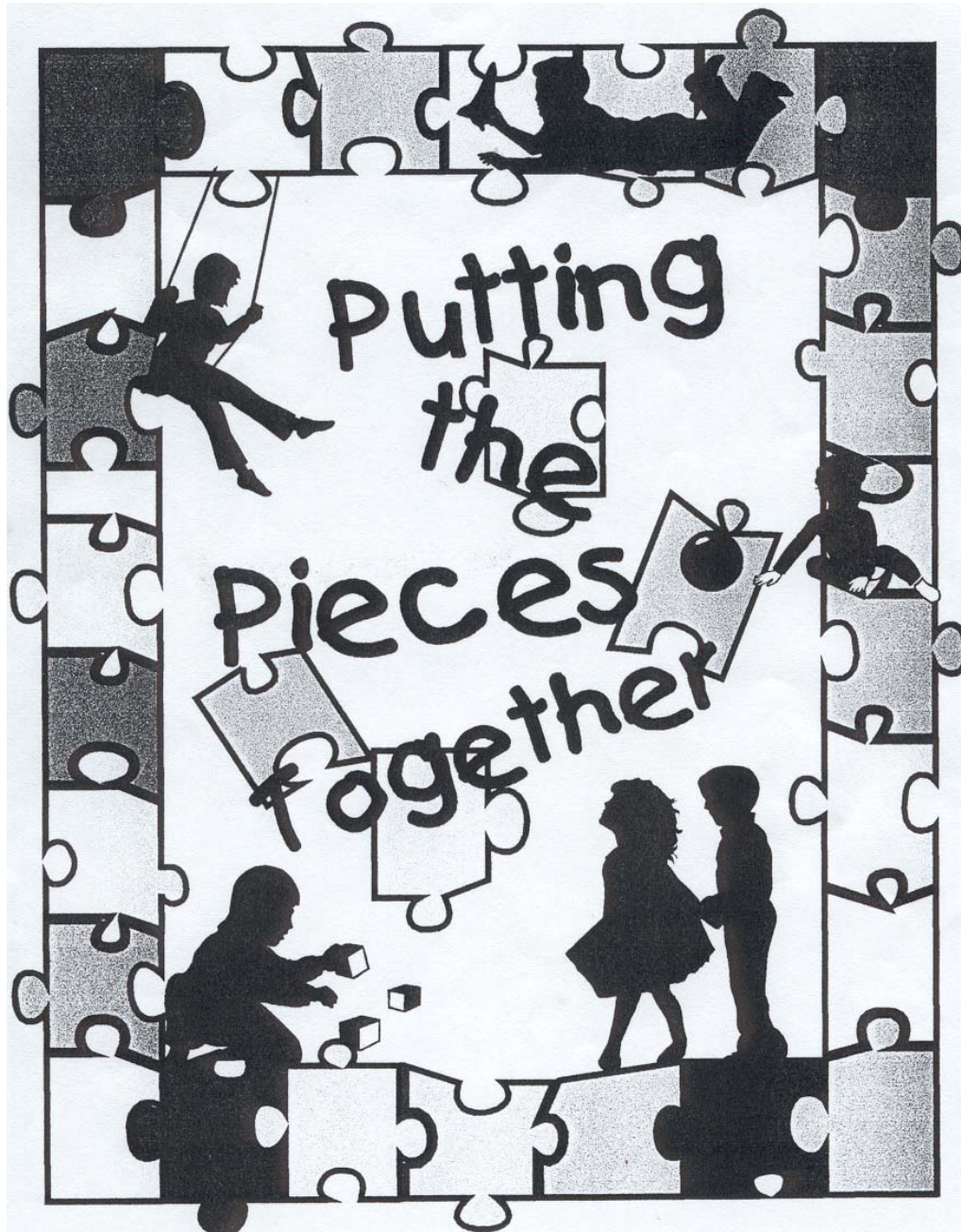




Public Health
California Children's Services

Medical Therapy Program Parent Handbook





California Children's Services Medical Therapy Program

Welcome to San Bernardino County California Children's Services (CCS) Medical Therapy Program (MTP). The County of San Bernardino, Department of Public Health administers this program. The following information will assist you in understanding the services provided by our therapy program.

The therapy program is one integral part of the overall CCS program. This part of the program provides occupational and physical therapy services to medically eligible children.* Therapy services are provided in Medical Therapy Units (MTU's) which are located on various school sites throughout San Bernardino County.

The occupational and physical therapists will complete an assessment in the areas of concern that are related to the child's MTP eligible condition. Please refer to "**Assessment**" (p.5) for areas the therapist(s) may examine, the therapist(s) will develop a therapy plan (prescription) and recommendations following the assessment. This plan is submitted for signature to either our medical therapy conference physician, or to your physician, who must be paneled (approved) by the State CCS program. A current medical report must accompany the approved therapy plan. Upon its receipt, your child will be assigned to a therapist(s) for services. The type of services provided by the MTP is explained in the section "**Levels of MTU Services**" (p7).

The therapist(s) at the MTU are here to help you gain understanding of your child's medical condition as it relates to therapy. The focus of the therapist(s) is to promote functional outcomes in the areas of mobility, transfers, wheelchair skills, ambulation, self-care skills and feeding. This information is further explained in the section "**Philosophy of Therapy Services**" (p.4).

Your child's therapy program will be administered by an occupational therapist, physical therapist, therapist assistant or therapy aide (the two latter are under the direct supervision of the therapist).

* See Attachment A (Medical Eligibility for the Medical Therapy Program)



WHAT IS THERAPY?

Therapists specializing in pediatrics are health care professionals dedicated to the promotion of health and the facilitation of maximal functional outcomes in children. On staff at the CCS Medical Therapy Units are occupational and physical therapists, occupational and physical therapy assistants and therapy aides.

Based on your child's diagnosis, the occupational and physical therapists will examine and make recommendations to best meet your child's needs. In some cases, the needs may be met by one therapist, either the occupational or physical therapist. If concerns arise in areas that would be best addressed by the alternate discipline, your therapist will consult with him/her.

The therapist's primary role is to provide the following services:

- Assessment (Evaluation)
- Intervention
- Parent/Caregiver instruction and education for home programs (activities)
- Recommending appropriate and necessary durable medical equipment (DME)
- Instructing the parent(s) and patient in the proper use of equipment
- Home visits/ School visits
- Consultation with your child's school and other agencies
- Consultation with your child's private physician or the CCS orthopedist and/or pediatrician
- Facilitation of discharge planning



THErapy INTERVENTION

In the medical therapy units, the role of the occupational and physical therapist is primarily delineated into the following:

Occupational Therapy Intervention:

- Activities of Daily Living (ADL): dressing, grooming, feeding, bathing, home/community skills
- Fine motor activities
- Gross motor activities (ages 0 months to 8 months)
- Feeding training
- Perceptual motor skills for functional ADL Skills
- Strengthening exercises (Upper extremities)
- Posture training (Upper extremities)
- Coordination activities (Upper extremities)
- Pain management in preparation for purposeful activities
- Joint mobility/protection (Upper extremities)
- Energy conservation
- Assistive technology
- Splinting (Upper extremities)
- Orthotic/Prosthetic training and management (Upper extremities)
- Selection of DME (power/manual wheelchairs, seating systems)
- Selection and use of ADL assistive devices
- Parent/Caregiver education and instruction

Physical Therapy Intervention:

- Strengthening exercises (Trunk and lower extremities)
- Breathing exercises
- Transfer training
- Gait/Mobility training
- Gross motor activities (all age levels)
- Wheelchair training
- Joint mobility/protection (Trunk and lower extremities)
- Pain management
- Posture training (Trunk and lower extremities)
- Balance activities
- Coordination activities (Trunk and lower extremities)
- Splinting (lower extremities)
- Orthotic/Prosthetic training and management (trunk and lower extremities)
- Selection and use of DME (power/manual wheelchairs, seating systems, standing devices, transfer aids/devices)
- Parent/Caregiver education and instruction



PHILOSOPHY OF THERAPY SERVICES

California Children's Services (CCS) has provided occupational and physical therapy services in medical therapy units to children (birth to age 21) with musculoskeletal, neuromuscular and muscular disease conditions since 1945. The goal of the program is to assist the child in achieving their maximum potential in the functional areas of mobility, transfers, ambulation, wheelchair skills, self-care, and feeding. A team approach is emphasized with parents being an essential member.

There are various levels of service within the CCS therapy program. The therapist will recommend a specific frequency and duration to the physician following the child's assessment. **Please refer to Levels of MTU Services (p.7).** The level of service changes during the development of the child and is relative to the child's needs at any given time.

The recognized standard of care is followed by the CCS therapist(s) for assessment and treatment services. The therapist attempts to facilitate improvement of the child's condition through the use of specific treatment techniques. Measurable progress is often obtained in the functional areas mentioned above; however, some children do not achieve the noticeable outcomes or significant changes. One of the main emphases of the therapy program is helping the parents understand their child's disability.

"Therapists serve valuable, if not essential, roles in instructing and guiding patients, parents, and teachers in the management of the motor disorder."¹ Parent(s), teacher(s) and others are shown ways to integrate therapeutic activities into the child's daily routine. When a functional skill is being taught, the child must practice these skills and therapeutic activities at home to gain the desired outcome. Direct "hands on" therapy may not be the optimal intervention, but an active home or classroom program emphasizing function, fun games and recreational activities may provide the most benefit.

¹Bleck, Eugene: Physically Handicapped Children, A Medical Atlas for Teachers. Second Edition, 1982, p. 81. Needham Heights, MA: Allyn and Bacon.



ASSESSMENT (Evaluation)

You will be asked to sign the following documents before MTU services may be administered:

1. **Consent for MTP Services** - allows CCS to provide MTU services to your child.*
2. **Assessment Plan** – informs the parents of the areas to be examined. **
3. **Therapy Services Agreement** – delineates basic responsibilities of parents and MTU. ***
4. **Exchange of Information (Confidential Consent Form)** - allows for the exchange of medical records, verbal and written communication between agencies and individuals providing services to your child.****

The assessment may include any, or all, of the following areas depending on your child's diagnosis and/or the physician's prescription.

- Clinical Observation
- Range of Motion
- Reflexes
- Muscle tone
- Muscle strength
- Sensation
- Oral motor skills
- Respiratory function
- Structural abnormalities
- Developmental skills
- Gross and fine motor skills
- Mobility
- Transfer skills
- Activities of daily living skills
- Gait analysis
- Equipment needs

The therapist(s) will write a report of the clinical findings and a proposed therapy plan (prescription) following the assessment. The report will be reviewed with you and you will receive a copy. A copy of the report and therapy plan will be sent to the primary physician for his/her signature of approval.

- * See attachment B
- ** See attachment C
- *** See attachment D
- **** See attachment E



Once a current prescription and medical report have been received at the MTU, your child will:

1. Begin therapy services:
 - a. A therapist(s) will be assigned to provide services and case management.
 - b. When treatment services are approved and no therapy time is available at the MTU the unit supervisor will provide you with information about how CCS will meet your child's therapy needs.

2. After the prescribed period of service has been given, your child will be re-assessed by the therapist(s). The timetable for re-assessment is as follows:
 - a. Treatment services – every six months
 - b. Monitor services – progress report a minimum of one time per year.



LEVELS OF MTU SERVICES

The level of MTU services prescribed for your child is determined from the therapist(s) assessment. The therapist(s) will make recommendations and develop a proposed therapy plan to send to the physician. CCS provides two different levels of services which are defined below. Your child's level of service may change several times -- No level of service is permanent. Each child is re-assessed on a regular basis, as described below.

TREATMENT SERVICES:

Definition: Child is seen one or more times per week and has a home program. A classroom program may be recommended.

EXAMPLES of patients requiring treatment services:

- Patients who, on evaluation, show potential for functional improvement with individual or group therapeutic intervention
- Post traumatic injury patients who show potential for functional improvement.
- Post-surgical patients during the initial post-operative period.
- Patients requiring periodic individual treatment by a therapist to minimize physical dysfunction or to monitor exacerbations characteristic of their diagnosis.

Requirements: CCS assessment, prescriptions and medical reports - required every six months.

MONITOR SERVICES:

Definition: Child is seen less than one time per week and has a home program. A classroom program may be recommended.

EXAMPLES of patients requiring monitor services.

- Patients demonstrating slow, measurable, functional gains who require periodic intervention by a therapist.
- Patients with progressive conditions who require a therapeutic program to maintain functional ability.
- Patients who may acquire or refine a specific skill through repetitive practice as directed in a home program.
- Patients who require maintenance of strength, range of motion, and/or postural management.
- Patients not receiving treatment services but using splints, braces, and/or durable medical equipment who require periodic check for fit and function.
- Patients who are developing or regressing slowly with long periods of stability require only periodic check.



Requirements: CCS assessment, prescriptions and medical reports – required one time per year.

OTHER MTU SERVICES

CLINIC ONLY SERVICES:

Definition: Child seen annually by the medical therapy conference (MTC) team. **(See Medical Therapy Conference for description).** The MTC team will monitor the child's medical and durable equipment needs.

MEDICAL THERAPY CONFERENCE:

Medical therapy conference is a service provided free of charge by California Children's Services (CCS) and is held in the Medical Therapy Units (MTUs). The primary purpose of the conference is to provide medical management under the direction of an orthopedist and/or pediatrician to children who are not serviced by a HMO or managed care plan. Children receiving treatment services must be seen at six month intervals. All other levels of therapy services are seen annually.

More specifically:

- To provide periodic appraisal of the child's developmental growth and medical need including therapy, bracing, surgery and durable medical equipment (DME) needs.
- To make referrals to other agencies and specialists when indicated.
- To provide patient/family guidance and counseling in relation to the child's physical disability.
- To provide occupational and/or physical therapy prescriptions and medical reports.
- To provide prescriptions for DME.

The Medical Therapy Conference team includes the physician, occupational therapist, physical therapist, Orthotist, child and their parent(s)/guardian. A school district representative, (for school age children) may attend the MTC for the purpose of coordination with medical services with the parent's consent. A parent/guardian must attend the medical therapy conference with the child. We cannot accept baby-sitters and daycare providers to attend for the parents.



DURABLE MEDICAL EQUIPMENT

Durable medical equipment (DME) is **MEDICALLY NECESSARY** equipment such as wheelchairs, walkers, standing tables, positioning systems, bracing, etc. that will help the child gain independence in the functional areas addressed by the CCS program.

Provision of DME by CCS is dependent upon financial eligibility as determined by the CCS central office. It is the responsibility of the parent(s)/guardian to notify CCS of any changes in insurance coverage, including IEHP, Molina and Medi-Cal.

CCS may authorize medically necessary DME for your child when deemed appropriate (medically necessary) by the therapist(s) and approved by the medical therapy conference team or your CCS paneled physician. A current medical report may also be required for the purchase of any DME.

Many standard child care items such as car seats, high chairs, bolsters, wedges, bicycle, clothing etc. are not benefits of the CCS program. Also, specialty items such as strollers, van lifts, van tie-downs, wheelchair carriers and second manual wheelchairs are not benefits of the CCS program.

Purchase of DME is very expensive. We ask that you follow the manufacturer and therapist's guidelines in maintaining your child's equipment. CCS will provide those repairs related to normal usage as long as your child remains financially eligible with CCS. However, we may deny a repair or replacement if there is repeated need for repair or replacement due to abuse.



CLOSURE OF MTP SERVICES

Your child's therapy case will be closed to the Medical Therapy Program for any of the following reasons, but not limited to:

1. Age appropriate with functional abilities.
2. Treatment is completed.
3. No treatment indicated for the CCS eligible condition.
4. Duplication of therapy services.
5. History of missed appointments. (See **Therapy Services Agreement**)
6. Not signing the following forms: Consent for MTP Service, Assessment Plan, Therapy Services Agreement, Exchange of Information with the prescribing physician for therapy services.
7. Lack of Medical Therapy Direction
8. Child turned age 21. (Cases cannot be re-opened for any reason)
9. Medical records no longer document clinical findings that meet MTP eligibility criteria.

If therapy services are requested in the future, you will need to contact the CCS administrative office and re-apply. A current medical report and therapy "evaluation and treatment" prescription will be required.



CCS MEDICAL THERAPY PROGRAM AND EDUCATION

Federal and State legislation and regulations have mandated that the State CCS program and State Department of Education program work in collaboration to provide therapy services. Medically necessary therapy services are provided in MTU's, which are located on public school sites.

San Bernardino County, Department of Public Health administers the therapy program and employs the therapists. The school district provides the facility and equipment. The CCS program has eight primary MTU's and one satellite MTU.

Therapist(s) may do school visits to evaluate environmental accessibility and consult with the school personnel.

The child's assessment and therapy plan will be mailed to the school district/special education local plan area (SELPA) with the written consent from the parent.



California Children's Services Medical Therapy Program

Right to Appeal through Dispute Resolution

When the client, parent or legal guardian is not in agreement with the frequency and duration of therapy services they are entitled to request a dispute resolution under the CCS appeal regulation procedure (CCR, Title 22, Section 42702). This process does not apply to your right to appeal a decision by the CCS program when there is a change or denial of medical services, medically necessary equipment or financial assistance.

In the Medical Therapy Program (MTP) the conference physician has the responsibility for supervising all therapy services provided to the Medical Therapy Unit (MTU) client, even if he/she is not the physician who has written the prescription for an individual MTP client. Therefore, the Medical Therapy Conference (MTC) physician is responsible for the supervision of therapy services provided to MTP clients, including the oversight of prescriptions written by private physicians.

Procedure for Dispute Resolution:

- A. The MTP will try to resolve the disagreement through discussion with the prescribing physician, and/or with the client, parent, or legal guardian. We recommend the therapist and the client, parent, or legal guardian schedule a meeting to discuss the area of disagreement in the therapy plan. The MTP may request the MTU unit supervisor be present at the meeting to help facilitate an agreeable solution.
- B. If a solution cannot be resolved the MTU staff shall inform the client, parent, or legal guardian that the MTC physician has medical oversight over all therapy services provided by the MTP and the disagreement will be referred to the MTC conference for possible resolutions.
- C. An Appointment will be scheduled for the next available MTC. At the conference the physician will review the therapy plan and the client's, parents, or legal guardian's disagreement. The client, parent, or legal guardian will be informed of the decision at the conference appointment.
- D. If the client, parent, or legal guardian disagrees with the conference physician's decision they shall inform the MTP in writing within five calendar days of the continued disagreement with the therapy plan.
- E. Upon receipt of the written disagreement with the MTC, the MTP shall, within five calendar days, inform the client, parent, or legal guardian of their right to dispute resolution by an expert physician



California Children's Services Medical Therapy Program

Right to Appeal through Dispute Resolution

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- F. The client, parent, or legal guardian shall have twenty days to select one of three expert physicians to see the client and to inform the MTP of the physician selected so CCS may authorize the physician's evaluation. The expert physician does not have to share his/her findings and recommendations with the client, parent, or legal guardian at the time of the evaluation. The expert physician will send his/her opinion to CCS.
- G. Upon receipt of the opinion from the expert physician, CCS program staff shall notify the client, parent, or legal guardian of the findings and implement the recommendation. The expert physician findings are a binding opinion, (for the family and the MTP) on the type and level of therapy services to be provided through the MTP. The expert physician will not assume the medical management of the child.
- H. The MTP staff has five calendar days upon receipt of the expert physician's findings and recommendations to request the required therapy prescriptions to implement the recommendations.

If the client, parent, or legal guardian have any questions or need clarification on their rights to appeal through dispute resolution, they are requested to consult the MTU unit supervisor or the MTP supervising therapist.



ATTACHMENT A

CALIFORNIA CHILDREN'S SERVICES MEDICAL ELIGIBILITY FOR THE MEDICAL THERAPY PROGRAM

There are two separate groups of children served in the Medical Therapy Program.

- A.** Children with diagnosed neuromuscular, musculoskeletal, or muscular diseases are eligible, as follows:
1. Cerebral palsy, a motor disorder with onset early childhood resulting from a non- progressive lesion in the brain, manifested by the presence of one or more of the following findings:
 - a. Rigidity or Spasticity.
 - b. Hypotonia with normal or increased DTRs and exaggeration of, or persistence of primitive reflexes beyond the normal age.
 - c. Involuntary movements that are described as athetoid, choreoid, or dystonic.
 - d. Ataxia manifested by incoordination of voluntary movement, dysdiadochokinesia, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad-based gait).
 2. Neuromuscular conditions that produce muscle weakness and atrophy, such as poliomyelitis, myasthenia's, muscular dystrophies.
 3. Chronic musculoskeletal and connective tissue diseases or deformities such as Osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputations, and contractures resulting from burns.
- B.** CCS applicants under three years of age shall be eligible when two or more of the following neurological findings are present.
1. Exaggerations of or persistence of primitive reflexes beyond the normal age, (corrected for prematurity).Increased DTRs (3+ or greater).
 2. Abnormal posturing as characterized by the arms, legs, head or trunk turned or twisted into an abnormal position.
 3. Hypotonicity with normal or increased DTRs in infants below one year of age. (Infants above one year must meet criteria described in A-1).
 5. Asymmetry of neurological motor findings of trunk and/or extremities.



ATTACHMENT B

**CALIFORNIA CHILDREN’S SERVICES (CCS)
CONSENT FOR MEDICAL THERAPY PROGRAM (MTP) SERVICES**

I hereby authorize CCS to provide the medically necessary, prescribed physical and/or occupational therapy services through the MTP to:

Child's Name

DOB

CCS#

These services may include therapy evaluation, treatment, instruction, consultation, monitoring and periodic review by the medical therapy conference team to assess the need for implementing, modifying, and/or continuing treatment.

I understand my child may be observed by physicians, medical personnel, students or technicians whose presence is deemed appropriate by the CCS appointed authority during medical conferences and therapy treatment sessions.

I understand that I have the right to appeal if I am dissatisfied with the services provided by the MTP and the CCS personnel will provide me with a copy of the appeal process.

This consent is considered valid until discharged from the MTP or by withdrawal of the parent/caregiver.

(parent, caregiver or patient if over 18 years of age)

(date)

(witness)

(date)

I authorize and consent to the taking of clinical photographs, with the understanding that they shall be used for medical purposes and be maintained in the medical therapy unit (MTU) chart. The photographs shall not be released to any agency or individual.

(parent, caregiver or patient if over 18 years of age)

(date)

(witness)

(date)



ATTACHMENT C
CALIFORNIA CHILDREN'S SERVICES
MEDICAL THERAPY PROGRAM

Therapy Assessment Plan

RE: _____

DOB: _____

Your child has been referred to the California Children Services (CCS) Medical Therapy Program (MTP) for an Occupational Therapy and/or Physical Therapy assessment for medically necessary therapy services. Based on your child's diagnosis, the following marked tests will be administered to allow the therapist(s) to develop a proposed therapy guide.

IT IS NECESSARY FOR THIS FORM TO BE SIGNED BEFORE AN ASSESSMENT IS DONE

- CLINICAL OBSERVATIONS: The therapist's observations of the child during the evaluation.
ACTIVITIES OF DAILY LIVING: Functional skills such as mobility, transfers, ambulation, gait, eating, dressing, bathing, grooming, toileting, home skills, and use of adaptive equipment.
MOBILITY: Manner in which the child moves about his/her environment.
RANGE OF MOTION: Standardized testing of passive and active joint range.
MANUAL MUSCLE STRENGTH: Standardized testing of muscle strength for individual muscles or groups of muscles.
SENSORY: Response to position in space, object identification, 2-point discrimination, and tactile sense (sharp/dull).
FINE/GROSS MOTOR: Motor maturity through age appropriate responses.
REFLEXES: Postural responses, balance, and equilibrium reactions.
POSTURAL ALIGNMENT: Posture as it relates to the skeletal system and functional abilities.
ORAL MOTOR: Examination of the oral cavity, oral/facial reflexes and muscles.
PERCEPTION: Standardized testing of child's ability to receive, interpret, and use sensory impressions.
RESPIRATORY: Standardized testing of vital capacity.
FUNCTIONAL IMPROVEMENT SCALE (FISC): Standardized measurement of the child's improvement in mobility and activities of daily living to demonstrate the child's progress and effectiveness of the Medical Therapy Program.
NEUROMOTOR IMPAIRMENT SEVERITY SCALE (NISS): Standardized assessment of motor control, upright postural position, and tone that allows a child or group of children to be compared to other children with similar neuromotor difficulties.
OTHER: _____

I give permission for my child to be evaluated in any of the above marked areas.

Parent/Caregiver _____

Date _____

pc: LEA/SELPA



ATTACHMENT D

CALIFORNIA CHILDREN'S SERVICES
THERAPY SERVICES AGREEMENT

Welcome to California Children's Services (CCS) Medical therapy Unit (MTU). We provide occupational therapy and/or physical therapy services. This therapy services agreement defines some of your responsibilities for your child's therapy program. In order to maintain continuity of care and to ensure you are part of the therapy team, your participation is essential.

- 1. I will attend a minimum of one (1) therapy session a month if my child is receiving weekly treatments or as often as requested by the therapist. I will also be present and provide input for all my child's evaluations.
2. I will immediately notify the MTU of any changes in: my child's name, address, telephone number, primary physician, medications, functional status, school placement, and medical insurance.
3. I will notify the therapist(s) of pertinent impending medical procedures, doctor appointments, or changes in my child's health status and I will obtain a new PT/OT prescription to resume therapy services after any hospitalization and for any medical procedure that impacts therapy services.
4. I understand the therapy program requires a current signed prescription and medical report to provide occupational and/or physical therapy services, otherwise therapy services may be interrupted.
5. I understand that the use of devices such as cell phones, cameras, video recorders or audio recorders is not allowed in the MTU without prior permission in writing.
6. I understand the therapist(s) will consult with other medical professionals as needed regarding my child's medical care.
7. I understand that CCS will not provide a duplication of medical direction and/or therapy services.
8. I will participate in home programs and inform the therapist(s) of any changes with my child's status.
9. I will remain on the school grounds when I bring my child for therapy appointments. If my child is transported to therapy by school bus and I am responsible for taking him/her home, I will be on school grounds prior to the end of the session. If I am late picking him/her up more than once, then my child's busing arrangement will be canceled and I will be responsible for bringing my child to his/her future therapy appointments.
10. I understand that siblings need to be closely supervised and are to remain in the designated areas.
11. I understand CCS is not responsible for the transportation of my child to and from therapy appointments.
12. I will not bring my child to therapy when they are ill.
13. I will call in advance to cancel any scheduled appointments.
14. I understand that it will be interpreted as a decision on my part to terminate therapy services if my child has a history of missed appointments (i.e. any of the following: 3 direct treatment sessions within a prescription period, 3 orthopedic conference appointments, 2 scheduled therapy evaluations, 2 scheduled consultation appointments).
15. I will maintain my child's equipment and notify the therapist(s) of problems.
16. I understand that if my child's case is closed, equipment or therapy consultation needs will not be addressed by the MTU until the case is re-opened.
17. I am financially responsible for the cost of medical services, equipment, and repairs not pre-authorized by CCS.

I have read and understand this agreement and have been given a copy.

Signature of parent/legal guardian/applicant

Date

Signature of CCS Representative

Date

Child's Name

CCS #



County of San Bernardino
Department of Public Health
CALIFORNIA CHILDREN'S SERVICES
Mailing Address: 150 E Holt Blvd, 3rd Floor
Ontario, CA 91761
Telephone: (909) 458-1637
FAX: (909) 986-2970

MTU & SATELLITE LOCATIONS:

Barstow MTU (Satellite)
2020 Monterey Avenue
Barstow, CA 92311
(760) 252-2258

Etiwanda MTU
12860 Banyan Street
Etiwanda, CA 91739
(909) 463-3275

Carmack MTU
4777 State Street
San Bernardino, CA 92407
(909) 880-6611

Redlands MTU
1451 E Pennsylvania Ave
Redlands, CA 92374
(909) 307-2440

Colton MTU
485 Agua Mansa Road
Colton, CA 92324
(909) 433-4752

Siegrist MTU
15922 Willow Avenue
Hesperia, CA 92345
(760) 244-7999

Fontana MTU
11155 Almond Avenue
Fontana, CA 92337
(909) 357-5900 x14350

Yucca Mesa MTU
3380 Avalon Avenue
Yucca Valley, CA 92286
(760) 369-6315

Montclair MTU
4825 Moreno Street
Montclair, CA 91763
(909) 445-1665