

EARLY INTERVENTION PROGRAMS

Description/Scope

VCHCP does not generally cover early intervention programs for the treatment of actual or potential developmental delay because according to general plan exclusion language we do not cover "those related services, treatment, education, testing or training related to learning disability or developmental delays."

Please note that this exclusion will not apply to autism or autistic spectrum disorder between the dates of 7/1/12- 7/1/14. Beginning on that date, the Plan will provide coverage for behavioral health treatment for pervasive developmental disorder or autism. No benefits will be provided that exceed the essential health benefits that will be required under specified federal law. Coverage for the diagnosis, early intervention, and treatment of autism will apply to members of all ages within the Commercial Plans and Medi-Care Continuation of Benefits plans only. Such coverage shall not apply to members enrolled in Access to Infants or Mothers or Healthy Families Program members. Please note that this exception expires 7/1/14.

There are several states which mandate benefits for early intervention programs. The Plan follows all California requirements. Coverage of component services of the intervention programs such as speech therapy, physical therapy and occupational therapy will be extended when the child presents with an eligible condition.

Background/Overview

An early intervention program is coordinated multidisciplinary care that involves combinations of traditional therapies such as physical, occupational and/or speech therapy, psychological counseling for families, nursing care, and physical or social stimulation for children from infancy to three years of age who have developmental delays or have a high potential for developmental delay. The duration of therapy may last for months or years depending on the deficits of the child and the needs of the family. Clear documentation of the efficacy of these treatment programs remains to be determined.

According to the Education of the Handicapped Act Amendments, federal legislation requires that each child recognized as having a disability that interferes with learning from infancy to age 3 have a written plan of service, an IFSP, (Individual Family Service Plan). An IFSP includes specific early intervention services that the family and child will receive and a projection of their duration. The law requires each state to create its own definition of developmental delay as a basis for determining eligibility of services. Services are provided not only for children with developmental delays, but also for those with biological conditions that may predispose to a delay. Additionally, states may provide services to children who may be at risk of developing developmental delays

attributable to environmental factors. All states have established early intervention programs for children from birth to 3 years.

References

1. American Academy of Pediatrics, Committee on Children with Disabilities. The pediatrician's role in the development and implementation of Individual Education Plan (IEP) and/or an Individual Family Service Plan (IFSP). *Pediatrics*. 1999;104(1 Pt 1):124-127.
2. American Academy of Pediatrics, Committee on Children with Disabilities. The role of the pediatrician in prescribing therapy services for children with motor disabilities. *Pediatrics*. 1996;98(2 Pt 1):308-310.
3. American Academy of Pediatrics, Committee on Children with Disabilities. Pediatric services for infants and children with special health care needs *Pediatrics*. 1993;92(1):163-165.
4. Hollomon HA, Scott KG. Influence of birth weight on educational outcomes at age 9: The Miami site of the Infant Health and Development Program. *J Dev Behav Pediatr*. 1998;19(6):404-410.
5. Salokorpi T, Sajaniemi N, Rajantie I, et al. Neurodevelopment until the adjusted age of 2 years in extremely low birth weight infants after early intervention - A case control study. *Pediatr Rehab*. 1998;2(4):157-163.
6. McCormick MC, McCarton C, Brooks-Gunn J, et al. The Infant Health and Development Program: Interim summary. *J Dev Behav Pediatr*. 1998;19(5):359-370.
7. McCarton CM, Brooks-Gunn J, Wallace IF, et al. Results at age 8 of early intervention for low-birth-weight premature infants. The Infant Health and Development Program. *JAMA*. 1997;277(2):126-132.
8. Majnemer A. Benefits of early intervention for children with developmental disabilities. *Semin Pediatr Neurol*. 1998;5(1):62-69.
9. Feldman R, Eidelman AI. Intervention programs for premature infants. How do they affect development? *Clin Perinatol*. 1998;25(3):613-626, ix.
10. Wildin SR, Smith K, Anderson A, et al. Prediction of developmental patterns through 40 months from 6 and 12 month neurologic examinations in very low birth weight infants. *J Dev Behav Pediatr*. 1997;18(4):215-221.
11. Blitz RK, Wachtel RC, Blackmon L, Berenson-Howard J. Neurodevelopmental outcome of extremely low birth weight infants in Maryland. *Maryland Med J*. 1997;46(1):18-24.

12. McCarton CM, Wallace IF, Bennett FC. Early intervention for low birth weight premature infants: What can we achieve? *Ann Med.* 1996;28(3):221-225.
13. Weisglas-Kuperus N, Baerts W, Smrkovsky M, Sauer PJ. Effects of biological and social factors on the cognitive development of very low birth weight children. *Pediatrics.* 1993;92(5):658-665.
14. Allen MC. The high risk infant. *Pediatr Clin North Am.* 1993;40(3):479-490.
15. Dudley M, Gyler L, Blinkhorn S, Barnett B. Psychosocial interventions for very low birthweight infants: Their scope and efficacy. *Aust NZ J Psychiatry.* 1993;27(1):74-83.
16. Palmer FB, Shapiro BK, Wachtel RC, et al. The effects of physical therapy on cerebral palsy. A controlled trial in infants with spastic diplegia. *N Engl J Med.* 1988;318(13):803-808.
17. Shonkoff JP, Hauser-Cram P. Early intervention for disabled infants and their families: A quantitative analysis. *Pediatrics.* 1987;80(5):650-658.
18. Ramey CT, Yeates KO, Short EJ. The plasticity of intellectual development: Insights from preventive intervention. *Child Dev.* 1984;55(5):1913-1925.
19. Diggle T, McConachie HR, Randle VRL. Parent-mediated early intervention for young children with autism spectrum disorder. *Cochrane Database Syst Rev.* 2002;(2):CD003496.
20. Mitchell JT. Characteristics of successful early intervention programs. *Int J Emerg Ment Health.* 2004;6(4):175-184.
21. Blauw-Hospers CH, Hadders-Algra M. A systematic review of the effects of early intervention on motor development. *Dev Med Child Neurol.* 2005;47(6):421-432.
22. Hyde ML. Newborn hearing screening programs: Overview. *J Otolaryngol.* 2005;34 Suppl 2:S70-S78.
23. Yu JW, Buka SL, McCormick MC, et al. Behavioral problems and the effects of early intervention on eight-year-old children with learning disabilities. *Matern Child Health J.* 2006;10(4):329-338.
24. Gianni ML, Picciolini O, Ravasi M, et al. The effects of an early developmental mother-child intervention program on neurodevelopment outcome in very low birth weight infants: A pilot study. *Early Hum Dev.* 2006;82(10):691-695.
25. Keshavan MS, Amirsadri A. Early intervention in schizophrenia: Current and future perspectives. *Curr Psychiatry Rep.* 2007;9(4):325-328.

26. Neil AL, Christensen H. Australian school-based prevention and early intervention programs for anxiety and depression: A systematic review. *Med J Aust.* 2007;186(6):305-308.
27. Spittle AJ, Orton J, Doyle LW, Boyd R. Early developmental intervention programs post hospital discharge to prevent motor and cognitive impairments in preterm infants. *Cochrane Database Syst Rev.* 2007;(2):CD005495.
28. McConachie H, Diggle T. Parent implemented early intervention for young children with autism spectrum disorder: A systematic review. *J Eval Clin Pract.* 2007;13(1):120-129.
29. Neil AL, Christensen H. Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clin Psychol Rev.* 2009;29(3):208-215.
30. Calex AL, Christensen H. Systematic review of school-based prevention and early intervention programs for depression. *J Adolesc.* 2010;33(3):429-438.

Procedures

Prior authorization through a treatment authorization request (TAR) to VCHCP UR is required.

A. Attachments : None

B. History:

Reviewer/Author: Richard O. Ashby MD, QA Committee; Date: April 2001
Reviewed/No Changes: Sheldon Haas MD; Date: 01/28/08
Committee Review: UM: February 14, 2008; QAC: February 28, 2008
Reviewed/No Changes: Albert Reeves, MD; Date: 11/1/11
Committees: UM: November 10, 2011; QAC: November 22, 2011
Reviewed/No Changes: Albert Reeves, MD; Date: 5/1/12
Committees: UM: May 10, 2012; QAC: May 22, 2012
Reviewed/No Changes: Albert Reeves, MD; Date: 1/28/13
Committee Review: UM: February 14, 2013; QAC: February 26, 2013
Reviewed/No Changes: Catherine Sanders, MD
Committee Review: UM: February 13, 2014; QAC: February 25, 2014
Reviewed/No Updates: Catherine Sanders, MD
Committee Review: UM: February 12, 2015; QAC: February 24, 2015
Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD
Committee Review: UM: February 11, 2016; QAC: February 23, 2016
Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 9, 2017; QAC: February 28, 2017
Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD



VENTURA COUNTY
HEALTH CARE PLAN

Committee Review: UM: February 8, 2018; QAC: February 27, 2018
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 14, 2019; QAC: February 26, 2019
Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
Committee Review: UM: February 13, 2020; QAC: February 25, 2020

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review