

West Virginia Board of Occupational Therapy



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SCHOOL BASED PRACTICE FREQUENTLY ASKED QUESTIONS

What is the difference between the Educational and Medical Model?

Frequently occupational therapists are asked by a physician to increase the direct (or indirect) time previously determined in the IEP. The educational model is different than the medical model in that OT issues pertain to the functional ability of the student in classroom setting, not in a medical clinical setting, i.e. classroom OT issues oftentimes can be addressed on a consultative (indirect) manner. OT's can train classroom personnel and family members to carry out/carryover activities such as range of motion/joint movement, suggested strategies for continued classroom success and independence by the student. In addition, WV state policy 2419 defines a related service as: supported services as are required to assist an eligible exceptional student to benefit from special education.

Can sensory integration be included in the IEP?

Sensory integration is a form of treatment, which can be included in the IEP. Best practice dictates that implementation of sensory integration treatment be supervised by an OTR or COTA trained in sensory integration. However, an OTR or COTA trained in SI can supervise non OT personnel in SI techniques that are included in a student's IEP.

Can the IEP committee change a related service such as OT, type of service/treatment or service delivery (amount of time) without an OT consent?

Yes, based on the fact that not all IEP's include OT specific goals, but may be a collaborative effort of the IEP team, which is led by the special education teacher. As such, any services/treatments included in the IEP can be changed by the team, with or without OT consent. If there is a change being made to a goal that is specific to OT, the OT should be involved. Best practice would be for the entire team to be involved in changes.

May the school system still require a Physician's Order even though the Practice Act doesn't require one?

Yes, a County Board of Education may still require a physician's order for occupational therapy services. Additionally, under the current Medicaid guidelines, a physician's order is required for all related services (occupational, physical, and speech therapy) in order to bill Medicaid.

Does the supervising Occupational Therapist have to be present in order to bill Medicaid for the services of an Occupational Therapy Assistant?

Yes, per Medicaid guidelines, in order for a supervising Occupational Therapist to bill for services provided by a Certified Occupational Therapy Assistant in the school system, the supervising Occupational Therapist must be on the school premises when the service is being provided to the student.