

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, sensory integration techniques, and 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.

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 an 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.

How often should the OT(R) have direct contact with the student?

The OT(R) is responsible for the initial evaluation of the child. The OT(R) must provide direct contact prior to any change in the child's direct OT services. This would include prior to any IEP meeting where goals or present levels of function of OT may be modified or changed. The OT(R) must also meet with the teacher, or an IEP Team Member, to gather information on students receiving indirect OT services prior to updating present levels and goals. (C)OTA's cannot make changes to IEP present levels or goals.

Can a (C)OTA attend IEP meetings for students they provide services for?

A (C)OTA may attend IEP meetings in lieu of the supervising OT(R), but cannot make any changes to the OT goals without direction from the OT(R). If changes are made, it should be documented that the OT(R) has seen the child and directed the changes through collaboration / pre-planning with the (C)OTA.