



OT/PT Guidelines

FOR OCCUPATIONAL AND PHYSICAL
THERAPY IN EDUCATIONAL SETTINGS

BEMIDJI REGIONAL INTERDISTRICT COUNCIL

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WWW.BRIC-K12.COM

Guidelines for School-Based Occupational Therapy and Physical Therapy Services

Occupational therapy and physical therapy are a related service

1. The Individuals With Disabilities Education Act (IDEA) lists OT and PT as related services that “may be required to assist a child with a disability to benefit from special education.”
2. Minnesota OT/PT Manual: In Minnesota, a related service is not a primary special education service. In order for a student to receive OT and PT, he or she must be identified as a special education student and both demonstrate a need for special education instruction and demonstrate a need for supplementary/complementary support services. These services must relate to primary educational goals. The team must determine that without the expertise of the therapist as a team member, a student could not achieve the goals and objectives of the IEP.
3. In the school setting, the team must determine that occupational therapy and/or physical therapy is essential to helping a student perform within the context of his or her educational programming.
4. A student may qualify for medical based therapies, but if their disabilities are not impacting school function, they do not require school-based therapies.

How does occupational therapy or physical therapy services start?

A teacher, parent/guardian or person involved with the student can ask the school to consider OT/PT services.

Who decides need and scope for OT/PT services?

The special education team decides the need and scope of OT/PT services that a student requires to benefit from his/her educational program. The frequency and duration must be sufficient to address the student’s educational needs and annual goals.

What is the focus of therapy?

Therapy can focus on the student, the task or the environment. It can be an emphasis on one or two areas or a combination of all three.

Focus	What is addressed?	Examples of when this is used
Student	Teaching new skills or building on existing skills; Sensory interventions to improve participation	With younger children who show a potential for change If previous attempts have not been made to develop a skill If a student is developmentally ready to learn a skill
Task	Modifying the physical and/or cognitive demands of an activity to improve student performance	If independence or improved performance is desired quickly If previous interventions have been unsuccessful in developing necessary skills As the student gets older and academic demands increase with less time for skill development
Environment	Modifying or adapting the environment	When there is a significant discrepancy between student's performance and the environmental demand When immediate independence and performance is required

Where does therapy occur?

Therapy occurs in the least restrictive, natural environment. Examples include the classroom, hallway, gym, lunchroom, playground, special education classroom, etc.

Service Delivery

Occupational and physical therapists work together with other team members for service delivery to ensure relevance and carryover of skills. Teachers, parents, paraprofessionals, etc. can be trained to facilitate carryover of skills the student has learned.

Direct Service

Minnesota Rule:

Direct services means special education services provided by a teacher or a related services professional when the services are related to instruction, including cooperative teaching. (M.R.: 3525.0200 Subp. 2b).

Minnesota OT/PT Manual:

Direct service may be chosen when a therapist is the only one qualified to provide the intervention. This may be appropriate when: it is anticipated that the student's rate of change will require continuous modification of support strategies/techniques and intervention objectives; the student requires interventions that cannot be readily provided by others (unusual or complex strategies of support that are difficult for others to implement should be closely examined for educational appropriateness, functional impact/effectiveness, and safety/liability risks); the therapist needs to work directly with the student for a short time in order to identify strategies that can be effectively implemented by others.

Direct service does not imply that the student must be "pulled out" of their natural learning environments. Many interventions can and should be implemented within the timeframes and places in which children are expected to perform. For example, mobility instruction should occur during hallway transitions or on the playground during recess, facilitation of eating or self-feeding skills should occur during snack or lunchroom periods, or instruction/practice of printing or typing skills should occur during periods of written language work in the classroom. Direct service should not be regarded as needing to occur indefinitely, nor according to a traditionally prescribed formula based on therapist availability or workload demands (e.g. 2x/week frequency, 30 minute sessions). When considering direct service, therapists must regard each student individually, documenting frequency and duration of service based on a reasonable prediction of: how often the

therapist must gauge the student's response to a unique strategy of support; how often these strategies will be used and aligned with natural learning opportunities; and how long it will take to demonstrate that intervention strategies are effective in making a functional change in the student's skills. Direct services by a therapist can occur in bursts, or in time frames that are less than a year. Direct services by a therapist can also occur intermittently or in episodes throughout a student's school career, depending on the student's abilities and demands related to changes in the learning environment.

It would be inappropriate for a student to receive only direct services from an occupational or physical therapist. This would imply that the therapist is not participating in collaborative practices with others regarding the student's educational program, or that there was an oversight in the IEP/IFSP/IIIP development. In addition, direct therapy service should never be regarded as a long term or permanent need of the student. Direct service from a therapist that persists for several years as part of a student's special education program, should be closely examined to assure that goals and interventions are educationally relevant and that sufficient progress toward gaining a functionally defined skill is being attained by the student. The therapist must be responsible in assuring the effectiveness of direct interventions through evidenced-based practice. In addition, it is appropriate to consider how intervention strategies used by the therapist in direct service can be effectively taught to others involved with the student on a daily basis. If the types of interventions being provided by a therapist using direct service can but are not being implemented by others, the team should discuss if the needs of the student warrant a more integrated team approach and if therapy resources are being used in an efficient and cost conscious manner.

Examples:

- Direct service is face-to-face interaction with a student regardless of environment or group size.
- Direct service can occur in context, meaning during actual school activities in their natural setting.
- Direct service can occur out of context meaning in a controlled environment and not during actual school activities.

Indirect Service

MN Rule:

Indirect services means special education services which include ongoing progress reviews; cooperative planning; consultation; demonstration teaching; modification and adaptation of the environment, curriculum, materials or equipment; and direct contact with the pupil to monitor and observe. Indirect services may be provided by a teacher or related services professional to another regular education teacher, special education teacher, related services professional, paraprofessional, support staff, parents, and public and nonpublic agencies to the extent that the services are written in the pupil's IEP or IFSP. (M.R. 3525.0200 Subp. 8c).

Minnesota OT/PT Manual:

Indirect service from an occupational therapist and/or physical therapist is chosen when information, materials and techniques/strategies of support can be shared with or taught to others who work with the student on a routine basis. It is appropriate to consider this type of service when regular input of the therapist is required in order to build and support the effectiveness of others in meeting the student's educational needs in natural settings and during naturally occurring events. Examples of indirect intervention include teaching a paraprofessional to work with a student on eating skills during lunch or snack time, on writing/computer skills during written language class time, and on mobility skills during transitions with the home/classroom/work setting or around the building/community.

Indirect service will often include a face-to-face interaction between the therapist and the student. This occurs when providing training to staff, or when assuring the effectiveness of an intervention strategy by monitoring for changes in the student's performance. Therapists often spend a great deal of time providing indirect services that may occur away from or be invisible to other school staff or parents. It is incorrect to assume that indirect services are less important or less valuable than direct services. It is also incorrect to assume that indirect service will involve less time or effort on the therapist's part.

Examples:

- Indirect service includes communication with team members, medical providers, paraprofessionals, equipment vendors, etc.
- Indirect service includes the development of student supports such as specific classroom strategies, home exercise programs/activity programs, task modifications or environmental adaptations.
- Indirect service includes student specific documentation such as MA billing, consultation reports, evaluations, IEP (assist with goal development and progress reporting), collecting data and student recommendations.
- Indirect service includes tasks related to use of adapted equipment such as ordering, adjusting, building, maintaining and providing necessary instruction.
- Indirect service includes student specific research such as treatment planning and medical diagnoses.

Documentation

Request for Consultation-Located on the BRIC website

1. Case manager or other team member completes a request for consultation located on the BRIC website and sends it to the BRIC office.
2. The request is reviewed and signed by BRIC supervisors and the BRIC director and emailed to the appropriate therapist(s).
3. Therapist schedules the date to complete the consultation and notifies the BRIC office of that date.
4. If it is a teacher consultation, the therapist meets with the teacher(s) and completes the consultation form, including relevant recommendations.
5. If it is a student consultation, the parent or guardian must be notified by the case manager. The therapist meets with the teacher/student, with the option of pulling the student out of the classroom, if appropriate, to observe skills. The therapist then completes the consultation form, including relevant recommendations.
6. The consultation form is then emailed to the case manager, the BRIC supervisor and the BRIC business office assistant/third party biller.
7. The result of a consultation is either a recommendation for evaluation and/or recommendations to the case manager.

Prior Written Notice-Located in Sped forms

1. Therapist enters evaluation procedures under the correct area upon request by the case manager. It is best practice to include at least two procedures. The correct area may be Motor, Fine Motor, Gross Motor or Sensory Processing, depending on the student.

- a. Examples of evaluation procedures include:
 - i. Review of records
 - ii. Informal assessments or checklists
 - iii. Observations
 - iv. Teacher/parent/caregiver interview
 - v. Schoodles
 - vi. Sensory Profile
 - vii. Beery VMI
 - viii. Peabody Developmental Motor Scales
 - ix. Other standardized testing as deemed appropriate
2. Therapist enters professional designation.
3. If possible, the therapist should attend the evaluation planning meeting to explain their testing procedures to the team.
4. The PRN must be signed by the parent/guardian before beginning an evaluation.

Evaluation Report-Needs to be typed in or copied into Sped forms under relevant headings

Must be written in a language that can be understood by parents and teachers.

Parts of the evaluation include:

1. The body: may include some or all of the following:
 - a. Record Review/Relevant medical information
 - b. Teacher/Parent Interview
 - c. Observations
 - d. Informal Findings
 - e. Standardized Test Results and Interpretation
2. Summary: must include a statement as to if the student will/will not be receiving services
 - a. Student continues to demonstrate a need for OT/PT services to address delays in fine motor skills.
 - b. Student does not demonstrate a need for OT/PT services.
3. Special Education Needs- student needs that are derived from the disability.
4. Modifications/Accommodations (if applicable)
 - a. Be specific: When (behavior) happens, then _____ will be provided. It can be a list of sensory strategies or it can reference a protocol that has been given to the case manager.

Once the evaluation is completed, go into MA Forms and click new activity log. Under services, choose OT/PT evaluation. The date is the start date of the evaluation. Only one entry can be used for an evaluation with the total time for evaluation and paperwork added together.

EXAMPLE:

01/16/2018 03: School <input type="checkbox"/> Not Billable Edited by: Name: Janna Date: 01/16/2018 Rautio 14:00 PM Name: Janna Date: 01/23/2018 Rautio 01:25 PM Name: Janna Date: 01/29/2018 Rautio 01:54 PM Name: Janna Date: 02/01/2018 Rautio 01:43 PM	170	1	
A portion of the Peabody Developmental Motor Scales (PDMS-2) was administered on 1/16/18 from 9:00-10:00. The PDMS-2 was completed on 1/23/18 from 10:25-10:45. The test was scored on 1/25/18 from 1:30-2:00. A portion of the report was written on 1/29/18 from 12:00-12:30. Completed report on 2/1/18 from 1:15-1:45			

IEP/IFSP

1. Service Page- enter service (OT/PT), location, frequency, indirect/direct minutes, anticipated duration, start/end dates, provider number
2. Accommodations/Modifications-Collaborate with the case manager to develop.
 - a. Example: After music and prior to station time in the classroom, Johnny will be provided heavywork strategies as outlined in the protocol.
 - b. Example: When Johnny is not able to sit for a ten minute circle time, sensory strategies will be provided previous to circle time as outlined in the protocol.
3. Goals and Objectives (Child and Family Outcomes)-Collaborate with the case manager to develop. Goals need to be measurable and educationally based.
4. Present Levels- Located at the top of each goal page. Case manager to use the information from evaluation and MA logs to write.

Attendance

Complete for students birth through kindergarten. It is located on the SpEd forms home page. Procedures for completing attendance vary by school district and will be provided by that district.

MA Billing

1. ICD-10 Codes-Located under MA Forms. Click on ICD-10 code set-up. Click on add new code then edit. Complete for evaluation and services for all students.
 - a. Enter service type

- b. Start date-Date of initial evaluation or the date services are started. The date can be earlier than the first day of services but cannot be later.
 - c. Enter code- Must be a treatment code unless there is medical documentation of a medical diagnosis. The medical diagnosis is listed first followed by treatment codes.
 - d. If code becomes no longer valid, contact the MA administrator to enter date to disable code
2. **MA Logs**- Located under MA Forms. Click on Activity Logs. Click new activity log (one activity log per month).
 - a. Log Date-Should be the first of the month or the first day of service for the month.
 - b. Select service
 - c. Add Activity
 - d. Enter date of service
 - e. Service is face to face
 - f. Select setting: school or home
 - g. Select billable or not billable-indirect service time is not billable
 - h. Time spent providing service-must be direct time
 - i. Click on new time
 - ii. Enter start and end times
 - iii. Click calculate time, automatically enters time above
 - i. Enter number of children in group
 - j. Enter description of services-Must be written in a language that can be understood by parents and teachers
 - k. ICD-10 codes-Click box to exclude if appropriate
 - l. Click save
 - m. After last service of the month click finalize (COTA/PTA does not finalize logs)
 3. **MA Documentation for supervision of COTA/PTA-** at the end of each month once COTA/PTA has completed the MA logs
 - a. Add Activity
 - i. Enter last day of the month
 - ii. Service is face to face
 - iii. Select setting-either school or home
 - iv. Click on services not billable
 - v. Time spent providing services is 0
 - vi. Enter description
 - 1. Example: COTA 6th visits with OTR were completed as documented in this note and treatment/notes reviewed by OTR.

2. Example: Face to face collaboration with COTA on (dates). Reviewed documentation, services provided, and revised as needed.
 - b. Click save
 - c. Click finalize

Discontinuation of Services

If OT/PT services are no longer needed:

- Discuss student present levels with the Case Manager (there may be a need that isn't known)
- Discuss if there is a natural timeline coming up like a re-evaluation or annual IEP
- If a re-evaluation is coming due, it is a best practice to complete the re-evaluation and offer results, rather than discontinue prior to the process
- If there is not a natural timeline coming up, request that the case manager schedule an IEP to discuss discontinuing OT/PT services through an amendment
- Provide the CM with data/progress notes to support skill sufficiency and to justify discontinuation of services
 - Example: "Connie has increased her fine motor skills and is able to demonstrate these skills appropriately with limited support."
 - Example: "The team considered providing indirect OT/PT services but rejected that as Connie is demonstrating the motor/physical skills to participate with peers in all education settings"
 - Example: "Connie may need accommodations for some motor/physical activities. Connie's special education case manager and regular physical education teacher will develop and implement needed accommodations and/or modifications.

Retention of Records

Standardized protocols need to be given to the case manager and retained in the student's file.

Special Considerations for Part C Services:

- OT and PTs may be primary service providers at this age.
- IFSPs do not currently require therapy services to be designated as direct or indirect.
- It is helpful for services to be listed as "times per year" as this allows for adjustments in frequency based on the child's and family's needs.

- Part C services are usually provided in the home or day care which is the least restrictive environment for children in this age group.

Other Duties Regularly Performed by School-Based OT/PT's

- Completion of contract billing and mileage forms
- Scheduling
- Attend monthly staff meetings
- Managing inventory
- Travel between buildings, home visits and/or school districts
- General training of staff
- Professional development