REFERENCE GUIDE
for the
MEDICAL THERAPY CONFERENCE

Roles and Functions of the Medical Therapy Conference

CHILDREN'S MEDICAL SERVICES
CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Medical Therapy Program

Regional Training
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PREFACE

The goal of the Medical Therapy Program (MTP) is to assist each eligible child to obtain his/her maximum physical potential through the provision of medical and therapy services. Fundamental to the provision of services for children with physical handicapping conditions is the concept that the nature of the disability, with its effect on physical growth, personality development, and the learning process, requires the combined professional services of physician, occupational therapy, physical therapy, educational, nursing, nutrition, and social work disciplines. It is the function of the Medical Therapy Conference (MTC) to bring together the expertise of this multi-disciplinary team in order to bring maximum benefit to the child and his family. The Medical Therapy Conference is the mechanism by which the following occurs:

- The coordination of medical therapy and educational services through a comprehensive team approach within the public school system.
- A comprehensive service with other community resources through referral and consultation.
- Medical direction to the CCS therapists, who are serving children with chronic orthopedic or neuromuscular handicaps.
- Coordination of CCS Occupational Therapy and Physical Therapy services based on the child's needs which have been determined by evaluation and treatment plans.
- Recommendations for medical management of the child's physical disability through continuous evaluation and treatment, including surgery, bracing, and equipment needs.

PURPOSE OF THIS REFERENCE GUIDE

All MTCs should demonstrate consistency in the application and implementation of CCS policies and procedures to assure that each child participating in the MTC has equal access to expert medical examination, referral to specialist(s), appropriate medical and therapy treatment services, and a care plan that represents the unique needs of the child and family as the result of participating in periodic multidisciplinary team conferences.

USE OF THIS REFERENCE GUIDE

This guide represents the minimum operational standards for MTC services that are to be implemented throughout the state. Each county shall develop an organized plan to assure that the quality and standard of care in each MTC is maintained.

Each county shall:

- Develop in writing an operational plan that reflects these standards.
- Evaluate the operational plan annually.
- Monitor the performance of the MTCs regularly.
- Modify, as needed, the operational plan according to the unique needs of the county, the MTP staff, local providers, and community resources.
- Develop and implement quality assurance activities that demonstrate the provision of family centered, culturally competent, and comprehensive services at each MTC.

Roles of the

Medical Therapy

Conference Team Members

ROLE OF THE PHYSICIAN IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

The physician is the team leader and makes the final determination of the child's Medical Therapy Conference (MTC) plan of care. Specific responsibilities include review of the child's medical and therapy history, confirmation of Medical Therapy Program (MTP) eligible condition through examination and documentation of clinical findings, development of prescriptions, identification of need for specialty referrals, and communication with care providers. The physician is the key MTC resource for medical information to be provided to the family and other team members. In addition, the physician provides dispute resolution and oversight of the prescriptions from private physicians. The physician's goal is to assure that the Medical Therapy Plan provides the child with appropriate medical intervention to allow the child the opportunity to reach maximum physical function.

BEFORE THE MTC

- Confirm date and time with the county for the MTC.
- Review materials or patient records which need attention prior to meeting with the MTC team.

DURING THE MTC

- Review all concerns (family, child, therapists, nurse, nutritionist, social worker, school, and input from appropriate agencies).
- Review the child's medical status, medication, therapy activity (including attendance), and functional status.
- Examine the patient.
- Discuss with the team the child's medical status, the effect of the MTP eligible condition on the child's functional level, the child's rehabilitation potential, and the proposed therapy plan.
- Answer questions from and discuss proposed plan with the family and other team members.
- Document findings, discussion with family and other team members
- Determine the overall MTP plan of care.
- Identify need for referral to other appropriate medical providers, such as county mental health plan, social worker, nutritionist, audiologist, or physician specialists.
- Review the proposed therapy plan, make necessary modification, and sign the approved therapy plan.
- Identify follow up recommendations (chart review, x-ray review, brace check, etc.) including return date to MTC.

AFTER THE MTC

- Be available to MTP staff for consultation by phone to provide clarification of specific child related therapy concerns.
- Provide communication with other medical specialists when necessary.
- Sign each child's MTC team report (team findings, medical evaluation, and recommendations).

ROLE OF THE UNIT SUPERVISOR IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

The primary role of the Unit Supervisor is to assure that the Medical Therapy Conference (MTC) operates efficiently and effectively. It is the Unit Supervisor's responsibility to assure that all questions and concerns are addressed. The Unit Supervisor confirms that the family has left the. appointment with an understanding of the team's discussion and the recommendations made by the conference physician. In order to assure that the MTC runs smoothly, some of the functions may be delegated to other staff. However, the Unit Supervisor must oversee all aspects of the conference. The Unit Supervisor is responsible to see that all follow-up from the MTC is carried out.

When there is no Unit Supervisor, a staff therapist may be required to act as a lead therapist and perform, during the MTC, some of the responsibilities outlined below. It is the county's responsibility to assure that there is adequate staff for the coordination and functions of the MTC.

BEFORE THE MTC

- Schedule the frequency of the MTCs and the length of time of individual appointments, keeping in mind the needs of the family and availability of the physician.
- Assure that the treating therapist, whether it is a staff therapist or a therapist authorized "in lieu of MTU" services, is informed of the appointment and submits a current therapy report including the child's treatment plan, current functional level, response to previous treatment, and recommendations.
- When necessary, assign staff therapist of the appropriate discipline to present therapy findings of therapist authorized "in lieu of MTU" services.
- Assign an OT and a PT to the MTC as specialty consultants for those children who are followed only in the MTC for the management of the Medical Therapy Program eligible condition.
- Assure that the child's Local Education Agency (LEA) is notified, with parent's consent, of the MTC appointment.
- Determine if the recommendations from the last MTC have been completed; identify reason for any recommendation(s) not completed.

DURING THE MTC

- Assure the MTC is conducted in a professional manner and runs on schedule.
- Assure the privacy and confidentiality of the child and family.
- Assure that the parent is a full participant in the MTC.
- Assure that the family's goals/priorities have been identified and discussed with the MTC team when developing the treatment plan.
- Assure that all appropriate MTC consultants, therapist(s), and related agency representatives are given the opportunity to participate in the team conference.
- Identify when the family has chosen to receive therapy services from a private provider, which has not been prescribed by the MTC physician as medically necessary to treat the MTP eligible condition.
- Act as a resource for clarification of CCS benefits (orthoses, DME, and other services) and MTP policies.
- Assure those items identified during the MTC, which are not CCS benefits, are discussed with the family. In these instances, the family may be referred to other resources.
- Review all documentation generated by the MTC for completeness and accuracy: e.g., the CCS Approved Therapy Plan(s), prescription(s) for medically necessary orthoses and durable medical equipment.
- Facilitate the parent's understanding of the recommendations made by the MTC physician.
- Review with the parent the right to appeal when there is disagreement with the CCS Approved Therapy Plan.

AFTER THE MTC

- Maintain a system for tracking the frequency of MTC to meet the needs of the MTU caseload.
- Maintain a system for tracking individual appointments for the children medically managed by the MTC.
- Assure that all requests for authorization for DME, orthoses, therapy "in lieu of MTU", and referral for other medical services are initiated by designated CCS personnel.
- Relay unresolved problems to the CCS administrative office for assistance.
- Assure that a copy of the CCS Approved Therapy Plan(s), with parent consent, is sent to the child's Individual Education Plan (IEP)/Individual Family Service Plan (IFSP) team.
- Assure the provision of the prescribed CCS Approved Therapy Plan(s) by assigning a MTU staff therapist. When therapy services cannot be provided at the MTU or therapy satellite, alternative therapy providers are to be identified and services "in lieu of MTU" are to be authorized by the CCS program.

ROLE OF THE CCS STAFF THERAPIST IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

The primary role of the CCS staff occupational therapist (OT) and staff physical therapist (PT) is to communicate the child's current treatment program, functional status, benefits of previous therapy services and current therapy and equipment needs. The treating or evaluating therapist(s) must be present and participating with the physician in the examination and development of the recommended plan of care. The therapist should assist the family to express their concerns or questions to any member of the team.

When there is no Unit Supervisor, a staff therapist may be required to act as a lead therapist and perform, during the MTC, some of the responsibilities outlined under the Role of the Unit Supervisor. It is the county's responsibility to assure that there is adequate staff for the coordination and functions of the MTC.

BEFORE THE MTC

- Complete an evaluation of the child that identifies any concerns of the parent/caregiver.
- Identify the child's need for durable medical equipment and possible need for orthoses.
- Prepare a separate therapy summary and proposed CCS Therapy Plan for each discipline.
- Review the therapy summary and proposed CCS Therapy Plan with the parent/caregiver.
- Determine the parent/caregiver's agreement or disagreement with the proposed Therapy Plan.

DURING THE MTC

- Discuss the child's current functional status, response to treatment, and treatment plan, including the proposed goals, with the MTC physician and parent/caregiver.
- Discuss concerns and respond to questions that arise regarding the proposed CCS Therapy Plan and recommendations for durable medical equipment, splinting, orthoses, casting, spasticity management, and post operative therapy needs.
- Assist family in actively participating as part of the MTC team.
- Be available to the MTC as specialty consultants for those children who are followed only in the MTC for the management of the Medical Therapy Program eligible condition.

AFTER THE MTC

- Will follow-up, as directed by the Unit Supervisor, with the recommendations made by MTC physician for therapy services, durable medical equipment, splinting, orthoses, casting, spasticity management, and surgery.
- Will, in the absence of a Unit Supervisor, assure the family's understanding of the MTC recommendations.

ROLE OF THE FAMILY
IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

The most important role of the family is to be a partner with the Medical Therapy Program (MTP) staff. In the MTP, partners are defined as two or more persons working together toward a common goal(s). Each member· of the Medical Therapy Conference (MTC) team, including the family, bring individual strengths and knowledge together to accomplish this goal(s). The county CCS program staff has a responsibility to inform the family of its expected role when participating in the MTC.

BEFORE THE MTC

- Keep scheduled appointments or notify the Medical Therapy Unit (MTU) when it is necessary to cancel.
- Prepare a list of current medication that the child is taking.
- Have knowledge of current immunizations, regular well child and dental care visits, and providers.
- Identify family goals and priorities for the child.
- Prepare a list of concerns or questions to be discussed at the MTC.
- Meet with treating or evaluating therapist(s) to review the therapy summary and proposed therapy plan.
- Complete recommendations from previous MTC or identify need for assistance for completion.

DURING THE MTC

- Inform the MTC physician of other services that the child is receiving, including primary care.
- Inform the MTC team of any personal, cultural, or religious beliefs that will affect the recommended treatment plan.
- Ask questions if the discussion during the MTC is unclear or if additional information is needed.
- Take notes to record important information.
- Express concerns about thec child to the MTC team.
- Identify positive gains the child has made to the MTC team.
- Be open about the ability to participate in the recommended treatment plan.
- Participate in the development of the treatment plan, based on identification of needs, concerns and priorities, ongoing evaluation, and progress.
- Identify the need for assistance to access the services identified in the recommended treatment plan.
- Express agreement/disagreement with the CCS approved Therapy Plan.

AFTER THE MTC

- Provide appropriate follow through on MTC recommendations including home exercise program.
- Select and identify preferred provider(s) for CCS authorization of recommended services.
- Serve as the child's care coordinator for MTP services. This role may be shared with the MTP staff, in part or fully, as requested by the family.
- Discuss with primary care physician the recommendations of the MTC physician.
- Recognize that problems can arise and that solutions are not always in the control of the MTC team.

ROLE OF THE ORTHOTIST
IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

The role of the orthotist on the Medical Therapy Conference (MTC) team is to be a "Specialty Consultant" for the management of a child's orthotic needs. The orthotist must be a CCS paneled provider. This specialty consultant is selected, in consultation with the specific conference physician, and paid by the local CCS Program to provide expert pediatric consultation based on his/her demonstrated knowledge and experience with pediatric orthotics and prior consultative experience. The consulting orthotist to the MTC is not to be seen as the sole source of referral for orthotic services.

Each Medical Therapy Unit (MTU) is to have a list of local CCS paneled orthotists from which parents/care providers may select a provider to measure, fabricate, fit, or modify the recommended orthotic device(s). This list can also include the consulting orthotist to the MTC. It is the family's responsibility to identify a CCS paneled provider, if CCS is authorizing the service.

BEFORE THE MTC

- Review the list of children scheduled for the MTC and consult with therapy staff when requested.
- Bring status reports or orthoses that have been fabricated/modified by the orthotist for review by the MTC team.

DURING THE MTC

- Be an active participant in the MTC for children with orthotic needs.
- Discuss the status of the child's current orthoses with the family and MTC team.
- Respond to questions/concerns about orthoses which may arise during the MTC.
- Make an effort to take measurements, make orthotic adjustments, and fit new orthoses at the time of the MTU for the convenience of the family.
- Suggest specific wording to be included in the prescription.

AFTER THE MTC

- Submit a Request for Service to the county CCS administrative office or designated MTU staff for those children for whom the orthoses will be fabricated by the consulting MTC orthotist. The specifications and cost estimate for the orthoses must be attached before the service can be authorized.
- Fabricate or modify the orthoses upon receipt of a CCS authorization.
- Fit the orthoses and instruct the family and therapy staff in its use.

ROLE OF THE NURSE
IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

The role of the nurse on the Medical Therapy Conference (MTC) team is to enhance the community coordination of care for the child. It is the nurse's responsibility to represent the CCS administrative office. The nurse assures that appropriate resources are identified, maintenance and transportation needs are addressed, and follow-up CCS authorizations for medical services occur.

The following activities are recommended as nursing functions in support of the MTC in counties with Medical Therapy Units (MTUs).

BEFORE THE MTC

- Review the CCS medical charts.
- Determine what current information needs to be obtained from the family.
- Prepare a list of possible community referrals.
- Check on status of referrals from the previous MTC and obtain reports.
- Determine if the child went to an appointment and document the reason if the appointment was not kept.
- Review with Medical Therapy Unit (MTU) staff, a child and family who are consistently missing appointments and/or there are issues with compliance with the care plan.
- Identify special needs of the family to discuss in the MTC.
- In collaboration with MTU staff identify need for translation services.
- In collaboration with MTU staff identify transportation issues and coordinate CCS approval of transportation services when needed.

DURING THE MTC

- Participate in the MTC team discussion and provide information regarding CCS program eligibility and medical benefits.
- Identify local community resources and physicians, who are available to see the child, when requested by the MTC physician.
- Support the family in understanding how the coordination of the recommended medical services will occur as a result of the MTC.

AFTER THE MTC

- Assure that services identified in the care plan are appropriately authorized through the CCS program and the family is notified when an authorization is made.
- Assure any transportation issues are referred to appropriate resources in order to access the care plan.
- Make referrals for services recommended that are not CCS benefits.

The following are additional nursing activities to be performed as the MTP Liaison in counties without MTUs.

BEFORE THE MTC

- In coordination with regional therapy consultant assure that the frequency of the MTCs meets the needs of the identified children and families and agencies are appropriately notified of the dates of the MTC.
- Assure that all current therapy reports are contained in the child's CCS chart, including current reports from private therapists providing services "in lieu of MTU" or services provided by the Local Education Agency (LEA).
- Determine if authorized durable medical equipment (DME) or orthoses have been delivered.

DURING THE MTC

- Act as the coordinator for the MTC to assure that the following are done:
  1. The dictation from the previous MTC is signed by the physician.
  2. The physician dictates a MTC report for each child and signs and dates all prescriptions.
  3. The physician reviews all current medical consultations, therapy reports, and recommendations.
  4. The physician reviews all DME, and orthoses ordered by the MTC.
  5. The return date to MTC is included in the physician's dictation.
- Facilitate, with the consent of the parent, the participation of related agency representatives in the team discussion.
- Assist the family in identifying choice of providers.

AFTER THE MTC

- Follow up with DME and orthotic referrals by reminding the provider that a Request for Service and price quotes are required.
- Forward the MTC reports, therapy summaries, and prescriptions to the appropriate CCS administrative offices.

ROLE OF THE SOCIAL WORKER IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

The role of the social worker on the Medical Therapy Conference (MTC) team is to assist the family in managing the social service aspects of the child's CCS eligible condition(s). The social worker is a resource for identifying community services. The social worker also identifies any stress factors and acts as a facilitator for child and family participation during the MTC.

The county Medical Therapy Program (MTP) is encouraged to use a psychological screening tool for selected children to be completed by the parent/caretaker and/or capable child. The purpose of this tool is to determine if a problem(s) exists which would interfere with the MTP plan of care or would require other medical and/or mental health services that the child is not already receiving.

The consulting social worker to the MTC is not to be seen as the sole source of referral for social services. Each Medical Therapy Unit (MTU) is to have a list of local CCS paneled social workers from which parents/care providers may select to provide the service. This list can also include the consulting social worker to the MTC. It is the family's responsibility to identify a CCS paneled provider if CCS is authorizing the service.

BEFORE THE MTC

- Assist the family in identifying goals, priorities, wishes, and concerns.
- Identify problems which may interfere with full participation in the MTC.
- Assure the parents, caregivers and child know that they are empowered to discuss their goals, priorities, strengths, and limitations during the MTC.
- Alert the other members of the MTC team to child or family issues that should be discussed.
- Review screening forms and document interpretation.

DURING THE MTC

- Encourage the parents, caregivers, and child to discuss their goals, priorities, strengths, and limitations.
- Discuss the results of psychosocial screening(s).
- Assist the parents/caregivers and MTC team to work together in a family centered collaborative relationship.
- Consult with the MTC team in response to psychosocial issues and questions.
- Provide recommendations to the MTC team for psychosocial intervention - services needed by the family and child.
- Identify local CCS paneled social workers and community services.

AFTER THE MTC

- Clarify family's understanding of the psychosocial recommendations of the MTC and assist family to obtain the necessary services.
- Coordinate with the CCS administrative office to facilitate authorization for those services that are CCS benefits.
- Facilitate referrals by developing relationships with multiple social service providers, such as:
    1. CCS paneled social workers
    2. County mental health plan and the Children's System of Care (CSOC) coordinator(s) in the county
    3. Regional Centers
    4. Centers for Independent Living
    5. Sources of food, shelter, medical and mental health care
- Document on-site social work assessments and recommendations in the child's chart.

THE ROLE OF THE NUTRITIONIST IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

The role of the nutritionist on the Medical Therapy Conference (MTC) team is to assist the family in managing the nutritional aspects of the child's CCS eligible condition(s). The nutritionist is a resource for identifying community nutrition services. The nutritionist identifies the need for nutrition intervention through family interview and screening. The nutritionist also interprets the results of nutritional screening and assessments.

The county Medical Therapy Program (MTP) is encouraged to use a nutrition screening tool for selected children to be completed by the parent/caretaker and/or capable child. The purpose of this tool is to determine if a problem(s) exists which would interfere with the MTP plan of care or would require other medical and/or nutrition services that the child is not already receiving.

Each Medical Therapy Unit (MTU) is to have a list of local CCS paneled nutritionists from which parents/care providers may select to provide the service. This list can also include the consulting nutritionist to the MTC. It is the family's responsibility to identify a CCS paneled provider if CCS is authorizing the service.

BEFORE THE MTC

- Review the list of children scheduled for the MTC and consult with MTU staff when requested.
- Review completed screening tool and document interpretation of findings.

DURING THE MTC

- Assist with weighing and measuring children and plotting on growth charts.
- Discuss the child's current nutrition status with the family and MTC team.
- Respond to nutrition questions/concerns which may arise during the MTC.
- Provide recommendations to the MTC team for nutrition services needed by the child.
- Identify local CCS paneled nutritionists and community services.
- Perform on-site nutrition assessment, during the MTC as time and space allows, and report findings to the MTC.

AFTER THE MTC

- Document on-site nutrition assessment and recommendations in the child's chart.
- Clarify family's understanding of the nutrition services recommended by the MTC and assist family to obtain the necessary services.
- Coordinate with the CCS administrative office to facilitate authorization for nutrition services that are CCS benefits.
- Facilitate referrals by developing relationships with CCS paneled nutritionists and local community agencies such as WIC and Food Stamps.

ROLE OF THE EDUCATION AGENCY REPRESENTATIVE IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

The role of the education agency representative in the Medical Therapy Conference (MTC) is to act as a liaison to communicate the child's education program to the MTC team. The education agency representative is the person who informs the MTC team of the child's educational goals, including the cognitive and functional skills within the educational environment. The education agency representative should provide an update on the perceived improvements/problems related to any CCS classroom program that is a part of the CCS approved therapy plan. The education agency representative's participation in the MTC requires parent consent.

BEFORE THE MTC

- Collect information about the child's educational goals, cognitive and functional skills, and education program, which includes related services contained in the child's Individual Education Plan (IEP), e.g., speech therapy, adaptive physical education, occupational therapy, physical therapy, transportation, etc.
- Confirm with the classroom teacher if a CCS therapy classroom program is in place.
- Confirm the use of specialized classroom equipment used in educational environment(s).

DURING THE MTC

- Report the child's educational goals, including the child's cognitive and functional skills within the educational environment(s).
- Share concerns that impact the child's ability to participate in the educational program.
- Report on the child's response to the CCS therapy directed classroom program.
- Identify those related services being provided by the educational agency.
- Discuss classroom use of specialized adaptive equipment and the child's possible unmet needs for durable medical equipment.

AFTER THE MTC

- Share information received at the MTC with appropriate education agency personnel including any potential need for subsequent IEP or IFSP team meetings when there has been a change in the CCS approved therapy plan.
- Identify the person responsible to coordinate with MTU staff to facilitate scheduling of therapy appointments and classroom consultation.

ROLE OF THE REGIONAL CENTER REPRESENTATIVE IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

The role of the Regional Center representative in the Medical Therapy Conference (MTC) is to coordinate Regional Center services with CCS. The Regional Center representative's participation is limited to those children who are Regional Center clients and requires parent consent.

Eligibility for Regional Center services is based on a child having a diagnosis of developmental disability with onset before 18 years of age that constitutes a substantial disability. Eligible diagnoses include cerebral palsy, autism, mental retardation, and epilepsy. Children under three years of age who have been determined to be at risk for a developmental disability are eligible for the Early Start program provided by the Regional Center.

BEFORE THE MTC

- Confirm the child's appointment for the MTC and obtain parent consent to participate.
- Discuss all concerns or requests with Medical Therapy Unit (MTU) staff and submit a written justification for each new service to be requested.
- Identify information about services in the child's Individual Program Plan (IPP) or Individual Family Service Plan (IFSP) relevant to the MTC.

DURING THE MTC

- Discuss the child's function within the family unit.
- Discuss IPP or IFSP team recommendations relevant to Medical Therapy Program services.
- Discuss current services being provided by the Regional Center which are relevant to the MTC plan of care.
- Discuss issues relevant to any unmet need(s) related to the child's CCS eligible condition.
- Support the family and clarify the Regional Center's role and responsibility in coordinating services with CCS.

AFTER THE MTC

- Disseminate appropriate information to the IPP or IFSP team.
- Coordinate any necessary follow-up with CCS MTU staff.
- Perform follow-up for needed Regional Center services.
- Notify MTP of future IFSP or IPP team meetings when MTP services may be included.

ROLE OF THE DURABLE MEDICAL EQUIPMENT PROVIDER IN THE MEDICAL THERAPY CONFERENCE

GENERAL COMMENTS

Durable Medical Equipment (DME) as used in this document is DME-Rehab per CCS N.L.12-0490. Providers of DME are not required participants in Medical Therapy Conference (MTC) and are not paid to be CCS Specialty Consultants to the MTC. It is, however, desirable, whenever possible and practical, to have a provider with pediatric DME experience in attendance at the MTC. The presence of the DME provider is beneficial to the entire MTC team.

DME providers are not CCS paneled but must have a CCS CGP number and a Medi-Cal provider number in order to be paid for DME prescribed by the MTC physician and authorized by the CCS program. The presence of a DME provider in the MTC is not to be seen as the sole source of referral for DME. Each Medical Therapy Unit (MTU) is to have a list of local DME providers with pediatric experience from which parents/care providers may select the provider of choice.

Rehabilitation engineering companies are not included under the role of DME providers and therefore are not participants in the MTC. The need for consultation, evaluation, and intervention by a rehabilitation engineering company requires referral by the MTC. The CCS program must authorize the service for children who are financially eligible.

BEFORE THE MTC

- Review status of outstanding authorizations for DME and be prepared to discuss them.
- Bring tools for minor adjustments of DME.
- Have information about pediatric DME currently available from manufactures.

DURING THE MTC

- Assist the MTC team in identifying appropriate DME for individual children.
- Participate only with those children for whom DME has been or is expected to be recommended.
- Assist MTC team in determining which children need referral to a rehabilitation engineering company.

AFTER THE MTC

- Meet with the therapist(s), child, and family to evaluate the DME that has been ordered by the MTC. Providers not wanting to take measurements before receiving an authorization are not required to carry out this service at the MTU for children with possible or known CCS program eligibility.
- Submit a Request for Service identifying the DME specifications and price quote to the CCS administrative office or the designated MTU staff for DME that has been recommended at the MTC. Requests are to be made for the cost of labor, replacement parts, repair and/or modification of existing DME.
- Submit a copy of the DME specifications to the designated MTU staff for children who are not CCS program eligible.
- In situations where the MTU holds "DME clinics" (non-MTC) only the DME provider, child, parent/caregiver, and treating therapist(s) are present. The provider's role is limited to consultation concerning the most appropriate equipment for the individual child who is being examined.

GUIDELINES

FOR THE

MEDICAL THERAPY CONFERENCE

CCS MEDICAL CONSULTANT/DIRECTOR'S RESPONSIBILITIES IN THE MEDICAL THERAPY PROGRAM

The County or Regional Office CCS Medical Consultant/Director assists the Supervising Therapist or Regional Office Therapy Consultant in the provision of physician services for the Medical Therapy Conference (MTC). This responsibility includes but is not limited to:

- Selecting qualified physician(s) to participate in the MTC
- Orienting physician(s) to the general CCS Program and Medical Therapy Program (MTP)
- Training physician(s) in the role and responsibilities of the MTC team
- Monitoring MTC physician performance
- Considering MTC physician concerns and suggestions
- Ensuring physician(s) at each MTC provide all required physician services
- Ensuring adequate physician time to provide the necessary conference services
- Updating MTC physician(s) about changes in CCS program policies or procedures
- Notifying the MTC physician when there is a request for Dispute Resolution by Expert Physician, as a result the parent/caregiver's disagreement with the MTC or when there is a fair hearing involving a recommendation made by the MTC

The CCS Medical Consultant/Director should annually observe at least one MTC at each MTU to review the quality of care, which includes but is not limited to the following:

- Physician evaluation and leadership of the MTC team
- Multi-disciplinary team process
- Evidence of family centered care
- Waiting time for family
- Physician time spent in examination and discussion with child and family
- Family satisfaction
- Physician satisfaction

The CCS Medical Consultant/Director shall participate in the medical administration of the MTP in the following areas:

- Determination of MTP medical eligibility
- Utilization Review for all MTUs
- Dispute Resolution by Expert Physician
- CCS and Special Education Fair Hearings
- Identification of primary and specialty physician provider(s) and community resources

In consultation with the Supervising Therapist, the county CCS Medical Consultant will:

- Assist in the resolution of operational problems identified in the MTU(s)
- Clarify with the CCS Regional Office questions or issues regarding MTP policies

FAMILY CENTERED CARE
IN THE MEDICAL THERAPY CONFERENCE

Participation in the Medical Therapy Program (MTP) is not mandatory. It is the parent's choice that their child receives services from the MTP. The MTP is an outpatient therapy rehabilitation model which must be conducted in a manner that is both family and child centered. The specialized pediatric therapeutic equipment which may be necessary to assist the child in gaining new skills is available in this environment.

Based on the principles of family centered care, the Medical Therapy Conference (MTC) team includes the child and family. This team will develop a plan of care based on what is medically necessary to treat the MTP eligible condition. Children must be accompanied to the MTC by a parent or designated caregiver. The environment of the MTC must be friendly, open, and inviting to the family and child. The family and child's right to privacy and confidentiality during the examination must be assured.

The family and child are partners in the MTC. Their participation in the development of the plan of care promotes family satisfaction and cooperation. As partners in this process families have the responsibility to understand their role in implementing activities that support the plan of care.

There are three important interpersonal principles that the MTC team must demonstrate in order to provide an effective and meaningful service.

A. The MTC must be conducted in an atmosphere that is family centered.

It is important to recognize the family as a member of the team. The child and family's goals and expectations are to be identified and discussed at each visit. The discussion should be in the family's preferred language and within the context of their cultural background. The family's strengths, support system, economic factors, educational level, and experience with disabilities are important considerations in developing the child's plan of care. This plan must recognize the child and family's other personal responsibilities such as school, work, household maintenance, and care of other family members.

B. The MTC must focus attention on child-centered functional activities.

Functional activities are those motor skills that allow a child to move and perform self-care activities, which are appropriate for the child's development and chronological age. These activities routinely occur in settings and circumstances normally encountered by the child.

The therapy treatment plan will be based on what is medically necessary to treat the child's MTP eligible condition. The goals will be directed at facilitating the child's maximum level of independence. The therapy treatment plan varies according to the needs of each child and reflects the level of service that is medically necessary to promote the child's ability to perform these activities. Therapeutic intervention must be supportive, nurturing, and performed within

the child's physical and psychological tolerances.

C. The MTC must be a collaboration with the child, family and MTP Staff.

The child and family are encouraged to discuss the development of treatment goals, alternative therapy options, medical referrals, surgery, the need for orthotics and/or durable medical equipment. This must be done at a pace and level of complexity, which is consistent with the child and family's understanding and experience, and in their preferred language. The family and child must be included in the development of reasonable expectations for improvement in the child's physical function and the role of therapy services. The MTC team will recommend medically necessary therapeutic activities and equipment for use in the home, school, and/or community. The family will be encouraged to carry over therapeutic activities as a part of their daily routine.

With parent/caregiver consent, the CCS program will proceed with the necessary care coordination that includes collaboration with other agencies and the child's primary care provider. The child and/or parent shall be offered a copy of the MTC team report, the CCS approved therapy plan(s), and a list of all recommendations.

When the family/caregivers have a disagreement with the recommendations of the MTC physician, the family/caregiver shall be given information on the CCS appeal process. When requested by the family the MTC team shall *offer* referral to other resources.

PROCEDURES FOR THE MEDICAL THERAPY CONFERENCE PHYSICIAN IN DETERMINING MEDICAL NECESSITY FOR RECOMMENDATIONS

It is the responsibility of the Medical Therapy Conference (MTC) physician to determine and justify the medical necessity of all MTC generated recommendations including, but not limited to physical therapy, occupational therapy, durable medical equipment, orthotics, and surgery. In addition, the conference physician may be called upon to determine the medical necessity of such recommendations generated by a child's private physician. This determination requires a knowledge and understanding of the expected effect of the intervention on the Medical Therapy Program (MTP) eligible condition for which the recommendation is made.

Medical necessity is to be determined based on the following considerations:

1. Examination of the child
2. MTP eligible condition of the child in relation to the recommendation
3. Age of the child in relation to the recommendation
4. Cognitive abilities of the child in relation to the recommendation
5. Developmental level of the child in relation to the recommendation
6. Severity of the condition in relation to the recommendation
7. Current use of the intervention or item in the general pediatric rehabilitation community
8. Child's previous response to treatment
9. Length of previous service:
    a. Physical Therapy - how much service has already been received?
    b. Occupational Therapy - how much service has already been received?
    c. Durable Medical Equipment - How old is the present item? How long has it been in use? Does it fit? Is it still needed?
    d. Orthoses - How old is the present orthosis? Does it fit? Is it still needed?
10. Proven efficacy of the recommended service
11. Overall treatment plan for the child, including services by other provider services, e.g., CCS Special Care Centers, medical specialists, or the child's private physician

PROCEDURES FOR TRANSITIONING FROM THE MEDICAL THERAPY CONFERENCE

There are six typical reasons why a child would transition out of the Medical Therapy Conference (MTC).

- Child will turn 21 years of age
- Child is no longer medically eligible for the Medical Therapy Program (MTP)
- Parent/caregiver or young adult has decided not to continue with medical direction being provided through the MTC, but desires to continue to receive therapy services from the MTP
- Child is now eligible for medical care through a commercial Health Maintenance Organization
- The MTC has referred the child to a CCS Special Care Center for medical management of the MTP eligible condition
- Parent/caregiver or young adult has decided not to continue to receive services through the MTP

Child will turn 21 years of age

- Prior to the young adult's 18th birthday, the MTC team should start discussing adult services to be accessed at 21 years of age
- Equipment needs should be reviewed on the 20th birthday to assure that replacement, modifications, or repairs of durable medical equipment and orthoses are completed prior to the 21st birthday
- Possible adult medical providers should be identified, and encouragement given to the parent/caregiver or young adult to establish ongoing medical management of the neuromuscular condition prior to the 21st birthday
- With consent from the young adult/legal guardian, medical records from the MTC and therapy reports will be sent by the CCS administrative office to appropriate medical providers
- A discharge summary by the MTC physician shall occur prior to the 21st birthday and contain the findings of a current history and physical examination, the young adult's current functional level, current durable medical equipment and orthoses, medical benefits received as a result of participating in MTP, indications for further medical intervention, specific referrals to community agencies and healthcare providers. A copy of this report shall be sent to the young adult/legal guardian
- A discharge summary by the Medical Therapy Unit (MTU) therapist(s) shall occur prior to the 21st birthday and contain the findings of a current evaluation of the young adult’s clinical manifestations, functional level, equipment/orthoses, and indications for future therapeutic services. A copy of this report shall be sent to the young adult/legal guardian
- MTU therapist(s) shall assist in the coordination of transition services with appropriate agencies and shall design appropriate therapy services to assist in the implementation of the transition plan

Child is no longer medically eligible for the MTP

- The determination of MTP medical eligibility is the responsibility of the GCS medical consultant/director
- If the MTC physician finds that the child no longer clinically demonstrates the physical findings for MTP medical eligibility, it shall be discussed with the parent/caregiver and shall be documented in the medical report. A copy of this report shall be sent to the Local Education Agency (LEA), with parent consent, when CGS therapy services are included in the child's Individual Education Plan (IEP)
- The MTC team shall provide the parent/caregiver with referrals to community resources which may be beneficial to the child
- The GCS medical consultant/director shall review the MTC report and determine if the documented physical findings based on the MTC physician's examination are consistent with MTP medical eligibility criteria. If the Medical Consultant/Director agrees with the MTC physician, a Notice of Action will be issued to the parent/legal guardian

Parent/caregiver or young adult has decided not to continue with medical ddirection being provided through the MTC, but desires to continue to receive therapy services from the MTP.

- The parent/caregiver notifies the MTP or CGS general program that medical direction from the MTC is no longer desired
- The name of the new physician to provide medical services will be identified
- The parent is required to sign a release of information so that information may be shared between the MTP and the physician
- The Unit Supervisor and the treating therapist must be kept aware of upcoming medical appointments. Appropriate therapy reports will then be sent in a timely manner along with requests for current medical reports and prescriptions accordingly
- The reasons for leaving the MTC will be discussed with the decision-maker and the unit supervisor/treating therapist. If the reason for leaving the MTC is dissatisfaction, the information will be discussed with CCS Medical Consultant/Director and Supervising Therapist

Child is eligible for medical care through a commercial Health Maintenance Organization but desires to continue to receive therapy services from the MTP

- The parent/caregiver notifies the MTP or CCS general program that the child has acquired HMO coverage.
- The MTP staff will consult with the parent/caregiver in identifying a physician within the HMO who has experience with children with physical disabilities.
- The name of the new physician will be identified.
- The parent/legal guardian is required to sign a release of information so that information may be shared between the MTP and the physician.
- The Unit Supervisor and the treating therapist must be kept aware of upcoming medical appointments. Appropriate therapy reports will then be sent in a timely manner along with requests for current medical reports and prescriptions accordingly.

The MTC has referred the child to a CCS Special Care Center for medical management of the MTP eligible condition

- The Unit Supervisor and the treating therapist must be kept aware of upcoming medical appointments.
- Appropriate therapy reports will then be sent in a timely manner along with requests for current medical reports and prescriptions accordingly.

Parent/caregiver or young adult has decided not to continue to receive services through the MTP

- The parent/caregiver or young adult informs the MTP that MTP services are no longer desired.
- This decision will be discussed with the unit supervisor or treating therapist and documented in the MTP chart and the CCS administrative office will be notified. Information can be shared regarding options in obtaining appropriate rehabilitation management.
- With consent of the parent, the LEA will be notified of closure to the MTP.
- The MTU therapist will write a discharge summary, forward a copy to the CCS administrative office, the child's physician and, with a signed consent, to the LEA.

REFERRALS FROM THE MEDICAL THERAPY CONFERENCE

The Medical Therapy Conference (MTC) physician's responsibility is to manage the rehabilitation needs of the child's Medical Therapy Program (MTP) eligible condition. This includes prescription(s) for occupational therapy and physical therapy services, durable medical equipment, splints, orthoses, x-rays, and referrals for other appropriate medical care.

A child's acute illness shall not be medically managed at the MTC. Medication may not be prescribed at the MTC. The MTCs are *not* intended to treat acute medical conditions or provide medication management. The child/ family shall be referred to an appropriate source for medical care of an acute illness identified at the MTC or for medication management. In cases of an emergency 911 shall be called.

When the MTC physician identifies or suspects a medical condition or psychosocial concern which may affect the wellbeing of the child, the issue shall be brought to the attention of the parent/caregiver and discussed with him/her. Information should be obtained from the parent/care giver about prior referrals and/or treatment. MTC team members shall assure that options are considered, and possible providers are identified. The parent's choice of provider is always considered in the referral process if there is a necessity to refer the child for additional services.

The MTC physician may refer a child for evaluation and/or treatment if a need is identified that cannot be addressed by the MTC team or is not appropriate for management through the MTC. When such needs are identified, the MTC physician shall recommend the appropriate healthcare professionals. The Unit Supervisor or MTP liaison nurse should convey information about the recommendation(s) to the CCS administrative office. A copy of the MTC report, with parental consent, shall be sent to the primary care provider and the medical specialist to whom the referral is being made.

Authorization of the recommendation(s) made by the CCS program are contingent on the following:

- The child is financially and residentially eligible for CCS.
- The suspected or identified problem is a CCS medically eligible condition or would complicate or adversely affect the MTP eligible condition.
- The service to be authorized is a medically necessary benefit of the CCS program.

For those referrals which cannot be authorized by CCS, alternative resources should be discussed with the parent/care giver.

DETERMINATION OF AN APPROPRIATE PRESCRIPTION FOR MEDICAL THERAPY PROGRAM THERAPY SERVICES

All required documentation for therapy services requested through the California Children's Services (CCS) Medical Therapy Program (MTP) must comply with MTP standards to assure meaningful interventions and beneficial outcomes for the child.

The required documentation for occupational therapy (OT) and physical therapy (PT) services to be provided by the MTP must include a current medical report and prescription from the prescribing physician. The unit supervisor must recognize the prescribing physician as the managing physician with expertise in the child's physical disability. When the private physician does not have expertise in pediatric physical disabilities, the Medical Therapy Conference (MTC) shall review the prescription. It is preferred that the prescribing physician be CCS paneled.

When a child's therapy program is not supervised through the MTC, prescriptions for MTP therapy services may come from the primary care physician or a physician specialist recognized by the MTC as the managing physician.
Families may elect to not participate in the MTC, be excluded from the MTC because the child is enrolled in a commercial Health Maintenance Organization (HMO), or the child's medical condition is complex and requires management by CCS Special Care Center.

All requests from non-paneled physicians for authorization for services other than OT and PT must be medically justified by the prescribing physician and reviewed and approved by a CCS paneled physician with appropriate expertise, after examination of the child. This can be done in the MTC, if a paneled physician is not available.

The requirements for prescriptions for therapy in the MTP are:

1. Must be in writing, signed by a physician licensed in California, dated on the day signed, and should include the child's diagnosis.
2. Shall identify an order for OT or PT.
3. Must be accompanied by a medical report of the examination of the child, which is current to within 2 months of the date of the prescription.
   a. Prescriptions for therapy services at a frequency of more than one time per month must be submitted every six (6) months at a minimum.
   b. Prescriptions for therapy services at a frequency or one (1) time per month or less are required annually at the minimum.
4. A separate prescription for OT services and a separate prescription for PT services.

When not contained in the medical report the current prescription must contain the following information:

1. A statement of the child's current functional level for activities of daily living and mobility and any physical limitations affecting these functional activities.
2. A statement of measurable functional goal(s) for each therapy service prescribed:
   a. Measurable objectives to be met in reaching the goal(s) is optional.
   b. Objectives may include caregiver training.
3. Frequency and duration of the prescription for each discipline prescribed.
4. The recommended time period when the child is to return to the physician to determine:
   a. Child's response to the treatment provided.
   b. Continued need for further intervention.
5. The benefit or change demonstrated by the child, as the result of the previous therapy provided.
6. Child's rehabilitation potential (Good, Fair, Limited as defined in NL 43 1194).

REVIEW OF THERAPY PRESCRIPTIONS FROM PRIVATE PHYSICIANS BY THE MEDICAL THERAPY CONFERENCE PHYSICIAN

When the medical management of a child's Medical Therapy Program (MTP) eligible condition is not through the Medical Therapy Conference (MTC), prescriptions from private physicians for MTP therapy services may come from a primary care physician or a physician specialist. Prescriptions for therapy from non-CCS paneled physicians may be accepted; however, if CCS is requested to authorize any services other than occupational therapy and/or physical therapy, those prescriptions must be written by a CCS paneled physician.

A current therapy prescription and related medical report from the prescribing physician must be in place for all MTP eligible children in order to assure meaningful interventions for children.

Prescriptions from private non-paneled physicians shall be reviewed by the MTC. Concerns regarding prescriptions from private physicians shall be discussed by the therapist with the prescribing physician prior to review by the MTC. The purpose of review is to assure that prescriptions are appropriate for the MTP eligible condition and that the prescribed therapy is consistent with CCS guidelines.

Common reasons for the MTC physician to review private therapy prescription(s) and document the findings:

1. Prescription is incomplete or unclear and the prescribing physician has not provided more information in a reasonable period of time.
2. Therapy for a child less than six years of age who has already received treatment at a frequency greater than 1 x/week for 2 consecutive years.
3. A service potentially conflicts with or duplicates the CCS Approved Therapy Plan
4. Therapy requested is primarily developmental in nature and does not address the MTP eligible condition
5. Therapy for a child over six years of age or two years post trauma at a frequency greater than 1 x/week for more than 12 months
6. Therapy for a child with "limited" rehabilitation potential at a frequency greater than 1 x/week for more than 3 months
7. Therapy for a child who is stable and made limited progress in the past two years at a frequency greater than 1 x/week

Commons reasons to discuss a private prescription with the referring physician and/or schedule for a MTC evaluation:

1. Requested intervention is not a benefit of the MTP.
2. Alternative discipline (OT or PT) is required for requested therapy services per CCS MTP policy.
3. Therapy frequency is insufficient to meet goals.
4. Therapy frequency is excessive for stated goals.
5. Requested therapy is unlikely to accomplish goals.
6. Child has not shown sufficient progress toward goals.
7. Goal(s) do not match the findings of the therapy report.
8. Goal(s) do not match the child's rehabilitation potential.
9. Treatment plan is not directed at the treatment of the MTP eligible condition.
10. Most appropriate intervention is a transition to home program and routine monitoring by therapist or physician.
11. Referral to another program or agency is more appropriate.

Disagreement with the recommendation of the MTC physician after a chart review

Subsequent to a chart review, if there is a difference of opinion regarding the therapy prescription, the child shall be scheduled in the MTC for an examination, discussion of findings, and determination of therapy to be provided by the MTP.

DISAGREEMENT WITH THE CCS MTP OCCUPATIONAL THERAPY AND/OR PHYSICAL THERAPY PLAN(s)

When a parent, caregiver, or therapist disagrees with the proposed or approved therapy plan, the unresolved concerns are brought to the Medical Therapy Conference (MTC) for discussion. The MTC physician will consider all matters, recommend, and explain the therapy plan that is medically necessary for the child to reach his/her maximum level of function that is limited by the child's physical disability. If the parent or caregiver continues to disagree with the MTC physician's decision, the resolution shall be referred to an expert physician. The expert physician's decision is binding on the type and level of therapy services to be provided by the CCS Medical Therapy Program (MTP).

This process of dispute resolution begins when the parent, caregiver, or therapist notifies the Unit Supervisor or CCS administrative office of the disagreement with the prescription for therapy services. The Unit Supervisor will meet with the parent or caregiver to informally resolve the concerns. If the informal meeting is not successful, the parent will be given a copy of the MTP Dispute Resolution by Expert Physician process, and the child will be scheduled for an appointment at the next available MTC. At this appointment, the parent/ care provider and therapist(s) will share their concerns. The MTC physician will examine the child for clinical findings, review all concerns, identify functional goals, and develop a treatment plan that is medically necessary to treat the child's MTP eligible condition. If the parent/caregiver continues to disagree with the findings of the MTC, the parent/caregiver must notify the MTU Supervisor or CCS administrative office in writing within 5 days.

The Unit Supervisor or CCS administrative office will notify in writing the parent/ caregiver, within 5 days of receipt of the appeal letter, the right to dispute resolution by an expert physician, and provide a list of three expert physicians.

The parent /caregiver must select one expert physician from the list and inform the CCS administrative office within 20 days of the selection. The CCS administrative office will inform the expert physician of the request for dispute resolution and authorize the evaluation. CCS medical and therapy reports maybe provided to the expert physician prior to the examination, or upon request by the physician.

The expert physician will be asked to examine the child and summarize the child's clinical findings, current functional level, rehabilitation potential, and how the recommended therapy will improve the child's function or ameliorate the child's physical disability. The expert physician is not asked to assume the medical management of the child or for ongoing care. If therapy is recommended the expert physician will identify the functional goals, frequency, and duration of the therapy services.

Upon receipt of the expert physician's report, the MTP will have 5 days to implement the recommendations. The MTC physician or the child's private physician should be asked to provide a prescription for the therapy services as recommended by the expert opinion. Otherwise, the CCS Medical Consultant/Director shall follow the procedure outlined NL 42-1194.

CCS denials of MTP medical eligibility, durable medical equipment, orthoses, or unconventional/unproven treatment are handled through the Notice of Action and CCS Fair Hearing appeal process.

SPECIAL CASE CONFERENCES

A special case conference is an expanded Medical Therapy Conference (MTC) with additional care providers. Special case conferences may be held for a specific child in the CCS Medical Therapy Program (MTP) who has complex problems requiring input from representatives of various disciplines not ordinarily participating in the MTC. Those additional care providers may include but not limited to a medical home coordinator, public health nurse, psychologist, representative from the Department of Rehabilitation, or etc.

Examples of situations that might indicate the need to schedule a special case conference:

- Parental differences regarding the treatment of a child
- Differences in treatment plans between therapists
- Mediation as an option to resolve disputes between family members and the MTP staff

The Unit Supervisor shall:

- Act as the special case conference coordinator
- Identify with the MTC physician the participants
- Notify the participants of the date, time, and location

The MTC physician shall:

- Act as team leader for all special case conferences
- Provide a written summary of all medical issues discussed during the special case conference
- Review and sign off on the final report which includes the input of all represented disciplines

The Unit Supervisor or MTP Liaison Nurse shall follow up on the implementation of any recommendations made during the special case conference.

CHANGES IN THE LEVEL OF MEDICALLY NECESSARY THERAPY SERVICES THAT OCCUR WHILE PARTICIPATING IN THE MEDICAL THERAPY PROGRAM

During the time a child participates in the Medical Therapy Program (MTP), there are developmental transitions that require changes in the emphasis of therapy services. These transitions generally occur during predictable times in a child's life. It is the role of the Medical Therapy Conference (MTC) to identify, discuss, and recommend changes to a child's medically necessary therapy plan. The parent/caregiver should expect to be fully informed as to when and why changes in medically necessary therapy services are indicated.

Infants and toddlers are eligible for MTP services when there are specific clinical findings that confirm the presence of a neuromotor or musculoskeletal condition. Some children under three years of age, whose clinical findings demonstrate that they are "at risk" for a neuromotor or musculosketal condition, are able to receive MTP services before a diagnosis is confirmed. Therapy services are likely to be provided on a weekly basis at the Medical Therapy Unit (MTU) with active participation of the parent during treatment and instruction in therapy directed activities.

A child under three years of age, who is developmentally delayed and may demonstrate "at risk" neuromotor or musculoskeletal findings, is eligible for the Early Start Program. An Individual Family Service Plan (IFSP) will be developed to identify and provide multiple services necessary to maximize the child's physical, social, and cognitive development. A child, whose "at risk" neuromotor or musculoskeletal findings have resolved, but is continuing to demonstrate developmental delay, may respond to different intervention strategies that are not benefits of the CCS MTP. The MTC will assist the family in understanding when the child's medical therapy needs are best served by the MTP or when the child's developmental delay is likely to meet the criteria for eligible for a different program. The MTC will refer the family to appropriate medical providers and other community-based services.

A confirmed diagnosis of a lower motor neuron disorder, muscle disease, or a central nervous system disorder resulting in spasticity, dyskinesia (athetosis, chorea, dystonia, ballismus), and/or ataxia is necessary by the time a child is three years of age. Continued MTP services are designed for children with these conditions.

A three-year-old child with a MTP medically eligible condition may transition to a pre-school program and receive special education services. An Individual Education Plan (IEP), which may include CCS medically necessary occupational therapy (OT) and physical therapy (PT) as a related service, will be developed by the child's Local Education Agency (LEA). The MTC will assist the family and therapists in developing functional goals in mobility and self-care that are necessary for the child to participate in the home and school environments and are within the child's motor capabilities. The frequency of therapy services at the MTU may change based on the child's response to previous therapy interventions. A pre-school child, who demonstrates consistent gains in functional skills but still is below age level, will generally continue to receive therapy services on a weekly basis at the MTU. Often pediatric durable medical equipment and/or orthoses will be introduced to facilitate the child's functional skills and ability to interact with peers and the community.

As a child enters an elementary school program another transition begins. The chronological age of five or six years also represents a time when the motor portion of the neurologic system has reached maturity. This means that the neurologic impairment (which may be the basis of the child's disability) will not change with further aging. The neurologic function at this time is permanent for the rest of the child's life. It is important to note that children who are within two years of recovery from acute trauma are expected to continue with neurological improvement and children with identified degenerative conditions may actually demonstrate decline in neurological function.

However, a child with a static condition will continue to utilize the skills gained during the previous motor development years up to the age of six. The elementary school child may still gain strength and learn how to better use his/her functional skills, but this part of the child's improvement will be at a different pace and gains will be achieved by different methods. Integration and transition of "therapy" activities into the daily life and routine play activities are the processes by which the child will carry over his/her physical abilities into adult life. One of the important tasks of the elementary school child, with motor impairment, is to apply his/her skills in the home, school, and in the community setting. The elementary school child is in a period of rapid intellectual growth. The child transitions from learning through motor activity to thought-based activity. Social learning and academic learning supersede motor learning. Long hours focused on repetitive motor activities are not motivating. However, helping the child to function in the home, school, and community with confidence and eagerness to learn will offer the best opportunity for overall improvement. The child's participation in school-based activities, such as Adaptive Physical Education, is an example of peer based and guided activities that can develop those skills learned in therapy. The child's participation in physical games and exercise draws upon those skills learned and developed in the infant, toddler, and preschool years.

The MTC will assist the family in understanding how changes in the older child's level of independence in the home and community can be maximized when those activities are included in the child's daily routine and in multiple environments. The method of assistance needed for these tasks are different and not based primarily on "hands on" exercises but through coaching, nurturing, and the access to appropriate social environments and equipment. There may be changes recommended in the frequency of OT or PT and the therapist's role in providing consultation and monitoring the child's physical condition will become more prominent. The MTC will focus on the child's abilities and redirect the OTs and PTs in supporting the child's functional skills and independence. The MTC will continue to recommend referrals to medical specialists, new or modifications of durable medical equipment and orthosis, and community activities.

The adolescent child will begin to take on the physical characteristics of a young adult. The daily care of an adolescent child, who is physically challenged, can become increasingly difficult for the parent/caregiver. Lifting and providing assisted self-care such as dressing, and toileting may become much more difficult as the adolescent reaches "adult" size and weight. The MTC will assist the family in how to manage the physical needs of the adolescent, to prepare for adult services, and to identify opportunities for independent living. More advanced daily living skills may need to be mastered by the adolescent in preparation for adult living in the most independent environment possible. Intense short term therapy services may be required. Referral(s) to appropriate agencies, which assist young adults, should begin during this time.

For those young adults, who can go to college, there are special programs and services to consider. There are community college programs, which promote independent living skills. The State Department of Rehabilitation offers assessment and assistance in vocational training. For young adults, who will continue to require adult assistance and guidance, the Regional Center Program may be of assistance. MTP staff must discuss these issues early in a child's youth so that families and adolescents have a chance to consider their options and act soon enough to avoid a crisis. Coaching the family and adolescent will make the transition smoother. Families need to be prepared for the difference in accessing adult care that they will encounter when leaving the CCS MTP.

Prior to the young adult turning 21 years of age, the MTC shall identify possible adult healthcare providers and review the individual's durable medical equipment/orthoses. Medical records shall be sent to the identified physician(s) who will be providing adult care. The goal of therapy services at this time is to assure the identification of appropriate equipment and services and to facilitate and advocate for the young adult and his/her family. If the MTP and other related agencies have prepared the family along the various transition periods, the physically challenged adult should have the necessary medical providers, support services, and community resources in place to maximize the individual's highest level of independence and employment.

DISTINCTIONS BETWEEN CCS MEDICALLY NECESSARY THERAPY AND EDUCATIONALLY NECESSARY THERAPY

There are differences between the types of therapy services provided by the California Children's Services (CCS) Medical Therapy Program (MTP) and those provided by educational agencies.

The CCS MTP provides medically necessary occupational therapy (OT) and physical therapy (PT) services. In order to receive these services, a child must have a medical condition that meets MTP medical eligibility criteria. A physician, recognized by the CCS program to manage the MTP eligible condition, must prescribe the therapy services. The child's ability to perform activities of daily living and mobility skills must be limited by the physical findings of the MTP eligible condition, which is verified by a physician who has examined the child.

CCS medically necessary therapy services are prescribed by the Medical Therapy Conference (MTC) physician, a CCS authorized Special Care Center, or a CCS paneled physician. Medically necessary OT services include evaluation, treatment, instruction, consultation, and monitoring of the child's functional skills in such areas as dressing, eating, hygiene, grooming, toileting, and communication. Medically necessary PT services include evaluation, treatment, instruction, consultation, and monitoring of the child's functional skills in such activities as ambulation, transfers, bed/floor mobility, and community accessibility. Medically necessary therapy services also include the assessment, training, and monitoring of the child's home therapy program(s) and therapy directed classroom program(s), the need for and use of durable medical equipment, orthotses, and splinting to be used in the home and community.

A hallmark of the CCS MTP has been the provision of therapy services that address the physical needs of the child in the home, school, and community.
The CCS program continues to be supported by state and federal mandates for the provision of medically necessary therapy services. It is not within the funding mandates for the CCS MTP to provide those therapy services that are required for academic learning, cognitive processing, behavioral management, or are solely developmental in nature.

OT and PT services related to the child's ability to perform activities of daily living and mobility can be both medically necessary and educationally necessary. For a child to receive treatment services in the MTP, all reasonable attempts are made to address the child's physical ability to reach his/her highest *level* of independence in all environments. When the child's ability to perform functional skills is not limited by physical dysfunction, there is no justification *to* prescribe medically necessary therapy services. In this instance, those areas of concern are referred to the Individual Education Plan (IEP) team for assessment in all areas of suspected disability.

OT and PT services are considered to be "related services" under the federal Individuals with Disabilities Education Act (IDEA) when these services are necessary for the child to benefit from his/her special education program. OTs and PTs working for the school system participate in a child's IEP team meeting, which includes the child's family, educators, and representatives from other related agencies, to determine the services necessary to meet the educational goals of a child participating in Special Education. A child may also receive medically necessary OT and PT services from the CCS MTP, and a CCS therapist may participate in the IEP meeting. The IEP team will determine if the CCS approved therapy plan(s) is necessary for the child to benefit from special education and may include the CCS OT and/or PT approved therapy plan(s) on the child's IEP as a related service.

At times there may be some overlap between the medical reasons and the educational reasons for a child to receive therapy services. Since medically necessary and educationally related therapy services are provided by different funding agencies, it is necessary to distinguish which therapy services are necessary to treat the child's physical disability and which therapy services are necessary to optimize the child's performance in an educational setting. This distinction is essential to the coordination of services necessary to maximize the child's potential for successful independent living, educational outcomes, and future employment.

An OT working for an education agency assesses the child's hand use, play skills, attention to task, self-help skills, motor planning, sensory processing, and organizational skills as demonstrated in the educational environment(s). A PT working for an educational agency assesses the child's posture, balance, motor control, endurance, and mobility as demonstrated in the educational environment(s). When a child's education and social performance can be enhanced by activities guided by a therapist, the therapy services are considered to be educationally necessary. The child's IEP team can determine only when OT and PT services are educationally necessary in order for the child to benefit from Special Education. It is important to recognize that these therapy services may also be medically necessary when the activities are limited by the child's physical disability.

UNCONVENTIONAL THERAPY INTERVENTIONS AS BENEFITS OF THE MEDICAL THERAPY PROGRAM

Unconventional therapy interventions are not benefits of the Medical Therapy Program (MTP). The California Health and Safety Code, Section 123835 places authority with the Director/Department of Health Services (OHS) for determining when new services are to be included as Program benefits. Unconventional therapy interventions can only become benefits of the MTP when their efficacy has been established through literature review and survey of current generally accepted pediatric rehabilitation practices.

For the purposes of the MTP, unconventional therapy interventions are defined as those interventions which have not been part of controlled studies involving children with MTP eligible conditions that validate the efficacy of the intervention and/or are not generally accepted in the pediatric rehabilitation community.
Anecdotal studies are not sufficient validation of efficacy.

Neuro-developmental Treatment (NOT) and Sensorimotor Integration (SI), while they have not been studied in the controlled context, are allowed in the MTP because they are both generally accepted in the pediatric rehabilitation community.

When a therapy intervention which is not routinely accepted in the pediatric rehabilitation community is requested the county shall gather the necessary documentation for submission to the Regional Office Therapy Consultant. The information will be reviewed by the State CMS Branch to determine if the intervention shall be a MTP benefit.

Unconventional therapy interventions shall not be prescribed or approved through the MTC.

OTHER THERAPY RESOURCES FOR CHILDREN

The following agencies and organizations may be useful as alternate therapy resources for children 0-22 years of age.

The California Department of Education provides occupational therapy and physical therapy as related services (ages 3-22 years) as specified in the Individualized Education Plan (IEP) when the instruction and services are necessary for the pupil to benefit educationally from his or her instructional program. The IEP is available to children enrolled in Special Education. Special Education services are the responsibility of the Special Education Local Planning Area (SELPA) for each local education agency (LEA).

The California Regional Centers are state-funded, private non-profit organizations, which contract with the State Department of Developmental Services. They can provide as the payor of last resort occupational therapy and physical therapy services for individuals of all ages with developmental disabilities, which includes cerebral palsy, autism, mental retardation, and epilepsy. Early Intervention services, including occupational therapy and physical therapy, are available for children under three years of age who are at risk of developmental disabilities. There are 21 Regional Centers in California. Eligibility for services is based on a diagnosis of developmental disability with onset before 18 years of age, that constitutes a substantial disability, is expected to continue throughout life, and the service is not the mandated responsibility of another agency which serves the general public.

The California Department of Rehabilitation provides for individuals, who are at least 15 years of age, vocational assessment, individual goal planning including job placement, and job training. The Department of Rehabilitation works cooperatively with the LEAs and SELPAs.

The California-Hawaii Elks Major Project offers physical therapy, occupational therapy, and speech-language therapy for children who cannot access therapy services because of geographic location, transportation, insurance limitations, or because they are not medically eligible for therapy services through the CCS program. Parents must be willing to be actively involved in the child's therapy program. Children are usually seen in a home setting.

The Easter Seals organization is dedicated to empowering children and adults with disabilities by offering a wide range of services and leadership opportunities designed to encourage maximum independence. Easter Seal clients are people of all ages. Their disabilities may be permanent, temporary, genetic, physical, developmental, and or the result of injury. The Easter Seals organization, when resources are available, offers warm water therapy in a pool equipped with a ramp for wheelchair accessibility and easy access. They provide organized

classes and independent exercise time. The Thera Fitness program is designed for children and adults who want to maintain or improve their level of strength, flexibility, and endurance. Participants must be able to safely and independently use the physical therapy gym equipment and/or the warm water therapy pool. If the client is unable to use the equipment independently, they may provide their own aide. A prescription is required to use the warm water therapy pool and thera fitness gym. The Creative Adult Living program serves adults who are severely physically challenged. Their focus is to help individuals develop cognitive, emotional, physical, and social skills related to individual needs. Occupational therapy and/or physical therapy may be available from some Easter Seals organizations.

Private occupational therapy and physical therapy from individuals or agencies, may be a resource through private insurance or private pay.

Home Health Agencies may be a resource for home therapy for medically fragile children.

Community Hospitals and Rehabilitation Centers may have outpatient services with therapists who have pediatric experience.

Children's Hospitals and University Hospitals may have comprehensive outpatient rehabilitation services for children with complex problems or post-operative needs.

Additional local therapy resources should be identified by county CCS programs.

APPENDIX

APPENDIX A

PHYSICIAN EXAMINATION IN THE MEDICAL THERAPY CONFERENCE

MEDICAL ROLE AND RESPONSIBILITY

The following is a general medical template which will guide all physicians involved in the Medical Therapy Conference (MTC) in contributing fully and effectively in the medical management of a child with a California Children's Services (CCS) Medical Therapy Program (MTP) eligible condition. The medical evaluation, treatment plan, and dictated record may be assumed by a single physician or shared by a physician team as long as all of the elements are covered. The County CCS Medical Director will determine how the various medical specialists share the responsibilities based on the expertise and availability MTC physicians assigned to the Medical Therapy Units (MTUs).

Demographic and standard intake data (name, address, phone, record number, etc.) should be contained in the MTU chart if needed. This includes:

- The name of the parent/legal guardian or caregiver with whom the child lives.
- A list of other agencies and health professionals actively involved in treatment or medical supervision of the child.
- The current school and educational placement of the child.
- A copy of the services identified in the Individual Family Service Plan (IFSP) or Individual Educational Plan (IEP) for the child.
- Medical documentation of the CCS MTP eligible condition for which the child is being followed in the MTC.
- The CCS State File Number

The MTC report is dictated by the physician and must contain the child's name, birthdate, CCS State File Number, and the date of the conference.

It is possible for the MTC report to be merged with current therapy reports that are presented at the conference. This will result in a single document that covers the history, clinical findings, functional skills, response to treatment, and current recommendations. This combined report will provide a more comprehensive summary and reduce the physician's time in restating already documented findings. When merging the report, the therapist(s) need to sign the discipline specific section(s) and the physician must sign the whole report to provide the necessary medical approval.

INITIAL MEDICAL THERAPY CONFERENCE SESSION

EVALUATION

HISTORY

CHIEF COMPLAINTS or PROBLEMS perceived by family. The family should be asked if they understand the conference process and what concerns they have.

HISTORY OF IMPAIRMENT with onset date if known. Results of related diagnostic studies (such as MRI, CT) Prior treatment/therapy and results. This can be brief when a prior medical history is in the record and referenced.

HISTORY OF RELEVANT MEDICAL PROBLEMS should include nutrition, vision, and hearing awareness.

PRIMARY CARE PHYSICIAN AND SPECIALISTS should be identified. Confirm that patient is up to date with appointments and immunizations.

FAMILY SUPPORT available or needed *to* sustain the child's best environment for health and functional skills within the home and community.

FUNCTIONAL STATUS or abilities for self-care and mobility. This may be general if the OT and PT current evaluations contain details.

COMMUNICATION LEVEL Appears normal or comment on receptive language, expressive language, use of gestures or signing.

MEDICATIONS ALLERGIES

PHYSICAL EXAMINATION

MEASUREMENTS: Height, Weight, and Head Circumference. Any or all of these measurements may be recorded elsewhere in the chart but should be mentioned as normal or percentile findings.

GENERAL APPEARANCE: General comments on nutrition, responsiveness to the examiner, ability to follow commands and unusual behaviors such as distractibility, internally driven activity, head banging, kicking, biting etc.

DENTITION: Position of teeth, effectiveness of bite, and suspected cavities.

SENSORY AWARENESS: A statement that there is or is not an apparent visual or hearing problem. Description of any deficit suspected.

POSTURE: Head and trunk control, hypotonia, hypertonia, scoliosis (rigid or flexible).

BALANCE: A statement as to the child's ability to maintain an upright posture and ability to move safely from one position to another without falling.

PRIMITIVE REFLEXES: If present beyond expected age. Severity if abnormal presence.

INVOLUNTARY MOVEMENT: Note presence or absence of athetoid movement, choreoform movement, hemibalismus, and/or dystonic posturing. Indicate severity.

UPPER EXTREMITY:

COORDINATION AND CONTROL (full normal control, pincer grasp, limited isolation of movement, synergy flexion or extension, no movement, flexor or extensor postural predominance.

TONE Note hypotonicity, hypertonicity, dystonia, fluctuating, and normal tone.

REFLEXES

PASSIVE RANGE OF MOTION Note normal or limits found or type and location of contracture.

MUSCLE STRENGTH

LOWER EXTREMITY:

COORDINATION AND CONTROL Note normal or limited isolation of movement, synergy flexion or extension, no movement, flexor or extensor postural predominance.

TONE Note hypotonicity, hypertonicity, dystonia, fluctuating, and normal tone.

REFLEXES

PASSIVE RANGE ON MOTION Note normal or limits found and type and location of contracture.

MUSCLE STRENGTH

MOBILITY: Pattern of gait or pattern of mobility such as rolling or crawling when ambulation is not present. Braces and crutches if in use at time of exam. Endurance. Ataxia if present.

DIAGNOSTIC IMPRESSIONS AND GOALS

PRIMARY DIAGNOSIS: (such as prematurity, anoxic event, trauma, genetic disorder or syndrome, head trauma, spina bifida, rheumatoid arthritis, etc.) The term Cerebral Palsy can be used here if the client does not have a more specific condition.

TREATING DIAGNOSIS: (medical diagnosis for which the client is being treated in the medical therapy program). Functional diagnostic terms are preferable such as diplegia, quadraparesis, hemiparesis, athetosis, hypotonia under age 3 years, hypotonia with persistent primitive reflexes after 3 years of age, asymmetric spasticity, ataxia, muscular dystrophy, myopathy, spinal muscular atrophy, polio, rheumatoid arthritis, amputation, limb deficiency, etc.).

SEVERITY OF CONDITION (mild, moderate, severe) should be included in the functional diagnosis.

REHABILITATION POTENTIAL: Good, Fair, or Limited as defined by CCS Policy.

GOALS OF THERAPY must be functional, family centered, realistic, and achievable within specified time frames.

FAMILY RESPONSE: AGREEMENT AND ANTICIPATED PARTICIPATION

PRESCRIPTIONS

INDIVIDUAL PRESCRIPTIONS MUST BE SIGNED BY THE MTC PHYSICIAN AND REFERENCED IN THE REPORT.

COMPLETION OF THE CCS THERAPY PLAN FOR EACH DISCIPLINE. The plan includes measurable functional goals and objectives, general treatment plan, the child's current functional level in self-care and mobility, frequency and duration, rehabilitation potential, specific benefits of previous therapy, and any medical precautions. This treatment plan must be supported by the findings documented in the MTC report.

RECOMMENDATIONS FOR NEW, MODIFICATION OF CURRENT, OR REPLACEMENT OF BRACES AND DURABLE MEDICAL EQUIPMENT REQUIRE MEDICAL JUSTIFICATION AND SEPARATE PRESCRIPTIONS. The medical justification may be included on the prescription form or contained in the MTC report.

REFERRAL FOR SPECIAL PROCEDURE(S) OR SURGICAL INTERVENTION

REFERRAL FOR FURTHER DIAGNOSTIC EVALUATION

NO PRESCRIPTIONS FOR MEDICATION CAN BE WRITTEN AT THE MTC. This is the role of the primary care physician, or the CCS paneled physician authorized to provide specialty care.

DISCUSSION WITH TEAM MEMBERS AND FAMILY

MEDICAL FINDINGS WHICH QUALIFY THE CLIENT FOR MTP TREATMENT AND/OR MONITORING.

REVIEW THE SEVERITY OF THE CHILD'S MEDICAL FINDINGS WHICH REQUIRE MTP SERVICES. This includes participation in the MTC, therapy evaluation, treatment, instruction, monitoring, and consultation.

THE CHILD'S LONG TERM REHABILITATION POTENTIAL. This is designated on the CCS Approved Therapy Plan as Good, Fair, or Limited as defined by CCS Policy.

STANDARD THERAPY OPTIONS THAT WILL AFFECT THE CHILD'S FUNCTIONAL SKILLS. It will be necessary to explain when inappropriate, dangerous, and unproven interventions will not benefit the child's functional skills.

GOALS OF THERAPY must be functional, family centered, realistic and achievable.

MEDICALLY NECESSARY THERAPY SERVICES ARE PRESCRIBED BY THE MTC. They include functional goals to be obtained within the frequency and duration of the current CCS Approved Therapy Plan.

ORTHOTIC AND EQUIPMENT OPTIONS

FAMILY RESPONSE, AGREEMENT AND PARTICIPATION

MEDICAL AND RELATED REFERRALS

WHEN TO EVALUATE PROGRESS AND RESCHEDULE IN MTC

COMMUNICATION

TRANSCRIBED REPORTS MUST BE REVIEWED AND SIGNED BY EXAMINING PHYSICIAN (COVERING SECTIONS I. & II.) A copy of the MTC report is sent to the parent and with written parental/legal guardian consent a copy is sent to the primary care physician, referring physician, other specialists, and agencies as appropriate. The parent must sign a consent form, which identifies the recipients of the MTC report with the option to designate any person or agency that is not to get a report.

FOLLOW UP MEDICAL THERAPY CONFERENCE SESSIONS

Demographic information and standard intake data is confirmed and corrected in the medical record. Changes in school or educational placement are noted

I. EVALUATION

MEASUREMENTS Height, weight, Head Circumference if under age 2.

HISTORY Any change in general medical status, primary care physician, surgeries, specialty consultations, medication, allergy.

FAMILY SUPPORT AVAILABLE OR NEEDED TO SUSTAIN THE CHILD'S BEST ENVIRONMENT FOR HEALTH AND FUNCTIONAL SKILLS WITHIN THE HOME AND COMMUNITY.

PROGRESS TOWARD TREATMENT GOALS IN EACH DISCIPLINE INCLUDING CHANGES IN FUNCTIONAL STATUS. Include the child's current level of functional skills in self-care and mobility.

ACQUISITION OF BRACES, DURABLE MEDICAL EQUIPMENT, AND OTHER ASSISTIVE DEVICES.

CHANGES IN OR NEW PHYSICAL FINDINGS (posture, balance, tone, motor control, A/PROM, MUSCLE STRENGTH and mobility are particularly important).

CONTINUED SEVERITY AND CLINICAL MANIFESTATION OF MTP ELIGIBLE CONDITION. Include previous findings that have resolved or require no further follow up.

ESTABLISH NEW GOALS WHICH ARE FUNCTIONAL, FAMILY CENTERED, REALISTIC AND ACHIEVABLE WITHIN SPECIFIED TIME FAMES.

FAMILY AGREEMENT AND PARTICIPATION

II. PRESCRIPTIONS

INDIVIDUAL PRESCRIPTIONS MUST BE SIGNED BY THE MTC PHYSICIAN AND REFERENCED IN THE REPORT

COMPLETION OF THE CCS THERAPY PLAN FOR EACH DISCIPLINE INCLUDES MEASURABLE FUNCTIONAL GOALS AND OBJECTIVES. GENERAL TREATMENT TECHNIQUES, CHILD'S CURRENT FUNCTIONAL LEVEL IN SELF CARE AND MOBILITY. FREQUENCY AND DURATION, REHAB POTENTIAL, SPECIFIC BENEFITS OF PREVIOUS THERAPY, AND ANY MEDICAL PRECAUTIONS. This new plan represents the renewed or modified CCS Approved Therapy Plan.

RECOMMENDATIONS FOR NEW, MODIFICATION OF CURRENT, OR REPLACEMENT OF BRACES AND DURABLE MEDICAL EQUIPMENT REQUIRE MEDICAL JUSTIFICATION AND SEPARATE PRESCRIPTIONS. The medical justification maybe included on the prescription form or contained in the MTC report.

REFERRAL FOR SPECIAL PROCEDURE(S) OR SURGICAL INTERVENTION

REFERRAL FOR FURTHER DIAGNOSTIC EVALUATION

NO PRESCRIPTIONS FOR MEDICATION CAN BE WRITTEN AT THE MTC. This is the role of the primary care physician or the CCS paneled physician authorized to provide specialty care.

III. DISCUSSION WITH TEAM MEMBERS AND FAMILY

ANY CHANGES IN THE MEDICAL FINDINGS WHICH QUALIFY THE CLIENT FOR MTP TREATMENT AND/OR MONITORING MEDICAL FINDINGS WHICH QUALIFY THE CLIENT FOR MTP TREATMENT AND/OR MONITORING

REVIEW OF THE SEVERITY OF THE MEDICAL FINDINGS WHICH REQUIRE MTP SERVICES. The child's long term rehabilitation potential must be discussed with the family and is designated on the CCS Approved Therapy Plan as Good, Fair, or Limited as defined by CCS policy.

STANDARD THERAPY OPTIONS THAT WILL AFFECT THE CHILD'S FUNCTION SKILLS. It will be necessary to explain when inappropriate, dangerous, and unproven interventions will not benefit the child's functional skills.

GOALS OF THERAPY MUST BE FUNCTIONAL, FAMILY CENTERED, REALISTIC, ACHIEVABLE GOALS WITHIN SPECIFIED TIME FRAMES.

MEDICALLY NECESSARY THERAPY SERVICES ARE PRESCRIBED BY THE MTC. They include functional goals to be obtained within the frequency and duration of the current CCS Approved Therapy Plan.

ORTHOTIC AND EQUIPMENT OPTIONS

FAMILY RESPONSE, AGREEMENT AND PARTICIPATION

MEDICAL AND RELATED REFERRALS

WHEN TO RE-EVALUATE PROGRESS and RESCHEDULE IN MTC

WHEN THE CHILD GETS CLOSE TO ACHIEVEMENT OF MAJOR TREATMENT GOALS. Discuss effective and positive transitions.

WHEN THE CHILD FAILS TO SHOW SIGNIFICANT IMPROVEMENT TOWARD APPROPRIATE FUNCTIONAL GOALS. Explain the medical basis for this response. Discuss the transition into enhanced family activities and other appropriate programs. It is the role of the MTC to continue to monitor the child's medical therapy needs by recommending continued MTC follow up, periodic

checks and consultation by the therapist(s) with other community resources and related agencies also serving the child and family.

WHEN THE ADOLESCENT/YOUNG ADULT APPROACHES AGE 21 DISCUSS EFFECTIVE AND POSITIVE TRANSITIONS TO ADULT SERVICES

IV. COMMUNICATION

TRANSCRIBED REPORTS MUST BE REVIEWED AND SIGNED BY EXAMINING PHYSICIAN (COVERING SECTIONS I. & II.) A copy of the MTC report is sent to the parent and with written parental/legal guardian consent a copy is sent to the primary care physician, referring physician, other specialists and agencies as appropriate. The parent must sign a consent form, which identifies the recipients of the MTC report with the option to designate any person or agency that is not to get a report.

APPENDIX B

FEE SCHEDULE
For
Medical Therapy Conferences Specialty Consultants
(Effective 09/01 /00)

TYPE OF SERVICE	HCPCS CODES	MAX ALLOWANCE
1. **Program/Clinic Consultation**		
Medical/Dental, per hour	Z5422	$125.00
P & 0 Provider, per hour	Z9030	25.00
Other Allied Health, per hour	Z5408	38.00
2. **Mileage, One Way, Less Ten miles (Includes allowance for professional time lost)**		
Medical/Dental/ per mile	Z5424	$ 2.00
P & 0 Provider, per hour	X9032	1.42
Other Allied Health, per hour	Z5412	1.70
3. **Travel Time Not Included in Mileage Above**		
Medical/Dental, per hour	99082	$ 50.40
Other Allied Health, per hour	Z5410	22.80
4. **Maximum Travel Expenses (Itemize in "Remarks" or on an attachment)**		
	Z5414	As Authorized
	Lodging	$ 84.00
	Breakfast	6.00
	Lunch	10.00
	Dinner	18.00
	Incidentals (24-hour period) Other (Attach receipt for Anything over $6.00)	6.00

APPENDIX C

California Children's Services
Index of Medical Therapy Program
Related Numbered Letters

Letter Number	Subject
20-0375	Confidentiality
49-0178	MTU Clinics
90-0978	Driver Training
11-0279	Duplication of Services in MTU
13-0379	Guidelines for Replacement of DME
13-0380	P.T. and O.T. Prescriptions
15-0580	CCS Services to Children Development Centers
16-0580	Therapy Services Mandated by **P.L.** 94-142
25-0680	Private Prescriptions for O.T. & P.T.
68-0981	Vendorization (with attachment)
36-0883	Orthopedic Management in MTUs
49-1283	Contract Therapists
04-1285	DME Payment Issues
02-0487	CCS Services & ICF-DD Residents-Guidelines
??-0787	Definition of a Public School
17-1087	CCS Services & ICF-DD Residents
17-0388	Confidentiality

Letter Number	Subject
03-0788	MTU Eligibility
13-0788	Payment for DME Repairs
09-0389	P.T. & O.T. Outside the MTU
5-9-80(No letter number assigned)	Physician in-put to MTU services
19-0789	O.T. for Swallowing & Feeding Problems
04-0290	Selective Posterior Rhizotomy
12-0490	Newly Developed Rehab. Equipment (5 pages)
14-0590	Communication Devices
39-1290	MTU Eligibility - Update
08-0291	Communication Devices (Rev. of NL 14-0590)
06-0391	Out of County Residents in MTU
28-0891	Notification of Due Process for Special Education
29-0891	Vendored P.T. & O.T. Rates
34-0891	Oregon Orthotics System
19-0992	Annual Assessment Fee
30-1092	Vendored P.T. & O.T.
36-1292	MTU Medical Eligibility Determination
37-1292	Experimental or Investigational Services
26-0793	Code 50 Designation for Vendored Therapy
8-11-93	Patient Treatment Record - Revision

Letter Number	Subject
21-0594	Vendored Therapy Sites
42-1194	Expert Opinion (re: level of service)
43-1194	U.R. for Out-patient Rehab. Centers (MTU)
15-0695	CCS Laws
19-0795	Caregiver Authority for Health Care
21-0895	HCPC Codes for O.T. Services
05-0397	Communication Devices
06-0397	Dispute Resolution through Expert Opinion
16-0597	MTU Clerical Support
01-0298	Auto Orthopedic Positioning Devices
19-0898	Board of Orthotics
17-1199	Car Seats (Rev. of NL 01-0298)
03-0300	Medi-Cal Billing Procedures
11-1600	Duplication
18-901	Reimbursement to LEA/SELPA

APPENDIX D

SUGGESTIONS FOR DIVIDING MEDICAL THERAPY CONFERENCE PHYSICIAN RESPONSIBILITIES

One physician (orthopedist, pediatrician, or physiatrist) may provide all of the medical responsibility serving as both the managing and supporting physician. However, in most situations two physicians will divide the responsibility.

When two physicians provide medical evaluations at the Medical Therapy Conferences (MTCs), they may provide the service on the same or separate days. The combined evaluations must cover all of the elements of a complete medical evaluation. Physicians serving each Medical Therapy Unit (MTU) must know the all the areas of examination that must be covered for each child. Each physician should have an understanding of each other's role and how the medical evaluation is divided. This can be accomplished in a variety-of ways.

The following options are meant to be examples. Each physician team may divide the responsibility according to their skills and interests as long as the combined effort provides a complete medical responsibility.

Where two physicians provide the medical evaluations one physician should be considered the **managing physician** and the other physician should be considered the **supporting physician.**

OPTION ONE:

Orthopedist= managing physician, Pediatrician = supporting physician

When the managing physician is an orthopedist who provides regularly scheduled evaluations, the MTC report may include:

- current function, therapy goals, progress toward goals
- neuromotor and musculoskeletal findings which support the treating diagnosis
- approval of new therapy goals
- prescription for occupational therapy
- prescription for physical therapy
- prescription for durable medical equipment
- prescription for orthotics
- referral for needed diagnostic tests
- referral to other health care specialists as indicated by the status of the treating diagnosis.

The managing physician is mainly responsible for discussion of the nature of the treating diagnosis, severity and rehabilitation potential with the family and therapy team.

When the supporting physician is a pediatrician who provides an initial evaluation and follow-up assessments as necessary, the MTC report may include the following unless the problems are already well evaluated and managed:

- availability of primary care and immunization status
- child development
- behavioral problems
- hearing and vision
- communication skills
- sensory function in upper extremities
- dentition
- nutrition
- swallowing problems
- pulmonary problems
- skin integrity
- urologic problems including bladder control
- bowel problems and continence
- sexuality and gynecologic needs
- seizures

The supporting physician should identify problems in the list above and determine whether there is a primary care physician or appropriate consultant managing the problems. Needed referrals should be discussed with the family and recommendations should be communicated (in the report or by phone call) to the primary care physician. The supporting physician should discuss the impact of these conditions on the child's overall function as well as their relationship to the results of therapeutic intervention. The supporting physician may also discuss the primary diagnosis, treating diagnosis, severity and rehabilitation potential.

When there are complex decisions to make in regard to the child's medical therapy program both physicians may wish to participate in the same Medical Therapy Conference.

OPTION TWO:

Pediatrician or Physiatrist = managing physician Orthopedist= supporting physician

When the managing physician is a pediatrician or physiatrist who provides regular evaluation, the MTC report may include:

- current function, therapy goals, progress toward goals

- neuromotor and musculoskeletal systems which supports the treating diagnosis,
- availability of primary care and immunization status
- child development
- behavioral problems
- hearing and vision
- communication skills
- sensory function in upper extremities
- dentition
- nutrition
- swallowing problems
- pulmonary problems
- skin integrity
- urologic problems including bladder control
- bowel problems and continence
- sexuality and gynecologic needs
- seizures

The managing pediatrician or physiatrist will provide:

- approval of new therapy goals
- prescription for occupational therapy,
- prescription for physical therapy,
- prescription for durable medical equipment,
- prescription for orthotics (if physiatrist or if knowledgeable pediatrician)
- referral for needed diagnostic tests, and
- referral to other health care specialists as indicated by the status of the treating diagnosis

The managing physician is mainly responsible for discussion of the nature of the primary diagnosis, treating diagnosis, severity and rehabilitation potential with the family and therapy team. New diagnoses suspected or identified should be discussed with the family and communicated primary care physician (in the report or by phone call).

When the supporting physician is an orthopedist who provides consultation at the request of the managing physician, the MTC report may include:

- posture including scoliosis
- tone
- reflexes
- control of movement
- passive range of motion
- need for orthopedic surgery intervention

The supporting orthopedist may be responsible for prescription for bracing when the managing physician is a pediatrician who does not have adequate knowledge and experience.

The supporting orthopedist may become the managing physician temporarily to provide post-operative management. These services shall be authorized to the physician's private office, when the child is financially eligible for CCS benefits.

APPENDIX E

MEDICAL THERAPY PROGRAM MEDICAL ELIGIBILITY

California Code of Regulations, Title 22, Department of Health Services, Sections 41832 and 41831(a)(2)

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Medical Therapy Program:

1. Cerebral Palsy, 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, dysdiadochokinesia, 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 above (i.e., rigidity, spasticity, hypotonia, athetosis, chorea, dystonia) such as ataxias, degenerative neurological disease, or other intracranial processes

5. CCS applicants under three years of age shall be eligible when two or more of the following neurological findings are present:
   (a) Exaggerations of or persistence of primitive reflexes beyond the normal age (corrected for prematurity)
   (b) Increased DTRs that are 3+ or greater
   (c) Abnormal posturing as characterized by the arms, legs, head, or trunk turned or twisted into an abnormal position
   (d) 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 above
   (e) Asymmetry of motor findings of trunk or extremities