

ACTS Funding Process

1. CCS/MediCal:

Children who are 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 SGD Evaluation is in process for CCS/MediCal funding
 - ▶ Involve CCS OT in evaluation and clinical trials (invite them to come)
 - ▶ Follow CCS/MediCal SGD Funding Guidelines
 - ▶ Provide CCS with the following evaluation packet:
 - Completed Evaluation Report in Medicare format
 - Primary Physician's Prescription for the device and peripherals (or CCS physician will provide one).
 - Price quote from a vendorized DME Device Manufacturer including all accessories, medicare device category codes, and 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 Center case manager from parent
 - ▶ Ask Regional Center 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 who are CCS active or eligible, based on a medically eligible diagnosis – See CCS eligibility on page 5 of 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 (Children with a diagnosis of Autism, Pervasive Developmental Disorder, Downs Syndrome and many other developmental disabilities are not CCS eligible)

- A. Determine if child has active MediCal coverage by contacting the parent and obtaining a copy of the MediCal benefits card.
- B. Obtain parent permission to conduct a medically based SGD evaluation in accordance with Medicare/MediCal guidelines and procure funding through MediCal.
- C. Obtain information from parent regarding the child's primary care physician and contact information.
- D. Conduct the evaluation in accordance with the MediCal Guidelines.
- E. Obtain a price quote from the DME Manufacturer (with a California Medical Provider number) including each item, Medicare SGD device category code, and price for each time including sales tax and shipping.
- F. Send written SGD Evaluation report and price quote to physician along with a cover letter requesting a prescription for the recommended SGD and accessories. Provide a prescription form or sample for the physician. Request that the original prescription be mailed to the AAC Provider.
- G. Evaluation packet (SGD Report, Prescription, Price Quote) is sent to the Funding Coordinator of the Device Manufacturer (Manufacturer must have a DME vendor number for MediCal purposes. Smaller companies can contract with larger DME vendors for device purchases through MediCal.)
- H. AAC Provider must completed Manufacturer's internal funding forms. Some of those forms must be signed/completed by the child's parent or legal guardian.
- I. Follow up with the Funding Coordinator to insure all the paperwork has been received and inquire about the funding status.
- J. Funding Coordinators will submit a Treatment Authorization Request directly to MediCal if the child has no other private insurance or CCS funding source. The Funding coordinator may also request in writing that the child does not qualify for CCS.

4. Private Insurance

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

- A. Obtain parent permission to conduct a medically based SGD evaluation in accordance with Medicare/MediCal guidelines and procure funding through parents' private insurance.
- B. Obtain a copy (front and back) of the child's private insurance card. Have complete the Insurance information form provided by the SGD Manufacturer's Funding Department.
- C. Obtain information from parent regarding the child's primary care physician and contact information.
- D. Ask parent to their Health Insurance benefits and exclusions. If Speech/Language and Durable MediCal Equipment is a covered benefit, SGD device coverage is possible as long as there is not a written exclusion for SGDs.
- E. Conduct the evaluation in accordance with Medicare guidelines
- F. Obtain a price quote from the DME Manufacturer (with a California Medical Provider number) including each item, Medicare SGD device category code, and price for each time including sales tax and shipping.
- G. Send written SGD Evaluation report and price quote to physician along with a cover letter requesting a prescription for the recommended SGD and accessories. Provide a prescription form or sample for the physician. Request that the original prescription be mailed to the AAC Provider
- H. Evaluation packet (SGD Report, Prescription, Price Quote) is sent to the Funding Coordinator of the Device Manufacturer.
- I. AAC Provider must completed Manufacturer's internal funding forms. Some of those forms must be signed/completed by the child's parent or legal guardian.
- J. Follow up with the Funding Coordinator to insure all the paperwork has been received and inquire about the funding status.
- K. Funding Coordinator will submit funding request directly to the primary insurance carrier.
- L. If approved by the insurance provider, the device is procured under DME coverage
- M. If denied, the insurance provider must provide a written denial letter

5. Deaf and Disabled Telecommunications Program

- A. The California Public Utilities Commission (CPUC) as part of its Deaf and Disabled Telecommunications Program (DDTP), provides SGDs as the provdier of last resort for California residents needs Speech Generating Devices (SGD pusuant to California Public Utilities Code Section 2881.
- B. DDTP will provide funding, in part or in whoel, for the purchase of an SGD and its associated accessories, mounting systems, and applicable telecommunications component. DDTP will fund the SGD expenses not otherwise covered by public or private insurnace.
- C. Applicants must have an SGD Evaluation evaluation and report by a licensed speech and language pathologist.
- D. A prescription for the SGD and accessories by a licensed physician is required
- E. Applicants must show proof of denial or partial payment by other public and private sources and identify the unfunded amont requested by DDTP.
- F. Applicants must have an SGD Evaluation evaluation and report by a licensed speech

and language pathologist.

G. Applicants must complete the DDTP SGD Application and follow DDTP directions.

6. 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 such as DDTP.

do not want to pursue private insurance or DDTP for device coverage purposes

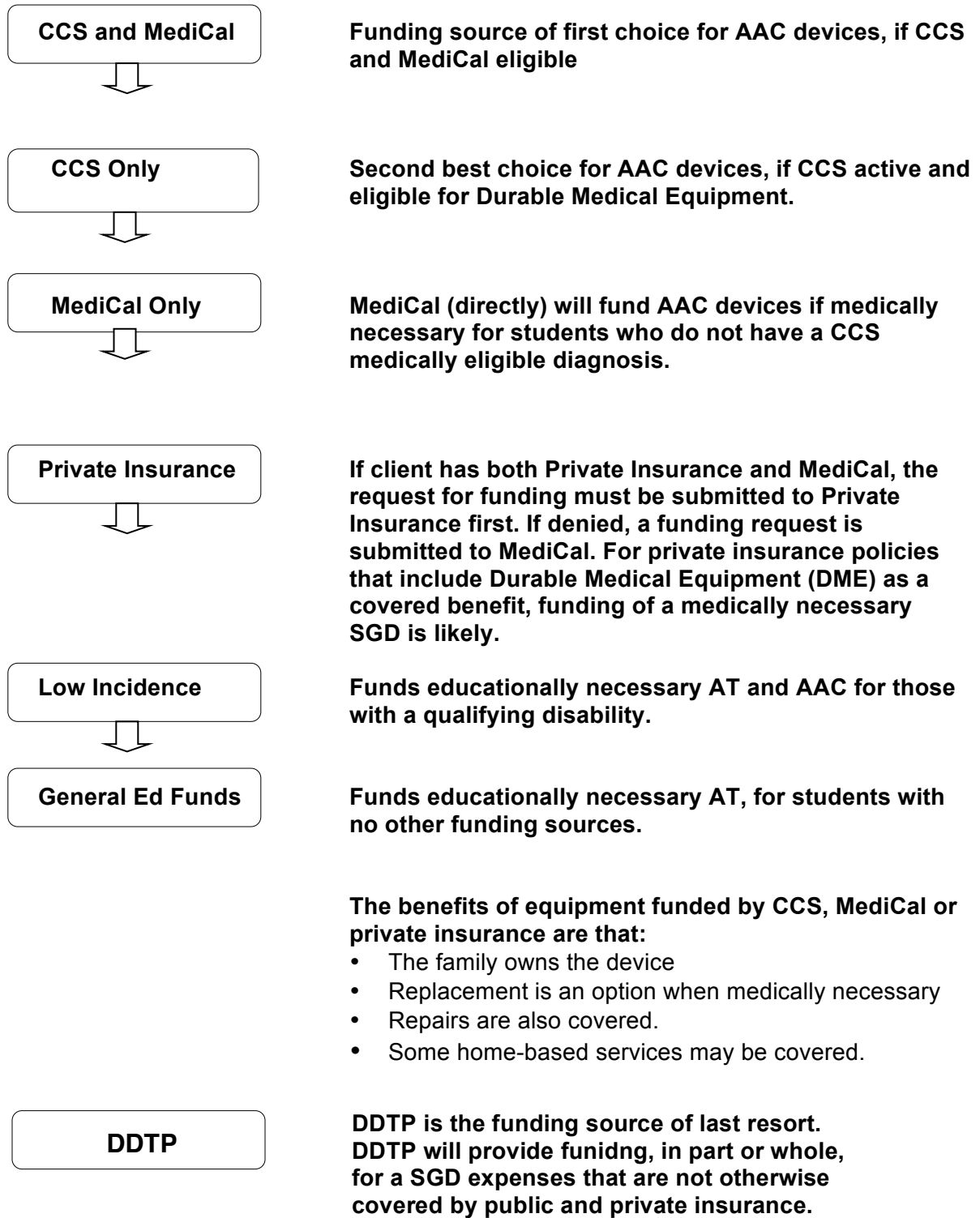
- A. Student receives an AAC or AT assessment
- B. IEP team writes goals/objectives which necessitate the use of AT/AAC.
- C. AAC and AT is specified in Special Factors in the IEP
- D. AT (Code 445 on SEIS) services are documented on the IEP
- E. AAC Specialist and Case Manager complete a *Low Incidence Form*, attach a copy of the IEP and send it to the appropriate Program Administrator for review.
- F. Low incidence equipment is logged into the low incidence database and the AAC Specialist and/or Case manager is contacted.

7. 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 or DDTP for device coverage purposes

- A. Student receives an AAC or AT assessment
- B. IEP team writes goals/objective to include the use of AT or AAC.
- C. AAC and AT is specified in Special Factors in the IEP
- D. AT (Code 445 on SEIS) services are documented on the IEP
- E. AAC Specialist and Case Manager complete equipment request forms for the district, attach a copy of the IEP and send it to the appropriate Program Administrator for review.
- F. 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



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)