you during your time in the EI program and beyond!

What Happens If My Family Moves Outside of the CFC Region While My Child Is Enrolled in EI?

The service coordinator will transfer a copy of your child's records to the CFC office serving your new community. The family should meet with the new service coordinator within 15 days to arrange for new providers and services if the original providers are no longer available.

Does EI Provide Medical Services?

EI provides developmental services to help your child develop and learn. Medical services can only be provided for diagnostic and evaluation purposes and not for treatment.

Can I Change My Service Provider or Service Coordinator?

Yes. Some families may find that their schedules don't match that of a provider and would like a new provider who can meet at their time. Or they may prefer a different perspective and ask for a new provider. If other providers or coordinators are available, then a shift can occur following the request. In some cases, the CFC may not have staff available for immediate reassignment. If this happens, then the family should discuss what the likely time frame is for changing providers or coordinators. If they have concerns or disagreements with their EI services, the family should talk with their CFC manager. If they still have concerns, then they may want to review their rights and consider options for resolution of concerns (see page 20).



Glossary

Advocate

A person who argues for or supports an individual, a cause or a policy. Family advocates support parents and other family members in seeking and understanding services and options for early intervention.

Assessments/Evaluations

May be formal or informal. A formal initial assessment determines eligibility for services and is usually conducted in five developmental domains (see below) by a multidisciplinary team. Periodic formal assessments also take place while the child is in the Illinois Early Intervention Program. Ongoing informal assessments are used to identify the strengths and needs of the eligible child and the family's concerns, priorities, and resources related to the child.

Child and Family Connections (CFC) Offices

Twenty-five offices funded by the Illinois Department of Human Services that serve as regional points of entry to the Illinois Early Intervention Program. CFC offices responsibilities include Child Find activities, intake of families, coordination of evaluation and eligibility determinations for children, oversight of the development of individualized family service plans, and ongoing service coordination, including transition to services after the child turns 3 years of age.

Cognitive

The area of development that involves thinking skills, including learning and problem-solving skills.

Developmental Age

Determined by measuring the age at which your child demonstrates various skills against

the age at which those skills are considered typical. Developmental age is established through a formal assessment.

Developmental Delay

The condition of a child who is not gaining new skills at the typical age and/or is showing inappropriate behaviors for his or her age.

Disability

A physical or mental impairment that significantly limits major life activities such as hearing, seeing, speaking, walking, caring for oneself, moving, learning, or working.

Domains

The five main areas of development that address cognitive, language, social-emotional, adaptive skills, and physical skills, including hearing and vision.

Early Intervention

Specialized services provided to infants and toddlers who show signs of or are at risk for *developmental delay* (see above). Services are planned and implemented with the family and often a multidisciplinary team of professionals. (See also *Illinois Early Intervention Program*.)

Early Intervention Credential

A credential issued according to Illinois Department of Human Services rules that helps to ensure that professionals working in the Illinois EI system possess appropriate qualifications, continuously participate in professional development related to their fields, and strengthen their understanding of children ages birth to 3 with special needs.

EI Providers

Please see *service providers*.

Federal Poverty Level (FPL)

A measure based on family income used to determine if a person or family is eligible for assistance through various federal programs. The FPL usually changes annually.

IDEA

Please see *Individuals With Disabilities Education Act of 1990* or *Individuals With Disabilities Education Act (Part C)*.

IDHS

Please see *Illinois Department of Human Services*.

IEP

Please see *Individualized Education Program*.

Illinois Department of Human Services

The state agency that has been designated as the lead agency for the Illinois Early Intervention Program.

Illinois Early Intervention Program

A statewide, comprehensive, coordinated, interagency program that aids families who have infants and toddlers, birth to age 3, with or at risk for developmental delays in receiving resources and supports that assist them in maximizing their child's development.

Illinois State Board of Education

The state agency that oversees educational services for children ages 3 to 21 in Illinois.

Individualized Education Program (IEP)

An annually reviewed document required by the Individuals With Disabilities Education Improvement Act of 2004 for children in special education, ages 3 years and older. The IEP is created by parents, teachers, service providers, and school staff who design a plan of

instruction, including annual goals, methods of evaluation, and the delivery of special education support and services.

Individualized Family Service Plan (IFSP)

A written early intervention plan developed and implemented by the child's parents and a multidisciplinary early intervention team. The IFSP takes into account the family's priorities, concerns, resources, and goals for their child. This information, along with input from additional evaluation and assessment, is formalized into a plan of services and support for the child and family in their natural environment.

Individuals With Disabilities Education Act (IDEA)

A federal law amended in 1997 and reauthorized in 2004 that amends the Education for All Handicapped Children Act of 1975. IDEA ensures services to children with disabilities throughout the nation and governs how states and public agencies provide these services. Part B focuses on services to preschoolers and school-age children with developmental disabilities. (See also *Individuals With Disabilities Education Act [Part C]*.)

Individuals With Disabilities Education Act (IDEA) (Part C)

The portion of the federal law that focuses on services to infants and toddlers who are at risk for or have developmental delays. (See also *Individuals With Disabilities Education Act*.)

Informed Consent

The process by which families acknowledge in writing that (1) they have been fully informed of all information related to an early intervention activity, (2) they agree to carry out the activity for which consent is sought, and (3) they understand that the granting of consent is voluntary.

Intake Meeting

Following a *referral*, the process of service coordinators contacting the family and scheduling an appointment to discuss the Early Intervention Program, including services and fees, family rights, and initial screening. The intake appointment gives families an opportunity to ask their service coordinator questions and share information about their child and family.

Least Restrictive Environment (LRE)

The educational setting that allows a child with disabilities to gain the most educational benefit while still participating in a regular educational environment to the greatest extent appropriate. LRE is a requirement of the Individuals With Disabilities Education Improvement Act of 2004 and usually applies to children 3 years of age and older.

Mediation

One option within the Illinois Early Intervention Program that parents can request when they have an individual child complaint regarding services and want to reach a consensus with another party. Mediation is voluntary and agreed to by the parties in dispute and is conducted by a qualified impartial mediator.

Natural Environments

Home and community settings in which children and families without disabilities would participate. The Individuals With Disabilities Education Improvement Act of 2004 Part C mandates that infants and toddlers with special needs be served in natural environments.

Outcomes

Statements of what family members want to see happen for their child and their family as a result of their participation in early intervention. Family and child outcomes can focus on any area of child development or family life that a family feels is related to its ability to enhance

the child's development. Outcomes often include a real-life context.

Parent Liaison

An individual who is the parent or guardian of a child with special needs and who has obtained a parent liaison credential may provide direct support services to families. These individuals also may provide consultation to team members and other service providers regarding family perspectives.

Priorities

Important components of a child's early intervention services identified by families and given specific attention by the early intervention team. Priorities are established by order of importance in a child's *Individualized Family Service Plan (IFSP)* (see above).

Referral

Any action that guides children and families to the local Child and Family Connections Office, which assists them in accessing available resources and/or information. Anyone who suspects that a young child has a developmental delay or is at risk for delay can make a referral by calling his or her local Child and Family Connections Office.

Resources

Persons, agencies, materials, or other supports available to families that can be used to support their ability to care for their child or benefit their child's early intervention services.

Service Coordination

The activities carried out by the service coordinator to enable an eligible child and the child's family to receive authorized services within the Illinois Early Intervention Program. These activities may include receiving referrals, ensuring procedural safeguards, protecting rights, documenting services, providing information about services and assisting in identifying goals.

Service Coordinator

A Child and Family Connections employee responsible for *service coordination* activities, including coordinating EI and non-EI services for families enrolled in the Illinois Early Intervention Program.

Service Provider

A professional contracted by the Illinois Early Intervention Program to provide services for children with or at risk for a *developmental delay*. Service providers are credentialed by the Illinois Department of Human Services. They can include but are not limited to occupational therapists, developmental therapists, physical therapists, and speech-language pathologists.

Transition

The organized process of helping children who have or are at risk for a developmental delay move between programs, including the Early Intervention Program. Examples of transitions include moving from the hospital to home or from Early Intervention Program services into a preschool program. The child's family and interdisciplinary team are responsible for developing a written transition plan that details the necessary steps for a smooth transition out of the Early Intervention Program.

Principles of Early Intervention

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

Source: Illinois Department of Human Services

APPENDIX C

Principles of Natural Environments

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Source: Workgroup on Principles and Practices in Natural Environments (March 2008).

Mission and Key Principles for Providing Early Intervention Services in Natural Environments

APPENDIX D

Sample Early Intervention Contact Note

Service provider: Mary Smith

Caregiver(s): Connie Jones

Child: Kisha Jones

Location codes: 12-Home; 16-Family Day Care; 03-Nursery School/Day Care Center; 11-Outpatient Service Facility/Service Provider Location; 62-Early Intervention Program; 99-Other Setting

Date (Minutes)	Code	Location Code	Start and End Time
3-17-16 (60)	T1027	12	8:30–9:30 a.m.

Caregiver report: Connie said Kisha is making progress and is watching her face, making brief eye contact, especially during feeding times, and seems interested in visually tracking her toys or watching her shake her keys.

We worked on the following outcomes with your child today

1. Making eye contact with adults when they softly touch child and/or sing to child.
2. Visually following objects in motion. We used bright toys to catch Kisha’s attention and moved them up and down and side to side as well as a toy that played music as it moved.
3. Spending time on her tummy and reaching for toy or trying to roll to toy.

General observations—Kisha was alert and seemed interested in her mother’s actions and the toys. She was not as fussy as last visit, and Connie seemed more confident in soothing her when she cried. Connie used diaper changing time to play peekaboo and catch and to maintain eye contact with Kisha. She rolled a ball back and forth to help Kisha track its movement on the floor.

Things to work on between visits

Encourage Mom to hold Kisha during bottle feeding and to respond to eye contact from Kisha by smiling, talking softly, or singing. Have Kisha on her tummy for 20 minutes during waking times 2–4 times a day to strengthen her torso and encourage rolling. Show Kisha bright items to reach for and watch and use objects (keys) that jingle or make noise to catch her visual attention.

Plan for next session: Continue to work on contingent mother child interaction.

Questions caregiver(s) have for next appointment

Connie asked about how much she should share about these sessions with her mother and sister, who sometimes take care of Kisha.

Next visit

March 24, 2016, 9 a.m.

APPENDIX E

Notes From Our IFSP Meeting

I attended our IFSP meeting on _____

Others who attended:

Names	Role on Team

Important things I learned about my child at the IFSP meeting: _____

Important outcomes we identified for my family and child: _____



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