

New law requires the DHH to make available materials regarding velocardiofacial syndrome and 22q11.2 deletion syndrome to each early intervention services provider in this state.

New law authorizes each early intervention services provider to offer the materials to parents of a child who is known by the agency to have at least two of the following conditions:

- (1) Hypotonicity.
- (2) Communication delay.
- (3) Articulation disorder.
- (4) Resonance disorder.
- (5) Nasal regurgitation during feeding as an infant with no history of a cleft palate.
- (6) Recurrent ear infections as well as diagnosis of cardiac anomaly, feeding disorder, cleft palate, or submucosal cleft palate.
- (7) Fine motor or gross motor skills delay.

New law requires DHH to develop the materials using medically accurate, peer-reviewed literature.

New law requires the materials to include, at a minimum, all of the following:

- (1) An explanation of velocardiofacial syndrome and 22q11.2 deletion syndrome symptoms, diagnosis, and treatment options.
- (2) Information on relevant state agency and nonprofit resources, parent support groups, and available Medicaid waiver programs.
- (3) A recommendation for follow-up with a healthcare provider for evaluation of the underlying etiology and an explanation that the existence of any of the conditions listed in new law will not necessarily result in a diagnosis of velocardiofacial syndrome or 22q11.2 deletion syndrome.

New law authorizes DHH to adopt, in accordance with the APA, any rules and regulations necessary to implement new law.

New law authorizes DHH, in developing the materials required by new law, to utilize any available resources for the purposes of minimizing costs.

Effective Aug. 1, 2014.

(Adds R.S. 40:1300.381 and 1300.382)