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Technical Assistance Paper

Provision of Occupational or Physical Therapy as a Related Service

Summary:

The purpose of this technical assistance paper (TAP) is to provide technical assistance in response to the revision of Rule 6A-6.03024, Florida Administrative Code (F.A.C.), Provision of Occupational or Physical Therapy to Exceptional Students as a Related Service, and questions and issues identified by school district staff regarding the provision of occupational and physical therapy as a related service.

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A. Provision of Occupational Therapy and Physical Therapy as a Related Service

A-1. What is the purpose of this technical assistance paper (TAP)?

The State Board of Education (SBE) adopted the following rule in July 2012:

> Rule 6A-6.03024, Florida Administrative Code (F.A.C.), Provision of Occupational or Physical Therapy to Exceptional Students as a Related Service (formerly known as Special Programs for Exceptional Students Who Require Physical Therapy)

The revision resulted in one SBE rule reflecting the requirements related to occupational therapy and physical therapy as related services for exceptional students. This TAP provides technical assistance in response to the revision of Rule 6A-6.03024, F.A.C.

While the rule addresses individual educational plans and individualized family support plans for students with disabilities, in order to create a more readable document, all references are to individual educational plans. Additionally, service provision to students who are gifted is addressed in question C-12.

A-2. What are the primary changes that occurred when the State Board of Education (SBE) adopted revisions to Rule 6A-6.03024, Florida Administrative Code (F.A.C.), in July 2012?

Rule 6A-6.03024, F.A.C., has been substantially reworded to incorporate requirements related to both occupational and physical therapy previously found in Rules 6A-6.03024, F.A.C., Special Programs for Exceptional Students Who Require Physical Therapy and 6A-6.03025, F.A.C., Special Programs for Exceptional Students who Require Occupational Therapy.

The major changes resulting from the rule revision include the following.

- Language in the revised rule is now consistent with the Occupational Therapy Practice Act (Part III, Chapter [Ch.] 468, Florida Statutes [F.S.]) and the Physical Therapy Practice Act (Ch. 486, F.S.). Descriptions that were not consistent with the respective Practice Acts were removed from the revised rule.
- The rule defines occupational and physical therapy as services provided by a licensed therapist or assistant consistent with the respective Practice Acts. A definition of "related service provider" is now added to rule language to identify that occupational therapists (OT) or physical therapists (PT) are responsible for the assessment and provision of school-based occupational or physical therapy as a related service, as defined in section 1003.01(3)(b), F.S., and Rule 6A-6.03411, F.A.C. The rule now clarifies that assessments shall be conducted by the related service provider prior to the provision of occupational or physical therapy consistent with the respective Practice Acts. The rule also clarifies that assessments by the related service provider

have to be conducted before the determination is made that there is an educational need for occupational or physical therapy as related service.

- Language related to the annual assessment of "student progress" was removed.
- The requirement that input from the related service provider must be obtained to assist the individual educational plan (IEP), educational plan (EP) or individual family service plan (IFSP) team when the educational need for therapy as a related service is being determined, and when an IEP, EP or IFSP for a student who is receiving occupational or physical therapy is reviewed, was added to the rule language.
- The rule language requiring a medical prescription for physical therapy was removed and replaced with reference to the Practice Act regarding plan of treatment requirements. The plan of treatment may be included as a part of the IEP, EP or IFSP.

A-3. What are "related services" and what regulations apply to occupational and physical therapy as related services?

Under the Individuals with Disabilities Education Act (IDEA) and Florida SBE rules, "related services" are defined as transportation and such developmental, corrective and other supportive services as are required to assist a student with a disability to benefit from special education. Thus, occupational therapy and physical therapy are related services if they are required to assist a student with a disability to benefit from special education and related services. Florida therapists who work in the educational setting as related service providers must ensure they meet the requirements of IDEA, as well as the requirements of their Practice Acts under Part III, Ch. 468, and Ch. 486, F.S., and SBE rules, including Rule 6A-6.03024, F.A.C., Provision of Occupational and Physical Therapy to Exceptional Students as a Related Service.

A-4. What is the definition of occupational therapy services and the role of an occupational therapist (OT) providing related services in the educational setting?

Title 34, Code of Federal Regulations (CFR) §300.34(c)(6), defines occupational therapy as services provided by a qualified OT, including the following:

- Improving, developing or restoring functions impaired or lost through illness, injury or deprivation;
- Improving the ability to perform tasks for independent functioning if functions are impaired or lost; and
- Preventing, through early intervention, initial or further impairment or loss of function.

The American Occupational Therapy Association fact sheet entitled *Occupational Therapy in School Settings* (2010) states that, in the school setting, OTs (and occupational therapy assistants, under the supervision of the OT) support academic and nonacademic outcomes, including social skills, math, reading and writing (i.e., literacy); behavior management; recess; participation in sports; self-help skills; pre-vocational and

vocational participation; and more for children and students with disabilities, 3 to 21 years of age.

This fact sheet includes additional information regarding school-based therapy and may be accessed at http://www.aota.org/~/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/CY/Fact-Sheets/School%20Settings%20fact%20sheet.ashx.

A-5. What is the definition of physical therapy services and the role of a physical therapist (PT) providing related services in the educational setting?

34 CFR §300.34(c)(9), defines physical therapy as services provided by a qualified PT. The American Physical Therapy Association developed a brochure entitled *Providing Physical Therapy in Schools Under IDEA 2004* (2009), which states that, as a member of the IEP team, PTs design and implement physical therapy interventions, including teaching and training of family and educational personnel, and measurement and documentation of progress, to help the student achieve IEP goals.

This brochure includes additional information regarding school-based PT and may be accessed at http://www.pediatricapta.org/consumer-patient-information/pdfs/09%20IDEA%20Schools.pdf.

A-6 Can districts use funds received under Part B of the Individuals with Disabilities Education Act (IDEA) to implement general education interventions provided by the OT or PT for students who have not yet been evaluated and found eligible?

In general, IDEA funds may be expended only for the provision of special education and related services for students with disabilities who have been determined eligible for services under IDEA. They can also be used for evaluative and diagnostic services for students who are eligible for, or suspected of being eligible for, services under IDEA, but who have not yet been determined to have a disability.

When implementing a multi-tiered system of supports, districts should consider how therapists are funded, particularly those positions fully funded through IDEA. Therapists should obtain approval from their supervisor prior to involvement in the district- and school-based problem-solving teams to ensure there is no conflict with the funding source for their position as a therapist providing related services in the educational setting.

Rule 6A-6.0331(1)(g), F.A.C., allows school districts to use up to 15 percent of their Part B funds to develop and implement coordinated early intervening services (CEIS) for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade 3) who are not currently identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment. CEIS funds must not be used for prekindergarten children or students who have already been found eligible for ESE services. CEIS funds may be used to implement interventions that are aligned with

activities funded by and carried out under the Elementary and Secondary Education Act (ESEA), as long as they supplement, and do not supplant, ESEA funds.

In addition to funds allocated to CEIS, 34 CFR §300.208(a) addresses the issue of incidental benefit to nondisabled students by stating that IDEA Part B funds can be used

> …for the costs of special education and related services, and supplementary aids and services, provided in a regular class or other education-related setting to a child with a disability in accordance with the IEP of the child, even if one or more nondisabled children benefit from these services.

A-7. What is the role of therapists in problem solving/response to intervention (PS/RtI) within a multi-tiered system of supports (MTSS)?

Therapists may participate with teams engaged in data-based problem solving in an MTSS at the core, supplemental and intensive levels of PS/RtI to help identify strategies, interventions and instruction for all students that support academic progress. Therapists should obtain approval from their supervisor prior to involvement in the district- and school-based problem-solving teams to ensure there is no conflict with the funding source for their position as a therapist providing related services in the educational setting.

Therapists, regardless of the funding source for their position, may interact with teachers at the school level through professional development, schoolwide in-services or classroom-level training.

At the core level, examples of support therapists provide include training teachers about the typical development of children, assisting with environmental design to reduce or enhance sensory inputs, and providing strategies for written work, organizational skills and time management.

Examples of support therapists provide at the supplemental level can include assistance in designing intervention plans using research-based handwriting curriculum or assistive technology for all students or groups of students to use in the classroom and suggesting alternative materials to support remediation and enrichment.

Support for intensive levels of need can include such strategies as participation in the problem-solving process at the individual student level, providing suggestions of organizational strategies for a secondary student or conducting an occupational or physical therapy assessment as part of an individual evaluation under IDEA.

As behavior has the potential to affect academic progress, strategies can address behavior or sensory concerns in addition to addressing academic concerns. Therapists should be aware of the requirements related to their respective Practice Acts for both occupational and physical therapy. The American Occupational Therapy Association fact sheet entitled *Response to Intervention Consumer Brochure* (2008) provides information on the therapist’s role in PS/RtI.

This fact sheet includes additional information regarding school-based strategies and may be accessed at http://www.aota.org/~/media/Corporate/Files/Practice/Children/Browse/School/RtI/RtI%20Final%20Revise%2012-21-08.ashx-wonder.

B. Assessments for Therapy as a Related Service

B-1. How do the applicable Practice Acts define "assessment," and who can conduct the assessments for occupational therapy and physical therapy?

Rule 6A-6.03024(2), F.A.C, states that, pursuant to the provisions of Part III, Chs. 468 and 486, F.S., assessments shall be conducted by the related service provider prior to the provision of occupational or physical therapy. The respective Occupational and Physical Therapy Practice Acts define assessments as follows.

- The Occupational Therapy Practice Act defines "assessment" as the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements to identify areas for OT services.
- The Physical Therapy Practice Act defines a "physical therapy assessment" as observational, verbal or manual determinations of the function of the musculoskeletal or neuromuscular system relative to physical therapy, including, but not limited to, range of motion of a joint, motor power, postural attitudes, biomechanical function, locomotion or functional abilities, for the purpose of making recommendations for treatment.

Section (1)(c) of the rule defines a related service provider as the licensed OT or PT responsible for the assessment and provision of school-based occupational or physical therapy as a related service as defined in s. 1003.01(3)(b), F.S., and Rule 6A-6.03411(1)(dd)3.i., F.A.C.

B-2. How does the 60-school-day timeline as part of an initial evaluation for determination of eligibility for special education and related services apply to occupational or physical therapy assessments?

For students in kindergarten through twelfth grade, school districts shall ensure initial evaluations of students suspected of having a disability are completed within 60 school days (cumulative) that the student is in attendance after the school district's receipt of parental consent for the evaluation. For prekindergarten children, school districts shall ensure initial evaluations are completed within 60 school days (cumulative) after the school district's receipt of parental consent for the evaluation.

Rule 6A-6.0331, F.A.C., requires that an initial evaluation be sufficiently comprehensive to identify all of a student's special education and related service needs. A comprehensive evaluation uses a variety of assessment tools and strategies, does not rely on a single measure or assessment, assesses the student in all areas related to the suspected disability and identifies the student's individual educational needs.

As a part of an initial evaluation, if the team has reason to believe the student may have needs related to therapy, the therapist may conduct appropriate assessments so the assessment results can be used to assist the IEP team in determining the need for occupational or physical therapy as a related service.

B-3. Does the 60-school-day timeline apply during a reevaluation?

No. If the IEP team is considering the need for therapy services during a reevaluation, the 60-school-day timeline does not apply. However, reevaluations should be completed within a reasonable time frame. If the IEP team has reason to believe the student may require therapy to benefit from special education, appropriate assessments to assist in determining the need for therapy must be conducted. After completion of the occupational or physical therapy assessment, the IEP team must consider if therapy as a related service is required to assist the student to benefit from the special education identified in the IEP.

B-4. Is parental consent required for a reevaluation?

Informed, written consent is not required for the IEP team to review existing data as part of a reevaluation. However, if the team determines additional assessment data are needed (e.g., an occupational or physical therapy assessment, administration of a standardized assessment, collection of additional progress-monitoring data), the district:

- Must seek parental consent prior to conducting a reevaluation;
- May use the consent override provisions of mediation or due process if the parent refuses to provide consent for reevaluation, but is not required to do so; or
- May conduct the reevaluation without consent of the parent if the district can demonstrate that it made reasonable efforts to obtain consent and the parent failed to respond; in this case, the district must have a record of its attempts to obtain consent (e.g., copies of prior written notice of reevaluation sent to the parents and any responses received) (34 CFR §300.300(c) and (d)(5); Rule 6A-6.0331(7)(c)-(e) and (8)(g), F.A.C.).

B-5. What is the process when a parent requests an additional therapy assessment when the student was already assessed by an OT or PT less than one year prior and educationally relevant therapy was not recommended at that time?

In this circumstance, the IEP team would need to convene to determine if the prior assessment done less than a year ago was a valid and reliable assessment. If the IEP team determines that this assessment is still a valid and reliable assessment and that additional therapy assessments do not need to be conducted, then the district may choose to provide the parent with a notice of refusal to conduct the assessment. If the IEP team determines that additional data are needed to make the determination of the requirement for therapy as a related service, the district must seek to obtain parent consent for reevaluation. Rule 6A-6.0331(7)(b), F.A.C., states that a reevaluation may not occur more than once a year, unless the parent and the school district agree otherwise.

B-6. Do PTs need to secure a medical prescription prior to assessing the student for physical therapy as a related service?

No. Rule 6A-6.03024, F.A.C., does not require a prescription prior to assessing the student. However, obtaining a prescription prior to assessment could provide the therapist with important information to consider in their assessment, such as weight-bearing abilities or limitations.

C. Determination of Educational Need and Individual Educational Plans (IEPs)

C-1. What data should be used to determine the educational need for therapy as a related service?

The IEP team may use all available data to determine if the student requires therapy services to benefit from special education and related services. The IEP team should make this determination based on the student's present levels of academic achievement and functional performance, as well as annual goals and assessments conducted by the related service provider.

Therapists should also follow their respective Practice Acts when determining what assessments should be conducted to determine whether occupational or physical therapy is required as a related service.

C-2. Is there a difference between a medical model of service delivery and an educational model of service delivery for therapy?

Yes. In the educational setting, related services are required to assist a student with a disability to benefit from special education under IDEA. In the school setting, therapy is limited to those students who need it to benefit from special education services identified in their IEPs. The IEP team, not a diagnosis or individual, determines the requirement for related services. Discontinuation of therapy as a related service is also based upon an IEP team decision that therapy is no longer required for the student to benefit from special education.

In contrast, the medical model of therapy services is based on a clinical or hospital setting. In this setting, one person recommends therapy based on a diagnosis or delay rather than it being a team decision. The need for therapy under the medical model focuses on the impact of the diagnosis or delay in all settings, not solely the educational setting. Frequency and duration of the therapy service is based on the physician's recommendation or the allowable amount under the person's insurance plan. The goal of medically based therapy is to eliminate the deficit.

The IEP team can discuss the differences in the models with the student's parents and provide them with a proposal of services required in the educational setting. The IEP team may also inform parents that, in addition to school-based therapy, they may want to consider addressing the need for medically based therapy with their family physician. The IEP team may share information with the private providers if the parents provide consent to do so.

C-3. How does the IEP team determine the educational need for therapy as a related service?

The IEP team determines whether therapy is required to assist a student with a disability to benefit from special education and related services. The team, considering all available assessment data and input from the related service provider, first identifies the special education and related services that the student needs and then determines if therapy is required to assist the student to benefit from those special education and related services. Although the student may have a medical condition requiring private therapy, the student may not need school-based therapy services to benefit from special education and related services.

C-4. What are the requirements regarding the attendance of therapists at IEP meetings?

34 CFR §300.321 and Rule 6A-6.03028, F.A.C., state the requirements regarding IEPs and team membership. The IEP team, with a reasonable number of participants, shall include the following:

> …(3)(c)(1) The parents of the student; (2) Not less than one regular education teacher of the student…(3) Not less than one special education teacher of the student, or where appropriate, not less than one special education provider of the student; (4) A representative of the school district who is qualified to provide or supervise the provision of specially designed instruction to meet the unique needs of students with disabilities, is knowledgeable about the general curriculum, and is knowledgeable about the availability of resources of the school district…(5) An individual who can interpret the instructional implications of evaluation results who may be a member of the IEP Team…(6) At the discretion of the parent or the school district, other individuals who have knowledge or special expertise regarding the student, including related services personnel as appropriate…

Of those IEP team members in (1)–(6) above, the required IEP team members are members (2)–(5).

A therapist may be considered a required IEP team member if the district designates the therapist to fill the role of the individual who can interpret the instructional implications of the therapy assessment results under Rule 6A-6.03028(3)(c), F.A.C. The Analysis of Comments and Changes section of Volume 71 of the Federal Register, page 46674 (71 Fed. Reg. 46674), related to 34 CFR §300.321(e), states that:

> [i]t is important to emphasize that it is the public agency that determines the specific personnel to fill the roles for the public agency's required participants at the IEP team meeting. A parent does not have a legal right to require other members of the IEP team to attend an IEP team meeting.

Efforts should be made for IEP team meetings to be held when related service providers are available to attend the meeting, especially if therapy is being initiated, changed or discontinued. This will allow the therapist to be an active participant in the IEP meeting and also will provide an opportunity for the therapist to obtain additional information regarding the student from the other IEP team members. Rule 6A-6.03024, F.A.C., states that the related service provider shall provide input to assist the IEP team when the educational need for therapy as a related service is being determined and during the development of an IEP. If the therapist is unable to attend the meeting, he or she must provide the team members with the information necessary to make that determination.

C-5. What are the requirements regarding the excusal of therapists designated as required IEP team members at IEP meetings?

If the district has determined the therapist will fill one of the required IEP team member roles, Rule 6A-6.03028(3)(d), F.A.C., clarifies the provision for an excusal of a required IEP team member. Specifically, it states the following:

> A [required] member of the IEP team… is not required to attend an IEP team meeting, in whole or in part, if the parent of a child with a disability and the school district agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting. Any such member of the IEP team may also be excused from attending an IEP team meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent, in writing, and the school district, consent to the excusal and the member submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting.

If the therapist is not designated as a required IEP team member, then excusal is not required. However, input from the therapist is required when the educational need for therapy as a related service is being determined and during the development of the IEP or EP.

Therapists should refer to their district's procedures for additional guidance and specific forms applicable to the IEP team member excusal process.

C-6. How should goals for related services be documented on the IEP?

Input from the therapist may be integrated or combined into the IEP's measurable annual goals (and/or short-term objectives, if applicable). The IEP team can collaboratively incorporate the therapist's input in the following ways:

- Including a written expression goal under the curriculum and learning environment domain that includes handwriting legibility;
- Including the use of assistive technology either in the goal itself or through the short-term objectives or benchmarks, if applicable; and
- Including an independent functioning goal (e.g., a single goal to address a specific skill, such as dressing or walking) required to assist the student to benefit from special education services.

C-7. How should the amount of therapy as a related service be documented on the IEP?

Volume 71 Fed. Reg. 46667, related to §300.320(a)(7), Initiation, Frequency, Location and Duration of Services states the following:

> What is required is that the IEP include information about the amount of services that will be provided to the child, so that the level of the agency's commitment of resources will be clear to parents and other IEP team members. The amount of time to be committed to each of the various services to be provided must be appropriate to the specific service, and clearly stated in the IEP in a manner that can be understood by all involved in the development and implementation of the IEP.

Guidance from the Office of Special Education Programs (OSEP) issued in "Letter to Matthews" states that IDEA regulations do not specifically require that an IEP include the exact number of minutes to be provided for each session of each related service, although most IEPs would include this information to meet the requirement that the level of the agency's commitment of resources is made clear. When determining the frequency of therapy, the IEP team should consider what amount of service is required for the student to benefit from his/her special education services. Although some students may require set, scheduled minutes of therapy every week, other students may require therapy that is delivered on a more flexible schedule to benefit from their special education and related services. It is important that the IEP team thoroughly discusses the need for flexible scheduling and it is documented on the IEP.

In certain circumstances, a "range of time" may be appropriate if, for example, a student requires more time or more intensive therapy when being presented with a new or more abstract skill, but requires less time or less direct therapy for review or reinforcement of an acquired skill. If a range of time is indicated in an IEP, additional information should be provided to clearly explain the student's unique circumstances that require a range of time, and the team must set forth the criteria by which the determination will be made as to how much service will actually be provided and under what circumstances.

In some cases, the frequency of service on the IEP may show a reduction in services upon mastery (e.g., two times per week until the student achieves 80 percent mastery, then reduce to one time per week). This is only allowable if the justification for the variability is clearly stated on the IEP. It is important to remember that the provision of all therapy should be well-documented so it is clear the student was actually provided with the amount of services agreed upon by the IEP team and indicated on the IEP.

C-8. If a therapist was not present at an IEP meeting and a determination regarding therapy as a related service was made (e.g., need for therapy, frequency or duration of therapy), what happens when the therapist disagrees with the decision?

Rule 6A-6.03024, F.A.C., states that the IEP team (in accordance with Rule 6A-6.03028, F.A.C.) shall review assessments conducted by the related service provider and all other relevant data to determine if occupational or physical therapy services are needed to assist a student to benefit from special education and related services. The decision for therapy services is a team decision and should be based upon all relevant data, including the related service provider's assessments and input. If the therapist has concerns with the services on the IEP that were developed when the therapist was not present, the therapist should make a request that the IEP team reconvene to review the current plan. However, the team must decide whether changes to the IEP are required, not the therapist.

C-9. How should equipment repairs or continuing equipment needs (e.g., positioning equipment, adaptive feeding equipment) requiring periodic adjustments be indicated on the IEP?

Therapists should refer to their district policies and procedures regarding how equipment repairs or needs should be noted on the IEP. Although the Practice Acts are silent on this matter, many therapists view equipment repairs or periodic revisions as part of the related service they provide and therefore do note it on the IEP. It is important to identify what supports or services on behalf of the student are to be provided so that any party reviewing the IEP is clear about the IEP team's intent. Possible places to document this on the IEP might include the sections regarding supplemental aids and services, accommodations or support for school personnel.

It is also important for the IEP team to consider how the equipment is supporting the student's educational program and whether this support requires the expertise of the therapist.

C-10. If a transfer student enters the district with a specific methodology or curriculum on their IEP (e.g., Handwriting without Tears©, sensory integration, neurodevelopmental treatment), is the new district required to provide it through therapy as a related service?

Through the review of evaluation and other data, the IEP team may determine the student's eligibility and continued need for programs and services. If the particular program stated on the IEP is not used in the new school district, another comparable

strategy or intervention can be used until the new school district is able to conduct an evaluation, if determined necessary, and develop, adopt and implement a new IEP, if appropriate.

C-11. How is the determination made that a student with a disability no longer requires therapy as a related service?

At the time the IEP team initially determines occupational or physical therapy is a required related service, the therapist may consider facilitating a discussion with the IEP team, including the parent, regarding future student outcomes that may indicate the student is benefiting from special education and may no longer require therapy as a related service. It is at this point that the IEP team may consider possible discontinuation of occupational or physical therapy as a related service.

As with discontinuation of any related service, the IEP team, which must consider input from the licensed therapist, must review all pertinent available data to determine whether a student continues to require occupational or physical therapy to benefit from special education services. Additional formal assessments are not always required to discontinue particular services and are only necessary when the IEP team determines that **additional** data are needed before the decision can be made to discontinue a service. The team may determine that additional data are not needed, however, only when it has sufficient documentation already compiled to support the rationale for the determination that therapy is no longer required and may be discontinued.

When it has been determined that a student with a disability is no longer in need of therapy as a related service, the IEP team makes the decision to remove the related service from the IEP. In accordance with Rule 6A-6.03311, F.A.C., Procedural Safeguards and Due Process Procedures for Parents and Students with Disabilities, this is a change of free appropriate public education (FAPE), and the parent or guardian must be given prior written notice of the proposed change of FAPE.

C-12. When should therapy as a related service be provided to a gifted student?

A gifted student should **only** receive therapy if the student's need for the related service is required to benefit from specially designed instruction. In this rare instance, which should be well-documented, the student should have an EP with therapy indicated as a required related service. Since districts have different EP formats, the district may decide where this information will be placed on the EP (e.g., present levels of performance, goals and notes). Because gifted is not a disability category under IDEA, districts may not use IDEA funds to provide therapy to a student who is solely gifted. In accordance with s. 1003.01(3)(a)-(b), F.S., the district is obligated to provide the related service to the gifted student if the EP team determines therapy is needed and decide which other available funds to use.

If the need for therapy is not related to the exceptionality, strategies for addressing any concerns or difficulties should be provided through an MTSS available for all students.

The team should also consider if there is an underlying problem, such as a motor difficulty, that would reflect a possible disability and consider whether the student might qualify as a student with a disability under Section 504 or as a student with a disability under IDEA.

D. Provision of Services

D-1. If physical therapy is required for more than 21 days and is for a condition not previously assessed by a practitioner of record licensed in Florida, how should the PT proceed?

The Physical Therapy Practice Act, Ch. 486, F.S., states, "If physical therapy treatment for a patient is required beyond 21 days for a condition not previously assessed by a practitioner of record, the physical therapist shall obtain a practitioner of record who will review and sign the plan." In the school setting, if the IEP team has determined that the student requires physical therapy services to assist the student to benefit from special education and related services, the PT will provide input to the IEP team to assist in the development of the IEP and will also develop a plan of treatment.

If a plan of treatment is for a condition not previously reviewed by a health care practitioner of record as required under the Physical Therapy Practice Act, Ch. 486, F.S., the PT must obtain a reviewed and signed plan of treatment or a medical prescription for physical therapy treatment from the health care practitioner of record. The health care practitioner of record must be licensed in Florida under Chs. 458 (medicine practice), 459 (osteopathic medicine), 461 (podiatric medicine) or 466 (dentistry), F.S. The PT may implement physical therapy treatment for a condition not previously assessed by the health care practitioner of record for 21 days.

D-2. What steps should the PT take when the plan of treatment for a condition not previously assessed by a practitioner of record licensed in Florida has not been reviewed and signed by the practitioner of record?

Therapists should try to assist the parent in obtaining the plan of treatment that has been signed and reviewed by the practitioner of record or a medical prescription from the practitioner of record for the provision of physical therapy.

In accordance with Rule 6A-6.0331(3)(c), F.A.C., if the school district needs information to determine eligibility for a service, it is ultimately the responsibility of the district, not the parent, to obtain that information. This could be done by contacting the student's practitioner of record with permission from the parents or by obtaining parental consent to have the student assessed by a contracted health care provider at the district's expense.

D-3. Can an advanced registered nurse practitioner (ARNP) or a physician's assistant (PA) sign a medical prescription for physical therapy?

Only an ARNP or PA practicing within an established protocol and under a supervising physician can sign the referral for physical therapy. When an ARNP or PA signs the prescription, the name of the supervising physician should also be noted. Per Ch. 464, F.S., the supervising physician for the ARNP must be licensed under Chs. 458 (medicine practice), 459 (osteopathic medicine) or 466 (dentistry), F.S. Per §§ 458.347 and 459.022, F.S., the supervising physician for the PA must be licensed under Chs. 458 or Ch. 459, F.S.

D-4. Is a reviewed and signed plan of treatment or prescription for physical therapy needed every year or at the time of the three-year reevaluation?

Not unless the condition of the student changes. The Physical Therapy Practice Act, Ch. 486, F.S., states that the plan of treatment must be reviewed and signed by the practitioner of record for a condition not previously assessed by a health care practitioner licensed in Florida. The PT does not need the plan of treatment reviewed or signed by the health care practitioner for the provision of physical therapy services if the plan of treatment for this condition was previously assessed by the practitioner of record. There is no requirement for an annual prescription from the health care practitioner of record or at the time of the three-year reevaluation to determine if the student continues to need special education and related services.

It is not necessary to obtain a health care practitioner's signature on annual plans of treatment subsequent to initial plans of treatment if there is not a change in the student's condition. A copy of annual plans of treatment may be sent to the student's health care practitioner of record for information to facilitate continuity of care if parental consent has been obtained to release this information.

If the health care provider of record licensed in Florida is no longer the same health care provider who either reviewed and signed the plan of treatment or wrote the prescription for physical therapy services, the PT may want to provide the new practitioner of record with the prior plans of treatment to facilitate continuity of care. There is no requirement for a signed plan of treatment or a new prescription due to a change in the health care practitioner if there is no change in the student's condition per the Physical Therapy Practice Act, Ch. 486, F.S.

D-5. If a student who has occupational or physical therapy on their IEP that was in effect in an out-of-state school district enrolls in a Florida school district, what is required for therapy to be provided as a related service?

When a student who has an IEP that was in effect in an **out-of-state school district** enrolls in a Florida school district, the new school district, in consultation with the parent, must provide FAPE to the student, which includes services comparable to those in the

student's IEP from the previous school district, until the new school district does the following.

- Conducts an initial evaluation, or determines that evaluation is not necessary.
- Note that Rule 6A-6.03024(2), F.A.C., states that, pursuant to the provisions of Part III, Ch. 468, or Ch. 486, F.S., assessments shall be conducted by the related service provider prior to the provision of occupational or physical therapy. Per the respective Practice Acts, the therapist must be licensed in Florida. Note also that if physical therapy will be provided beyond 21 days, the PT must also have a prescription for physical therapy treatment or the plan of treatment reviewed and signed by a health care practitioner licensed in Florida per the Physical Therapy Practice Act.
- Develops and implements a new IEP, if appropriate (34 CFR §300.323(e) and (f); Rule 6A-6.0334(1) and (2), F.A.C.).

The district should have a process in place to ensure that assessments and development of an IEP or adoption of the previous district's IEP are timely, to ensure the continuation of FAPE to the student and ensure compliance with the respective Practice Acts. Since the evaluation of an out-of-state transfer student is considered an initial evaluation, parental consent must be obtained prior to the evaluation.

Sometimes, the process related to transfer students may include compensatory services in the event that FAPE is denied to the student due to a delay in the provision of a related service during this process.

D-6. What happens if a therapist is required to cancel therapy due to attendance at an IEP team meeting or professional development activity?

There may be times when therapy sessions are cancelled. If a therapy session is cancelled, the district must nonetheless continue to ensure that FAPE is provided to the student. Multiple missed sessions or patterns of missed therapy may affect the ability of the student to benefit from special education services, resulting in a denial of FAPE.

Guidance from OSEP issued in "Letter to Balkman" states that if IEP services are not made available at the regularly scheduled therapy time, "The school district would be required to make other arrangements to provide the services at that time or reschedule the services in order to meet its responsibility of providing FAPE to that student in accordance with his or her IEP." This could include provision of compensatory services if FAPE is not provided based upon multiple cancellations of therapy services by the therapist.

If therapy sessions are occasionally missed, due to sickness of the therapist, the need to attend an IEP meeting or professional development activity or the child's attendance at another school function, it may or may not constitute a denial of FAPE to the child. It is important to discuss with the parent, during the development of the IEP, that occasional sessions may be missed for these reasons so that there is a clear understanding that this could occur but not necessarily amount to a denial of FAPE for the student.

D-7. What happens if therapy sessions are missed due to student absences?

It is the therapist's professional responsibility to respond in a timely manner to student absences from therapy sessions and maintain documentation regarding those absences and attempts to address them. When a pattern of absences begins to occur, this may include referring certain cases to the school's IEP team to determine if early patterns of truancy are developing and to discuss possible solutions with the student's parent. The IEP team may need to consider the missed sessions and possible implementation of interventions to address any impact the missed sessions have had on the student's ability to benefit from special education and related services. This might include changing the student's schedule, revising IEP goals or providing the therapy in a different location or at a different time.

D-8. Can therapy interventions be provided in the general education setting?

To the maximum extent appropriate, students with disabilities are to be educated with students who are not disabled. In all cases, the student's IEP team determines the least restrictive environment where the student can receive FAPE, including the locations where therapies will be provided.

It is important to note that there are many benefits to providing integrated therapy in the general education setting. When therapists come into the students' classrooms or other educational environments to provide therapy, the students have the opportunity to use skills learned in therapy while participating in regular classroom routines. The therapist has the chance to observe and assess the students in their natural environments to determine if the strategies being implemented are effective. More frequent collaboration and communication between teachers and the therapist occurs when therapy is integrated and the teachers can replicate strategies taught when the therapist is not present. In addition, interaction with peers can be a motivating factor for students when working toward attaining their goals and objectives.

D-9. If IEP goals related to the provision of therapy services are integrated to assist students to benefit from special education and related services, who is responsible for writing the annual goals and for collecting the data—the therapist or the teacher?

Both the teacher and the therapist should collaborate with other IEP team members to write integrated, educationally relevant goals during the IEP team meeting, where appropriate. Educational relevance and meaningfulness is derived from what services the student requires to benefit from his or her special education services. Having goals and objectives that are mutually agreed upon by the entire educational team helps ensure that the therapy is educationally relevant. Meaningful objectives should have obvious relevance to a student's special educational needs and should describe the student's performance clearly enough to preclude misinterpretation.

The teacher may be the professional who implements and evaluates the educational goal, but it is also the therapist's responsibility for monitoring and documenting the effectiveness of therapy services that are provided. The therapist should systematically review the success or appropriateness of the intervention. Gathering data from the teacher is also critical, as this provides information for determining the student's current level of progress and the need to revise goals or services in the event that minimal or no progress is seen.

D-10. How should services be provided if a student who has been receiving therapy as a related service becomes eligible for the homebound or hospitalized (H/H) program?

Due to a change in the health status of the student, becoming eligible for the H/H program may result in a need to change or suspend the provision of therapy services. When the IEP team reconvenes to review the student's IEP, the team would address IEP goals and services, including related services, which the student requires to benefit from special education and related services. If the IEP team determines that there is a continued need for therapy in order for the student to benefit from special education and related services, the therapist would provide input for revised services related to educational support in the new setting and would provide those services as documented on the revised IEP. Depending on the medical condition of the student, the therapist may also need to conduct a new assessment. A PT would need to determine if the change in the medical condition results in a condition not previously assessed by the practitioner of record and would need to obtain the review and signature of the practitioner of record on the plan of treatment or a new prescription for therapy treatment. Upon the student's return to school, the IEP team would need to reconvene and revise the student's IEP to reflect any change in service provision to the student in the school setting.

D-11. May a therapist provide therapy as a related service to a parentally placed private school student?

The type of service provided to a parentally placed private school student is based on the district's planned agreement with the private school. According to 34 CFR §300.137, Equitable Services Determined, no parentally placed private school student with a disability has an individual right to receive some or all of the special education and related services that the child would receive if enrolled in a public school. The district makes the final decisions regarding what services are provided to an eligible private school student. If the team developing the services plan determines that therapy is needed as an educationally relevant related service, the district has the discretion to determine where the therapy services will be provided (e.g., at the private school site, public school site).

E. Medicaid and Plan of Care

E-1. What is the difference between a therapy plan of care and a therapy plan of treatment?

Medicaid uses the term "plan of care," and the Occupational Therapy and Physical Therapy Practice Acts use the term "plan of treatment." Rule 6A-6.03024, F.A.C., uses the term plan of treatment to correspond to the Practice Acts. However, plan of care or plan of treatment refers to the treatment plan that the therapist must develop and maintain if the therapy evaluation indicates that treatment is warranted. The plan of care or plan of treatment can serve as the recommendation for medically necessary therapy services for the purpose of Medicaid billing. In this section of the TAP, since all the questions relate to Medicaid, the term plan of care is used.

E-2. How is the International Classification of Diseases (ICD-9, ICD-10) code assigned when seeking Medicaid reimbursement for a school-based service?

The Centers for Medicare and Medicaid Services require that all state Medicaid agencies' claims include a diagnosis code. The assignment of an ICD-9 or ICD-10 code can vary from provider to provider. The therapist may obtain the diagnosis code from the student's record (which could include information from the student's physician) or select an ICD-9 or ICD-10 code based on the medical condition referenced in the plan of care or plan of treatment, or specific treatment on the date of service. The Centers for Medicare and Medicaid Services recognize the school-based therapist as a practitioner of the healing arts who is qualified to assign the code based on the student's treatment needs. The code is available from the ICD-9-CM (Clinical Modification), ICD-10-CM Reference Book or online at http://www.cdc.gov/nchs/icd.htm.

E-3. Do PTs need to secure a medical prescription prior to assessing the student for physical therapy as a related service for the purposes of Medicaid billing requirements?

No. A prescription is not required prior to assessing the student for the purpose of Medicaid billing.

E-4. What is required to bill Medicaid for occupational and physical therapy sessions?

To bill Medicaid for physical therapy sessions, the following must be completed prior to the initiation of therapy sessions:

- An evaluation (even if it was not reimbursed by Medicaid);
- A plan of care completed for a student by a licensed PT based on the evaluation; and
- For a condition not previously assessed by the health care practitioner of record, a plan of care that was signed, titled and dated by the physician or PA, or a prescription completed for physical therapy treatment by a health care practitioner licensed in Florida.

To bill Medicaid for occupational therapy sessions, the following must have been completed prior to the initiation of therapy sessions:

- An evaluation (even if it was not reimbursed by Medicaid); and
- A plan of care completed for a student by a licensed OT based on the evaluation.

E-5. Is a prescription for physical therapy needed every year in order to be reimbursed by Medicaid?

No. The Physical Therapy Practice Act, Ch. 486, F.S., states that the plan of treatment must be reviewed and signed by the practitioner of record for a condition not previously assessed by a health care practitioner licensed in Florida. The PT does not need the plan of treatment reviewed or signed by the health care practitioner for the provision of physical services if the plan of treatment for this condition was previously assessed by the practitioner of record. There is no requirement for an annual prescription from the practitioner of record.

It is important to review the service-specific chapters of the current *Medicaid Certified School Match Program Coverages and Limitations Handbook*, which can be accessed at http://sss.usf.edu/resources/format/pdf/MedicaidCertifiedSchoolMatchDec2005.pdf. These Medicaid requirements and additional clarification for plans of care or treatment can be found in Chapter 2, which is specific to physical therapy services.

E-6. Who can provide Medicaid-reimbursable physical therapy services, and what are some examples of these services?

A licensed PT or a licensed physical therapist assistant (PTA) working under the supervision of a licensed PT can provide Medicaid-reimbursable physical therapy services. Examples of Medicaid-reimbursable physical therapy services, as stated in the *Medicaid Certified School Match Program Coverages and Limitations Handbook,* include the following.

- Services provided by the licensed PT only:
  - Wheelchair evaluations and fittings
  - Application of splints and casts
  - Initial evaluations, fitting and adjustment and training sessions related to augmentative and alternative communication systems
  - Evaluation and treatment of range of motion, muscle strength, functional abilities and the use of adaptive or therapeutic equipment
- Services provided by the licensed PT or the licensed PTA:
  - Treatment of range of motion, muscle strength, functional abilities and the use of adaptive or therapeutic equipment
  - Rehabilitation through exercise, massage and the use of equipment through therapeutic activities

- For specific information on Medicaid-reimbursable physical therapy services, refer to the *Medicaid Certified School Match Program Coverages and Limitations Handbook* at http://sss.usf.edu/resources/format/pdf/MedicaidCertifiedSchoolMatchDec2005.pdf

E-7. Who can provide Medicaid-reimbursable occupational therapy services, and what are some examples of these services?

A licensed OT or a licensed occupational therapy assistant (OTA) working under the supervision of a licensed OT can provide Medicaid-reimbursable occupational therapy services. Examples of Medicaid-reimbursable occupational therapy services, as stated in the *Medicaid Certified School Match Program Coverages and Limitations Handbook*, include the following.

- Services provided by the licensed OT only:
  - Evaluations to determine level of functioning and competencies
  - Treatment visits, including perceptual motor activities, exercises to enhance functional performance, kinetic movement activities, guidance in the use of adaptive equipment and other techniques to improve motor development
  - Wheelchair evaluations and fittings
  - Application of casts and splints
  - Initial evaluations, fitting and adjustment and training sessions related to augmentative and alternative communication systems
- Services provided by the licensed OT or licensed OTA:
  - Treatment visits, including perceptual motor activities, exercises to enhance functional performance, kinetic movement activities, guidance in the use of adaptive equipment and other techniques to improve motor development
- For specific information on Medicaid-reimbursable OT services, refer to the *Medicaid Certified School Match Program Coverages and Limitations Handbook* at http://sss.usf.edu/resources/format/pdf/MedicaidCertifiedSchoolMatchDec2005.pdf

E-8. What components are required to be included in the plan of care for Medicaid billing?

Medicaid requires the plan of care to include all of the following information.

- Student's name
- Description of the student's medical condition
- Achievable, measurable, time-related goals and objectives that are related to the functioning of the student and include the type of physical or occupational therapy activities the student will need, such as group or individual therapy or a combination of both
- Frequency, estimated length of treatments, duration of treatment and whether therapy is provided in a group or individually
- The plan of care signed, titled and dated by the therapist

It is important to review the service-specific chapters of the current *Medicaid Certified*

School Match Program Coverages and Limitations Handbook, which can be accessed at http://sss.usf.edu/resources/format/pdf/MedicaidCertifiedSchoolMatchDec2005.pdf.

These Medicaid requirements and additional clarification for plans of care or treatment can be found in Chapter 2, which is specific to physical therapy services, and Chapter 3, which is specific to occupational therapy services.

E-9. Can the IEP also be considered a plan of care for Medicaid billing?

The plan of care may be embedded in the IEP if it is clear the therapist was involved in the development and it meets all of the required components. The required components of the plan of care for the purpose of Medicaid billing are described in question E-9.

If the IEP will be used as the Medicaid plan of care, objectives must be included on the IEP. If there are no objectives on the IEP, a separate plan of care must be written to bill for Medicaid because objectives are required as a component of the plan of care for Medicaid.

If the IEP is used as the plan of care, all components of the plan of care must be developed at the IEP meeting, and the PT or OT should attend the meeting so they will be present to sign, title and date the IEP. If the IEP is used as the plan of care, the IEP team must be reconvened when revisions are made to the plan of care.

If the therapist chooses to make a copy of the IEP to use as a separate plan of care, then the IEP would need to be copied, the copy identified as the plan of care and the plan of care signed, titled and dated (as the date the plan of care developed). It would then be considered a document that is separate from the IEP. If the district chooses to do this, the therapist would not be required to attend the IEP meeting.

It is important to review the service-specific chapters of the current *Medicaid Certified School Match Program Coverages and Limitations Handbook*, which can be accessed at http://sss.usf.edu/resources/format/pdf/MedicaidCertifiedSchoolMatchDec2005.pdf.

E-10. What does Medicaid require to be in the student's record, and how long must records be kept?

Each Medicaid-eligible student's record should include all of the following.

- Current and valid plan of care
- Test results and evaluation reports
- Documentation describing each session as listed below.
  - Student name
  - Date of service
  - Type of service (occupational or physical therapy)
  - If a group session, the number of students in the group
  - Length of time the therapy was performed (time may be recorded based on start

and stop times or length of time spent with the student)
- Description of therapy activity or method used
- Student's progress toward established goals
- Signature or initials of service provider, title and date

It is important to note that progress or lack of progress should be clearly identified for each therapy session. The above documentation requirements may be kept on a weekly basis; may be in any combination of narrative, checklist or log-type format; and must be kept for five years. Attendance forms, sometimes referred to as "bubble sheets," do not alone constitute documentation, unless they meet all of the service documentation requirements above.

E-11. Does the plan of care need to be rewritten annually?

Medicaid policy requires that a plan of care be written annually, or more frequently if the student's condition changes or alternative treatments are recommended. The plan of care must be reviewed and updated according to the level of progress. If a determination is made during treatment that additional services are required, these services should be added to the plan of care or treatment. The plan of care does not require the review and signature of the practitioner of record for conditions previously assessed. If the condition changes significantly or is a condition for which the practitioner of record has not previously reviewed or signed, then a new prescription or signed plan of care must be obtained.

The therapist writes the plan of care, which specifically describes the services to be provided to assist the student in achieving the current IEP goals and objectives (if objectives are included in the IEP). If the student does not have objectives on the IEP, objectives are still needed on the plan of care or treatment to bill for Medicaid. Because the IEP goals and objectives, if objectives are included in the IEP, are reviewed and revised at least annually, the plan of care should be updated to support the current IEP.

E-12. Subsequent to the initial plan of care, must the updated plan of care include documentation of progress in addition to the proposed methods or strategies to address the student's needs and goals?

Therapy plans of care should be based on the examination, evaluation, diagnosis and prognosis of the individual. The plan must identify goals and outcomes; describe the proposed intervention, including frequency and duration; and include documentation of outcomes, such as progress reports, that is dated and appropriately authenticated by the therapist who established the plan of care.

E-13. Can therapy provided to a small group be billed to Medicaid?

If the plan of care documents the need for group therapy, then group therapy may be billed to Medicaid. Group therapy sessions should consist of a minimum of 15 minutes of direct contact between the therapist or therapist assistant and the students. Group sessions

are limited to a maximum of four students. There is no requirement that all the members of the group be eligible for Medicaid.

E-14. If the plan of care specifies a small group, but on a given day only one student attends the group session, can this be billed to Medicaid?

No. If the plan of care specifies group therapy, then the session is not reimbursable for that student for the purposes of Medicaid billing.

E-15. If you have an out-of-state transfer student and follow the plan of care in place, can you apply for Medicaid reimbursement before you conduct assessments and develop a new IEP?

No. To be eligible for reimbursement from Florida Medicaid through the MCSM program, the student must be Medicaid eligible on the date of service and have a current IEP developed by a Florida school district stating that therapy services are needed. The student must also have an evaluation completed by the appropriately credentialed staff and a plan of care in place prior to billing for services, in accordance with the MCSM program.

E-16. Can Medicaid be billed for therapy provided through a Section 504 Plan?

No. To be qualified under the MCSM program, a Medicaid-eligible student must meet all the following criteria.

- Be Medicaid eligible on the date of service
- Be under age 21
- Be considered a student with disabilities under the SBE rule definitions
- Be entitled to school district services under IDEA, Part B
- Have Medicaid-reimbursable services referenced in his or her IEP
- Have Medicaid-reimbursable services recommended by school district employees or contract staff meeting the requirements in the *Medicaid Certified School Match Program Coverages and Limitations Handbook* located at: http://sss.usf.edu/resources/format/pdf/MedicaidCertifiedSchoolMatchDec2005.pdf

F. Assistants

F-1. What are the responsibilities of the supervising therapist to monitor the actions of a licensed occupational therapy assistant (OTA) or physical therapy assistant (PTA) under his or her supervision?

Regarding supervision of an OTA, s. 468.203, F.S., states that:

> Supervision means responsible supervision and control, with the licensed occupational therapist providing both initial direction in developing a plan of treatment and periodic inspection of the actual implementation of the plan. Such plan of treatment shall not be altered by the supervised individual

> without prior consultation with, and the approval of, the supervising occupational therapist. The supervising occupational therapist need not always be physically present or on the premises when the assistant is performing services; however, except in cases of emergency, supervision shall require the availability of the supervising occupational therapist for consultation with and direction of the supervised individual.

Regarding supervision of a PTA, Rule 64B17-6.001, F.A.C., Minimum Standards of Physical Therapy Practice states that:

> The supervision of a physical therapist assistant shall not require on-site supervision by the physical therapist. The physical therapist shall be accessible at all times by two-way communication, which enables the physical therapist to respond to an inquiry when made and to be readily available for consultation during the delivery of care, and shall be within the same geographic location as the assistant.
>
> The supervising PT should provide both initial direction in developing a plan of treatment and ensuring the plan is appropriately implemented on a consistent basis. The supervised individual cannot change the plan of treatment without prior consultation with, and the approval of, the supervising PT.

F-2. What are the responsibilities of the supervising PT to monitor the actions of a PT or PTA practicing under a temporary permit?

Regarding supervision of a PT or PTA practicing under a temporary permit, ss. 486.0715 and 486.1065, F.S., state that:

> The PT or PTA must have on-site (direct) supervision requiring the physical presence of the licensed PT, except in the event of an emergency. The supervising PT must co-sign all records produced by a PT or PTA practicing under a temporary permit.

F-3. What are the responsibilities of the supervising OT to monitor the actions of an OT practicing under a temporary permit?

Regarding supervision of an OT practicing under a temporary permit, Rule 64B17-6.001, F.A.C., states that:

> If the temporary permit is based on apparent eligibility for licensure by endorsement the applicant may practice as an OT without supervision but this is only permitted until the next available meeting of the Board of Occupational Therapy at which such applications for licensure are either granted or denied.

If the temporary permit is based on apparent eligibility for the next scheduled examination the applicant may practice occupational therapy under the supervision of a licensed OT until notification of the results of the examination.

F-4. What functions can OTAs perform in providing therapy as a related service?

"Occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy, who works under the supervision of an OT and whose license is in good standing. An OTA may provide therapy services only after a licensed therapist has assessed the student and completed a plan of treatment. Only a licensed OT may initiate, develop, submit or change a plan of treatment.

Per the Association for Occupational Therapy, the OTA may perform delegated assessments as assigned by the OT, provide verbal and written reports of observations of the student, implement therapy procedures and related tasks that have been selected and delegated by the supervising OT. This usually consists of carrying out the plan of treatment as developed by the OT, notifying the therapist of any changes in the student's performance, documenting attendance and keeping a record of the therapy interventions or progress notes. The assistant may modify a specific treatment procedure in accordance with changes in student status within the scope of the established treatment plan.

Examples of functions an OTA may perform include such activities as the following.

- Treatment visits, including perceptual motor activities
- Exercises to enhance functional performance
- Kinetic movement activities
- Guidance in the use of adaptive equipment
- Other techniques to improve motor development

F-5. What functions can PTAs perform in providing therapy as a related service?

A PTA is a person licensed to assist in the practice of physical therapy, who works under the supervision of a PT and whose license is in good standing. A PTA may provide therapy services only after a licensed PT has assessed the student and completed a plan of treatment. Only a licensed PT may initiate, develop, submit or change a plan of treatment.

The PTA may perform therapy procedures and related tasks that have been selected and delegated by the supervising therapist. This usually consists of carrying out the plan of treatment as developed by the therapist, notifying the therapist of any changes in the student's performance, documenting attendance and keeping a record of the therapy interventions or progress notes. The assistant may modify a specific treatment procedure in accordance with changes in student status within the scope of the established treatment plan.

Examples of functions that a PTA may perform include such activities as the following:

- Treatment of range of motion, muscle strength functional abilities and the use of adaptive or therapeutic equipment; and
- Rehabilitation through exercise, massage and the use of equipment through therapeutic activities.

F-6. Can an OTA or PTA complete a plan of treatment and the supervising therapist review and sign?

Both the Occupational Therapy and Physical Therapy Practice Acts are very clear that the licensed therapist is responsible for the plan of treatment. The plan of treatment is a document that the therapist develops to establish the treatment to be used with the student and is essentially the way to give directions to the assistant. The assistant can contribute to the plan, but the therapist is responsible for the plan development.

F-7. Can a therapist delegate tasks to a paraprofessional?

It depends on the tasks the therapist delegates. A paraprofessional is an individual who provides instructional support services only when working under the direct supervision of a teacher. **A licensed therapist or therapist assistant may delegate only specific tasks to a paraprofessional that do not involve evaluation, assessment, task selection or recommendations, but** only after providing appropriate training to the paraprofessional. All delegated patient-related tasks must be carried out under direct supervision, which means that the paraprofessional must be within the line of vision of the supervising therapist or therapist assistant. These tasks may include training to assist the student in practicing a skill learned through therapy (e.g., assisting the student with walking or dressing).

Any duties assigned to a paraprofessional must be determined and appropriately supervised by a licensed therapist or therapist assistant. These tasks should not exceed the level of training, knowledge, skill and competence of the individual being supervised. The licensed therapist or therapist assistant is responsible for the acts or actions performed by any paraprofessional carrying out services in the therapy setting.

It is best practice to keep documentation of trainings provided to a paraprofessional and to ensure that the level of training is adequate for the individual who is trained. In addition to keeping documentation, it is important to have the person who was trained sign a statement that they understand and can perform the tasks the therapist taught.

Paraprofessionals may perform certain duties, tasks and functions without direct supervision, including, but not limited to the following.

- Clerical or secretarial activities
- Transportation of patients/clients
- Preparing, maintaining or setting up of treatment equipment and work area
- Taking care of students’ personal needs during treatment

G. Section 504 of the Rehabilitation Act of 1973

G-1. What disabilities qualify a student for a plan under Section 504?

Section 504 is a civil rights law that prohibits discrimination against individuals with disabilities in public and private programs and activities that receive financial assistance from the federal government. It also guarantees individuals FAPE. States do not receive reimbursement for services that are required to comply with Section 504.

The Rehabilitation Act of 1973 defines a person with a disability as any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having an impairment. Major life activities include caring for one's self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, learning, sleeping, reading, concentrating, thinking and communicating.

The *District Implementation Guide for Section 504: Section 504 of the Rehabilitation Act*, from the Florida Department of Education, Bureau of Exceptional Education and Student Services, is available at http://www.fldoe.org/ese/pdf/sect504.pdf. The focus of this document is on Section 504 and how this federal law impacts the education of Florida's students with disabilities.

For additional information on Section 504, therapists should contact their district's Section 504 coordinator.

G-2. Can students who qualify for Section 504 receive therapy as a related service?

Yes. The implementing regulations for Section 504, found at 34 CFR §104.33, require a student to receive related "aids and services" if such services are necessary to provide access to FAPE. Under Section 504, FAPE includes any related services that are designed to meet the individual student's needs to the same extent as the needs of students without disabilities are met. The district is obligated to provide these services to the qualified student, although IDEA funds cannot be used for Section 504 services.

It is important to note that if the student's disability is severe enough to require therapy as a related service, the team should first review all available data and decide if more data are needed to determine if the student meets eligibility criteria for a disability category under IDEA.

G-3. How is therapy as a related service provided under Section 504?

Under Section 504, the therapist's role is specifically related to helping the student access the programs and activities the school offers. These may include providing assistance in environmental adaptations, acquiring or modifying equipment or devices, and assisting in development of a written accommodation plan.

Once the school district has identified that related services are needed, they must be provided as stated on the 504 Plan. Examples of services include consultation with school personnel and the family and support for the student and school personnel when training a student to use a new piece of adaptive equipment.

G-4. Upon completion of a therapy assessment, how should a therapist make recommendations regarding services?

If a need for therapy is suspected, and a therapy assessment has been conducted, the 504 team should consult with the therapist to help determine the services to include on the 504 Plan. The team should review all relevant data and recommendations provided by the therapist during the decision-making process.

For example, the therapist and the 504 team can discuss the reasons the student is having a difficult time accessing educational opportunities. The therapist can recommend services, such as consultation with the classroom teacher, to determine the requirements for access and the substantial limitation the student is experiencing. Consultation may be all that is necessary, with a monitoring component attached to the plan, or more direct services may be required. Once the team has identified the educational accommodations and related services needed and includes them on the 504 Plan, these services must be provided.

G-5. Does a therapist need to develop goals and objectives related to the services documented on a 504 Plan?

No. Unlike an IEP, there are no specific requirements that goals and objectives be included on a 504 Plan. A 504 Plan will indicate what services are required for the student to access the educational program.

However, per the respective Practice Acts for occupational and physical therapy, a plan of treatment would be required.

Appendix A: Rule 6A-6.03024, F.A.C.

Rule 6A-6.03024, Florida Administrative Code, (F.A.C.), Provision of Occupational and Physical Therapy to Exceptional Students as a Related Service.

(1) Definitions.

(a) Occupational therapy is defined to mean services provided by a licensed occupational therapist or a licensed occupational therapy assistant pursuant to the provisions of the Occupational Therapy Practice Act found in Part III, Chapter 468, F.S., and sub-subparagraph 6A-6.03411(1)(dd)3.f., F.A.C.

(b) Physical therapy is defined to mean services provided by a licensed physical therapist or a licensed physical therapist assistant pursuant to the provisions of the Physical Therapy Practice Act found in Chapter 486, F.S., and sub-subparagraph 6A-6.03411(1)(dd)3.i., F.A.C.

(c) Related service provider is defined to mean the licensed occupational or physical therapist responsible for the assessment and provision of school-based occupational or physical therapy as a related service as defined in Section 1003.01(3)(b), F.S., and subparagraph 6A-6.03411(1)(dd)3., F.A.C.

(2) Assessments. Assessments as defined in Section 468.203 or 486.021, F.S., shall be conducted by the related service provider prior to the provision of occupational or physical therapy.

(3) Determination of need for occupational or physical therapy. The individual educational plan (IEP) team in accordance with Rule 6A-6.03028, F.A.C., the educational plan (EP) team in accordance with Rule 6A-6.030191, F.A.C., or the individualized family support plan (IFSP) team, in accordance with Rule 6A-6.03029, F.A.C., shall review assessments conducted by the related service provider and all other relevant data to determine if occupational or physical therapy services are needed to assist a student to benefit from specially designed instruction.

(4) Provision of input to planning teams. The licensed therapist or licensed assistant shall provide input to assist the IEP, EP, or IFSP team when the educational need for occupational or physical therapy as a related service is being determined, and when an IEP, EP, or IFSP for a student who is receiving occupational or physical therapy as a related service is being reviewed by the IEP, EP, or IFSP team.

(5) Plan of treatment. Once the educational need for occupational or physical therapy has been determined in accordance with the provisions of this rule, a plan of treatment as referenced in Section 468.203 or 486.021, F.S., and the corresponding requirement found Rule 64B17-6.001, F.A.C., shall be developed. The plan of treatment may be included as a part of the IEP, EP, or IFSP.

Rulemaking Authority 1001.02, 1003.01(3), 1003.57, 1003.571, F.S. Law Implemented 1003.01(3), 1003.57, 1003.571 F.S. History–New 11-25-80, Amended 2-4-81, Formerly 6A-6.3024, Amended 2-12-91, 9-30-96, 8-22-12.

Appendix B: Internet Resources

State of Florida – Occupational Therapy Practice Links

Part III, Chapter 468, Florida Statutes (F.S.) – *Occupational Therapy Practice Act*
http://www.flsenate.gov/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0468/0468PARTIIIContentsIndex.html

Florida Board of Occupational Therapy
http://www.doh.state.fl.us/MQA/occupational/ot_updates.html

Rule 64B11, Florida Administrative Code (F.A.C.), *Board of Occupational Therapy Practice*
https://www.flrules.org/gateway/Division.asp?DivID=302

Rule 64B11-4.003, F.A.C., *Standards of Practice; Discipline*
https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64B11-4

State of Florida – Physical Therapy Practice Links

Chapter 486, F.S. – *Physical Therapy Practice Act*
http://www.flsenate.gov/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0486/0486ContentsIndex.html

Florida Board of Physical Therapy Practice
http://www.doh.state.fl.us/mqa/physical/pt_updates.html

Rule 64B17, F.A.C., *Board of Physical Therapy Practice*
https://www.flrules.org/gateway/organization.asp?divid=308

Rule 64B17-6.001, F.A.C., *Minimum Standards of Physical Therapy Practice* https://www.flrules.org/gateway/ruleNo.asp?ID=64B17-6.001

State of Florida – Related Links

Rule 6A-6.0331, F.A.C., *General Education Intervention Procedures, Identification, Evaluation, Reevaluation, and the Initial Provision of Exceptional Student Education* https://www.flrules.org/gateway/ruleNo.asp?id=6A-6.0331

Medicaid Certified School Match Program Coverages and Limitations Handbook http://sss.usf.edu/resources/format/pdf/MedicaidCertifiedSchoolMatchDec2005.pdf