Early Intervention Payee Compliance Review Tool

1. Introduction

Overview of Illinois Early Intervention

The Illinois Early Intervention system serves infants and toddlers from birth to 36 months who are experiencing or at risk of developmental delays or disabilities, as well as their families. In FY 2024, Illinois Early Intervention (EI) served 23,761 children and families. EI is a Federal entitlement program covering 16 core services, including speech, physical, occupational, developmental, and other therapies, plus service coordination. The goals of EI services are to enhance child development, build family capacity, and minimize future need for special education services.

Purpose of Compliance Review

To ensure compliance and improved outcomes for children and families' services, the Illinois Department of Early Childhood (IDEC), Early Intervention Program, has partnered with the Vander Weele Group's Early Intervention Technical Assistance and Monitoring (EITAM) program to support the supervision and oversight of the Illinois Early Intervention System (EIS). In Illinois, the EIS is comprised of 25 regional intake entities called Child and Family Connections (CFC) offices, and 2500 Credential Enrolled Early Intervention Providers that are authorized to provide evaluation and Individualized Family Services Plan (IFSP) services for eligible children and families.

Scope of Review

EITAM program monitors conduct compliance monitoring of the EIS system through desk and on-site reviews of payee program and client record documentation. EITAM monitors review documentation for evidence to support implementation of program requirements (see list below) and the provision of IFSP services. Through the compliance monitoring review, EITAM program monitors will determine compliance, provide technical assistance (TA), and monitor the required corrective action when applicable. Some circumstances may require child-level correction in addition to systemic correction. Prior to closing a review, and when corrective action is unable to be determined, monitors will provide additional targeted monitoring to identify areas of need and to provide additional support related to the compliance requirements.

- Administrative Code 89, Part 500
- Part C of *Individuals with Disabilities Education Act*
- Division for Early Childhood—Recommended Practices
- Illinois Early Intervention Provider Handbook
- Illinois Early Intervention Child and Family Connections Manual
- Early Intervention Provider Agreement
- Early Intervention Central Billing Office—Billing Information for Providers

Notes on Methodology

Compliance reviews are conducted on a cyclical schedule based on the number of active payees in the previous fiscal year. The number of files selected for review is a based sample percentage of the payees' total caseload for that same fiscal year. When a payee has been selected for review, EITAM program monitors review that payee's submitted documentation using the EITAM Compliance Monitoring tool, which contains Federal and local state requirements. Upon completion, EITAM monitors generate a monitoring report that reflects compliance findings with each citation standard listed in the EITAM tool (https://www.earlyinterventionmonitoring.org/uploads/4/1/7/5/4175813/2025_payee_compliance_tool.pdf).). The findings are indicated as full compliance or non-compliant. For each non-compliant finding, the detailed report will provide specific documentation for each identified instance.

2. Non-Compliance and Correction

Overview

The Illinois Early Intervention System is required to demonstrate child-level and systemic correction for all non-compliant findings identified in this monitoring review. Child-level correction is limited to system timelines and will not always apply; therefore, a systemic Corrective Action Plan (CAP) is required. Once EITAM monitors receive the CAP, they will review it within 15 days to determine if there is adequate documentation to support correction and compliance. Based on the extent of the non-compliance, additional verification of correction may be required.

Type of Required Correction

- **Technical Assistance**

  When partial compliance is identified, technical support (TA) may be the required correction. In this instance, the payee receives a review of the required standard and the supporting resource documentation. The payee is expected to ensure full compliance with the applicable standard within 30 days of receiving this report.

- **Refunds**

  When non-compliance is identified for a citation standard that is related to inappropriate service or billing on behalf of a specific child, a refund will be required. Identified refund(s) will serve as the child-level and fiscal-level correction; however, this non-compliance may also require systemic correction (see below).

- **Corrective Action Plan**

  When there are findings of non-compliance that indicate a Corrective Action Plan (CAP) is due, the payee must complete a CAP within 30 days of notice. Payees must individually address each area of non-compliance identified in the summary of non-compliance.

#	Status	Compliance Standard	Compliance Requirement	Evidence	Response
Administrative Review					
1	Compliant/ Noncompliant	**Illinois Department of Human Services Payee Agreement for Authorization to Provide Early Intervention Services**: EI Providers must have access to the internet and monitor the Provider Connections' website on a weekly-basis at a minimum.	Service Provider/Provider Agency monitors the Early Intervention website for changes to existing policy, for new policy and for changes to claim forms, etc.	N/A	N/A
2	Compliant/ Noncompliant	**Provider Handbook 2.5:** Consistent Violations or Performance of Non-Compliance If an EI provider continues to violate specific policies and procedures and shows no signs of correcting the identified non-compliance items, payments may be held and/or inactivation of credential/enrollment may occur.	There is evidence that the Service Provider/Provider Agency has implemented the previous year's Action Plan.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required

#	Status	Compliance Standard	Compliance Requirement	Evidence	Response
3	Compliant/ Noncompliant	**Provider Handbook 3.8:** The EI Payee is required to maintain liability insurance sufficient to cover any potential liability such as loss, damage, cost or expenses, including attorney's fees, arising from any act or negligence of the EI Payee or its' enrolled EI providers. Proof of this insurance is a requirement during EI Monitoring Reviews.	Service Provider/Provider Agency maintained liability insurance for the entire Fiscal Year being reviewed.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
4	Compliant/ Noncompliant	**Provider Handbook 2.5:** An EI Payee must develop and implement written privacy policies and procedures that are consistent with HIPAA Privacy Rules. Contents should include: Collection, storage, disclosure, and destruction stages. The Privacy Officer who is responsible for the development, implementation, and oversight of the policies and procedures pertaining to HIPAA (164.530). HIPPA complaint process. (160.306 and 164.530). Access to Protected Health Information (PHI) (164.524). Minimum necessary requirements for using, disclosing, or requesting PHI (164.502). Accounting of disclosures of PHI (164.528). Telehealth/LVV requirements and notice.	Service Provider/Provider Agency has Privacy Policies and Procedures that are consistent with the Privacy Rule, and Administrative Directives.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
5	Compliant/ Noncompliant	**Provider Handbook 2.5:** An EI Payee must also provide a notice of its privacy practices, separate from HIPAA Compliance Documents listed above, to all families receiving EI services at the initiation of services, for example, initial evaluation/assessment or the start of direct services.	Service Provider has a Privacy Practices Notice that is consistent with the Privacy Rule, Notice of Privacy Practices Document.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required

#	Status	Compliance Standard	Compliance Requirement	Evidence	Response
6	Compliant/ Noncompliant	**Provider Handbook 2.5:** All documentation should have been completed at the required time (evaluation, IFSP, transition, etc.) and must be in the file at the time of the review. EI Monitoring staff will not accept any documentation after the fact.	All documentation for the early intervention monitoring review was received via secure submission by the assigned EI monitor in a timely manner (agreed upon due date)	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required

#	Status	Compliance Standard	Compliance Requirement	Evidence	Response
Case File Review					
1	Compliant/ Noncompliant	**Provider Handbook 3.10.6:** Measured by IDHS-approved diagnostic evaluation and assessment instruments (as listed in the Early Intervention Approved Evaluation and Assessment Instruments) and standard procedures.	The Service Provider/Provider Agency has documentation to support the use of authorized assessments using a department-approved test instrument.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
2	Compliant/ Noncompliant	**Provider Handbook 3.10.6:** A minimum of two or more separate disciplines are required to complete Initial Evaluations/Assessments to determine eligibility and they shall be completed by EI Credentialed/enrolled Evaluators only.	Initial evaluation to determine eligibility, or the need to add a new service, were completed by a credentialed/enrolled evaluator.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
3	Compliant/ Noncompliant	**Provider Handbook – Attachment 3:** Upon completion of either an Evaluation/Assessment or an Assessment, a written report of findings is required and must be submitted using the Illinois Early Intervention Evaluation/Assessment Report format to the Child and Family Connections office.	All evaluations and assessment reports were completed using the required report format, and the report in the file represents the format.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
4	Compliant/ Noncompliant	**Provider Handbook 2.5**: The EI Provider must document time spent on all evaluation activities.	Evaluations/assessments are documented with the date, time in and out for assessing the child, the additional time spent on other evaluation activities, and the provider's signature. The file also contains a copy of the report.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
5	Compliant/ Noncompliant	**Provider Handbook 3.11:** All Evaluation/Assessment services must be performed within 14 calendar days from the date the request for an Evaluation/Assessment is received by the provider. The authorization start date will serve as the request for the Evaluation/Assessment and should reflect the date that the service will be provided.	There is documentation that the Service Provider/Provider Agency submitted all evaluation/assessment reports to the Service Coordinator within 14 days of the start date of the authorization or the exceptional circumstance. If the service is performed on days 12 to 14 of the authorization, the written evaluation/assessment report is due to the Service Coordinator no later than 4 business days from the date that the Evaluation/Assessment was completed (actual service date).	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required

#	Status	Compliance Standard	Compliance Requirement	Evidence	Response
6	Compliant/ Noncompliant	**Provider Handbook 2.5:** A physician's prescription must be obtained prior to direct service provision or AT for all licensed providers, including DT-V, & DT-H services. Once the prescription is obtained, the Service Coordinator should submit a copy to the appropriate EI provider. NOTE: A Developmental Therapist (DT) does not require a prescription for direct service.	The file contains documentation of the initial and continued physician authorization for all licensed direct service providers for the time period being reviewed.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
7	Compliant/ Noncompliant	**Provider Handbook 3.11:** The provider should obtain a copy of the IFSP (annual and when changes occur) within 15 days of the IFSP meeting. **Provider Handbook Ch 23:** Additionally, ALL EI providers should also keep the following: 1. Copies of all authorizations under which you have billed for services. 2. A copy of the child's current IFSP.	There is documentation that the service provider/provider agency has the complete IFSP and authorizations for the time period being reviewed. *If more than one IFSP applies within the scope of the FY, the complete annual IFSP should be on file; updated outcome pages will support 6m IFSP updates.; Exceptions: ineligible children, or children receiving translation only.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
8	Compliant/ Noncompliant	**Provider Handbook Ch 23:** There is documentation to support families receiving interpretation and/or translation services in their native language including, at minimum: child's name; date of service; discipline, and rendering EI Provider name for which you have interpreted services; exact time in/exact time out; interpretation type: verbal, sign, or written translation; translation document type (example: IFSP); copy of the document to translate and copy of the final translated document, and printed name and signature of Interpreter/Translator.	There is documentation to support families receiving interpretation and/or translation services in their native language including, at minimum: child's name; date of service; discipline and rendering EI Provider name for which you have interpreted services; exact time in/exact time out; interpretation type: verbal, sign, or written translation; translation document type (example: IFSP); copy of the document to translate and copy of the final translated document, and printed name and signature of Interpreter/Translator.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
9	Compliant/ Noncompliant	**Provider Handbook 2.5:** Monitoring staff will compare billing information from the CBO to the authorizations on file to ensure services are being provided according to the frequency, intensity and duration/minutes listed in the authorization.	There is evidence that services are provided as indicated in the IFSP and authorization in the rendering provider's name, frequency, intensity, and duration.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required

#	Status	Compliance Standard	Compliance Requirement	Evidence	Response
10	Compliant/ Noncompliant	**Provider Handbook 2.5:** Documentation of the direct service provided must include at a minimum: date, time in, time out, location, who was present, EI provider signature and a complete overview (brief comprehensive account) for each date, each direct service provided (each procedure code). A checklist or pages from an appointment book are not considered documentation or a complete overview of the services provided.	There is evidence that the service provider or agency has documentation to support services billed	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
11	Compliant/ Noncompliant	**Provider Handbook 2.5:** Documentation of the direct service provided must include at a minimum: date, time in, time out, location, who was present, EI provider signature and a complete overview (brief comprehensive account) for each date, each direct service provided (each procedure code). IFSP development time documentation must include date, type of IFSP development activity, duration, and the provider's signature.	There is evidence that the following information is included to support services rendered: child's full name, date of service, time in, time out, location, modality (if LVV, the platform used), all persons present, EI provider's name, provider's signature, and a concise, complete, objective account of service, and for each direct service provided. There is evidence that the following information is included to support IFSP development time: date, type of IFSP development time activity, duration, and the provider's signature.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
12	Compliant/ Noncompliant	**Provider Handbook, Attachment 4:** A periodic review of each child's IFSP must occur every six months or more frequently if conditions warrant, or if the family requests such a review, to determine if adjustment of the IFSP is needed.	There is evidence that the service provider/agency provides direct service reports, in the required format, in the required format, to the Service Coordinator at least every six months and prior to each IFSP update/review or more often if the child's progress or lack thereof warrants.	(Description of the non-compliance)	Technical Assistance and/or Action Plan (AP) Required

13	Compliant/ Noncompliant	**Provider Handbook 5.5:** In order to ensure that teams are in compliance with federal legislation, are addressing the "Principles of Early Intervention" and other important policies, rules, regulations and guidelines required, EI Providers must submit a written Developmental Justification of Need and the EI Provider Developmental Justification to Change Frequency, Intensity and/or Location of Authorized Services Worksheet to the Service Coordinator for any requested changes to existing authorizations for the time period between annual IFSP meetings. **Provider Agreement #14:** Notify the child's Service Coordinator of any recommended changes in the delivery of services prior to implementation of changes, to ensure that modifications to an existing IFSP are made through the appropriate DHS procedure.	Prior to implementing any changes to services listed on the IFSP, the Service Provider developed and submitted a written Developmental Justification of Need to the service coordinator.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required

#	Status	Compliance Standard	Compliance Requirement	Evidence	Response
14	Compliant/ Noncompliant	**Provider Agreement #14:** Not terminate services for an eligible child without written notification to the child's service coordinator and family at least thirty (30) calendar days prior to the anticipated date of service termination.	Service Provider/Provider Agency provided written notice to child's service coordinator and the family at least 30 days prior to anticipated date of service termination.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
15	Compliant/ Noncompliant	**Provider Handbook 3.11:** To ensure the continuous needs of the children in the EI Program are properly addressed, all EI Providers are required to submit a Discharge Report (See Attachment 2) to the Service Coordinator following the requirements of the Discharge Report within 14days from the child's exit from the provider's care. The report must be written prior to the child's third birthday. A Discharge Report is needed for each child who: • exits the EI Program (whether by aging out, transferring to a different CFC and resulting in change of provider, or out of state), • no longer needs a particular service, or • changes providers.	There is evidence of a discharge report in the required format, if the child is no longer receiving services from the Service Provider/Provider Agency.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
16	Compliant/ Noncompliant	**Provider Handbook 3.3.2:** The Credentialed and Enrolled Supervisor must: a. evaluate/assess the child, develop the IFSP for intervention services required to accomplish IFSP outcomes, and submit the evaluation/assessment report prior to IFSP development, updates, and/or reviews; b. instruct the Credentialed Associate-Level provider about the EI services to be provided.	There is evidence that a Credentialed/Enrolled Provider maintains supervision documentation regarding implementation of IFSP services by any associate-level providers whom they supervise.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
17	Compliant/ Noncompliant	**Provider Handbook 3.3.2:** Conduct direct supervision during the Credentialed Associate-Level provider's sessions at a minimum of once per month for each child served.	There is documentation that the Credentialed/Enrolled Provider conducts supervision during client services a minimum of once every 30 calendar days for each child to whom an Associate Level Provider provides intervention services.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required

#	Status	Compliance Standard	Compliance Requirement	Evidence	Response
18	Compliant/ Noncompliant	**Provider Handbook 6.3:** The primary insurance EOB must accompany all claims submitted to the CBO for further reimbursement and for claims paid in full by the primary insurance.	There is evidence that the insurance EOB and a completed claim was submitted to CBO for all EI children, even if the entire claim was paid by private insurance.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
19	Compliant/ Noncompliant	**Early Intervention Central Billing Office – Billing Information for Providers:** Daily documentation is written and signed by the provider who actually provided the services and consists of a complete overview of the services provided for each procedure code and date of service billed.	Billing forms submitted by the Service Provider/Provider Agency to CBO indicate the specific individual who actually provided the services, or the associate who actually provided the services and their credentialed supervisor.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
20	Compliant/ Noncompliant	**Provider Handbook 5.7:** IFSP Development Activities must be completed by the credentialed, enrolled EI Provider: IFSP meeting attendance Attendance at the initial/annual IFSP meeting as a member of a child/family's service team to assist in the completion of a written document on the statewide IFSP form detailing individualized outcomes for the child and family, services as well as the determination of service modalities based upon the unique needs of the child and family, and transition strategies; A periodic review of each child's IFSP must occur every six months or more frequently if conditions warrant, or if the family requests such a review, to determine if adjustment of the IFSP is needed.	There is evidence that the provider attended and documented the IFSP meeting(s).	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required

21	Compliant/ Noncompliant	**Provider Handbook 7:** The Assistive Technology Letter of Developmental Necessity provides the information required for the consideration of prior approval by the Bureau of EI. The document includes information regarding the identified AT device requested, the justification of need and how the AT device will support IFSP functional outcomes. This information will assist the Bureau and any other potential payers (such as insurance) in determining if the AT request can be approved for payment.	There is evidence that an Assistive Technology Letter of Developmental Necessity is in the required format.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required
22	Compliant/ Noncompliant	**Provider Handbook 7:** The AT Vendor should also ensure that they have procedures in place for safe delivery of AT devices.	The Assistive Technology Vendor ensured the approved and correct device (S) was ordered and received by the family.	(Description of the non-compliance)	Technical Assistance and/or Corrective Action Plan (CAP) Required