

School-Based Medicaid Billing for Occupational Therapists, Physical Therapists, Speech Therapists and Audiologists

The Virginia Department of Education in collaboration with

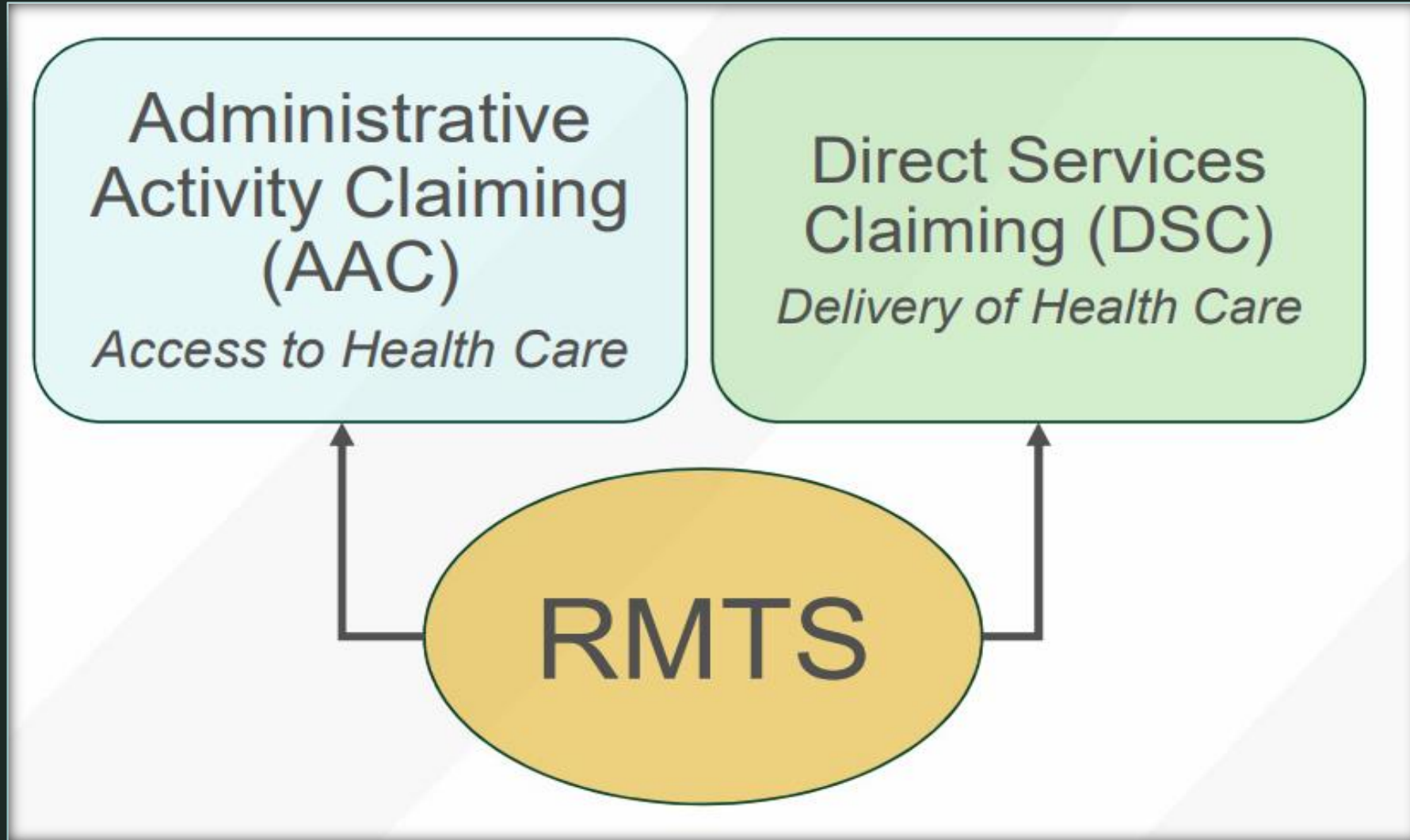
The Department of Medical Assistance Services

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The school-based Medicaid billing program allows school divisions to submit claims for reimbursement for services provided to Medicaid eligible students. This training will explain the documentation requirements for providers and how other activities are covered under the Random Moment Time Study (RMTS).

School-Based Medicaid Billing Program





Scope of Practice: Defined

- Activities permitted for licensed providers
- Rules and regulations determined by state legislatures
- Rules and regulations determined by licensing entity



Providing Health Services in an Educational Environment

- You are a licensed, qualified health care professional working in a school setting addressing students' educational needs.
- Educational needs and health care needs can and do overlap!
- As a licensed provider, you have special skills and training to address underlying health issues that are impacting a student's ability to succeed in the educational environment.

Health Care Professionals working in Schools

“...the school setting offers a unique opportunity to enroll children in Medicaid and facilitate access to coverage as well as provide health services directly to ANY Medicaid enrolled children. Schools provide a venue to enhance early identification of health needs and connect students to a broad range of health care services, including behavioral health resources.”

- *Centers for Medicare and Medicaid Services, May 2023*

<https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/medicaid-and-school-based-services/index.html>

School Services on the Continuum of Care

- School-based practitioners provide important **health-related** services on the continuum of care for the children you serve.





Continuum of Care

- School division direct services are an important healthcare component on the continuum of care in a school setting.
- Other healthcare providers, such as long term care providers and hospital providers, are also on the continuum.
- All services on the continuum represent important **health care** services.
- The direct services that school divisions provide are not “less than” other services and settings.
- When students receive services both in-school and out, the services that school divisions provide do not duplicate services in other settings, but rather compliment them.
- Schools provide important **health care** services, which when taken together with community-based services, can address the full scope of services that kids need on the complete continuum of care.



Health Care Professionals working in Schools

- As a provider working under the scope of your license, you are a health care provider, providing services in an education setting.
- Anytime that you are wearing your discipline's "hat" remember that you are bringing your skills, training, experience and scope of license to the work that you are doing, including:
 - Direct services with student(s)
 - Preparation/planning for services and paperwork/follow-up activities related to services (report writing, documentation, etc.)
 - Bringing your skills/training/license to contribute to a meeting, consultation, communication, coordination, training and other similar activities.
- When you are doing an activity that can be done by an unlicensed provider (lunch duty, bus duty, teaching, etc.), this is considered educational.
- It's important to keep your role as a health care professional in mind when responding to the RMTS. (More to come on RMTS later in this presentation.)

OT Scope of Practice

AOTA-
American Occupational
Therapy Association

NBCOT-National
Board for Certification
in Occupational
Therapy

State Regulations

Occupational Therapy Scope of Practice

Occupational Therapist	Occupational Therapy Assistant
Assessment/Evaluation	Participate in assessment
Program planning	Participate in program planning
Specific Activities/Therapeutic Methods for therapy	Implement interventions based on guidance from OT
Discharge planning	Assist in discharge planning

Physical Therapy Scope of Practice

APTA-
American Physical Therapy Association

State Regulations

Physical Therapy Scope of Practice

Physical Therapist	Physical Therapy Assistant
Assessment/evaluation	Treatment
Program planning	Measurement
Document status at discharge with response to therapeutic intervention	Data collection

Speech Therapy and Audiology Scope of Practice

American
Speech and
Hearing
Association

State
Regulations

Supervision

Certified occupational therapy assistant (COTA) and licensed physical therapy assistant (LPTA) require supervision. Individual licensing regulations address supervision requirements for each discipline.

If not addressed in individual licensing regulations, then follow DMAS minimum requirements, which are at least every 90 days and supervision meeting can occur face-to-face or telephonically.

The licensed OT/PT are fully responsible for any actions of persons performing occupational or physical therapy functions under the OT/PT supervision or direction.

Supervision Continued

Student interns that provide professional services in OT, PT, SLP or Audiology are not reimbursed per DMAS regulations.

These cost are not included in your cost settlement, therefore there is typically no financial impact to the school division

Supervision of services are covered administrative activities captured in the RTMS.

Occupational Therapy Discipline

State regulations-see law 18VAC85-80-110

The supervising OT should meet with the OT assistant(s) to review and evaluate treatment and progress of the individual student at least once every 10th treatment session or every 30 calendar days, whichever occurs first.


The supervising OT shall review and countersign the COTA's documentation at the time of supervisory review and evaluation.

Physical Therapy Supervision

State regulations-see laws 18VAC
112-20-120 & 18VAC 112-20-90

The LPTA's visits must be made
under general supervision (e.g., a PT
is available for consultation).

The PT shall re-evaluate the
therapeutic plan at least once every
30 days or within 12 student visits,
whichever comes first.



Educational laws and regulations

- Family and Educational Rights and Privacy Act (FERPA)
- Virginia Department of Education Regulations and Law
- Direct Access Laws



Family Educational Rights and Privacy Act (FERPA)

- Medicaid does not require parental consent to submit documentation for billing.
- FERPA requires schools to have written permission in order to release information from a student's educational record.

Medicaid laws and regulations for Service providers: OT, PT, Speech and Audiology

Valid discipline specific license

Obtain National Provider Identifier (NPI) number

Register as an ordering, referring and prescribing (ORP) provider on Virginia Medicaid web portal

[Chapter 2: LEA Medicaid Manual](#)

[VDOE guidance on Medicaid in Schools](#)



National Provider Identifier (NPI)

- NPI is a unique identification number for covered health care providers.
- Obtain NPI number at <https://nppes.cms.hhs.gov/#/>
- COTA/LPTA do not need an NPI number.

Ordering, Referring, Prescribing (ORP) Provider

- ORP registration at <https://virginia.hppcloud.com/>
- ORP registration ensures all services are provided by persons that are appropriately credentialed and have not been disqualified from billing Medicaid due to fraud, waste and abuse.
- COTA/LPTA are not required to register as an ORP.



Ordering, Referring, Prescribing (ORP) Provider

- The ORP NPI on the claim is saying that they agree that the student needs the service
- The ORP NPI on the claim is not saying that the:
 - ORP provider rendered the service
 - ORP provider is supervising the service
 - ORP provider is reviewing the documentation
- 5-year revalidation process on ORP registration and DMAS will contact you in advance of your revalidation date



Clinical Impressions

Think of scope of practice, combined with therapy definitions of rehabilitate (improve or restore), ameliorate (to make better or more tolerable) and habilitation (develop new skills or functions) as services that require the skill level of a licensed provider

Chapter 4 Medicaid Manual



Clinical Impressions

Based on an assessment made by a licensed provider, services must be provided with the expectation that the condition of the student will improve in a reasonable and generally predictable period of time, or the services are necessary to establish a safe and effective program (Plan of Care) to ameliorate the condition or slow the disease progression.



Clinical Impressions

Maintenance level services do not require the skill level of a qualified therapist acting within the scope of his or her license, and typically do not meet the definitions of rehabilitation or habilitation services. These services, however, may be medically necessary for the student to maintain current level of function and avoid more intensive services. DMAS reimburses for maintenance level services performed by a personal care assistant (PCA) in the schools when supervised by a DMAS qualified provider acting within the scope of his or her license.

Documentation Requirements

Assessment

Plan of
Care

Progress
Notes

Supervision

Discharge
Summary



Assessments

- Must be performed by a DMAS qualified provider within their scope of practice.
- Evaluation documentation requires all the following:
 - Reason for the evaluation
 - Medical/treating diagnoses or identifying issue
 - Current findings
 - Current functional status (strengths and deficits)
 - Summary of previous treatment and results
- There is no specific form for therapy evaluations, but the provider must address previous treatment and results in their documentation, regardless of where the documentation is located.



Assessments:

Occupational and Physical Therapy

Assessments are billed “per evaluation” and not by time.

CPT Codes:

97163 Physical Therapy Evaluation

97167 Occupational Therapy Evaluation

97755 Assistive Technology Evaluation



Assessments: Speech Language Pathology

Assessments are billed “per evaluation” and not by time.

There are multiple codes for Speech/Language Assessments. The provider must select the appropriate code (electronic platform) or communicate the assessment type to the Medicaid billing personnel.

CPT Codes:

92521 Evaluation of speech fluency (e.g., stuttering, cluttering)

92522 Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)

92523 Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)

92524 Behavioral and qualitative analysis of voice and resonance

97755 Assistive Technology Evaluation

92551 Hearing Screening



Assessments: Audiology

Most Audiology Assessments are billed “per evaluation” and not by time.

CPT Codes:

97755 Assistive Technology Evaluation

92551 Hearing Screening

92550 Tympanometry and reflex threshold

92551 Screening test, pure tone , air only

92552 Pure tone audiometry (threshold); air only

92553 Pure tone audiometry (threshold); Air and bone

92555 Speech audiometry threshold

92556 With speech recognition

92557 Comprehensive audiometry threshold evaluation and speech recognition

92559 Audiometric testing of groups

92560 Bekesy audiometry; screening

92561 Diagnostic

92562 Loudness balance test, alternate binaural or monaural



Assessments:

Audiology CPT Codes Continued

- 92567 Tympanometry (impedance testing)
- 92568 Acoustic reflex testing; threshold
- 92571 Filtered speech test
- 92572 Staggered spondaic word test
- 92575 Sensorineural acuity level test
- 92576 Synthetic sentence identification test
- 92579 Visual reinforcement audiometry (VRA)
- 92582 Conditioning play audiometry
- 92583 Select picture audiometry
- 92589 Central Auditory Function Test(s)
- 92592 Hearing aid check; monaural
- 92620 Evaluation of central auditory function with report; initial 60 minutes
- 92621 Each additional 15 minutes

Documentation Requirements: Plan of Care

- A Plan of Care must be developed by a DMAS qualified provider and cannot be developed by a COTA or LPTA even though they are licensed providers.
- DMAS does not require the use of a specific form but rather the inclusion of specific information.



Plan of Care: ICD-10 Diagnosis Code

- The medical/treating diagnosis or identifying issue to be addressed by the service being provided using the current International Classification of Diseases (ICD) manual must be identified and listed on the POC.
- SLPs would use the identifying issue ICD code RELATED to what they are treating (articulation, language, etc.).
- OTs would use an identifying issue ICD code RELATED to what they are treating (fine motor, sensory needs, etc.).
- PTs would use an identifying issue ICD code RELATED to what they are treating (gross motor, functional mobility, etc.).
- List of codes can be found at: <https://www.icd10data.com/>



Plan of Care: Long Term Goals:

- Documentation must include measurable long-term goals which describe the anticipated level of functional improvement together with time frames for achievement.
- Long term goals achievement date can be no longer than one year from the implementation date of the Plan of Care.



Plan of Care: Interventions, Treatments and Modalities

Must include specific interventions, treatments, or modalities and methods that will be used during the sessions, referencing the long-term goals that are the focus of the intervention.



Plan of Care: Services and Implementation Date

- The description of services should be specific, and the frequency should be based on the smallest increment of time (weekly versus monthly).
- A range of services is permissible.
- If you use a vendor, be aware of how they define a billing cycle (1st -31st vs. 4 calendar weeks).
- The POC implementation date must include the month, day and year.



Plan of Care: Signature, Title and Date

- The licensed, qualified provider must sign and date the POC.
- The signature must be complete and include the title of the provider.
- The date must include the month, day and year.



Plan of Care: Addendum

- Any significant changes in the student's condition must be noted with subsequent revisions in the Plan of Care or Plan of Care Addendum.
- This includes revisions, additions, and deletions of the goals, and any changes to the frequency or duration of services.
- Can't amend in order to extend the length of the POC.



Progress Notes

- The DMAS qualified provider or COTA/LPTA must write progress notes for each visit.
- Documentation must indicate the service as IEP or non-IEP.
- Documentation must indicate the service activity- this can be a checklist
- Documentation must include the date and type of contact (individual/group, cancelation).
- Progress notes must be completed and signed as soon as possible.



Progress Notes: Response to Treatment

- Each record needs to be child specific and relate to the long-term goals on the POC.
- If your school division uses a vendor, make sure that they are not using any default values.
- Provide a key to any abbreviations used in the progress notes.



Response to Treatment:

Good Examples

OT: Student seen in classroom for handwriting sizing and alignment practice using structured activity. Use of boxes and model to write a lowercase alphabet with correct relative sizing and alignment. One verbal cue to write his first name with 80% accuracy of alignment. Activity completed to increase distinction and identification of “short, tall, and tail” letters with boxes for alignment. He near copied a sentence on highlighted manuscript line with 1 verbal cue with 92% correct alignment but no spaces between words. Total assist required to use spacer to re-copy sentence with 84% alignment and adequate spacing.



Response to Treatment:

Good Examples

PT: Tried student in the Bronco gait trainer today. He is very mobile in it and navigated in the hallway and through narrow door openings. Used a bunny hop type gait with both legs moving together simultaneously. PT recommended to teachers that they use the Rifton pacer for walking indoors as his gait is reciprocal and use the Bronco for outdoors as it has larger wheels and is designed for such. Transferred from the Bronco to his classroom (Rifton) chair with min assist of one for balance, using the gait trainer for support and then pushing himself back in the chair.



Response to Treatment:

Good Examples

ST: Comparing and contrasting two nouns when give a visual support for "they are the same because they both ____" and "they are different because one is ____ and one is ____" 20% required scaffolding and closed sets in order to answer questions. Student produced voiceless "th" in the initial position of words at the phrase level with 70% accuracy.



Response to Treatment: Good Examples

Audiology:

- Student identified 7 out of 10 (70%) single syllable words that differed by their initial consonant, presented through audition alone, from a closed set of 4.
- In a sabotaged listening situation, Student used the strategy of “looking for an indicator light” to determine their device was not functioning, with one prompt.
- Student completed a conditioned play task to the Ling 6 sounds on 10/20 opportunities (50%).
- From a set of 4 images, Student identified words that differ by number of syllables on 4 out of 10 (40%) opportunities given, through audition alone. When provided with visual cues, the student identified 9 out of 10 (90%).

Response to Treatment: Problematic Examples

- Student is beginning to write with good letter formation and spacing. Have sent home man worksheets and cutting sheets and the family has been excellent with the follow thru. (OT)
- In PE participating in all activities hitting a balloon up in the area consecutively, using a paddle or a racket to hit the balloon in the air. Did not sit down once to rest, standing up from the middle of the floor using a half kneel progression. (PT)
- Service provided. No data taken today. (all)
- Therapy activities provided; student did well. (all)
- Student Uncooperative. (all)



Progress Notes: Signature and Date

- Progress notes must clearly identify:
 - the provider/therapist rendering the service including their full name and title.
 - the full signature of the provider/therapist rendering services and date (month, day and year).
- Evidence of the supervisory visit of the therapy assistant must be documented by the DMAS qualified provider and include the full signature of the DMAS qualified provider.



Progress Notes: Billing Codes

- If you use an electronic platform, dropdowns with code selection is typically built in the system for selection.
- OT/PT/SP use a single code regardless of the length of the service.
- You must differentiate between individual sessions and group sessions.



Progress Notes: Therapy Billing Codes

97110 Physical Therapy Individual Visit

97150 Physical Therapy Group Session

97530 Occupational Therapy Individual Visit

S9129 Occupational Therapy Group Session

92507 Speech Therapy Individual Visit

92508 Speech Therapy Group Session



Supervision

- Supervising licensed professional must document, in the student's progress notes/service record, that a supervisory visit has occurred consistent with licensing laws, and at least every 90 days.
- During the supervisory visit, the qualified supervising provider should review the child's progress and make any adjustments to the treatment plan.
- Documentation must also include
 - Date of supervision session
 - Signature and title of licensed provider



Supervision: Student Interns

- There is no provision for DMAS to reimburse for assessments and services provided by unlicensed student interns, even if they are working under the direct supervision of a licensed provider.
- The documentation of services provided by interns can be included in student records but is not required to be kept for Medicaid.



Discharge Summary

- When a service is discontinued, regardless of reason, the student's progress and response to treatment, and recommendations for future care must be documented in the service record.
- The discharge summary may be documented within the progress notes.
- Services must be considered for termination in the following circumstances:
 - Student has met their long-term goals
 - Skill of DMAS qualified provider is no longer required
 - Student no longer benefiting from therapy
 - Rehabilitation vs. Habilitation vs. Maintenance
 - Student has unstable condition affecting ability to participate
 - Temporary vs. long term instability



Discharge Summary

- A discharge summary must be written if the service continues, but no longer meets DMAS requirements for billing
- If a student is transferring to another school and the services are to continue, a discharge summary is not required.



Discharge Summary: Documentation Requirements

Must be documented within 30 calendar days of discharge and include all the following, but is not limited to:

- Summarize student's progress relative to treatment goals
- The reason for discharge
- The student's functional status at discharge compared to admission status
- The student's status relative to established long-term goals met or not met
- The recommendations for any follow-up care
- The full signature, title and date (month/day/year) by the qualified provider.

Discharge Summary: Good Examples

Student was initially referred by his father and kindergarten teacher in the fall of 2017 and found eligible in January of 2018, due to concerns with articulation. At the time of initial eligibility, Brayden was having difficulty producing the following sounds: /V/, /L/, /TH/, /SH/, /S/, /Z/, /CH/, /R/ and their blends. In March of 2020, student received continued eligibility through the re-evaluation process for a speech-language impairment, as a result of articulation errors on the following sounds: /L/, /R/ and their blends. Although at the time of reevaluation, the /R/ sound and its blends were still not developmentally appropriate, student has made progress towards his speech goals of improving the /L/ sound and is showing mastery of the /R/ sound as well.




Discharge Summary: Good Examples

The student was found eligible for physical therapy services as a preschooler. Since his initial admission, he has transitioned from a therapeutic stroller to a manual wheelchair. Therapy data from the current school year indicates that student is now able to navigate the school environment safely and position himself independently. He requires little to no prompting to use strategies to transfer from his wheelchair to alternative seating to provide pressure relief and access to educational activities. The student has demonstrated sufficient self-advocacy when he requires adult intervention to address any physical needs. Due to his progress and current level of performance, dismissal from physical therapy is being recommended. Parents and the student are encouraged to contact the school administration if regression occurs.

Discharge Summary: Good Examples

The student has received direct OT and consult OT services since first grade. Initial evaluation stated difficulty with writing his letters and organizing his written work. Initially, the student was unable to form his letters from memory, space between his words and write within the given boundaries. Weakness in his pencil grasp, hand separation skills and hand strength is noted in the initial evaluation. He has greatly improved with forming his letters correctly and using accommodations to assist with written legibility. The accommodations currently listed on his IEP included writing checklist, adaptive paper and graphic organizer. His writing can still be difficult to read at times and after being evaluated by assistive technology last school year it continues to be recommended to use internet speech to text applications and word prediction software for lengthy writing assignments. Increasing the use of the technology will assist with the area of written expression. These accommodations are sufficient to meet the student's needs and OT services are no longer recommended.



Discharge Summary: Problematic Examples

- The student no longer qualifies for Speech Therapy Services.
- The student can write his name legibly.
- The student can navigate the school environment adequately.



Personal Care Services: Defined

- Must be needed to address an identified medical/health/behavioral health condition.
- Must be carried out according to specific goals written into a personal care plan of care/treatment plan.
- Must be carried out under the general supervision of a DMAS-qualified healthcare professional as allowed under the professional's license scope.
- Training and supervision of the personal care assistant must be carried out according to licensing requirements of the supervising provider of the services as listed in the plan of care.



Personal Care Services: Who

- Unlicensed personnel employed or contracted by the school division.
- These persons may be called several different things within the school setting (e.g., classroom aide, special education aide, one-on-one aide, a non nurse working in a clinic, a behavioral aide).
- We collectively refer to persons doing this work as personal care assistants.
- When the assistance provided meets the Medicaid definition of personal care service, the activity may be submitted as part of interim claiming and counted as a direct services in the RMTS.



Personal Care Service: Plan of Care

- The POC must contain all the same information as required for OT/PT/SP in the previous slides.
- POC is reflective that the services being provided are maintenance level with goals that reflect this level of need.
- If the personal care assistant provides personal care services under supervision of multiple disciplines (e.g., PT and nursing), there must be multiple plans of care completed by the appropriate qualified professional documented in the student's record.



Personal Care Services: Documentation Log

- The school health assistant rendering the service should be clearly indicated and include the personal care assistant's signature, role title and printed name.
- The qualified provider supervising that discipline specific service must confirm that services rendered were carried out in accordance with the Plan of Care.
- This confirmation must include the supervising qualified provider's signature.



Personal Care Services: Progress Notes and Billing Codes

- Personal Care Services are billed in 15-minute units.
- In the service log, the PCA must document the total time (in minutes) for the completion of the service.
- T2027 Personal Care Services - individual
- S5125 Personal Care Services - group



Examples of Personal Care Services under OT, PT and Speech/Language

- Assistance with activities of daily living (e.g., toileting, eating)
- Assistance that enables the student to participate safely in learning activities
- Physical positioning or transfers to prevent injury
- Performing exercises to maintain range of motion
- Assistance with utilizing communication device




Health Care Professionals working in Schools

- As a provider working under the scope of your license, you are a health care provider, providing services in an education setting.
- Anytime that you are wearing your discipline's "hat" remember that you are bringing your skills, training, experience and scope of license to the work that you are doing, including:
 - Direct services with student(s)
 - Preparation/planning for services and paperwork/follow-up activities related to services (report writing, documentation, etc.)
 - Bringing your skills/training/license to contribute to a meeting, consultation, communication, coordination, training and other similar activities.
- When you are doing an activity that can be done by an unlicensed provider (lunch duty, bus duty, teaching, etc.), this is considered educational.
- It's important to keep your role as a health care professional in mind when responding to the RMTS.

Did you know?

- The Random Moment Time Study (RMTS) determines how much federal funding your school division is eligible to receive through the Medicaid and Schools program.
- Reimbursement is not based on “billing” for services.
- Reimbursement is based on how all the school-based staff across the state answer their “moments.”
- RMTS is actually a statewide group project! The responses from each individual staff member impact reimbursement for your school division, and for all school divisions in the state!





Health-Related work activities go far beyond time spent directly with students

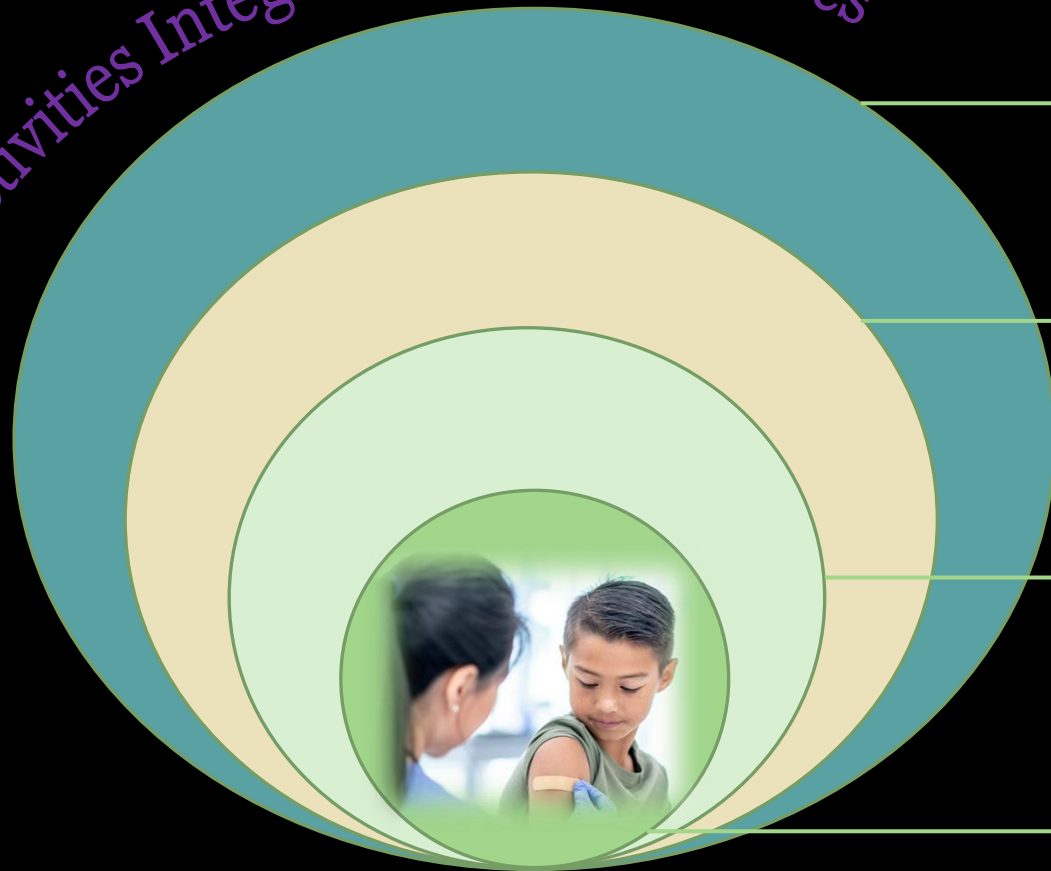
Reimbursable work activities are generally categorized for Medicaid purposes into two categories:

- Direct health care services, including all components that are integral to the delivery of services
- Medicaid “Administrative” activities

Medicaid Direct Service Reimbursable Work Activities

It's all about **PROVIDING** health care services in a school setting:

Activities Integral to Direct Services



program planning

Planning related to meeting health needs

document service(s)

Service notes; Medicaid billing; writing an evaluation report

prepare for service(s)


gather supplies; set-up for therapy; review notes/records/POC

provide service(s)

Face to face with student(s)

Medicaid Administrative (Indirect Service) Reimbursable Work Activities

It's all about **ACCESS** to health care services:



A word cloud of Medicaid administrative activities surrounding a central image of a healthcare professional attending to a child. The words are in various colors and orientations:

- Arranging
- Transportation
- Outreach
- Access
- Connecting
- Care Planning
- Referring
- Informing
- Follow-up
- Monitoring
- Linking
- Program Planning
- Care Coordination
- Translating
- Collaborating

Since so much of your day is spent “wearing your licensed hat” and doing things that support student health, what does that look like when responding to a random moment?





Vignette 1: Evaluating a student

- Could be testing/evaluating one or many aspects of a student's functioning in the school environment, including memory, cognition, executive functioning, verbal and non-verbal communication, oral function, speech production, voice, resonance, hearing, etc.
- As a licensed provider, you are providing the testing/evaluation service under your scope and standards of practice, or your domains of professional practice.
- These are skilled health-related services.



Vignette 1: Evaluating a student

Q1: What type of activity were you doing?

- a) Working with student(s) regarding **EDUCATION / ACADEMICS** skills / issues / needs

Q2: What, specifically, were you doing?

- a) TEACHING or tutoring an academic subject
- b) Providing CLASSROOM / ACADEMIC SUPPORT or assistance
- c) ACADEMIC TESTING (includes proctoring AP exams, statewide testing, etc.)
- d) Other choices...

- a) Working with student(s) regarding **HEALTH CARE** (e.g., PT, OT, SPL, Nursing, dental, vision, hearing, mental and/or behavioral health)

Q2: What, specifically, were you doing?

- a) Providing AUDIOLOGY service or evaluation
- b) Providing OCCUPATIONAL or PHYSICAL THERAPY service or evaluation
- c) Providing SPEECH-LANGUAGE THERAPY service or evaluation
- d) OBSERVATION of student(s) for the purpose of assessing HEALTH-related needs (PT, OT, SPL, psychological, etc.)
- e) Other choices...



Vignette 1: Evaluating a student

Q3: Was this activity pursuant to a student's IEP?

- a) Yes, my work activity was pursuant to a student's IEP
- b) No, my work activity was not pursuant to a student's IEP

Q4: Who were you working or interacting with?

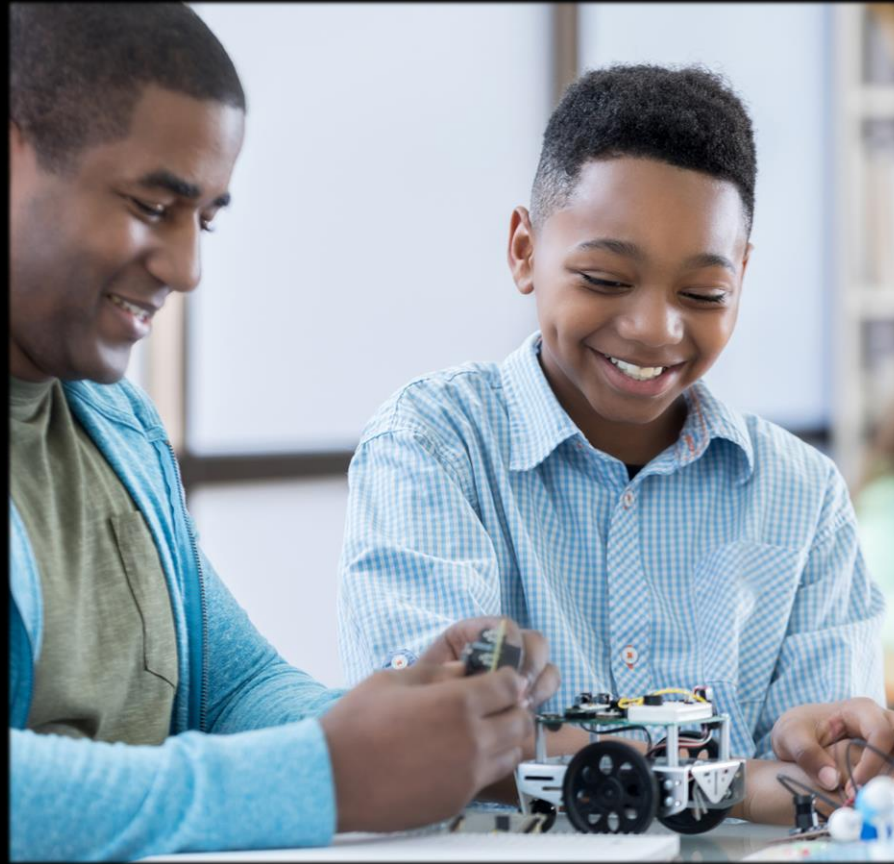
- a) Student(s)
- b) Student(s) and School Staff
- c) Other choices...

Q5: Why were you performing this activity?

- a) This was an INITIAL EVALUATION of a student to determine if health-related services are needed, which I performed within the scope of practice allowed by my clinical license.
- b) RE-EVALUATION FOR DETERMINATION TO CONTINUE IEP SERVICES OR DISCHARGE: and/or to adjust the plan of care or treatment plan, which I performed within the scope of practice allowed by my clinical license.
- c) The service DID NOT QUALIFY as a skilled health care service and/or it exceeded the number / amount of prescribed services and/or was not within the scope of practice allowed by my clinical license.
- d) Other choices...

Vignette 2: Providing IEP related services

- Speech-language therapy
- Occupational therapy
- Physical therapy
- Audiologist providing listening therapy or auditory rehab
- Fitting/checks of amplification devices or other hearing assistive technology (HAT)
- SLPs/OTs providing tech support for assistive technology devices



Vignette 2: Providing IEP related services

Q1: What type of activity were you doing?

- a) Working with student(s) regarding **EDUCATION / ACADEMICS** skills / issues / needs

Q2: What, specifically, were you doing?

- a) TEACHING or tutoring an academic subject
- b) Providing CLASSROOM / ACADEMIC SUPPORT or assistance
- c) Other choices...

- a) Working with student(s) regarding **HEALTH CARE** (e.g., PT, OT, SPL, Nursing, dental, vision, hearing, mental and/or behavioral health)

Q2: What, specifically, were you doing?

- a) Providing AUDIOLOGY service or evaluation
- b) Providing OCCUPATIONAL or PHYSICAL THERAPY service or evaluation
- c) Providing SPEECH-LANGUAGE THERAPY service or evaluation
- d) OBSERVATION of student(s) for the purpose of assessing HEALTH-related needs (PT, OT, SPL, psychological, etc.)
- e) Other choices...



Vignette 2: Providing IEP related services

Q1: What type of activity were you doing?

- a) Working with student(s) regarding **HEALTH CARE** (e.g., PT, OT, SPL, Nursing, dental, vision, hearing, mental and/or behavioral health)

Q2: What, specifically, were you doing?

- a) Providing OCCUPATIONAL or PHYSICAL THERAPY service or evaluation

Q3: Was this activity pursuant to a student's IEP?

- a) Yes, my work activity was pursuant to a student's IEP

Q4: Who were you working or interacting with?

- a) Student(s)

Q5: Why were you performing this activity?

- a) The service performed was pursuant to the student's IEP. The service was within the scope of my license and was necessary to address a specified health-related issue and required the skills and training of my license.
- b) INDIRECT SERVICE ("consultation") was requested, for example by a staff member or a parent/guardian or fulfilling IEP consultation hours.
- c) The service DID NOT QUALIFY as a skilled health care service and/or it exceeded the number / amount of prescribed services and/or was not within the scope of practice allowed by my clinical license.
- d) Other choices...



Vignette 3: Preparation/Planning for Services & Documentation and follow-up activities

- Time spent doing things that are integral aspects of providing services, such as preparing/getting ready to provide a service and doing documentation/notes and other activities that are part of completing the full process of providing services are all treated the same as the time spent directly with the student.
- Be careful not to describe these activities as “clerical tasks” or in other terms that fail to communicate the connection between the task and the provision of a skilled service.
- These are skilled health-related activities.

Vignette 3: Preparation/Planning for Services & Documentation and follow-up activities

Q1: What type of activity were you doing?

- a) PREPARATION or FOLLOW-UP ACTIVITIES RELATED TO WORKING WITH STUDENT(S) regarding **EDUCATION or ACADEMICS**
- b) PREPARATION or DOCUMENTATION ACTIVITIES RELATED TO WORKING WITH STUDENT(S) regarding **HEALTH CARE** (e.g., PT, OT, SPL, Nursing, dental, vision, hearing, mental and / or behavioral health)
- c) GENERAL ADMINISTRATIVE or clerical work unrelated to any of the categories above
- d) Other choices...





Vignette 3: Preparation/Planning for Services & Documentation and follow-up activities

- **Q1: What type of activity were you doing?**
 - PREPARATION or DOCUMENTATION ACTIVITIES RELATED TO WORKING WITH STUDENT(S) regarding **HEALTH CARE** (e.g., PT, OT, SPL, Nursing, dental, vision, hearing, mental and / or behavioral health)
 - **Q2: What, specifically, were you doing?**
 - Preparation or documentation activities related to HEALTH CARE (e.g., PT, OT, SPL, Nursing, hearing, vision, mental and / or behavioral health) services
 - CLEANING / BREAKING DOWN after provision of HEALTH-related services
 - WRITING PROGRESS REPORTS for HEALTH-related services
 - Other choices...



Vignette 4: Student Response Team or Child Study Team Meeting


- Any school health professional is participating in these types of team meetings to provide the clinical perspective of your license and training.
- Yes, these teams have a goal of improving attendance, preventing truancy, and increasing student academic success.
- But the licensed professional is qualified to assess the health-related barriers and challenges a student faces that contribute to poor attendance and poor academic achievement.
- You bring your skilled expertise to address health-related concerns to this meeting/effort.

Vignette 4: Student Response Team or Child Study Team Meeting

Q1: What type of activity were you doing?

- a) Planning or participating in MEETING / CONVERSATION regarding SPECIFIC STUDENT(S), including phone and email conversations

Q2: What, specifically, were you doing?

- a) **EDUCATION / ACADEMIC** or SOCIAL related PARENT MEETING / CONFERENCE / COMMUNICATION (including phone or email)
- b) **EDUCATIONAL, ACADEMIC**, VOCATIONAL or SOCIAL services FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding EDUCATIONAL OR ACADEMIC issues for a specific student (other than an IEP or Section 504 meeting)
- c) **HEALTH-related** PARENT MEETING / CONFERENCE / COMMUNICATION (including phone or email but NOT and IEP, IFSP or 504 meeting)
-  d) **HEALTH-related** FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding HEALTH / MEDICAL issues for a specific student (other than an IEP / IFSP or Section 504 meeting)
- e) Other choices...

Vignette 4: Student Response Team or Child Study Team Meeting

Q1: What type of activity were you doing?

- a) Planning or participating in GENERAL MEETING / CONVERSATION - NOT regarding any specific student(s), including phone and email conversations

Q2: What, specifically, were you doing?

a) **EDUCATIONAL, ACADEMIC, VOCATIONAL or SOCIAL services** FOCUS: Staff / Faculty / Department or other meeting

b) **BEHAVIOR / DISCIPLINE** FOCUS: Staff / Faculty / Department or other meeting



c) **HEALTH-related** FOCUS: Staff / Faculty / Department or other meeting



d) None of the above (after selecting this response, a text box will open for you to type your answer)

e) Other choices...

Note: If you choose to write in your own response using the “none of the above” option, you need to say more than “child study team meeting” (for example). You need to convey your role in the meeting as a health care professional.



Vignette 5: Consultation with a teacher


- School health professionals collaborate and consult with other professionals in the school, such as teachers and administrators, to help support student health.
- When consulting with a teacher, it's important to clearly identify whether you are truly:
 - mentoring/modeling teaching techniques/strategies to improve the teacher's practice, or
 - observing students in the classroom through the lens of your expertise and training for the purpose of identification of underlying issues impacting the student's learning, supporting the teacher to develop appropriate interventions/program design for the teacher to help support the student, and potentially determining the need for further assessment/evaluation or skilled interventions.

Vignette 5: Consultation with a teacher

Q1: What type of activity were you doing?

- a) Planning or participating in MEETING / CONVERSATION regarding SPECIFIC STUDENT(S), including phone and email conversations

Q2: What, specifically, were you doing?

- a) **EDUCATIONAL, ACADEMIC**, VOCATIONAL or SOCIAL services FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding EDUCATIONAL OR ACADEMIC issues for a specific student (other than an IEP or Section 504 meeting)
-  b) **HEALTH-related** FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding HEALTH / MEDICAL issues for a specific student (other than an IEP / IFSP or Section 504 meeting)
- c) None of the above (after selecting this response, a text box will open for you to type your answer)
- d) Other choices...

Note: If you choose to write in your own response using the “none of the above” option, you need to say more than “child study team meeting” (for example). You need to convey your role in the meeting as a health care professional.



Vignette 6: Supervision of an assistant, intern or clinical fellow

- School health professionals are often responsible for clinical supervision of assistant-level licensed staff or student interns or clinical fellows.
- Clinical supervision's purpose is to establish, maintain and elevate the level of performance of the supervisee and provide skilled clinical oversight on proper implementation of treatment plans to ensure that the students being treated by the assistant/intern/clinical fellow achieve their clinical treatment goals.
- This is a skilled health-related interaction.

Vignette 6: Supervision of an assistant, intern or clinical fellow

Q1: What type of activity were you doing?

**Option
1**

- a) Planning or participating in MEETING / CONVERSATION regarding SPECIFIC STUDENT(S), including phone and email conversations

Q2: What, specifically, were you doing?

- a) HEALTH-related FOCUS: any other MEETING / COMMUNICATION / CONSULTATION regarding HEALTH / MEDICAL issues for a specific student (other than an IEP / IFSP or Section 504 meeting)

Q1: What type of activity were you doing?

**Option
2**

- a) TRAINING, Professional Development or Conference activity

Q2: What, specifically, were you doing?

- a) MENTORING / COACHING / TRAINING with other staff member(s)

Vignette 6: Supervision of an assistant, intern or clinical fellow

Q1: What type of activity were you doing?

**Option
3**

a) GENERAL ADMINISTRATIVE or clerical work unrelated to any of the categories above

Q2: What, specifically, were you doing?

a) SUPERVISORY functions, including performance evaluations, supervision, classroom observation (for the purpose of performance eval)

Q1: What type of activity were you doing?

**Option
4**

a) Working with student(s) regarding HEALTH CARE (e.g., PT, OT, SPL, Nursing, dental, vision, hearing, mental and/or behavioral health)

Note: if the supervision is occurring simultaneously/concurrently with providing a service (maybe you're modeling and training; or maybe the assistant is servicing, but you're observing/ coaching / providing feedback and oversight) Then we want you to indicate that you're working with a student regarding health care as the 'primary' thing occurring.



Resources

[OT and PT VDOE laws and regulations](#)

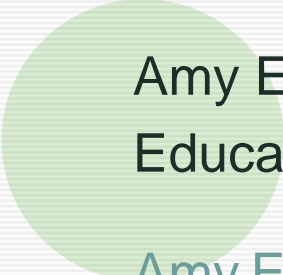
[VDOE handbook link for Special Education](#)

[VDOE regulations for 504](#)

[Speech-Language Pathology Services in Schools: Guidelines for Best Practice](#)

Revisions at a

glance https://www.doe.virginia.gov/special_ed/disabilities/speech_language_impairment/slp-revisions-2020.pdf



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