CHAPTER 4

THE CALIFORNIA CHILDREN SERVICES PROGRAM

FOR CHILDREN WITH CEREBRAL PALSY

AND OTHER PHYSICAL HANDICAPS

IN THE PUBLIC SCHOOLS

NOTE: PARTS OF THIS MANUAL HAVE NOT BEEN UPDATED AND MAY NO LONGER BE CURRENT.

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CHAPTER 4

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THE CALIFORNIA CHILDREN SERVICES PROGRAM FOR CHILDREN WITH CEREBRAL PALSY AND OTHER PHYSICAL HANDICAPS IN THE PUBLIC SCHOOLS

4.1 General Procedures

4.1.1 Introduction

The program establishing medical-therapy services in the schools for children with cerebral palsy was established by the 1945 session of the State Legislature. The program was modified to permit inclusion of other physically handicapped children through an amendment to the Budget Act of 1961, which also created the orthopedically handicapped schools. This represents a combined service offered by the State Department of Health Services, the State Department of Education, the State Department of Mental Hygiene, the State Department of Rehabilitation, and the State Department of Developmental Services. The collective goal is to provide the physically handicapped child the opportunity to achieve a maximum level of physical, mental, social, educational, and vocational function.

A. State Department of Health Services

The State Department of Health Services, California Children Services Branch, and designated local agencies shall provide the medical care services for children with physically handicapping conditions eligible for services by CCS. State CCS shall maintain standards for space requirements for a medical-therapy unit (MTU).

B. State Department of Education

The State Department of Education and designated local educational agencies shall provide the educational components of the program for children with physically handicapping conditions as well as the necessary physical space and equipment for the MTU.

C. State Department of Rehabilitation

The State Department of Rehabilitation, under the Federal Rehabilitation Act of 1973 and state mandate, shall provide vocational rehabilitation services.

D. State Department of Mental Hygiene

The State Department of Mental Hygiene and local mental health programs shall provide mental health services for children with physical handicaps and their families.
E. State Department of Developmental Services

The State Department of Developmental Services provides for the Regional Center system which has the responsibility for the overall lifelong management of the substantially handicapped child and adult who is retarded or has another developmental disability.

4.1.2 CCS Medical-Therapy Program Goal

A. Professional Services Provided

The goal of the program is to assist the child to obtain his maximum physical potential through the provision of medical and therapy services. In order to attain this goal, each child with a physically handicapping condition for which physical and occupational therapy is an accepted form of treatment will have the benefit of comprehensive diagnostic evaluation, necessary medical services, physical and occupational therapy treatment services, and follow-up care.

B. Combined Professional Services Provided

Fundamental to the provision of services for physically handicapped children is the concept that the nature of the handicap, with its effect on physical growth, personality development, and the learning process requires the combined professional services of medical-therapy, educational, nursing, and social work disciplines. In order that these services may bring maximum benefit to the handicapped child, they should be fully coordinated and offered cooperatively. The program provides:

1. The child and his family a coordinated medical-therapy and educational service through a comprehensive team approach within the public school setting.

2. The child and his family a comprehensive service with other community resources through referral and consultation.

3. Medical direction to the CCS therapists in the public school setting who are serving children with chronic orthopedic or neuromuscular handicaps.

4. A coordinated program of physical and occupational therapy based on the child’s needs which have been determined by evaluation and treatment plans.

5. Necessary medical management of the child’s physical disability through continuous evaluation and treatment, including surgery, bracing, and equipment needs.
4.1.3 Definitions

A. Medical-Therapy Program

The medical and therapy services provided in the public schools through cooperative efforts of state and local CCS with state and local education.

B. Medical-Therapy Unit (MTU)

The actual place in the public school where the program is carried out.

C. Medical-Therapy Conference

A meeting of the multidisciplinary team, with the patient and parent, for the purpose of patient examination, treatment planning, and discussion of the cases enrolled in the Medical-Therapy Program.
4.2 Administration of the Medical-Therapy Program

State Department of Health Services
Responsibilities

1. The State Department of Health Services shall establish and administer a program of services for physically handicapped persons under the age of 21 years, in cooperation with the Federal Government through its appropriate agency for the purpose of developing, extending, and improving such services (see Health and Safety Code, Section 249).

2. The State shall have the power to supervise those services included in the State Plan which are not directly administered by the State (see Health and Safety Code, Section 249) and shall maintain surveillance and supervision over the services provided handicapped children under authorization by the program to assure a high quality of service (see Health and Safety Code, Section 262).

3. The State shall share with the county in the cost of therapy salaries, and employee benefits including malpractice insurance in the ratio of three dollars of state funds to one dollar of county funds (see Health and Safety Code, Section 267). The State shall, additionally, share with the county at the same ratio in the cost of therapy salaries, per diem, registration, and travel for in-service training of new personnel; state-sponsored seminars; up to five days of educational leave annually; and, other job-related travel assignments as required for the delivery of service. This policy does not cover out-of-state training programs.

Local County Administering Agency Responsibilities

1. The designated county CCS agency shall administer the Medical-Therapy Program in public schools.

2. The county shall maintain surveillance and supervision over the services provided handicapped children under authorization by the program to assure a high quality of service (see Health and Safety Code, Section 262) and that state standards are met.

3. Annually the Board of Supervisors of each county shall appropriate funds for therapy services in public schools for physically handicapped children (see Health and Safety Code, Section 265). The county shall be required to appropriate one-quarter of therapists' salary (and benefits including malpractice insurance), approved per diem, and travel for in-service training of new personnel, state-sponsored seminars and other job-related travel assignments.
The State will support participation in regional meetings of 1 - 2 days duration specific to therapy or program needs which have been approved by State CCS therapy consultants and program chief. Because of the need to maintain services, State CCS will support training requiring therapy personnel to be away from the program for an extended period of time. Course attendance in excess of the above-stated five days will be independent of state financial support.
4. The State shall exempt from financial eligibility standards and family repayment requirements necessary visits to the medical-therapy conference and occupational therapy and physical therapy services under the CCS program provided in the public schools (see Health and Safety Code, Section 255).

5. The State shall establish standards for determining the number of therapists employed in the Medical Therapy Program (see Health and Safety Code, Section 267). The State will determine jointly with the county the need for additional staff eligible for state financial support. An annual review of staffing will be conducted, and consultation shall be provided.

6. The State shall establish standards for services to be provided in the Medical Therapy Program (see Health and Safety Code, Section 267). The State shall maintain uniformity and consistency of program mandates in all counties throughout the State (see Health and Safety Code, Section 250.6).

7. The State shall cause a medical record to be kept showing the condition and improvement of handicapped children (see Health and Safety Code, Section 262) and establish standards for those records maintained in the Medical Therapy Program.

4. The county shall exempt from financial eligibility standards and family repayment requirements necessary visits to the medical-therapy conference and occupational therapy and physical therapy services under the CCS program provided in the public schools.

5. The county shall staff the Medical Therapy Program according to standards established in this chapter. The county shall review the caseload annually to determine staffing needs. The county shall make adjustments in staffing between schools if indicated. Authorization for additional staff eligible for state financial support will be made by State CCS after a review of caseload has been made by state therapy consultants. Recruitment of staff for the Medical Therapy Program rests primarily with the county.

6. The county shall assure that the services provided in the Medical Therapy Program meet the standards established in this chapter. The county shall seek consultation and approval from the state regional therapy consultants prior to implementing Medical Therapy Program services which deviate from those delineated in this chapter.

7. The county shall assure that the standards for medical records in the Medical Therapy Program meet the requirements outlined in this chapter.
8. The State shall not authorize any treatment service without the written consent of a parent or guardian except for a person under 18 years of age who is an emancipated minor (see Health and Safety Code, Section 263).

9. The State shall require the county to provide Medical Therapy Program and staffing data to enable the State Department of Health Services, the State Department of Finance, and the Legislature to evaluate and adequately fund the CCS program (see Health and Safety Code, Section 269).

10. The State will cooperate with or arrange through local public or private agencies to seek out handicapped children (see Health and Safety Code, Section 253).

11. The State shall hold confidential all information contained in CCS records and shall not divulge any of its contents without the individual's (parent or legal guardian's) written consent (California Administrative Code, Section 2890).

8. The county shall assure that all treatment services provided in the Medical Therapy Program have the written consent of a parent or guardian except for a person under 18 years of age who is an emancipated minor.

9. The county shall submit to the State a semiannual report of physical and occupational therapy services to physically handicapped children in the Medical Therapy Program in accordance with standards established in this chapter.

10. The county will conduct active and continuous casefinding of all persons under 21 years of age with handicapping conditions. This function may be carried out by physicians and health and welfare agencies, both public and voluntary. All children in need of CCS shall be referred to the local CCS agency within the county which is administratively responsible for the program (California Administrative Code, Section 2900).

11. The county shall assure that the standards for confidentiality of records in the Medical Therapy Program as established in this chapter are met.
12. The State shall adopt and maintain an appeals system for individuals receiving CCS services.

13. The State shall annually approve an Interagency Agreement with the State Department of Education defining each agency's responsibilities. State CCS shall carry out that portion for which they are responsible.

14. The State will provide all required forms necessary to complete the operation of the Medical Therapy Program (narrative sheets, MTU Summary, Patient Therapy Record, Semiannual Report of Services) (see Chapter 4.4.3/F.5).

15. The State shall provide leadership to keep county staff informed of advances in medical sciences. The State shall adopt and maintain standards for provision of training for CCS personnel.

16. The State shall provide consultation to all local CCS agencies, utilizing medical, nursing, statistical, physical therapy, occupational therapy, social work, administrative, and health education consultants (see Chapter 1.2.2/D.2/k).

12. The county shall use the appeals system in accordance with state CCS standards.

13. The county shall carry out that portion of the Interagency Agreement with the Department of Education for which it is responsible.

14. The county will provide county-required forms necessary to complete the operation of the Medical-Therapy Program. The county shall provide office supplies for the Medical Therapy Program when these are not available through the school district.

15. The county shall support state-sponsored meetings and provide regular and periodic in-service training for therapy personnel in accordance with state standards and shall assure that appropriately trained, licensed, and/or registered personnel provide the medically related service.

16. The county CCS team (medical consultant, administrator, therapy supervisor) will utilize the technical consultation, the interpretation of administrative policies, the recommendations for program development, and the orientation of new personnel provided by the regional medical and therapy consultants to assure uniformity of service within the Medical Therapy Program.
4.3 MTU Case Record

A CCS case number shall be assigned and a case record opened on all children receiving any service in the Medical Therapy Program.

4.3.1 Maintenance, Content, Photographs of Children in MTUs, Transfer, Closure and Destruction

A. Maintenance

A case record shall be maintained in the MTU for each child receiving medical and/or therapy services through the Medical Therapy Program.

1. The case records shall be stored in a locked file cabinet located in the area assigned to the Medical Therapy Program.

2. The case record shall remain in the file except when in use by the MTU staff.

3. The case record shall not be removed from the MTU at any time.

B. Content

The case record shall contain a face sheet, previous medical reports, history and physical examination by a pediatrician, therapy evaluation, and consultation reports. Reports from public health nursing, social work, and school personnel should be included if these disciplines are involved in the case.

When therapy services are provided, the case record will additionally contain:

1. MTU Summary, including initial evaluation, signed, and dated (MC 2113).

2. Periodic progress reports, signed, and dated (MC 2113).

3. Patient Therapy Record (MC 2946).

4. Case management narrative, signed, and dated (general running notes).

5. PT and OT running notes, signed and dated.

C. Photographs of Children in MTUs

Still photographs or motion pictures taken of children in MTUs for the purpose of evaluating progress must be considered part of the medical record and are to be treated as confidential.
1. Under no circumstances are photographs or movies to be released to voluntary agencies, newspapers, or other media, nor are they to be disseminated to the public except with the direct written approval of the parents and the agency responsible for the CCS program.

2. Photographs and motion pictures shall be transferred as part of the case record.

3. CCS may purchase film and processing costs of photographs and motion pictures of patients. Claim for reimbursement shall be charged to the therapy program and identified on the "Support Data" sheet, Item 4.

D. Transfer

The MTU case record shall follow a child as he moves from one county to another.

1. When the staff in the MTU learns that a family has moved to another county, the case record shall be sent to the local county CCS administrative office with this information. The family should be instructed to apply immediately for services at the CCS office in the new county of residence.

2. When the family applies for services in the new county of residence, the CCS office in the new county shall obtain the case record from the former county of residence (including dependent counties) and forward the record to the MTU in the new county of residence.

3. Parental permission is not required for this transfer.

E. Closure and Destruction

When a case is closed to medical-therapy services, it shall be noted with the reason in the narrative and the entire case record shall be forwarded to the CCS administrative office for that county.

Case records shall be destroyed in accordance with policy in Chapter 1.4.2/D.

4.3.2 Confidentiality

CCS case records are medical records and shall be handled with the same degree of confidentiality as any medical record. The MTU case record contains privileged information and shall be held confidential.

A. The fact that the MTU case record is maintained within a school building does not alter the above requirement.
B. A parent or guardian wishing to see their child's MTU case record shall be permitted to do so, but it should be done at a time when the prescribing physician or the CCS medical consultant can be present to interpret the information.

4.3.3 Subpoena of Records

Subpoena requests for case records shall be referred to the CCS administrative unit. Procedures for this are in Chapter 1.4.2/B.2.

4.3.4 Release of Identifying Information

Therapists shall not release names of children under CCS or any other information within the child's case record to any person requesting such information.

All requests for identifying information shall be referred to the local CCS administrative unit.
4.4  Program Services

4.4.1  Program Supervision

A. Medical Consultant

The Medical Therapy Program shall be under the direct supervision of the CCS medical consultant or medical director in independent counties. The supervising therapist shall work closely with the medical consultant or medical director to see that the program is carried out according to state laws, regulations, and policies. In dependent counties, the therapists shall be under the direct supervision of the health officer. In counties where there is a part-time health officer, the therapist may be administratively responsible to the director of nurses but shall receive professional direction and supervision from the health officer. The health officer shall take his direction for the program from the CCS medical consultant and CCS therapy consultants in the state CCS regional offices.

B. Supervising Therapists

In cooperation with the CCS medical consultant or medical director, the supervising therapist shall have the overall responsibility for the organization and management of the therapy program. This therapist shall be responsible for orientation, in-service training of new staff, organization and management of the medical-therapy conferences, assuring quality of therapy services to the patients, assuring maintenance of medical records, providing consultation to community agencies and private physicians, and responding to the needs which are compatible with the CCS program.

4.4.2  Medical Therapy Conferences in Public Schools

A. Purpose of Conference

The medical-therapy conference in the public schools serves as the focal point for the coordination of all CCS therapy and medically related services for physically handicapped children eligible for CCS. The primary purpose of the conference is to provide medical management of the child's physical handicap through a comprehensive multidisciplinary approach (see Attachment 1, "Guide for Procedures to be Used in Medical Therapy Conferences for Physically Handicapped Children in Public Schools").

B. Role of Conference Physicians

1. Conference physicians shall work with the team to develop a comprehensive and coordinated treatment plan based on the child's diagnosis and needs.
2. The conference physicians shall interpret their findings and recommendations to the parents. They should keep the parents informed on the short and long-term goals for the medical management of the child. They should be sure the parents understand the reasons for and the value and limitations of therapy in the treatment of the child.

3. The conference physicians shall provide consultation to the therapists on requests from private physicians for therapy to be provided in the MTU. If the therapist has a question about the therapy recommended by a private physician (per prescription only), the problem should be presented to the conference physician(s). It may be necessary to see the child at a conference in order to make a decision. If the team agrees that the prescription is inappropriate, the medical consultant or one of the conference physicians shall contact the prescribing physician and discuss the case.

4. The conference physicians should participate in special case conferences when indicated.

5. The conference physicians should always be involved in discharge plans for children when (1) no further service is needed, (2) there is a transfer to another agency, and (3) to plan for care after age 21 years, one year before the child reaches age 21.

6. The conference physicians shall dictate their findings and recommendations, including a diagnosis and a therapy prescription when indicated. Any requests for a consultation, equipment, laboratory studies, X-rays shall be included in the dictation. There shall be a quiet area where the physician can dictate.

C. X-rays

X-rays ordered by the conference physician should be available at the time the child is seen.

D. Space

There shall be appropriate space where the conference is held. In addition, there shall be a:

1. Waiting area separate from the examining area.
2. Private dressing area
3. Private examination and/or conference area.
4. Separate area outside of the examination area for the orthotist.
5. Ambulation area
E. Equipment

Appropriate examination equipment shall be available to the physician. Equipment shall include:

1. Reflex/neurological hammer
2. Otoscope/ophthalmoscope
3. Tuning fork
4. Tape measure (inches and centimeters)
5. Tongue depressors
6. Examination table
7. Parallel bars

F. Follow-Up

Children referred to the Medical Therapy Program shall be evaluated by the conference team initially and be followed at periodic intervals based on the child's medical and therapy needs.

1. Children under active therapy treatment shall be reviewed at least every six months for the purpose of medical evaluation, consultation with other team members, recommendations, and prescriptions for interim therapy care.

2. Children being followed in the program but not receiving therapy shall be reviewed at least once a year for purposes of medical evaluation and recommendations for interim care.

G. Responsibilities of the CCS Administrative Office for Follow-Up on Conference Recommendations

1. The CCS administrative unit shall provide needed clerical support for the MTU.

2. All conference reports are to be typed and distributed to the physicians involved in the care of the child. A copy of the report shall be placed in the MTU case record and in the CCS administrative office case record. Dependent counties shall send a copy to the state regional office. DO NOT SEND REPORTS TO THE SCHOOLS OR OTHER AGENCIES WITHOUT SPECIFIC WRITTEN AUTHORIZATION BY THE PARENT (OR GUARDIAN).
3. The CCS administrative office shall review the conference report; and, if surgery, braces, equipment, hospitalization, physician consultation, laboratory studies, and X-rays, etc., are requested, the family shall be interviewed to determine financial eligibility. (Initial X-rays and laboratory studies requested by MTU physicians as an integral aspect of treatment within the schools do not require financial screening.)

4. The CCS medical consultant with the aid of the supervising therapist is responsible for authorizing any of the services in 3 above which are requested by a private physician.

5. If the family is financially eligible and necessary clearance for the requested service has been made, the case manager shall issue the necessary authorizations.

6. If the family is not financially eligible for CCS, the CCS medical consultant, supervising therapist, and/or the CCS administrator should make suggestions to help the family obtain the recommended care.

7. Release of written records is the responsibility of the CCS administrative unit. Parents (or legal guardian) may obtain a copy of records with their signed consent. If the record is to be released to another agency, a CCS representative shall explain to the parent or legal guardian that the record may not be kept as confidential information by the receiving agency.

H. Appeals Procedures (Disagreements Over Prescribed Treatment of Child)

In the therapy program, a disagreement may arise over the prescribed treatment for the child.

1. The most frequent disagreements are in two general categories.

   a. Prescriptions for therapy or equipment submitted by private physicians which are questioned by the conference team.

   b. Decisions made by conference team regarding the type and frequency of therapy and/or equipment which do not meet parental expectations.
2. When disagreements arise, the following procedures should be followed:

   a. Prescriptions Submitted by Private Physicians

      The conference team (orthopedist, pediatrician, therapist) shall review prescriptions for therapy or equipment submitted by private physicians if the therapist feels the prescription is inappropriate. If the team agrees that the prescription is inappropriate, one of the conference physicians or the CCS medical consultant shall contact the prescribing physician and discuss the case. The conference team shall make the final decision and notify the family.

   b. Decisions Made by Conference Team

      If the decision of the conference team is not accepted by the family, the case shall be referred to the medical consultant for the county and supervising therapist for disposition. If they cannot reach a satisfactory agreement with the family, they shall request a consultation. Since disagreements are usually over the need for and/or frequency of therapy or the need for equipment, it is more appropriate that a consultation be obtained from an orthopedist.

      The medical consultant and therapy consultants in each regional office shall be responsible for the selection of three orthopedists in the area whom they feel have had extensive experience in the management of physically handicapped children to provide the consultation. The selections shall be approved by the state CCS program chief. The family shall be allowed to pick one of the three consultants to review the case and make recommendations to the conference team. The recommendations shall be reviewed by the conference team and the medical consultant for that county. This group is responsible for the final decision. The medical consultant shall inform the family of the decision reached. If the decision is not agreeable to the family, the medical consultant shall advise the family that their alternatives are:

      (1) To obtain therapy and/or equipment through other resources; or

      (2) To appeal the decision.

      (3) SEE CHAPTER IV, ATTACHMENT IV, FOR "APPEAL FORM", "APPEALS PROCEDURE", "FAIR HEARING PROCESS".
I. Nursing and Social Work Services

1. The county health agency is responsible for health supervision. Social services shall be made available by the county (California Administrative Code, Title 17, Section 2905).

2. School nurses are responsible for the child's school health needs in the school. This includes providing and/or supervising the administration of specialized physical health care for physically and severely handicapped children pursuant to Section 49423.5 of the Education Code.

3. Upon MTU team approval, nurses with expertise in the physical health care needs of children may be brought into the school setting on a consultation basis. It is recommended that this consultation focus on both didactic and clinical preparation of the nurses who will be providing direct services to these children with special needs such as bowel and bladder training.

4. It is recommended that a PHN be assigned the responsibility of providing liaison services between the MTU and the health department on a part-time basis. Job duties for this role should be incorporated into the PHN job description. Duties might include: (1) identifying the nursing needs of the patient and his family and planning for nursing service and referral sources needed to meet those needs, (2) providing information about the home environment, (3) coordinating services which will assure continuity of care, and (4) reporting all actions in the MTU conference to the district public health nurses.

5. Both the nurse and the social worker should be available to the MTU staff to interpret nursing and psychosocial needs and to recommend referral sources for these needs.

6. Each county has a local mental health program and a regional center program to supply counseling and psychosocial needs of handicapped children which should be utilized. However, if such services are not available or special family circumstances exist, vendorization of GCS panel social workers should be made upon physician prescription. Initial and periodic reports to include plans and/or evaluation shall be required.
4.4.3 Physical and Occupational Therapy Services

A. Eligibility

Children with neuromuscular or musculoskeletal conditions for whom physical and/or occupational therapy is an accepted form of treatment may be eligible for services in the MTU. The case must be open to CGS.

B. Purpose of Therapy Services

The purpose of providing therapy services in public schools is:

1. To provide easy access to therapy services in order to facilitate the child’s ability to participate in educational, social, recreational, and family commitments.

2. To provide evaluation, treatment, and instruction to the physically handicapped child and his/her family in order to detect, prevent, correct, or limit physical disability.

3. To provide a comprehensive team management and to integrate services with education in order to reflect the intent of the original legislation.

4. To provide a vehicle by which the program may accomplish its stated goal and objectives.

C. Intake

All prescriptions for therapy services shall be in writing. Telephone referrals may be received and recorded in the medical-therapy record; however, a written prescription and a medical report shall be received within two weeks from the date of the initial referral.

D. Referrals

1. Referrals from the medical-therapy conference must have a diagnosis of a presumptively eligible condition and a treatment plan for the requested therapy services.

2. Referrals from special centers in medical centers (i.e., spina bifida, muscular dystrophy, rheumatoid arthritis, etc.) shall include a written medical report and a treatment plan for therapy services.

3. Referrals from private physicians on the CGS panel must include a written medical report and a treatment plan for therapy (see Manual, Section 4.4.2/B.3). All such referrals for treatment shall be screened through the medical consultant and/or MTU conference prior to or concomitantly with the initiation of the proposed therapy.
4. All referrals from nonpanel physicians shall be referred to the conference team.

E. Therapist Staffing

Chief/Supervising Therapist has the responsibility for overall management and accountability of the countywide Medical Therapy Program.

Unit Supervisor/Senior has the responsibility for supervising operations of an assigned MTU(s).

Staff Therapist has the responsibility for delivery of specialized patient care services to a specific caseload.

The number of staff therapists assigned to an MTU shall be determined by the number of hours of service required.

1. Based on a 40-hour week, the number of staff to be allocated will be determined by allocating one staff therapist for each 30 hours of direct\textsuperscript{1} therapy service required. The remaining ten hours are to be spent in the provision of indirect\textsuperscript{2} services. When approving therapy positions, the State will make additional considerations for those programs in which there are no supervisory and/or support staff and for required travel time between therapy units during the working day. Usual caseloads run between 25 to 30 patients.

\textsuperscript{1} Direct services: Those services directed to the patient by the therapist. The patient is always present.

\textsuperscript{2} Indirect services: those patient-related services performed by the therapist in the patient's behalf. The patient may or may not be present.

2. Allotment of supervisory positions will be made in accordance with the following schedule.

<table>
<thead>
<tr>
<th>Full-Time Equivalent</th>
<th>Unit Supervisor Positions</th>
<th>Portion of Unit Supervisor Position as Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positions</td>
<td></td>
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<tr>
<td>1</td>
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<tr>
<td>6-8</td>
<td>1</td>
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</tr>
</tbody>
</table>
When there are two or more unit supervisors, there shall also be a full-time Chief of Therapy Services who may be either a registered occupational therapist or a registered physical therapist.

If the county staffing falls below 75 percent of that recommended by the State, State has the option to withhold all therapy support funds.

3. When there is an assistant to the Chief of Therapy Services, their specialty shall be of the other discipline. If there is no assistant supervisor, a therapist of the other discipline shall act as a consultant to the supervisor on professional matters. A supervising therapist may not give professional supervision outside of his/her registered discipline.

4. In counties with less than four therapists in the Medical Therapy Program, one therapist shall be designated in a "supervisory", "senior", or "therapist in charge" category and the caseload shall be adjusted in accordance with paragraph 2. The salary of this person shall be in accordance with the extra responsibility.

5. A full-time therapy aide is equal to one-third (1/3) of a therapist position.

6. A full-time therapy assistant is equal to one-half (1/2) of a therapist position.

F. Responsibilities of the Therapist Providing Patient Care

1. Evaluation

   a. The therapist shall complete an evaluation on all new patients within one month of the initial referral and subsequently a minimum of each six months in preparation for conference review. Upon completion of the evaluation, the therapist shall summarize the results on the MTU Summary (MC 2113) which will be included in the case record.

   (1) Diagnostic testing should determine the degree and site of the disability.

   (2) Ongoing evaluation should determine the child's response to treatment which will identify the need to implement, continue, and/or modify the treatment plan.

   c. The results of the evaluation shall be discussed with the physicians and the parents.
2. Provision of Individual Treatment, Group Treatment, and Instruction

a. The therapist shall perform treatment sessions with a child or a group of children (not to exceed a ratio of six children per therapist) and instruction to a member of the family on the physical management in the home. Instruction on physical management in the school or community may be indicated and provided with parental consent.

b. The purpose of the treatment session is to provide corrective rehabilitation, treatment, functional adaptation, or instruction in physical management so that the maximum potential of the child's physical abilities can be achieved.
c. The frequency and duration of treatment shall be based on the child's current needs as determined by the conference team.

3. Consultation

a. The therapist shall consult with others to mutually share, compare, decide, and/or plan for a solution to an area of concern for a child.

b. The purpose of the consultation is to enhance the well-being of a child by providing professional advice, assistance, and/or an opinion to others.

c. The parent (guardian, etc.) shall be informed of the need for consultation and should agree to the therapist's participation.

d. The therapist shall provide follow-up in the area of concern which required the consultation.

4. Discharge

When maximum benefits from treatment have been achieved, the therapist will report this information to the child's physician and subsequently to the child and his family. The medical record will reflect the reason for discharge from service, and the therapist will ensure that all information regarding therapy service is current and filed before closure (refer to Closure, Manual, Section 4.3.1/E).

5. Record of Therapy Services

The state CCS requires the completion of four forms which reflect therapy services.

a. MTU Summary (MC 2113 or facsimile) is a narrative synopsis of evaluation and response to treatment.

b. Patient Therapy Record is an itemization of service units in minutes and reasons for absences which are recorded in accordance with the following:

When the therapist is not available to provide treatment, use the letter "T" with one of the following number codes:

1 - Ill

2 - Medical appointment for another child (conference, Medical Center, private M.D.)

3 - Meeting
4 - Attending IEP/EAS/SAT
5 - Parent conference
6 - Other

When the child is not available for treatment, use the letter "C" with one of the following number codes:
1 - Ill
2 - Field trip
3 - School activity
4 - Transportation cancelled
5 - School vacation/holiday/minimum day
6 - No show
7 - Other

c. Narrative Sheet (MC 2320) is a running record of MTU case management.

d. Semiannual Report of Physical and Occupational Therapy Services is a synopsis of program data information of all children receiving CCS physical therapy/occupational therapy services throughout the State.

Refer to Attachment II, Reference for Recording, for instructions on completing the MTU Summary, Patient Therapy Record, and Semiannual Report of Service.

6. Supervision of Aides and Assistants

In the implementation of treatment, the therapist may delegate to therapy aides or assistants employed by the program those procedures which are within their competence. Acting in this role, the registered therapist is responsible for:

a. Performing all evaluations including periodic assessment a minimum of every 30 days.

b. Providing direct, on-site supervision of the supportive personnel.

c. Reviewing the patient's program with the supportive personnel a minimum of every 30 days.

d. Recording all entries in the patient's record.
4.4.4 Therapy Assistants and Aides

A. Staffing

Therapy aide and assistant positions shall be approved by state CCS before these positions will be reimbursed by the State. Written county specifications and job descriptions and plan for in-service training and orientation shall be available for review by the State.

1. Physical therapy aides require direct on-site supervision by a registered physical therapist (RPT) 100 percent of the time. A physical therapy aide may not be supervised by a registered occupational therapist (OTR) while carrying out physical therapy patient related tasks.

2. Physical therapy assistants require direct on-site supervision from an RPT 50 percent of the time. Assistants may be hired only under the regulations established by the Board of Medical Quality Assurance. A certified occupational therapy assistant may not be used as a physical therapy assistant.

3. Occupational therapy aides require direct on-site supervision by an OTR 100 percent of the time.

4. Certified occupational therapy assistants (COTAs) require direct on-site supervision by an OTR 50 percent of the time and must be registered by and a member in good standing of the American Occupational Therapy Association.

5. Aides and assistants may carry out patient related tasks which have been designed by the registered therapist. Aides and assistants may not, however, change any part of a child's therapy except upon the recommendation from the appropriate registered therapist.

6. A therapy aide may be hired for an MTU which has at least two full-time therapists. When the therapist is absent or not on the site, the aide may not carry out any therapeutic procedures.

B. Responsibilities of Therapy Assistants/Aides

The responsibilities of therapy assistants/aides are:

1. To assist the registered (licensed) therapist in performing certain procedures of patient care which have been delegated as their responsibility.

2. To maintain an organized and coordinated flow of communication with the therapist regarding those aspects of patient care for which the assistant/aide is responsible.
3. To report to the registered therapist any unusual occurrence, reaction, change, etc., which may evolve while performing services or which may have resulted from direct patient service.

4. To remain sensitive and supportive to the needs of the child and his family.

5. To adhere to standards of confidentiality as pertains to medical and identifying information of all children and their families being served.

6. To assist the therapist in the fabrication of splints, adaptive aids, equipment, etc., and in maintaining the repairs of these splints, adaptive aids, equipment, etc.

7. To maintain a level of conduct which is in keeping with the MTU.

8. To assist in the overall, general maintenance and organization of the therapy unit.

9. To assume other duties as may be assigned.

4.4.5 Alternate Sources of Therapy Services

A. Location of MTU or Insufficient Staff in the MTU

All physically handicapped children eligible for therapy services through the Medical Therapy Program shall receive these services in the MTU in public schools except under the following conditions:

1. There is not an MTU within 30 miles of the child's residence.

2. There are insufficient therapists in the MTU to provide therapy.

In these cases, therapy may be authorized privately to a CCS panelled therapist without a financial screening by CCS. CCS will not pay for transportation.

B. Specialized Modalities

If the Medical-Therapy Program is not equipped to provide specialized modalities or, in the judgment of the medical consultant and supervising therapist, it is more beneficial for the patient to receive therapy in a special medical center, therapy may be authorized to a special center if the case is open to CCS for case management.

C. California-Hawaii Elks Major Project, Inc.

The Benevolent Protective Order of Elks provides needed services to physically handicapped children through its California-Hawaii Elks Major Project, Inc. The Major Project works in cooperation with CCS, other allied programs, and qualified private medical sources to
provide physical, occupational, and speech therapy services in the home. The primary objective is to provide therapy services not available from another source to other handicapped children whose needs can best be met by a home program. Determination of financial eligibility is not required, and no fees for services are accepted.

4.4.6 Operational Standards for Program Services

A. Organized Plan for Operation

There shall be an organized plan for operation of program services to assure that the standards set forth in this chapter are maintained. This plan shall be in writing, evaluated regularly, modified as needed, reviewed and approved annually with the State, and shall include the following components:

1. Clinic organization, procedures, conduct, and follow-up
2. Assignment of patients
3. Quality control (records, services to patients)
4. Line of authority and communication
5. Plan for continuing education
6. Orientation, in-service, and training of new staff
7. Appeals procedure

B. Maintaining Standards for Service

The responsibility for maintaining the standards for service generally rests with the supervising therapist in units with sufficient personnel. In smaller units, a designated therapist will generally assure operational standards with support from the local administrating staff.
4.5 Qualification Standards for Personnel in the Medical-Therapy Program

A. Physicians

All physicians employed in the Medical Therapy Program must be on the CCS panel. All appointments of new physicians to the Medical Therapy Program shall be approved by the state regional medical consultant. Every effort shall be made to employ:

1. Pediatricians who have had training in pediatric neurology and/or experience in the care of physically handicapped children.

2. Orthopedists who have had training and experience with children with physical handicaps.

B. Occupational Therapists

Occupational therapists shall have graduated from an approved school of occupational therapy and are eligible for registry or are registered with the National Registry of the American Occupational Therapy Association.

C. Physical Therapists

Physical therapists shall have graduated from an approved school of physical therapy and shall have fulfilled the legal requirements to practice in the State of California.

1. New graduates or out-of-state graduates from approved schools may be employed by the local agency and practice physical therapy providing they have fulfilled the legal requirements and remain under the direct and immediate supervision of a licensed physical therapist until all requirements to practice have been achieved. If they fail to take the next succeeding exam or fail to pass the exam, all practicing privileges shall automatically cease.

2. Foreign graduates in physical therapy shall have completed the requirements imposed by the Physical Therapy Examining Committee of the Board of Medical Quality Assurance.

D. Physical Therapy Assistants

Physical therapy assistants shall have completed a two-year associate degree program in an accredited school and comply with the legal requirements to practice in the State. Any county agency employing a physical therapy assistant shall meet the legal requirements imposed by the Physical Therapy Examining Committee.
E. COTAs

COTAs shall have graduated from an approved occupational therapy assistant program and comply with the requirements of the American Occupational Therapy Association for registration as a COTA.

F. Therapy Aides

Therapy aides shall have completed an organized program of on-the-job training.
4.6 Training of New Personnel

4.6.1 Training of Therapy Personnel

Each newly employed therapist, assistant, and aide shall be given a period of in-service training. The length of the training period is determined on an individual basis, varying with the needs and experience of the new employee.

A. In-Service Training and Orientation

In-service training and orientation may be provided by an MTU approved for this purpose. Training should include the following components:

1. Administration and philosophy of the CCS program.
2. Integration of therapy and education.
3. Testing procedures and treatment techniques.
5. Parent education.

B. Reimbursement of Training Costs

Counties may claim the salary, per diem, and travel of the therapy personnel during the period of training. These costs are reported quarterly and reimbursed 75 percent by the State.

4.6.2 Training of Physicians

A. Acquainting New Physicians With the Medical-Therapy Conference

When new physicians are employed, they should attend the medical therapy conference as an observer for two to three sessions to become acquainted with the functioning of the conference. If possible, they should attend the conference along with the physician they will replace. If this is not feasible, they should attend a medical therapy conference in another school that is functioning according to standards.

B. Orientation of New Physicians to the CCS Program

When new physicians are employed, the CCS medical consultant for that county should give them a briefing on the CCS program including the purpose of the Medical Therapy Program and its relation to education. In addition, the new physicians should be informed of the Regional Center Program and the State Vocational Rehabilitation program and their relations to CCS.
C. Physician Consultants

State CCS should retain pediatric and orthopedic consultants who are skilled in the management of the medical-therapy conference to act as consultants to counties with problems in the medical therapy conference and/or new personnel who need help in organizing the medical therapy conference.
4.7 Relationships With Other Agencies

4.7.1 Relationship With Department of Education

CGS and the State Department of Education have maintained a good working relationship since 1945, with both agencies cooperating for the benefit of physically handicapped children. With the advent of PL 94-142, schools were given new responsibilities for the education of handicapped children. In order to further define the roles of each agency, CCS has entered into an Interagency Agreement with the Department of Education (Attachment III). This agreement is not law or regulation and is subject to change when mutually agreeable.

A. Individualized Educational Program (IEP)

The IEP is an educational plan and process required by PL 94-142. CCS is under the mandate of the Department of Health Services and cannot be required by the Department of Education to participate in the IEP. However, CCS will cooperate with Education in meeting the needs of physically handicapped children.

1. The Education staff shall keep the CCS staff informed of children scheduled for IEP and the time scheduled. Attendance at an IEP by a therapist shall be scheduled ahead of time. A therapist shall not cancel therapy appointments in order to attend an IEP.

2. If CCS is providing physician supervision and/or therapy services to a child enrolled in the public school, CCS should make this known to the school staff developing the IEP for that child. CCS MTU staff shall provide the parent with a written statement which includes the diagnosis, the physician's prescribed treatment, duration of treatment, and the proposed date for reevaluation. The parent or surrogate may give this statement to the IEP team for inclusion in the IEP.

3. All decisions on physical therapy and occupational therapy shall be made by the MTU Conference Team at the time the child and parent are seen in conference. It is not necessary for a CCS representative to attend all IEPs. A CCS representative may attend the IEP of those cases in which both Education and CCS agree it is beneficial to the child and for coordination purposes. Once the therapy needs of the child have been established, it is not necessary for the CCS representative to remain for the entire IEP.

4. CCS is not responsible for providing either physical therapy or occupational therapy entered into the IEP that has not been prescribed by the MTU Conference Team.
B. Therapists Hired by Education

1. Children with physically handicapping conditions who will benefit from services provided by the CCS Medical Therapy Program should be enrolled in the CCS Medical Therapy Program and receive services from CCS.

2. Under some circumstances Education may decide to hire therapists. These therapists should receive their supervision and medical prescriptions according to Title V regulations, Section 3112 g. (Education Regulations).

"(g) Designated Physical, Occupational, or Other Authorized Therapy.

"The Responsible Local Agency shall request California Children Services to provide physical or occupational therapy services for each eligible individual whose individualized education program specifies such services. A representative of California Children Services shall be requested to participate with the educational assessment team in determining such need and in developing the individualized education program only for individuals for whom they are obligated to provide services. Any Responsible Local Agency may provide additional physical or occupational therapy services through Designated Instruction and Services only when California Children Services or other resources cannot adequately meet the need for services. Conference calls are acceptable forms of participation.

"When the Responsible Local Agency employs a physical therapist or an occupational therapist or other professionally licensed or accredited therapist, the following standards shall be observed:

"(A) The Responsible Local Agency shall ensure that therapists are supervised by an individual with qualifications at least comparable to those of the therapists.

"(B) The supervising individual shall be available to the therapist as needed for consultation and shall observe a regular supervisory schedule.

"(C) Occupational or physical therapists, whether employed by California Children Services or otherwise, shall work under a medical prescription developed by a licensed physician and surgeon who has examined the individual."
"(D) The Responsible Local Agency shall assure that the therapist has available safe and appropriate equipment as required in the Individualized Education Plan.

"Qualifications of therapists:

"(A) The therapist shall have graduated from an accredited school.

"(B) A physical therapist shall be currently licensed by the Board of Medical Quality Assurance of the State of California and meet the educational standards of the Physical Therapy Examining Committee.

"(C) An occupational therapist shall be currently registered with the American Occupational Therapy Association.

"(D) Any other type of therapist shall meet the requirement in (A) above and shall be currently licensed by or registered with the appropriate authority at the national and/or state level."

4.7.2 Relationship With Department of Rehabilitation

CCS, with parental consent, shall refer any orthopedically handicapped child to the Department of Rehabilitation during the child's junior or senior year in high school or its equivalent (usually at age 16 years). Appropriateness of the referral shall be determined by the Department of Rehabilitation. The response should be recorded and follow-up should be provided as necessary.

4.7.3 Relationship With Regional Centers

CCS, with parental consent, shall refer all children with developmental disabilities to the local Regional Center.

A. Medical Conditions

Children with mental retardation, cerebral palsy, epilepsy, autism, or related neurological handicaps are served by Regional Centers.

B. Management of Enrolled Children

The Regional Center Program is responsible for the overall management (medical, social, educational needs, and home placement) of children enrolled in that program. If any child has a physical handicap that will benefit by a service provided by the CCS medical and/or therapy program (i.e., surgery, bracing, therapy), CCS should provide that service (if the child is also financially eligible).
4.8 Administrative Policies

4.8.1 First Aid, Dispensing Medication, Changing Dressings, and Specialized Physical Health Care Services

A. First Aid

Therapists shall not be responsible for providing first aid in public schools.

B. Dispensing Medication

Therapists shall not dispense drugs in conjunction with their work in the Medical Therapy Program.

C. Changing Dressings

Therapists shall not change dressings in conjunction with their work in the Medical Therapy Program.

D. Specialized Physical Health Care Services

Provision of "specialized physical health care services" in the schools (catheterization, gavage feeding, suctioning, or other services requiring medically related training) are the responsibility of the Department of Education (see Section 49423.5 of the Education Code). CCS therapists shall not perform or supervise any of these procedures in the public schools.

4.8.2 Authorizing and Approval for Purchase and Repair of Equipment for CCS Eligible Children

A. Authorizing and Approval of Equipment

CCS shall authorize braces and durable medical equipment (wheelchairs, standing tables, etc.) for physically handicapped children when prescribed by the CCS conference team and the family is determined to be financially eligible.

1. When the equipment has been supplied to the child, the team shall check the equipment to see that it conforms to the original specifications and that it is appropriate for the child.

2. Costs of initial adjustment of the equipment are the responsibility of the provider. CCS shall not pay for this equipment until the conference team gives its approval.

B. Electric Wheelchairs

Electric wheelchairs are the only motorized mobility aids that may be purchased with CCS funds.
C. Braces

Braces which cannot be adjusted for a child’s growth over at least a two-year period should not be authorized. The orthotist shall verify the adjustment capability of the brace before authorization is issued. Any exception requires written justification from the prescribing physician and approval by the CCS medical consultant. Polypropylene AFOs are an exception to this policy.

D. Durable Medical Equipment

When possible, equipment (excluding braces) no longer used by one child and suitable for adaptation for another child’s needs should be utilized in lieu of purchasing new equipment.

1. Parents should be encouraged to return equipment to the MTU when it is no longer used by their child.

2. CCS may authorize the refurbishment of used equipment.

3. Equipment which can be constructed by parents or volunteer groups should be used in lieu of commercially purchased equipment.

4. Equipment purchased by CCS for a specific child shall be transferred with that child if he/she moves to another facility or county.

E. Repair of Braces and Durable Medical Equipment

CCS is responsible for the normal cost of repair for braces and durable medical equipment.

1. Braces

a. At the discretion of the CCS administering agency, claims of $100 or less for minor brace repairs may be processed for payment without a written statement that the brace has been checked by the clinician and found to be satisfactory.

b. When repairs of braces are unusual and it is indicated that constant repair is necessary because they were not adequately made originally, the company should be asked to assume some responsibility for repairs. Repetitive delivery of unsatisfactory braces constitutes grounds for discontinuance of the services of the company supplying the braces. The CCS agency should review problems of this nature with the clinician physician before taking action. Such matters should be brought to the attention of the state therapy consultants in the regional office.
2. Durable Medical Equipment

a. The costs for repairs of durable medical equipment may be charged to the original authorization up to a maximum of $100 for each repair. In the event that repairs are expected to exceed this amount, it is necessary to secure an authorization prior to initiating such repairs.

b. The replacement and/or repair of worn out parts of durable medical equipment due to normal usage is a benefit of the CCS program. Ordinarily, ambulation and mobility aids including wheelchairs and walkers, as well as feeding and other specialized self-care equipment, should not need repeated repair or replacement. It appears that in certain living situations, especially for children in out-of-home placement, that repairs or replacements are excessive. In instances of repeated replacement or repair, the request for any replacement or a repair that exceeds $100 should include a letter of justification from the home care administrator to the CCS administrator. If CCS denies the purchase, repair, or replacement of equipment, the request should be referred to the Regional Center or Continuing Care Services Branch if the child is enrolled in these programs.

4.8.3 Communicators

Electronic or manual communicators and electric typewriters especially designed for use by a child who has no other means of communication and who has the appropriate physical and intellectual ability to use the device may be authorized if not available through any other source such as the State Department of Rehabilitation or the child’s school.

A. Physician Evaluation

Prior to authorization, the child shall have an evaluation by the CCS conference physicians for the purpose of defining the specific communication deficit. If the conference physicians feel that psychological and/or speech and hearing evaluations are necessary to ascertain the appropriateness of the provision of a device, CCS will authorize these evaluations. When available, evaluations shall be obtained from a school psychologist and the school speech and hearing specialist. Where a physical handicapping condition exists other than speech and hearing, an evaluation by an MTU therapist will be required.

B. Purchase of Communicator

Prior to authorization of the purchase of a communicator, the provider shall be required to submit to CCS a description of and the cost of the proposed device. The proposed device must meet the approval of the CCS medical consultant and MTU therapist.
4.8.4 Making Appliances

A therapist may make a simple splint or adjust a splint when needed in the treatment of a child.

A. Therapist Services and Time Spent

1. When the making, fitting, and/or adjustment of a splint or equipment require the services of a therapist, this is considered individual treatment and shall be recorded in the patient's therapy record.

2. Time spent by the therapist in making the splint or equipment shall not replace the child's scheduled treatment time.

B. Reimbursement for Materials

The State shall reimburse the county at a 3:1 ratio for splinting materials. Claims for this shall be charged to the therapy program and be identified on the "Support Data" sheet, Item 4.

4.8.5 Inhibitory Casting

A. Non-bivalved inhibitory casting shall be authorized to a CCS panel physician qualified to do the procedure.

1. Authorized Physician

If the conference physician is authorized, he may prefer to carry out casting in the MTU. This is permissible if the physician applying the cast assumes total responsibility for the casting and the after-care.

2. Instruction for Family

If the physician does the casting in the MTU, there shall be written protocol for the parent to follow including what action to take in case of emergency related to the applied cast.

B. When prescribed by the physician, bivalved casts may be applied by MTU therapists provided the cast is bivalved prior to the child's departure from the therapy department.

4.8.6 Feeding

Therapists shall not assume the responsibility for feeding children. When feeding training as a therapeutic technique is prescribed by the conference physician, the therapists shall evaluate the child and work with the child to develop a workable technique for feeding. Then, the therapist shall train the school personnel and parents or guardian to carry out the feeding program.
4.8.7 Infant Stimulation Program

Children with a presumptively eligible or a CCS eligible condition enrolled in an infant stimulation program are eligible for services provided by the CCS Medical Therapy Program if they are not receiving therapy services in an infant stimulation program.

4.8.8 Duplication and/or Conflict of Services

It is not professionally sound for a patient to receive medical treatment services for the same medical condition separately from two or more persons of the same medical specialty. The CCS Medical Therapy Program shall not provide physician or therapy services to a child when the child is receiving these same services for the same medical condition from another physician or therapist.

4.8.9 Hydrotherapy

A. Pool Activities

Pool activities in which CCS physical therapists may participate must meet the following criteria:

1. There must be a physician's order for "pool therapy". (An M.D.'s order for swimming is not a CCS benefit.)

2. The pool must be maintained at a therapeutic temperature (98°F).

3. The child must have a condition expected to benefit from pool therapy, such as recent polio, juvenile rheumatoid arthritis, Legg-Perthes disease, postoperative cerebral palsy where limited weight bearing is the current goal, and any other eligible diagnostic category requiring limited weight bearing or exercise with gravity eliminated.

4. Any pool therapy carried out by a CCS physical therapist must be done on a one-to-one basis.

5. Consultation regarding pool programs shall be limited to general statements applicable to any child in any situation (e.g., pool personnel should avoid activities which stimulate abnormal reflexes, etc.).

B. Recreational Swimming

CCS-employed therapists may not participate in recreational swimming programs while on county time. If questions arise regarding recreational swimming problems, a local Red Cross swimming instructor shall be called in.
C. Sanitary Regulations

Hydrotherapy equipment, either pool or tank, must meet sanitary regulations as certified by the local health department.

4.8.10 Transportation

A. Use of Private Car

A CCS therapist shall not transport patients in his/her private car nor in any other vehicle during working hours.

B. Transport to MTU

CCS is not responsible for transporting any child to or from the MTU.

4.8.11 Life Experience Programs

A. Off-Site Life Experience Programs

Off-site life experience programs are those trips which have as their purpose assisting the child to gain independence in his community mobility skills. Participants are usually grouped according to their abilities, but a program may involve only one individual. Examples of life experience programs are supermarket shopping, on and off public transportation, in and out of public buildings, etc.

B. On-Site Life Experience Programs

On-site life experience programs are those programs on the school site which have as their purpose assisting the child to gain independence in home and precommunity skills. Examples are cooking, household chores, etc.

C. Therapists' Participation

Therapists may participate in school-conducted life experience programs as consultants. This participation should involve not more than one therapist from each discipline. Therapists may participate in MTU-conducted programs in accordance with the individual child's goals and objectives as stated on the MTU Summary.

4.8.12 Field Trips

Field trips are those excursions usually taken by whole classrooms, numbers of classrooms, or whole schools.
A. Purpose

The purpose of these trips is not one of assisting the child to be independent in the community but is an educational or recreational activity. Examples are trips to theme parks, museums, school picnics, etc.

B. Therapists’ Participation

Therapists shall not participate in these trips or to other nonjob related activities during their regular working hours.

4.8.13 Home Evaluation

Home evaluations may be made by a therapist to assist the family in resolving physical management problems of the child in the home and/or to determine the need/type of equipment for home/community use. Home visits may not be made solely to provide treatment.

4.8.14 Recreation

Therapists shall not assume responsibility for the recreational activities of the children within the special school.

A. Recess/Playground Activities

Therapists shall not assume the responsibility of supervising recess/playground activities.

B. Off-Site Recreational Activities

Therapists shall not staff "summer day" or residential camps on CCS time.

4.8.15 Volunteers

The use of volunteers within the Medical Therapy Program must be documented as to the manner in which they will be utilized. The documentation shall be sent to state CCS for final approval before the local CCS implements the program. Volunteers will receive in-service training for assigned duties and on-site, full-time supervision from an OTR or RPT.

4.8.16 Endorsement of Products

Therapists shall not use their position to endorse any service or product. However, the therapist may recommend to a parent an appropriate device for the use of the child.
4.8.17 Research

A. Research Proposals

All research proposals which involve the Medical Therapy Program shall obtain the approval of state CCS.

B. Publications Regarding the Medical Therapy Program

Publications of original work, reports of administrative experience, and technical contributions to suitable journals relating to research or other activities carried out in the Medical Therapy Program must be reviewed and receive approval for publication from state CCS. Publications should acknowledge the auspices under which the research or study was carried out.