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Department of Health Care Services



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Index: Medical Therapy Program

To: All California Children's Services County Administrators, Medical Directors, Supervising Therapists, Medical Therapy Units, State Children's Medical Services Regional Office Administrators, Medical Directors and Therapy Consultants

Subject: Implementation of the Episodic Treatment Method (ETM) as an Alternative Therapy Provision Method (ATPM) in the Medical Therapy Program (MTP)

PURPOSE

The purpose of this numbered letter is to provide guidelines for the County California Children's Services (CCS) MTP regarding ETM as an additional/alternative approach of providing therapy services in the Medical Therapy Units (MTUs).

BACKGROUND

The CCS MTP provides medically necessary physical therapy (PT), occupational therapy (OT) and Medical Therapy Conference (MTC – multidisciplinary team medical case management) services for children from birth to 21 years of age with medically eligible conditions in Medical Therapy Units (MTUs) located on public school sites. The goal of these services is to maximize the child's rehabilitation potential and function in activities of daily living and mobility skills, thereby enhancing the quality of life for the child and the family.

Skilled intervention is defined as the provision of therapy services which requires the expertise and decision making ability of a trained therapist. This level of intervention is not necessary for practicing activities or maintenance of skills. Parents, caregivers and other non-professional personnel can be trained to follow through and implement most aspects of a therapy plan. The therapist is instrumental in determining the functional deficits and which activities will best address them. The traditional therapy provision method (TTPM) has accomplished this goal well in the past, and continues to provide advantages that can be utilized by the therapist to maximize a child's rehabilitation potential, especially in children undergoing steady change in mobility and activities of daily living (ADL) skill acquisition. Several counties have developed and begun to implement ETM, an approach that utilizes episodic treatment and intensive parent involvement. ETM began as an effort to better address the changing needs of the

children as they progress through developmental stages including school age, adolescence and early adulthood as well as increase the family's participation and familiarity with their child's rehabilitation program. This method is advantageous in providing therapy to children who exhibit "bursts" of mobility and ADL skill acquisition during various developmental stages.

TTPM

CCS MTPs currently utilize TTPM. It has been the standard for pediatric rehabilitation care of children with chronic motor/movement disabilities in the CCS Program and many other rehabilitation facilities in California for many years; it is the standard by which any new method should be measured. The MTC core team is comprised of a licensed PT and/or OT and physician specializing in the treatment of children with chronic disabilities who evaluates each child. The MTC and family develop a therapy plan that is approved by the physician with the goal of assisting the child in reaching his/her maximum functional level in the areas of mobility and ADLs. The therapy plan specifies current level of function, measurable goals and objectives, benefits of any previous therapy, frequency and duration of services and rehabilitation potential. Generally, younger children or those newly diagnosed and referred to the program, benefit from weekly therapy (1x week or more) to address their functional deficits. CCS policy (Numbered Letter 43-1194 and Chapter 4: The CCS Program for Children with Cerebral Palsy and other Physical Handicaps in the Public Schools) refers to this as active therapy. The child's rehabilitation potential and benefit from previous periods of therapy are reviewed every 6 to 12 months. Weekly therapy is provided until the child reaches a "plateau" with minimal or no further functional gains as a result of therapy provision. Once assessment indicates a plateau has been reached, the frequency of therapy services decreases to a monitoring level of service. Monitoring consists of regularly scheduled "check-up" visits with the therapist (at a frequency of no more than 2x per month) to review the home program, assess the child's current status, and to determine potential readiness for further weekly therapy services. In the traditional method, the therapist is the primary agent of change. Parents are encouraged to participate in treatment sessions and develop hands-on skills, but once the child begins school attendance, parent attendance and participation usually decline.

ETM

ETM is in part based on a model pioneered by the Cincinnati Children's Hospital and is a variation of the TTPM. The method utilizes episodic treatment, "short bursts" of weekly therapy during a portion of the year (with longer periods of monitoring) and intensive parent/caregiver involvement. The weekly therapy periods can be divided up throughout the year as best fits the needs of the child and the family. ETM requires the family/caregivers to be fully invested in the therapy plan and to attend and actively participate in therapy sessions under the guidance of the therapist serving as the "coach" or "instructor". The caregiver/family/child becomes the primary agent of change by actively establishing priorities, giving input into treatment sessions, and carrying out hands-on activities designed by the therapist to maintain and advance functional skills.

ETM also allows distribution of weekly therapy sessions over a longer period of the child's rehabilitation with CCS instead of concentrated therapy at the start of care. ETM has been used in varying degrees by several county MTPs. Preliminary data provided by those county programs indicate that children treated under this method do at least as well as children in counties utilizing the TTPM with high parent /caregiver satisfaction. There is not yet sufficient data to demonstrate that one method is more efficacious than the other. ETM has this at its core: the therapist is a "coach" who trains children and their families to become competent in implementation of the therapy plan. The ETM is flexible during periods of monitoring and allows the therapist to frequently re-evaluate and collaborate with the family to identify significant changes in the child's physical status or maturity that would enable a period of skill acquisition. In addition, the home program of activities is modified to meet those changes.

POLICY

Children who receive ETM are formally evaluated by the therapist and the team a minimum of once per year.

The following general guidelines shall be followed for all therapy provision methods:

- The therapist must have the flexibility to utilize any CCS-approved treatment method to best meet the individual needs of the child, including group treatment with peers.
- The county CCS program must recognize that the core mission of the MTP is to provide medically necessary therapy services that maximize a child's rehabilitation potential and function in activities of daily living and mobility skills that enhance the quality of life for the child and the family. This must be the foundation for all decisions being made regarding the frequency and duration of therapy treatments and the development of treatment plans.
- Any change from the traditional method must originate from the service sector of the MTP with its chief goal to improve patient service and outcome.

All therapy methods shall meet these legal requirements

- Programs must adhere to the requirements of the MTP, including but not limited to: Health & Safety Code Sections 123800-123995, California Government Code, Chapter 26.5 Sections 7570-7588, California Code of Regulations Title 22 Sections 41508-42801, Title 2 Sections 60300-60330, State Interagency Cooperative Agreement between California Department of Education and California Department of Health Care Services, and applicable CCS program policies and guidelines.
- Programs must be compliant with Outpatient Rehabilitation Center (OPRC) certification requirements.
- The CCS/MTP dispute resolution process (expert opinion) must be utilized, when necessary, regardless of which therapy method is being used.

All therapy methods shall comply with the following program policy

- No single therapy service provision method can be made mandatory for all participants in the MTP and exceptions must be allowed based on demonstrated need (medical necessity) and at the discretion of the therapist and MTC team.
- Professional judgment and decision making of the therapist and physician must be given precedence in the implementation of county policy for any medical therapy treatment method.
- Therapy evaluation reports must include parent concerns and participation as a standard section.
- The county must have a defined policy for parental involvement/requirements.
- The county must have a written plan, including training and orientation for families and providers, regarding the various treatment methods utilized in the MTP.

Programs shall collect and analyze data to assess the efficacy of all therapy methods

- Every county program shall keep detailed functional outcome data. The data shall be applicable for use for individual cases and statewide. The data shall include, but not be limited to:
 1. Identifying information (Name, Age, Diagnosis)
 2. Functional ability in areas of mobility (general mobility and transfers) and ADLs
 3. Objective scoring that allows standardized comparison of scores over time

Currently, the FISC (Functional Improvement Score) is the only statewide tool accepted by the majority of county CCS MTPs that would standardize the data gathered for reporting purposes and shall be utilized by all county CCS MTPs. Counties may continue to use other standardized functional tools to collect data for internal use.

- Counties shall distribute annual Client/Family Satisfaction Surveys. The survey content shall include, but not be limited to:
 1. CCS administration (Support and Procedures)
 2. Therapy provision/Quality of Care/Communication
 3. Scheduling/Accessibility of Staff
 4. Family/Patient self-perception (goal achievement)
 5. Family Centeredness/Inclusion in process
 6. Coordination/Communication with other involved agencies/institutions
- Outcome and survey data shall be compiled into an annual report that shall be provided to the State upon request. These reports will identify which therapy method is being utilized.
- Therapy plans must meet all data requirements for plans in NL 43-1194 and shall not exceed 1 year in duration.
- Children who receive services shall be evaluated, at least annually, using

standardized testing methods and outcome measures accepted by CCS.

The therapist and the managing physician must determine which service delivery method is the most appropriate for each child. At any time, the TTPM should be available for usage by the therapist when deemed medically necessary for the child to benefit from rehabilitation services.

The State may assess therapist views regarding aspects of an ATPM during program reviews or other administrative processes.

Implementation

County programs that want to implement an episodic method of therapy provision may do so without individual approval from the State if the guidelines in this numbered letter are followed, a CCS therapy consultant is informed of the transition, and the intent is to provide a better quality service to all CCS MTP clients. The decision to use one therapy method or a combination of methods should be made by the county CCS MTP.

If you have any questions regarding this policy, please contact Jeff Powers, PT Consultant at 916-327-3027.

Sincerely,

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Chief Medical Officer
Children's Medical Services