



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

July 27, 2011

CCS Information Notice: 11-04

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

SUBJECT: Request for Children's Medical Services (CMS) Review of Contract Therapist Qualifications to Perform Interagency Activities

Background

Numbered Letter (NL) 05-0406, Section 1 allows for qualified contract therapists, providing services to the Medical Therapy Program (MTP) to perform interagency activities and also allows county CCS programs 100% reimbursement by the State for time therapists spend while engaged in those activities. CCS Information Notice 07-06 provides additional information for the MTP Quarterly Time Study (QTS) clarifying instructions and the implementation timeline. The purpose of this information notice is to outline the procedure to obtain State approval to use a qualified contract therapist for interagency activities and be eligible to claim 100% reimbursement. Contract therapists provide services in the Medical Therapy Unit (MTU) setting.

Implementation

Counties who utilize contract occupational therapist(s) or physical therapist(s) to provide services in the MTU may obtain State approval to review the qualifications of these individuals for participation in interagency activities. The letter of request from the county must accompany a completed **Contract Therapist Application for Participation in Interagency Activities** (see attached) for each individual.

A letter of approval from CMS will be granted for each qualified applicant if established criteria are met. The county will attach the letter to the Quarterly Diagnostic, Treatment, and Therapy claim to support the 100% reimbursement for the time the approved contract therapist spent performing interagency activities.

CCS Information Notice: 11-04
Page 2
July 27, 2011

County CCS programs shall notify the State Therapy Consultant of any change on the application or in contract therapist status, such as termination of contractual agreement.

Contract therapists who work for multiple county CCS programs or who relocate to a different county CCS program must have separate approval under each county. The county may submit a previous approval letter in lieu of an application to support the request.

Any questions regarding the content of this letter should be addressed to Jeff Powers, PT Consultant, at jpowers@dhs.ca.gov or (916) 323-8008.

Sincerely,

ORIGINAL SIGNED BY DR. DIMAND

Robert Dimand, M.D
Chief Medical Officer
Children's Medical Services

Enclosure

California Children's Services Program
Medical Therapy Program
Application for Contract Therapist to Participate in Interagency Activities
Instructions for Completion on Backside of Form

CCS County Requesting Review: _____ **Date:** _____

Provider Information:

Provider Type: Occupational Therapist Physical Therapist

(Last Name of applicant) (First Name) (Middle Initial)

(PT/OT License #) (License Expiration Date)

CCS Experience

(CCS County (s)) (From/To Dates) (Hours per Week)

Describe clinical experience in the MTP:

Familiarity of CCS Medical Therapy Program administrative knowledge:

Good Fair Poor

Interagency/IEP Experience:

(Interagency /IEP Activity Training given by -- include title) (Date(s))

(Person responsible for providing Interagency/IEP Activity supervision -- include title)

Describe IEP experience:

Association with Education:

Is the applicant currently providing contract services for any school districts in this county? Yes No

Certification of Form

I have completed the above application and certify, to the best of my knowledge, that the therapist is qualified to represent CCS in interagency activities, including IEP meetings.

Print Name

County Position/Title

Signature

INSTRUCTIONS FOR COMPLETING THE APPLICATION

This form is to be completed by the county applying for review of contract therapist qualifications.

CCS County requesting review & Date:	Identify name of county requesting approval and date.
---	---

Provider Information:

Provider Type:	Check the appropriate box that describes the profession.
Last name:	Applicant's legal last name
First name:	Applicant's first name
Middle initial:	Applicant's middle initial
PT/OT License #:	Provide the applicant's professional license number. Attach a copy to the application.
License expiration :	Provide the expiration date of the professional license.

CCS Experience:

CCS County:	Name of CCS County(s) for which Applicant has provided therapy services.
From/To Dates:	(Start-Finish/Present Dates) with the CCS County (s).
Hours per week:	Number of hours worked per week.
Clinical Experience:	Describe clinical services provided in the MTU setting.
Administrative Experience:	Select familiarity of applicant to CCS Medical Therapy administrative knowledge, including, but not limited to CCS policy, Chapter 4, State and County Interagency Agreements, interagency dispute resolution, State Number Letters and CCS Information Notices related to the CCS MTP. Good: Applicant has good understanding of CCS MTP policies to competently represent the CCS MTP. Fair: Applicant has fair understanding of CCS MTP policies, but requires some guidance. Poor: Applicant has minimal knowledge of CCS MTP policies and requires continual training, guidance, and clarification in CCS MTP policies and program knowledge.
Additional CCS County Experience:	List information on separate sheet as above and attach to application.

Interagency/IEP Experience:

Interagency/IEP Activity Training:	Identify CCS staff who provided interagency training for the contract therapist.
Date(s):	Date(s) of the training.
Person to provide supervision for Interagency/IEP activities :	Provide the name of the person who will be responsible for supervision of the contract therapist's Interagency/IEP activities (ie supervising therapist, LEA liaison etc).
Interagency/IEP Experience:	Describe any Interagency/IEP activity experience the contract therapist may already have.

Association with Education

Is the applicant providing contract services with any school district in this county:	<p>Yes: Applicant is providing contract services for a school district concurrently in the same county for which CCS interagency services will be provided.</p> <p>No: Applicant is not providing contract services for a school district in the same county for which CCS interagency services will be provided.</p>
---	---

Certification of Form

Name, Title/Position & Signature:	Print Name & Title of person completing the application and Sign
--	--