

LOCAL INTERAGENCY AGREEMENT

BETWEEN

**SAN BERNARDINO COUNTY SUPERINTENDENT
OF SCHOOLS SPECIAL EDUCATION LOCAL
PLAN AREA LOCAL EDUCATION AGENCIES**

AND

**COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM DEPARTMENT
OF PUBLIC HEALTH CALIFORNIA CHILDREN
SERVICES**

Revised July 2000

Reviewed February 2010

Reviewed August 2017

Reviewed August 2018

Reviewed August 2019

CCS/LEA LOCAL INTERAGENCY AGREEMENT

APPROVAL SIGNATURE PAGE - August 7, 2019

I have reviewed the Local Interagency Agreement dated July 2000 and find no corrections necessary.

**COUNTY OF SAN BERNARDINO
CALIFORNIA CHILDREN SERVICES**



LEA SELPA Liaison/Laura Boyd, MA, PT MA 8/7/19 Date

**SAN BERNARDINO COUNTY
EDUCATIONAL AGENCIES**


Administrator, Desert Mountain SELPA/Jenae Holtz 8/7/19 Date


Administrator, East Valley SELPA/Patty Metheny 8-7-19 Date


Administrator, West End SELPA/Susan Bobbit-Voth 8/7/19 Date


SELPA Director, Fontana Unified School District/Amy Foody 8/8/19 Date


SELPA Director, Morongo Unified School District/Heidi Burgett 8/13/19 Date


Director, San Bernardino City Unified School District/Howana Lundy 8/7/19 Date

Attachment to
LOCAL INTERAGENCY AGREEMENT
BETWEEN
SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
SPECIAL EDUCATION LOCAL PLAN AREA LOCAL EDUCATION AGENCIES
AND
COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM
DEPARTMENT OF PUBLIC HEALTH CALIFORNIA CHILDREN SERVICES
Revised July 2000

Effective July 1, 2017, the Ontario-Montclair School District (OMSD) is operating as a single-district Special Education Local Plan Area (SELPA). OMSD is included in the Local Interagency Agreement between San Bernardino County Superintendent of Schools Special Education Local Plan Area Local Education Agencies and County of San Bernardino Human Services System Department of Public Health California Children's Services (Local Interagency Agreement).

OMSD has reviewed the Local Interagency Agreement and is willing to abide by its terms through June 30, 2020. Any alteration, change, or modification of or to this Agreement shall be made by written instrument executed by each Party hereto in order to become effective.

This agreement is entered into, by, and between the undersigned agencies as of July 1, 2019.

County of San Bernardino Human Services System



Trudy Raymundo
Director, Department of Public Health

6/20/19
Date

Ontario-Montclair School District



Phil Hillman, Chief Business Official

8/9/19
Date

CCS/LEA LOCAL INTERAGENCY AGREEMENT

APPROVAL SIGNATURE PAGE – August 16, 2018

I have reviewed the Local Interagency Agreement dated July 2000 and find no corrections or changes necessary.

**COUNTY OF SAN BERNARDINO
CALIFORNIA CHILDREN'S SERVICES**



LEA SELPA Liaison/ Laural Boyd, MA, PT 8/16/18
Date

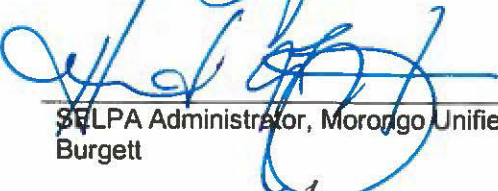
**SAN BERNARDINO COUNTY
EDUCATIONAL AGENCIES**


Administrator, Desert/Mountain SELPA/ Jenae Holtz 8/16/18
Date


Administrator, East Valley SELPA/ Patty Metheny 8-16-18
Date


Administrator, West End SELPA/ Susan Bobbit-Voth 8/16/18
Date


SELPA Director, Fontana Unified School District/ Amy Foody 8/16/18
Date


SELPA Administrator, Morongo Unified School District/ Heidi Burgett 8/16/18
Date


SP. ED. Director, San Bernardino City Unified School District/
Michael Dominguez 8/16/18
Date

Attachment to
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SPECIAL EDUCATION LOCAL PLAN AREA LOCAL EDUCATION AGENCIES
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Revised July 2000

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County of San Bernardino Human Services System




Trudy Raymundo
Director, Department of Public Health

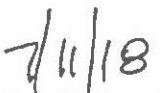


Date

Ontario-Montclair School District



Phil Hillman, Chief Business Official



Date

LOCAL INTERAGENCY AGREEMENT

BETWEEN

**SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
SPECIAL EDUCATION LOCAL PLAN AREA
LOCAL EDUCATION AGENCIES**

AND

**COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM
DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA CHILDREN SERVICES**

Revised July 2000

Reviewed February 2010

Reviewed August 2017


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Revised July 2000

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County of San Bernardino Human Services System



Trudy Raymundo
Director, Department of Public Health

8-8-17
Date

Ontario-Montclair School District



Phil Hillman
Chief Business Official


10/6/17
Date

CCS/LEA LOCAL INTERAGENCY AGREEMENT

APPROVAL SIGNATURE PAGE – August 8, 2017

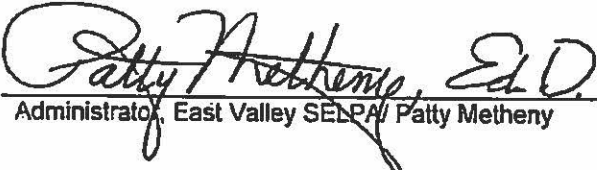
I have reviewed the Local Interagency Agreement dated July 2000 and find no corrections or changes necessary.

COUNTY OF SAN BERNARDINO
CALIFORNIA CHILDREN'S SERVICES



LEA SELPA Liaison/ Laural Boyd, MA, PT
Date 8/8/17


SAN BERNARDINO COUNTY
EDUCATIONAL AGENCIES


Administrator, Desert/Mountain SELPA/ Jenae Holtz
Date 8/8/17


Administrator, East Valley SELPA/ Patty Metheny
Date 8-8-17


Administrator, West End SELPA/ Susan Bobbitt
Date 8/8/17


SELPA Director, Fontana Unified School District/ Amy Foody
Date 8/16/17


SELPA Director, Morongo Unified School District/ Kathy Papp
Date 8/8/17


SP. ED. Director, San Bernardino City Unified School District/
Michael Dominguez
Date 8/16/17

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Revised July 2000

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County of San Bernardino Human Services System



Trudy Raymundo
Director, Department of Public Health

7-8-17
Date

Ontario-Montclair School District



Phil Hillman
Chief Business Official

10/6/17
Date

Local Interagency Review Meeting Between San Bernardino County SELPAs And California Children Services - August 8, 2017

Attendees: Desert Mountain SELPA Administrator (Jenae Holtz); East Valley SELPA Administrator (Patty Metheny); West Valley SELPA Administrator (Susan Bobbitt-Voth); Morongo Unified School District SELPA Director (Kathi Papp); CCS LEA /SELPA Liaison (Laural Boyd)

Absent: Fontana SP ED Director, Amy Foody; Ontario-Montclair SP ED Director, Alana Hughes-Hunter; San Bernardino City Unified SP ED Director, Michael Dominguez

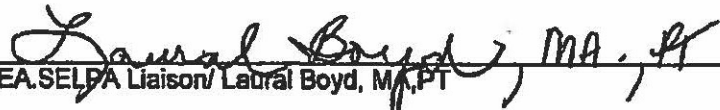
- I. CCS/LEA Local Interagency Agreement Reviewed by Category: ADMINISTRATION- Discussed CCS Liaison and SELPA Administrators work together to coordinate services. Annual review required of the Local Interagency Agreement between CCS and SELPAs. LEA REFERRALS TO THE MTP -Timelines reviewed for CCS to process medical eligibility; LEA Referrals to the MTP infrequently occur at present; CCS Main Office is notified directly. PARTICIPATION IN THE IEP MEETINGS --When LEA schedules an IEP Meeting and needs CCS to be in attendance, 10 days advance notice should be provided. The MTU therapist will attend or CCS designee. The MTU therapist will bring a copy of the approved therapy evaluation/plan signed by the Medical Therapy Conference Team Doctor to be attached to the IEP.
CHANGES IN THE MTP THERAPY SERVICES --approved therapy plan sent to the SELPA designee; prevents need for LEA to schedule additional IEPs.
TRANSPORTATION OF PUPILS FOR THERAPY-parents are directed to the local SP ED Director to schedule an IEP for transportation to direct therapy when needed. Parents are directed to call the CCS Office when needing transportation to an extra-ordinary medical appointment for resources available on a limited basis.
SPACE REQUIREMENTS --The CCS Liaison, CCS Chief Therapist, Therapy Supervisor and CMS State Therapy Consultant shall identify to the SELPA the need for additional MTU Space or MTU-Satellite based on number of hours of prescribed treatment, number of CCS Staff and location of family residences. (CCS Liaison acknowledged appreciation to Desert Mountain SELPA Administrator, Jenae Holtz, for the additional space approved for CCS use at Siegrist for treatment and staffing. CCS is currently working with San Bernardino City Unified Sp Ed Director, Michael Dominguez to re-model Carmack MTU).
It was reviewed that the MTP/CCS Liaison works with the SELPA and LEA staff when needed for the utilization of the MTU or MTU-Satellite space and equipment by the LEA when not in use by the MTP staff. (It was voiced at this meeting by County SELPA Administrators and
CCS Liaison there is a good collaborating relationship with one another in San Bernardino County. End of Local IAA Review.
- II. Student Counts - Student Counts-Siegrist MTU submits monthly. Remaining MTUs should do a September 1 Count and January 1 Count for 2017-2018
- III. SELPA Administrators requesting annual meetings be resumed with MTU Supervisor/CCS Liaison with individual SELPA Directors preferably in the Spring. End of minutes

CCS/LEA LOCAL INTERAGENCY AGREEMENT

APPROVAL SIGNATURE PAGE – February 9, 2010

I have reviewed the Local Interagency Agreement dated July 2000 and find no corrections necessary.

**COUNTY OF SAN BERNARDINO
CALIFORNIA CHILDREN SERVICES**



LEA SELPA Liaison/ Laurel Boyd, MA, PT 2/9/2010
Date

**SAN BERNARDINO COUNTY
EDUCATIONAL AGENCIES**


Administrator, Desert/Mountain SELPA/ (Dr.) Ronald J. Powell 3/4/2010
Date


Administrator, East Valley SELPA/ Anita Ruesterholtz 2-9-10
Date


Administrator, West End SELPA/ Joann Reilly 2/9/10
Date


SELPA Director, Fontana Unified School District/ Gayle
Hinazumi 2-9-10
Date


SELPA Director, Morongo Unified School District/ Kathy Papp 3/4/10
Date


SP. ED. Director, San Bernardino City Unified School District/
Scott Kerby 3/4/10
Date

LOCAL INTERAGENCY AGREEMENT

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**SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
SPECIAL EDUCATION LOCAL PLAN AREA
LOCAL EDUCATION AGENCIES**

AND

**COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM
DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA CHILDREN SERVICES**

Revised July 2000

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**COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM
DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA CHILDREN SERVICES**

AND

**SAN BERNARDINO COUNTY
SPECIAL EDUCATION LOCAL PLAN AREAS
SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
LOCAL EDUCATION AGENCIES**

This Agreement was developed by a committee of representatives from the San Bernardino County Special Education Local Plan Areas and the County of San Bernardino, California Children Services. The committee's task was to prepare a single interagency agreement that meets the laws and regulations relating to children with special needs and that would be acceptable to the Local Education Agency (LEA), San Bernardino County Superintendent of Schools, San Bernardino County Special Education Local Plan Areas (SELPA's) and the County of San Bernardino, California Children Services (CCS).

It is the intent of this Agreement between the San Bernardino County Special Education Local Plan Area/Local Education Agency and the County of San Bernardino, California Children Services to:

1. Determine each agency's responsibilities to the pupils; including how services are to be provided by each
2. Delineate which agency assumes the fiscal responsibility for providing these services;
3. Establish joint planning at the local level to ensure that resources will be utilized in the most effective manner;
4. Establish and maintain channels of communication between LEA and CCS.

Medical Services and Educational services to pupils with exceptional needs are mandated and/or funded by state and federal laws. These mandated services are administered by different agencies, or different units within agencies of federal, state and local governments.

Since individuals with exceptional needs require a variety of services from different agencies throughout their lifetime, it is required that a system of interagency coordination and cooperation be established. The State Board of Education has specifically charged public education to work cooperatively with other public and private agencies, to assure that the individual with exceptional needs receives the education and related services identified in the agreements specifying each agency's service and financial responsibility.

CCS/LEA Local Interagency Agreement

TASKS	COUNTY CCS PROGRAM	LEA/SELPA
ADMINISTRATION	<p>The county shall identify a Medical Therapy Program (MTP) Liaison, (as identified in the Interagency Agreement supplement document) to coordinate services between each Local Education Agency (LEA) in the county and the CCS program. (CCR 60310 (a)(b)(c)(l))</p> <p>CCS shall initiate an annual review of the local IA(s) between CCS and the SELPA and county Superintendent of Schools, with modifications as necessary. (CCR 60310 (c)(l3))</p>	<p>Each LEA, (as identified in the Interagency Agreement supplemental document) shall identify a liaison to the local CCS program to facilitate the provision of services as stated in subdivisions (a), (b), (d) and (e) of Gov. Code 7572 and subdivisions (a), (b) and (d) of Gov. Code 7575. (CCR 60310 (a))</p> <p>There shall be an annual review of the local IA (s) between CCS and the SELPA and county Superintendent of Schools, with modifications as necessary. (CCR 60310 (c)(13))</p>
REFERRAL & EXCHANGE OF INFORMATION	<p>The CCS program shall accept referrals from the LEA of pupils who may have or are suspected of having a neuromuscular, musculoskeletal or other physical impairments who may require medically necessary occupational therapy and physical therapy. If the referral is incomplete the CCS liaison will notify the SELPA/LEA and parent within 5 days of making this determination. (CCR 60310 (c)(2))</p> <p>The CCS program shall evaluate the child's eligibility for the MTP according to the CCS program policies and guidelines and the requirements of the interagency regulations. (CCR 60300 (J) (1)(2)(3)), (CCR 60320 (d)(1))</p> <p>CCS will notify the parents and SELPA or LEA for the following situations:</p> <ul style="list-style-type: none"> A. If the child is determined eligible for MTP services CCS will implement the assessment plan within 15 days. CCS will send a copy of the parent's written consent to SELPA or LEA within 5 days. (CCR 60320 (f)) B. If the MTP eligibility can not be determined CCS will notify SELPA or LEA and the parent within 15 days of the receipt of the referral. CCS may seek additional medical information. (CCR 60320 (d)(i)) 	<p>The LEA will refer parents and pupils, birth to 21 years of age who may have or are suspected of having a neuromuscular, musculoskeletal or other physical impairments who may require medically necessary occupational therapy and physical therapy. (CCR 60310 (c)(2))</p> <p>The LEA will provide available supporting medical information, signed parent/legal guardian consent of exchange information between agencies, the child's medical diagnosis and a CCS application. (CCR 60320 (c)(1)(2)(3)(4))</p> <p>LEA will schedule an IEP team meeting following the receipt of the parent's written consent from CCS. An IEP team meeting will be held within 50 days, of receipt of the consent by CCS. (CCR 60320 (g))</p>

CCS/LEA Local Interagency Agreement

TASKS	COUNTY CCS PROGRAM	LEA/SELPA
REFERRAL & EXCHANGE OF INFORMATION	<p>C. If not eligible for the MTP CCS will notify the parent and LEA within 5 days of the determination. (CCR 60320 (e))</p> <p>The MTP or MTU will forward a copy of the assessment report for therapy and proposed/ approved therapy plan, (to the LEA liaison and parent) prior to the IEP team meeting. (CCR 60320 (h)), (CCR 60325 (a))</p> <p>CCS will notify the LEA liaison of delays with completing the therapy assessment report and proposed therapy plan, within the 50 day time guidelines for a new referral.</p> <p>The CCS program will give 10 days notice to the LEA of the Medical Therapy Conference (MTC) of these children with medically necessary therapy services as identified in the IEP. This will serve as the notice to the LEA of the possible initiation or change in the child's proposed or approved therapy plan. (CCR 60310 (c)(5)), (CCR 30323 (c))</p>	<p>The LEA shall provide 10 days notice to the county CCS program of all IEP team meetings for those pupils serviced by the MTP. (CCR 60310 (c)(4))</p> <p>The LEA liaison will send a copy of the IEP to the MTU when CCS medically necessary therapy services, as stated in the proposed/ approved therapy plan, and/or transportation to the therapy site are included in the IEP (CCR 60310 (c)(7)(8)), (CCR 60325 (f))</p> <p>The LEA may send an education representative, with consent of the parent/legal guardian to the MTC for the purpose of coordination with medical services. (CCR 60300 (i))</p>

CCS/LEA Local Interagency Agreement

Task	County CCS Program	LEA/SELPA
Participation in the IEP meetings	<p>CCS shall provide a copy of the assessment and evaluation report and the proposed therapy plan to the LEA liaison/IBP team which shall include:</p> <ol style="list-style-type: none"> 1. A statement of the pupil's present functional performance. 2. The proposed functional goals to achieve a measurable change in function or recommendations for services to prevent loss of present function and documentation of progress to date. 3. The specific related services required by the pupil, including the treatment plan for physical therapy or occupational therapy intervention. 4. The proposed initiation, frequency and, duration of the services to be provided by the MTP 5. The proposed date of the medical evaluation. (CCR 60325 (a)(1)(2)(3)(4)(5)) <p>CCS shall notify the LEA liaison/IEP team and parent in writing within 5 days of a decision of the MTC to increase, decrease, change the type of intervention, or discontinue services for a pupil receiving medical therapy services. (CCR 60325 (c))</p> <p>The CCS MTP will designate a MTU therapist or designee to attend IEP meetings, when requested by the LEA. (CCR 60325 (b))</p>	<p>The LEA liaison shall forward the evaluation and proposed therapy plan to the IEP team.</p> <p>Within 50 days of receipt of the parental consent by CCS the LEA will convene an IEP team meeting to determine if the medically necessary therapy services documented in the proposed/approved therapy plan are necessary for the child to benefit from special education and therefore be included in the IEP. (CCR 60325 (e)(f))</p> <p>The LEA shall provide 10 days notice to the county CCS program of all IEP team meetings for those pupils serviced by the MTP. (CCR 60310 (c)(4))</p> <p>The IEP team shall be convened by the LEA pursuant to subsection (c) of section 60325 or when there is an annual or triennial review or a review requested by the parent or other authorized persons, or when modifications of services are anticipated. (CCR 60325) (d)</p>

CCS/LEA Local Interagency Agreement

Task	County CCS Program	LEA/SELPA
Participation in the IEP meetings	<p>The participation of the MTU therapist or designee in the IEP team meeting will be limited to the discussion of the MTP services that will assist the child in reaching his maximum physical potential for functional skills necessary to participate in school activities. (Gov Code 7572 (e))</p> <p>When an MTU therapist is unable to attend an IEP meeting, a CCS designee will be available by teleconference at a designated time mutually agreed upon by CCS and the LEA. (Gov Code 7572)</p>	
Medical Therapy Services	<p>CCS therapists will provide medical therapy services by or under the supervision of a registered occupational therapists or licensed physical therapist in accordance with CCS regulations and requirements. This therapy does not include fine and gross motor activities which can be provided by qualified personnel, pursuant to California Code of Regulations, Title 5, Section 2620.</p> <p>The Medical Therapy Conference Team shall be responsible for approval of the therapy plans. Medically necessary therapy services are provided at a level dependent on the pupil's physical and functional status. (CCR Section 60323 (f)(c)(d))</p>	
IEP Goals and Objectives	<p>MTU therapists will document progress of the pupil's functional goals as noted in the approved therapy plan, if listed on the IEP, in accordance with section 300.347 of the Federal Code. This documentation will be forwarded to the LEA liaison as requested in the pupil's IEP.</p>	<p>The SELPA/LEA liaison will provide CCS with an annual calendar of the reporting periods for the participating school districts. Additionally, the liaison will provide blank copies of the child's IEP progress report forms. The MTU therapists will return the completed progress report forms to the LEA.</p>

CCS/LEA Local Interagency Agreement

Task	County CCS Program	LEA/SELPA
Participation in the IEP meetings	<p>The CCS MTP liaison to the SELPA/County Superintendent of Schools will assist in the planning of joint staff development activities in conjunction with the SELPA/County Superintendent of Schools Liaison to CCS. (CCR 60310 (c) (11))</p>	<p>The SELPA/County Superintendent of Schools liaison to CCS will assist in the planning of joint staff development activities in conjunction with the CCS MTP liaison to the SELPA/County Superintendent of Schools. (CCR 60310 (c)(11))</p>
Medical Therapy Services	<p>The CCS MTP staff & CCS liaison shall participate with the LEA staff in local dispute resolution meetings, at which time there will be discussion to resolve differences in the provision of medically necessary therapy services, approved at the MTC. (CCR 60600)</p> <p>If the problem cannot be resolved locally, the issue shall be referred to the appropriate Children's Medical Services (CMS) Regional Office. (CCR 60610)</p> <p>Other unresolved problems shall be referred to the Chief, CMS Branch. (CCR 60610)</p>	<p>The LEA & SELPA staff shall participate with the CCS MTP staff in local dispute resolution meetings, at which time there will be discussion to resolve differences in the provision of medically necessary therapy services, approved at the MTC. (CCR 60600)</p> <p>If the problem cannot be resolved locally, the issue shall be referred to the California Department of Education, as per Government Code Section 7585 (a). (CCR 60610 (a)(2))</p>
Transportation of Pupils		<p>The LEA will provide transportation to the MTU or a MTU-satellite when necessary for the pupil to participate in the approved therapy program. This service shall be specified within the pupil's IEP. (CCR 60310 (c)(8))</p>

CCS/LEA Local Interagency Agreement

Task	County CCS Program	LEA/SELPA
Space Requirements	<p>The CCS Liaison and CMS State therapy consultant shall identify to the SELPA the need for a MTU or MTU-Satellite based on the numbers of hours of prescribed treatment and the space required to provide medically necessary therapy services. (CCR 60310 (c)(9)), (CCR 60330(c))</p> <p>The MTP/CCS liaison shall work with the SELPA and LEA staff to plan for the utilization of the MTU or MTU-Satellite space and equipment by the LEA when not in use by the MTP staff. Specific space and equipment needs are to be identify by SELPA/LEA and approved by the CCS liaison prior to the use of the CCS equipment. (CCR 60310(c)(10))</p> <p>The space and equipment of the MTU and MTU-Satellite shall be for the exclusive use of the CCS staff when on site. The special education administration of the LEA in which the units are located shall coordinate with the CCS staff for other use of the space and equipment when CCS staff is not present. (CCR 60330 (b))</p> <p>CCS staff shall not use LEA classroom space for the provision of therapy services.</p>	<p>The SELPA will facilitate the identification of the LEA, (to be identified in the Interagency Agreement supplemental document) responsible for the provision, maintenance and operation of the school housing the MTU(s) and MTU-Satellite(s) and a process to facilitate change of the LEA responsibility for the provision, maintenance and operation of these therapy space(s). (CCR 60310 (d)(1))</p> <p>The SELPA, shall not work with the CCS program, the CMS State therapy consultant and State CDE to mutually plan for thev establishment of a new MTU and the modification or relocation of an existing MTU or MTU-Satellite. (CCR 60330(c))</p> <p>The LEA shall maintain the MTU(s) and the MTU-Satellite(s) for provision of MTP services during the CCS workday (weekdays only: 7:00am to 5:30pm and/or mutually agreeable times between CCS and the LEA), on a twelve-month basis. (CCR 60330 (a))</p>

CCS/LEA Local Interagency Agreement

Task	County CCS Program	LEA/SELPA
MTU Operations and Supplies	<p>The CCS program shall provide to the LEA(s), on an annual basis, a list of, the estimated cost of therapy equipment and supplies necessary to support and maintain the function of the MTU(s) and MTU-Satellite(s). (CCR 60310(d)(2))</p> <p>The CCS program shall provide the MTU(s) and MTU-Satellite(s) with the necessary supplies for the MTP case management activities.</p> <p>The CCS program shall provide the MTU(s) and MTU-Satellite(s) with the necessary medical supplies to deliver individual treatment of the MTP eligible condition or when the equipment is to become the property of the pupil.</p>	<p>The SELPA shall facilitate the identification of the LEA(s) or County Superintendent of Schools, (to be identified in the IA supplemental) fiscally responsible for provision of supplies and equipment necessary to support and maintain the function of the MTU(s) and MTU-Satellite(s). (CCR 60310 (d)(2))</p> <p>The SELPA and LEA/County Superintendent of Schools shall identify what supplies and equipment are available through the SELPA and LEA/Count Superintendent of Schools resources.</p> <p>The SELPA shall identify a process for change of the LEA/ County Superintendent of Schools, (to be identified in the IA Supplemental) Responsible for the provision of necessary supplies and equipment to maintain the function of the MTU(s) and MTU-Satellite(s). (CCR 60310 (d)(3))</p>

References:

1. Government Code, Section 7572, Section 7575
2. California Code of Regulation (CCR) Title 2, Division 9, Chapter 1, Article 5, Sections 60300 through Sections 60610.

Section 3 Self-Care Accessories: These low-cost/non-commercially available items (Individual item must be under \$25) may be purchased in bulk by the CCS county program and distributed by MTU Staff. They are supply items that are for use by an individual child and become the property of the child when dispensed. Before dispensing, the family should be encouraged to try to obtain these items commercially. The child must be financially eligible to receive supply items in this section. Invoice as supplies on quarterly expenditure invoice for therapy program.

Equipment	Medical Necessity	Criteria	Related Factors
<p>Dressing: sock aids, reachers, elastic laces, dressing sticks, button books, etc,</p> <p>Feeding: universal cuffs, wrist supports, built-up handle utensils, dycem, scoop plates, adaptive utensils, rocker knives, cut-out cups, etc.</p> <p>Hygiene: reachers, etc.</p> <p>Grooming: grooming extenders, suction brushes, long handle brushes, adapted nail clippers, etc.</p> <p>Food Preparation: reachers, one-handed paring boards, dycem, adaptive cutting devices, adaptive peelers, etc.</p>	<p>Requires assistive device for full or partial independence in self-care skills.</p>	<p>Has demonstrated ability to functionally utilize device. Accessory augments limited physical function, e.g. range, strength, postural adaptation, and balance.</p>	

LOCAL INTERAGENCY AGREEMENT

BETWEEN

**COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM
DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA CHILDREN SERVICES**

AND

**SAN BERNARDINO COUNTY SPECIAL EDUCATION LOCAL PLAN AREAS
SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
LOCAL EDUCATION AGENCIES**

Attachment A

Definition of Terms

Assessment for medically necessary occupational therapy and physical therapy: means the comprehensive evaluation of the physical and functional status of a pupil who has a medical therapy program eligible condition.

Assessment plan: for the CCS Medical Therapy Program for pupils with a disability who have an IEP means a written statement describing proposed:

1. Procedures necessary for determination of medical eligibility for the CCS medical therapy program; or
2. Procedures necessary for the redetermination of need for medically necessary physical therapy or occupational therapy for a pupil known to be eligible for the CCS medical therapy program.

Assessment report for therapy: means a written document of the results of a pupil's assessment for medically necessary occupational therapy or physical therapy.

CCS Panel: means that group of physicians and other medical providers of services who have applied to and been approved by CCS.

County Superintendent of Schools: means a public board of education or other public authority legally constituted in California for either administrative control or direction of, or to perform a service function for, public elementary or secondary schools in a city, county, township, school district, or other political subdivision of California, or such combination of school districts or counties as are recognized in California as an administrative agency for its public elementary or secondary schools.

Day: means a calendar day, from Sunday through Saturday.

Documented physical deficit: refers to a pupil's motor dysfunction recorded on the referral for special education and related services by the Local Education Agency and documented in the pupil's CCS medical record.

Independent county agency: means the CCS administrative organization in a county that administers the CCS program independently pursuant to Section 123850 of the Health and Safety Code.

Local Educational Agency (LEA): means a public board of education or other public authority legally constituted in California for either administrative control or direction of, or to perform a service function for, public elementary or secondary schools in a city, county, township, school district, or other political subdivision of California, or such combination of school districts or counties as are recognized in California as an administrative agency for its public elementary or secondary schools.

Medical therapy conference (MTC): means a team meeting held in the medical therapy unit where medical case management for the pupil's medical therapy program eligible condition is provided by the medical therapy conference team as described in the definition of the team.

Medical therapy conference team: means a team composed of the pupil, parent, physician and occupational therapist and/or physical therapist, or both. The team may include, with the consent of the pupil's parent(s) and education representative who is present for the purpose of coordination with medical services.

Medical therapy program eligible condition: are those diagnoses that make a pupil eligible for medical therapy services and include the following diagnosed neuromuscular, musculoskeletal, or muscular diseases.

1. Cerebral palsy, a nonprogressive motor disorder with onset in early childhood resulting from a lesion in the brain and manifested by the presence of one or more of the following findings:
 - a. Rigidity or Spasticity;
 - b. Hypotonia, with normal or increased deep tendon reflexes and exaggeration or persistence of primitive reflexes beyond the normal age;
 - c. Involuntary movements, athetoid, choreoid, or dystonic; or
 - d. Ataxia, incoordination of voluntary movement, dysdiadochokinesia, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad-based gait
2. Other neuromusculoskeletal diseases, deformities or injuries, such as osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputation, and contractures resulting from burns.

Medical therapy services: are occupational therapy or physical therapy services that require a medical prescription and are determined to be medically necessary by CCS. Medical therapy services include:

1. "Treatment", an intervention to individuals or groups of pupils in which there are occupational therapy or physical therapy services as per California Business and Professions Code, Chapter 7, Article 2, Section 2620.
2. "Consultation", an occupational therapy or physical therapy activity that provides information and instruction to parents, care givers or LEA staff, and other medical services providers;
3. "Monitoring", a regularly scheduled therapy activity in which the therapist reevaluates the pupil's physical status, reviews those activities in the therapy plan which are provided by parents, care givers or LEA staff, and updates the therapy plan as necessary; and
4. Medical therapy conference as defined above.

Medical therapy unit (MTU): means a CCS and LEA approved public school location where medical

therapy services, including comprehensive evaluation and medical therapy conferences, are provided by CCS.

Medical therapy unit satellite (MTYU-S): means a CCS and LEA approved extension of an established medical therapy unit where medical therapy services may be provided by CCS. Comprehensive evaluations and medical therapy conferences are not a part of the medical therapy unit satellite services.

Medically necessary occupational therapy or physical therapy services: are those services directed at achieving or preventing further loss of functional skills, or reducing the incidence and severity of physical disability.

Necessary equipment: means that equipment, provided by the LEA, which is required for a medical therapy unit or therapy unit satellite staff to provide medically necessary occupational therapy and/or physical therapy services to a pupil with a medical therapy program eligible condition.

Necessary space: means the facilities, which are provided by the LEA for a medical therapy unit or a medical therapy unit satellite, and enable the medical therapy unit staff to provide medically necessary therapy services to a pupil with a medical therapy program eligible condition,

Occupational therapy and physical therapy (OT and PT): means services provided by or under the supervision of occupational therapists and physical therapists pursuant to California Code of Regulation, Title 5, Section 3051.6(b).

Parent means:

1. A natural or adoptive parent of a child;
2. A guardian but not the State if the child is a ward of the State;
3. A person acting in the place of a parent (such as a grandparent or stepparent with whom is legally responsible for the child's welfare); or
4. A surrogate parent who has been appointed in accordance with Section 300.515 of the Federal Register.

Special Education Local Plan Area (SELPA): An educational region that provides special educational services to children within a defined geographical area. A SELPA may include more than one local agency.

Therapy plan: means the written recommendations for medically necessary occupational therapy or physical therapy services based on the results of the therapy assessment and evaluation and is to be included in the individualized education program or individualized family service plan.

Proposed and Approved Therapy Plan: A proposed therapy plan is the written recommendations for medically necessary occupational therapy or physical therapy that has not been reviewed by the physician. An approved therapy plan recommendations has been reviewed and approved by the physician.

Note: Many of the above definitions were taken from the Interagency Regulations (CCR, Title 2, Division 9, Chapter 1, Article 5, Section 60300(a) through (r))

County of San Bernardino

California Children Services

**LEA/SELPA REFERRAL
FOR
MEDICAL THERAPY PROGRAM SERVICES**

Child's Name: DOB:

Address:

City: ZIP: Home Phone:

Name of Parent/Legal Guardian: Home Phone:

Address: (If different than above):

City: ZIP: Work Phone:

Child's Medical Diagnosis:

Name of Child's Physician:

Physician's Address:

Physician's City: ZIP: Phone:

Name of LEA Contact Person:

Address of LEA Contact Person:

Phone # of LEA Contact Person: District/SELPA:

School of Attendance: Physical Deficit:

Child has IEP: YES NO Date for next IEP Meeting:

Services Requested:

Please include with this referral the following:

- Current Physician report relating to the child's medical diagnosis
- CCS application signed by the parent/legal guardian
- Exchange of information signed by the parent/legal guardian

Send complete packet to: County of San Bernardino
California Children Services
515 North Arrowhead Avenue
San Bernardino, CA. 92415-0062

For questions and directions please contact CCS at (909) 388-5810

Note: This referral form and all attachments must be submitted together. Incomplete referral packets will be returned.

FOR CCS USE ONLY

Pending for additional information:

No Action Taken: incomplete referral packet-return to the LEA/SELPA

Eligible for MTP Services: Open to MTU

Not medically eligible for CCS/MTP services

CCS Representative

Date

LOCAL INTERAGENCY AGREEMENT

BETWEEN

**COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM
DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA CHILDREN SERVICES**

AND

**SAN BERNARDINO COUNTY SPECIAL EDUCATION LOCAL PLAN AREAS
SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
LOCAL EDUCATION AGENCIES**

Attachment C

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Consumables/Instructional Supplies: Budgeted on an annual basis for items such as, small toys, cleaning supplies, towels, Kleenex for patient use, arts/crafts, food for feeding assessment and training, small therapy equipment items(< \$500) and office supplies.

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LOCAL INTERAGENCY AGREEMENT

BETWEEN

**SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
SPECIAL EDUCATION LOCAL PLAN AREA
LOCAL EDUCATION AGENICES**

AND

**COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM
DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA CHILDREN SERVICES**

Revised July 2000


Reviewed February 2010

CCS/LEA LOCAL INTERAGENCY AGREEMENT
APPROVAL SIGNATURE PAGE – February 9, 2010

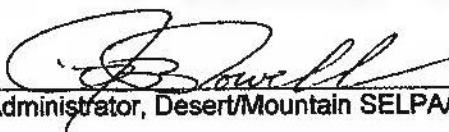
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DESERT MOUNTAIN SELPA
10 MAR 17 PM 2:23

I have reviewed the Local Interagency Agreement dated July 2000 and find no corrections necessary.


**COUNTY OF SAN BERNARDINO
CALIFORNIA CHILDREN SERVICES**


LEA SELPA Liaison/ Laurel Boyd, MA, PT 2/9/2010
Date


**SAN BERNARDINO COUNTY
EDUCATIONAL AGENCIES**



Administrator, Desert/Mountain SELPA/ (Dr.) Ronald J. Powell 3/4/2010
Date


Administrator, East Valley SELPA/ Anita Ruesterholtz 2-9-10
Date


Administrator, West End SELPA/ Joann Reilly 2/9/10
Date


SELPA Director, Fontana Unified School District/ Gayle Hinazumi 2-9-10
Date


SELPA Director, Morongo Unified School District/ Kathy Papp 3/4/10
Date


SP. ED. Director, San Bernardino City Unified School District/ Scott Kerby 3/4/10
Date

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LOCAL INTERAGENCY AGREEMENT

BETWEEN

**COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM
DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA CHILDREN SERVICES**

AND

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SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
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Attachment A
Definition of Terms (continue)

Page 2

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Attachment A

Definition of Terms (continue)

Page 3

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County of San Bernardino

California Children Services

**LEA/SELPA REFERRAL
FOR
MEDICAL THERAPY PROGRAM SERVICES**

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Address:

City: ZIP: Home Phone:

Name of Parent/Legal Guardian: Home Phone:

Address: (If different than above):

City: ZIP: Work Phone:

Child's Medical Diagnosis:

Name of Child's Physician:

Physician's Address:

Physician's City: ZIP: Phone:

Name of LEA Contact Person:

Address of LEA Contact Person:

Phone # of LEA Contact Person: District/SELPA:

School of Attendance: Physical Deficit:

Child has IEP: YES NO Date for next IEP Meeting:

Services Requested:

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CCS Representative

Date

LOCAL INTERAGENCY AGREEMENT

BETWEEN

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HUMAN SERVICES SYSTEM
DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA CHILDREN SERVICES**

AND

**SAN BERNARDINO COUNTY SPECIAL EDUCATION LOCAL PLAN AREAS
SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
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County of San Bernardino

California Children Services

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FOR
MEDICAL THERAPY PROGRAM SERVICES**

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Address:

City: ZIP: Home Phone:

Name of Parent/Legal Guardian: Home Phone:

Address: (If different than above):

City: ZIP: Work Phone:

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Physician's Address:

Physician's City: ZIP: Phone:

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Phone # of LEA Contact Person: District/SELPA:

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