



4. Occupational Therapy

The following occupational therapy services are covered when they are in the IEP or are linked to a service in the IEP:

- ◆ [Occupational therapy screening](#)
- ◆ [Individual occupational therapy assessment](#)
- ◆ [Direct occupational therapy service to an individual](#)
- ◆ [Direct occupational therapy service in a group](#)
- ◆ [Contracted occupational therapy services](#)

To be covered, the service must be provided by:

- ◆ A licensed occupational therapist, or
- ◆ A licensed occupational therapy assistant as delegated and supervised by the licensed occupational therapist.

a. Occupational Therapy Screening

Screening is the process of surveying a student through direct and indirect observation in order to identify previously undetected problems. Screening may include, but is not limited to, the use of any of the following methods:

- ◆ Review of written information (school or medical records, teacher notes).
- ◆ Review of spoken information (interview teachers or parents).
- ◆ Direct observation (checklists, a comparison with peers).
- ◆ Formal screening tools.

Occupational therapists may be involved in screening a group of students, but more typically, the therapist consults and provides in-service for other school personnel who regularly screen groups of students.



b. Individual Occupational Therapy Assessment

An assessment by an occupational therapist should consider information from each of the following areas as they affect the student's ability to meet the demands of the educational program:

- ◆ Developmental motor level
- ◆ Neuromuscular and musculoskeletal components
- ◆ Functional motor skills:
 - Self-care
 - Mealtime skills
 - Manipulation skills

c. Direct Occupational Therapy Service

Direct occupational therapy to an individual includes services indicated in the treatment plan. Occupational therapy service may be provided through the following models.

(1) Direct Service Model

In a direct service model, the therapist works with a student individually. Therapy may occur in an isolated environment due to the need for instruction free from distraction or the need for specialized equipment not found in the classroom setting.

The therapist or an assistant under the supervision of the therapist is the primary provider of service and is accountable for specific treatment plan short-term objectives for the student. There is not an expectation that activities will be delegated to others and carried out between therapy sessions.

The emphasis of direct therapy is usually on the acquisition of basic motor or sensorimotor patterns or sequences needed for new motor performance during a critical learning period. The student has not achieved a level of ability that would permit transfer of skills to other environments.



Typically, direct service is used when frequent program changes are needed and other personnel do not have the unique expertise to make these decisions. The therapist's professional judgment determines when a licensed therapist is the only person qualified to carry out the therapy program.

Intervention sessions may include the use of therapeutic or specialized equipment that require the therapist's expertise and cannot safely be used by others within the student's educational environment.

Often, only a short interval of direct service is needed before the student can participate in a less restrictive model of service.

(2) Integrated Service Model

The integrated therapy service model combines direct student-therapist contact with consultation with others involved in the student's educational program.

Emphasis is placed on the need for practice of motor skills and problem solving in the student's daily routine. Integrated therapy service is provided within the student's daily educational environment.

The process of goal achievement is shared among those involved with the student, including the therapist, therapist assistant, teacher, parents, classroom associate, and others. Intervention may include:

- ◆ Adapting functional activities, usually occurring in the student's routine related to mobility, self-care, mealtime skills, or manipulation.
- ◆ Creating opportunities for the student to practice new motor skills.
- ◆ Dynamic positioning.
- ◆ Collaborative problem solving with others to encourage motor functioning and independence.



Only the actual time spent providing service by the therapist or an assistant under the supervision of a therapist is considered therapy. Activities or follow-through performed by others cannot be called occupational therapy.

(3) Consultative Service Model

In the consultative occupational therapy service model, the therapist participates in collaborative consultation with the teacher, other staff, parents, and, when appropriate, the student regarding student-specific issues as identified in the IEP goals and objectives.

Occupational therapy appears on the IEP as a support service and is associated with a specific IEP goal or objective.

The therapist's unique expertise is often needed for staff and parent training related to the IEP goal or objective. Although the therapist is not the primary person responsible for carrying out these activities, the therapist's input is typically needed to determine:

- ◆ Appropriate expectations.
- ◆ Environmental modifications.
- ◆ Assistive technology.
- ◆ Possible learning strategies.

The intervention activities, which are delegated to others, do not require the therapist's expertise and should not be identified as occupational therapy.

d. Direct Occupational Therapy Service in a Group

Direct occupational therapy to a group includes the same models as described for direct occupational therapy service to an individual.

e. Contracted Occupational Therapy Services

Contracted occupational therapy services include screening, assessment and therapy services that are rendered by a qualified practitioner who is a contractor, rather than an employee, of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.



5. Physical Therapy

The following physical therapy services are covered when they are in the IEP or are linked to a service in the IEP:

- ◆ [Physical therapy screening](#)
- ◆ [Individual physical therapy assessment](#)
- ◆ [Direct physical therapy service to an individual](#)
- ◆ [Direct physical therapy service in a group](#)
- ◆ [Contracted physical therapy services](#)

To be covered, the service must be provided either by:

- ◆ A licensed physical therapist, or
- ◆ A licensed physical therapist assistant as delegated and supervised by the licensed physical therapist.

a. Physical Therapy Screening

Screening is the process of surveying a student through direct and indirect observation in order to identify previously undetected problems. Screening may include, but is not limited to, the use of any of the following methods:

- ◆ Review of written information (school or medical records, teacher notes).
- ◆ Review of spoken information (interview teachers or parents).
- ◆ Direct observation (checklists, a comparison with peers).
- ◆ Formal screening tools.

Physical therapists may be involved in screening a group of students, but more typically, the therapist consults and provides in-service for other school personnel who regularly screen groups of students.



b. Individual Physical Therapy Assessment

An assessment by a physical therapist should consider information from each of the following areas as they affect the student's ability to meet the demands of the education program:

- ◆ Developmental motor level
- ◆ Neuromuscular and musculoskeletal components
- ◆ Functional motor skills:
 - Positioning
 - Mobility

Other areas may also be considered when they are related to the student's identified problem.

c. Direct Physical Therapy to an Individual

Direct physical therapy to an individual includes services indicated in the treatment plan. Physical therapy service may be delivered through the following models:

(1) Direct Service Model

In a direct service model, the therapist works with a student individually. Therapy may occur in an isolated environment due to the need for instruction free from distraction or the need for specialized equipment not found in the classroom setting.

The therapist or an assistant under the supervision of the therapist is the primary provider of service and is accountable for specific treatment plan short-term objectives for the student. There is not an expectation that activities will be delegated to others and carried out between therapy sessions.

The emphasis of direct therapy is usually on the acquisition of basic motor or sensorimotor patterns or sequences needed for new motor performance during a critical learning period. The student has not achieved a level of ability that permits transfer of skills to other environments.



Typically, direct service is used when frequent program changes are needed and other personnel do not have the unique expertise to make these decisions. The therapist's professional judgment determines when a licensed therapist is the only person qualified to carry out the therapy program.

Intervention sessions may include the use of therapeutic or specialized equipment that require the therapist's expertise and cannot safely be used by others within the student's educational environment.

Often, only a short interval of direct service is needed before the student can participate in a less restrictive model of service.

(2) Integrated Service Model

The integrated service model combines direct student-therapist contact with consultation with others involved in the student's educational program. The process of goal achievement is shared among those involved with the student, including the therapist, therapist assistant, teacher, parents, classroom associate, and others.

Integrated therapy service is provided within the student's daily educational environment. Emphasis is placed on the need for practice of motor skills and problem solving in the student's daily routine. Intervention may include:

- ◆ Adapting functional activities, usually occurring in the student's routine related to mobility.
- ◆ Creating opportunities for the student to practice new motor skills.
- ◆ Dynamic positioning to promote learning.
- ◆ Collaborative problem solving with others to encourage motor functioning and independence.

Only the actual time spent providing service by the therapist, or assistant under the supervision of a therapist, is considered therapy. Activities or follow-through performed by others cannot be called physical therapy.



(3) Consultative Service Model

In the consultative service model, the therapist participates in collaborative consultation with the teacher, other staff, parents, and when appropriate the student regarding student-specific issues as identified in the treatment plan goals and objectives.

Physical therapy appears on the treatment plan as a support service and is associated with a specific treatment plan goal or objective, although the therapist is not the primary individual responsible for carrying out these activities.

The therapist's unique expertise is often needed for staff and parent training related to the treatment plan goal or objective. The therapist's input is typically needed to determine:

- ◆ Appropriate expectations.
- ◆ Environmental modifications.
- ◆ Assistive technology.
- ◆ Possible learning strategies.

The intervention activities, which are delegated to others, do not require the therapist's expertise and should not be identified as occupational therapy.

d. Direct Physical Therapy Service in a Group

Direct physical therapy to a group includes the same models as described under direct physical therapy service to an individual.

e. Contracted Physical Therapy Services

Contracted physical therapy service include screening, assessment and therapy services which are rendered by a qualified practitioner who is a contractor, rather than an employee, of the provider. The requirements for documentation, records maintenance, and medical necessity remain unchanged.