



The California Children's Services Medical Therapy Program provides physical therapy, occupational therapy and physician oversight to California's physically disabled children in need of habilitation or rehabilitation services. Those services start at diagnosis and continue to age twenty one, preparing each child for participation in all aspects of his or her life - home, school and the community.

What is the California Children's Services Medical Therapy Program?

California Children's Services (CCS) is a statewide program established in 1927. Within the Department of Health Care Services and administered locally by counties, CCS provides medical case coordination to over 180,000 children (birth to 21) who qualify for the program. Eligibility criteria include financial eligibility, county residential eligibility and medical eligibility. Diagnoses eligible for CCS include most of the catastrophic conditions of childhood, such as cancer, hemophilia, cystic fibrosis, cardiac conditions and sickle cell disease.

The CCS Medical Therapy Program was established in 1945 by the state legislature to provide therapy services to children at public school sites instead of at local orthopedic hospitals. The Medical Therapy Program originally provided services to children with the orthopedic deficits associated with polio and cerebral palsy, but in 1961, the Budget Act expanded the eligibility to include other neuromuscular and musculoskeletal conditions. The Crown Act of 1968 established the county responsibility for administering the Medical Therapy Program locally in the public school setting.

The Medical Therapy Program involvement and relationship with education increased in complexity with the passage of Public Law 94-142 in 1975, establishing Free and Appropriate Education (FAPE) and the Individualized Education Plan (IEP) and the subsequent amendments, including the 1990 amendment changing the name to the Individuals with Disabilities Education Act (IDEA). AB 3632 was passed into law in 1984 to ensure coordination between departments serving children with special needs and the Medical Therapy Program and Special Education operated under emergency regulations put into effect in 1987 to implement AB 3632 until 1997 at which point Title 2, Sections 60300-60330 were added to the California Code of Regulations to specify the interagency agreements between CCS and education agencies.

Funding for the Medical Therapy Program staffing and administrative support is a shared obligation between state and county funds. The Medical Therapy Unit; the facility housing the Medical Therapy Program, is funded by the California Department of Education per Title 2, Section 60330. There are 134 Medical Therapy Units in the state, serving over 23,000 children.

Who is served by the California Children's Services Medical Therapy Program?

While the CCS list of medically eligible conditions is lengthy, the CCS Medical Therapy Program eligibility list is more narrow and serves children with cerebral palsy (nearly fifty percent of the MTP caseload), as well as spina bifida, spinal cord injury, muscular dystrophy, arthrogryposis, and other neuromuscular and orthopedic conditions. Medical Therapy Program eligibility criteria include county residence, but there is no financial eligibility requirement for therapy services. Therapy is provided at no cost to patients and families, regardless of income and regardless of Individual Education Plan (IEP) status. Some of the children in the Medical Therapy Program have physical disabilities that do not qualify for special education services, such as brachial plexus birth injuries, juvenile rheumatoid arthritis, amputations, or the contractures that result from severe burns. While these children may not have an IEP, they do have issues that impact their ability to function well in all of their environments, including school, and those needs are addressed by the Medical Therapy Program.

What services are provided by the California Children's Services Medical Therapy Program?

Occupational and physical therapy are provided to the children in the Medical Therapy Program under a therapy prescription. Physician oversight is provided via the Medical Therapy Conference for most children in the program. The Medical Therapy Program eligible diagnoses require a great deal of family-centered and coordinated care from a team of medical personnel in addition to the occupational and physical therapists. This includes pediatricians, neurologists, physiatrists, orthopedists, orthotists, prosthetists, durable medical equipment technicians, social workers and nurse case managers. This coordinated care directly and indirectly affects the child's ability to participate across all of the environments of childhood including home, school, neighborhood parks and the grocery store, for instance.

Occupational and physical therapists also monitor the status of the program's children by consulting with the family, the entire medical team, teachers, and others across locations such as home, school, physician offices, and other outside clinics. As identified in the World Health Organization's International Classification of Functioning, Disability and Health, the model used to describe disability has moved beyond the clinic and includes the child's ability to participate in activities across environments. The hands-on therapy provided in the Medical Therapy Unit serves to establish the skills the children can use throughout every aspect of their lives. The consultation provided by the therapists serves to help the entire team understand how the child might, for instance, transfer to a classroom chair, manage his or her clothing in the school bathroom facilities, or carry a tray in the cafeteria. By monitoring the child across environments, physical and occupational therapists determine what durable medical equipment and orthotics are needed to maintain optimal biomechanical alignment and functional positioning from which to perform the skills of daily living. In partnership with families, therapists are often the first to notice changes in function, changes in range of motion, changes in the child's ability to participate that may necessitate intervention.

Where are Medical Therapy Program Services Provided?

Direct ("hands-on") therapy services are provided at Medical Therapy Units (MTUs). As developed under the revised interagency agreement of 2001, Medical Therapy Units (NL 13-0701) are at a school facility with the space, layout, equipment and supplies necessary to provide physical and occupational therapy services that address rehabilitation and habilitation needs. Providing services in a child's natural

environment, in this case the school setting, benefits the child, the family, the campus and the community.

Most of the MTUs are certified as Outpatient Rehabilitation Clinics (OPRCs) by Medi-Cal. As OPRCs they follow Medi-Cal OPRC regulations and have an established system to directly bill Medi-Cal for the care provided to Medi-Cal beneficiaries. The services provided by physical and occupational therapists are governed by California regulation, the California boards of both physical and occupational therapy, as well as their respective practice acts.

Who provides Medical Therapy Program Services?

Throughout the state there are nearly 600 full time equivalent physical and occupational therapists providing Medical Therapy Program services. These therapists represent a very experienced group of professionals who possess multiple specialty credentials in order to serve this unique population. Figures from a statewide Medical Therapy Program Survey completed in 2014 indicate that over half of the Medical Therapy Program therapists have 11-30+ years of experience with children with physical disabilities. Both occupational and physical therapists within the Medical Therapy Program have advanced certifications in such areas as neurodevelopmental treatment, hand therapy, swallowing assessment/evaluation, and are clinical instructors for physical and occupational therapy students completing their clinical internships. Nearly one fifth of the physical therapy Pediatric Clinical Specialists in California are Medical Therapy Program staff.

The Medical Therapy Conference provides medical oversight for the therapy program and is staffed by physicians from regional tertiary care hospitals and specialty care centers. The Medical Therapy Conference physicians represent Physical Medicine and Rehabilitation, Neurology, Orthopedic and Pediatric specialties. In addition to review of a child's current status, progress and rehab potential in therapies and need for DME and orthotics, the Medical Therapy Conference physician(s) make referrals to additional specialty care as needed. The Medical Therapy Conference is held at the MTU and the frequency of clinics depends on the caseload size in a given MTU. In addition to the medical oversight provided in the Medical Therapy Conference, the therapists, nursing staff and physicians in the program review pertinent medical records from those medical entities providing service that may impact a child's health and ability to participate from therapy.

When are Medical Therapy Program services provided?

Physical and occupational therapy services are provided at a frequency (number of times per week, month or year) and duration (length of prescription time period before review) that depends on a complex set of factors, including the needs of the child, their ability to participate in therapy, and the family's ability to participate in the regular practice of the skills being worked on in therapy. The schedule is designed to best meet the needs of the child and family; it may be before school, after school or during the school day. As Medical Therapy Program service delivery shifts to the evidence-based model of care that focuses on short periods of therapy followed by practice periods, the typical therapy appointment is changing as well.

What pressures are impacting the CCS Medical Therapy Program and the California Department of Education interagency relationship?

- Legal disputes
- Local space issues
- Local budget concerns

In conclusion

The CCS Medical Therapy Program has been providing skilled occupational and physical therapy services to children with very complex conditions since 1945. These conditions transcend any single environment, and the children greatly benefit from a comprehensive and coordinated plan of care. The ability to address gross and fine motor skills and activities of daily living, manage durable medical equipment and orthotics needs, provide medical case management, and consult with team members across all environments is central to this plan of care and makes the CCS Medical Therapy Program unique and invaluable to these children and their families.

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