

Guidelines for providing **Occupational and Physical Therapy**

In the Missouri Public Schools
and other Responsible Public Agencies



Missouri Department of Elementary and Secondary Education

Division of Special Education

Dr. Bert Schulte, Interim, Commissioner of Education



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Introduction

In 1975, Congress enacted Public Law 94-142, the Education of All Handicapped Act. This law, now known as the Individuals with Disabilities Education Act (IDEA) provided the foundation for free and appropriate education of children with disabilities ages 3 to 21. This legislation also required the provision of related services, including occupational and physical therapy when these services are required for an eligible child to benefit from special education.

The purpose of this document is to discuss the provision of occupational and physical therapy in the Missouri public schools and other responsible public agencies and to provide guidance in implementing and maintaining quality educational programs for students who require the related services of occupational and physical therapy.

It is primarily designed for use by school based occupational and physical therapists, administrators of special education, teachers, paraprofessionals, and others who serve on evaluation and Individualized Education Program (IEP) teams.

The OT/PT Guidelines contain information relating to:

- Federal and state laws and regulations
- The educational background and qualifications of occupational and physical therapy practitioners
- The therapist's role in each step of the special education process
- The role of therapy/therapist assistants and supportive personnel
- An overview of a functional approach to assessment and intervention
- Models of service delivery
- Matching services with student needs
- Administrative issues

NOTICE

The Missouri Department of Elementary and Secondary Education (DESE), the Missouri Occupational Therapy Association (MOTA) and the Missouri Physical Therapy Association (MPTA) support the development and dissemination of these guidelines to explain how Occupational Therapists and Physical Therapists collaborate with educators, administrators, parents, and students to support the mission of education in the school environment.

This document has been prepared to guide school districts and other responsible public agencies within the State of Missouri and should not be considered binding except for the statutes, regulations, and court decisions referenced herein.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; Telephone number 573-751-4581

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Chapter 1

Laws and federal regulations

Federal laws have supported the provision of occupational and physical therapy for children with disabilities in public agencies responsible for provision of special education and related services. The provision of occupational and physical therapy in the schools is governed primarily by the Individuals with Disabilities Education Act (IDEA), along with its implementing regulations and judicial decisions. When information from professional associations, practices in other states, and Missouri's laws and regulations implementing the IDEA conflict, Missouri laws and regulations take precedence.

Federal laws affecting school based occupational and physical therapy

The IDEA, initially passed in 1975 as the Education for all Handicapped Children Act (P.L. 94-142), is the primary federal legislation authorizing special education and early intervention for children with disabilities.

Part B of IDEA

Part B provides assistance to states to assure that all children with disabilities, ages 3-21, have access to a free appropriate public education (FAPE) which includes special education and related services designed to meet their unique needs.

Section 504 of the Rehabilitation Act of 1973

Section 504 prohibits any state or local government or private organization that receives federal funds from discriminating against children and adults with disabilities on the basis of their disability. Facilities and organizations covered include child care centers, schools, recreation programs, libraries, and clinics. Section 504 covers any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment. Major life activities refer to functions such as caring for oneself, walking, seeing, hearing, speaking, breathing, learning, and working.

Like the IDEA, Section 504 requires schools to provide eligible children with disabilities a FAPE. While occupational, physical, and speech-language therapy are not specifically mentioned, regular or special education and related aids and services designed to meet children's educational needs are included. Since Section 504 is a civil rights law, there are no funds for making accommodations and therapy available to children with disabilities. Programs must use their own resources or find other sources to provide and pay for these services. Children who do not qualify under IDEA may be eligible to receive services under Section 504.

For additional technical assistance and enforcement information, contact the Office for Civil Rights (OCR) at www.ed.gov/offices/OCR/.

Americans with Disabilities Act (ADA of 1990)

The ADA is a comprehensive civil rights law that prohibits discrimination of persons with disabilities. Public entities must make reasonable modifications to policies, practices, or procedures to avoid discrimination, unless such a modification would fundamentally alter the nature of its service, program or activity, or would create undue financial and administrative burdens. The ADA is similar to the provisions of Section 504, but public entities do not need to receive federal funds to be affected by the ADA.

Medicaid

Medicaid, passed as Title XIX of the Social Security Act in 1965, is the largest federal program providing funding for services to individuals with developmental disabilities and is now referred to as MO Health Net in the state of Missouri. States receive federal funds (between 50% and 78% of the cost of services) to provide medical, social, psychological, and health services to families and individuals meeting income based eligibility criteria. Certain services, such as hospital and physician fees, must be provided by the states if they accept federal funds. One mandated service for children under age 21 is the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program which is designed to improve children's health by providing medical, dental, vision, and developmental intervention. In Missouri, the EPSDT program is known as Healthy Children and Youth (HCY). Under the EPSDT mandate, schools can seek Medicaid reimbursement of speech, occupational, and physical therapy required by the IEP. Reimbursement is usually around 60% of the allowed Medicaid rate. Medicaid reimburses for direct therapy services, not consultation for families or meetings with teachers.

DESE has posted a webinar relating to MO HealthNet to assist districts with documentation and billing requirements. The webinar is available at:

<http://dese.mo.gov/divsped/Finance/TechnicalAssistanceWebinarSeries.html>

For more information on MO HealthNet for school districts, you may contact the Provider Communications hotline with the Department of Social Services, MO HealthNet Division, 573-751-2896. You may also contact the Funds Management Section at DESE at 573-751-0622.

Frequently asked questions and answers

1. Can occupational therapy or physical therapy be provided to a child who is not eligible under IDEA but is eligible under Section 504?

Yes. In some cases this may be appropriate. The services are provided to a child who qualifies under Section 504 who may have a medical condition that impacts school performance. For example, a student with juvenile rheumatoid arthritis may be found ineligible for special education because a comprehensive educational evaluation did not indicate that the student was in need of special education. Under Section 504, this student may need assistance or adaptations to receive a FAPE, and the responsible public agency may determine those services need to be provided by an occupational therapist or physical therapist.

2. Does the concept of Least Restrictive Environment (LRE) in the IDEA apply to the provision of OT and PT services too?

Yes. The IDEA specifies that special classes, separate schooling or other removal of children with disabilities from the general educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. Related services are included in this requirement. Providing services to children in the general education environment helps ensure that the skill is generalized to that setting.

Chapter 2

Definition of occupational therapy and physical therapy and other commonly used terms

Occupational therapy (OT)

Under Part B IDEA regulations, 34 CFR Section 300.34 (c) (6), Occupational Therapy is defined as "services provided by a qualified occupational therapist;" and includes:

- Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;
- Improving ability to perform tasks for independent functioning if functions are impaired or lost; and
- Preventing, through early intervention, initial or further impairment or loss of function.

The Missouri Occupational Therapy Practice Act provides the following definition of Occupational Therapy in Section 324.050 RSMo (Revised Statutes of Missouri):

<http://pr.mo.gov/octherapy-rules-statutes.asp>:

The use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability, or other disorder or condition. It shall include assessment by means of skill observation or evaluation through the administration and interpretation of standardized or non-standardized tests and measurements. OT services include but are not limited to:

- The assessment and provision of treatment in consultation with the individual, family or other appropriate persons
- Interventions directed toward developing, improving, sustaining, or restoring daily living skills, including self-care skills and activities that involve interactions with others and the environment, work readiness or work performance, play skills or leisure capacities, or enhancing educational performances skills
- Developing, improving, sustaining, or restoring sensorimotor, oral-motor, perceptual, or neuromuscular functioning; or emotional, motivational, cognitive, or psychosocial components of performance
- Education of the individual, family, or other appropriate persons in carrying out appropriate interventions

Such services may encompass assessment of need and the design, development, adaptation, application, or training in the use of assistive technology devices; the design, fabrication, or application of rehabilitative technology such as selected orthotic devices, training in the use of orthotic or prosthetic devices; the application of ergonomic principles; the adaptation of

environments and processes to enhance functional performance; or the promotion of health and wellness.

Physical therapy (PT)

IDEA, Part B, defines physical therapy as "services provided by a qualified physical therapist."

The Missouri Physical Therapy Practice Act (Section 334.500 RSMo) <http://pr.mo.gov/physicaltherapists-rules-statutes.asp> defines physical therapy as:

The examination, treatment, and instruction of human beings to assess, prevent, correct, alleviate, and limit physical disability, movement dysfunction, bodily malfunction, and pain from injury, disease, and any other bodily condition. Such term includes, but is not limited to, the administration, interpretation, and evaluation of physical therapy tests and measurements of bodily functions and structures; the planning, administration, evaluation, and modification of treatment and instruction, including the use of physical measures, activities and devices, for preventive and therapeutic purposes; and the provision of consultative, educational, research, and other advisory services for the purpose of reducing the incidence and severity of physical disability, movement dysfunction, bodily malfunction and pain.

School based OT and PT

When occupational or physical therapists provide services within the context of a child's IEP, they work in conjunction with the IEP team and draw upon their respective education and skills to help the child achieve his or her IEP goals that require these related services. The child's IEP goals are focused on the child's educational needs as described in the present level of academic achievement and functional performance and prioritized by the IEP team, and they are designed to help the child to be involved in the general curriculum as appropriate.

It is this IEP team process and educational purpose that distinguishes school based OT and PT from clinical or non-educational therapeutic services. The distinctions will be further explored and emphasized throughout these guidelines. For a complete discussion regarding related services, see page 7 of the Missouri State Plan for Special Education available at <http://www.dese.mo.gov/divspeced/stateplan/index.html>.

Physical, occupational, and speech/language services that are covered in the Therapy Program include evaluation, treatment, splinting or casting supplies, and evaluation/fitting of appropriate equipment such as wheelchairs. Providers may not charge for charting time. Each unit billed must be spent face-to face with the participant for the majority of each unit and the remainder of the unit must be directed to the benefit of the participant. Services are to be provided on an individualized basis for physical and occupational therapy services as MO HealthNet does not provide coverage for group therapy sessions for physical and occupational therapy. To participate in the MO HealthNet Therapy Program, an Occupational Therapist provider must be currently licensed

by the Board of Occupational Therapists, and a Physical Therapist provider must be currently licensed by the Board of Healing Arts.

According to the MO HealthNet Divison, the following are the procedure codes that may be billed for IEP services:

97001 PT Evaluation
97002 PT Re-evaluation
97003 OT Evaluation
97004 OT Re-evaluation
97012 Mechanical Traction Therapy
97014 Electric Stimulation therapy
97016 Vasopneumatic Device Therapy
97018 Paraffin Bath Therapy
97020 Microwave Therapy
97022 Whirlpool Therapy
97024 Diathermy Treatment
97026 Infrared Therapy
97028 Ultraviolet Therapy
97032 Electrical Stimulation
97033 Electric Current Therapy
97034 Contract Bath Therapy
97035 Ultrasound Therapy
97036 Hydrotherapy
97110 Therapeutic Exercises
97112 Neuromuscular Re-Education
97113 Aquatic Therapy
97116 Gait Training Therapy
97124 Massage Therapy
97140 Manual Therapy
97504 Orthotic Training
97520 Prosthetic Training
97530 Therapeutic Activities
97532 Cognitive Skills Development
97533 Sensory Integration
97535 Self Care Management Training
97542 Wheelchair Management Training
97750 Physical Performance Test

Occupational therapy and physical therapy practitioners

Occupational therapy and physical therapy practitioners are licensed Occupational Therapists (OTs), Occupational Therapy Assistants (OTAs), Physical Therapists (PTs) and Physical Therapist Assistants (PTAs) who have not had that license revoked due to disciplinary action.

Responsible public agency

When used throughout these guidelines, this term refers to school districts and all other public agencies within the State of Missouri responsible for providing special education and related services for students with disabilities. This includes state agencies, charter schools, and state and local juvenile and adult correctional facilities.

References:

Code of Federal Regulations Title 34, Subtitle B

<http://www.gpoaccess.gov/cfr/index.html>

Individuals with Disabilities Education Act (IDEA)

<http://idea.ed.gov/>

Section 324.34 RSMo Rules and Statutes

<http://pr.mo.gov/octherapy-rules-statutes.asp>

Section 334.500 RSMo Rules and Statutes

<http://pr.mo.gov/physicaltherapists-rules-statutes.asp>

Chapter 3

Educational background, qualifications and supervision

OT and PT practitioners are regulated as health care professionals in the state of Missouri through professional licensure boards. Their specialized education from approved and accredited occupational therapy and physical therapy education programs provides the foundation of each practitioner's area of expertise. A person not holding a license to practice as either an OT, OTA, PT or PTA may not refer to themselves as such licensed practitioners nor bill for such services. When the IEP indicates that a child is to receive OT or PT, those services shall only be provided by the licensed occupational or physical therapy practitioners respectively.

Occupational therapists (OTs)

Educational Requirements

The occupational therapist must have a certificate in occupational therapy from an educational program approved and accredited by the Accreditation Council for Occupational Therapy Education (ACOTE)

<http://www.aota.org/Educate/Accredit.aspx> or must have met the equivalency education requirements for eligibility to sit for the certification examination administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) <http://www.nbcot.org>.

Licensure

In the State of Missouri, the practice of occupational therapy is regulated by the Board of Occupational Therapy, Division of Professional Registration, Department of Economic Development. See sections 324.050 – 324.089
<http://pr.mo.gov/ocotherapy-rules-statutes.asp>. **The occupational therapist must hold a current Missouri license or limited permit to practice.**

Educational Background

The occupational therapist's educational background should include the study of: Anatomy, Kinesiology, Physiology, and Neuroscience; Human Development and behavior including cognitive, social, psychological, and physical; and congenital developmental, acute, and chronic disease processes and traumatic injuries.

Studies also include occupational theory and practice, activity analysis, screening and occupational therapy evaluation, treatment planning and implementation, management of occupational therapy services, research, ethics, and a minimum of 24 weeks of clinical supervised fieldwork experience.

Supervision of Occupational Therapists

OTs may be administratively supervised by other experienced therapists, principals, or facility administrators. Clinically, the OT is supervised by another OT depending upon the therapist's clinical experience, responsibilities, and level of expertise. Supervision may occur as close, routine, general, or minimal types dependent upon the therapist's level of education, experience, and expertise within the educational setting. The

American Occupational Therapy Association (AOTA) recommends that entry-level registered OTs receive close supervision and intermediate-level registered therapists receive routine or general supervision. An OT, when changing his/her practice area, should be treated the same as an entry-level therapist in regard to supervision. Therapists who are new to the educational environment should be provided a complete orientation regarding school-based practice. Occupational therapy assistant limited permit holders shall be supervised according to CSR 205-4.020.

Occupational therapy assistants (OTA)

Educational Requirements

The OTA must have an associate degree or OTA certificate from an occupational therapy assistant program which is approved and accredited by the Accreditation Council for Occupational Therapy Education (ACOTE), or have met the equivalency education requirements for eligibility to sit for the certification examination administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

Licensure

In the State of Missouri, the practice of occupational therapy assistance is regulated by the Board of Occupational Therapy, Division of Professional Registration, Department of Economic Development. The occupational therapy assistant must hold a current Missouri license or limited permit to practice.
<http://pr.mo.gov/octherapy-rules-statutes.asp>.

Educational Background

The OTA's course work includes the study of the structure and function of the normal human body; sensorimotor, psychosocial, and cognitive development; human behavior; conditions commonly referred to occupational therapy; occupational therapy principles and practice skills; occupational therapy process; and a minimum of 16 weeks of supervised fieldwork.

Supervision of Occupational Therapy Assistants

The licensed OT has the ultimate responsibility for service provision and is responsible for setting, encouraging, and evaluating the standard of work performed by the occupational therapy assistant. The OTA requires direct supervision by an OT; however, the supervising OT need not be physically present or on the premises at all times. The supervisory relationship is an interactive process. The frequency, duration, and intensity of supervision is determined by the competency of the OTA to carry out the treatment plan, the treatment setting, and complexity of the student load. At a minimum, supervision includes consultation between the OTA and the supervising OT before the initiation of services and before any modifications are made to the treatment plan.

The supervising OT should meet with OT practitioners (e.g. OTs and OTAs) to review and evaluate treatment and progress of the individual student. According to the State of Missouri's Occupational Therapy Practice Act, an occupational therapist may not directly supervise more than four OTAs. Please refer to the MO state regulations governing supervision of OTAs. <http://pr.mo.gov/octherapy-rules-statutes.asp>

Physical therapists (PTs)

Educational Requirements

Prior to January 1, 2003 the PT must have a minimum of a bachelor's degree and on or after January 1, 2003 the PT must have a minimum of a master's degree in physical therapy from an educational program approved and accredited by the Commission on Accreditation in Physical Therapy Education or must have met the equivalency education requirements for eligibility to sit for the licensure examination.

Licensure

In the state of Missouri, the practice of PT is regulated by the Missouri State Board of Registration for the Healing Arts. **Licensure is required to practice as a physical therapist, and eligibility requirements must be met as designated in the Physical Therapy Practice Act.** Qualifications for licensure are as follows:

- A candidate for a license to practice physical therapy must be twenty-one years of age.
- A candidate must show proof of eligibility such as evidence of good moral character and completion of an approved educational program of physical therapy in order to sit for the licensure examination.
- A candidate must pass the licensure examination that encompasses the subjects taught in accredited programs of physical therapy education. The PT must maintain a current Missouri license to practice. This license must be renewed every other year.
- PTs in Missouri have limited independence to evaluate and treat without a physician's referral as specified in the Physical Therapy Practice Act. (www.ecodev.state.mo.us/regulatory/licensing/professional_registration.)

Educational Background

The licensed PT's educational background should include the study of "Anatomy, Chemistry, Kinesiology, Pathology, Physics, Physiology, Psychology, Physical Therapy Theory, and procedures as related to medicine, surgery, and psychiatry, and such other subjects, including medical ethics, as the board deems useful to test the fitness of the candidate to practice physical therapy."

<http://pr.mo.gov//physicaltherapists-rules-statutes.asp>.

Supervision of Physical Therapists

PTs may be administratively supervised by other experienced therapists, principals, or facility administrators. Therapists who are new to the educational environment should be provided a complete orientation to the provision of services in the school setting. Ideally, mentoring by a more experienced therapist should be made available. Actual supervision may occur as close, routine, or general, dependent upon the therapist's level of education, experience, and expertise within a public education environment.

Physical therapist assistants (PTA)

Educational Requirements

The licensed PTA must have an associate's degree in physical therapy from a physical therapist assistant program approved and accredited by the Commission

on Accreditation in Physical Therapy Education or have met the equivalency education requirements for eligibility to sit for the licensure examination. <http://www.apta.org>

Licensure

The PTA shall have satisfactorily passed a written licensure examination to be able to practice in the state of Missouri and maintain that license in good standing, or they must have met eligibility requirements as designated within the Physical Therapy Practice Act.

<http://pr.mo.gov/physicaltherapist-rules-statutes.asp>.

Educational Background

The licensed PTA's course work shall include study of: Anatomy, Kinesiology, Pathology, Physiology, Psychology, Physical Therapy Theory, and procedures as they relate to medicine and other such subjects including medical ethics.

Supervision of Physical Therapist Assistants

The licensed PT holds responsibility for supervision of the physical therapy treatment program in which the PTA provides intervention. The PT must perform the initial evaluation, discharge visit, develop and/or modify a plan of care which also includes the physical therapy treatment goals and discharge summaries. Please refer to the regarding MO state regulations governing supervision of PTAs. <http://pr.mo.gov/physicaltherapist-rules-statutes.asp>.

Use of personnel other than OT or PT practitioners

1. No person shall practice occupational therapy or hold himself or herself out as an occupational therapist or occupational therapy assistant or as being able to practice occupational therapy, or to render occupational therapy services in this state unless such person is licensed or holds a valid permit pursuant to sections 324.050 – 324.089 <http://pr.mo.gov/octherapy-rules-statutes.asp>.

Best practice in education environments supports an integrated service delivery model (Effgen & Klepper, 1994; Rainforth & York-Barr, 1997). "Integrated therapy takes place in the student's environment and focuses on priority activities for that student." (Case-Smith, 2001) Inherent in this model is the idea that specialists such as PTs, PTAs, OTs, and OTAs will need to instruct a variety of professionals and paraprofessionals regarding intervention strategies to be employed during a child's day. The use of such strategies ensures that students have opportunities to practice skills needed in the context of the school environment. One misconception of the integrated service model is that the use of collaborative integrated services can decrease the amount of time therapists will need to spend providing direct services to the child or providing consultation to other educational professionals. School districts may misinterpret the use of the model to utilize unqualified staff without adequate supervision or instruction (Effgen, 1994). If OT and PT practitioners delegate activities to other professionals or paraprofessionals in the school environment, the OT/ PT practitioners are responsible for the training in and monitoring of these activities. Selection of which activities to teach others is a professional decision that must be based on characteristics of the individual child, the specific activity, and the capabilities and interest of other individuals (Effgen, 1994). If a PTA or OTA provides supervision of delegated tasks, the supervising PT or OT maintains overall responsibility.

Only licensed OTs and PTs shall perform those tasks within the school environment that require:

- The use of professional judgment of a licensed OT or PT
- The interpretation of referrals, initial evaluations, and re-evaluations from the perspective of the OT or PT
- Recommendation from the perspective of the OT or PT to the IEP Team that services be discontinued
- The development or modification of specific OT or PT intervention plans

Billing for OT or PT can be done only when such services are provided by OT or PT practitioners respectively.

Frequently asked questions and answers

1. Who can provide occupational and physical therapy services?

Only a licensed occupational therapist or occupational therapy assistant under the supervision of an occupational therapist provides occupational therapy services. Only a licensed physical therapist or physical therapist assistant under the supervision of a physical therapist provides physical therapy services. Other professionals may, at the discretion of the therapist, implement activities to support the physical or occupational therapy following training by the occupational or physical therapist. Consultation and ongoing monitoring by the therapist is necessary under all circumstances where other personnel are utilized.

2. Can a paraprofessional or aide provide the designated occupational or physical therapy services as indicated on the IEP?

No. The minutes recorded as OT or PT on the IEP can only be provided by the licensed occupational or physical therapy practitioners (occupational therapist, occupational therapy assistant, physical therapist, physical therapist assistant).

3. Should an occupational or physical therapist who is new to the educational setting seek supervision or mentoring?

Yes. When changing their practice, therapists often require supervision in the same manner as an entry-level therapist. Mentoring by a more experienced therapist should be made available along with a complete orientation regarding provision of therapy services in the educational setting.

4. Do occupational and physical therapists require a prescription from a physician in order to provide therapy services?

Occupational therapists do not require a prescription from a physician unless third party payers require it for billing. Physical therapists do not need a referral to evaluate, but do need a prescription to treat. On non-changing conditions, a prescription one time a year is generally sufficient, unless there is a new condition, incident, such as surgery, or medical incident or condition that has status changes. For Medicaid reimbursement or insurances, a physician referral may be needed for payment of PT evaluation.

A physical therapist may examine and treat without the prescription and direction of an approved health care provider any person with a recurring self-limited injury within one year of diagnosis by an approved health care provider

or a chronic illness that has been previously diagnosed by an approved health care provider. For more specific information regarding this condition, see 334.506.4 of the Missouri Revised Statutes at <http://pr.mo.gov/physicaltherapists-rules-statutes.asp>.

5. Can an occupational therapy assistant or physical therapist assistant evaluate a child?

An OTA or PTA can assist an occupational or physical therapist with the administration of certain assessments, but only an OT or PT respectively can complete an evaluation.

6. Who can provide "motor services?"

Neither federal nor state regulations include a definition of motor services. Some districts use terms such as motor services interchangeably with OT and PT, but the requirement is that if the IEP states OT or PT those services must be provided by the OT, OTA, PT or PTA respectively. Motor services, fine motor or gross motor activities cannot be listed on an IEP as a substitute for OT or PT services.

References

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Chapter 4

Roles and responsibilities of OT AND PT practitioners in school based services

Occupational therapy and physical therapy are considered related services under Part B of the IDEA: thus, the primary role of the occupational and physical therapists within the school setting is to assist the child with a disability to benefit from special education. OTs and PTs may be included as members of the child's educational team and share in the decision-making process regarding how to meet the educational needs of individual children.

The role of the OT and PT in providing educationally relevant services

Occupational and physical therapists, in collaboration with the educational staff working with the student, address the daily routines and activities of school life and extend their specialized knowledge to assist in solving many of the functional challenges that students encounter in school.

Both professions use activities and adaptive surroundings to facilitate the student's independent functioning and to decrease the effects of the disabling condition on the student's ability to participate in the educational process. Intervention strategies employed by OTs and PTs may include therapeutic techniques, specialized equipment, and adaptations to the environment to support the children with disabilities in their school environments.

OT services are provided to promote improved quality of movement, visual motor functioning, organizing and using materials appropriately, interacting with peers appropriately, attending and focusing on instruction or directions, improving coordination skills, and facilitating independence in activities of daily living. OTs recommend, construct, and teach others to maintain and use adaptive equipment for such activities as positioning, feeding, and helping children write or use educational equipment and materials. Occupational therapy interventions may address behavioral or sensorimotor problems, functional limitations, perceptual problems, and the use of assistive or other technology. Assistance may be provided with transition planning, the process that prepares the student to move from school to post-secondary activities including education, training and independent living.

PTs who work in the educational environment may provide services related to functional use of the body for postural alignment, mobility around the school (e.g., walking, stair climbing, wheelchair mobility), use of braces or prostheses, maintaining/ improving endurance in mobility skills for school participation, design or procurement of adaptive equipment to support posture and movement for the school routine, positioning for independent posture, and/or movement required during a school day.

Although therapists who work in educational environments are concerned about the underlying components of dysfunction, the focus of intervention is directed

away from achieving isolated motor skills, such as one might see on a developmental milestone chart, and directed toward the achievement of functional tasks required to participate and benefit from the special education placement (Dunn, Brown, & McGuigan, 1994). **Therapists must also be able to articulate how these limitations inhibit a child's ability to benefit from special education. This is the principle of determining educational relevance.**

Quality of movement is not a relevant concern unless it interferes with a child's ability to interact with an educational activity.

Example: Child cannot sit in standard classroom chair and raise his hand to answer teacher's questions.

Accommodations: Modify chair to provide support, provide alternative to raising hand to get the teacher's attention.

Therapeutic Intervention: Occupational or physical therapist to assess neuromuscular status, determine if child can raise hand (physically) and provide appropriate intervention or strategies to enable child to raise hand or to provide alternative option for child to get teacher's attention.

Distinguishing between educational and medical services and models of service delivery

Often individuals responsible for providing special education and related services raise questions related to distinguishing between educational and medical services. One common example is one in which a parent requests a specific therapy or amount of therapy based on a doctor or outside provider's recommendation, and a decision must be made regarding the obligation to provide this service. OT and PT services are often at the center of these questions, and it may be helpful to explore issues related to the traditions of serving children in the medical model and also provide some strategies for helping teams make decisions about educational needs through the IEP process.

Many therapists have been educated in a medical model in which the therapy provided to a child focused on minimizing the impact of an injury or disability and maximizing the isolated skills to facilitate independence in activities. In the medical model, evaluations focus primarily on identifying deficits or underlying causes that prevent a child from accomplishing a task. In the educational model, IEP decision-making process is the context for making decisions about educational services needed.

Related services such as occupational and physical therapy should be provided when necessary to help a child who is eligible for and receiving special education to:

- Attain his/her annual IEP goals
- Be involved and progress in the general curriculum
- Be educated and participate with other children, both disabled and nondisabled in educational and extracurricular activities

The Decision to Provide OT or PT Should Be Directly Tied to the Child's Expected Educational Outcomes as Identified by the IEP Team

The most basic and most important strategy for determining educational relevance is using the sequential IEP development process. The IEP team is charged with the responsibility of developing relevant goals based upon the

concerns prioritized from the present level of educational performance. IEP goals should be designed to help the child progress in the general education curriculum, as appropriate. Based on these goals, the team determines what services, supports, and accommodations are necessary to help the child achieve these goals. Related services (such as OT or PT) are only designated in the IEP if they are necessary to help the child benefit from the special education determined necessary to address those goals.

It is when the special education process is sidestepped and services are proposed and considered before the development of the IEP goals, that medical vs. educational dilemmas often come into play.

When IEP teams can focus on a functional approach, decisions about when to provide therapy, what that therapy should entail, and when to stop providing therapy are much easier and more appropriate than when making decisions based on isolated performance measures generated from evaluation tools.

The foundation for developing educationally relevant goals is good functional assessments and evaluation strategies, including well planned and executed observations and collaboration between special education, related services, and general education staff to help focus on the general curriculum.

In some cases a student may have the need for additional OT or PT which exceeds that which has been deemed educationally necessary by the IEP team. In those cases, children may receive occupational and/or physical therapy services for those non-educational needs as well as the related services designated on the IEP. These services should focus on different aspects of performance, yet complement one another. OT and PT services provided for non-educational needs are typically provided outside of the school day at home or in a clinic. The cost of these non-educational services would not be covered by the school district but would be the parent's responsibility.

Distinguishing Between the Medical and Educational Models Often Becomes Confusing Because:

- Third party agents (physicians, private practice OTs and PTs based in medical facilities, etc.) often evaluate for and recommend school-based services. These evaluations may not address the functional performance of the child in the context of his/her learning environment and frequently lack interview data from pertinent school personnel who have first-hand knowledge and understanding of how the child functions in the school setting
- Parents use recommendations from third party agents to obtain school-based therapy services. They may also expect that specific methodology be applied to the school based therapy (Royeen, 1996)

Making appropriate decisions about educationally vs. medically relevant services is not always easy. School district staff may find it helpful to:

- Become familiar with the differences between medical and educational services as outlined in this chapter
- Use school related function assessments and evaluation strategies
- Appropriately follow the special education process steps and guidance provided in the chapter on provision of services (Chapter 5)

- Strive toward collaborative relationships between regular and special education personnel to facilitate a clear focus on needs within the general education environment and curriculum
- Strive toward better relationships among school staff, parents, and third party agents

Areas of expertise

Occupational and physical therapists have specialized knowledge and skills that contribute to the task of enhancing the child's learning and performance within the school environment. Although each discipline may share areas of concern, they each provide a different perspective when evaluating and treating the child. The roles the OTs, PTs, teachers and other team members assume, based on their professional knowledge and specialty areas, assist in determining needed services on the IEP. It is important that OTs and PTs share their expertise with others **within the frameworks described throughout these guidelines.**

Role of special educators

Many special education and physical education teachers share expertise in areas that OTs and PTs address, including assessing a child's motor needs, developing intervention strategies, and making adaptations in the environment. When the education personnel's level of expertise is not adequate to assess or intervene effectively in such areas as sensory motor and adaptive skills, consultation, evaluation, and related services may be needed from OT and PT practitioners. When appropriate, OTs and PTs may collaborate with education professionals and paraprofessionals on the use of appropriate functional activity strategies and adaptive methods to enhance the child's performance during the school day. This model helps ensure that children have multiple opportunities to practice skills needed within the course of daily school routines.

Role of assistants in the educational setting (OTAs and PTAs)

OTAs and PTAs often assist the therapist in ongoing assessment, program planning, education, documentation, service delivery and recommendation for discontinuation from services. The scope of OTA and/or PTA services does not include initial evaluation of the child, interpretation of evaluation information or alteration of the child's therapy services plan without prior evaluation and approval of the supervising therapist. The OTA's documentation should be co-signed by the supervising therapist along with documentation of the amount, degree and pattern of supervision provided to the assistant.

Collaboration: Relationship of OTs and PTs to other educational professionals

OTs and PTs must collaborate with a variety of professionals as well as the child and family within the educational environment. Collaboration is necessary and critical to the successful functioning of educational team members in the identification and service provision processes. Each discipline within the educational team has its own licensure/certification, practice standard, regulations, and has its own role and function. The roles that OTs, PTs,

teachers, and other educational staff assume, based on their knowledge and expertise, determine the intervention they will provide.

Collaborative intervention requires a team to know and respect each others' skills and limitations when providing services and to be able to designate appropriate roles during the evaluation and program-planning phases. Roles should be determined by the team according to each member's knowledge and ability to deliver services effectively and efficiently. Collaborative intervention **does not** mean that someone other than an occupational therapist or physical therapist may provide OT or PT. However, through collaborative intervention, members of the educational staff may incorporate into a child's school day the strategies that an occupational therapist or physical therapist help develop. Occupational and physical therapists frequently have areas of expertise in common as well as expertise that coincides with that of teachers and other educational staff. An awareness of these coinciding skill areas can help team members work together more effectively to meet each child's educational needs.

Adapted physical education

IDEA requires that physical education (PE) services, specially designed if necessary, must be made available to every child with a disability receiving FAPE.

When developing an IEP, regular PE would be the first consideration. If necessary, the team would next consider regular PE with modifications to the curriculum and/or performance expectations. If these two models are not appropriate, an adapted PE teacher may be considered by the IEP team to assist the student in a parallel physical education curriculum.

Adapted physical education is specialized instruction and is considered a special education service. "Adapted PE programs are those that have the same objectives as regular PE but in which adjustments are made in the regular offerings to meet the needs and abilities of the exceptional students." (Block, 1994).

Adapted physical education is NOT a related service. Related services, such as OT and PT cannot be considered a substitute for PE.

When the IEP team has determined a child needs adapted PE, the individual providing the adapted PE should collaborate with the occupational therapist, the physical therapist, and/or the physical education teacher to meet the child's needs related to:

- Health and safety, including specific medical needs
- Modifications of equipment or the environment
- Specific sensorimotor programming
- Specific play or leisure needs
- Activities of daily living related to physical education such as dressing, showering or toileting
- Positioning during exercises and games
- Access to the general curriculum

Frequently asked questions and answers

1. What are related services?

Related services are those required to assist an eligible student with a disability to benefit from special education. Under Part B of IDEA, OT and PT are considered related services. They are not provided in isolation, but in conjunction with a child's special education services.

2. What is the difference between the educational model of OT and PT intervention and the medical model?

Therapy provided in the educational setting must be directed toward the achievement of functional tasks required in order for the child to participate and benefit from special education. Therapy provided under the medical model tends to focus on discipline specific goals which may not have direct relationship to educational performance.

3. What areas/domains are mainly addressed by Occupational Therapy?

OTs address areas of sensory processing; visual motor skills, oral motor skills, fine motor skills, dexterity and coordination; self-help/daily living skills such as dressing, grooming, personal hygiene, toileting, and feeding; prevocational skills; social play/organization of behavior; communication systems and other assistive technology and transitioning issues.

4. What areas/domains are mainly addressed by Physical Therapy?

PTs address areas of postural stability, movement and coordinating gross motor skills; management of trunk stability, orthopedic problems, positioning, bracing and casting especially for the lower extremities; transfer skills; gait training; equipment relating to mobility and transitioning issues.

5. What areas can OTs and PTs both address?

OTs and PTs can both provide assessment and treatment of muscle tone, range of motion, sensation, muscle strength, coordination and endurance; balance training; design and use of adaptive equipment, wheelchair modifications and training; prevocational and work skills. Regardless of which discipline provides OT or PT services the treatment must relate to the child's educational needs identified by the child's IEP team.

6. Can physicians and outside service providers who are working with a child make specific recommendations for therapy services in the school environment?

Yes. Recommendations may be submitted, and **responsible public agencies must consider this information. However, they are not bound to accept or implement the recommendations.** Neither are districts required to conduct an IEP meeting to consider the information unless the parent requests an IEP meeting to do so. If, however, either the responsible public agency or parent believes the information is significant to a student's special education services, an IEP meeting should be conducted and changes made to the IEP as necessary.

7. Should a child receive therapy because he/she will benefit from therapy even though no educational need exists?

No. According to IDEA Part B, a child is only eligible for therapy services required to assist him/her to benefit from special education. However, that doesn't mean a child can't receive therapy for medical reasons outside the school day.

8. If the IEP team determines that a child with an orthopedic impairment or other health impairment requires only adapted physical education as special instruction, can the child receive occupational and physical therapy?

Yes. Adapted PE is considered special education. If the IEP team determines the student requires OT and/or PT to benefit from adapted PE, then the child may receive the related service of OT or PT. Therapy must relate to the goals and objectives in the child's IEP.

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Chapter 5

Provision of service

The appropriateness and extent of therapy provided to a child in the educational environment is dependent upon the needs of the individual child as documented in the evaluation report and should be guided by the goals and objectives of the IEP. Knowledge and understanding of the special education process in Missouri and the models of service delivery are important foundations for making decisions regarding the need for and provision of therapy services.

Special Education Process

The following section briefly summarizes the special education process and the role of the OT and PT in each step of the process. It is by no means a complete description of all regulatory requirements. (Timelines, notice and consent requirements, required team members etc.) Therefore, it is critical that staff implementing these process steps use the Missouri State Plan for Special Education, the Special Education Compliance Program Review Standards and Indicators, and updated information on the DESE website, www.dese.state.mo.us/divspeced/, to assure compliance with special education laws and regulations.

Request for Consideration for Initial Evaluation

Either a parent of a child, state agency, or a Local Educational Agency (LEA) may initiate a request for an initial evaluation to determine if the child is a child with a disability. If the public agency receives such a request, the district shall:

- Provide the parent with a copy of the procedural safeguard statement
- Accept the request and proceed with the evaluation process in accordance with the timelines and requirements set forth in this section
- Refuse the request and provide the parent with Notice of Action

The term 'parent' means a natural, adoptive, or foster parent of a child (unless a foster parent is prohibited by State law from serving as a parent); a guardian (but not the State if the child is a ward of the State); an individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives; or an individual who is legally responsible for the child's welfare. Missouri allows foster parents to act as a parent.

School district documentation of the referral must include:

- The name and role of the individual(s) making the referral
- The reason(s) for referral
- A description of concerns which describe why the child is suspected of having a disability and in need of evaluation

- A statement describing the learning experiences the child has received, especially in reading and math
- A statement that limited English proficiency is not the primary reason for the referral
- The date of the referral

Following is a list of other information that may be helpful to include with the referral:

- Student information: name, date of birth, school, grade placement
- Health records, medical reports, developmental summary, screening information, IEP, Individualized Family Service Plan (IFSP), or intervention team report
- Any intervention and program modifications that have been used, including results
- Relevant educational assessments
- Relevant outside assessment reports, such as OT and/or PT therapy assessments

The following questions should be considered when making an initial referral for an assessment:

1. What strategies have been implemented to address the areas of concern within the educational programs or services the student is currently receiving?
2. Are the concerns preventing the student from making progress toward his/her educational goals or from functioning appropriately in the educational environment?
3. Is the student regressing or significantly behind his/her peers?
4. Are there any additional concerns for the student?

OT AND PT Role in Referral

Occupational and physical therapists assist in the decision making process regarding referral due to concerns in areas covered by OTs and PTs. Under IDEA, responsible public agencies are not required to obtain parental consent for teacher and related service provider observations, ongoing classroom evaluation, or the administration or review of results of adapted or modified assessments administered to all children in a class, grade, or responsible public agency. Therefore, the public agency is not required to obtain parent permission when an OT or PT observes a child to assist teams in making referral decisions. Therapists can also be excellent resources for providing inservice training and technical assistance to responsible public agency personnel regarding pre-referral modifications to the educational environment and information on factors that may indicate the need for a referral due to student concerns in functional areas.

Review of existing data

When a referral has been received, and the responsible public agency has determined that it is appropriate to move forward with the evaluation process, a review of existing data is conducted. This review must be conducted by a group of individuals meeting the requirements of an IEP Team and other qualified professionals, as appropriate. During this step in the process, all available data about the child is reviewed to identify what, if any, additional data is needed to determine:

- Whether the child has a particular category of disability
- The present levels of performance and educational needs
- Whether the child needs special education and related services
- Whether any additions or modifications are needed for the child to participate in the general curriculum

If no additional data is needed, the district moves forward with the eligibility determination, following all necessary procedures required by state and federal regulations.

OT AND PT Role in Review of Existing Data

OTs and PTs may be included in the group of individuals reviewing information to determine if additional data is needed. Rationale for including these professionals may include situations in which the referral indicates the child has difficulties in areas related to motor development, coordination skills, independence in activities of daily living, organizing and using materials appropriately, feeding, perceptual problems, and other developmental areas addressed by the disciplines of OT and PT. The OT and PT can offer valuable information to the team in deciding if additional data is needed, or if decisions can be made using existing information.

Planning the assessment

If it has been determined that additional data (assessment) is needed, the next step in the special education process is to determine how the additional data will be obtained.

OT AND PT Role in Planning the Assessment

The OT and PT may provide valuable input about appropriate assessment tools and strategies for gathering information in the areas of concern related to their disciplines.

Conduct assessments/collect additional data

When additional data is needed as part of the initial evaluation, the responsible public agency proceeds with gathering this data. If the only data determined necessary can be gathered by teacher and related service provider observations, ongoing classroom evaluation, and/or administration of assessments to all children in a class, the responsible public agency must provide a notice of action. Parent consent is not required. If administration of a test or other assessment instrument is required, a notice of action must be given and consent obtained prior to testing.

OT AND PT Role in Assessment

Some fine and gross motor assessments may be administered by individuals who are not OTs or PTs. However, if information in the referral for evaluation indicates significant concerns in areas addressed by OTs and PTs, appropriate assessments should be conducted by a licensed OT and/or PT to determine eligibility for special education and/or possible need for related service.

It is recommended that OTs and PTs use a variety of appropriate evaluation and assessment tools and strategies to gather functional and developmental information, such as:

- Observation within the environment of concern
- Interview with parent and/or classroom teacher and other necessary staff
- Records review
- Use of functional performance assessments
- Standardized tests and relevant clinical observations, as appropriate

"...classroom-based observations and informal assessments of student performance across environments may be preferred over tools that describe developmental milestones... (OT Practice, December 4 and 18, 2000)

OTs and PTs often play a role in evaluating a child's needs related to assistive technology. If the child is determined eligible under IDEA, it is required that the IEP addresses whether or not the child requires assistive technology devices and/or services.

While some OT and PT evaluation reports may include specific recommendations for types and amounts of therapy, the IEP team makes the decision based upon the child's IEP goals.

Use of Standardized Instruments

Most standardized tests used by OTs and PTs that assess student abilities are very developmentally based and look at various performance components and underlying sensorimotor skills. Often these standardized tests do not assess student performance within the academic setting, leaving school therapists with the difficult task of relating information to the student's goals on the IEP and how to support access to the general curriculum. If therapists choose to use standardized tests, the information gleaned from those tests should correlate and reflect functional performance. The link between standardized tests and student performance can be made only through observation of the student in the educational environment and interviews with the student, teacher, or parent (Royeen, 1992). The occupational or physical therapist is responsible for selecting appropriate evaluation procedures that will determine the child's functional status, developmental level, and adaptive abilities which affect the student's educational performance. The evaluation process is intended to identify the educational strengths and needs of the student. Assessment procedures must reflect this. Two examples of standardized functional assessments that can be used for school-based practice are the Pediatric Evaluation of Disability Inventory (PEDI) (Haley, Coster, Ludlow, Haltiwanger, and Audrellos, 1992) and the School Function Assessment (SFA)(Coster, Deeney, Haltiwanger, & Haley, 1998). The SFA was specifically designed for school based practice.

"Using standardized test results (whose administration is not required by IDEA) to help make related services decisions appears to add an objective element when team members are unsure about what to do...However, the tests used are not designed for this purpose and they are not validated to correlate with related services justification. Also, many measures are discriminative, rather than evaluative, so they are not designed to show change upon retest...therefore concerns should be raised when these tests are readministered and their results

are interpreted to reflect progress, status quo, or even regression." (OT Practice, December 4 and 18, 2000)

Determination of eligibility

An eligibility staffing is held to determine whether the child has a disability, or continues to have a disability, based upon Missouri eligibility criteria. The decision is made by a group of qualified professionals and the parents of the child. The group may include an OT and/or PT.

OT AND PT Role in Determination of Eligibility

OT and/or PT participation in the eligibility staffing provides interpretation of the instructional implications in the OT and/or PT evaluation results.

Evaluation report

The purpose of the evaluation report is to develop a current written summary of the evaluation results and eligibility staffing. Evaluation reports are required for all initial evaluations. The report should synthesize information from the evaluation. It should also contain a description of any variations from standard assessment conditions. The report will include a statement of the existence and nature of the categorical disability(ies). Please refer to the Missouri State Plan for Special Education for the required content.

OT AND PT Role in Evaluation Report

The OT AND PT assessment information should include information that demonstrates how identified strengths and deficits impact school function and performance.

Re-evaluation

Under IDEA each public agency shall ensure that the IEP of each child with a disability is reviewed annually. A reevaluation of each child is conducted if conditions warrant a reevaluation, or if the child's parent or teacher requests a reevaluation, but **not more frequently than once a year, unless the parent and the local educational agency agree otherwise; and at least once every 3 years,** unless the parent and the local educational agency agree that a reevaluation is unnecessary. The evaluation shall not be required before the termination of a child's eligibility under this part due to graduation from secondary school with a regular diploma, or due to exceeding the age eligibility for a FAPE under State law. For a child whose eligibility under this part terminates under circumstances described immediately above, a local educational agency shall provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's postsecondary goals.

When members of the IEP team convene for the purpose of reevaluation, they review all relevant educational data, including the following:

- Previous evaluations (if available)
- Information provided by the parents

- Current classroom based assessments and observations ~ State and district-wide assessments
- Observations by teachers and related service providers (if applicable)

With this review, the IEP team identifies what, if any, additional information or assessments are needed in order to determine the following:

- If the child continues to be a child with a disability as described in the previous evaluation or reevaluation
- If the present levels of performance and educational needs of the student are current as described in the IEP
- If the child continues to need special education and related services
- If there are any additions or modifications to the special education and related services required to enable the child to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum

If the IEP team agrees that collection of any additional assessment data is unnecessary in order to make these determinations, then the reevaluation is complete. Parents must be informed of the decision and notified of their right to request additional assessments to determine whether the child continues to be a child with a disability.

If the IEP team agrees that additional assessments are needed, the district proceeds with conducting these assessments in accordance with all procedures outlined in the state plan for special education.

An eligibility staffing is held to determine if the child continues to be a child with a disability and continues to need special education and related services. An evaluation report is written if additional assessment was conducted or additional data was gathered by the district.

In addition to the triennial reevaluation required, informal assessment to monitor students' progress should be ongoing. The data resulting from this ongoing assessment is valuable to the decision-making process of all the members of the IEP team.

OT AND PT Role in Reevaluation

OT and/or PT assessments may be recommended as part of the reevaluation for a student. This may be the case for students who are or are not currently receiving the OT or PT service being considered. Also, when OTs and PTs provide related services they gather important data through ongoing informal assessment/observation. This data should be used to refine strategies and should be shared with the IEP team to assist in making appropriate IEP team decisions.

Individualized Education Program (IEP)

Under IDEA, an IEP must be developed for each child with a disability. The IEP team has the responsibility to make decisions about the special education and related services required to meet the needs of each individual child. The IEP team reviews the evaluation data from the evaluation report and from this information summarizes information in the Present Level of Academic Achievement and Functional Performance section of the IEP. Using the concerns prioritized from the Present Level, the team develops annual goals and, for students taking an alternate assessment, objectives, and then makes decisions about what special education and related services are needed to address those goals and objectives, including the amount, frequency, location, and duration for each of these services. Decisions are also made regarding necessary supplementary aids and services, modifications and accommodations, and supports for school personnel. These decisions are based on the following factors:

- The child's present level of academic achievement and functional performance including how the child's disability affects the child's involvement and progress in the general curriculum
- The educational needs of the student as stated in measurable goals and objectives

Responsible public agencies must develop an IEP which provides the student a FAPE, meaning that any special education and related services are provided at public expense, under public supervision and at no cost to the parent. The IEP must meet state standards, include appropriate services, and conform to the requirements of IDEA.

In some cases, a parent may request OT or PT services for their child with a disability. If educational relevance cannot be determined by the IEP team because the OT and PT service needs are not related to the IEP goals, the responsible public agency must inform the parent of this decision through a notice of action. An open dialogue with families about the restrictions and limitations of school based therapy is necessary so that parents may seek medically relevant services outside of school, if appropriate.

OT AND PT Role in the IEP

The IDEA states that at the discretion of the parents or the agency, related services personnel may be asked to attend the IEP meeting. When the therapist(s) attend the IEP meeting, they can interpret the results of their evaluation in the context of the team's total discussion and help problem-solve to arrive at appropriate decisions about the special education and related services needed and the appropriate model of service delivery. For these reasons, it may be beneficial for the OT and/or PT to be involved in the IEP meetings when they have been involved with the evaluation and may be providing related services. A member of the IEP Team shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the local educational agency agree that the attendance of such member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting. A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent and the local educational agency consent to the excusal, and the member submits, in writing to the parent and

the IEP Team, input into the development of the IEP prior to the meeting. A parent's agreement and consent shall be in writing.

It is not only important for OTs and PTs to be knowledgeable about school based practices, but it is also vital for school district personnel involved with IEP teams to be knowledgeable about the legal and ethical requirements under which OTs and PTs operate. **Good communication and collaboration are crucial. The IEP team's decisions must be grounded in an appropriate problem-solving process that considers all team member's opinions and concerns.**

Documenting Goals on the IEP

The IEP must include goals that:

- Are consistent with the content of the present level of academic achievement and functional performance.
- can reasonably be accomplished within the duration of the IEP (generally 1 year)
- Are written in measurable terms that include a skill or behavior to be achieved, a direction for that behavior, and a level of attainment
- Demonstrate involvement in the general curriculum as appropriate (for preschool children, participation in appropriate activities)
- Address the child's other educational needs resulting from her/his disability
- Are present for each special education and related service

Sometimes this last requirement has been interpreted to mean that if OT and PT are needed, then goals must be written in clinical terminology and specific to tasks (e.g. gross and fine motor) that OTs and PTs traditionally address.

On the contrary, if the special education process is followed as defined throughout this document and in the Missouri State Plan for Special Education, IEP teams will develop goals that are functional and aimed at addressing the areas that cause the student difficulty in accessing the general education curriculum. Goals are written for the student, not for the discipline (OT, PT, etc). It is only after those goals are developed that special education services and related services are identified. It should be clear to all members of the IEP team what goals they will be addressing.

Determining the type and amount of OT or PT services to provide

The type of OT or PT and the amount, frequency, location, and duration of those services to be provided must be appropriate to meet the goals of the child's IEP. Recommendations from the licensed OT and PT should be carefully considered and discussed in the context of the child's educational goals. The ultimate determination about the amount, frequency, location, and duration of services is an IEP team decision.

Decisions about OT and PT in an Educational Setting Must Be Embedded in the Special Education Process.

1. The team completes an evaluation (of which OT AND PT may be one part) to determine if a child meets criteria under IDEA to be identified as a child with a disability.

2. The IEP team uses this information to write a present level of academic achievement and functional performance and make the link between how the evaluation results impact the student in the classroom.
3. It is only when the disability has been established and the specific educational implications have been identified that goals are written.
4. Once the goals are written, the team decides whose expertise is required for implementation and what types and amounts of services are necessary to address the child's goals.

Decisions Regarding the Type and Amount of Service are Based on the Child's Needs and Expected Outcomes.

Neither OT nor PT literature/research has mandated standards that would indicate that a specific need requires a specific amount of service. The amount of service depends on numerous factors including:

- Desired outcomes
- The extent to which the disability interferes with the student's education program
- The anticipated potential for improvement with therapeutic intervention

In the educational model, IEP decision-making process is the context for making decisions about educational services needed.

Types of service delivery

As noted previously in this document, best practice in educational environments supports an integrated model of service delivery. Integrated therapy, also known as the integrated service delivery model is based on utilizing a child's entire school team to support and promote the acquisition of functional school-based skills across a student's school day (Rainforth & York-Barr, 1997). In the past, occupational and physical therapists frequently had minimal interaction with other team members, made unilateral decisions regarding goal development and treatment plans, and saw children in a separate area designated as the "therapy space."

Today, using an integrated approach, the entire team participates in developing and implementing the goals, with implementation occurring in the least restrictive environment in such a way to support functional, age-appropriate skills that the team agrees are the most important. Inherent in this model is team collaboration and role release. In other words, the occupational or physical therapist must contribute information and skills through consultation and teaching such that it will help to support the student's success throughout their school day, not just during "therapy time." Role release is an important part of the integrated model, because therapists are not always available when a child needs to practice a motor skill or classroom task. Combining methods from a variety of disciplines will support the needs of the student in more natural contexts (Rainforth & York, 1997). In the integrated model, "individually chosen, meaningful skills are the focus around which team members identify and integrate effective instructional methods for each student (Rainforth & York, 1997, p. 191). Because the integrated model utilizes a variety of service delivery methods, including collaboration, consultation, teaching of other team members, as well as working directly with a student, it should be reflected on the services page of the IEP.

Related Service	Amount	Frequency	Location	Begin date	End date
OT (or PT)	45 min	weekly	General Ed	8/24/05	8/24/06

Related Service	Amount	Frequency	Location	Begin date	End date
PT	15 min	weekly	Special classroom	8/24/05	8/24/06

Documenting Services on the IEP

The amounts, frequency, location, and duration for each type of service to be provided must be stated clearly in the IEP, so that the level of the agency's commitment of resources will be clear to parents and other IEP team members and cannot be changed without holding another IEP meeting. Adjustments in scheduling those services can be made without another IEP meeting, although parents should be notified. See above charts for examples of possible IEP documentation of OT and PT services.

If the IEP indicates occupational or physical therapy, the service must be provided by the OT/OTA or PT/PTA respectively. Teachers, parents, and paraprofessionals do not provide occupational or physical therapy. Rather, non-therapy personnel may receive information about the therapy program through consultation with the OT or PT practitioner. This consultation assists educational staff in using various strategies that support the implementation of the child's educational program. This is consistent with the requirements of the Missouri Occupational Therapy Practice Act and the Missouri Physical Therapy Practice Act, and therefore apply to implementation of IDEA by responsible public agencies.

For the purpose of clarity, any consultation time should be identified as OT or PT consultation on the IEP. If the services are to be provided directly to the child, either individually or in a group, the services should be shown as occupational or physical therapy. The word "direct" may be used, but it is not necessary to do so. For example, a child's IEP team may determine he needs 20 minutes per week of direct physical therapy and one hour per month of consultation with the child's classroom teacher and paraprofessional. Both services are to be provided in the classroom. The related services would be documented as follows on the IEP:

Related services	Amount	Frequency	Location	Begin date	End date
OT	20 minutes	Weekly	Reg. ED	8/23/2004	8/22/2005
OT consultation	60 minutes	Monthly	Reg. Ed.	8/23/2004	8/22/2005

Fine gross motor and adaptive activities are routinely used by teachers and paraprofessionals in the least restrictive environment. If the IEP team determines that motor or adaptive activities are necessary to provide FAPE and achieve a goal, these activities and the time devoted to them must be documented on the IEP.

Often, the **activities** designed by the OT may be implemented by a regular classroom teacher or paraprofessional and only monitored by the OT on a limited basis during the school year. Thus the IEP indicates the amount of time the OT consults with the teacher.

Related services	Amount	Frequency	Location	Begin date	End date
OT consultation	15 minutes	weekly	Reg. Ed.	9/4/2004	9/3/2005

In general, services should be documented on the IEP in terms of minutes per day, minutes per week, minutes per month, minutes per semester, or a percentage of time per week. The amount of services may be stated as a range (e.g., three times per week for 30-45 minutes per session) only if the IEP team determines that using a range is necessary to meet the unique needs of the child (e.g., the services are needed only under specific circumstances such as the occurrence of a particular behavior). A range may not be used because of personnel shortages or uncertainty regarding the availability of staff.

Implementation of services

Once the IEP team determines that a student requires occupational therapy and/or physical therapy to benefit from their educational program, the therapist develops therapy interventions based on IEP goals that include intervention strategies based on current best practice and professional literature and input from other members of the IEP team. Decisions regarding the type of occupational therapy and physical therapy intervention methods applied to a student in the educational environment are driven by the educational needs of the student and must be guided by the annual goals of the IEP. OTs and PTs use their skills and professional judgment in determining the most appropriate approach (strategies) for an individual student. Therapists must utilize the principles of educational relevance and the least restrictive environment when making decisions in regard to therapeutic interventions. Data collection and progress monitoring protocols should be used to document the effectiveness of the intervention procedures that were chosen and to make decisions regarding changes in intervention.

Amending or Modifying an IEP without a Meeting

In making changes to a child's IEP after the annual IEP meeting for a school year, the parent of a child with a disability and an authorized representative of the local educational agency may agree not to convene an IEP meeting for the purposes of making such changes, and instead may develop a written document to amend or modify the child's current IEP. To the extent possible, the local educational agency shall encourage the consolidation of reevaluation meetings for the child and other IEP Team meetings for the child. Changes to the IEP may be made by the entire IEP Team or by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent shall be provided with a revised copy of the IEP with the amendments incorporated. As referenced earlier in this document, before changes are made, input should be sought from the OT or PT as appropriate.

Documentation of Child's Progress

Ongoing documentation of the child's performance is necessary to determine if the amount and type of service intervention is appropriate to promote progress toward achieving the student's goals and objectives.

IDEA Part B requires that the responsible public agency report progress on the annual goals for a child receiving special education at least as often as for a child without a disability. Thus, an agency needs to incorporate information from OTs, PTs, and other service and related service providers who are addressing the child's goals into the progress report.

Through the collaborative efforts of the educational team, data collection and monitoring of progress should be used on a frequent basis to:

- Document effectiveness of chosen intervention procedures
- Assist in decision making regarding changes in intervention
- Assist in decision making regarding discontinuation of services or need for ongoing programming

Discontinuation of services

When reviewing the student's progress, the IEP team may determine that OT and/or PT services are no longer needed. The following are conditions that may be considered when determining discontinuation of therapy services:

- The student's needs for remediation and/or compensation in the area(s) being addressed are being met by the student's primary educational providers without need for continued therapist contact
- Current goals do not require support of OT/PT services
- The student is no longer eligible for special education

If a student's OT or PT services are discontinued and it is later determined the child may need to resume services to achieve educational goals, the IEP team may determine that therapy should be reinstated.

Frequently asked questions and answers

1. How does a child become eligible for occupational or physical therapy?

A child does not become eligible for occupational or physical therapy. The child becomes eligible for special education. There is no specific test or assessment tool that determines eligibility for OT or PT. The information from the evaluation report assists the IEP team in determining the need for occupational or physical therapy to assist the student to achieve his/her educational goals.

2. Is it necessary that every child who has been assessed and determined to need help in fine and gross motor skills receive occupational therapy or physical therapy?

No. The IEP team, including the OT or PT as appropriate, determines the services, level of services, and service providers required to support the educational needs of the child. In some cases, the general or special education

program can address the needs of the child without additional support from occupational or physical therapy.

3. Who determines the type of service provision that the child will receive?

The IEP team determines the manner of providing the services that the child needs to meet his/her educational needs (direct, consultation, etc.).

Evaluation results and recommendations from the licensed OT and PT should be carefully considered in the context of the child's educational goals.

4. Can an OTA or PTA represent the therapist at the IEP meeting?

An OTA or PTA may attend the meeting, but cannot represent the therapist by interpreting the findings or analyzing the student's need for therapy. This is the role of the supervising therapist.

5. Is an OT AND PT evaluation needed prior to providing occupational or physical therapy respectively?

The licensing laws for physical therapists require that the therapist evaluate a student before starting therapy. A physical therapist needs a current or standing prescription for therapy from a physician to start providing the service. Occupational therapists do not have this requirement.

6. If the OT is in the classroom doing integrated therapy, how is this documented on the IEP?

The amount of time and frequency determined necessary for the OT for the child is documented as Occupational Therapy as a related service, and the location is shown as the classroom where the therapy is being provided. There is no need to use the term "integrated." It is important to keep the documentation as clear and easy to understand for parents and all IEP team members as possible.

7. What if the parent requests that the OT or PT services be discontinued?

Section 300.300(b)(4) of the Part B regulations implementing the Individuals with Disabilities Education Act (IDEA) has been revised, effective on December 31, 2008, to require that parental revocation of consent for the continued provision of special education and related services be in writing and that upon revocation of consent a public agency must provide the parent with prior written notice in accordance with Section 300.503. With this revision, parents may request in writing that their child be removed from special education and related services. The district is required to provide a Notice of Action to the parents and terminate those services. This action does not require a reevaluation to determine the child's need for continued services. These regulations may be accessed at: <http://edocket.access.gpo.gov/2008/pdf/E8-28175.pdf>.

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Chapter 6

Administrative issues

School administrators should be aware that OT and/or PT preservice training may not necessarily address all of the competencies needed to be practitioners in an educational setting. When school districts are hiring or contracting for occupational or physical therapy services, all parties should discuss expectations for service delivery including the differences between educational and medically based services. It is important for administrators and special education personnel to understand issues relating to the administration of occupational and physical therapy services in educational environments so service delivery is managed efficiently.

The administration for special education and related services

The school administrator that supervises occupational and physical therapists is generally the director of special education, but may also include the director of personnel, building principals, or supervisors of related services. The assigned administrator should have a clear understanding of the roles and responsibilities of therapists who work within the educational environment. Administrators should be aware of:

- The professional code of ethics for the respective disciplines
- The unique perspective occupational and physical therapists bring to the IEP teams
- Information in this and other documents that guides both compliance and effective practices
- The need to support and promote team building opportunities for all members of the special and general education staff including OT and PT
- The need to promote/develop relevant continuing education opportunities for physical and occupational therapists to maintain consistent quality and ensure they support educational outcomes for students

Recruitment and retention issues

Recruiting qualified staff is not always easy. Effective comprehensive professional development plans must address recruitment of qualified personnel. Analyzing data such as demographic trends, retirements and other staff changes, and projections from higher education, can guide the development of the district's recruitment plans and help identify future personnel needs.

Some ideas for recruiting qualified staff include:

1. Collaborate with Institutions of Higher Education in making practicum/internship experiences with supervision from on-site OT or PT available through your school. A listing of OT, OTA, PT, and PTA programs

in Missouri is available on the AOTA and APTA web sites listed under resources at the back of these guidelines.

2. Provide access to continuing education and an atmosphere that demonstrates the value of team collaboration.

Retaining qualified school based therapists is also essential. It may be helpful to consider that research has found that some of the following factors are highly related to job satisfaction and longevity in a given position:

- The amount of freedom on the job
- The opportunity to develop skills
- Salary and fringe benefits
- The ability to participate in decisions
- Positive treatment and respect among coworkers
- Working conditions (i.e., caseloads, paperwork, office space)

Providing time for regular and special education staff to collaborate and for professional development activities related to the district's Comprehensive School Improvement Plan are important in retaining personnel.

Caseloads/time management

The Missouri State Plan for Special Education, Regulations Implementing Part B of IDEA provides guidelines for OT and PT caseloads for preschool children with disabilities who are not yet kindergarten age eligible because the funding mechanisms are unique for that group of children. In addition to the caseload range for OT /PT services, the responsible public agency may also consider the caseload shown for diagnostic staff as appropriate based on the total number of children served in early childhood special education. Responsible public agencies may contact DESE at 573-751-0622 to discuss special circumstances such as high travel or unique responsibilities to request consideration of an exception to the guidelines.

The State Plan does **NOT** include caseload guidelines for OTs and PTs who serve children in the K-12 range.

However, it is important for administrators to keep in mind the diverse range of responsibilities of the therapist in determining appropriate caseloads for these staff. In addition to the direct services provided to students within the school setting, the other responsibilities listed below that may be included in the therapist's job duties should be taken into account:

- Direct service
- Supervising OTAs and PTAs
- Evaluation and assessment of students
- Consultation in the classroom
- Consultation with other specialists
- Travel between schools and to provide services in itinerant settings
- Preparation time at each setting
- Program administration including documentation of daily activities, summaries for treatment plans and IEPs, etc.
- Planning time
- Attending IEP meetings and other staffings
- Designing/modifying adaptive equipment

- Providing training or technical assistance to groups of the responsible public agency's staff
- Time for lunch

The State Plan does offer an alternative method for calculation of caseloads for Speech Language Pathologists that might be useful with OTs and PTs.

Therapeutic equipment and space

The IEP team determines the need for specific related services to support the educational outcomes for a particular student. In this process, the accommodations, adaptations, and equipment needs for the student to access the general education environment and educationally related activities should be addressed. Space for related services and equipment needs must be related to educating the child in the least restrictive environment. The IEP team needs to determine if there is an educational need to remove a child from the general education environment to support the goals/objectives on the IEP. The place for delivery of services should not be based on the needs of the therapist, the school district, or a contracting agency. The IEP must consider the educational needs of the student when determining the time, model, and place for providing related services.

Physicians prescriptions

OT Requirements

No physician prescription is required for evaluation or treatment provided by an occupational therapist except when specified by district policy or MO HealthNet requirements.

PT Requirements

The PT Practice Act, <http://pr.mo.gov/physicaltherapists-rules-statutes.asp> outlines the requirements related to prescriptions of Missouri physical therapists. In summary it explains:

- When conducting evaluation, it is not necessary to obtain a physician's prescription. However, if these services will be billed under MO HealthNet or the district requires it, a prescription may be mandated.
- A PT shall not initiate treatment for a new injury or illness without a physician's prescription. See 334.506 RsMO for list of types of physicians.
- A prescription is not required if a PT will be evaluating or treating a student who has a recurring, self-limited injury within one year of the physician's diagnosis and prescription for PT. However, the PT should refer to 334.506 RsMO for specific reporting requirements outlined in that law. Also, if the PT services will be billed to MO HealthNet, a prescription is required.

A physical therapist may examine and treat without the prescription and direction of an approved health care provider any person with a recurring self-limited injury within one year of diagnosis by an approved health care provider or a chronic illness that has been previously diagnosed by an approved health care provider. For more specific information regarding this condition, see 334.506.4 of the Missouri Revised Statutes.

MO HealthNet reimbursement and use of private insurance

School districts may bill MO HealthNet for reimbursement of occupational and physical therapy services for children who are MO HealthNet eligible. In order to do this, the following criteria must be met:

- Either the district or the occupational or physical therapist must be enrolled as a MO HealthNet provider. If the therapist is employed by the school district, the payments will be made directly to the school district. If the therapist is not employed by the school, the contracted entity and/or individual must be a MO HealthNet enrolled provider and apply for a specific provider number that has the district listed as the "pay to." Payment for all IEP directed services is based on the Federal Financial Participation (FFP) rate, which is approximately 60% in MO. If for any reason MO HealthNet does not reimburse the OT or PT for the service designated in the child's IEP, it is the school's responsibility to reimburse the therapist for the service that was provided. In addition, the school is responsible for the remaining 40% of the Missouri rate.
- A doctor's prescription must be obtained for OT or PT service each year to cover all therapies provided during the school year
- The service must be documented on the child's IEP.
- Therapists must keep a log of the OT and PT services provided.
- The district must obtain parental consent to bill MO HealthNet each year or anytime services change.
- A claim must be submitted to MO HealthNet after the service has been provided.

DESE has posted a webinar relating to MO HealthNet to assist districts with documentation and billing requirements. The webinar is available at:

<http://dese.mo.gov/divsped/Finance/TechnicalAssistanceWebinarSeries.html>

For more information on MO HealthNet for school districts, you may contact the Provider Communications hotline with the Department of Social Services, MO HealthNet Division, 573-751-2896. You may also contact the Funds Management Section at DESE at 573-751-0622.

Use of private insurance

Federal law and regulations implementing the IDEA prohibit a public agency from requiring parents, where they would incur a financial cost, to use insurance proceeds to pay for services that must be provided to a child with a disability under the FAPE requirement. The use of parents' insurance proceeds to pay for services in these circumstances must be voluntary on the part of the parents.

Responsible public agencies interested in this resource should seek voluntary and informed consent of the parents to access such insurance. School districts may not compel parents to file a claim when this action would cause the parents to suffer a financial loss. Financial loss would include, but not be limited to, the following:

- A decrease in available lifetime coverage or any other benefit under an insurance policy
- An increase in premiums or the discontinuation of the policy
- An out-of-pocket expense such as the payment of a deductible amount incurred in filing a claim

Public agencies would be responsible for payment of a financial loss, such as deductibles, in advance.

Financial losses do not include incidental costs such as the time needed to file an insurance claim or the postage needed to mail the claim.

Generally school districts should avoid accessing insurance benefits if the parents maintain an individual policy with an insurance company. Districts should consider accessing such funding only when the parents maintain a membership in a group insurance plan.

Responsible public agencies are advised to consult their attorney and insurance representatives to obtain specific information regarding this issue.

Frequently asked questions and answers

1. In what cases can MO HealthNet pay for the OT or PT services shown on an IEP? This issue seems contradictory because the IEP should address educational goals, and MO HealthNet only pays for medically necessary services. The IDEA requires that public agencies (such as MO HealthNet) that are otherwise obligated to pay for or provide services that are also considered special education or related services (FAPE) are obligated to pay for these services. Therefore if a child is eligible for MO HealthNet and the IEP requires two hours of OT, MO HealthNet will pay for the OT as long as it meets their definition of medically necessary:

- The service must be identified in the child's IEP
- There must be a doctor's prescription or written referral for the service
- The provider must be enrolled as a MO HealthNet provider
- The enrolled provider must be a licensed PT or OT, not a PTA or OTA
- The district must obtain parental consent to bill MO HealthNet
- The district must maintain a therapy log for each therapy session

While this may be somewhat confusing it should be helpful to focus on the fact that IEP teams must first develop appropriate educational goals and determine the special education and related services needed to implement these goals and objectives. Ultimately, the services to meet those goals are the responsibility of the school to provide. However, in some cases, related service designated on the IEP may also meet MO HealthNet's definition of medically necessary, and in these cases MO HealthNet may pay for those services.

MO HealthNet does not pay for consultation or meetings, so the school will need to cover the cost of these services when required by the IEP. It is also important to keep in mind that the provision of the service cannot be delayed while reimbursement issues are being settled.

2. If a physician has recommended that a child needs occupational or physical therapy in a prescribed amount, does the school district need to provide this? No. The responsible public agency is responsible for services that have been determined by the IEP team to be necessary to provide FAPE. The team needs to

consider recommendations from physicians, but decisions about services must be based on relevance to the educational goals in the IEP. Sometimes additional services may be needed to meet the medical needs of a child, and these would not be indicated on the IEP. In these cases, the parent may choose to pay for these medically related services, or utilize their insurance if it covers the services, or the cost of the services may be covered by MO HealthNet. If the child is eligible for MO HealthNet, and the parents wish to pursue this funding option, they should talk to the child's primary care physician. If the child is enrolled in an MC+ health plan, the services must be arranged and approved through the health plan. All decisions on services are subject to the parent's procedural safeguards.

If more than one OT or PT provides services to a child, it is important that the therapists communicate in order to maximize the effect of services.

The chapter on Roles and Responsibilities addresses medical vs. educational issues and the chapter on Provision of Service provides information which may be helpful to IEP teams.

3. When is the responsible public agency obligated to purchase an assistive technology device?

IEP teams must consider a number of special factors when developing the IEP. One of these factors is the assistive technology needs of the student. If it is determined that the student requires assistive technology to perform a functional task, the IEP must describe the assistive technology devices and/or services needed. If the device or service is needed in order for the child to receive a free and appropriate public education (FAPE), the assistive technology must be provided at no cost to the parents. Assistive technology devices include any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized that is used to increase, maintain, or improve the functional capabilities of a child with a disability.

Assistive technology devices must be tied to the achievement of a specific educational goal. The IEP team must ask the question, "Does the child require this piece of assistive technology device to accomplish this goal on the IEP?" If the answer is yes, then the acquisition of the assistive technology device is appropriate. Assistive technology should not be viewed just as general adapted equipment helping children to access the educational environment, but as equipment tied to specific educational outcomes determined by the IEP team.

For discussion regarding assistive technology, see pages 1 and 2 of the Missouri State Plan for Special Education available at <http://www.dese.mo.gov/divspeced/stateplan/index.html>.

4. When parents request to have their child receive a particular treatment technique or methodology such as sensory integration, how should the school administrator respond?

Sensory integration and other treatment methodologies such as neurodevelopmental treatment (NDT) are just particular frames of reference or treatment perspectives which might be used by an OT or PT in the intervention process. The services that the schools are mandated to deliver are occupational or physical therapy and not a particular treatment regimen. If a parent requests a particular treatment technique or methodology that the IEP team determines not necessary to provide, the responsible public agency must give the parent a Notice of Action Refused explaining the basis of their decision. In the schools, the focus of occupational and physical therapy is on the

child's ability to function in the educational environment. Therapists use their professional judgment, evaluation data, and expected outcomes to select the particular frame of reference which will guide the intervention.

ACRONYM LISTING

ACOTE – Accreditation Council for Occupational Therapy Education
ADA – Americans with Disabilities Act
AOTA – American Occupational Therapy Association
DESE – Department of Elementary and Secondary Education
EPSDT – Early and Periodic Screening, Diagnosis, and Treatment
FAPE – FAPE
FFP – Federal Financial Participation
HCY – Healthy Children and Youth
IDEA – Individuals with Disabilities Education Act
IEP – Individualized Education Program
IFSP – Individualized Family Service Plan
LRE – Least Restrictive Environment
NBCOT – National Board for Certification in Occupational Therapy
NDT – Neurodevelopment Treatment
OCR – Office of Civil Rights
OPTs – Physical Therapy Assistants
OT – Occupational Therapy
OTAs – Occupational Therapy Assistants
OTs – Occupational Therapists
PE – Physical Education
PEDI – Pediatric Evaluation of Disability Inventory
PLEP – Present Level of Academic Achievement and Functional Performance
PT – Physical Therapy
PTs – Physical Therapists
SFA – School Function Assessment

Resource List

1. Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Ave., S.W.
Washington, DC 20202-7100
Telephone: (202) 245-7459
<http://www.ed.gov/about/offices/list/osers/osep/index.html>
2. Individuals with Disabilities Education Act (IDEA)
<http://idea.ed.gov/>
3. Code of Federal Regulations
Title 34, Subtitle B
<http://www.gpoaccess.gov/cfr/index.html>
4. Americans with Disabilities
Disability Rights Section Mailing Address
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Civil Rights Division
Disability Rights Section - NYA
Washington, D.C. 20530
Section Fax #: (202) 307-1198
<http://www.ada.gov>
1-800-514-0301 (voice)
1-800-514-0383 (TTY)
5. American Occupational Therapy Association
4720 Montgomery Lane
P.O. Box 31220
Bethesda, MD 20824-1220
Phone: 301-652-2682
800-377-8555 (TDD)
Fax: 301-652-7711
<http://www.aota.org/>
6. Missouri Occupational Therapy Association
#2 Barkwood Court
St. Peter's, MO
Phone: 636-441-4146
<http://www.motamo.net>
Rules and Statutes: <http://pr.mo.gov/octherapy-rules-statutes.asp>

7. American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314-1488
Phone: 703-684-APTA (2782)
800-999-2782
703-683-6748 (TDD)
Fax: 703-684-7343
<http://www.apta.org>
8. Missouri Physical Therapy Association
205 East Capitol
Jefferson City, MO 65101
Phone: 573-556-6730 Toll Free: 1-888-222-MPTA
Fax: 573-556-6731
<http://www.mopt.org/>
Rules and Statutes: <http://pr.mo.gov/physicaltherapists-rules-statutes.asp>
9. Missouri Department of Elementary and Secondary Education
Division of Special Education
PO Box 480
Jefferson City, MO 65101-0480
Compliance: 573-751-0699
Fax: 573-526-5946
<http://www.dese.mo.gov/divspeced/>