

ACTS Funding Process

1. CCS/MediCal:

For students who are both CCS and MediCal insured or eligible.

(CCS/MediCal funds AAC and AT Equipment other than computers, software, peripherals)

A. Determine CCS Status

If active with a CCS MTU (Medical Therapy Unit)

- ▶ Get name/number of MTU OT (Occupational therapist)
- ▶ Get name/number of supervising OT for the MTU

If CCS Consult Only

- ▶ Get name and number of OT
- ▶ Get name/number of supervising OT for MTU

If on Inactive Status with CCS

- ▶ Reactivate status (with parent permission) by contacting CCS to schedule an evaluation to reactivate status

If CCS Status Not Yet Determined

- ▶ Parent applies for services

B. Determine MediCal Status

If they have an active MediCal Number

- ▶ Inform CCS OT that an AAC Eval. is in process for CCS/MediCal device funding
- ▶ Involve CCS OT in evaluation and clinical trials (invite them to come)
- ▶ Follow CCS/MediCal AAC device funding process.
- ▶ Provide CCS with the following evaluation packet:
 - Completed Evaluation Report in Medicare format
 - Primary Physician's Prescription for the device and peripherals
 - Price quote from a vendorized DME Device Manufacturer delineating all equipment needs/current prices, not more than 30 days old.
 - Letter of denial from student's primary insurance carrier, if they have other insurance.

If MediCal Application in Process

- ▶ Proceed with evaluation following CCS/MediCal Guidelines
- ▶ When MediCal Number is provided, submit evaluation packet to CCS

If no MediCal insurance

- ▶ Talk to parent about benefits of MediCal as a secondary insurer
- ▶ Determine if Child is receiving Regional Center services (Needed to make an application for MediCal)
- ▶ Get name/number of Regional Ctr. case manager from parent
- ▶ Ask Regional Ctr. Case Manager to apply for MediCal for client through institutional deeming with parent approval
- ▶ Follow through with Case Manager and Parent to insure paper work is completed

2. CCS Only:

For students that are CCS active **or eligible**, based on a medically eligible diagnosis – See Sheet on CCS eligibility that follows this document.

- A. Determine CCS Status
- B. Determine if student's family is DME Equipment Eligible under CCS (income under \$40K)
 - ▶ If family is equipment eligible under CCS, proceed with the evaluation
 - ▶ Involve CCS OT in evaluation and clinical trials
 - ▶ Submit completed evaluation packet to CCS
- C. Determine if family is willing to apply for MediCal (for CCS's benefit)

3. MediCal Only:

Students who do not have a CCS Medically eligible diagnosis are funded directly from MediCal (students with a diagnosis of Autism, Pervasive Developmental Disorder, Downs Syndrome are not CCS eligible)

- A. Determine student's primary health insurance carrier
- B. Contact student's primary physician to inform him/her of the evaluation
- C. Provide primary physician with sample of specifics for a prescription.
- D. Evaluation (report, prescription, device price quote) must first be reviewed by the Health Insurance Carrier (often by Durable Medical Equipment (DME) Dept. if the insurance carrier has DME coverage).
- E. If approved by the insurance provider, the device is procured under DME coverage
- F. If denied, the insurance provider must provide a written denial letter
- G. Evaluation packet (Report, Prescription, Price Quote, Denial Letter) is sent to the Funding Dept. of the Device Vendor (Device Vendor must have a DME vendor number for MediCal purposes. Smaller companies can contract with larger DME vendors for device purchases through MediCal.)

4. Private Insurance

For students who do not have CCS or MediCal and parent wants to pursue insurance funding

- A. Ask Parent for a copy of the Health Insurance benefits and exclusions. (If Speech/Language and Durable MediCal Equipment is a covered benefit, AAC device coverage is possible as long as there is not a written exclusion for AAC devices).
- B. Conduct the evaluation in accordance with Medicare guidelines
- C. Contact primary physician and send a copy of the completed report
- D. Request a written prescription from the physician. Provide details for prescription.
- E. Request that physician submit materials to the DME department and request a 30 day response
- F. Stay in contact with primary physician and parent until a decision has been made. If denied, pursue the appeal process ONLY if DME and Speech/Language coverage are a benefit.

5. Low Incidence Funds (AAC or AT)

For students who have a low incidence disability as defined by the State Dept. of Education (Hard of Hearing, Deaf, Deaf-Blind, Visually Impaired, or Severely Orthopedically Impaired) OR those not eligible for funding via CCS, MediCal or Primary Insurance OR for students whose parents insist on low incidence device procurement and are not willing to cooperate with alternative sources

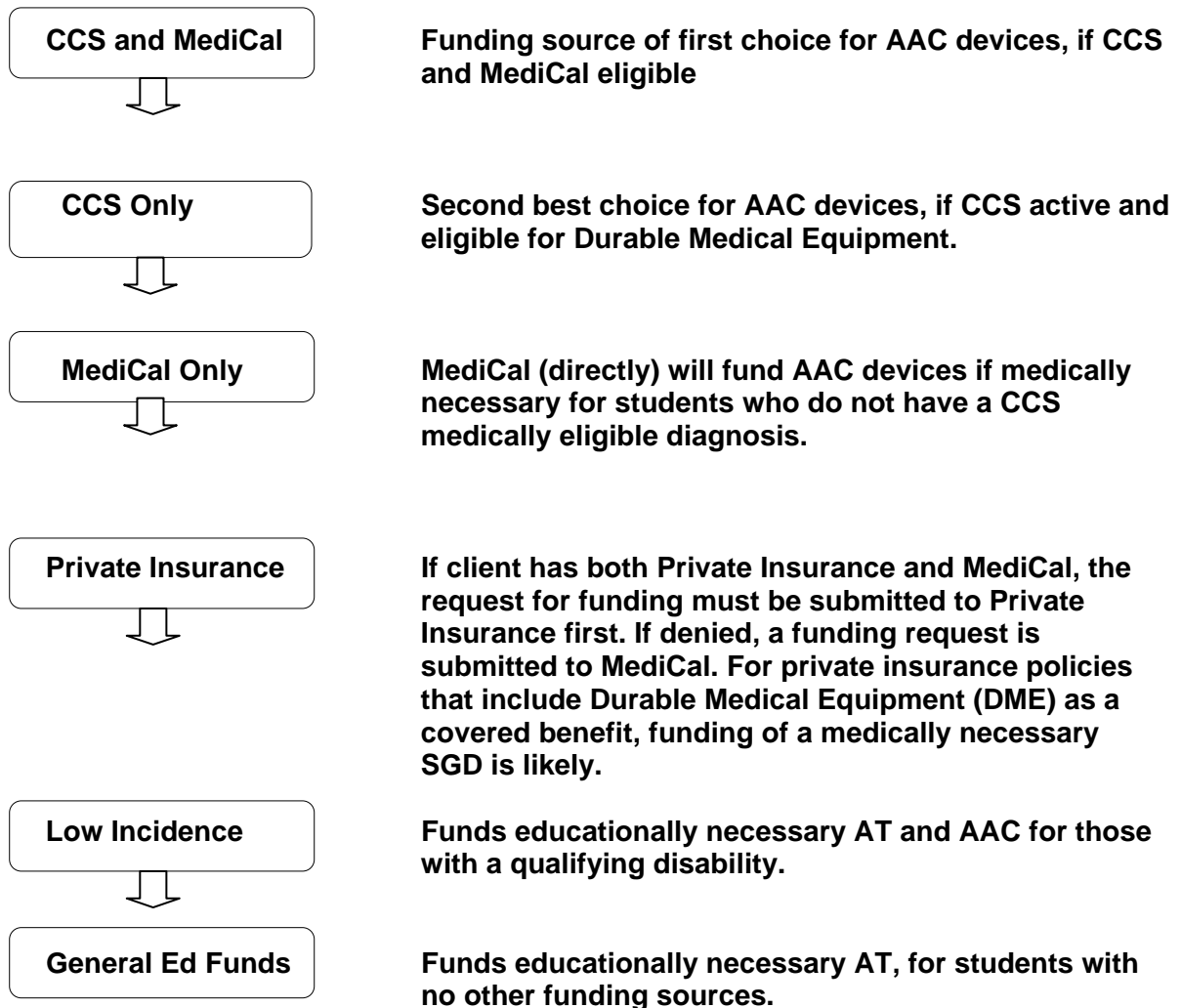
- A. IEP team writes goals/objectives which include the use of the AT or AAC device.
- B. AAC Specialist and Case Manager complete a *Low Incidence Form*, attach a copy of the IEP and send it to the appropriate Program Administrator for review.
- C. Low incidence equipment is logged into the low incidence database and the AAC Specialist and/or Case manager is contacted.

6. General Education Funds/AT Equipment Budget (AAC or AT)

For students who do not qualify for low incidence funds, are not CCS, MediCal, and whose parents do not want to pursue private insurance for device coverage purposes

- A. Student receives an assessment (conducted in accordance with Medicare guidelines if AAC)
- B. IEP team writes goals/objective to include the use of AT or AAC.
- C. AT/AAC Specialist and Case Manager complete an Equipment Requisition, attach a copy of the IEP, and send it to the Program Administrator for review/Approval
- D. AT/AAC Equipment is logged into the equipment database and the AAC/AT Specialist/Case manager is contacted to pick up equipment.

Funding Hierarchy Chart



The benefits of equipment funded by CCS, MediCal or private insurance are that:

The family owns the device
Replacement is an option when medically necessary
Repairs are also covered.

- Some home-based services may be covered.

What is CCS?

CCS is a statewide program that treats children with certain physical limitations and chronic health conditions. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. The California Department of Health Services manages the CCS program. The program is funded with state, county, and federal tax monies, along with some fees paid by parents.

What Does CCS Offer Children?

If you or your child's doctor thinks that your child might have a CCS-eligible medical condition, CCS may pay for or provide a medical evaluation to find out if your child's condition is covered.

If your child is eligible, CCS may pay for or provide:

- Treatment, such as doctor services, hospital and surgical care, physical therapy and occupational therapy, Laboratory tests, X-rays, orthopedic appliances and medical equipment.
- Medical case management to help get special doctors and care for your child when medically necessary, and
- Referral to a Medical Therapy Program (MTP), which can provide physical therapy and/or occupational therapy in public
- Schools for children who are medically eligible.

Who Qualifies for CCS? The program is open to anyone who:

- is under 21 years old;
- has or may have a medical condition that is covered by CCS;
- is a resident of California; and
- has a family income of less than \$40,000 as reported as the adjusted gross income on the state tax form; or the out-of-pocket medical expenses for a child who qualifies are expected to be more than 20 percent of family income; or
- The child has Healthy Families coverage.

Family income is not a factor for children who:

- need diagnostic services to confirm a CCS eligible medical condition; or
- were adopted with a known CCS eligible medical condition; or
- are applying only for services through the Medical Therapy Program; or
- are Medi-Cal beneficiaries, full scope, no share of cost; or
- are Healthy Families subscribers.

What Medical Conditions Does CCS Cover?

In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. Listed below are categories of medical conditions that may be covered and some examples of each:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)
- Disorders of the genito-urinary system (serious chronic kidney problems)
- Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Disorders of the sense organs (hearing loss, glaucoma, cataracts)
- Disorders of the nervous system (cerebral palsy, uncontrolled seizures)
- Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (severe head, brain, or spinal cord injuries, severe burns)
- Complications of premature birth requiring an intensive level of care
- Disorders of the skin and subcutaneous tissue (severe hemangioma)
- Medically handicapping malocclusion (severely crooked teeth)