	POLICIES AND PROCEDURES
Policy #: 404-1710	Lead Department: Utilization Management
Title: Pediatric Therapies for Medi-Cal Recipients	
Original Date: 08/01/2009	Date Published: 01/22/2025
Approved by: Utilization Management Work Group (UMWG)	

Purpose:

To define Central California Alliance for Health's (the Alliance) process and criteria for coverage of rehabilitative services for members 0-20 years of age for the Medi-Cal line of business.

Policy:

The Alliance covers rehabilitative and habilitative therapy services that are medically necessary to assess and treat members with functional deficits resulting from injury, trauma, or a medically based illness or disease. Decisions will be made based on Title 22, the Alliance Department of Health Care Services (DHCS) contracts and evidence-based criteria as outlined in Alliance Policy 404-1112 – *Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests*.


Definitions:

California Children's Services (CCS): CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).

Early Start Program: The Early Start Program is California's response to federal legislation ensuring that early intervention services to infants and toddlers with disabilities and their families are provided in a coordinated, family-centered system of services that are available statewide. Eligibility is for infants and toddlers from birth to 36 months who meet one of the following criteria:

1. Have a developmental delay of at least 33% in one or more areas of either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; or; or
2. Have an established risk condition of known etiology, with a high probability of resulting in delayed development; or
3. Be considered at high risk of having a substantial developmental disability due to a combination of biomedical risk factors which are diagnosed by qualified personnel.

Habilitation Services: Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient

	<p>POLICIES AND PROCEDURES</p>
<p>Policy #: 404-1710</p>	<p>Lead Department: Utilization Management</p>
<p>Title: Pediatric Therapies for Medi-Cal Recipients</p>	
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settings. Examples of health care services that are not habilitative services include, but are not limited to, respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind, including but not limited to, vocational training.

Individualized Education Plan (IEP):

These are written records of service that LEA is required to provide to meet a child's educational needs. An IEP is completed for school age children between the ages of 3-22 years to determine services to be provided through SELPA/LEA.

Individualized Family Service Plan (IFSP):

These are written records of service that the regional center is required to provide to meet a child's early intervention. An IFSP is conducted to determine whether a child, aged 0-3 years, is appropriate for Early Start Services. An IFSP must be completed within 45 days of referral. An interim IFSP may be developed if child is determined eligible and in need of services before the process has been completed.

Local Education Authority (LEA)/ Special Education Local Plan Area (SELPA):


SELPA is a state-mandated association that provides for all the special education service needs of children residing within the regional boundaries.

LEA/SELPA services are provided in the school setting and can include speech, occupational, and physical therapy. These services are provided to school children/youth between the ages of 3 and 22 years. School district services end if child graduates from regular HS with a diploma.

LEA services are not covered (carved out) by the Alliance for Medi-Cal members.

Medical Therapy Program (MTP): The Medical Therapy Program (MTP) is a special program within CCS that provides Physical Therapy (PT), Occupational Therapy (OT) and Medical Therapy Conference (MTC) services for children who have handicapping conditions, generally due to neurological or musculoskeletal disorders.

Examples of qualifying conditions for CCS and the MTP include: Cerebral palsy, Spina bifida, muscular dystrophy, rheumatoid arthritis, spinal cord injuries, arthrogryposis, osteogenesis imperfecta, and head injuries.

	POLICIES AND PROCEDURES
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Original Date: 08/01/2009	Date Published: 01/22/2025
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Occupational Therapy (OT): OT provides task-oriented therapeutic activities and exercises designed to significantly improve, develop or restore physical functions lost or impaired as a result of a disease or injury; or to help an individual relearn daily living skills or compensatory techniques to improve the level of independence in activities of daily living.

Physical Therapy (PT): PT is a service with an established theoretical and scientific base and widespread clinical applications in the restorations and promotion of optimal physical function. Physical therapist diagnosis and management movement dysfunction and enhance physical and functional abilities.


San Andreas Regional Center (SARC)/ Central Valley Regional Center (CVRC): Regional centers are nonprofit private corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities. Locally, regional centers are contracted to conduct Individualized Family Service Plans (IFSP) to determine eligibility for Early Start services (age: 0-3 years).

Speech Therapy (ST): The treatment of speech and communication disorders. The approach used depends on the disorder. It may include physical exercise to strengthen the muscles used in speech (oral-motor work), speech drills to improve clarity, or sound production practice to improve articulation.


Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.

Procedures:


1. All requests require prior authorization:
 - a. The authorization request for services should be submitted with a copy of the initial or current evaluation, treatment plan or goals.
 - b. The authorization request should contain a diagnosis description with medical justification.

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Original Date: 08/01/2009	Date Published: 01/22/2025
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- c. The authorization request should include the requested quantity of units in 15 minute increments of therapy.
 - d. Normally, one visit will constitute 60 minutes (4 units of service) of therapy.
 - e. It is beneficial to both the member and the therapist to submit a subsequent authorization request prior to the end of the previously authorized time period to avoid a delay in treatment.
 - f. The Alliance periodically may request that the member return to the PCP or treating health care professional to assess the medical need for continued physical therapy treatment for this medical condition, review and establish goals of therapy, and re-evaluate the duration of therapy anticipated to accomplish these goals.
2. Screening requirements:
 - i. All providers perform appropriate baseline health assessments and diagnostic evaluations that provide sufficient clinical detail to establish, or raise a reasonable likelihood, that a member has a CCS eligible medical condition. Providers will refer potential CCS-eligible members to the CCS program per Alliance Policy policy 405-1319 Screening and Referral for Medically *Eligible Children to California Children's Services (CCS) Program*.
 - ii. Health Services staff will screen for California Children Services (CCS) eligibility. Health Services staff members will refer potential CCS-eligible members to the CCS program per Alliance Policy policy 405-1319 Screening and Referral for *Medically Eligible Children to California Children's Services (CCS) Program*.
3. Rehabilitative and Habilitative therapy must meet all of the following criteria:
 - a. Prescription: For CCS WCM members, the prescribing physician must be CCS paneled and approved to treat the member's CCS eligible condition.
 - b. Meet the functional needs of a patient who suffers from physical and/or mild to moderate mental impairment due to disease, acute trauma, congenital anomalies or prior therapeutic intervention.
 - c. Achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time (3 months).


	<p align="center">POLICIES AND PROCEDURES</p>
<p>Policy #: 404-1710</p>	<p>Lead Department: Utilization Management</p>
<p>Title: Pediatric Therapies for Medi-Cal Recipients</p>	
<p>Original Date: 08/01/2009</p>	<p>Date Published: 01/22/2025</p>
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- d. Provide specific, effective, and reasonable treatment for the patient's diagnosis and physical condition.
- e. Be delivered by a qualified and licensed Speech Therapy (ST), OT or PT provider.
 - i. For CCS WCM members, the Alliance shall utilize paneled CCS Providers to treat CCS conditions in any circumstance in which a CCS-eligible Member's condition requires treatment from a CCS paneled Provider. The Alliance may use an out-of-state Provider if an in-state CCS Provider does not possess the clinical expertise to appropriately treat the CCS condition of the Member. CCS Paneled Providers include physicians, speech therapists, physical therapists, occupational therapists, and other providers as outlined by the CCS program.
- f. For CCS WCM members who are clients of the CCS Medical Therapy Program (MTP) information on the MTP OT and/or PT services being prescribed and received must be submitted along with the prior authorization request for services. The MTU therapist may be consulted to help determine medical necessity.
- g. When applicable, an IFSP or IEP must be completed and submitted to the Alliance along with the prior authorization request for services. In cases where services are denied by the Alliance for Early Start Program members due to lack of medical necessity, the Alliance will direct members back to Early Start, which may arrange for additional OT, ST, and/or PT services.
- h. Standard visit rate is 1 visit/week in most cases. More frequent visits may be authorized, as appropriate, based on clinical review.
- i. Depending on the severity of the patient's condition, the usual treatment session is from 30-60 minutes.
- j. Services for ongoing treatment must include evidence of periodic clinician reassessment/re-evaluation and documentation that the member is compliant with the established treatment plan and making measurable gains.
- k. Individual and group therapy services provided by other payers/sources will be considered in determining the frequency and duration of therapy services authorized

	<p>POLICIES AND PROCEDURES</p>
<p>Policy #: 404-1710</p>	<p>Lead Department: Utilization Management</p>
<p>Title: Pediatric Therapies for Medi-Cal Recipients</p>	
<p>Original Date: 08/01/2009</p>	<p>Date Published: 01/22/2025</p>
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by the Alliance. The Alliance does not make a distinction between group visits and individual visits in making these determinations.

- I. Prior Authorizations staff collaborate with Pediatric Complex Management staff to ensure appropriate agencies are providing services without duplication.
4. The Alliance follows evidence-based criteria for making decisions regarding coverage. MCG care guidelines and the CCS Numbered Letters have the following criteria, many of which address specific pediatric aspects:
 - a. Fracture Rehabilitation (A-0366)
 - b. Lower Extremity Soft Tissue Dysfunction Rehabilitation (A-0529)
 - c. Neurologic Rehabilitation (A-0363)
 - d. Pain Rehabilitation (A-0362)
 - e. Spine Soft Tissue Dysfunction Rehabilitation (A-0364)
 - f. Systemic Rehabilitation (A-0373)
 - g. Upper Extremity Soft Tissue Dysfunction Rehabilitation (A-0528)
 - h. Developmental Language Disorders Rehabilitation (A-0561)
 - i. Developmental Speech Disorders Rehabilitation (A-0560)
 - j. Voice Disorders Rehabilitation (A-0559)
 - k. Dysarthria Rehabilitation (A-0556)
 - l. Fluency Disorders Rehabilitation (A-0558)
 - m. Acquired Apraxia of Speech Rehabilitation (A-0555)
 - n. Aphasia Rehabilitation (A-0554)

	POLICIES AND PROCEDURES
Policy #: 404-1710	Lead Department: Utilization Management
Title: Pediatric Therapies for Medi-Cal Recipients	
Original Date: 08/01/2009	Date Published: 01/22/2025
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- o. Dysphagia Rehabilitation (A-0557)
 - p. CCS Numbered Letter 14-0605: Authorization of Occupational Therapy (OT) Services
 - q. CCS Numbered Letter 15-0605: Speech Pathology Services
 - r. CCS Numbered Letter 11-0605 Aural Rehabilitation Services
 - s. CCS Numbered Letter 11-1600: Duplication of Physician or Therapy Services Being Provided Through the CCS/Medical Therapy Program (MTP)
5. Other conditions:
- a. Postural torticollis and congenital muscular torticollis – These conditions benefit from a home stretching program. Up to 4 visits with an OT or PT are appropriate initially to address this problem, teach care givers, and initiate an effective Home Exercise Program (HEP).
 - b. Dysphagia/Oral Aversion - These conditions are medically necessary and benefit from speech therapy when they meet the following criteria:
 - i. Member exhibits weight loss or malnutrition because he/she has dysphagia and is unable to obtain adequate nutrition orally.
 - ii. Member has difficulty swallowing and has a nasogastric or gastrostomy tube for nutrition; or
 - iii. Member has a history of, or is at high risk for, recurrent aspirations or choking.
6. Allied Health Benefit:

For non-CCS WCM members, the Alliance covers a maximum of two Allied Health provider visits per calendar month, without a referral from the member's Primary Care Physician (PCP). Providers are encouraged to provide therapy services (OT, ST) through the Allied Health benefit first, and request additional services, if needed, through the prior

	<p>POLICIES AND PROCEDURES</p>
<p>Policy #: 404-1710</p>	<p>Lead Department: Utilization Management</p>
<p>Title: Pediatric Therapies for Medi-Cal Recipients</p>	
<p>Original Date: 08/01/2009</p>	<p>Date Published: 01/22/2025</p>
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authorization process. Providers should state on the prior authorization request form whether member is receiving services from them through the Allied Health Benefit.

For CCS WCM members, an authorized referral is required for all visits to an out-of-network Allied Health provider.

7. Gaps in Service/Coverage:

The Alliance, through its Children's Case Management programs, will work with its partners to ensure good coordination of services. The Alliance recognizes that many high-risk Alliance children may need urgent services to prevent injury or worsening disability before they can be seen for an evaluation or provided with therapy services. During unavoidable gaps in service, the Alliance **may** approve therapy services until therapy services are provided by the appropriate agency.

The Alliance will authorize OT and PT services related to Early Start eligible conditions for up to a 6-week period after NICU discharge.


Exclusions:

1. ST, OT, and PT services provided by the schools through **LEA/SELPA** are not covered by the Alliance. The Alliance may consider the availability of and the member's ability to access school-based services when determining the frequency of services that are medically necessary for a particular member.

- a. Therapy is not covered for the treatment of learning disabilities such as dyslexia or developmental dyslexia, dysgraphia, dyspraxia, dyscalculia, non-verbal learning disabilities (e.g. motor clumsiness, poor visual-spatial skills, problematic social relationships, poor organizational skills), and auditory processing disorders.

As described in the Member Handbook and Evidence of Coverage, Local Education Authority (LEA) services are specifically not covered.


- i. The Alliance Medi-Cal contract with the Department of Health Care Services provides additional definition to the coverage of these services: *"Covered Services means Medical Case Management and those benefits set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301,*

	<p align="center">POLICIES AND PROCEDURES</p>
Policy #: 404-1710	Lead Department: Utilization Management
Title: Pediatric Therapies for Medi-Cal Recipients	
Original Date: 08/01/2009	Date Published: 01/22/2025
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and Title 17, CCR, Chapter 4, Subchapter 13, Article 4, beginning with Section 6840. Covered Services do not include: Any Local Education Agency (LEA) services as specified in Title 22, CCR, Section 51360 and 51190.4 provided pursuant to an Individualized Education Plan (IEP) as set forth in Education Code, Section 56340 et seq. or an Individualized Family Service Plan (IFSP) as set forth in Government Code Section 95020, or LEA services provided under an Individualized Health and Support Plan (IHSP), as described in Title 22, CCR, Section 51360."

b. Title 22, CCR, Section 51360 defines these services as:

- i. LEA health and mental health evaluation and health and mental health education services, which include any or all of the following:
 - 1. Nutritional assessment and nutrition education
 - 2. Vision assessment
 - 3. Hearing assessment
 - 4. Developmental assessment
 - 5. Assessment of psychosocial status
 - 6. Health education and anticipatory guidance
- ii. LEA physical therapy
- iii. LEA occupational therapy
- iv. LEA speech pathology and audiology services
- v. LEA medication support services, psychology and counseling services
- vi. LEA school health aide services

	POLICIES AND PROCEDURES
Policy #: 404-1710	Lead Department: Utilization Management
Title: Pediatric Therapies for Medi-Cal Recipients	
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2. Peer-reviewed studies show insufficient data to support the efficacy of the following rehabilitative services:

- a. Gait analysis
- b. Sensory Integration Therapy/ Auditory Integration Therapy

Please see the Additional Resource Material section for information regarding the lack of evidence to support gait analysis, sensory integration therapy, and auditory integration therapy as medically necessary services. Please see References section for the Alliance's definition of medical necessity.


3. Maintenance programs are programs that consist of activities that preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no additional functional progress is apparent or expected to occur. Maintenance programs are not medically necessary.

Speech Therapy-specific Issues:

1. The Alliance covers augmentative and alternative communication devices when medically necessary. (See MCG guideline: A-0516)

Exclusions:

1. Speech therapy is considered not medically necessary for dysfunctions that are self-correcting, such as language therapy for young children with natural dysfluency or developmental articulation disorders in young children.
2. Facilitated communication (FC) is a process by which a facilitator supports the hand or arm of a communicatively impaired individual while using a keyboard or other devices with the aim of helping the individual to develop pointing skills and to communicate. The Alliance considers facilitated communication investigational for all indications due to the lack of evidence-based, peer-reviewed studies showing efficacy.

	<p align="center">POLICIES AND PROCEDURES</p>
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Original Date: 08/01/2009	Date Published: 01/22/2025
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3. The Alliance considers auditory feedback devices such as the SpeechEasy as investigational for all indications due to the lack of evidence-based, peer-reviewed studies showing efficacy.
4. Speech therapy is not covered when it is primarily academic or educational (e.g. services to enhance writing skills) and not part of a defined medical treatment plan.

References:

Alliance Policies:

- 404-1112 – Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests
- policy 405-1319 Screening and Referral for Medical ly Eligible Children to California Children’s Services (CCS) Program
- 404-1314 – Children with Special Health Care Needs
- 404-1316 – Early Intervention Services
- 404-1706 – Physical Therapy Guidelines
- 405-1303 – Identification of and Coordination of Care for Medi-Cal Members with Developmental Disabilities
- 405-1304 – Developmental Disabilities - Services to Members

Impacted Departments:

- Member Services
- Provider Services

Regulatory:

- Title 17 CCR 52020, 52022; Title 22 CCR 51360
- CCS Numbered Letter 14-0605: Authorization of Occupational Therapy (OT) Services
- CCS Numbered Letter 15-0605: Speech Pathology Services
- CCS Numbered Letter 11-0605 Aural Rehabilitation Services
- CCS Numbered Letter 11-1600 Duplication of Physician or Therapy Services

through CCS MTP


provided

Legislative:

- Senate Bill, SB-586 Whole Child Model – Children’s Services

Contractual (Previous Contract):

- Medi-Cal Contract Exhibit A, Attachment 11, Provision 12
- Medi-Cal Contract Exhibit A, Attachment 11, Provision 13

	POLICIES AND PROCEDURES
Policy #: 404-1710	Lead Department: Utilization Management
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Original Date: 08/01/2009	Date Published: 01/22/2025
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Medi-Cal Contract Exhibit A, Attachment 18, Provision 11n
Medi-Cal Contract Exhibit E, Attachment 11, Provision 3.5

Contractual (2024 Contract):
Medi-Cal Contract, Exhibit A, Attachment 3, Provision 4.3.9.B
Medi-Cal Contract, Exhibit A, Attachment 3, Section 2.3.1
Medi-Cal Contract, Exhibit A, Attachment 3, Section 4.3.14

DHCS All Plan Letter:
MMCD Policy Letter 97-03
APL 19-010

NCQA:
Supersedes:
Other References:

MCG Care Guidelines
BlueCross BlueShield Association (BCBSA), Technology Evaluation Center (TEC). Gait analysis for pediatric cerebral palsy. TEC Assessment Program. Chicago, IL: BCBSA; April 2002;16(19).
Narayanan UG. Management of children with ambulatory cerebral palsy: An evidenced-based review. J Pediatr Orthop.2012;32 Supple 2:S172-S181.
Narayanan UG. The role of gait analysis in the orthopedic management of ambulatory cerebral palsy. Curr Opin Pediatr. 2007;19(1):38-43.
Hender K. Effectiveness of sensory integration therapy for attention deficit hyperactivity disorder (ADHD). Evidence Centre Critical Appraisal. Series 2001: Intervention. Clayton, VIC: Centre for Clinical Effectiveness, Monash Medical Centre; March 21, 2001.
Sinha Y, Silove N, Hayen A, Williams K. Auditory integration training and other sound therapies for autism spectrum disorders (ASD). Cochrane Database Syst Rev. 2011;(12):CD003681.
Strategic Plan 2022-2026 – Central California Alliance for Health:
PERSON-CENTERED DELIVERY SYSTEM TRANSFORMATION

Attachments:


Lines of Business This Policy Applies To

- ☐ DSNP
☒ Medi-Cal
☐ Alliance Care IHSS

LOB Effective Dates

(01/01/2026 – present)
(01/01/1996 – present)
(07/01/2005 – present)

Revision History:

	<p align="center">POLICIES AND PROCEDURES</p>
Policy #: 404-1710	Lead Department: Utilization Management
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Reviewed Date	Revised Date	Changes Made By	Approved By
05/19/2020	05/19/2020	Rita Rossmann, RN Prior Auth Supervisor	UMWG
05/17/2022	05/17/2022	Lorna Metzger, RN Prior Auth Supervisor	UMWG
09/22/2023	9/22/2023	Danah Hernandez, UM Regulatory Reporting Supervisor	UMWG
10/23/2023	10/23/2023	Danah Hernandez, UM Regulatory Reporting Supervisor	UMWG
11/04/2024	11/04/2024	Azura Sanchez, UM Admin Assistant	UMWG
11/12/2024	11/12/2024	Azura Sanchez, UM Admin Assistant	UMWG