



Infant & Toddler Connection of Virginia

Policy Pages

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Question: Are the “Other Services” listed on a child’s IFSP covered under Virginia’s early intervention insurance mandate?

Response: Language from the federal Part C regulations and from the Virginia Code state the following:

- According to the Virginia Code (38.2-3418.5 – Coverage for early intervention services), "early intervention services" means medically necessary speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age three who are certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services as eligible for services under Part H (C) of the Individuals with Disabilities Education Act. "Medically necessary early intervention services for the population certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services" shall mean those services designed to help an individual attain or retain the capability to function age-appropriately within his environment, and shall include services that enhance functional ability without effecting a cure.
- The Virginia Code further specifies that coverage for early intervention services is limited to a benefit of \$5,000 per insured or member per policy or calendar year.
- Federal regulations, under Part C of the Individuals with Disabilities Education Act (34 CFR 303.12(a)), define “early intervention services” as those supports and services that are (1) identified by the Individualized Family Service Plan (IFSP) team, including the parents; and (2) necessary and appropriate to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child’s development.
- Part C federal regulations also state that to the extent appropriate, the IFSP must include medical and other services that the child needs, but that are not required under Part C; and the funding sources to be used in paying for those services or the steps

that will be taken to secure those services through public or private sources.

As part of the IFSP process, outcomes are identified based on information gathered through the evaluation and assessment process, which includes conversations with the family (with the family’s consent) to identify current activity settings, potential child learning opportunities and areas where the family would like assistance, and on functional assessment centered around those activities. After outcomes have been identified, the IFSP team determines the early intervention supports and services necessary and appropriate to address the outcomes. These necessary and appropriate Part C supports and services are then documented on the child’s IFSP. The payment source(s) for each service is discussed AFTER the entitled Part C supports and services have been identified by the IFSP team. Medically necessary speech and language therapy, occupational therapy, physical therapy, and assistive technology services and devices identified as necessary to achieve the IFSP outcomes (i.e., entitled Part C services) on an individual child’s IFSP may be covered under Virginia’s early intervention insurance mandate.

Families may choose to supplement the frequency or type of services determined by the IFSP team to be necessary and appropriate under Part C with other services and/or providers that the IFSP team does not identify as necessary to meet the IFSP outcomes. These non-Part C services are listed by the IFSP team in Section VI of the IFSP - Other Services (services needed but not entitled under Part C). The Office of the Attorney General has clarified that whether or not a service listed under “Other Services” in an IFSP qualifies as a “medically necessary early intervention service” eligible for reimbursement under Virginia’s early intervention insurance mandate is a fact specific determination that is made by the insurer and that depends on the child’s clinical picture and the service being provided. If a local service provider believes that an insurance company has wrongfully denied a claim for a service under “Other Services” in an IFSP, the provider and the insured may be able to appeal the denial through the insurance company’s review process.