

School Based and Clinic Based Therapy Services

Children with special needs may benefit from occupational therapy (OT) and physical therapy (PT) at school and at community/clinic-based programs. This fact sheet will explain the differences between school based and clinic based occupational therapy and physical therapy services and how to avoid getting a denial from your insurance plan or Wisconsin Medicaid due to “duplication of services.”

What is Best for My Child?

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 treatment plan may include school-based therapy only, community/clinic-based therapy only, or a carefully communicated and coordinated combination of both.

Providers Working Together: 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 staffing, discharge planning, Individualized Education Program (IEP) and other team settings.

The goal of 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.

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

Avoiding Duplication of Services

- **Educational necessity is something different than medical necessity and your Prior Authorizations need to show that; goals must be different.**
- **Know that Medicaid likely will request a copy of the IEP with the PA to make sure services aren't being duplicated.**
- **Review the IEP very carefully to make sure there is nothing in there showing duplication of services.**
- **Medicaid wants to make sure that they are not paying for a service that is already being provided at school or should be provided at school, which is a good check of the school system. This is especially true because often time the school bills Medicaid for the services at school as well!**

This document was created by a committee consisting of members from Family Voices of Wisconsin, BPDD, DPI, DHS, WI Occupational Therapy Association, Wisconsin Physical Therapy Association, ABC for Health and others. An updated brochure will be available soon from Family Voices of WI. For more information contact Lynn at Lynn@fvofwi.org