

**Evidence Based Early Intervention in Ohio
Occupational Therapy and Physical Therapy Guidance Document
November 9, 2016**



Clarifications:

PT Evaluation and OT Assessment will be referred to in this document as the *discipline specific assessment*.

Plan of Treatment or Plan of Intervention or Plan of Care will be referred to as *Plan of Care (POC)*.

This document has been reviewed for accuracy by DODD and the OT and PT Sections of the Ohio OTPTAT Licensure Board. (See Page 7)

Question	Guidance
<p>1. Is there a difference between providing evidence based early intervention (EBEI) services as a core team member or Primary Service Provider (PSP) and providing therapy in another setting?</p>	<p>As a member of an early intervention (EI) core team, a therapist is representing the OT or PT discipline and thus providing ‘therapy’ as an EI service. When in the role of a PSP, the therapist is in a position to coordinate care and promote overall development of the child across all domains and all Individualized Family Service Pan (IFSP) outcomes. The therapist in the role as the PSP is not practicing outside of his/her scope of practice when serving in this approach. Just as a therapist can provide education to other providers to carry out developmentally supportive strategies, other providers can coach the therapist in similar strategies for other domains of development. This is similar to educating caregivers in carrying out a home program in other practice settings.¹</p> <p>Definition of PT: Ohio Revised Code (ORC) 4755.40: http://codes.ohio.gov/orc/4755.40 APTA reference²</p> <p>Definition of OT: Ohio Administrative Code (OAC) 4755.04 http://codes.ohio.gov/orc/4755.04 AOTA reference³</p> <p>EI Qualified Personnel Definition: OAC 3701-8-01 (U) 1-18: 3701-8-01 Definitions.</p>
<p>2. Does the content of the EI eligibility evaluation for Part C services in Ohio, provide practitioners with enough information from which to write a plan of care (POC)?</p>	<p>Yes, as long as the evaluation for EI eligibility has enough information for the development of the POC. The intent of the evaluation is to establish EI eligibility. If the PT or OT is part of that evaluation team, and there is sufficient information for the development of a POC and progress monitoring criteria, the EI evaluation for eligibility may stand as the discipline specific assessment.</p> <p>If the therapist enters after the child’s eligibility for EI has been determined, then the therapist needs to conduct a separate discipline specific assessment and write a POC. These documents are kept in the therapist’s working file per the discipline and/or agency requirements.</p> <p>References OT OAC 4755-7-02; http://codes.ohio.gov/oac/4755-7-02v1 PT OAC 4755-27-03; http://codes.ohio.gov/oac/4755-27-03</p>

<p>3. Do the IFSP outcomes serve as a POC?</p>	<p>No, since IFSP outcomes do not have all the needed elements of a POC. The IFSP is a family document. A POC is reflective of the discipline, is still needed and can be kept in the therapist's working file for the child/family. See references specific to discipline.</p> <p>References: OT: OAC 4755-7-02 (A); http://codes.ohio.gov/oac/4755-7-02v1 AOTA Guidelines for Documentation⁴ PT: OAC 4755-27-03 (c) http://codes.ohio.gov/oac/4755-27-03. Rule simply states that physical therapist must develop the plan of care including short term and long-term goals and that it cannot be delegated.</p>
<p>4. When serving as the Primary Service Provider (PSP), are there different documentation or case note requirements to assure alignment with licensure?</p>	<p>No, as the therapist would already be documenting service contacts in the working file, along with keeping the discipline specific assessment and POC in that file. The service/case notes (daily log) could fulfill requirements of licensure AND documentation as the PSP, SSP or team member as it relates to IFSP implementation. Duplicate service/case notes are not necessary, as long as the agency documentation system allows for inclusion of discipline specific information or tracking of progress towards POC within the case note.</p> <p>Example: An OT is PSP and supporting the family for an IFSP outcome about increasing the child's participation at mealtime by using a spoon and asking for more. The OT would be providing instruction to the family on positioning, types of bowl and spoon to use and also modeling how to expectantly wait and encourage the sign for 'more'. The OT's case note would reflect the intervention provided, progress observed and the instruction for the parent. No need to do notes in two places, as the case note will support the IFSP outcome documentation and POC case notes requirement.</p>
<p>5. Is there discipline specific paperwork that is required beyond the DODD/EI required documentation?</p>	<p>The only additional paperwork should be PT and OT discipline specific assessment, if needed (see question #2), and POC, which would be kept in the therapist's working file. Other case notes generated from team meeting minutes, joint plan with family and/or visit notes could be used as documentation of services provided to meet DODD, OT and PT requirements simultaneously and would be part of the child/family record.⁵</p> <p>References: DODD rule, 5123:2-1-02 (4)(c)(d) Documentation of the date, frequency, duration, and intensity of the services delivered and documentation that the EI service provided meet IDEA, and rules promulgated by ODH with regard to parents rights and procedural safeguards.</p>
<p>6. Is the therapist's working file part of the EI child/family official record?</p>	<p>No, the therapist's working file would contain the discipline specific assessment and POC. To streamline documentation, thorough case notes should address both components of EI IFSP supporting documentation and POC documentation. The recommendation from the OTPT Board July 2012 (PT minutes section) states that "best practice" would be to have a copy within therapy files and that it was an agency decision whether to keep it in the main file.⁶</p>

<p>7. As PSP, how is the ‘service type’ documented on the IFSP Section VI?</p>	<p>When the IFSP team determines that the therapist is the best choice for PSP (based on many factors⁷ including information from the functional assessment, the IFSP outcomes, and resulting services/activities to support them) then it is most likely that it is the PT or OT expertise that is needed. The EI service type on the IFSP grid would be OT or PT.</p> <p>If during the development of functional outcomes, an additional service is needed and the IFSP team still identifies the OT or PT as the PSP then the IFSP team has several options:</p> <ul style="list-style-type: none"> • Add Secondary Service Provider (SSP) to fill in any service gaps. • The PT or OT has the knowledge, skills, and expertise, and is qualified to provide the needed additional EI service. This means the PT or OT will be providing another EI service. For example, the IFSP team identified that the needed EI service is “family training”. PT or OT meets EI qualified personnel standards to provide family training. The PT or OT agrees to provide family training to support the outcome and the service coordinator would document “family training” as the service type on the grid in section VI of the IFSP. This is more an exception than a common practice. The therapist would then sign and initial credentials on all documentation. • When the IFSP team is not sure of how or what EI service to write on the IFSP the county’s assigned DODD EI Program Consultant is available for guidance. <p>Note: In Ohio, only the Developmental Specialist is licensed to provide ‘special instruction’.</p> <p>EI Services Definition: OAC 3701-8-01 (U) 1-18: http://codes.ohio.gov/oac/3701-8-01 Federal reference:⁸</p>
<p>8. Is ‘role release’ a part of EBEI service provision?</p>	<p>As an EI team member, a therapist has the opportunity to share knowledge and expertise in support of other members, including parents/caregivers. When consultation is requested and the response is general, it’s acceptable to do so. When asked to provide specific strategies for a child that requires professional expertise, a joint visit or assessment opportunity would need to be planned so that a discipline specific assessment and POC can be developed prior to instruction or intervention being provided. It is then up to the therapist to discern when team member skill sets allow or prevent delegation of appropriate intervention strategies.</p> <p>Example: For a child who is having difficulty walking on his own and has an IFSP outcome targeting playing with his brother in the yard, many team members representing all disciplines would be equipped to support the parents in promoting the child’s interest and success of playing with his brother. IF however the child needed foot splints to support his success, then the PT, (PSP or not) would be responsible for evaluating and guiding accessing the needed assistive technology.</p> <p>PT Delegation: OAC 4755-27-03; http://codes.ohio.gov/oac/4755-27-03 OT Delegation: OAC 4755-7-03; http://codes.ohio.gov/oac/4755-7-03v1 APTA Fact Sheet on Using a Primary Service Provider Approach to Teaming⁹</p>

<p>9. As a PT, how do I fulfill the physician notification requirements of licensure when providing EI services?</p>	<p>Guidelines on Direct Access state that if a PT evaluates and treats without a prescription or referral, then the PT must notify primary health care provider within 5 days of the initial evaluation. * There is no differentiation for direct access between a “one time consult” or “if further intervention is needed” in the Laws and Rules Regulating the Practice of Physical Therapy (OAC 4755.48).</p> <p><i>*Evaluation referred to as ‘initial evaluation’ is defined as the first evaluation by the PT, whether it is during the eligibility determination process or when called in at a later date.</i></p>
<p>10. Is video conferencing as well as other service delivery platforms of tele-practice acceptable methods of service delivery in EI?</p> <p>*Other service delivery platforms could include: video taping with follow up consult, videotaping for modeling and sharing with other caregivers, etc.</p>	<p>Yes. Real-time tele-practice is permitted per licensure and professional standards. When using tele-practice methods, use the same documentation and practice standards as you would with any other service delivery method. Therapists must have an Ohio license to provide therapy via tele-practice platforms in Ohio.</p> <p>When families use recorded video of early intervention session to educate or share information with other family members, the family’s use of that video is not considered therapy thus there is no need to document. However, if the therapist is examining recorded video and providing coaching to a team member/family member, this should be documented as service delivery.</p> <p>Texting may need to be approved on a local agency basis, as text is not encrypted. Care needs to be taken not to include any identifiable information in a text message to a family. When using texting as a form of coaching a team member/family member, the therapist should document this interaction. Each therapist should check with his or her employing agency to assure alignment with agency policy.</p> <p>References:¹⁰</p>
<p>11. Do OTA and PTA have a role in EI service provision?</p>	<p>By rule, the PTA and OTA provide services under the direction and supervision of the PT and the OT who are responsible for all services delivered. Since a PTA or OTA cannot function independently, they cannot serve as a Primary Service Provider or Secondary Service Provider.</p> <p>Early Intervention is not a home program to be carried out to the child but rather a process of exploration and ongoing assessment in which the parent is supported in identifying ongoing priorities and learning how to support their child’s participation in everyday routines and experiences. The interventionist must be able to work independently and modify plans as they are constantly expected to assess progress on an ongoing basis and at every visit with a child and family.</p> <p>OT OAC: 4755-7-02 (A) & (B); http://codes.ohio.gov/oac/4755-7-02v1 Supervision, 4755-7-04;http://codes.ohio.gov/oac/4755-7-04</p> <p>PT OAC: 4755-27-03; http://codes.ohio.gov/oac/4755-27-03 APTA and AOTA References¹¹</p>

References:

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- ¹Physical Therapy Section/Ohio OTPTAT Board: Paraphrase of response to Early Intervention practitioner, dated 10/20/2016.
- ² Professional Scope of Physical Therapist Practice: www.apta.org/ScopeofPractice/Professional/
- ³ AOTA Scope of Practice, American Journal of Occupational Therapy, 2014: <http://ajot.aota.org/article.aspx?articleid=1934867>
- ⁴ OT Documentation: AOTA.org Nov/Dec 2013 Volume 67, #6:
Purpose of documentation is to:
- Communicate information about the client from the OT perspective.
 - Articulate the rationale for provision of OT services and the relationship of those services to client outcomes, reflecting the OT practitioner's clinical reasoning and professional judgment.
 - Create a chronological record of client status, OT services provided to the client, client response to OT intervention and client outcomes.
- ⁵ APTA: Guidelines: Physical Therapy Documentation Of Patient/Client Management BOD G03-05-16-41 Visit/Encounter
- ⁶ OTPT Board July 2012, JB4 response on pg. 9 of minutes: <http://otptat.ohio.gov/Portals/0/PTMins/2012%20Minutes/07-19-12%20-%20PT%20Minutes.pdf>
- ⁷ Worksheet for Selecting the Most Likely Primary Service Provider: http://fipp.org/static/media/uploads/casetools/casetool_vol6_no3.pdf
- ⁸ Federal reference for service types & definitions: <https://www.gpo.gov/fdsys/pkg/CFR-2012-title34-vol2/pdf/CFR-2012-title34-vol2-sec303-13.pdf>
- ⁹ APTA Pediatrics Fact Sheet- Using a Primary Service Provider Approach to Teaming; <http://pediatricapta.org/includes/fact-sheets/pdfs/13 Primary Service Provider.pdf>
- ¹⁰ Tele-Practice References:
- APTA Position Statement <http://www.apta.org/Telehealth/>
 - PT definition and guidance for Ohio: 4755-27-01 (c)(10)
 - APTA TELEHEALTH - DEFINITIONS AND GUIDELINES:
http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/TelehealthDefinitionsGuidelines.pdf#search=%22telehealth%22
 - Good website resource for all therapies: <http://www.matrc.org/telerehabilitation-telepractice>
- ¹¹ Direction And Supervision Of The Physical Therapist Assistant:
https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/DirectionSupervisionPTA.pdf

AOTA Official Document: **Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services**, published and copyrighted in 2014 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 68(Suppl. 3).

Supporting Resources:

The American Occupational Therapy Association: (FAQ): What is the Role of Occupational Therapy in Early Intervention?

https://www.aota.org/~media/Corporate/Files/Practice/Children/Browse/EI/Role-of-OT_1/Early%20Intervention%20FAQ%20Final.PDF?la=en

AOTA Practice Advisory on the Primary Provider Approach in Early Intervention

<http://www.aota.org/~media/corporate/files/practice/children/aota-advisory-on-primary-provider-in-ei.pdf>

Key Principles of Early Intervention and Effective Practices in Natural Environments: A CROSSWALK WITH STATEMENTS FROM DISCIPLINE SPECIFIC LITERATURE (Updated October 2014): Full document can be accessed here:

http://ectacenter.org/~pdfs/topics/eiservices/KeyPrinciplesMatrix_01_30_15.pdf

APTA Fact Sheet: Natural Environments in EI services: http://www.pediatricapta.org/consumer-patient-information/pdfs/Natural_Env_Fact_Sheet.pdf

AGREED UPON PRACTICES FOR PROVIDING EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS Developed by the Workgroup on Principles and Practices in Natural Environments http://ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf

Ohio EI IFSP Guidance Document (Spring 2016): <http://www.helpmegrow.ohio.gov/~media/HelpMeGrow/ASSETS/Files/Professionals-Gallery/HMG-Early-Intervention/EI-Guidance-Documents/OH-EI-IFSP-Guidance-Document-050616.ashx?la=en>

Additional Reading

AOTA. (2010). Occupational Therapy Code Of Ethics And Ethical Standards (2010). *American Journal of Occupational Therapy*, 64(Suppl.), S17–S26.

<http://ajot.aota.org/article.aspx?articleid=2442685>

AOTA. (2014). Occupational Therapy Practice Framework: Domain And Process (3rd ed.). *American Journal of Occupational Therapy*, 68, (Suppl. 1), S1–S48. <http://dx.doi.org/10.5014/ajot.2014.682005>

AOTA. (2010). Standards Of Practice For Occupational Therapy. *American Journal of Occupational Therapy*, 64(Suppl.), S106–S111.

<http://ajot.aota.org/article.aspx?articleid=1865175>

Barbara E. Hanft, Dathan D. Rush, M'Lisa L. Shelden (November 21, 2003), *Coaching Families and Colleagues in Early Childhood 1st Edition*. Paul H Brookes Pub Co; 1 edition.

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Ohio OTPTAT Board Section Review Comments:

PT Section:

“... the information you include in this document appears consistent with the current Ohio Physical Therapy practice Act. It is appropriate that you have referenced the sections of Ohio Revised Code/Ohio Administrative Code.

The Section thanks you for your correspondence and appreciates your understanding that it is your professional responsibility to remain current with professional standards. Please visit the Board’s website (<http://otptat.ohio.gov>) to review the Physical Therapy Practice Act and other information related to the regulation of physical therapy in Ohio.”

Sincerely,

The Physical Therapy Section (Dated: 2/9/2107)

OT Section:

“The Early Intervention Guidance Document was reviewed with reference to Ohio Revised Code, Chapters 4755-1 to 4755-9 of the Ohio Administrative Code. No conflicts were found with the referenced sections that regulate the practice of occupational therapy. The document appears to help understanding the procedures for the teamwork necessary to provide services in the Early Intervention practice area.

The Section thanks you for your correspondence. Please visit the Board’s website (<http://otptat.ohio.gov>) to review the Occupational Therapy Practice Act and other information related to the regulation of occupational therapy in Ohio.”

Sincerely,

The Occupational Therapy Section (Dated: 2/13/2017)

Ohio Department of Developmental Disabilities Review Comments:

“This is the guidance that Ohio consultants would give to the field and is consistent with any/all rules.” *(Dated: 11/10/16)*