#### State of California-Health and Human Services Agency



# **Department of Health Services**

ARNOLD SCHWARZENEGGER
Governor

California Department of Health Services
SANDRA SHEWRY
Director

May 5, 2006 N.L.: 05-0406

Index: Medical Therapy Program

TO:

ALL CALIFORNIA CHILDREN SERVICES (CCS) COUNTY PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS, INDEPENDENT COUNTY CHIEF/SUPERVISING THERAPISTS, DEPENDENT COUNTY LEAD THERAPISTS, MEDICAL THERAPY UNIT STAFF, CHILDREN'S MEDICAL SERVICES (CMS) BRANCH REGIONAL OFFICE ADMINISTRATORS, MEDICAL CONSULTANTS AND

THERAPY BRANCH CONSULTANTS

SUBJECT: DIRECTIONS FOR COMPLETION OF THE QUARTERLY TIME

STUDY (QTS) FOR MEDICAL THERAPY PROGRAM (MTP) FOR 100 PERCENT STATE-FUNDING TO COMPLY WITH INTERAGENCY

**REGULATIONS (ASSEMBLY BILL 3632)** 

The interagency regulations (Title 2 California Code of Regulations, Sections (60000-60610) that implement AB 3632 (Government Code Section 7575) identify interagency responsibilities that require each county CCS program to provide a liaison to coordinate interagency activities with Local Education Agencies (LEAs), and for CCS therapists to attend Individualized Education Plan (IEP) team meetings when requested by the LEA. Positions to complete this workload have been funded by 100 percent State General Funding (GF). As a result of an audit by the Bureau of State Audits, CMS Branch was required to change the methodology used to determine the number of positions necessary to meet this mandate. To accomplish this goal, the CMS Branch piloted a QTS for the MTP staff to use in order to determine actual staff time spent on interagency activities, support and reimbursement of counties (See CCS Information Notice No.: 06-03). Funding for these positions will now be based on the actual time spent on interagency activities by qualified staff.

The pilot time study established a baseline for staffing levels for interagency activities that will be funded by 100 percent GF. County CCS programs have already been notified of their funding levels in preparation for the 2006-2007 Fiscal Year (FY).

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This numbered letter supersedes previous policy on 100 percent GF for Physical Therapist (PT) and Occupational Therapy (OT) staff to implement the interagency requirements of AB 3632.

# I. Reimbursement for county therapy staff activities:

The CMS Branch will fund interagency liaison and IEP activities with special education with 100 percent GF when performed by a licensed PT or OT. This activity may be performed by a Public Health Nurse (PHN) in counties that do not have a Medical Therapy Unit (MTU) or therapy staff. All 100 percent GF liaison and IEP activities must be performed by county employed staff, county CCS program. Contract staff may perform interagency activities only when given special permission by their State Regional Office. This exception is given to individual contractors <u>not</u> to the county as a whole. Clerical staff will be allocated at the appropriate level, using the existing formula with allocation established by the QTS for the county special education liaison.

The CMS Branch will fund all other non-liaison or non-IEP related activities at 50 percent GF when performed by a licensed PT or OT. Therapy assistants, aides and MTU clerks are not required to complete the time study.

#### II. County Staff Required to Complete the QTS for MTP Activities

Any county employed PT, OT or PHN who participates in special education liaison or IEP activities is required to complete the time study.

Liaison activities include, but are not limited to:

- Interagency meetings,
- Workgroups,
- Planning and implementation of interagency activities that are related to the program as a whole, and not to a specific child.

IEP activities include, but are not limited to:

- Preparation,
- Participation,
- · Travel, and
- Follow-up of an individual child's IEP.

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Clerical staff supporting the county special education liaison activities will not participate in the time study. It is the responsibility of the county CCS program to determine which employees have performed interagency activities and must complete the time study.

# III. Time Study Completion Timeline

The time study will be completed for one month during each quarter of the FY. It is at the discretion of the county CCS program which month it studies during the quarter.

# IV. Time Study Activities

The following are divided into two separate categories: interagency activities (liaison and IEP) and non-interagency activities.

# A. Interagency Activities:

#### 1. Liaison Activities

- Interagency Planning and Coordination participation in interagency meetings and workgroups that develop and assist in implementation of local interagency activities, policies and procedures (includes negotiations for MTU space and equipment).
- <u>Interagency Program Development</u> participation in the development/modification of county procedures to meet interagency needs.
- <u>Interagency Administration</u> consultation with county CCS program staff or LEA staff on interagency activities.
- <u>Interagency Problem Resolution</u> informal problem resolution efforts between agency representatives prior to filing of a fair hearing or interagency dispute resolution.
- <u>Interagency Staff Development</u> planning and implementation of interagency activity in-services or trainings.

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#### 2. IEP Activities

- <u>IEP Preparation</u> preparation of documents for IEP meetings (specific to an individual CCS client's IEP); sending reports/notifications to the IEP team/education agency (when not done by a 100 percent GF clerk); meeting with family, school, or CCS personnel to discuss/plan for the IEP; and review of documents provided by the IEP team in preparation for the meeting.
- <u>IEP Participation</u> actual time spent in the IEP meeting.
- <u>IEP Related Trave</u>I time spent going from the therapist's main place of work to the IEP meeting and return.
- <u>IEP Follow-Up</u> includes coordination of approved therapy plan activities that have been included in the IEP. Activities include consulting with classroom personnel and preparation/provision of any additional documents discussed in the IEP meeting. Monitoring of classroom programs that are recorded on the patient therapy record as a treatment or evaluation are not considered IEP follow-up.

# B. Non-Interagency Activities

- 1. <u>Patient Treatment, Evaluation, Case Conference, Consultation, Case Management and Other</u>
  - <u>Patient Treatment</u> hands-on treatment (individual or group), instruction by demonstration in the management of a patient, monitoring and supervised activities of support personnel.
  - <u>Patient Evaluation</u> measurement, assessment and observation of patients.
  - <u>Case Conference</u> therapist participation in the Medical Therapy Conference (MTC) or private physician/special center clinic visit.
  - Consultation (Non-Interagency) meeting with members of the health care team (includes medical, ancillary and home support personnel), in person, or by other means on behalf of the patient.

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- <u>Case Management (Non-Interagency)</u> patient scheduling, documentation, authorizations, updating records
- Other any other non-interagency activities performed by qualified staff that do not fit into treatment, evaluation, case conference, consultation, or case management categories.

#### 2. Paid Time Off

 <u>Paid Time Off</u> - paid time off includes paid leave, holidays, vacation, sick leave etc. It does not include lunchtime, dock time, absence without pay or compensatory time off.

# 3. Current State Allocations for County CCS Program PT & OT Positions

The CMS Branch previously established staffing for County CCS Programs using two methods:

- Caseload reviews completed by CMS Regional Office Therapy Consultants to determine staffing levels necessary to meet prescribed therapy service needs. These allocated positions are funded at a 50/50 county/state match.
- Annual submission of the state approved 100 percent State Funded Staff Allocations for county MTP Form. These allocated positions are necessary to meet interagency responsibilities with local education agencies and are funded 100 percent by State GF.

The QTS for the MTP will supersede the method currently in use for determining staff needed for interagency responsibilities. No staff positions will be lost as a result of changing the allocation method. The total number of staff positions will not be decreased. Funding for positions may be switched from 100 percent to 50/50 and vice-versa, based on the interagency needs during a particular quarter, but the state will continue fund all state approved positions established for the 2005-2006 FY.

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# V. Completing the QTS for MTP

All activities, whether interagency or non-interagency, will be reported in increments of 15 minutes (.25 hours). The daily total must add up to the number of hours in the employee's workday for the time period being studied. This includes all paid leave time.

Top of the Page - enter the month being reported.

Box 1 (Employee Name): enter the name of the staff member who provided interagency services during the time period being reported.

Box 2 (Position/Employee Number): enter the position or employee number of the staff member entered in Box 1.

Box 3 (Personnel Classification): enter the county personnel classification for the staff member entered in Box 1.

Box 4 (County): enter the name of the county that employs the staff member entered in Box 1.

Box 5 (Time Base): enter the time base (full-time, part-time) of the staff member entered in Box 1.

#### Interagency Activities:

<u>Liaison Activities</u> - enter the time the staff member spent on interagency planning and coordination, program development, administration, mediation, or staff development in the appropriate day using the proper increments.

<u>IEP Activities</u> - enter the time the staff member spent on preparation for, or participation in an IEP, travel to and from an IEP, and implementation of CCS related services in the IEP, in the appropriate day using the proper increments.

# Non-Interagency Activities:

<u>Patient Treatment, etc</u> - enter the time spent on provision of patient treatment, evaluation, case conferences, consultation (non-interagency), case management, and other (non-interagency) in the appropriate day using the proper increments.

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<u>Paid Time Off</u> - enter the time spent on paid leave such as vacation, sick leave, holidays, etc, in the appropriate day using the appropriate increments.

<u>Bottom of the page</u> - the employee and their supervisor must sign and date the form.

#### **Summary Sheet**

After the county CCS program has collected the QTS for the MTP from the MTUs, the information must be entered onto the attached summary sheet for the QTS for the MTP. The name of the county employee who provided interagency services during the time study period is entered onto the table along with their classification (PT, OT or PHN), and the hours of each type of activity they provided for that month. The staff member who completes the summary sheet must sign and date the bottom of the page and attach to the Quarterly Report of Expenditures (QRE) MTP. Signature stamps are not acceptable; it must be an original signature. The county CCS program should keep the original time study forms on file as documented proof for audits and state program reviews.

#### Quarterly Expenditure Invoice for MTP

The information from the summary sheet is to be used to complete the CCS QRE MTP Part II (Section 3). The employee name and classification from the QTS for the MTP summary sheet for all employees should be transferred to the QRE. The total hours for both interagency and non-interagency activities on the summary sheet should add up to the total hours the employee worked that month. The percentage of interagency activities (Column 7) from the summary sheet can then be entered into Section III. Column 4 (FTE Percent) of the QRE to determine how much of the employees time is 100 percent GF. If the employee is providing both interagency and non-interagency services, the combined FTE for Sections 1 and 3 of the QRE should not exceed the employees approved FTE status. Staff totals for Sections 1 and 3 should not be higher than the combined totals of 50/50 and 100 percent GF positions approved by CCS for the 2005-2006 FY unless approved by the CMS Branch. The summary sheet must be attached to the QRE when submitted to the CMS Branch along with copies of any documentation the county CCS program may have received allowing contract staff to be claimed in Section 3 for providing interagency services.

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The attachments to this information notice will be available on the CMS website. If you have any questions, please contact your regional office therapy consultant. Thank you for our assistance in this process.

Original Signed By: Marian Dalsey, M.D.,M.P.H., Acting Chief Children's Medical Services Branch

Attachments

STATE OF CALIFORNIA. HEALTH AND WELFARE AGENCY QUARTERLY TIME STUDY FOR MEDICAL THERAPY PROGRAM {MTP}

DEPARTMENT OF HEALTH SERVICES

Updated 4/3/06

#### MONTH BEING REPORTED

MONTH BEING REPORTED																									
EMPLOYEE	POSITION/EMPLOYEE				P	PERSONNEL					CO	UN	ΤY			TIME BASE									
NAME	NUMBER			С	CLASSIFICATION																				
FUNCTIONS CODE	1 2 3						-	-	-		-	-   -	-	-	-	-			-		-	-   -	30	31	Total
INTERAGENC	Y ACTIVI	<u>TIES</u>																							
Liaison     Activities																							(	0.00	
2. IEP Activities	3																						(	0.00	
NON-INTERAC	<u>GENCY A</u>	<u>CTIVI</u>	<u>TIES</u>																						
3. Patient Treatment, Evaluation etc.																									0.00
Other Non- Interagency Activities (see below)																									0.00
								_	1															, ,	
4. Paid Time Off																									0.00
DAILY TOTAL HOURS																									0.00

FUNCT	ION TOTAL	_S:								
1 0.00 (Liaison 3 Activities)				0.00	(Total for Patient Treatment, Evaluation, etc. and Other Non-Interagency Activities)					
2	0.00	(IEP Activities)	4	0.00	(Paid Time Off)					
All	0.00									
Function	ns:									
EMPLOYEE: I hereby certify					SUPERVISOR: I hereby certify that the					
that this is a true and				employee's time records have						
	accurate	report of my		been examined and that, to the						
lime and that the					best of my knowledge and					
functions were					belief, this time record is valid					

Employee's Signature Date Supervisor's Signature Date

## 1. Liaison Activities

above

performed as shown

- Interagency Planning and Coordination participation in interagency meetings and workgroups to develop and assist in implementation of local interagency activities, policies and procedures (includes negotiations for MTU space and equipment)
- ·!nteragency Program Development participation in the development/modification of county procedures to meet interagency needs. Interagency Administration consultation with county CCS program staff or LEA staff on interagency activities

and correct and the functions were performed as shown

above.

- Interagency Problem Resolution informal problem resolution efforts between agency representatives prior to filing a fair hearing or interagency dispute resolution.
- Interagency Staff Development planning and implementation of interagency in-services training.

#### 2. IEP Activities

- ·IEP Preparation preparation of documents for IEP meetings (specific to an individual CCS client's IEP): sending reports/notifications to an IEP team: meeting with family, school or CCS personnel to discuss/plan for an IEP: and review of documents provided by an IEP team in preparation for the meeting.
- ·IEP Participation actual time spent in an IEP meeting.
- ·IEP Related Travel- time spent going from the therapist's main place of work to an IEP meeting and return.
- ·IEP Follow-Up includes coordination of approved therapy plan activities that have been included in the IEP. Activities include consulting with classroom personnel and preparation/provision of any additional documents discussed in the IEP meeting. Monitoring of classroom programs that are recorded on the patient therapy record (PTR) as a treatment or evaluation are not considered IEP follow-up.

#### 3. Non-Inleragency Activities

- •Patient Treatment- hands-on treatment (individual or group). instruction by demonstration in the management of a patient. monitoring and supervised activities of support personnel.
- Patient Evaluation measurement, assessment, and observation of patients.
- ·Case Conference therapist participation in the medical therapy conference (MTC) or private physician/special center clinic visit.
- ·Consultation (Non-Interagency) meeting with members of the health care team (includes medical, ancillary and home support personnel), in person, or by other means, on behalf of the patient.
- ·Case Management (Non-Interagency) patient scheduling, documentation, authorizations, and updating of records.

# Other Non-Interagency Activities

·Any other non-interagency activities performed by qualified staff that do not fit into treatment, evaluation, case conference, consultation or case management categories.

#### 4. Paid Time Off

Paid time off includes paid time, holidays, vacation, sick leave, etc. It does not include lunch time, dock time, absence without pay, or compensatory time off.

# QUARTERLY TIME STUDY FOR THE MTP SUMMARY SHEET FOR ALL EMPLOYEES

COUNTY:	
MONTH OF TIME STUDY:	

(1) NAME OF EMPLOY EE	(2) CLASSIFICATI ON	(3) TOT AL INTERAGENC Y LIAISON ACTIVITIES (Function Code 1)	(4) TOTAL INTERAGEN CY IEP ACTIVITIES (Function Code 2)	(5) TOTAL NON- INTERAGEN CY ACTIVITIES (Total of Function Code 3)	(6) TOTA L HOUR S	(7) % of I/A Activiti es	(8) % of Non-IA Activiti es	(9) TOTA L
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Signature of	f County Official	Date	Date							