

Making it Happen



**REDWOOD COAST REGIONAL CENTER
REQUESTING COVERAGE FROM
A HEALTH PLAN FOR SPEECH,
OCCUPATIONAL AND PHYSICAL
THERAPY FOR A CHILD**



Redwood Coast Regional Center
Respecting Choice in the Redwood Community

The California Department of Managed Health Care requires your health plan to provide speech, occupational and physical therapy to your child if it is medically necessary. Your health plan is prohibited from excluding children with a developmental delay or specific diagnoses from receiving these therapies.

This document offers guidance to parents who wish to request coverage under their health plan for speech, occupational or physical therapy for their son or daughter. The information applies to health plans that are regulated by the Department of Managed Health Care (DMHC). These include all Health Maintenance Organizations (HMOs) in California as well as two Preferred Provider Organization (PPO) plans offered by Anthem Blue Cross of California and Blue Shield of California.

WHAT THERAPIES DOES MY HEALTH PLAN COVER?

You can find out what benefits are covered or excluded by your health plan in a document called the Evidence of Coverage, or EOC. You should receive an EOC from your employer or directly from your health plan on an annual basis. If you do not have one, you should request a copy. These documents may also be available on your health plan's website.

Health plans are generally required to cover *basic health care services* that are *medically necessary*. Since speech, occupational, and physical therapies are basic health care services, they should be covered by your health plan if they are medically necessary for your child.

Until now, many California health plans have specified that these therapies are covered only for the purposes of *rehabilitation*. Typically, this means that if a health plan member suffers an event such as a stroke or traumatic head injury, these therapies may be provided to return him to his previous level of functioning – i.e., to rehabilitate him. For a child with a developmental delay, the purpose of these therapies is typically not rehabilitative since they would be intended to help the child develop new skills.

The Department of Managed Health Care (DMHC) which regulates a majority of health plans in California has made the decision that health plans will no longer be allowed to categorically exclude speech, occupational, and physical therapies for children or set arbitrary limits on the number of sessions, since these services qualify as basic health care services. The DMHC has instructed health plans to change their Evidence of Coverage (EOC) documents to make it clear that these therapies are available to children *when medically necessary*.

WHAT DOES THIS MEAN FOR ME AND MY CHILD?

If you believe your child needs speech, occupational, or physical therapy you should request an assessment for that therapy from your health plan. The health plan is obligated to do an assessment. If the assessment determines that your child needs therapy, the health plan must provide it. Once services have begun, however, the health plan may periodically evaluate your child's progress in therapy to see if continuation is warranted – in other words, to determine if the

services continue to be medically necessary. (This is referred by health plans as a “utilization review” process).

WHAT SHOULD I DO IF MY HEALTH PLAN REFUSES?

If you request speech, occupational, or physical therapy for your child and the health plan refuses to provide it, you should appeal that decision with your health plan. Information on how to appeal will be included in the letter that you receive informing you of the health plan’s decision not to cover the therapy.

Generally, a health plan must respond to your appeal within 30 days. If they deny your appeal or if you have not received a response to the appeal within 30 days, you may request an Independent Medical Review (IMR) from the Department of Managed Health Care. Information about the IMR process and how to get help is available at www.healthhelp.ca.gov or by calling 1-888-466-2219. The letter informing you of the denial of your appeal should also include information about the IMR process.

The Department of Managed Health Care regulates all HMO plans and two PPO plans provided by Anthem Blue Cross of California and Blue Shield of California. If your health plan is a “point of service (POS)”, an “exclusive provider organization (EPO)”, or a “Preferred Provider Organization (PPO)” other than Anthem Blue Cross of California or Blue Shield of California, it is not regulated by DMHC. Such plans also offer an independent medical review process, but it is

provided through the California Department of Insurance. You may call 800-927-4357 or visit their website, www.insurance.ca.gov.

Some companies “self-insure” to provide health coverage to their employees. (Your human resources department can tell you if you employer is self-insured.) These plans are regulated under federal law (called ERISA), but their rules governing appeals are similar to those described above. They do not, however, have an independent medical review process. Rather, following an unsuccessful appeal, the employee can send all information to:

Employee Benefits Security Administration
San Francisco Regional Office
90 7th St, Ste 11-300
San Francisco, CA 94103
Tel 415.625.2481
Fax 415.625.2450

This office will review the decision to see whether it violates provisions of the benefit plan.

If you believe your child needs one of these therapies you should:

- Ask your health plan to provide the service to your child. If you are told that the services are not medically necessary, ask for your child to be assessed.
- If the health plan denies your request for an assessment or for the service, you should appeal the denial. Information about how to appeal will be included in the letter informing you of the denial.
- If the health plan denies your appeal or does not respond to your appeal within 30 days, you should request an independent medical review (IMR) from the Department of Managed Health Care. Information about the IMR process will be included in the denial letter. You can also obtain information about the process at www.healthhelp.ca.gov or by calling 888-466-2219.
- If the health plan authorizes one of these therapies for your child it may do a periodic assessment of his or her progress to see if the treatment continues to be medically necessary.

This original booklet was created by Harbor Regional Center. With their permission, it was modified for Redwood Coast Regional Center.



Redwood Coast Regional Center
Respecting Choice in the Redwood Community

Corporate Offices 525 - 2nd Street, Suite 300, Eureka, CA 95501 707-445-0893

Satellite offices:

□ 1116 Airport Park Blvd., Ukiah, CA 95482 707-462-3832 * □ 270 Chestnut St., Ste A, Ft Bragg, CA 95437 707-964-6387

□ 1301 A Northcrest Dr., Crescent City, CA 95531 707-464-7488 * □ 180 Third Street., Lakeport, CA 95453 707-262-0470