Section (Primary Department)		SUBJECT (Document Title)			
Case Management	t e		Early St	art Program - Re	ferrals to - CA
Effective Date	Date of Last Re	eview	Date o	f Last Revision	Dept. Approval Date
12/01/1995	10/28/2024	10/28/2024		2024	10/28/2024
Department Approval/Signature:					
Policy applies to health	plans operating in the follow	wing State(s).	Applicable	products noted below	<u>w.</u>
<u>Products</u>	☐ Arkansas	☐ Iowa	[☐ Nevada	☐ Tennessee
Medicaid/CHIP	□ California	☐ Kentucky	, [☐ New Jersey	☐ Texas
☐ Medicare/SNP	☐ Colorado	☐ Louisian	a [☐ New York	☐ Virginia
☐ MMP/Duals	\square District of Columbia	☐ Marylan	d [\square New York (WNY)	\square Washington
	☐ Florida	☐ Minneso	ta [☐ North Carolina	☐ West Virginia
	\square Georgia	☐ Missouri	[☐ Ohio	☐ Wisconsin
	☐ Indiana	☐ Nebrask	a [☐ South Carolina	

POLICY:

Anthem Blue Cross (anthem) has processes and procedures to identify members who may be eligible to receive services from the Early Start Program and refer them to the local Early Start program. Anthem Medicaid (Anthem) ensures access to early intervention services (Early Start) in all contracted counties for infants and toddlers from birth to 36 months who:

- Have significant developmental delays in one or more of these areas:
 - Cognitive development
 - Physical and motor development, including vision and hearing
 - Emotional-social development
 - Adaptive development (for example, feeding difficulties)
- These members include those with a condition known to lead to developmental delay, those in whom a developmental delay is suspected, or whose early health history places them at risk for delay.

The Department of Developmental Services (DDS) is the lead agency responsible for operating the Early Start Program in collaboration with the California Department of Education. The program is operated through Regional centers and Local Education Agencies (LEAs). Eligible children must be referred to either the local regional center or LEA depending upon the child's condition. Anthem will collaborate with the local Regional Center or local Early Start program in determining the medically necessary diagnostic and preventive services and treatment plans for members.

Regional Centers and LEAs are designated as the local agencies to:

- Receive referrals
- Evaluate eligibility
- Conduct assessments for service needs
- Prepare an Individualized Family Service Plan (IFSP)
- Manage coordination of service delivery.

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Eligible children *over* 36 months of age who are in need of LEA services are to be referred to their local Regional Center or LEA provider as indicated by the child's condition *(refer to MMCD Letter 00-06)*.

Medically necessary LEA services that are normally available when school is in session, but are not available during the scheduled school breaks (i.e. summer break, year-round session breaks, holiday breaks) are provided by Anthem. Medical necessity criteria include, but are not limited to, Early and Periodic Screening, Diagnostic and Treatment standards and considerations that the effective treatment of a physical impairment may require continuation of specific therapies without interruption through the year. A student's IFSP or Individualized Education Plan (IEP) must be considered along with other information in determining the medical necessity of a particular service.

DEFINITIONS:

None

PROCEDURE:

I. Identification of Members

- A. The Primary Care Provider (PCP) and/or Specialist identify infants and toddlers who are at risk or suspected of having a developmental disability or delay through appropriate screening or assessment measures.
- B. The PCP and/or Specialist provide appropriate preventive services and primary care.
- C. Developmentally disabled members may also be identified from the following modalities:
 - i. Targeted Case Management Activities
 - ii. Case Management Screening Efforts
 - iii. Community Outreach Programs
 - iv. School Districts
 - v. Provider/Medical Facilities
 - vi. Self-Referrals
- vii. Developmentally Disabled Member Lists/Reports
- viii. Authorization Requests for Services Related to a Developmental Disability and/or Delay

II. Referrals

A. The PCP and/or Specialist must refer children who are identified as potentially requiring early intervention services to the appropriate agency for evaluation within two (2) working days of determining the need for developmental services:

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- i. Regional Centers: Responsible for all children with broad developmental delays and disabilities
- ii. LEAs: Responsible for children with visual, hearing, or severe orthopedic impairments or combinations thereof.
- B. Referrals to the Regional Center, LEA, or other agency locally designated to receive Early Start referrals may be provided either in writing or via telephone and may be received by parents, medical care providers, neighbors, family members, foster parents, and day care providers.
- C. The PCP and/or Specialist are responsible for providing medical information as requested. Such documentation should be sufficient to support the evidence or suspicion of a developmental disability or delay, and include, but not be limited to:
 - i. Specific physical findings
 - ii. Diagnostic and laboratory and radiological test results
 - iii. Developmental assessments including hearing and vision and recommendation for therapies/interventions.

III. PCP/Utilization Management/Case Management and Care Coordination

- A. The Initial Individual Family Service Plan (IFSP), including eligibility determination and assessments for services, must be completed by the Regional Center *within 45 days* from the receipt of the referral. Anthem requires the PCP and/or Specialist to cooperate and collaborate with the local Regional Center or LEA in the development of the IFSP.
- B. The PCP and/or Specialist is also responsible for providing and/or arranging for all medically necessary services such as diagnosis, specialty or subspecialty consultation, and therapy services necessary to correct or ameliorate the identified conditions, and participate in, and cooperate with, carrying out the recommendations for member care as per the developed IFSP .When the necessary specialist or sub specialist is not available within Anthem's network of providers, the provider will, in collaboration with the Anthem Utilization/Case Management Nurse, arrange for a referral to an appropriate out of network provider.
- C. For members who have both a California Children Services (CCS) eligible condition and a need for developmental intervention services from Early Start, the PCP and/or Specialist is responsible for referring the member to CCS. The Anthem Case Manager will assist with the referral to CCS in collaboration with the PCP and/or Specialist in accordance with policy CA_CAXX_004 "California Children's Services CM Referral to and Coordination of Care with County CCS Offices".
- D. When members have been referred for early intervention services, Anthem will provide case management and care coordination to the member, to ensure the provision of all medically necessary covered services identified in the IFSP developed by the Early Start program, with PCP participation. Additionally, Anthem is responsible for:

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- i. Coordinating services with the local Regional Centers to achieve optimum outcomes for members,
- ii. Authorization of all medically necessary services, including specialty care, diagnostic and treatment services, therapies, and durable medical equipment
- iii. Follow-up and coordination of treatment plan between PCP, specialists, and the Early Start Program,
- iv. Tracking members referred to the Regional Center, Early Start Program and/or LEA by entering referral information in the Medical Management system and ensuring a notification letter is sent to the PCP.

IV. Provider Training

- A. Providers who serve children under the age of 3 are trained to ensure that they are knowledgeable about:
 - i. Early Start eligibility criteria
 - ii. Responsibility for early identification and provision of appropriate services
 - iii. Referral processes to the Early Start Program
 - iv. Procedures for service coordination
- B. This education shall take place during Provider Training and/or through the Provider Operations Manual. If there are changes in community programs, the provider(s) shall be notified.

V. Working Relationship

- A. Anthem and the provider(s) collaborate with the Regional Centers and/or local Early Start Program to provide all necessary diagnostic, preventive and treatment services.
- B. Anthem coordinates problem resolution with the local Regional Center and the LEA. Unresolved questions and conflicts between Anthem and the Regional Center concerning Program eligibility, diagnostic testing, treatment plan, and associated benefits for the member's care are referred to the Anthem Department of Health Care Services (DHCS) Contract Manager.
- C. Memorandum of Understanding (MOU) with Local Regional Centers:
- D. Where in place, Anthem Utilization/Case Managers adhere to agreements stipulated in the Local Regional Centers' MOU. Unresolved questions and conflicts between Anthem and the Regional Center should also be addressed to:
 - i. Manager of DDS Prevention and Children's Services Branch
 Department of Developmental Services
 1600 Ninth Street, Room 360
 Sacramento, CA 95814
 (916) 654-2773.

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REFERENCES:

- California Government Code; Division 14. California Early Intervention Services Act
- California Medicaid Policy #CA_CAXX_004 "California Children's Services CM Referral to and Coordination of Care with County CCS Offices"
- DHCS Operational Readiness Contract, Exhibit A Attachment III SOW (Section 4.3.9 C and 4.3.17
- Medi-Cal Managed Care Division (MMCD) Policy Letter #00-006 dated December 11, 2000.
- Notification of Regional Center Referral Letter
- Provider Operations Manual, Effective 2023
- State of California Department of Developmental Services website for Early Intervention Services: https://dds.ca.gov/Birth36Months/Index.cfm.

RESPONSIBLE DEPARTMENTS:

Primary Department:

Case Management (CM)

Secondary Department(s):

None

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
10/28/24	Annual Review – no changes
06/17/24	 Off-Cycle Review Updated Policy section Removed UM as a secondary department
10/26/23	Annual Review—no changes
07/27/23	 Off-Cycle Review Updated Policy, Procedure, and References sections Updated content within policy to reflect contract language
11/10/22	 Annual Review Added Definitions section to match template

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Review Date	Changes
	Updated References and Responsible Departments sections
12/16/21	Annual ReviewUpdated References
11/11/20	Annual ReviewUpdated References
10/30/19	 Annual Review Updated References Update to New Template
11/06/18	Annual Review. No changes.
11/30/17	Annual ReviewUpdated References
12/30/16	Annual Review, no changes
01/08/16	Updated references
01/28/15	Annual ReviewRemoved Healthy Families
12/13/13	 Changed plan name from Anthem Blue Cross Medicaid to Anthem Medicaid (Anthem) throughout document for consistency purposes as per directive from Compliance. Updated References
12/04/12	 Changed reference from Anthem Blue Cross State Sponsored Business to Anthem Medicaid. Updated risk factors for referral to Early Start Program. Added verbiage for who may submit a request for referral to the Early Start Program Expanded acronyms Changed reference from Care Management to Medical Management Corrected grammar Updated references Added revision history to policy