

10/12/2010

PROGRESS NOTES: Please review proper info to put in progress notes as handed out at our August meetings. We have had a complaint from the school about statements such as "Was not able to see much so no progress was made." Please do something better, such as: "Saw on this date and that date. Worked on. . . . Current levels of function are. . . . Will continue to see weekly." ETC ETC ETC Professionalism—your notes represent you in your absence.

10/12/2010

School and EI Therapists:

WHEN we are Understaffed, as in the OT situation right now: If the special education teachers ask you if they should change their IEPs/IFSPs to match the frequency that you are actually able to provide, please REFER THEM TO THEIR own DIRECTORS for that answer. I have been getting mixed messages from some of the coordinators, reasoning on both sides of the issue, to leave the IEP/IFSP as is OR to change it. Let each organization decide how they will handle their paperwork.

This does NOT apply to the recent reductions that EI had to undertake to come into alignment with their state policies—in that case the frequency on the IFSPs did need to be decreased to reflect the new standard.

10/12/2010

EI Therapists: The EI coordinators have pointed out that the Outcomes (goals) we write on our EI notes should match the parents goals as noted on the IFSP's. I have asked them to email us those goals so that we may comply. Please print out the goal page and make sure to use near-same wording on your Outcome section.

10/06/2010

Care2Learn, a company providing CEU courses, approved by the AL Board of PT. (Check with the Board to be sure.) Over 2,500 Hours of Online Courses. 866-526-0624

www.Care2Learn.com

Save 15% by using DM-ALP9

10/06/2010

Peanut Festival Special Citizen Day is November 3rd, Wednesday. Check with your schools to see if your students will be at school. Rearrange your schedule accordingly if possible.

10/05/2010

Welcome to our PTA student, Lauren Spurlock, from South University in Montgomery. She will be shadowing Michele, beginning October 4th through December 3rd.

10/05/2010

Supervising Therapists should:

- * write the daily note and include the title SUP NOTE
- * perform treatment (or part of), discuss treatment with assistant therapist
- * update treatment plan (if needed)
- * update LTGs (if needed)
- * co-sign all notes
- * write progress notes prior to the end of the quarter

- * see the kids once every SIXTH visit (Medicaid requirement--usually scheduling at least once per school quarter will take care of this requirement--absences, holidays, etc)

Therapist Assts should:

- * write daily notes, leaving room for co-signature
- * keep notes up-to-date!!!!
- * keep up with STG's (when they're met, check them off as met; revise them if you're never going to meet them; write new goals as needed)
- * ensure all paperwork is in the notebooks (all four forms so the supervisor has them to write on); three-hole punched and IN THERE! not falling out
- * ensure all patients are correctly tabbed/labeled for quick ID
- * copy progress notes that supervisor has completed (two copies) and put one in the student's backpack, give one to the teacher near report-card time (for SCHOOLS only)

10/03/2010

Benefit for the ODC Humane Society



Yard Sale

November 6

Saturday, 8AM to 2PM

2428 Stuart Tarter Road

Accepting volunteers & your donations

of sale items Now through Nov 5th!

@ Sumlar Therapy @ 193 Sam Lisenby Road

& @ 2428 Stuart Tarter Road

Call 445-6336 to drop off or request pick-up

10/01/2010

Therapists:

- check all your school closing dates.
- There are multiple odd dates of closings in various school systems, including columbus day, veterans day, fall break, parent/teacher conference day, teacher work day, weather (make-up) day, thanksgiving. Check your school calendars.

- Talk to your teachers in advance about your schedule!
- Trade days if one school is out and one is in so that you can be working.
- If you go to a school and they are closed, don't bill the school and don't bill sts. It's your responsibility to know your schools' schedules.

Clinic and School Closings:

Clinic will be closed, as will all the schools, on
 October 11-- columbus day
 November 11 -- veterans day
 november 24 -- 26 wed -- fri thanksgiving
 december 20--31christmas

All-staff meeting mandatory/cpr training

january 3 -- monday

10/01/2010

THERAPISTS:

As of October 1st, we will no longer be billing Medicaid for therapy provided in the schools or in EI. Some of the schools may decide to do the Medicaid billing themselves, however.

How this applies to you:

1. Some of your school and EI forms will change slightly for Medicaid-eligible children--we want to provide the best opportunity for the schools to recoup money from Medicaid, if they choose, and providing them with all the info/documentation they need will help. *Begin October 4th.*
2. We will need to provide the notes to the school--you will need to copy your Medicaid school notes or use two-part forms (to be addressed later) at the end of each 3 month, like we've been doing with EI. *Begin at end of October.*
3. You will need to look at the provided Medicaid-Eligible Students lists to determine for which students you need to use the new form, and copy notes. Look at attachments below, print, highlight your kids. *Now and in the future, you will find updated lists under the Our Patients section of our website. We'll also denote M/C kids on the referrals.*
4. In the schools, teachers will no longer have to get Medicaid referrals to send in with their referrals. (They are going to love this!) *If the teachers ask you a question about this, please answer or tell them they can find the info on the NEW referral forms on our website.*
5. In the schools, teachers will no longer have to get doctor's prescriptions for OT or ST. They will still need to send in a PT referral, due to the PT's practice act which requires that PT's practice "under the supervision of a physician" in all settings. (However, the Alabama PT Association is hoping to garner "direct access" in all practice settings when they present a newly written practice act to our legislators this January.) *If the teachers ask you a question about this, please answer or tell them they can find the info on the NEW referral forms on our website.*

[Medicaid Eligible Students OT 092910](#)

[Medicaid Eligible Students PT 092910](#)

[Medicaid Eligible Students ST 092910](#)

Therapy in the SCHOOLS: I pulled down this manual (**Guidelines for Occupational Therapy and Physical Therapy for Students Receiving Special Education Services in Alabama** (Alabama Department of Education, Division of Instructional Services, Special Education Services) **November 2008** from the state website (www.alsde.edu). This came out in 2008, and we all gathered in small groups to review it then. This is a good time for another review, or a first-look for some of you. Please review the entire document (49 pages) soon, but in the meantime, here are some excerpts:

School-Based Therapy

OT/PT provided within the educational setting must be educationally relevant and necessary for the student to benefit from Alabama's educational system for all students. Several issues must be considered when determining the appropriate level of school-based therapy.

School-based therapy involves "teaming" in which recommendations and decisions are made based on input from all team members in order to determine a student's total educational plan.

School-based therapists identify needs of the student and assist in providing strategies on how to best capitalize on abilities and minimize the impact of the disabilities in the educational environment. The school-based therapist evaluates a student to determine abilities as well as disabilities. The school-based therapist provides data for the IEP Team to determine the adverse affect these disabilities may have on the student's performance in the educational environment. Input is gathered from teachers, parents, students, and other educational staff as to how these challenges may influence performance areas within the educational environment.

The primary role of a school-based therapist is to assist students in benefiting from their educational program. A general guideline is that therapy must contribute to the development or improvement of the student's academic and functional performance.

If a student has an identifiable therapy need that does not affect the student's ability to learn, function, and profit from the educational experience, that therapy is not the responsibility of the school system.

Key Considerations

It is imperative that therapy services do not prevent students from accessing their academic instruction.

The following are key considerations for the delivery of OT/PT services in the school setting:

- Services are provided to enable the student to benefit from his/her special education program and facilitate access to the general education curriculum.

- a. Strategies should be integrated into the classroom and school environment to support learning of curriculum content.
- b. Interventions should support skills needed by the student for graduation with a diploma or certificate and to prepare him/her for further education, employment, and independent living.
- Services are provided in the student's daily educational routine.
 - a. Skills are taught across all educational settings.
 - b. Therapeutic activities occur throughout the school day and are routinely implemented by instructional staff.
 - c. Skills should be taught in naturally occurring environments.
 - d. Skills should be generalized across different school settings, not isolated solely with the therapist in a separate area or in only one classroom.
- Services are provided through a team approach.
 - a. Team members share information, strategies, and techniques to assure continuity of services.
 - b. Educational strategies and interventions are developed and implemented jointly by team members, including the student when appropriate.
- Services may vary over time.
 - a. Student therapy needs may differ in intensity and in focus during the student's school years and could differ in intensity within a school calendar year. For example, there might be the need for a therapist to provide more intensive services at the start of the school year to train new teachers and staff on appropriate strategies, with the services of the therapist to decrease when the educational team can implement the strategies with less frequent input from the therapist.
 - b. These fluctuations are reflected in the IEP or 504 plans and should be based on the immediate educational needs at any time during the student's course of study.
 - c. If the student no longer requires the services of an occupational therapist and/or physical therapist to benefit from special education, then services are discontinued through the IEP process.
- Services are provided using a variety of instructional strategies with an emphasis on an integrated collaborative service model.

Documentation

Documentation is a necessary requirement for OT/PT services provided to students by school-based therapists. All therapy services should be documented, dated, and authenticated by the therapist or therapy assistant who performs the services. If the school system participates in the school-based Medicaid program, specific documentation is required.

Specific Documentation should include:

- Dates and amount of service.
- Evaluation and plan of care.
- Reason(s) why therapist or student were not available for services on a scheduled date.
- Contacts with parents, staff, and other professionals.
- Data that measures progress toward goals.
- Progress reports.

- [Discharge summary.](#)

Confidentiality and Release of Information

The Family Educational Rights and Privacy Act (FERPA PL 93-380) states, in part:

An educational agency or institution may disclose personally identifiable information from an education record of a student without consent if the disclosure is to other school officials, including teachers, within the agency or institution whom the agency or institution has determined to have a legitimate education interest (FERPA Section 99.31).

When a therapist is employed or under contract for services to students with disabilities, this creates a “legitimate educational interest” and allows each school in the district served by the therapist to have access to educational records of individual students.

The relationship between the therapist and the education agency gives the therapist the right to have access to educational records of the students they serve without having to get parental consent.

Every page of student documentation should be properly labeled with the student’s name and date of birth for accuracy and identification. All student information, including therapist documentation, is subject to parental and legal review. Student confidentiality is highly regulated by state and federal laws. Therapists must have parental consent prior to releasing any student information, written or verbal, to any outside agency. Discussion with other school staff should be on a need-to-know basis only. Therapists must be knowledgeable of confidentiality requirements.

Physician Referral

In Alabama, a physician referral is required prior to an evaluation for physical therapy. While a physician referral is **not** required for an occupational therapy evaluation, an OT may request a referral if in his/her judgment there is such a need.

The PTs recommend that the physician referral be obtained annually or earlier if a significant change in medical status such as surgery occurs. Education agency personnel may ask the parents(s) to obtain the physician referral but the education agency is ultimately responsible for obtaining the referral.

Once a physical therapy evaluation is requested by an IEP Team and parental consent is obtained, the physical therapist may begin the PT evaluation process.

[See the entire document for some very helpful \[mandatory\] info!](#)

[\[The Guide to Defensible Documentation goes further to clarify that the wording "Discharge"](#)

should not be used in the school system. Because this is an IEP team decision, the wording would be "Discontinuation." I'll be working on a Discontinuation form!]

[Confidentiality: This is interesting, and is something that's actually come up with a teacher before--she wouldn't allow the therapist to see records pertaining to a student. It would have been handy to have this document printed out to show her! Of course, you can always refer any teacher to the Alabama State Department of Education--she should be very familiar with this website! <http://www.alsde.edu>]

SUPERVISION OF COTAs AND PTAs:

Supervision of assistants has always been something that I have had questions about, and certainly in times when we are short-staffed, so I have been researching the requirements. I am including an excerpt from the AL OT Administrative Code below. The entire document will be posted on our website under Resources. Every therapist should be familiar with their state's practice act.

625-X-8-.01 Supervision Of Licensed Occupational Therapy Assistants.

(1) All Occupational Therapy Assistants shall assist in the practice of occupational therapy only under the supervision of an Occupational Therapist.

(2) Supervision of an Occupational Therapy Assistant by an Occupational Therapist shall consist of **at least 5% of work hours per month of one-to-one on-site supervision** for each certified Occupational Therapy Assistant with supervision including:

(a) The monitoring of a patient's progress by the Occupational Therapist;

(b) Evaluation of the treatment plan and determination of treatment termination by the Occupational Therapist.

(3) The Occupational Therapist shall ensure that the Occupational Therapy Assistant is assigned only those duties and responsibilities for which the assistant has been specifically educated and which the Occupational Therapy Assistant is qualified to perform.

(4) The provisions as enumerated in subsection (1), (2), and (3), shall apply to any individual holding a temporary permit as issued by the Board.

Author: Alabama State Board of Occupational Therapy

Statutory Authority: Code of Alabama 1975, §34-39-3, 34-39-11

History: Filed January 7, 1992; Amended December 18, 1995;

Amended April 12, 1996.

How this applies to you: 5%-of-Work-Hours-per-month-supervision for a COTA who works approx 35 hours per week, 4 weeks in the month, = 7 hours/month. This is the minimum requirement according to the AL state code.

I can't get the PT Practice Act (Admin Code) downloaded right now, but here's the paraphrasing below, along with an excerpt from

Guidelines for Occupational Therapy and Physical Therapy for Students Receiving Special Education Services in Alabama (Alabama Department of Education, Division of Instructional Services, Special Education Services) **November 2008, page 11, also included in full on our employee website under Resources: Supervision of Occupational Therapist/Physical Therapist Assistants**

The *Occupational Therapy Practice Act* 625-X-8-.01 directs the COTA to assist in the practice of occupational therapy only under the supervision of an occupational therapist. This supervision is to consist of at least 5 percent of work hours per month of one-to-one supervision. Supervision includes the monitoring of a student's progress, evaluation of the student's IEP or 504 plan, and determining the implementation of services by the occupational

therapist. Also, the occupational therapist is to ensure that the COTA is assigned only those duties and responsibilities for which the assistant has been specifically educated and is qualified to perform.

The PTA is to practice only under the *direction* of the physical therapist. The *Physical Therapy Practice Act 700-X-.03* defines *direction* as “the action of the physical therapist in delegating duties to a physical therapist assistant, maintaining close communication with the physical therapist assistant, and overseeing the physical therapist assistant’s activities on a frequent regularly scheduled basis.” The PTA may assist with but not perform evaluations of the student’s abilities and disabilities.

Third party payers may have specific requirements for COTA and PTA supervision. Medicaid requires direct supervision with the therapist co-signing the treatment note every sixth visit.

As you can see, there is a difference between our state practice acts and some payer source requirements. **For all school, EI, and clinic patients/students/children, you will need to supervise therapist assistants AT LEAST per your state practice code [PTs--"maintaining close communication with the PTA, and overseeing the PTAs activities on a frequent regularly scheduled basis." OTs--"supervision to consist of at least 5% of work hours per month of one-to-one supervision." COTA supervision has to be on-site, PTA does not.]** You will also attempt to provide supervision to the level of that required by Medicaid for those children whom the school or EI program wishes to bill Medicaid, which is [for both PT and OT] "direct supervision with the therapist co-signing the treatment note every sixth visit." We will try to do that so that the schools and EI programs can bill Medicaid for each visit *if they choose*. If we are not able to make the supervisory visits this frequently, we will still provide the level of supervision that keeps us in line with our state's practice act. We will also need to **continue co-signing all of the COTAs and PTAs notes.**

Time to catch you all up on the comings and goings of our therapists. . . mostly goings!

Nicole is finishing up September 30th, and moving back to AK!

Andrea is going to work through Oct 15th, and then will be moving to PC, FL!

We are looking for some OTs! (as if you didn't know--don't forget about the referral bonus!)

Darci left September 25th, headed to TX and then to OH for her wedding!

Lissa Scott, PT, helped us some in the spring, but faded out over the summer and is working at a nursing home now.

Jill Boozer, PTA, is BACK! Yeah! Jill, Michele, Kristi and I are picking up the remnants of Darci's schedule, so *at this time we are not actively looking for a full-time PT.*

Rita Baker, SLP, is helping us out in the clinic and doing a marvelous job!

We have put our SLP search on hold for the moment, and will reassess our needs as EI dwindles down.