



## **PURCHASE OF SERVICE GUIDELINE**

<b>7/8/2015</b>	<b>OCCUPATIONAL THERAPY (OT)/ PHYSICAL THERAPY (PT)</b>	<b>FINAL</b>
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### **I. DEFINITION**

Occupational Therapy is defined as treatment to individuals that promote health and well-being through movement. It enables individuals to participate in the activities of everyday life by enhancing their ability to participate or by modifying the environment to better support participation. Physical Therapy is defined as treatment to individuals to relieve pain, develop or restore motor function and maintain performance by using a variety of physical means.

### **II. CRITERIA**

ELARC may purchase OT/PT services under special circumstances, for consumers beyond the age of 22 who have exited the school system, school-age children who may require supplemental therapy. All OT/PT services purchased are to be provided by a licensed and qualified therapist for each type of service.

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 or other sources of public health care available to the general public WIC, section 4648, subd. (a)(8)].

ELARC may purchase OT/PT services for an adult consumer when it is deemed necessary for the adult consumer in order to maintain the consumer's current status and prevent regression of physical condition.

For school-aged consumers under the age of 22 and currently enrolled in a school program, the special education system and/or the California Children's Services are the primary source for the provision of OT/PT services. Effective July 1, 2009, WIC Section 4648.5(a) a regional center's authority to purchase educational services for children three to seventeen, inclusive years of age has been suspended, pending implementation of the Individual Choice Budget and certification by the Director of Developmental Services the ICB has been implemented and will result in state budget savings sufficient to offset the cost of providing these services.

An exemption may be granted on an individual basis in extraordinary circumstances to permit purchase of the service when the regional center determines that the service is a primary or critical means for amelioration of the physical, cognitive or psychosocial effects of the consumer's developmental disability or the service is necessary to enable the consumer to remain in the home and no alternative service is available to meet the consumer's needs [WIC 4648.5 (c)].

Under special circumstances, OT/PT may be provided for school-age consumers where it has been determined that supplemental therapy is required to prevent physical regression if therapy services are not provided during school breaks, or other individual circumstances would prevent the special education system from providing needed services. A Fair Hearing procedure must be initiated with the school system prior to pursuing ELARC funding. This includes special circumstances in which OT/PT may be required for a temporary period of time, for school breaks and / or for ongoing services.

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

If ELARC identifies the OT/PT 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 or consumer 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, or adult consumer 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.

### III. AMOUNT OF SERVICE

The amount and duration of service will vary and shall be based on current recommendations, family input and available evaluations. 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. After discussion with the consumer or legally authorized representative regarding a service request as part of the planning team process, the service coordinator completes a R1-11 with as much detail as possible, signs it, obtains his/her supervisor's signature and submits it with the chart and all applicable documentation to the Special Services secretary. All R1-11 requests should be submitted to the Special Services Secretary at least four weeks in advance of the expected date of service, agreed to by the planning team, as no retroactive funding requests will be considered for purchase of service
- B. The request will be reviewed by the applicable clinical consultant for input and recommendations on whether the service request is clinically indicated and the submitted documentation is adequate to support this request. If so, the clinical consultant will reflect this in an ID Note/Memo/Record Review Form which will be routed with the R1-11 and chart to the physician consultant for review and signature. The R1-11 will be returned to the Service Coordinator for scheduling of appointments and processing by the respective unit office assistant. Payment will be at the SMA or vendor rate.

If the clinical consultant has concerns and recommends changes in the request, this will be reflected in an ID Note/Memo/Record Review Form

which will be returned along with the R1-11 to the service coordinator to share with the planning team.

- C. Upon planning team agreement to proceed with the changes to service as recommended by the applicable clinical consultant, the service coordinator will note that in a memo, attach the R1-11 and a copy of the I.D. Note/Memo/Record Review Form originally completed by the clinician and route through the Special Services Secretary to the physician consultant for signature. The R1-11 will be returned to the service coordinator for scheduling of appointments and processing by the respective unit office assistant. Payment will be at the SMA or vendor rate.

## VI. 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.