



School-based Services Under IDEA vs. Medical-based Services

Who, What, When, Where, How

Similarities

OT, PT and SLP Providers in Schools, Homes and Clinics

- Perform assessment to determine the strengths and needs of the child
- Provide interventions to address the needs of the child
- Coach and empower parents, families and caregivers

Differences

School-based Services Under IDEA

Medical-based Services In Clinics, Homes or Hospitals

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|--|---|--|
| WHO is eligible? | <input type="checkbox"/> A child who is determined to be eligible for special education services | <input type="checkbox"/> A child with a diagnosis, and requires the expertise of OT, PT or SLP |
| WHAT is the focus of the service? | <input type="checkbox"/> Promote access to academics and participation in school activities | <input type="checkbox"/> Enhance function at home and in the community; address medical needs |
| WHEN is it the appropriate service? | <input type="checkbox"/> When the IEP team decides that OT, PT or SLP service is needed to help the child achieve their IEP goals | <input type="checkbox"/> When the therapist, family and/or physician, agrees on a plan of care that requires OT, PT or SLP services |
| WHERE is the service provided? | <input type="checkbox"/> In a location the child is expected to perform the task, including classroom, worksite, bathroom, lunchroom, etc.; separate location, if necessary | <input type="checkbox"/> In a clinic or hospital; at home or in the community |
| HOW is the service provided? | <input type="checkbox"/> Embedded in the actual school activity; via coaching, consultation, and collaboration; individual or group direct intervention, if necessary | <input type="checkbox"/> Individual or group direct intervention; via coaching, consultation, and collaboration; embedded in home activity for home care service |

Medical vs. School Based Speech Therapy

| Medical/Outpatient Setting | School Setting |
|---|--|
| <ul style="list-style-type: none">• Therapy is provided in a medical setting.• Families need a script from PCP to receive this service.• Patients can be treated regardless of the severity of delay.• Patients are seen individually.• Plan of care can treat more than just speech and language disorders, such as feeding therapy and myofunctional therapy.• Services are provided all year round.• Services cost varies based on insurance or private pay options. | <ul style="list-style-type: none">• Services are provided in the school setting through an Individualized Education Plan (IEP), which is a legal document that will follow your child to any public-school s/he attends.• To qualify for services, the child's speech and language disorder must have an academic impact.• Students are often seen in small group settings in the speech room or whatever environment the school has deemed as least restrictive.• Services are only provided during the school year.• Services at the schools are free. |

What are the differences and similarities between private occupational therapy services and school-based occupational therapy services?

Per Illinois State Board of Education. It reads: "OT and PT are integrated into the student's educational program as a means to enhance functioning and attain the student's individual educational objectives. Under IDEA, OT and PT are considered related services and are provided to support the student's IEP. School based OT and PT are not intended to meet all the therapy needs of a child but are intended to meet needs of the student to promote success in the educational environment. This is an important distinction between therapies provided in schools and those provided in the clinical setting. If a student needs OT and/or PT to address problems, but the problems do not prevent the student from participating in the educational program, school based OT and PT services should not be provided"

Occupational therapy in a school setting and one in a private, or clinic-based, environment can look very different. Each has its own focus depending on the child, his or her age and the type of educational program they are receiving.

Private occupational therapy services:

- Referred and prescribed through a physician, much like any treatment or medication.
- After an evaluation in the home, hospital, community or clinic setting, the occupational therapist determines the deficit areas in sensory processing, fine motor, coordination or other appropriate areas of need.
- Based on the findings, recommendations and individual needs, goals are then developed with the family.
- Services may be delivered in the home, clinic, hospital or other community setting.
- May or may not be part of a larger team unit, including physicians and other therapists. This is most often coordinated by the parent and depends on the type of clinic or service model the private clinician provides.
- Are paid for by insurance or considered an out-of-pocket expense. Data is presented to insurance companies to deem the therapy "medically necessary" for continued services with demonstrated need areas.
- These areas of need can be in the home, community or at school, with defined goals to improve function across any of the environments the child interacts within.

School-based OT services:

The team evaluates the child's needs in the school setting. They must demonstrate how OT will enable the child to benefit from and have access to education, supporting their functional participation in the school environment. This process must be based on data that demonstrates need within that setting.

- Deemed "educationally necessary," similar to when an insurance company requires proof that the therapy is medically required. This difference in determination of services makes sense if you think about who is providing and paying for the service.
- Often integrated with other IEP academic and classroom goals.
- Not required to address external or issues in the home, however may address areas such as self-care if the team determines this is an appropriate educational focus.
- May be delivered as "push in" to the classroom or "pull out" for 1:1 therapy, consultation or training with staff or in a group.
- Is based on minutes per week, month or year, depending on the system's model.
- Some school district models do not support addressing sensory issues within the educational setting.
- Some programs have demonstrated that improved sensory processing and self-regulatory skills directly impact a child's ability to function at school and are therefore educationally relevant.
- Focus and interventions are based on educational goals, developed by the IEP team.
- Students may have concerns or goals that qualify them for medically-based services. However, if the concerns do not interfere significantly with the ability to learn and access educational programming and IEP goals, they may not receive motor services at school.