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Index: Medical Therapy Program

**TO:** All California Children's Services Program, Administrators, Medical Directors, Supervising Therapists, Medical Therapy Units, Therapy Consultants, and the Department of Health Care Services Staff

**SUBJECT:** Determination of Medical Eligibility for the Medical Therapy Program

## **I. PURPOSE**

The purpose of this numbered letter is to outline the process of and criteria for determining medical eligibility for the California Children's Services (CCS) Medical Therapy Program (MTP).

## **II. BACKGROUND**

The MTP provides medically necessary occupational therapy (OT), physical therapy (PT), and medical therapy conference (MTC) services for beneficiaries ages birth to 21 years. CCS MTP eligibility, as defined in Title 22 of the California Code of Regulations (CCR) section 41517.5,<sup>1</sup> must be determined prior to the initiation/provision of any MTP services. Two categories of beneficiaries are served in the MTP, per CCR section 41517.5:

A. Beneficiaries who have been diagnosed with:

1. Cerebral palsy (CP) as described in CCR §41517.3(a)(2)<sup>2</sup>
2. Specific neuromuscular condition
3. Chronic musculoskeletal conditions; or
4. Other neurological conditions with clinical findings as described in CCR §41517.3(a)(2).

B. Beneficiaries under the age of three years who present with neurological impairments that may be early signs and symptoms of CP who have not been

<sup>1</sup> [CCR, Section 41517.5, Medical Therapy Program](#)

<sup>2</sup> [CCR, Section 41517.3, Diseases of the Nervous System](#)



diagnosed with CP may be provisionally eligible up to the beneficiary's third birthday for the MTP as described in Title 22 of the CCR, section 41517.5(b).<sup>3</sup>

In addition to the physical findings that must be present for eligibility as outlined in Title 22 of the CCR, section 41517.5(b), the following may be beneficial in early detection and identification of infants and young children at high-risk for CP.<sup>4, 5, 6, 7</sup>

1. Clinical history, with findings indicating a risk for CP;
2. Neuroimaging, including cranial ultrasound and/or magnetic resonance imaging (MRI), with atypical results;
3. Standardized motor assessment, such as Prechtl's General Movements Assessment (GMA), with a suboptimal score for age;<sup>8</sup> and/or
4. Standardized neurological examination, such as the Hammersmith Infant Neurological Examination (HINE), with a suboptimal score for age and/or asymmetry score greater than 5.<sup>9, 10, 11</sup>

### III. POLICY

Medical eligibility for beneficiaries referred to the MTP is based on a review of medical records from a CCS-paneled physician (within the past 12 months) by the medical director/consultant or their designee. Physical findings consistent with the regulations must be present for the beneficiary to be medically eligible for the MTP, including those with named CP diagnosis or other condition associated with a physical disability.<sup>12, 13</sup>

The diagnosis of a syndrome, or common grouping of symptoms associated with a disease, alone does not meet criteria for MTP eligibility. A child with a single, time-

<sup>3</sup> [CCR, Section 41517.5, Medical Therapy Program](#)

<sup>4</sup> [2024 ICD-10 code-CM Diagnosis Code G80.9](#)

<sup>5</sup> [Novak et al. \(2017\). "Early, Accurate Diagnosis and Early Intervention in Cerebral Palsy." JAMA Pediatric. 2017;171\(9\):897-907.](#)

<sup>6</sup> ["Early Detection of Cerebral Palsy" Care Pathway. American Academy of Cerebral Palsy and Developmental Medicine](#)

<sup>7</sup> ["Early Diagnosis – Cerebral Palsy: Early Detection and Diagnosis. Recommendations from Best Available Evidence." CP Alliance](#)

<sup>8</sup> ["Prechtl's General Movements Assessment](#)

<sup>9</sup> ["Early Diagnosis – Cerebral Palsy: Early Detection and Diagnosis. Recommendations from Best Available Evidence." CP Alliance](#)

<sup>10</sup> ["Hammersmith Neonatal and Infant Neurological Examinations](#)

<sup>11</sup> ["Hay et al. \(2018\). Hammersmith Infant Neurological Examination Asymmetry Score Distinguishes Hemiplegic Cerebral Palsy from Typical Development](#)

<sup>12</sup> [CCR, Section 41517.5, Medical Therapy Program](#)

<sup>13</sup> [CCR, Section 41517.3, Diseases of the Nervous System](#)

limited orthopedic condition would NOT qualify for MTP (e.g. torticollis, talipes equinovarus, leg length discrepancy, hip dysplasia).

Regular review (annual or bi-annual) of physician reports demonstrating ongoing physical findings to support MTP eligibility is required for all MTP beneficiaries. If county CCS medical director (independent counties) or ISCD (dependent counties) determines beneficiary is no longer CCS MTP eligible based upon CCS-paneled physician medical records, the beneficiary's case will be closed to MTP at that time. A Notice of Action will be provided.

#### **IV. POLICY IMPLEMENTATION**

CCS MTP eligibility referrals shall be sent to the county CCS program. CCS MTP medical eligibility is determined by:

- A. County CCS medical director/consultant or their designee in CCS independent counties.
- B. Integrated Systems of Care Division medical consultant or their designee in dependent counties.

Pursuant to Title 22 of the CCR, section 41517.5, the medical director/consultant/designee reviews the beneficiary's medical records to make a determination regarding medical eligibility for MTP services based on documentation of at least one of the following conditions:

1. Cerebral Palsy, as specified in section 41517.3(a)(2): a motor disorder with onset in early childhood resulting from a non-progressive lesion in the brain manifested by the presence of one or more of the following:
  - a. Rigidity or spasticity;
  - b. Hypotonia, with normal or increased Deep Tendon Reflexes (DTRs), and exaggeration of or persistence of primitive reflexes beyond the normal age range;
  - c. Involuntary movements that are described as athetoid, choreoid, or dystonic;
  - d. Ataxia manifested by incoordination of voluntary movement, dysidiadochokinesia, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad-based gait;
2. Neuromuscular conditions that produce muscle weakness and atrophy, such as poliomyelitis, myasthenias, and muscular dystrophies.

3. Chronic musculoskeletal and connective tissue diseases or deformities such as osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputations, and contractures resulting from burns.
4. Other conditions manifesting the findings listed in section 41517.3(a), such as ataxias, degenerative neurological disease, or other intracranial processes.

CCS applicants under three years of age shall be eligible when two or more of the following neurological findings are present, per Title 22 of the CCR, section 41517.5(b):

1. Exaggerations of or persistence of primitive reflexes beyond the normal age (corrected for prematurity);
2. Increased DTRs that are 3+ or greater;
3. Abnormal posturing as characterized by the arms, legs, head, or trunk turned or twisted into an abnormal position;
4. Hypotonicity, with normal or increased DTRs in infants below one year of age. (Infants above one year of age must meet the criteria for hypotonicity under cerebral palsy in section 41517.3(a)(2);
5. Asymmetry of motor findings of trunk or extremities

In addition to an MTP referral, submitted medical records from CCS-paneled physician must include a thorough description of physical findings or anticipated physical findings in the case of a progressive disorder, consistent with a specific diagnosis and listing of specific current or expected functional limitations.

Note: Providing a diagnosis without documentation of physical findings is not adequate for the determination of eligibility for the MTP.

If medical records are not available or if the records reviewed do not contain sufficient information to make the eligibility determination, the medical director/consultant/designee will contact the referring physician/county program/facility to request further documentation from CCS-paneled physician. If, after discussion, additional documentation is still required to make the eligibility determination, CCS may authorize (or request in Whole Child Model counties or for private insurance beneficiaries) an evaluation by a CCS-paneled pediatric subspecialist (e.g. neurologist, physiatrist, orthopedist) for the purpose of documenting the presence or absence of neurological signs and symptoms indicating a CCS MTP-eligible condition at no cost to the family.

If a CCS General Program beneficiary's file has documentation of a CCS MTP-

eligible diagnosis(es), and has not been referred to the MTP, the beneficiary's case will be reviewed for MTP eligibility by county CCS program (independent counties) or ISCD (dependent counties).

Beneficiaries who were admitted to the MTP without a definitive MTP-eligible condition under the age of three pursuant to Title 22 of the CCR, section 41517.5(b), must be re-evaluated prior to the beneficiary's third birthday by the beneficiary's CCS managing physician (MTC physician or other CCS-paneled physician) to determine the beneficiary's continued medical eligibility based upon the criteria contained in Title 22 of the CCR, section 41517.5(a).

- A. If an eligible diagnosis is identified, the beneficiary's case will reflect the updated MTP-eligible diagnosis(es).
- B. If no MTP-eligible diagnosis is identified, the case will be closed for all MTP services no later than their third birthday by county CCS program (independent counties) or ISCD (dependent counties).
  - 1. The parent/legal guardian will be informed of the absence of a CCS MTP-eligible diagnosis and the closure of the beneficiary's case to MTP services. They will be notified of their right to appeal the decision by a Notice of Action (NOA).

Please contact [MTPCentral@dhcs.ca.gov](mailto:MTPCentral@dhcs.ca.gov) for any questions about this policy.

Sincerely,

**ORIGINAL SIGNED BY**

Cortney Maslyn, Chief  
Integrated Systems of Care Division  
Department of Health Care Services