Wayne County Guidelines for the Provision of Occupational and Physical Therapy Services to Individuals with Disabilities

August, 1997

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Michigan Alliance of School Physical and Occupational Therapists (MASPOT) Position Paper: Delivery of Physical Therapy and Occupational Therapy Services in Michigan Public Schools, 1997.

OT / PT Service Guidelines, Macomb County, 1996.

Physical Therapy and Occupational Therapy Service Delivery: Procedural Guidelines in Oakland County, 1995.

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INTRODUCTION

These guidelines were developed in 1997 as a revision to the 1980 *Wayne County Guidelines For The Provision Of Occupational/Physical Therapy Services To Handicapped Students Who May Require Such Service In Order To Benefit From Special Educational Programs.*

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1 STATEMENT OF PHILOSOPHY

Consistent with the federal law Individuals with Disabilities Education Act (IDEA) - P.L. 101-476 (formerly P.L. 94-142), Section 504 of the Rehabilitation Act of 1973, Part H (P.L. 99-457) and the Michigan School Code of 1976 (P.A. 451), occupational and physical therapy services throughout Wayne County are provided solely to support the educational process. These ancillary and related services are available to eligible students and are designed to support the instructional program to the degree necessary to implement the child's educational program.

Therapy services in an educational setting are most effective when delivered according to a collaborative model. The critical feature of this model is a jointly written IEPC with functional goals and objectives with services coordinated around the student's educational goals. A collaborative model implies that occupational and physical therapy programming is an integral part of the student's daily life and is thus carried out by various members of the educational team. Therapy occurs in a variety of natural settings.

Therapy services are designed to assist the student in benefiting from educational programs. Therapy activities not directed toward maintaining or facilitating the learning and educational process should be addressed in non-educational settings.

2 OVERVIEW OF SERVICE DELIVERY MODEL

A collaborative model of service delivery involves working jointly with team members. This model includes: the transference of knowledge across discipline boundaries in order to facilitate the provision of consistent programming for individual students. The occupational and physical therapist's role is to bring their discipline-specific knowledge and skills to the collaborative process. In this approach, students may receive combined direct and consultative services. These services may include 1) discipline-specific evaluation 2) collaborative goal and program development, 3) implementation of programming in a variety of settings, and 4) inservice and training of the other members of the child's team.

Occupational and physical therapists may also be involved in school district issues such as curriculum design, program development, creation of barrier-free environments and transportation. They may also act as liaisons with agencies in the community, including medical and social service organizations.

The direct student service component of the collaborative model is discipline-specific service provided by the therapist which affects a student's educational performance. These services are provided when implementation of the student's goals requires the discipline specific skills of the therapist.

A wide variety of settings, including the classroom, gym, therapy room, home and community can serve as sites for these services. Direct services may be provided to individuals or small groups. Examples may include: performing hands-on therapeutic activities; evaluating students; participating in the design, adaptation or fabrication of student-specific adapted equipment; attendance at relevant medical clinics; planning, training and monitoring intervention strategies. The direct service component requires supplemental consultative services to insure generalization of student's skills to other settings.

OVERVEW OF SERVICE DELIVERY MODEL

Consultative models of service include two goals. First, the consultant seeks to create solutions that remediate the presenting problems. Second, the consultant seeks to increase others' skills, so that they can respond more effectively to similar problems that arise in the future. Consultation may be given to students, staff, families, and administration. Examples may include conducting inservice training, recommending adaptations of materials and equipment, and discussing student progress.

Given the complexities of service delivery, team members need to work together to insure the delivery of appropriate services. It takes knowledgeable team members who are willing to share skills and work together with trust, honesty, and flexibility to ensure successful implementation of the collaborative service delivery model.

This section was extracted and modified from *Position Paper: Delivery of Physical Therapy and Occupational Therapy Services in Michigan Public Schools*, Michigan Alliance of School Physical and Occupational Therapists (MASPOT), (1997).

3 LEGAL BASIS FOR OCCUPATIONAL AND PHYSICAL THERAPY IN SCHOOLS

Occupational Therapy (OT) and Physical Therapy (PT) are considered related services under the Individuals with Disabilities Education Act (IDEA) and, as such, are support services for eligible students in special education.

The following references are taken from the Michigan Revised Administrative Rules (P.A. 451) and Federal Laws IDEA P.L. 101-476 (FORMERLY P.L. 94-142), Section 504 of the Rehabilitation Act of 1973, and Part H 99-457. These citations relate directly to, and provide parameters for, occupational therapy and physical therapy services in the schools.

DEFINITION of SPECIAL EDUCATION

R 340.1701b(e) of Michigan Revised Administrative Rules serves as the basis for occupational and physical therapy services in the schools. It defines "Special Education" as: specially designed instruction, at no cost to the parents, to meet the unique educational needs of the special education student and is designed to develop the maximum potential of the special education student. All of the following are included in the definition of special education:

(i) Classroom instruction;
(ii) Instruction in physical education;
(iii) Instructional services defined in R 340.1701 a (d);
(iv) Ancillary and other related services where specially designed instruction is provided and as identified in R340.1701 (c) (ii), (v), (vi), and (vii).

LEGAL BASIS FOR OCCUPATIONAL AND PHYSICAL THERAPY IN SCHOOLS

RELATED SERVICES

R340.1701 (c) of the Michigan Revised Administrative Rules for Special Education defines "ancillary and other related services" as: Services that are specially designed to meet the unique needs of a handicapped person to age 25 including all of the following:

(i) Audiological, medical, psychiatric, psychological, speech and language, or educational evaluation;

(ii) Occupational, physical, recreational, music, art, or other therapy;

(iii) Mobility and orientation services, and special education services provided by other non-teaching personnel;

(iv) Transportation;

(v) School psychological and school social work services;

(vi) Instruction provided to handicapped students who are homebound, hospitalized or placed in juvenile detention facilities;

(vii) Services to preprimary age children, which include, where appropriate, evaluation, therapy, consultation with parents and training activities.

LEGAL BASIS FOR OCCUPATIONAL AND PHYSICAL THERAPY IN SCHOOLS

DEFINITION of OCCUPATIONAL THERAPY

R340.1701 a(h) of the Michigan Revised Administrative Rules defines "occupational therapy" as: Therapy provided by a therapist who has been registered by the American Occupational Therapy Association or an occupational therapy assistant who has been certified by the American Occupational Therapy Association and who provides therapy under the supervision of a registered occupational therapist.

R300.16 of Part II of Federal Register Rules and Regulations/ Vol. 57 expands on the Michigan definition:

(5) "Occupational therapy" includes:

(i) Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;

(ii) Improving ability to perform tasks for independent functioning when functions are impaired or lost; and

(iii) Preventing, through early intervention, initial or further impairment or loss of function.

DEFINITION of PHYSICAL THERAPY

R300.16 of Part II of Federal Register, Rules and Regulations/ Vol. 57 "Physical Therapy" means services provided by a qualified physical therapist.

Michigan ***Rule 340.1733(i)*** restricts physical therapy services in the schools.

(1) Physical therapy service shall be provided to a handicapped person if prescribed by an appropriate medical authority and recommended by the individualized educational planning committee as an essential component of the educational program.

NOTE: Physiscal Therapy Assistants are not currently cited in the Federal Register Rules and Regulations. Please refer to Section 5 of this document for qualifications.

LEGAL BASIS FOR OCCUPATIONAL AND PHYSICAL THERAPY IN SCHOOLS

DEFINITION of HANDICAPPED PERSONS

Michigan Revised Administrative Rules for Special Education (R340.1702) defines a "handicapped person" as a person who is under 26 years of age and who is determined by an individualized educational planning committee or a hearing officer to have a characteristic or set of characteristics pursuant to R340.1703 to R340.1715 that necessitates special education or ancillary and other related services, or both. Determination of an impairment shall not be based solely on behaviors relating to environmental, cultural, or economic differences.

RELEVANT INTERPRETATIONS

Clarification of OT/PT evaluation and service provision are provided by the Department of Special Education Legal Interpretations Bulletin (available from the State Department of Education). Relevant interpretations are listed.

- I-017 Occupational therapy prescriptions
- I-022 Occupational therapy service to regular education students
- I-025 PT and OT therapy service to students who receive no other services
- I-043 For contracting Ancillary Service
- I-112 Auxiliary Service - Qualification and Consultation
- I-125 Occupational and physical therapy assistants
- I-127 Provision of physical therapy and occupational therapy

LEGAL BASIS FOR OCCUPATIONAL AND PHYSICAL THERAPY IN SCHOOLS

PROGRAM and SERVICE REQUIREMENTS

General requirements for all special education programs and services related to occupational and physical therapy service defined in Michigan Revised Administrative Rules for Special Education include:

R340.1733
(c) Instructional and related service personnel shall have space which is appropriate for the kind of service being delivered and shall be designated on a scheduled basis in each building to afford individual and small group work. Light, ventilation, and heat conditions shall be the same as in classrooms within the building.

R340.1733
(e) The special education programs and services method of instruction shall be consistent with the short-term instructional objectives written for each handicapped person.

R340.1733
(k) The expense of additional diagnostic services recommended by the individualized educational planning committee and required by the school district, including neurological, medical, psychiatric, and other professional services not provided by the school district or other public agencies nor covered by medical insurance, shall be borne by the handicapped person's district of residence.

PRE-REFERRAL CONSULTATION

R340.1721a(10) provides that:

Special education personnel who are authorized to conduct evaluations of students suspected of being handicapped may provide pre-referral consultation to regular education personnel in accordance with procedures established by the department.

4 QUALIFICATIONS AND RESPONSIBILITIES OF OCCUPATIONAL AND PHYSICAL THERAPISTS AND ASSISTANTS

The following qualifications are in accordance with current requirements for professional practice in Michigan by occupational and physical therapists and assistants as of April, 1997.

Qualifications - Occupational Therapist (OT)

An occupational therapist must:

- Be certified by theState of Michigan and this certification must be renewed per state requirements.
- Have earned a degree in occupational therapy from an accredited college or university and successfully completed the national occupational therapy registration examination.

Qualifications - Certified Occupational Therapist Assistant (COTA)

The certified occupational therapy assistant must:

- Be certified by the State of Michigan and this certification must be renewed per state requirement(s).
- Have earned an associate degree from an accredited certified occupational therapy assistant program and successfully completed the national occupational therapy assistant registration examination.

Qualifications - Physical Therapist (PT)

The physical therapist must:

- Be licensed or eligible for licensure by the State of Michigan and this license must be renewed per state requirements. If a physical therapist has a temporary license, supervision of a fully licensed physical therapist is necessary.
- Have earned a degree and a certificate in physical therapy from an accredited college or university and successfully completed the State Board Examination approved by the American Physical Therapy Association.
- Practice under the prescription of a licensed physician. Evaluations may be conducted without a prescription.

QUALIFICATIONS AND RESPONSIBILITIES OF OCCUPATIONAL AND PHYSICAL THERAPISTS AND ASSISTANTS

Qualifications - Physical Therapist Assistant (PTA)

The physical therapy assistant must:

- Have earned an associate degree from an accredited physical therapy assistant program.

RESPONSIBILITIES OF OCCUPATIONAL AND PHYSICAL THERAPISTS (OTs and PTs)

The function of occupational and physical therapy is to develop therapeutic interventions that assist eligible students to maximize their ability to function in an educational program.

1. Assessment

Occupational and Physical Therapists assess the student's educationally relevant needs. The findings are used to develop an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), or Section 504 Accommodation Plan. Assessment may include pre-referral screening, formal and informal evaluation, and periodic re-assessment.

2. Program Planning

Both the educational plan and the therapist's intervention plan are components of program planning in school systems. The Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), or Section 504 Accommodation Plan contains goals and objectives representing the overall educational needs of the student. The therapy intervention plan outlines the performance objectives to accomplish specific goals and functional outcomes as defined in the educational plan.

3. Intervention

Intervention includes all activities performed by the therapists and therapy assistants to implement the Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), or Section 504 Accommodation Plan goals and objectives.

4. Management

The management role includes the varied responsibilities required to plan, develop, implement, and evaluate activities related to the student's identified educational needs. These responsibilities include report writing, administrative records, and procedures needed to manage the program and to plan for future services. Therapists have responsibility for teaching, monitoring and updating other staff and parents on specific programming for individual students.

5. Supervision

COTAs must be supervised / directed by certified OTs. PTAs must be supervised / directed by licensed PTs. Routine on-site supervision of assistants is required to establish, review, and revise treatment plans and objectives. The supervising therapist should co-sign any documentation and be available for consultation. The supervision and use of these support personnel will ultimately be determined by the individual district's program guidelines. Students enrolled in approved occupational therapy collegiate programs must have direct OT supervision. Students enrolled in approved physical therapy collegiate programs must have direct PT supervision.

QUALIFICATIONS AND RESPONSIBILITIES OF OCCUPATIONAL AND PHYSICAL THERAPISTS AND ASSISTANTS

RESPONSIBILITIES OF CERTIFIED OCCUPATIONAL THERAPY AND PHYSICAL THERAPY ASSISTANTS (COTAs and PTAs)

COTA practitioners advance along a continuum from entry to advanced level, based on experience, education, and practice skills. Development along this continuum is dependent on the development of service, competency. The OTR has ultimate overall responsibility for service provision (AOTA, 1990, p. 1093).

Physical therapy assistants may provide therapy under physical therapy supervision, but they may not interpret assessments or a physician's referral, or program planning.

5 EDUCATIONAL MODEL FOR SERVICE DELIVERY

Pre-Referral Process

OTs and PTs may provide pre-referral consultation to regular and special education personnel prior to a signed referral.

Pre-referral activities considered appropriate:

- Brief observations of students in the school environment or in other educational settings. The therapist may use checklists and other instruments to structure the observations.

- Individual consultation with teachers regarding classroom intervention techniques to be used by the teachers, aides or parents.

- Group consultation as part of a “child study team”, “teacher assistance team”, or other groups designed to assist the teacher in providing instruction.

Pre-referral consultation is intended to provide teachers with some educational intervention strategies to assist specific students. This brief consultation might help teachers to meet students needs without initiation of a formal special education referral. The findings from the pre-referral should be documented and kept in the student’s file.

Direct intervention with students prior to a formal special education referral is not permissible.

EDUCATIONAL MODEL FOR SERVICE DELIVERY

Referral Process

For students suspected of being handicapped:

The Special Educational Referral and Consent form must be signed by the parent or guardian.

The occupational therapist or the physical therapist may be involved in determining the student's eligibility for special education services. It is recommended that they be part of the initial referral/assessment process if there are concerns relative to fine or gross motor, psychomotor or sensorimotor functioning.

For identified handicapped students:

A referral for assessment of handicapped students may be made if there is reason to suspect that occupational therapy or physical therapy support may be necessary for the student to accomplish educational objectives in the school setting.

Assessment

The purpose of assessment is to help determine if there are deficits that interfere with school performance and learning.

The occupational therapist's assessment may include (but is not limited to) the following areas:

- Self care abilities - feeding, dressing, hygiene, toileting and communication.

- Sensory motor processing - sensory motor, perceptual motor, reflex development/integration, readiness and pre-academic skills.

- School / work skills - practical daily living skills, homemaking skills and fine motor skills needed for classroom work, especially as they require adaptive methods, energy conservation, joint protection techniques, prevocational skills, adaptive skills and adaptive play.

- Components of movement - development of head and trunk control for fine motor and bilateral skills, motor planning and coordination of body parts for purposeful and skilled movement.

- Adaptive equipment needs - design, construction, modifications of seating devices, splints and equipment for functional use (i.e. dressing, feeding, positioning, training in the use of upper extremity prostheses).

- Adaptations in the instructional setting - including such things as art, music, shop, assistive technologies, physical education and vocational settings and other content areas. For preschool this may include such things as play and readiness activities.

The physical therapist's assessment of students may include (but is not limited to) the following areas:

- Mobility / gait-weight bearing, balance, use of braces, crutches, walkers, canes, lower extremity prostheses, wheelchair or adapted mobility, and negotiation of stairs, ramps, other environmental obstacles.

- Transfer skills - wheelchair to / from floors, chairs, toilets, cars; standing to / from floors and chairs.

- Components of posture and movement - development of head and trunk control, coordination, gross motor skills, balance and equilibrium reactions, range of motion and integration of development reflexes.

- Adaptive equipment needs - recommendations for positioning, wheelchairs, orthoses, transportation and mobility aids.

- Adaptations in the instructional setting of equipment used by the student: crutches, walkers, canes or wheelchairs, assistive technologie, etc. and of the accessibility of the environment - ramps, phones, toilets, transportation, etc. - including fire evacuation plans, physical education classes, etc.

- Sensory motor needs - development of perceptual motor skills, reflex development / integration, body / spatial awareness and motor planning abilities.

The methods of collecting assessment data may include:

- Observations of performance in the classroom and other school activities.
- Interviews.
- Record review.
- Formal testing

The written report: should contain, at a minimum, the reason for the referral, the sources of data (tests, instruments, record review, observations, etc.), identified deficits as they relate to school performance and learning, and recommendations. When standardized tests are used, they should be appropriate to the age and functional level of the students. Informal assessments should be described in the written report. Normative data should be available.

This section was extracted and modified from P*hysical Therapy and Occupational Therapy Service Delivery: Procedural Guidelines in Oakland County*, Oakland Schools, (1995).

EDUCATIONAL MODEL FOR SERVICE DELIVERY

Individualized Educational Planning Committee

The Individualized Education Planning Committee (IEPC) shall include:

- A representative of the local educational agency.
- The student's teacher or a teacher appropriate for the student's age and ability.
- A Multidisciplinary Evaluation Team (MET) member (for initial and three year comprehensive evaluation, IEPC meeting).
- The parents shall be invited.
- The following may be invited: Teacher consultants, therapists, and other special educational personnel servicing the student.

At the IEP meeting, the therapist should be prepared to:

- Share the written results of the assessment and recommendations, including the present level of functioning in relationship to the educational performance. (Refer to Determination of Need for Related Service Flow Chart on Page 18).
- Identify annual goals and short term objectives which will enable the student to benefit from the educational process.
- Develop with the teacher, parent, and other staff, an objective criteria, evaluation procedures, and schedules for determining whether the instructional objectives are being achieved.
- Consider the extent to which a student is able to receive services in the least restrictive environment.

EDUCATIONAL MODEL FOR SERVICE DELIVERY

- Describe a frequency and amount of service required to meet the goals. A schedule for reviewing the students' progress on the goals and objectives must also be listed.

- Discuss, if appropriate, the prevocational needs of students over age twelve.

- Prior to the implementation of services, the PT must obtain a current physician's prescription. In addition, Medicaid rules dictate the need for both physical therapists and occupational therapists to obtain prescriptions in order for services to students to qualify for reimbursement.

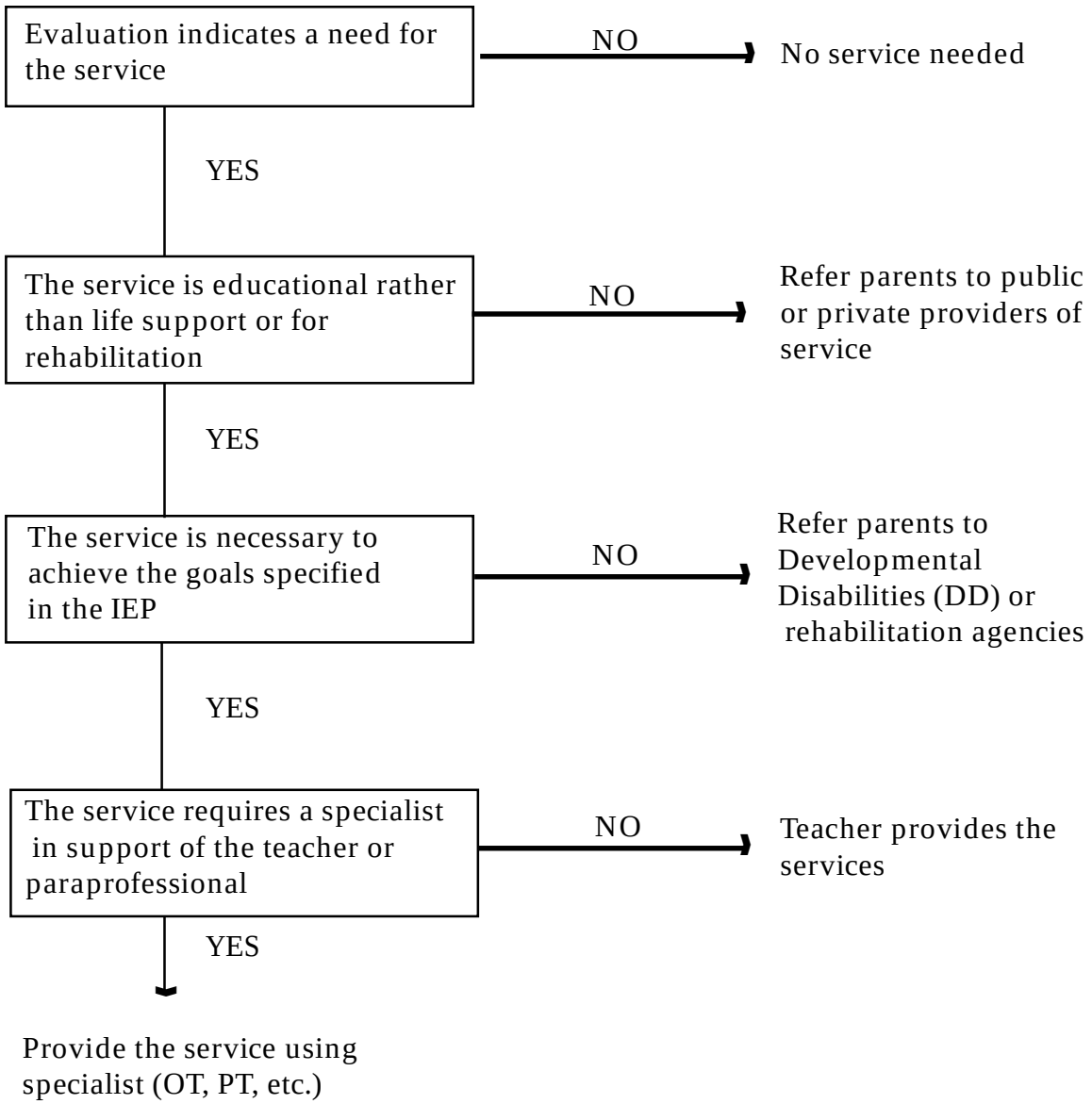
- It must be noted that a doctor's prescription indicates the need for therapy. It does not signify the educational relevance of that therapy. This is the responsibility of the IEPC team.

- P.T. services will not be provided without a valid and current prescription. The therapist is responsible for notifying parents and appropriate educational personnel regarding this.

- The critical features of the collaborative, integrated team model in relationship to the delivery of OT and PT include a jointly written IEP with functional, non-discipline specific goals and objectives with services coordinated around the student's educational goals.

EDUCATIONAL MODEL FOR SERVICE DELIVERY

Determination of Need for Related Service



P*hysical Therapy and Occupational Therapy Service Delivery: Procedural Guidelines in Oakland County*, Oakland Schools, (1995).

Termination of Services

Student services may be terminated only at an IEPC / IFSP / Section 504 meeting. Occupational therapy and / or physical therapy support services may be terminated when a student meets one or more of the following:

- The student has accomplished the goals of the IEPC / IFSP / Section 504 and no further goals are appropriate.
- The student no longer demonstrates progress or change; however, periodic evaluation is recommended to determine the need for future intervention. In some instances, maintenance of function is an appropriate criterion for continuation of therapy support services.
- The student is no longer eligible for services under an IEP, IFSP, or Section 504 Accommodation Plan.
- The problem ceases to be educationally relevant.

6 KEY TERMS AND DEFINITIONS

P.L. 101-476, Individuals with Disabilities Education Act

This 1990 federal law changed the name of Education of the Handicapped Act Amendments (EHA) to the Individuals with Disabilities Education Act (IDEA). This law reauthorized and expanded the discretionary programs, mandated transition services and assistive technology services to be included in a child's or youth's IEP, and added autism and traumatic brain injury to the list of categories of children and youth eligible for special education and related services (formerly PL 94-142).

P.L. 94-142, The Education for All Handicapped Children of 1975.

This federal law mandates a free appropriate public education for all children with disabilities, ensures due process rights, mandates education in the least restrictive environment, and mandates Individualized Education Programs, among other things. It is the core of federal funding for special education. See P.L. 101-476 (above).

Part H 99-457 - The Education of the Handicapped Act Amendments of 1986.

This federal law mandates services for preschoolers with disabilities and established the IDEA 97 Part C (formerly Part H 99-457) program to assist states in the development of a comprehensive, multidisciplinary, statewide system of early intervention services for infants and toddlers (birth to age 3). This law also reauthorizes the discretionary programs and expanded transition programs.

KEY TERMS AND DEFINITIONS

P.L.101-336, The Americans with Disabilities Act of 1990.

This federal law, based on the concepts of the Rehabilitation Act of 1973, guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, State and local government services, and telecommunications. The ADA is the most significant federal law assuring the full civil rights of all individuals with disabilities.

P.L.93-112, The Rehabilitation Act of 1973.

This federal law provides a comprehensive plan for providing rehabilitation services to all individuals, regardless of the severity of their disability. It also provided for civil rights enforcement under Section 504. This law was amended by P.L. 99-506 in 1986.

Section 504 of the Rehabilitation Act of 1973 is civil rights legislation which prohibits discrimination against handicapped individiuals. Section 504 definition is broad and not only includes those persons handicapped under IDEA but any individual who "has a physical or mental impairment which substantially limits one or more major life activities; or has a record of such impairment; or is regarded as having such an impairment."

Major life activities include "caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working." Examples of possible handicaps under Section 504 which may not be IDEA eligible include Attention Deficit Disorder, hemophilia, asthma, drug or alcohol dependency, allergies, obesity, etc. In most instances, appropriate interventions for individuals found handicapped only under Section 504 occur within the regular education setting.

7 REFERENCES

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Collections of the above materials and additional related resources are available at the RESA PRC and Special Education Department.