School-Based and Community-Based Therapy Services

Medicaid Prior Authorization Advocacy Resource #4
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OCCUPATIONAL THERAPY & PHYSICAL THERAPY

What's Right for My Child?

Children and families need different support services at different times. Parents, administrators, therapists, physicians and payors may wonder what the difference is between school-based occupational therapy and physical therapy and community-based occupational therapy and physical therapy. This pamphlet helps explain the differences between the provision of these therapies and how each offers unique services for a child.

By Working Together We can Make A Difference

Children with special needs and their families have access to pediatric occupational therapy and physical therapy through both the schools and community/clinic-based programs. A child benefits most when therapy providers work together with a family to determine what therapies are needed and where a child's needs can be met most effectively. A plan of intervention may involve school-based therapy only, community/clinic-based therapy only, or a carefully communicated and coordinated combination of both.

Collaboration between school and community therapists is essential to coordinate a child's therapy and prevent duplication of services which results in denial of payment of community-based therapy. Collaboration may take the form of phone calls, written communication logs, participation in hospital staffings, discharge planning, Individualized Education Program (IEP) and other team meetings.

Understanding the framework in which these two provider groups practice will help families, physicians and third party payors to better access and coordinate services for children. School-based therapy is provided to assist a child with a disability to benefit from special education. The goal of community/clinic-based services is to optimize the child's functional performance in relation to needs in home and community settings.

Knowledge of the unique characteristics of each type of therapy can serve as a guide to decision making by families and therapists. Ultimately, therapy must be designed to meet the unique and changing needs of each individual child and family.

School-Based Occupational Therapy & Physical Therapy

The provision of school-based therapy is governed by federal and state laws. Therapy is a related service to special education and is provided only if the child needs therapy to function in the educational setting.

In the school, the need for therapy is determined by the IEP Team. Parents are a part of this team. The team determines the amount, frequency and duration of therapy- not the physician alone.

Therapy may be provided individually or in small groups by a therapist or therapist assistant. Intervention may or may not be provided directly with the child. Collaborating with educational staff to modify the child's environment and daily school activities is always a part of school therapy.

Treatment techniques, such as heat/cold, electrical stimulation and biofeedback training are typically not provided.

Therapy takes place where the child receives education. Appropriate intervention may be provided in classrooms, hallways, gyms, playgrounds, lunchrooms, bathrooms, or in a separate therapy room.

The decision to discontinue therapy is made by the IEP Team. This may occur when the student no longer is eligible for special education, when other members of the IEP Team can provide necessary interventions, or when the child can perform school tasks without therapeutic intervention. There may still be a need for community-based services.

Example of Comprehensive Coordinated Services for School-Based Therapy

Judie is a 10-year-old child who lives in a rural community with her parents and three siblings. She has a cognitive disability and cerebral palsy. She receives special education. Part of the day she is in a regular classroom and part of the day in a self-contained classroom. She receives school-based occupational therapy and physical therapy. She also receives community-based occupational therapy and physical therapy.

An IEP goal for Judie is to independently complete classroom and homework assignments using adapted writing instruments.

The school occupational therapy treatment plan for Judie includes provision of a weighted pencil and slantboard; environmental adaptations for seating/positioning in the classroom; collaboration with classroom teachers to develop assignment accommodations, prompts and routines; and the use of therapeutic techniques to improve eye-hand coordination and motor control in the trunk, arms and hands.

A second IEP goal for Judie is to move independently throughout the school building using a walker and to attend all academic classes on time.

The school physical therapy treatment plan for Judie includes gait training with a walker in

empty and crowded hallways, motor planning and motor control activities for timely exchange of books and class supplies from the locker, as well as collaboration with the physical education teacher to improve strength and balance for safe movement through the cafeteria lunch line.

Community-Based Occupational Therapy & Physical Therapy

Therapy is governed by state and national practice guidelines that focus on a child's medical/functional needs in home and community settings. Community-based therapy is provided in clinics, hospitals, homes and community settings.

In community-based therapy, the physician, family and therapist make the decision regarding amount, frequency and duration of therapy recommended. The amount of therapy actually received may be affected by whether or not an insurance company, Medicaid Program or other funding sources reimburse for the recommended services. Denials of payment are often based on a perceived duplication of service between community and school providers.

A therapist or therapist assistant typically provides individual treatment. Individualized home programs and ongoing caregiver training are necessary parts of the service to encourage carryover outside of treatment.

Treatment techniques, such as hot/cold, electrical stimulation and biofeedback training may be utilized.

Families have the opportunity to seek out services from a therapist with specialty training in areas such as soft tissue mobilization, post surgical intervention, sensory integration, aquatic therapy or neurodevelopmental treatment.

Intervention is discontinued when any of the following occurs: functional skills are achieved, a plateau in progress is reached, participation in service is limited because of various circumstances, child is stable with therapy maintenance program, discharge is requested. At discharge, indicators for potential follow up are identified. There may still be a need for school-based therapy.

Example of Comprehensive Coordinated Services for Community-Based Therapy

Please refer back to our example of Judie.

The community-based occupational therapy goals will enable Judie to independently perform activities of daily living. She will learn how to wash her face and hands, brush her teeth and hair, dress and feed herself, and perform household chores.

The community-based occupational therapy treatment plan includes arm and hand strength and mobility exercises, myofascial release to shoulder girdle and arms to increase muscle length, neuro-developmental treatment to improve arm muscle control, therapeutic activities to promote practice of these functional skills in the home and community, and ongoing

caregiver training to promote carryover of treatment on a daily basis.

The community-based physical therapy goals will enable Judie to independently transfer in and out of the bathtub, bed and car. She will also walk outdoors and manage curbs, sidewalks, steps and grass.

The community-based physical therapy treatment plan includes myofascial release to hip and leg muscles to improve muscle length, neurodevelopmental treatment to improve muscle control, techniques to improve trunk strength and balance for better standing and walking.

This brochure is a collaborative effort of the following agencies:

Department of Public Instruction (DPI)
608-267-9181, 608-266-5194, http://www.dpi.state.wi.us/

Wisconsin Council for Developmental Disabilities (WCDD)
608-266-7826, http://www.wcdd.org/index.htm

Wisconsin Occupational Therapy Association (WOTA)
608-287-1606, http://www.wota.net/ wota@execpc.com

Wisconsin Physical Therapy Association (WPTA)
608-221-9191 * wpta@wpta.org

Advocacy & Benefits Counseling for Health (ABC for Health)
800-585-4222, http://www.safetyweb.org/, info@safetyweb.org

Family Voices
608-845-9499, http://www.wfv.org/

If you have questions about the medical assistance prior authorization process regarding the collaborative process and how it affects your child, please contact:

State of Wisconsin DHFS Bureau of Health Care Program Integrity 608-266-2521

If you need assistance pursuing an appeal, the following agencies may be able to provide assistance:

Wisconsin Coalition for Advocacy 800-928-8778

Advocacy & Benefits Counseling for Health (ABC for Health) 800-585-4222,
http://www.safetyweb.org/, info@safetyweb.org

If you are a therapy provider needing assistance, please contact WOTA or WPTA

This brochure was made available through funding from WOTA and WPTA.
Additional brochures are available from WOTA. Please call 608-287-1606.

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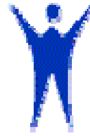

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