



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



ARNOLD SCHWARZENEGGER
Governor

October 4, 2006

CCS Information Notice No.: 06-12

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL AND THERAPY CONSULTANTS,
CHIEF/SUPERVISING THERAPISTS, STATE CHILDREN'S MEDICAL
SERVICES (CMS) BRANCH AND REGIONAL ADMINISTRATORS,
MEDICAL AND THERAPY CONSULTANTS

SUBJECT: REQUEST FOR COMPLETION OF THE STATE REQUIRED ANNUAL
PROGRAM DATA FOR COUNTY MEDICAL THERAPY PROGRAMS
(MTP) FORM

The purpose of this CCS Information Notice is to request the completion and submission of the enclosed form titled, "State Required Annual Program Data for County MTP" for Fiscal Year 2006-7. This form must be completed annually in order for the CMS Branch to meet statutory data requirements.

This data was formerly collected using the "State Approved 100 Percent State-Funded Staff Allocations for County MTP" form that was sent out on an annual basis in order to fund staff to perform interagency activities with local education agencies (LEAs). This process has been discontinued (see NL 05-0406). Therefore, a new process for collecting necessary program data is needed.

The form requires the following data be collected:

Total Number of MTUs in the County

This is the number of primary MTUs in the county. MTU-Satellites are NOT included in this number.

Total Number of MTU-Satellites in the County

This is the number of approved extensions of established, primary MTUs where medical therapy services are provided.

Total Number of Children on the MTP Caseload

The total number of children currently followed by the MTP as “open cases”. The number of “open cases” is defined as an unduplicated amount of all MTP-eligible children receiving either physical therapy, occupational therapy, medical therapy conference services, or any combination of these services. A child is NOT to be counted more than once.

Total Number of Children with IEPs

The total number of children followed by the MTP that meet any of the following acceptable criteria that documents the child has an IEP:

- 1) An IEP is in the child’s chart (whole or part).
- 2) There is a written notice from the LEA that the child has an IEP.
- 3) There is a request to participate in a meeting on the child’s IEP (written or verbal). If verbal, it must be documented in the narrative.
- 4) Participation in an IEP meeting is documented in the narrative.
- 5) A current release of information (ROI) form from the IEP team.

If such documentation is available, the child can be added into the total count of children with IEPs.

Prescribed Hours Per Week of Physical Therapy and Occupational Therapy

The documented (Therapy prescription, Approved Therapy Plan, etc.) hours of PT and OT that the MTP has orders to provide on a weekly basis.

State-Allocated Full-Time Equivalent (FTE) PT and OT Positions Currently Filled

The total number of Physical Therapy (PT) and Occupational Therapy (OT) positions a county needs to provide medically necessary PT and OT services as determined by a CMS Branch caseload review.

State-Allocated FTE PT and OT Positions Currently Vacant

The total number of PT and OT positions a county needs to provide medically necessary PT and OT services that are unfilled.

Date of Last State Caseload Review

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The date indicated on the CMS Branch letter to the county program that summarized the findings of the caseload review and allocated positions (funded 50/50, county/state) to the county CCS program to provide medically necessary PT and OT services. The form is to be completed by the county MTP and reviewed for accuracy and signed by both the chief/supervising therapist or designated alternate, and the CCS program administrator. This form is available at the CMS website attached to this information notice and should be completed and submitted to the appropriate CMS Regional Office Therapy Consultant on an annual basis in the month of April.

If you have any questions, please contact your CMS Regional Office Therapy Consultant.

Original Signed by Marian Dalsey

Marian Dalsey, MD, MPH, Chief
Children's Medical Services Branch

Enclosure

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Branch: Chron file

**State Required Annual Program Data
For
County Medical Therapy Programs**

Fiscal Year ____/____

TO BE COMPLETED BY COUNTY CCS PROGRAM

County _____

Date ____/____/____

- 1) Total No. of MTUs in County _____ 2) Total No. of MTU-Satellites in County _____
- 3) Total No. of Children on MTP Caseload _____ 4) Total No. of Children with IEPs _____
- 5) Prescribed Hours Per Week of Physical Therapy _____ Occupational Therapy _____
- 6) State Allocated FTE PT Positions Currently Filled _____ OT Positions _____
- 7) State Allocated FTE PT Positions Currently Vacant _____ OT Positions _____
- 8) Date of last State Caseload Review ____/____/____

Please attach the following to this form:

- A) A list of all MTUs and their corresponding satellites in the county. Include address and phone number for each.
- B) Copy of most current caseload review letter from the State.

Chief Therapist/Unit Supervisor

CCS Administrator
