

Resource Manual for Educationally Related OT and PT in Kentucky Public Schools Questions and Answers

Individual Education Program (IEP)

- 1. Are OT and PT supposed to be embedded in the academic and functional goals for the child? If that is the case, then how do we write self-help goals (i.e., feeding)?**

OT and PT are related services (i.e., *related* to special education services) and are embedded in the IEP when a student needs these services in order to benefit from the specially designed instruction in the IEP. Therefore, OT and PT do not have goals and objectives/benchmarks that are independent of specially designed instruction. Occupational and Physical therapy are provided to a student to *support* the specially designed instruction on the IEP.

If the student has transition needs (i.e., self-help goals such as feeding, toileting, etc.), the ARC writes the goal, objective/benchmark and determines the appropriate SDI. The self-help goals are not only implemented by a therapist, but are also implemented by school staff working with the student. Depending on the needs of the student, the therapist will provide one or more of the service delivery models to implement the SDI for that goal and objective/benchmark.

- 2. Is it the school's responsibility to provide curriculum courses that focus on functional living skills to support IDEA purpose of independent living?**

The ARC ensures that the goals and objectives/benchmarks relate to the needs of the student in accessing and progressing in the general curriculum. These goals and objectives/benchmarks are typically taken from the *Kentucky Academic Expectations*, the *Kentucky Program of Studies* (specifically, Practical Living), the *Core Content for Assessment*, or other district curricular documents.

The ARC is also responsible for ensuring that the developmental and functional needs of the student are met. These goals and objectives/benchmarks may be found in the *TASKS* document, the *COACH* document, the *Character Education* document, or may be developed based on the individual student needs.

- 3. How are variations in the amount of services delivered throughout the school year documented on the IEP?**

As with any other IEP item, the ARC may enter the related service and amount of time on separate lines of the IEP to help delineate the differences in timeline (see also the *Resource Manual* sample IEP for Mark). Example:

Special Education and Related Services:					
Type of Service*	Anticipated Frequency of Service	Amount of Time	Beginning Date	Ending Date	Location of Services**
Occupational Therapy, Discipline Specific	Weekly	15 Minutes per week	9/5/07	11/15/07	General Education Classroom
Occupational Therapy, Role Release	Monthly	30 minutes per month	11/16/07	9/4/08	General Education Classroom

(Comment: This is for training purposes. It is not necessary to specify discipline specific or role release under type of service.)

4. Are therapists required to send home quarterly notes and/or end of the year summary?

School personnel are required to report the progress of the child to the parent on the same schedule in which all children in the school or district receive report cards. OT and PT are services provided to a child based on the need for the child to learn a skill (or set of skills) specific to the Specially Designed Instruction written for the goals and objectives/benchmarks. Thus therapists work collaboratively with general and special education teachers to accurately report the child’s progress toward the goals and benchmarks/objectives with the use of the related service (i.e., OT and/or PT) in implementing the Specially Designed Instruction.

Therapists must work with the teachers to report information on the student’s progress toward the goal(s). If there are separate goals and benchmarks/objectives for OT and/or PT, then the therapist should follow the same reporting format used by the district to report the progress to the parents.

Documenting Service Delivery Models

5. Please explain the difference between direct services, collaboration, and consultation services and how these are documented on the IEP.

The three terms - direct services, collaboration, and consultation - are non-regulatory terms that are used to describe a type of service. However, these terms are often used inconsistently among educators and may mean different things to different people. For clarification purposes, this document uses the following service delivery model terms from the *Resource Manual* (see page 63): Discipline Specific Services, Role Release Services, and Classroom Suggestions

Discipline Specific service delivery model (old term: direct services) includes time the therapist spends directly with a student performing therapy and implementing the specially designed instruction from the IEP. These services are documented on the Special Education and Related Services section of the IEP as a specific amount of time or as an

estimated amount of time per month. The ARC may estimate times when a specific amount of time can not be stated meaningfully, such as when a student needs practice on transfer procedures).

Role Release service delivery model (old term: collaboration) (see Resource Manual, pages 37-40.) means time for all service providers (i.e., teachers, therapists, assistants) to work together and with the student by cross-training, communicating, and sharing information to ensure the student is getting the services as specified in the IEP. The Role Release model is implemented by school staff and monitored by the therapist. This time spent by school staff may be included in the IEP time:

- in the Special Education and Related Services section as minutes per week or month; or
- as Specially Designed Instruction with goals and objectives/benchmarks which specifies the amount of time and frequency a strategy, skill, or use of a device is being taught to the student; or
- as Supplementary Aids and Service.

Classroom Suggestions (old term: consultation) means talking with school staff about general ideas and strategies to meet the student's needs. These may be documented on the IEP:

- as Supplementary Aids and Service; or
- as Program Modifications/Supports for School Personnel to specify any training for staff or environmental modifications.

The best practice is for the OT and/or PT to complete the Educational Relevance Worksheet so that the types and amount of time for services is clear to the ARC and service providers. However, the ARC must document the types and amount of service on the IEP as follows:

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6. How do we document the time on the IEP?

- **What is required for documentation of IEP time (i.e., SDI minutes, time spent with staff to provide support regarding modifications/accommodations)?**
- **What are specific examples of service delivery that would not be considered IEP time?**

- **Does the ARC need to list time and break it down into direct time, consult time, collaboration time, or should the ARC list a block of time only on the IEP and break down the time on the Plan of Care?**
- **If the IEP states 90 minutes per month for OT or PT, does this mean 90 minutes of direct instruction/therapy? Can part of this time be meeting with the teachers to show classroom activities for the child?**
- **How is time for collaboration and/or consultation reflected on the IEP when the intervention on the IEP is direct intervention?**
- **Does the IEP need to delineate amount of time for each service delivery approach – collaboration with teachers, hands-on with the child, etc.?**

As discussed above, the ARC determines the goals and objectives/benchmarks; the OT and/or PT suggest the service delivery models (i.e., Discipline Specific, Role Release, and Classroom Suggestions) and suggest the amount of time required for each service to implement the IEP. The ARC then makes the decision regarding the time and frequency of the services. Any time spent providing services for a student or on behalf of the student to implement the IEP is documented by the therapist and/or school staff.

Examples: The ARC determines that the IEP requires the student receive 45 minutes per month of PT as related to the goal of physical movement in a variety of settings.

Discipline Specific Service: The PT spends 15 minutes per month on graded control techniques with the student as related to the goal of physical movement in a variety of settings. The therapist documents the time spent on teaching the skill to the student and documents the progress of the student toward meeting the goal. This time is part of the 60 min/month stated on the IEP.

Role Release Service: The PT spends 30 minutes per month on progressive ambulation techniques as related to the goal of physical movement in a variety of settings. All of this time is with the student present, but also with other staff present and learning the specific techniques in order to implement these strategies when the PT is not present. The therapist documents the time spent providing training and follow up with school staff, and documents the student's progress toward the goal. The time spent by the PT with the student present is part of the minutes/month on the IEP.

Classroom Suggestions: The IEP states that a student needs supportive positioning as related to the goal of physical movement in a variety of settings. The therapist suggests to the teacher that an appropriate size chair be used that allows for the student's feet to rest flat on the floor. The PT does not spend any time with the student present. This could also be considered consultation. This time is part of the 60 minutes/month listed on the IEP.

Program Modifications/Supports for School Personnel on the IEP is the section in which the ARC documents environmental modifications (i.e., installing a changing table) or training necessary for staff (i.e., Wilbarger Brushing protocol). Documentation of these services includes the date and the participants attending training, the date and description the modification was implemented, etc. This is not part of the IEP service delivery time.

It may be beneficial to “front-load” the IEP for flexibility in therapy sessions by documenting the number of sessions per year in the IEP frequency of service section. The therapist can use more sessions in the beginning of the school year and less later, depending on whatever is needed by the student. This helps in eliminating “make up” time each week when therapy is missed due to absences, activities, etc. For example: OT for 20 sessions/year at 30 minutes/session from August 2007 to August 2008.

If the related service is documented as sessions per year, remember that this is to be used only due to the needs of the student. For example, the student may need more intensive service at the beginning of the year and less service later in the year. However, it is not appropriate to use sessions per year if the reason is administrative convenience. If the therapist goes on leave during the school year and misses therapy sessions with the student, the ARC cannot set the number of sessions per year because the reason is the absence of the therapist, not the need of the student.

7. What does the paperwork look like for documenting services?

Each district may have different forms or procedures for documenting therapy services especially if the district participates in the school-based Medicaid program. Basic documentation should include dates and amount of services; reasons for absences for the therapist and/or student; communication with parents and staff; data and measures of progress toward IEP goals; Plan of Care; and the discharge summary. (See the *Resource Manual*, page 40.)

Shared Service Delivery

8. How does the therapist ensure appropriate shared service delivery?

- **What do you suggest when the classroom assistant thinks it is their responsibility to carry out services?**
- **Is the paraprofessional “supervised” by the PT? If a child is injured while with a paraprofessional, is the PT liable?**
- **“Letting go” to other teammates is difficult due to time constraints; it doesn’t always get done.**
- **How should I share the concept that techniques are only PT when they are performed by a PT or PTA (to make it clear that when classroom staff does the activity that has the role released to them, the activities are specially designed instruction, but are not physical therapy)?**

The *Resource Manual* provides more specific direction than has been available in the past for determining and documenting services. With the use of the three service delivery models and the Educational Relevance Worksheet, the ARC should understand the roles and responsibilities of each service provider in carrying out the IEP services. The classroom assistant/paraprofessional may be the person carrying out the role-released tasks. In that case, the teacher must also be trained because the teacher is the on-site supervisor of the classroom assistant/paraprofessional. However, if the therapist observes

that services are not being implemented safely and appropriately, the therapist should immediately bring it to the attention of the school staff. Responsibility for the implementation of services as written in the IEP rests with the ARC.

Plan of Care/Intervention Plan/Treatment Plan

9. Where does the Plan of Care go in the IEP when there are no goals specific to OT or PT?

The Plan of Care/Intervention Plan is a requirement from the Kentucky State Board of Physical Therapy for continuation of Physical Therapy services; it is not a requirement for special education services under the IDEA. The Plan of Care/Intervention Plan includes: a) treatment to be delivered to the student; b) the frequency and duration of the treatment; and c) measurable goals [201 KAR 22:053 Section 5 (1)(e)]. The requirements state that a PT must perform a reassessment of the student's Plan of Care/Intervention Plan every 90 days [201 KAR 22:053 Section 4 (3)(j)(2)].

The IEP often contains all of the information needed for the PT Plan of Care; however, because most goals and objectives/benchmarks are taken from the curriculum, PTs often write the Plan of Care to meet the specific requirements and use the Plan of Care more like teachers use lesson plans. This type of documentation may serve several purposes for the therapist: it meets the requirements for the Plan of Care and is used as the record of specific intervention strategies and changes in strategies.

10. Do you have an ARC meeting to discuss or change the Plan of Care? Do we have to write separate OT/PT goals on the Plan of Care or can we just carry over the goals that we are going to address on the IEP?

Because the therapist uses the Plan of Care as more of a lesson plan, the ARC does not have to meet to discuss or change the Plan of Care. The therapist may change the intervention strategies on the Plan of Care as professional judgment dictates, but the therapist may not change the IEP goals outside of the ARC meeting. If the therapist sees that the IEP needs to be changed based on the information collected and analyzed, the therapist requests an ARC meeting to change the IEP.

11. Does the treatment plan have to have separate OT/PT goals other than the student's IEP goals? Do you have any examples of a treatment plan that OTs/PTs are using?

No, the Plan of Care does not have separate OT/PT goals but does have specific intervention strategies that may indicate the need for specific data in order to document progress towards the goals. See the example in the Resource Manual.

12. Is it your suggestion that we begin doing a Plan of Care for all students currently on our caseload or do we take this new information and apply it to in-coming students when an annual review is held?

For special education and IDEA purposes, only the IEP is required. A Plan of Care is required for therapists to maintain the requirements for licensure for their profession.

ARC Process

13. How is an OT/PT dismissed from attending an ARC meeting?

In scheduling an ARC meeting, the ARC Chairperson determines the appropriate members to invite. The OT and PT are invited to the ARC meeting when those related services are being discussed. The Kentucky Administrative Regulations (707 KAR 1:320 Sections 2 & 3) allow the ARC to dismiss an ARC member from attending an ARC if a) the parent(s) and district mutually agree, b) the decision is documented in writing, and c) it is done prior to the ARC meeting. If the ARC member being dismissed has an area of curriculum or related service that will be discussed or modified, the ARC requires written input from the dismissed ARC member to be included and discussed at the ARC meeting. The parent or therapists is considered to be attending an ARC meeting if they participate by other means including the use of phone conference, on-line, or web-based meetings.

14. If the therapist is not at the ARC, who completes the Educational Relevance Worksheet and is making this determination?

According to the Kentucky Administrative Regulations, if the therapist is not attending the ARC, the therapist would complete the ERW to submit for the ARC to consider when making any decisions regarding the related service.

15. What if the ARC determines the student no longer needs the expertise of an OT/PT but the parent disagrees?

The ARC considers all data and information on a child when making determinations for services based on the performance of the student. If the OT/PT recommends release from the particular therapy, the therapist writes a discharge summary that includes the date of discharge, the reason, the status of the student, and the plan for recommendations. The discharge summary is documented on progress notes, Plan of Care, intervention plan, or the ERW (see *Resource Manual* page 40). If the parent disagrees with the ARC decision, the ARC informs the parent of the procedural safeguards including the right to file a complaint, go to mediation, or file a request for a due process hearing.

16. When a child has a medical or assistive technology device (i.e., wheelchair, communication board) can a parent request that the district pay for its repair? (page 7 – 1st box of Leslie's Power Point handout)

Repair and maintenance of equipment depends upon the owner of the equipment and the cause of the need for repair. These decisions are made on a case-by-case basis by the ARC.

Laws pertaining to the schools, IDEA, OT, and PT Practice

Kentucky Administrative Regulations for Exceptional Children:

<http://www.education.ky.gov/KDE/Instructional+Resources/Exceptional+Children/Forms+and+Documents/Proposed+Spec+Ed+Regs.htm>

Inclusion of Special Populations in the State Required Assessment and Accountability Programs (703 KAR 5:070)

<http://www.education.ky.gov/NR/rdonlyres/AC6FE111-BB06-45B1-95AA-4C3CBF3B91A6/0/catsassessmentforspecialpopulationsinclusionregjune02.pdf>

Family Educational Rights and Privacy Act:

http://www.access.gpo.gov/nara/cfr/waisidx_04/34cfr99_04.html

IDEA:

<http://idea.ed.gov/download/finalregulations.pdf>

Laws and Regulations Relating to an Occupational Therapist:

<http://finance.ky.govbot>

Laws and Regulations Relating to a Physical Therapist:

<http://pt.ky.gov/krskar/>

17. Our district has not yet changed the policies and procedures to align with IDEA 2004. What should I do as a related service provider until the district is updated?

Continue to follow the policies and procedures as currently outlined by your district and discuss any concerns you have with the Director of Special Education for your district.

18. Is this resource manual aligned with the OT and PT bylaws/regulations as mandated by Kentucky licensure?

Yes. You will find references throughout the *Resource Manual* for the applicable requirements.

Early Intervening Services

19. How can OTs/PTs be involved in Early Intervening Services?

Early Intervening Services (EIS) for students involves a problem-solving process to assist school staff in identifying problems and potential solutions for a particular student to ensure their success in general education. This process is implemented before a student is referred for special education. If the problem-solving team perceives a student has sensory issues or gross or fine motor skills deficits, the team may access the therapist for advice. The therapist may provide a checklist (see Appendix A in the *Resource Manual*) to assist the team in narrowing the issues and give possible interventions for school staff to use with

the student. Therapists are used as a resource in this process, not to do any type of assessment or provide therapy.

Medicaid

Please clarify about Medicaid billing in schools. Is it true that if Medicaid is billed for a service or equipment to be used at schools, it will not affect the family's ability to access services or equipment needs through the medical community?

The information provided in the question appears to be correct, however, Medicaid billing is a local decision. The school based therapist should always check with the Special Education Director regarding any Medicaid issues.

State Support for OT and PT in the Schools

20. Who at the State level can we contact with PT and OT concerns? Contract therapists are all alone in smaller counties and we need guidance.

The Special Education Cooperatives are KDE's training and dissemination partners. Contact the Special Education Cooperative Director in your **region for assistance**.

21. Would it be possible to develop outcome measures and have a database within Kentucky that we can contribute to and help develop data to support/limit interventions?

KDE is developing a standing committee to continue to provide support for the continued training and implementation of the Resource Manual.