



# Medical Therapy Program 101





# Webinar Outline

- A brief history of the Medical Therapy Program (MTP)
- Services provided by the MTP
- MTP facts
- Referrals
- County demographics
- Medical direction and the role of the Medical Therapy Conference (MTC)
- Basic MTP functions
- Case management
- Authorizations
- General principles
- Questions



# The CCS Program Timetable

California Children's Services (CCS) Program, established in 1927

- To provide services to children with conditions (such as infantile paralysis) that have since been eliminated through preventive measures.
- The CCS Program responsibility has shifted as more conditions that are chronic and less preventable in nature have been made eligible for the program.

Medical Therapy Program (MTP), established in 1945

- For children with orthopedic impairments associated with cerebral palsy (CP)
- Services moved from public hospitals to public school sites

Budget Act, 1961

- Expanded MTP eligibility to include children with various other neuromuscular and musculoskeletal conditions

Robert Crown Act, 1968

- Established county responsibility for administering the MTP



# The Medical Therapy Program (MTP)

Serves clients/patients with medically eligible conditions, from birth to age 21.

Provides the following, no-cost to families, services in an outpatient setting:

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Medical Therapy Conference (MTC) Services

Families do not need to meet any financial eligibility criteria for MTP services. The client/patient just needs to be medically eligible.

Services are provided in a Medical Therapy Unit (MTU) which is an outpatient therapy clinic located in a public school setting. Think of an MTU as a hospital outpatient therapy clinic that has been physically relocated into a public school.

The cost of the MTP is split 50/50 between the county and state. The bulk of the cost of the MTP are the MTU PT and OT salaries.



# MTP Facts

Education agencies are required by statute and regulation to provide the space and equipment necessary (an MTU) for the therapists to provide MTP services.

There are currently 130 MTUs in the State of California. There are approximately 600 FTE PTs/OTs working in the MTUs.

CCS Program therapists are experts in providing services to children with chronic disabilities and determining appropriate rehab equipment usage.

The MTP has its own medical eligibility criteria separate from the general CCS Program. It is narrower in scope.

Children with cerebral palsy (CP) make up the majority of MTP eligible clients. Other MTP eligible conditions include:

- spina bifida
- muscular dystrophy and
- various neuromuscular and musculoskeletal disorders.



# Referrals

- Anyone can make a referral to the MTP including hospital and clinic personnel, parents, teachers, etc. Most referrals are requesting PT and/or OT services.
- Referrals must contain enough documentation for the CCS county program or state CCS Program medical consultant to establish that there is a MTP eligible condition.
- If they are determined MTP eligible, the client/patient is sent to the MTU for evaluation and follow-up. Eligibility for the MTP must be determined prior to evaluation/treatment in the MTU.
- Medical eligibility for the MTP does not mean clients/patients require medically necessary PT or OT services provided by the MTP.



# Demographics: Large vs Small Counties

- Every county, no matter how small, has an MTP and is responsible for providing MTP services. Not every county has an MTU. That is based on the size of the MTP eligible caseload.
- Independent Counties – larger population counties. Their programs perform virtually all functions of the MTP.
- Dependent Counties – smaller population counties. Their programs perform limited MTP functions with the State completing the balance of activities.



# Medical Direction

Physician oversight for the MTP eligible condition is provided by various means:

- Medical Therapy Conference (MTC),
- Private physicians who are paneled and approved by the CCS Program,
- Special Care Centers (SCC) that have specialty teams for a particular condition,
- MTP services require a prescription/therapy plan from one of these sources.





# The MTC Role in the MTP

- The MTC is a multidisciplinary team conference that is directed by physician(s) who medically manages the MTP eligible condition.
- Core team members are the parents/caregivers, the client/patient, the physician(s) and the PT and/or OT. Other team members may include the child's teacher, orthotic & prosthetic (O&P) consultant, nutritionist, social worker, durable medical equipment (DME) consultant and public health nurses.
- The MTC physicians serve a role much like the medical director of a facility. All clinical aspects of the MTP operation are subject to their review.
- The MTC is the “special care center” for children with CP.
- MTC physicians are most often pediatric physiatrists, orthopedists or pediatricians with years of experience working with children with MTP eligible conditions.



# Basic MTP Functions

- Evaluation
- Treatment
  - Weekly
  - Periodic
- Consultation
- Comprehensive rehab case management
- Family centered care



# Case Management in the MTP

County employed, pediatric specialist PTs and OTs – with input from families, clients/patients and support personnel – complete evaluations, make recommendation(s) and provide medical justification for therapy services (provided either in the MTU or in lieu of MTU), O&P and DME.

Recommendation(s) are presented in MTC, SCC or to the private physician who is approved to case manage the MTP eligible condition.

The physician must:

- approve the recommendation(s)
- provide additional medical justification when needed
- provide medical reports to support recommendation(s), and
- provide a prescription/therapy plan.



# Case Management (cont.)

Therapists work with provider(s) to obtain invoices/quotes for equipment. They may perform an assessment with the provider as part of their evaluation or after the fact.

Documentation is forwarded through administration in independent counties or to the State in dependent counties for review and approval/denial of authorization request. Some dependent counties are approved to perform this role in a limited fashion.

County will ensure that client/patient is financially and residentially eligible.

Once the authorization request has been approved, it can be authorized.

CCS Program is the authorizing agent for Medi-Cal beneficiaries that are eligible for the program.



# Typical Authorization Processed by the MTP

- PT and OT in lieu of MTU
- O&P
- DME-R



# PT and OT in Lieu of MTU

These authorizations are necessary to provide PT and OT services to MTP clients when there is insufficient staff or facility resources to provide the medically necessary services at the MTU. The child does NOT have to be financially eligible.



# O&P and DME

- Services for O&P must be provided by paneled providers at CCS Program approved facilities.
- DME-R is equipment designed for mobility and activities of daily living (ADLs). Examples are wheelchairs, braces, crutches, bath/shower chairs etc. DME-Medical is equipment designed to treat medical conditions. Examples are ventilators, apnea monitors, and hospital beds.
- There is no paneling requirement for DME providers. However, they must be approved Medi-Cal providers.



# A Few General Principles for Authorizations

- This is not the stuff you get at Rite-Aid. DME-R for children has to be durable to withstand everyday hard usage, lightweight, and adaptable
- The item/service requested must address the MTP eligible condition
- A prescription, current medical report with appropriate justification are required
- Accessories added to a base item need additional documented medical justification. Example: wheelchair headrest (poor/fair head control), trunk pads or harness (poor/fair trunk control)
- Medical necessity in rehab addresses either a mobility or ADL need. CCS Program therapists are experts in this determination.





# General Principles (cont.)

- A home evaluation should be completed when recommending devices that will be utilized in the home
- DME-R requested predominantly for school use is not a benefit
- DME-R should, when at all possible, have growth built into it. Children grow! Expect to potentially replace orthotics as often as you would shoe sizes, prosthetics as often as clothing size. And modify some DME with every growth spurt or development in maturity
- Functional gains achieved during therapy can also result in clients/patients being able to utilize higher level DME.



Questions?