

OT/PT Guidance for Screenings and Referrals and Other Practices

Referral for Evaluation/Reevaluation: A referral may be done at the time of an initial evaluation and included as part of that process. If an evaluation is to be conducted after the student has been identified with a disability, the teacher requesting an evaluation for consideration of the related services in either the OT and/or PT areas, must make the request through a Case Conference. This includes notifying either the OT or PT of the request. The case conference committee will complete the *OT/PT Screening* form from the Earlywood Educational Services (EES) website. A current case conference report and IEP need to be attached to the request form, which should include the parent consent for the evaluation/re-evaluation. Prior to the physical therapist conducting an evaluation, a separate permission form must be obtained from the parent, which includes a diagnostic statement by the student's physician. When the report is finished, it goes in the "Assessment" piece of IIEP.

Screenings: All therapists will follow Article 7 guidelines for screening as part of Child Find. Anything outside of this practice will be considered an evaluation. If there is a request outside of the case conference, there must be permission, in writing, to complete the request. Therapists are not allowed to work directly, consult, or observe a student without written permission. For screening purposes, complete the *Request for OT/PT Screening* form from the EES website. Parents will always have to give permission to have their child to be screened and/or evaluated.

After the screening, the information is added under Existing Data. A copy of the screening is given to the TOR and documented in IIEP under the *Communication* tab. The OT/PT will contact the parent and then identify this in IIEP under the *Communication/Contact* tab. The Request for OT/PT Screening needs to be uploaded into "Documents" as part of the IIEP running log.

Adding Services of OT and/or PT: Students must have an IEP in order to receive related services. The assessment can only be done with permission known as *Informed Consent*. This is done at the time of a case conference.

Medicaid Billing: Billing is done each semester. Each therapist is required to keep documentation of services throughout this period. The billing can only be recorded as stated in the IEP. This is considered "best practice" to minimize the risk of adverse audit findings and resulting in demands to refund Medicaid reimbursements determined to have been claimed inappropriately. Therapists are strongly encouraged to keep up to date records and record their services frequently or at a minimum of what is required by EES.

At an initial case conference, if a student does not receive SLP services, the school psychologist will ask the OT to complete a medicaid billing form. This then needs to be returned to the school psychologist. This is documentation so that the OT can begin billing at the next data input time.

Writing Services for IEP: Services will be determined by student need. Therapists will make recommendations to the TOR. Before any changes in services are made, the therapist must be notified if they are not at the conference when it is discussed. During the course of the IEP, if services are being recommended to be changed, the therapist will consult with the TOR. If a conference is not necessary per the parent's choice, the changes can then be made and noted on IIEP for the "revision without a conference." The new IEP will be finalized by the TOR and copy of the new IEP will be sent home to the parent by the TOR. If the parent does not initiate any procedural safeguards wanted to them, the services will begin on the 11th day of the IEP.

Green File Folders: When a student begins services at any level, the green file folder will have the student's birthday on the top of the folder. These folders will be filed by the therapist at EES. The file folders will contain information pertaining to the therapy and services of students in the OT and/or PT areas. This information is used for Medicaid billing and IEP compliance of services.

Students on Consultative Services: Consultation is primarily a service provided to the teacher for recommendations and monitoring of school related skills to maintain skills by a student. Consultation should be written in the IEP as to what frequency, duration and amount of time is expected by the therapist. If a therapist, after discussion with a student's teacher believes that there needs to be some contact with the student, it will be provided within the services planned in the IEP. If additional supports are required, a case conference will be conducted to discuss the need for additional service and possibly more direct contact with the student.

Dismissal/Ineligible for Services: Dismissal decisions are individual and made by the Case Conference committee with information obtained by the OT/PT. If a student is dismissed from either of these services, it needs to be documented in the EES use, this dismissal will be documented on the "green log sheets" filed at EES.

Loaning of Equipment to Outside Entities: Any time that a request is made to loan OT and/or PT equipment for use outside of traditional school calendars, the *Equipment Loan Agreement* form will be completed. Once it is completed, the required signatures will be collected and given to the supervisor at EES. Once the equipment has been returned in the same condition as loaned by the therapist, the therapist will contact the supervisor. The *Equipment Loan Agreement* will remain in a file kept in the supervisor's office.

Equipment Lending to Buildings: As equipment is brought back to the central location at Earlywood, it will be catalogued with a bar code if it does not already have one. The equipment may be loaned out again by checking it out through the lending library. As the equipment is checked out, the location of where the equipment is going is noted on the document.

Monthly Student Updates: A spreadsheet is generated where therapists can monthly indicate their Direct and Consultation numbers on their caseloads.

DISMISSAL GUIDELINES FOR OT/PT SERVICES

Dismissal Considerations/Guidelines:

- Dismissal decisions are individual Case Conference Committee decisions.
- Document that even if a student is dismissed, services can be revisited if future concerns arise.
- Be sure to document all dismissal conversations with any pertinent dates and information.

Consider the Criteria for Eligibility Or Ask the Following as Questions:

1. The student has age discrepant skills. *Does the student have age discrepant skills?*
2. The impairment adversely affects educational performance. In any of the three educational areas: *Does the impairment adversely affect educational performance in these three educational areas?*

Academic

Social

Functional

3. The child has not made progress or is independent in the classroom. *Has the child not made progress or is independent in the classroom?*
4. The student's need specialized therapy. *Does the student need specialized therapy?*

Consideration 1:

OT/PT goals/objectives have been met and the skills are aligned to same age peers with similar disabilities.

Action Step: Recommend dismissal through the IEP/Case Conference.

Consideration 2:

The student qualifies under Consideration 1 *but* they are demonstrating necessary skills in all three areas of educational performance:

- Skills are adequate to maintain social relationships with peers.
- Demonstrating functional skills necessary to be successful in the educational setting.

- Academic skills are not being impacted by lack of motor skills.

Action Step: Recommend dismissal through the IEP/Case Conference.

Consideration 3:

A skill deficit may still exist and it is adversely affecting educational performance (Yes to Consideration 1 and 2), though OT/PT services may no longer be appropriate for at least one of the following reasons, and data exists to support the decisions:

- A. Extenuating medical limitations (after eligibility determined) limit the student's potential to achieve goals; therapy may not remediate disorder/impairment.
- B. Other special education services address student needs and specialized OT/PT services are no longer necessary for the student to make educational progress.
 - + Obtain input from educational team including parents
 - + Evidence of minimal deficiencies documented

Action Steps:

- Develop a Plan: Review strategies already used, review profiles/input forms/data, consider redesigning services/goals (e.g. direct vs. indirect services, classroom-based, pull-out, frequency of service, appropriateness of goal(s), establish a timeline to see change in progress after redesigning services/goal(s). If you change the way the service is provided you will need to hold a Case Conference to reflect your changes.
- If currently direct instruction, consider consult to implement/communicate strategies with classroom staff.
- If currently on consult, is specialized instruction from the OT/PT necessary, or can the TOR or paraprofessional implement the strategies.
- When a student is on consult, OT/PT needs to be sure classroom observations or another way to account for the strategies occur and are implemented with fidelity.
- Consider transition planning (i.e., what does the student need to be successful in school/community).

Case Conference: Review all data collected. Consider potentially harmful effects in consideration of recommendations as well as the efficiency of use of instructional time for the student (e.g., is the best interest of the student time spent for the OT/PT or allowing more time in general and/or special education). Educate CCC members (including parents) about the nature of the motor skill issue and how the associated primary disability affect the child's ability to benefit from continued OT/PT services.