CHAPTER 4

Modes of Service Delivery under IDEA 2004

Under IDEA 2004, school districts are required to provide related services to students who have a special education eligibility that impacts their ability to benefit from their general educational program and who have a documented need for the service. IDEA 2004 identifies physical therapy and occupational therapy as two of the related services that may be provided for children Birth to age 21. The purpose of a related service is to assist a child with a disability to benefit from his or her special education program, and achieve the goals identified for the child. In other words, from age 3-21, therapy is designed to enhance the child's ability to participate in the educational process.

In special education programs, students receive occupational therapy and physical therapy service so that they can attend and participate in school. **If the purpose of a therapy service is to help the student to accomplish IEP goals, participate in the general education curriculum, or participate in extracurricular activities, the therapy is considered *educationally relevant* and *educationally necessary* and should be included in the student's IEP if agreed to by the IEP team**.

The goal and intent of the IEP team process is to provide a decision by "working together for a common end using three basic approaches – consulting, coaching, and teaming." IEP teams are collaborative teams. A collaborative team is "a group of people with a common goal and shared belief system who work with parity and distributed functions in a collaborative teaming process." In education the collaborative team is "an interactive team process that focuses student, family, education, and related service partners on enhancing the academic achievement and functional performance of all students in school" (Hanft, 2008).

Providers of physical and occupational therapy must be licensed by their respective state boards. Licensed occupational therapists and physical therapists should be aware of the Oregon OT Practice Act (OAR 339-010-0005 through OAR 339-010-0055 and the PT Practice Act (OAR 848-010-0010 through OAR 848-010-0044). When in doubt about their responsibility under the law, the therapist should follow the most restrictive binding regulation. Therapists should refer to these OARs regularly for updated information.

Decisions about services provided to a child must be made by the team on a case-by-case

OT Licensing Board:
www.oregon.gov/OTLB/index.shtml

OT Practice Act:
OAR 339-010-0005 through OAR 339-010-0055

PT Licensing Board:
www.oregon.gov/PTBrd/index.shtml

PT Practice Act:
OAR 848-010-0010 through OAR 848-010-0044

basis. When it is determined through evaluation that a child is eligible for special education and needs physical or occupational therapy services, the child's IEP or IFSP should reflect those services. During the development of the plan for therapy services, the team needs to determine the appropriate service delivery mode, the location of the services, and the individuals to be involved in the services. All services listed as provided by OT/OTA and PT/LPTA must be provided by a licensed occupational therapist, physical therapist, or therapy assistant licensed by the OT/PT Licensing Board. Therapy services under IDEA involve a range of activities in addition to direct intervention with the child. There are three major modes of service delivery: consultative, direct, and indirect. Similar to home health practice environments, a non-clinic-based setting, OTs and PTs serving in the educational environment are generally required to be itinerant. This fact, along with the classification of OT and PT as a related service, means that the bulk of therapy service will be consultative. Keeping this in mind, the consultative mode of service delivery will be discussed first.

Consultation:

In a consultative model the therapist plans physical management activities and training programs that are implemented by another person such as the child's teacher, parents or an instructional assistant. Those people are trained and monitored by the therapist. The therapist maintains regular contact to update programs and oversee how the program is implemented. Consultative service delivery will often take one of two forms:

Consultation: Team support and when appropriate, hands-on interaction with the child.
Direct Services: Hands-on support.
Indirect Service: Team and systems support.

- ***Consultation with direct child contact*** is a service whose overall objective is integration of a program or activity that will continue in the absence of the therapist. In this approach to service delivery the majority of a child's progress will occur through practice with school staff or parents as trained facilitators. The role of the therapist is to train the facilitator, monitor the program and make adjustments as appropriate. This approach includes direct contact with the child for the purpose of demonstration, monitoring progress, and assessment.

- ***Consultation as support for school personnel*** is a service where direct contact with the child is minimal. This service is focused towards the teacher and classroom assistants. Programs implemented by school personnel are monitored through observation of the child and/or school staff interview. As a therapist develops familiarity with school staff and the student, this becomes an increasingly appropriate method of service delivery.

Direct Services:

In a direct service model, the therapist is the primary service provider. Direct service may be provided individually or in groups. The objective of this service model is to help the

child make changes primarily through direct interaction. Direct service is minimal in educational programs.

Indirect Services:
Indirect services are all therapy services that are provided by the therapist on behalf of the child or school staff. Indirect services could include phone calls, report writing, equipment management, funding approvals, etc. Another form of indirect service is adaptation of equipment, materials, and environments so that the child can be more functional in the educational setting. This service is often provided along with consultative and direct service, however in some instances could be the only therapy service provided. Therapists should consider recording indirect service on the IEP separately from direct or consultative services if this is a significant component of service for the child.

One way to help the team determine the appropriate type and amount of service for each student was developed by a task force of the Vermont Department of Education (Vermont Department of Education, 2001). This planning system is called "only-as-special-as-necessary." When teams use the *only-as-special-as-necessary* approach to therapy, they work to identify and draw upon natural supports, including those currently existing and available to students without disabilities (e.g., teachers, peers, and student study teams). In cases where more specialized services are necessary, ongoing data are collected on the impact of the services. The *only-as-special-as-necessary* approach requires that the team continually explores ways that students with disabilities can receive needed therapy supports in the most natural ways possible. *Only-as-special-as-necessary* does not necessarily mean "less is always best" or "only a little is plenty." When used as intended, the *only-as-special as-necessary* approach results in students receiving all needed services in the most natural way that can be achieved in the environment.

Regardless of the approach employed to determine the type and level of related services, IDEA 2004 requires that special education services be provided in an environment that is the least restrictive environment appropriate for the child. For children in ECSE and school age programs, services may be provided in a preschool or school classroom, lunchroom, playground or other educational environment. For children in EI programs, the natural environment is most typically at home, where parent(s) or family members can become actively involved. This kind of integrated therapy program in customary and natural environments provides opportunities for the child to practice newly-acquired skills or to try out adapted methods for performing a task in the same environment as his/her non-disabled peers.

The proportion of supports and services provided will change depending on a student's projected outcomes and progress toward achieving goals. Other variables that affect the proportion of supports and/or services include the knowledge of the team members related to addressing student's educational needs, the education environments in which students learn and interact with peers and teachers, and the structure, routines, and culture of school activities (Hanft, 2008).

Table 3: Examples of Consultation, Direct and Indirect Therapy Services

Consultation	Direct Services	Indirect Services
• Co-teaching • Professional in-service training • Collaborative consultation • Participating in pre-referral interventions • Recommending program evaluation • Assisting in the development of school policies and procedures • Drafting district OT/PT guidelines • OT/PT supervision and mentoring	• Observing and evaluating within the context of the education environment routine • Trial of modifications or equipment • Training new motor skills • Evaluation and training activities of daily living • Access to sports and extracurricular activities • Pre-referral screenings	• Liaison with medical community • Report writing • Travel time • Fabricating equipment or materials • Attending IEP meetings • Progress monitoring • Communicating with community OTs and PTs

Therapy services should be documented on the IFSP or IEP as clearly as possible in order to provide the most accurate picture of the services to be delivered. While some local or Regional programs may have a preference for how therapy services are documented, **there is no single way to correctly document therapy services on the IEP**. In general, direct services to the child may be recorded under Related Services. Equipment to improve the student's ability to access to the school program may be listed under Modifications and Accommodations/Supplementary Aids and Services. Consultation or training to school staff may be listed under Supports to Personnel. Regardless of the type of services provided, therapy services should be described on the IEP in a way that is specific enough to provide a clear understanding of the IEP team's intent, while still being general enough to allow the service to be adapted as the student changes or progresses without the need to reconvene the IEP team to modify the document.

For a more in-depth look at documenting therapy services under IDEA, see Chapter 5.

There is no single way to correctly document therapy services on the IEP. When in doubt about how related services should be listed on the IEP, see the *Oregon Standard IEP Guidelines for Completion* on the ODE website at www.ode.state.or.us/search/page/?id=1163.