



PURCHASE OF SERVICE GUIDELINE

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| 10/24/2016 | OCCUPATIONAL THERAPY (OT)/ PHYSICAL THERAPY (PT)/ SPEECH AND LANGUAGE THERAPY (ST) <u>EARLY INTERVENTION (0-3)</u> | FINAL |
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I. DEFINITION

Occupational Therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings 34 C.F.R. § 303.13 (b)(8);

Physical Therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation 34 C.F.R. § 303.13 (b)(9);

Speech-Language Pathology includes identification of children with communicative or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills. 34 C.F.R. § 303.13 (b)(15); and,

ELARC may purchase OT/PT/ST services as needed for infant & toddlers (0-3) under Early Intervention Services 34 C.F.R. §303.13. All OT/PT/ST therapy services purchased are to be provided by a licensed and qualified therapist for each type of service.

II. CRITERIA

In all cases, purchase of this service may only be considered when all other alternative sources of funding have been exhausted, which includes private insurance, private trusts, Medi-Cal, California Children Services (CCS) or other sources of public health care available to the general public WIC § 4648(a)(8); TBL Section 1 Government Code Section 95004. The IFSP must include –(1) The projected date for the initiation of each early intervention service which must be soon as possible after the parent consents to the services [34 C.F.R. §303.344(f)] (Emphasis added)

ELARC may purchase OT/PT/ST Services for Early Intervention consumers, ages 0-3, when the service is deemed appropriate by evaluation and planning team.

All supporting documentation from consumer's health service providers should be current within 6 months and written denials/documentation shall include that all other resources for payment have been exhausted.

If ELARC identifies the OT/PT/ST service as a need in the IPP, then it may also consider funding the copayment, coinsurance or deductible associated with the private or generic health plan which accepts responsibility for coverage of the service and for which the parent, guardian or caregiver is responsible for; if all of the following conditions are met: (1) The consumer is covered by his or her parent's, guardian's, or caregiver's health care service plan or health insurance policy. (2) The family has an Annual Gross Income (AGI) that does not exceed 400 percent of the Federal Poverty Level (FPL). The Family Cost Participation Program Schedule shall be used to determine AGI not exceeding 400% FPL for the family. (3) There is no other third party having liability for the cost of the service.

ELARC may make an exception to fund for co-payments, coinsurance and deductible for a consumer whose family income exceeds 400 percent of the federal poverty level, when the service is necessary to successfully maintain the child at home or the adult consumer in the least- restrictive setting, and the parents can demonstrate one or more of the following: (1) The existence of an extraordinary event that impacts the ability of the parent, guardian, or caregiver to meet the care and supervision needs of the child or impacts the ability of the parent, guardian, or caregiver with a health care service plan or health insurance policy, to pay the copayment, -coinsurance or deductible. (2) The existence of catastrophic loss that temporarily limits the ability to pay. (3) Significant unreimbursed medical costs associated with the care of the consumer or another child who is also a regional center consumer.

Any financial hardship information submitted by a parent should be immediately shared with Manager / Supervisor so that an exceptional review can be completed.

Under special circumstances, OT/PT/ST may be provided for pre- schooler where it has been determined they are eligible for regional center services until the beginning of the next school term after the toddler's third birthday during a period when the LEA special education preschool is not in session and when the multidisciplinary team determined that services are necessary until the LEA special education program resumes. (Title 17 section 52112 (f) (1) and (2))

III. AMOUNT OF SERVICE

The amount and duration of service will vary and shall be based on current recommendations, family input and evaluations available. An evaluation may be requested prior to the funding of this service to determine the appropriate amount and

duration of the service and the service shall be reviewed by the appropriate clinical consultant.

IV. ALTERNATIVE FUNDING

Effective July 1, 2009, WIC 4659 (c) regional centers shall not purchase any service that would otherwise be provided through generic resources. Regional center shall first explore these resources including but not limited to: Private trusts, private insurance, Medi-Cal, Medicare, California Children's Services, the special education school system, EPSDT, CHAMPUS, private health plans, HMO's, Veteran's Benefits, Department of Rehabilitation, ability-to-pay programs at county facilities and clinics, etc.

V. PROCESS FOR PURCHASE OF SERVICE

- A. For a new service: The service coordinator requests an assessment be completed by a qualified vendor. The vendor will provide an assessment report to the service coordinator for consultation. ELARC OT/PT/ST consultant will review for program planning and recommendations. Vendor will provide an assessment report to the Service Coordinator for consultation. OT/PT/ ST consultant will review for program planning and recommendations.
- B. For ongoing service: Vendor will provide a progress report three weeks prior to the end of the authorization period. Report will be routed to the OT/PT/ST consultant. Consultant will review report for program planning and recommendations.
- C. Service Coordinator will locate a vendor available to provide the services as recommended. Services must first be located within the child's natural environment. If resources are not available within the natural environment alternatives must be found to ensure services are provided in a timely manner.
- D. Service Coordinator will generate an authorization using a R1-11 form.

V. EVALUATION OF SERVICE EFFECTIVENESS

The planning team, therapist reports, review by the appropriate consultant, and consumer/family feedback will serve as the mechanism for evaluating the effectiveness of the service. If the duration of the service will exceed six months, the purchase of the service will need to be evaluated every six months or more frequently as recommended by the consultant.