



State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

September 24, 2007

CCS Information Notice No: 07-09

TO: All California Children Services (CCS) County Program Administrators, Medical Consultants, Independent County Chief/Supervising Therapists, Dependent County Lead Therapists, Medical Therapy Unit Staff, Children's Medical Services (CMS) Regional Office Administrators, Medical Consultants and Therapy Consultants.

SUBJECT: Replacement Page for 2003 Revised CCS Guidelines for Recommendation and Authorization for Rental or Purchase of Durable Medical Equipment-Rehabilitation (DME-R). (Replacement for Page 10).

The purpose of this CCS Information Notice and attachment is to replace page 10 of the DME-R Guidelines. The revised page (attachment) modifies Section 3, Self-Care Accessories.

CCS Numbered Letter 09-0703 established policy for authorization for rental or purchase of DME-R and the attached revised guidelines as an independent document that could be readily updated. Pages in the guidelines could be revised and inserted as DME-R items and codes were added, modified or deleted.

Please remove page 10 (Section 3, Self-Care Accessories) from your current guidelines and insert the revised version of page 10 attached to this information notice.

If you have any questions, please contact your regional office therapy consultant. Thank you for your assistance in this process.

Original Signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, MD, MPH, Chief
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Enclosure

Section 3 Self-Care Accessories: These low-cost/non-commercially available items (individual item must be under \$25) may be purchased in bulk by the CCS county program and distributed by MTU Staff. They are supply items that are for use by an individual child and become the property of the child when dispensed. Before dispensing, the family should be encouraged to try to obtain these items commercially. The child must be financially eligible to receive supply items in this section. Invoice as supplies on quarterly expenditure invoice for therapy program.

Equipment	Medical Necessity	Criteria	Related Factors
<p>Dressing: sock aids, reachers, elastic laces, dressing sticks, button hooks, etc.</p> <p>Feeding: universal cuffs, wrist supports, built-up handle utensils, dycem, scoop plates, adaptive utensils, rocker knives, cut-out cups, etc.</p> <p>Hygiene: reachers, etc.</p> <p>Grooming: grooming extenders, suction brushes, long handle brushes, adapted nail clippers, etc.</p> <p>Food Preparation: reachers, one-handed paring boards, dycem, adaptive cutting devices, adaptive peelers, etc.</p>	<p>Requires assistive device for full or partial independence in self-care skills.</p>	<p>Has demonstrated ability to functionally utilize device. Accessory augments limited physical function, e.g. range, strength, postural adaptation, and balance.</p>	