



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



ARNOLD SCHWARZENEGGER
Governor

January 24, 2007

CCS Information Notice No.: 07-01

TO: ALL CALIFORNIA CHILDREN SERVICES (CCS) COUNTY PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS, INDEPENDENT COUNTY CHIEF/SUPERVISING THERAPISTS, DEPENDENT COUNTY LEAD THERAPISTS, MEDICAL THERAPY UNIT STAFF, CHILDREN'S MEDICAL SERVICES (CMS) BRANCH REGIONAL OFFICE ADMINISTRATORS, MEDICAL CONSULTANTS AND THERAPY CONSULTANTS

SUBJECT: REVISED INTERAGENCY AGREEMENT (IA) BETWEEN CALIFORNIA DEPARTMENT OF HEALTH SERVICES, CMS BRANCH AND CALIFORNIA DEPARTMENT OF EDUCATION (CDE), SPECIAL EDUCATION DIVISION

The CMS Branch and CDE, Special Education Division have reviewed and made several modifications to the state IA. These revisions reflect changes required by the Federal Office of Special Education Planning (OSEP). The revisions to the IA pose no significant change in fiscal or workload responsibilities on the CMS Branch or County CCS programs.

The areas of change include Section IV (Review of Interagency Agreement), Section VI (Financial Responsibility), Section VII (Conditions and Terms of Reimbursement), and corresponding sections of Section VIII (Responsibilities). The change to section IV decreases the frequency of reviews and modifications of the IA by the CDE and CMS. The change in language in Sections VI and VII were required by OSEP to clarify financial responsibilities. There was also a change to Section VIII Responsibilities (N - Interagency Disputes) that requires the state agencies to provide technical assistance to county programs/LEAs prior to those local agencies filing a written notification of the failure to provide a service.

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If you have any questions, please contact your Regional Office Therapy Consultant.
Thank you for your assistance in this process.

Original Signed by Harvey Fry for Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Chief
Children's Medical Services Branch

STATE INTERAGENCY COOPERATIVE AGREEMENT
BETWEEN
THE CALIFORNIA DEPARTMENT OF EDUCATION
AND
THE CALIFORNIA DEPARTMENT OF
HEALTH SERVICES
CHILDREN'S MEDICAL SERVICES BRANCH
CALIFORNIA CHILDREN SERVICES
MEDICAL THERAPY PROGRAM

2005

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HEALTH SERVICES
CHILDREN'S MEDICAL SERVICES BRANCH
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MEDICAL THERAPY PROGRAM

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I. Statement of Issue

A. Historical Perspective

The California Department of Health Services (DHS), Children's Medical Services Branch (CMS), California Children Services (CCS), and the California Department of Education (CDE), Special Education Division, have a long history of laws and regulations that link them together in service provision to special needs populations and collaboration in this endeavor.

1. California Children Services History

May 1927 – California Crippled Children's Act – Established the CCS program to provide services for conditions, such as infantile paralysis, that have since been eliminated through preventive measures.

1935 – Social Security Act – Federal mandate that each state would establish and fiscally support a program that provides services for children with special health care needs.

1945 – Medical Therapy Program (MTP) established by the California State Legislature primarily to treat children with Cerebral Palsy.

1961 – Budget Act – Expanded eligibility for the MTP to include neuromuscular, musculoskeletal, and other chronic conditions that require long-term medical care and rehabilitation services.

1968 – Crown Act – Established local county responsibility for the MTP.

1981 – In order to implement Public Law (P.L.) 94-142, the California Department of Education, Special Education Division, and the Department of Health Services, CCS, signed a state interagency agreement to set the groundwork for cooperation and communication between the agencies for the provision of medically necessary physical therapy (PT) and occupational therapy (OT) services identified in the individualized education program (IEP) and provide guidance for state and local agencies until the California State Legislature could establish statutes.

1984 – Assembly Bill (AB) 3632 – Chaptered into law as Chapter 26.5 of the Government Code. This statute established interagency responsibility for provision of medically necessary PT and OT services identified in the IEP.

1987 – Emergency regulations for AB 3632 were promulgated and renewed each year with the budget act for ten years.

1997 – AB 2726 – Was passed and effectively terminated the emergency regulations as of July 1, 1997, and required that all agencies involved would promulgate final regulations.

1998 – A second set of emergency regulations for Chapter 26.5 of the Government Code were filed with the Secretary of State and became effective July 1, 1998.

1999 – Final regulations for Chapter 26.5 (commencing with Section 7250) of the Government Code were adopted on August 13, 1999. These interagency regulations are located in Title 2 of the California Code of Regulations, Division 9, Chapter 1, Article 1, sections 60000–60610.

2. Special Education History

1945 – State legislation passed that requires PT and OT services provided by CCS no longer be provided in orthopedic hospitals, but instead, be provided in public schools.

1975 – P.L. 94-142 – Passed in the United States Congress called the Education of the Handicapped Act (EHA). This statute initiated the concept of a free and appropriate public education (FAPE) for children with special needs, due process, and related services to support the child's education. The IEP process regulations were promulgated in 1977.

1981 – In order to implement P.L. 94-142, the California Department of Education, Special Education Division, and the California Department of Health Services, CCS, signed a state interagency agreement to set the groundwork for cooperation and communication between the agencies and to provide guidance for state and local agencies until the California State Legislature could establish statutes.

1983 –P.L. 98-199 – Made amendments to EHA that included requiring the local educational agencies (LEAs)/special education local plan areas (SELPAs) to include transition services in the IEP planning. It also established the federal Office of Special Education Programs (OSEP) to oversee state implementation of EHA.

1984 – AB 3632 – Chaptered into law as Chapter 26.5 of the Government Code. This statute established state and local interagency responsibilities for provision of educational and related services to children with disabilities.

1986 –P.L. 99-457 – Made amendments to EHA that included lowering the age of eligibility for special education services to birth, the concept of full inclusion, requirements for assessments, and increasing children's/parental rights in the IEP and the individualized family service

plan (IFSP) process and parental consent, and it established the early intervention program.

1987 – Emergency regulations for AB 3632 were promulgated and renewed each year with the budget act for ten years.

1990 –P.L. 101-476 – Made amendments to EHA that included assistive technology as a benefit for children with special needs and changed the name from EHA to the Individuals with Disabilities Education Act (IDEA).

1997 – AB 2726 – Was passed and effectively terminated the emergency regulations as July 1, 1997, and required that all agencies involved would promulgate final regulations.

1997 –P.L. 105-17 – Made amendments to IDEA that included increased state responsibility for insuring interagency agreements between agencies serving children eligible for special education and fiscal responsibility of state programs already serving disabled populations in the public schools.

1998 – A second set of emergency regulations for Chapter 26.5 of the Government Code were filed with the Secretary of State and became effective July 1, 1998.

1999 – Final regulations for Chapter 26.5 (commencing with Section 7250) of the Government Code were adopted on August 13, 1999. These interagency regulations are located in Title 2 of the California Code of Regulations, Division 9, Chapter 1, Article 1, sections 60000-60610

2004 –P.L. 108-447 – Reauthorized IDEA and renamed it the Individuals with Disabilities Education Improvement Act.

B. Commonality of Goals

The agreements on the following pages of this document are divided into activities that are identified in Chapter 26.5 of the Government Code for the Department of Health Services, Children's Medical Services Branch (CMS), California Children Services, Medical Therapy Program, and the California Department of Education, Special Education Division. It is the responsibility of each agency to communicate, collaborate, and create a cooperative system that benefits children with disabilities. The state agencies will provide technical assistance to ensure that local agencies have interagency agreements that contain all required elements identified in the interagency regulations.

II. Authority

Special education services to individuals with disabilities are mandated by federal and state laws and regulations, including the Individuals with Disabilities Education

Improvement Act (IDEA) of 2004; Section 504 of the Rehabilitation Act of 1998; the Americans with Disabilities Act (ADA) of 1990; the California Education Code; and Title 5 of the California Code of Regulations.

Medically necessary therapy services for children with conditions eligible for the CCS MTP are mandated by the California Health and Safety Code and Title 22 of the California Code of Regulations.

These programs are linked together in the provision of services to children with disabilities by the California Government Code, Chapter 26.5, and the interagency regulations (Title 2, Division 9, Chapter 1, Article 1, sections 60000–60610), effective August 13, 1999.

Since children with disabilities may require a variety of services from different agencies, it is essential that systems of interagency coordination, cooperation, and collaboration be maintained. IDEA holds education responsible to work cooperatively with other public and private agencies to assure that children with disabilities receive education and related services as identified in the IEP or IFSP. One method of meeting this responsibility is the use of interagency agreements, which specify each agency's program and fiscal responsibility for the provision of special education and related services. The California Department of Education may use all available sources of support whether federal, state, local, or private in order to assure a child with a disability receives a free and appropriate public education.

III. Purpose of this Document

It is the intent of this agreement between the CDE, Special Education Division, and the Department of Health Services, CMS, CCS, to:

- Outline the responsibilities of each state agency to assure the uninterrupted delivery of special education services and medically necessary therapy services as identified in the individualized education program or the individualized family service plan when conducted through the LEA/SELPA and coordinated with county California Children Services.
- Describe the conditions under which each agency will assume the fiscal responsibility for providing services to eligible children with disabilities.
- Set forth conditions for interagency contracts or reimbursements, if needed, pursuant to the Code of Federal Regulations, Title 34, Section 300.142 (34 CFR 300.142).
- Establish monitoring of local programs by state agencies to assure resources will be utilized at the local level in the most effective and efficient manner and in compliance with the current federal and state laws and regulations.

- Implement joint staff development and continuous quality assurance activities.
- Establish and maintain coordination through channels of communication between the CDE, Special Education Division, and the DHS, California Children Services, at the state level.
- Provide a framework to assure that children with disabilities who are eligible for special education and CCS MTP services have the opportunity to achieve an appropriate level of educational programming and physical function.

IV. Review of Interagency Agreement

This document will be reviewed by CDE, Special Education Division, and DHS CCS at least every three years and modified as necessary. Representatives of both agencies prior to any revision will review all recommendations.

V. Funding Source and Use of Funds

The California Department of Education, Special Education Division, and the Department of Health Services, Children's Medical Service Branch, California Children Services MTP, operate from different funding streams from separate state and federal budgets. It is essential that each agency be accountable for those funds so that the needs of disabled children are met without duplication of services.

In order to better serve children with disabilities, it is necessary to assure that funds provided from the IDEA are used by the California Department of Education to meet the educational needs of children with disabilities. Pursuant to Section 56205 of the Education Code, LEAs/SELPA's are required to comply with the requirements of IDEA, the Rehabilitation Act of 1998, and the ADA of 1990.

Funds used for providing PT and OT services through the CCS Medical Therapy Program to eligible children will only be expended for medically necessary diagnostic, treatment, and therapy services.

The CDE, Special Education Division, and the DHS, California Children Services, will work together to maximize the use of available resources, including funds outside of CDE or CCS, to provide quality services to children with disabilities eligible for both programs and assure fiscal responsibility for mandated services, facilities, equipment, and supplies.

VI. Financial Responsibility

The financial responsibilities of CCS must precede the financial responsibility of the LEA/SELPA for necessary services in any jointly approved IEP/IFSP (34 CFR 300.142) that includes the services identified in the approved CCS therapy plan.

Any public agency assigned responsibility to provide or pay for any services that are also considered special education or related services shall fulfill that responsibility, either directly or through contract or other arrangement.

VII. Conditions and Terms of Reimbursement

If DHS fails to provide or pay for the special education and related services described in 34 CFR Section 300.142(b)(1), the LEA (or state agency responsible for developing the child’s IEP) shall provide or pay for these services to the child in a timely manner. The LEA or state agency may then claim reimbursement for the services from the noneducational public agency that failed to provide or pay for these services and that agency shall reimburse the LEA or state agency in accordance with the terms of this interagency agreement. The LEA and noneducational public agency shall develop a memorandum of understanding that includes procedures for invoicing and reimbursement for provision of services provided or paid for by the LEA.

VIII. Responsibilities

A. Coordination of Services	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Designate CCS liaison to CDE, Special Education Division, to facilitate and monitor statewide interagency collaboration and coordination between LEAs/SELPA’s and county CCS programs.	Designate CDE liaison to CCS to facilitate and monitor statewide interagency collaboration and coordination between LEAs/SELPA’s and county CCS programs.
Develop and provide joint interagency training.	Develop and provide joint interagency training.
Review statewide trends related to coordination of county CCS MTP services with LEAs/SELPA’s services.	Review statewide trends related to coordination of LEAs/SELPA’s services with county CCS MTP services.
Review the state interagency agreement (IA) between CDE, Special Education Division, and the CCS MTP and modify as needed.	Review the state IA between the CCS MTP and the CDE, Special Education Division, and modify as needed.
Review county CCS programs’ Scope of Work to assure local IAs are in place, reviewed regularly, and are content compliant with current state and federal laws.	Review local plans to assure local IAs are in place, reviewed regularly, and are content compliant with current state and federal laws.

B. Referrals and Assessments	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Provide technical assistance to assure appropriate referral of children with MTP eligible conditions to LEA for assessment in areas of suspected disability.</p> <p>Provide technical assistance and monitor processing of LEA referrals for MTP services for compliance with program policies.</p> <p>Monitor statewide consistency in determining MTP medical eligibility.</p>	<p>Provide technical assistance and monitor LEA's policies and procedures for referral to county CCS programs for MTP services through local plans.</p> <p>Provide technical assistance to LEAs/SELPA's to assure compliance with federal and state laws and regulations dealing with the assessment of the individual's educational needs.</p>

C. Individualized Education Program or Individualized Family Service Plan	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Provide technical assistance to county CCS programs as to MTP staff participation in IEP meetings, when requested.</p> <p>Provide technical assistance to county CCS programs as to MTP staff participation in IFSP meetings, when requested.</p> <p>Provide technical assistance to county CCS programs to facilitate transition planning as described in IDEA 2004.</p>	<p>Monitor LEAs/SELPA's to assure compliance with federal and state laws and regulations relative to development, implementation, and review of the IEP and IFSP.</p> <p>Review and monitor LEAs/SELPA's to assure policies and procedures are in place to request MTP participation in IEP and IFSP meetings.</p> <p>Provide technical assistance to LEAs/SELPA's to facilitate transition planning as described in IDEA 2004.</p>

D. Least Restrictive Environment	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Assure that medically necessary PT/OT services are provided in the setting necessary for implementation of the approved therapy plan.	Monitor LEAs/SELPAs to assure compliance with federal and state laws and regulations relating to the least restrictive environment and natural environment.

E. Medical Therapy Conference	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Assure that county CCS programs have an adequate number of medical therapy conferences (MTCs) necessary to maintain the currency of the CCS approved therapy plan.	Monitor LEAs/SELPAs to assure there are provisions in the local plan that allow education staff to participate in MTCs, when requested.

F. Facilities	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Issue and maintain, jointly with CDE, statewide facility standards for medical therapy units (MTUs) and medical therapy units satellites (MTU-S) and, utilizing monitoring procedures, to assure the standards are implemented by county CCS programs (Attachment 1)</p> <p>Provide technical assistance to county CCS programs and LEAs/SELPAs to determine the need for a new MTU.</p> <p>Provide technical assistance to county CCS programs for effective use of space in planning for an MTU.</p>	<p>Issue and maintain, jointly with CCS, statewide facility standards for MTUs and MTU-S and, utilizing monitoring procedures, to assure implementation by LEAs/SELPAs (Attachment 1)</p> <p>Assure local compliance with state laws and regulations regarding planning and provision of space for new MTUs.</p> <p>Provide technical assistance to LEAs/SELPAs for effective use of space in planning for an MTU.</p>

F. Facilities	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Provide technical assistance to county CCS programs in collaborating with LEAs/SELPA's for compliance with MTU and MTU-S space standards.</p> <p>Collaborate with CDE and provide technical assistance to county CCS programs for effective use of space in MTUs.</p> <p>Provide technical assistance to county CCS programs and LEAS/SELPAS regarding responsibility of maintenance of physical plant.</p>	<p>Provide technical assistance to assure LEAs/SELPAs collaboration with county CCS program for compliance with MTU and MTU-S space standards.</p> <p>Collaborate with CCS and provide technical assistance to LEAs for effective use of space in MTU</p> <p>Provide technical assistance to LEAS/SELPAS regarding responsibilities for maintenance of physical plant.</p>

G. Equipment and Supplies for MTP Services	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Issue and maintain, jointly with CDE, equipment and supply requirements for MTUs and MTU-S (Attachment 1).</p> <p>Provide technical assistance to county CCS programs so that each MTU has equipment necessary for MTP services at the MTU or MTU-S.</p> <p>Provide technical assistance to county CCS programs so that each MTU has expendable/consumable supplies necessary for MTP services at the MTU or MTU-S.</p>	<p>Issue and maintain, jointly with CCS, equipment standards for MTUs and MTU-S (Attachment 1).</p> <p>Provide technical assistance and monitor LEAs to assure LEAs/SELPAs provision of necessary equipment for the MTU and MTU-S.</p> <p>Assure statewide implementation of guidelines for the provision of expendable/consumable supplies necessary for MTP services to children with disabilities.</p>

H. Transportation	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Provide technical assistance to county CCS programs when transportation issues are preventing the child from receiving medically necessary CCS MTP services.	Provide technical assistance to LEAs/SELPAs as related to transportation issues for eligible students to and from MTU or therapy satellite as contained in the IEP/IFSP.

I. Provision of Service	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Monitor county CCS MTP to assure medically necessary OT/PT services are provided as stated in the approved therapy plan.</p> <p>Develop policy to assure appropriate use of MTP resources and to avoid duplication of OT/PT services and provide technical assistance to county CCS programs.</p> <p>Review county CCS program procedures and monitor local notification process to assure the notification of parent and LEA when the county CCS MTP is unable to provide medically necessary OT/PT services as stated in the approved therapy plan and contained in the IEP/IFSP.</p> <p>Monitor county CCS programs for compliance with CCS MTP staffing requirements.</p> <p>Provide technical assistance and consultation on resource development and recruitment of qualified therapy service providers.</p>	<p>Through the verification and self-review processes:</p> <p>Assure through a review of local plans that LEAs/SELPAs utilize therapy services available through county CCS MTP, when appropriate.</p> <p>Assure the appropriate use of educational resources through local plan review and monitoring process to avoid duplication of MTP OT/PT services.</p> <p>Monitor local plans to assure LEAs/SELPAs have policies and procedures in place to provide medically necessary OT/PT services when, for any reason, the county CCS MTP cannot provide such services as stated in approved therapy plan and contained in the IEP/IFSP.</p>

I. Provision of Service	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Monitor county CCS programs to assure OT/PT services that have been included on the IEP and are provided by the county CCS MTP are continued during the pendency of a special education due process hearing decision in which county CCS programs have been joined.</p> <p>Monitor delivery of services by county CCS MTP after the decision of the fair hearing officer to assure compliance with the decision.</p>	<p>Monitor LEAs/SELPA's to assure OT/PT services that are included on the IEP and are not provided by the county CCS MTP are continued during the pendency of a due process hearing decision.</p> <p>Monitor delivery of services by LEAs/SELPA's after the decision of the fair hearing officer to assure compliance with the decision.</p>

J. Fiscal Responsibilities	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Provide technical assistance to county CCS programs when there is a need to reimburse the LEAs/SELPA's for provision of medically necessary therapy services identified in the approved therapy plan and contained in the IEP/IFSP.</p> <p>Provide technical assistance to county CCS programs during the development of the annual LEAs/SELPA's service plan and budget plan for MTU equipment and supplies.</p>	<p>Provide technical assistance to LEAs/SELPA's when seeking reimbursement from CCS for the provision of medically necessary OT/PT services as stated in approved therapy plan and contained in the IEP/IFSP</p> <p>Provide technical assistance to LEAs/SELPA's when developing and maintaining an annual service plan and budget plan for MTU equipment and supplies.</p>

K. Exchange of Information	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Provide technical assistance to county CCS programs to assure that confidentiality of CCS medical therapy records is maintained as required by federal and state laws and regulations</p> <p>Exchange relevant CCS MTP policies and procedures with CDE, Special Education Division.</p>	<p>Assure the confidentiality of educational records as required by federal and state laws and regulations.</p> <p>Exchange relevant CDE, Special Education Division, policies and procedures with CCS MTP.</p>

L. Quality Assurance	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Develop and maintain quality assurance (QA) tools to be utilized by county CCS programs in evaluating their compliance with regulatory requirements (referrals, assessments, timelines, notification, and provision of services).</p> <p>Develop methods for county CCS programs to report, in summary format, the results of QA activities on an annual basis.</p> <p>Provide technical assistance and consultation to CCS programs when they have difficulty meeting their QA indicators.</p>	<p>Monitor LEAs/SELPA's utilizing QA process and local plan self-review instrument to evaluate LEA compliance with regulatory requirements for referrals, assessment, timelines, notification, and provision of services.</p> <p>Provide feedback that results in improved service delivery, communication, and collaboration between the LEA and county CCS MTP, when appropriate.</p>

M. Procedural Safeguards	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Provide technical assistance to county CCS programs to assure that CCS offers dispute resolution through an expert physician when the parent is in disagreement with the medical therapy conference decision.	Provide technical assistance to parents/LEAs/SELPA's on the complaint and due process hearing procedures.

N. Interagency Disputes	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Provide technical assistance to county CCS prior to its filing a written notification of the failure to provide a service. When the Secretary of Health and Human Services receives a written notification of the failure to provide a service as specified in the student's IEP, the Secretary, or his or her designee, shall follow the procedures under the provisions of the Government Code Section 7585 to resolve local disputes.	<u>Provide technical assistance to LEAs/SELPA's prior to their filing a written notification of the failure to provide a service.</u> When the State Superintendent of Public Instruction receives a written notification of the failure to provide a service as specified in the student's IEP, the superintendent, or his or her designee, shall follow the procedures under the provisions of the Government Code Section 7585 to resolve local disputes.

O. Professional Standards	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Maintain standards of practice for physical therapy (PT) and occupational therapy (OT) as recognized by the pediatric rehabilitation and medical community.	Maintain and monitor standards for providing a free and appropriate education to individuals with disabilities as required by federal and state laws and regulations.

O. Professional Standards	
<p>Assure that PT services are provided by a PT or physical therapy assistant (PTA) licensed by the state of California and in accordance with Section 2620 et. seq. of the Business and Professions Code as established by the Physical Therapy Board of California.</p> <p>Assure that OT services are provided by an OT or certified occupational therapy assistant (COTA) licensed by the state of California and in accordance with Section 2570 et. seq. of the Business and Professions Code as established by the California Board of Occupational Therapy.</p> <p>Maintain and monitor standards for medically necessary physical therapy and occupational therapy for MTP eligible children according to CCS policies and procedures.</p>	

P. Staff Development	
CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Mutually plan and implement with CDE interagency training that facilitates interagency collaboration and service delivery.</p> <p>Provide technical assistance to county CCS programs to assure that county sponsored education/in-service opportunities are available to LEA staff, when appropriate.</p>	<p>Mutually plan and implement with CCS interagency training that facilitates interagency collaboration and service delivery.</p> <p>Provide technical assistance to LEAs/SELPA's sponsored educational/in-service opportunities are available to CCS staff, when appropriate.</p>

IX. Attachment 1: Facility Space (Physical Plant), Equipment, and Supplies Necessary for California Children’s Services Medical Therapy Program SERVICE PROVISION

The Children’s Medical Services (CMS), California Children Services (CCS), Medical Therapy Program (MTP), began providing physical therapy and occupational therapy services to disabled children in the public schools in 1945. These out-patient therapy clinics established on public school sites were called Medical Therapy Units (MTUs). Establishing MTUs on public school sites allowed children to receive therapy services where they would normally spend their day instead of being removed from the child’s school environment to be transported to a hospital setting. This was a concept that CCS and the California Department of Education (CDE) agreed would be in the best interests of disabled children. The state Legislature passed legislation that same year to endorse the concept. It was agreed that CDE would provide the facility space, equipment, and supplies for the MTU and the Department of Health Services would provide the therapy services (staff). The daily oversight of the MTU and provision of therapy services is the responsibility of the local county CCS program. In 1984, Chapter 26.5 Section 7570-7588 of the Government Code was codified into state law as a result of Assembly Bill 3632. This chapter governs interagency activities and responsibilities of agencies providing services to disabled children in public schools.

Funding to Support the Medical Therapy Unit (MTU) Facility, Equipment, and Supplies

The SELPA is responsible for assuring that the MTU is provided with the facility space, equipment, and supplies necessary to provide therapy services as described in the SELPA’s local plan. The LEA will include in its annual service delivery plan the process by which it will fund the physical plant, equipment, supplies, and maintenance for the MTU and how it participates with the local CCS program to jointly plan for funding of equipment and supplies for the MTP. These processes and funding amounts will be identified and included in the annual budget plan. The CCS MTU therapy staff will be responsible for the efficient use of the funds to support present and future MTU operations. The MTU therapy staff may request any item on the approved equipment

and supply list without additional approval from CMS and CDE. Items not on the list will require prior approval of the CMS and CDE liaisons. The CCS MTU therapy staff and LEA staff should collaborate on an annual basis to maintain a current inventory of equipment that has been purchased by the LEA.

The CCS MTU staff will submit a request list of needed equipment for the upcoming fiscal year in a timely manner agreed to by the LEA and CCS that will allow the LEA to plan for MTP needs. If the list is in excess of the amount identified in the annual services plan and annual budget plan, the MTU staff should prioritize the requested items or defer the purchase of the items to another fiscal year. The LEA representative and CCS therapy staff will develop a method to purchase the needed items.

The SELPA director or County Superintendent of Schools is responsible for insuring that a local interagency agreement between the LEA and the local county CCS program included language that designates which LEA(s) is responsible for providing facility space, equipment, and supplies for the MTU.

Establishing a Medical Therapy Unit (MTU) or Medical Therapy Unit Satellite (MTU-S)
MTUs/MTU-S should be established in a location central to the maximum number of identified MTP children needing therapy services.

CCS has two levels of facilities in the public school. The first level is the MTU. The second is an extension of the MTU called an MTU-Satellite (MTU-S). Title 2 Section 60330(c) of the California Code of Regulations states, "All new construction, relocation, remodeling or modification of medical therapy units and medical therapy unit satellites shall be mutually planned and approved by the California Department of Education and the State Department of Health Services." Local county CCS programs must contact their state regional office therapy consultant prior to any planning or implementation of plans for new or existing MTUs. LEAs must receive approval from CDE prior to implementation of plans for new or existing MTUs.

The space necessary for an MTU must provide for the following functions: administration, medical therapy conference, comprehensive evaluation/assessment of a child's therapy needs, treatment in open and private treatment areas, activities of daily living training, storage area(s) for equipment and supplies, and workshop area to fabricate and maintain various adaptive aids (See Table 1).

The MTU-S is an approved extension of an established MTU where limited medical therapy program services are provided and in a location closer to the child's school placement or home. Not all MTP services available at the MTU are available at the MTU-S. Those services not provided at the satellite include comprehensive evaluations, medical therapy conferences, and treatments that require specialized equipment or facilities not available at the MTU-S.

An MTU-S may be established when there is a minimum of 4 hours of continuous therapy treatment by an individual therapist scheduled per day for MTP children on a public school site. Consistent with the facility space provided at the MTU, the LEA must provide and maintain the facility space, equipment, and supplies necessary for the prescribed therapy of the children to be served at the MTU-S site.

The need for a new MTU/MTU-S is determined according to "demonstrated need." CCS will recommend to the SELPA/LEA the need for an MTU/MTU-S based on the following 4 items:

1. The number of prescribed hours of occupational therapy and/or physical therapy services
2. Age and number of children
3. The residences of the CCS MTP population and the LEA(s) responsible for providing services for children in the area
4. Projected growth of area

When the need for an MTU/MTU-S is mutually determined by the LEA and the local CCS program, the state agencies will be contacted for approval. State agencies will

work in collaboration with the local agencies in the planning of facility. Projected demographics need to be included in the planning process. An MTU (including all of its satellites) should not have a caseload of over 350 children. When an MTU caseload begins to reach this point, the local agencies should meet and discuss whether a new MTU is appropriate to meet the needs of the children being served.

Relocating a Medical Therapy Unit (MTU) or Medical Therapy Unit-Satellite (MTU-S)

The relocation of an MTU or MTU-S shall not occur unless mutually agreed upon by the local county CCS program and LEA with approval from the CMS Branch and CDE. Prior to relocation, the MTU therapy staff must be given at least 60 days from the date of the agreement to be moved. This gives time for parent notification and staff preparation. The CCS staff is responsible for preparing the MTU or MTU-S equipment for moving. The LEA is responsible for moving the equipment to the new location. The relocated equipment must be in place and operational prior to therapy services being resumed.

Medical Therapy Unit (MTU) Facility Use and Maintenance

Tile 2 Section 60330 (b) of the California Code of Regulations states:

“The space and equipment of the medical therapy unit and medical therapy unit satellites shall be for the exclusive use of the CCS staff when they are on site. The special education administration of the LEA in which the units are located shall coordinate with the CCS staff for other use of the space and equipment when the CCS staff is not present.”

The local county CCS program and the LEA should include in the local interagency agreement guidelines for sharing space when CCS staff is not using the MTU or MTU-S facilities. Local interagency agreements shall also indicate which LEA is responsible for the day-to-day maintenance of the MTU physical plant. Maintenance includes, but is not limited to, structural repairs, custodial/housekeeping services, replacement of broken (non-functional), and consumed items.

Space Guidelines for Medical Therapy Units (MTUs)

Education Code Section 17047 (a) requires 3,000 square feet for an MTU in a newly constructed school site, with additions, if identified student populations are higher at the school site. The California Code of Regulations, Title 2, Section 60330 (a) provides guidance for functions that require space in an MTU. Square footage for the MTU is based on three defined space needs:

1. Standard space – Space that is basic for an MTU and is not affected by the size of the therapy staff or number of children served.
2. Staff dependent space – Space that is “dependent” on the approved full-time equivalent (FTE) therapy staff needed to meet prescribed treatment hours.
3. Shared space – Space that can be shared regardless of whether the CCS staff is present or not (waiting room, etc.)

Areas for the Medial Therapy Conference (MTC), Activities of Daily Living (ADLs- training kitchen, training bathroom. etc.), and the workshop are standard and not affected by the size of the therapy staff. Areas for Administration (therapist and clerical office space), evaluations, treatment, and storage will vary in size needs according to the size of the therapy staff. Shared space, such as the waiting room, will vary according to the needs of the MTU and of the school. The training kitchen and bathroom may be considered shared space dependent on accessibility.

The minimum space to establish an MTU is 1,900 square feet. This will house one to two FTE staff therapists and a clerk. This includes a waiting room that can be shared with the school if logistically possible. As therapy staff FTEs increase, the following are minimum increments above 1,900 square feet necessary to accommodate the therapy staff functions of the MTU. Office/clerical space increases 25 square feet for each FTE therapy staff increase above two FTEs. Evaluation/treatment area will increase 240 square feet per added FTE over two. Storage space will increase 7.5 square feet per added FTE above two FTEs.

The breakdown for the minimum MTU space requirement is as follows:

1. 1,900 square feet total (including waiting room)
2. FTE therapists and one clerk
3. MTC - 250 square feet
4. Administration - 250 square feet
5. Evaluations/treatment area - 800 square feet
6. ADLs - 250 square feet
7. Storage - 75 square feet
8. Workshop - 75 square feet
9. Waiting room - 200 square feet

Table 1: MTU Space Allocations per FTE Staff Therapist

MTU Functions	1-2 FTE	4 FTE	6 FTE	8 FTE	10 FTE	12 FTE
Administration	250 Sq Ft.	300 Sq Ft	350 Sq Ft	400 Sq Ft	450 Sq Ft	500 Sq Ft
Medical Therapy Conference (MTC)	250 Sq Ft.	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft
Evaluation & Treatment	800 Sq Ft.	1,280 Sq Ft	1,760 Sq Ft	2,240 Sq Ft	2,720 Sq Ft	3,200 Sq Ft
Activities of Daily Living (ADLs)	250 Sq Ft.	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft
Storage Area	75 Sq Ft.	90 Sq Ft	105 Sq Ft	120 Sq Ft	135 Sq Ft	150 Sq Ft
Workshop	75 Sq Ft.	75 Sq Ft	75 Sq Ft	75 Sq Ft	75 Sq Ft	75 Sq Ft
Waiting Area	200 Sq Ft.	200 Sq Ft	200 Sq Ft	200+ Sq Ft	200+ Sq Ft	200+ Sq Ft
Total Square Feet	1,900 Sq Ft	2,445 Sq Ft	2,990 Sq Ft	3,525 Sq Ft	4,080 Sq Ft	4,625 Sq Ft

FTE are rounded up to the next whole number (i.e., 2.5 staff therapists = 3). These requirements are set as a minimum. The LEA and the county CCS program should

negotiate for additional facility space based on the needs of the children to be served (do not rely on just the established minimum). It is a starting point (a floor), not a limitation (ceiling). Storage area can be decreased incrementally if there is either a storage area or cargo space outside of the MTU but within the school grounds that can be utilized, or the LEA provides funding and two-way delivery for an off-site storage area. Supervisors and clerks are not a part of the staff dependent formula but are included in the standard space formula.

Standards for Upgrading Existing MTUs

Existing MTUs must meet all of the functional requirements as stated in the interagency regulations. The minimum space to operate an MTU will be 1,900 square feet subject to review and approval by CMS and CDE.

Office for Therapists (Administration)

1. Purpose is to provide:
 - a. Area for therapist's desks, office equipment, and filing cabinets for medical records and x-rays
 - b. Location for reviewing, charting, and filing of confidential medical records
 - c. Storage for forms and clerical and clinic supplies
 - d. Central library for professional journals, medical reference books, etc.
 - e. Telephone areas for confidential calls
 - f. Area for writing records, letters, and reports
 - g. Space for bulletin board
 - h. Private area for supervisors office

2. Special features:
 - a. Adjacent to therapy rooms with doors leading into therapy room. The office should be accessible to other personnel without passing through the therapy area. The office should be able to lock for security.

- b. Window from the office into therapy area to provide a visual check of the general treatment areas and a window into the reception area if the waiting room is attached
- c. Desk area for each therapist, aide, and/or secretary
- d. Bookshelf area
- e. Tackboard area
- f. Space for cabinet with lock for use in storing clerical materials and record forms and an area for hanging coats
- g. Space for four-drawer steel filing cabinets The space requirement is determined by the case load
- h. Telephone fixture(s) with lines (an appropriate number based on the size of the staff) for public calls, FAX, and modem
- i. Intercom system connected to school office or other rooms (for safety purposes)
- j. Electric outlets on at least two walls
- k. Floor area large enough to accommodate table for computer and printer with access to electrical outlets and phone line
- l. Locked storage space for x-rays and videos
- m. Computer access

Waiting Area

1. Purpose is to:
 - a. Provide an area for parents, patients, and siblings to use while waiting for interviews, treatments, and clinic appointments
 - b. Make parent educational material easily available
 - c. Provide a place for toys and activities to keep waiting children and siblings occupied
2. Special features:
 - a. Near outside entrance and convenient to therapy rooms but not necessarily adjacent to them
 - b. Electrical outlet
 - c. Accessible to adult toilet facilities with access to a changing table

Training Bathroom (ADLs)

1. Purpose is to:
 - a. Provide privacy for evaluating and training in activities of daily living, usually performed in the bathroom. This includes use of bathroom fixtures; wheelchair and crutch management; and personal grooming skills, such as bathing, toileting, brushing teeth, and combing hair.
2. Special features:
 - a. Adjacent and readily accessible to both physical and occupational therapy areas
 - b. Size and configuration similar to home bathroom, including separate tub (a separate shower is optional), commode, and basic Pullman with enough room for a head-on adult wheelchair approach to all fixtures
 - c. Grab bars at tub, shower, and commode
 - d. Hot and cold running water, wall medicine cabinet with mirror, toothbrush rack, glass holder, towel bars, home-type toilet paper dispenser

Enclosed Storage

1. Purpose is to provide:
 - a. Secured storage for braces, crutches, walkers, wheelchairs, standers, and other special equipment that may be needed periodically
2. Special features:
 - a. Wall area provided with wall mounted racks for storage of braces and crutches with clearance allowing for wheelchair and other large equipment storage
 - b. Shelving for small equipment and supplies
 - c. Locked

Workshop (Modification of Equipment)

1. Purpose is to provide secure:
 - a. Space for fabrication, adjustment, and maintenance of equipment and self-help aids, and for making splints and casts

- b. Storage of special equipment, hand tools and supplies
2. Special features:
- a. Electrical outlet above workbench and sink counter
 - b. Minimum of six feet of counter workbench with a counter top overhang so work may be clamped to it
 - c. Light over workbench
 - d. Cabinets provided above and below counter with some drawer space, some locking
 - e. Adjustable shelves to ceiling, 12 to 15 inches deep
 - f. Built-in or space for movable metal cabinet, with lock, for storage of flammable solvent and/or paints
 - g. Exhaust fan activated by light switch
 - h. Large-sized sink with hot and cold running water and a plaster trap, counter area with Formica drain board with front and back lip
 - i. Roll-out bins for storage of wood scraps, sandbags
 - j. Space for sewing machine

Physical Therapy (Evaluation/Treatment)

1. Purpose is to provide adequate area for:
- a. Evaluation of respiratory function and basic gross motor skills limited by muscle tone, range of motion, muscle strength, sensory dysfunction, retained primitive reflexes, or delayed postural response
 - b. Treatment services requiring therapeutic equipment for respiratory function and the development of mobility (bed mobility-gait training), therapeutic exercises, and use of adaptive aids
 - c. Monitoring of neuromuscular or musculoskeletal condition, gross motor skills, mobility, and evaluation of durable medical equipment, function of orthotics and prosthetics, and fabrication of splints/casts
 - d. Instruction to care provider/parent or classroom teacher in gross motor activities, use of durable medical equipment and orthotics/prosthetics,

facilitation of movement, positioning in the home/classroom, therapeutic exercises, and range of motion activities

- e. Consultation with parent/care provider, classroom teacher, physician, or other health-related professional for coordination of care; suggestions to facilitate mobility/positioning in the home, classroom, or community; and identification of problem areas that may require medical referral
- f. Private area that can be used for treatment sessions and can also be used for medical therapy conference examination and confidentiality for family conference and dictation of report, in lieu of separate conference room

2. Special features:

- a. Sink with hot and cold running water
- b. Non-skid hard surface flooring with a designated carpet
- c. Electrical outlets
- d. Lower part of windows treated to eliminate distraction from outside and protect window from wheeled vehicle collisions
- e. Wall cabinet storage
- f. Treatment cubicles for privacy
 - A. Curtains/screens (no posts) and some full walls
 - B. Adequate light, heat, and ventilation
 - C. Electrical outlets
- g. General activity area for a large, safe, open area
 - A. Reinforced wall and ceiling for hanging wall and ceiling equipment
 - B. High ceiling and lights to accommodate ball activities
 - C. Counter height windows

Occupational Therapy (Evaluation/Treatment)

- 1. Purpose is to provide adequate areas for:
 - a. Evaluation of oral motor function, ADLs, and basic fine motor skills limited by muscle tone, range of motion, muscle strength, sensory dysfunction, incoordination, retained primitive reflexes, or delayed postural responses

- b. Treatment services requiring therapeutic equipment for oral motor and perceptual motor development relating to the development of activities of daily living (eating, dressing, bathing, grooming, toileting, and use of hand manipulatives), training in household activities, therapeutic exercises, and use of adaptive aids
- c. Monitoring of neuromuscular or musculoskeletal condition, fine motor/perceptual skills, oral motor development, self-care activities, household activities, use of adaptive aids, and fabrication of splints and adaptive equipment
- d. Instructions to care providers/parents and classroom teachers in fine motor, oral motor, and perceptual activities; positioning; use of adaptive aids/splints; facilitation of self-care activities; household activities; and therapeutic exercises
- e. Consultation with parent caregiver, classroom teacher, physician, and other health-related professionals for coordination of care; suggestions to facilitate self-care activities in the home and classroom; age-appropriate home and community activities; and identification of problem areas that may require medical referral
- f. Private area that can be used for treatment sessions and can also be used for medical therapy conference examination and confidentiality for family conference and dictation of report, in lieu of a separate conference room or space available in physical therapy

2. Special features:

- a. Built-in wall bulletin boards in at least two places in the room, one to be near the hall door
- b. Ample electrical outlets (floor level plugs)
- c. Sink with hot and cold running water
- d. Cabinet area around sink and additional wall cabinet storage in room
- e. Treatment cubicles to provide an enclosed area separated from the general OT area to minimize distractibility and afford privacy

- i. Cubicles separated by two-way cabinets 24" deep with sliding doors and drawers accessible to either cabinet
 - ii. Cubicles curtained off with ceiling hanger
 - iii. Chalkboard and tackboard to baseboard in several areas
 - iv. Long mirror
 - v. Electrical outlets
 - vi. Storage areas with doors for toys, large balls, swings, feeding seats, books, and special equipment
 - vii. Locked storage for electronic equipment, communicators, and computers
- f. General activity area to provide an open safe area for therapeutic games and activities that require gross motion, small group participation, and use of large equipment
 - g. Carpeted/matted area for floor activities

Training Kitchen (ADLs)

1. Purpose is to provide:
 - a. Training in activities of daily living necessary to function as safely and independently as possible, including preparation and storage of food and use of appliances
 2. Special features:
 - a. An area larger than a normal kitchen to accommodate wheelchairs, several children, and therapists simultaneously
 - b. Adequate access between homemaking area and OT treatment area
 - c. Hallway access to accommodate groups without interruption of treatments occurring nearby in other areas of OT
 - d. Kitchen equipment similar to that found at home
 - e. Sink with standard height drainboard
 - f. Broom closet
-

- g. Cabinet space for linens and dishes, including drawers, adjustable shelves, and pull-out boards
- h. Stove (with oven)
- i. Dishwasher
- j. Access to clothes washer and dryer
- k. Adequate electric plug outlets for use of small appliances
- l. Refrigerator

Parking

- 1. Purpose is to provide:
 - a. Adequate parking space for disabled children and family to have access to the MTU

- 2. Special features:
 - a. Front row of parking lot closest to the MTU main entrance
 - b. Ramp from parking lot onto sidewalk/entrance to the MTU
 - c. Clearly marked spaces painted using universal symbol for the disabled or sign posted that displays this symbol

Medical Therapy Conference Area

If no area is specifically dedicated for the MTC, the MTU must meet the requirements of the sections of this attachment on PT (page 24) and OT (page 25).

- 1. Purpose is to:
 - a. Provide private area for the physician to examine children and for the multidisciplinary team to meet and discuss the needs of the child

- 2. Special Features:
 - a. Examination table
 - b. X-ray illuminator
 - c. Space for family participation
 - d. Space for patient assessment and observation

Supplemental Space (marked with an asterisk)

The following areas are desirable but not always necessary. Should the areas be determined necessary, square footage will vary depending on unit caseload.

*Outdoor Therapeutic

1. Purpose is to:
 - a. Provide an area for functional training in the outdoor environment.

2. Recommended special features:
 - a. Adjacent and accessible to occupational and physical therapy area;
 - b. Paved area for wheelchair and walkers
 - c. Covered walking area with standard curb and simulated street crossing with stop/go signal
 - d. Various surfaces and elevations for gait training (i.e., sand, gravel, grass, bricks, rocks and hills)
 - e. Large grass mound area with a four-foot rise
 - f. Screened from playground area to reduce distractibility of pupil from assigned task
 - g. Wind breaks if area warrants

*Training Bedroom

Minimal requirements are for a private space, storage closet, and bed.

1. Purpose is to provide:
 - a. Privacy for evaluation and training activities of daily living skills usually performed in the bedroom area, such as transfer from bed to crutches or wheelchair; practice in bed making; general household and cleaning activities; self-dressing and undressing; personal grooming; and care of own clothing

2. Special features:
 - a. Adjacent to occupational therapy and accessible to physical therapy
 - b. Screened from the general treatment area
 - c. Space for items listed in the equipment list

*Conference Room

1. Purpose is to provide area for:
 - a. Conferences
 - b. Interviews
 - c. Lectures
 - d. Progress studies

2. Special features:
 - a. Near therapy office and waiting room
 - b. Two doors, one to outside hall and one into therapy unit
 - c. Tackboard and dry-erase board area
 - d. Electrical outlets, minimum of two
 - e. Intercom unit, depending on size unit

*Therapy Staff Parking (Dedicated)

1. Purpose is to provide:
 - a. Accessible parking for therapy staff who travel between the MTU and MTU satellite sites

2. Special features:
 - a. Close to the front entrance of the MTU

MTP Equipment List

The MTP equipment list established by CCS and CDE identifies appropriate equipment and supplies necessary to provide MTP services in the MTU. The items listed are basic to the provision of therapy care management, assessments, treatment, or consultation

to disabled children and their families with the goal of providing equal access and uniformity of equipment for children receiving MTP services.

A new MTU will require most items on this list as they are essential to the provision of services in any MTU and receive high usage regardless of the number of children served or the conditions treated. However, some items are for use with conditions that are eligible for the MTP but are not commonly used. These items may not be immediately necessary to establish an MTU. A newly established MTU may be opened, with mutual agreement between CMS and CDE, without all of the equipment on the list if there is a commitment by the LEA to provide the specific and necessary equipment within a specified and reasonable period of time. Existing MTUs may submit requests for equipment on the list that need to be replaced or is necessary to treat children currently receiving services in the MTU.

The list does not include every item of equipment and supply which may be required to assess, treat, or provide consultation for every child in the MTP. Items not on the list will require specific justification and CMS approval prior to presentation to the LEA responsible for providing equipment and supplies for the MTU.

Definitions

1) Equipment - Means those reusable items that are necessary to provide MTP services. These items are accessed by multiple children while receiving MTP services at the MTU or MTU-S. The equipment should have a life expectancy of a year or more.

2) Supplies – Means those items of an expendable or consumable nature that are necessary to provide MTP services. These items augment the provision of MTP services at the MTU or MTU-S. Supplies should have a life expectancy of less than one year.

Equipment and Supply List

Purpose	Item	CCS Responsibility	LEA Responsibility	
<u>Administration:</u> This list includes equipment and supplies to support medical therapy services.	<u>Equipment</u> 1) Answering machine 2) Bookcase/bookshelves 3) Chair and desk/work surface (If separate, 1 per therapist) 4) Computer, IBM compatible (includes CPU, monitor, keyboard, mouse, and printer) 5) Computer table/hutch 6) Copier (or access to one) 7) File cabinets (four-drawer with lock and x-ray storage) 8) Telephone 9) FAX machine 10) Storage cabinet 11) Bulletin boards 12) Paper cutter (or access)	1 4 5 9	2 3 6 7 8 10 11 12	
	<u>Supplies</u> 1) Computer software 2) Office supplies, general 3) Office supplies, medical 4) Reference books, medical 5) Phone line, public 6) Phone line, FAX, and modem	1 3 4 6	2 5	
	<u>MTU Conference:</u> This list includes equipment and supplies to support physician assessments during conference.	<u>Equipment</u> 1) Chairs, folding (access) 2) X-ray illuminator 3) Tape recorder (mini) or dictaphone 4) Neurologic hammer 5) Otoscope 6) Examining table (stand alone) or built-in (optional) 7) Sphygmomanometer 8) Stethoscope 9) Scale (standing/sitting) 10) Flashlight (mini) 11) Tape measure (cloth)	2 3 4 5 7 8 9 10	1 6 11
		<u>Supplies</u> 1) Tongue blades 2) Ear swabs (long) 3) Handi-wipes 4) Rubbing alcohol 5) Examining table cover 6) Gowns	1 2 3 4 5 6	

Purpose	Item	CCS Responsibility	LEA Responsibility
<p><u>PT and OT Services:</u> This list includes equipment and supplies for assessment, treatment, and consultation services to be provided by MTP staff.</p>	<p><u>Equipment</u></p> <ol style="list-style-type: none"> 1) Mobile arm supports 2) Chairs, adjustable (small and medium) with trays 3) Dynamometer 4) Equilibrium board 5) Tape measures (metric) 6) Goniometers (large, small, and finger sizes) 7) Elevated treatment table and mats 8) Floor mats 9) Pinch gauge 10) Polaroid camera 11) Privacy screens/curtains 12) Ramp and curb set 13) Spirometer, hand-held 14) Training stairs 15) Computer for student use includes software and adaptive accessories 16) Ambulation belts 17) Crutches, canes, etc. 18) Balance beam 19) Therapy balls, assorted sizes and ball rack 20) Stationary bike, adjustable 21) Crutch rack 22) Wall pulley system with weights and weight rack 23) Swivel hook, ceiling mounted with: <ol style="list-style-type: none"> a) Net swing b) Bolster c) Platform 24) Hydraulic lift and sling 25) Foot placement ladder 26) Mirror, mobile (full length) 27) Mirror, three-panelled 28) Parallel bars (adjustable) 29) Weights (ankle, wrist adjustable) and weight rack 30) Caster cart 31) Storage cabinets standard 32) Prone stander 33) Tilt table 	10	<ol style="list-style-type: none"> 1 2 3 4 5 6 7 8 9 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33

Purpose	Item	CCS Responsibility	LEA Responsibility
<u>PT and OT Services:</u> This list includes equipment and supplies for assessment, treatment, and consultation services to be provided by MTP staff (cont.).	34) Pull-up bar, portable		34
	35) Push-up blocks		35
	36) Stall bars		36
	37) Stools, rolling		38
	38) Tables: child size, cut-out and adjustable, standard table		
	39) Walkers		39
	40) Tricycles, with therapeutic attachments		40
	41) Standardized testing kits (assorted)		41
	42) Head pointer, adjustable		42
	43) Air splints		43
	44) Bolsters/wedges, assorted		44
	45) Push cart		45
	46) Hand placement mitt		46
	47) Helmets, assorted sizes		47
	48) Sand bags		48
	49) Scooter boards		49
	50) Toys: balls, blocks, dolls, Legos, push/pull toys, puzzles, scissors, bean bags, etc.		50
	51) High chair		51
	52) Feeder seat (assorted sizes)		52
	53) Microwave		53
	54) Stove/oven, standard		54
	55) Washer/dryer		55
	56) Refrigerator		56
	57) Toilet seat, raised (portable)		57
	58) Toilet bars, portable		58
	59) Tub bars, portable		59
	60) Transfer bench		60
	61) Hydrocollator, hot pack and tongs		61
	62) Paraffin bath		62
	63) Shower hose, hand-held		63
	64) Pegboards		64
	65) Reachers		65
	66) Dressing/grooming aids, assorted		66
67) Adaptive switches and mountings (for toys)		67	
68) Video monitor	68		
69) Video equipment (camera and player)	69		
70) Bed (or access to)		70	
71) Air pump and attachments (or access to)		71	
72) Bending/towels		72	
73) Feeding equipment		73	

Purpose	Item	CCS Responsibility	LEA Responsibility
<p><u>PT and OT Services:</u> This list includes equipment and supplies for assessment, treatment, and consultation services to be provided by MTP staff (cont.).</p>	<p>74) Safety mats for bathroom/tub 75) Kitchen cookware 76) Dishes and utensils 77) Kitchen appliances, small 78) Corner chair 79) Bath chair 80) Cast cutter 81) Bandage scissors 82) Whiteboard 83) Easel</p> <p><u>Supplies</u></p> <p>1) Theraband/exercise tubing 2) Gloves, disposable 3) Cleaning: spray bottles, disinfectant, sponges, laundry/dish soap 4) Mouth pieces for hand-held spirometer, disposable 5) Paraffin 6) Toilet paper 7) Paper towels 8) Kleenex 9) Arts and crafts, assorted 10) Film/videotape 11) Food (for training)</p>	<p>1 2 4 5 10</p>	<p>74 75 76 77 78 79 80 81 82 83</p> <p>3 6 7 8 9 11</p>
<p><u>Therapy Workshop:</u> This list includes equipment and supplies to fabricate and maintain adaptive equipment utilized by children during MTP activities.</p>	<p><u>Equipment</u></p> <p>1) Storage cabinet, fireproof 2) Heat gun 3) Storage cabinet, standard 4) Electric skillet 5) Iron/ironing board 6) Sewing machine, heavy-duty (or access to) 7) Router (hand-held) 8) Jigsaw (hand-held) 9) Work table with clamps 10) Hand tools, assorted 11) Scissors, assorted 12) Electric hand drill and accessories 13) Extension cord 14) Staple gun 15) Electric screwdriver (cordless)</p>		<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</p>

Purpose	Item	CCS Responsibility	LEA Responsibility
	<u>Supplies</u> 1) Plaster 2) Plastics (thermo) 3) Orthotic glue 4) Splinting materials and accessories 5) Wood 6) Sewing accessories 7) Hardware (assorted) 8) Foam	1 2 3 4 5 6 8	7