

Introduction

The purpose of this document is to provide guidance for school-based occupational therapists (OTs) and physical therapists (PTs) who are considering how to provide school-based related services under IDEA using alternate methods of service delivery during the COVID-19 outbreak and to inspire to action all the ways school-based OTs and PTs should be supporting students and their families.

School-based occupational therapy and physical therapy practice is evidence-based and clearly defined by law. However, best practices for related service provision for students being educated at home while practicing social distancing during a pandemic have not been articulated. This document was created in an effort to support the educational needs of students with disabilities, and the related service providers who serve them. Students with disabilities need to be healthy and well so that they can continue to learn and access the curriculum while at home. They need to be ready to participate in their educational programs when they return to school.

Information provided in this document is accurate, to the best of the authors' knowledge, as of the date of this document noted in the heading. Please see the contact information at the end of the document for questions. This document has been developed specifically for school-based OTs and PTs practicing in Arkansas public schools. OTs and PTs are encouraged to seek clarification about their specific district practices from their local education agency administrators and special education directors.

Best Practices in school-based occupational therapy and physical therapy

Occupational therapy and physical therapy under the Individuals with Disabilities Education Improvement Act (IDEA, 2004), is provided as a related service, when required, as part of a student's Individualized Education Plan, in order to support a student's access, participation, and progress in their educational program within the least restrictive educational environment (LRE) (Rose & Laverdure, 2012). Services are provided to students ***on behalf of the student*** (e.g., training, education and/or consultation with educational staff, fabrication of materials, adjusting of equipment, etc.) and ***services provided directly to the student*** (IDEA 20 U.S. Code § 1414 (d)(1)(A)(i)(IV)).

Published professional perspectives and evidence describe integrated approaches to school-based occupational and physical therapy as the preferred model. (Clark & Hollenbeck, 2019; McEwen, 2009). These approaches include services with other students present, within the context of typical school activities and routines, in the physical environment where the student spends their day, and must include knowledge sharing activities with the education team (including students and their families),

including consultation, collaboration, formal and information sharing, documentation, and communication with outside healthcare providers.

School-based services differ from services provided by OTs and PTs in other settings. School-based occupational therapy and physical therapy services are determined through consensus with the education team in the IEP development process. As noted above, goals targeted for intervention by the OT and PT must reflect what is needed to participate in the context of the student's educational setting.

Current situation regarding education in Arkansas

All schools in Arkansas are closed for on-site instruction for the remainder of the 2019-2020 school year, as ordered by the governor of Arkansas, to allow for social distancing and flatten the curve of the COVID-19 outbreak.

***For current information regarding school closures, please refer to the Arkansas Division of Elementary and Secondary Education website:**

<http://dese.ade.arkansas.gov/>

Currently, most school districts in Arkansas are providing alternate methods of instruction. If a school district decides to provide educational services via alternate methods of instruction during the mandated closure, the specific educational needs of students with disabilities must be addressed. Per USDOE guidance (March 12, 2020):

If an LEA continues to provide educational opportunities to the general student population during a school closure, the school must ensure that students with disabilities also have equal access to the same opportunities, including the provision of FAPE. (34 CFR §§ 104.4, 104.33 (Section 504) and 28 CFR § 35.130 (Title II of the ADA)). SEAs, LEAs, and schools must ensure that, **to the greatest extent possible**, each student with a disability can be provided the special education and related services identified in the student's IEP developed under IDEA, or a plan developed under Section 504.

The Arkansas Division of Elementary and Secondary Education-Special Education Unit have resources and a FAQ document on their website with important information regarding COVID-19 and school closure:

<http://dese.ade.arkansas.gov/divisions/communications/covid-19-information>

Alternate methods of instruction (AMI) that may potentially be under consideration by school districts after the current closure could include online or virtual instruction (synchronous or asynchronous), instructional telephone calls, and other curriculum-based instructional activities (USDOE March 12, 2020). Additionally, school

districts “may identify which special education and related services, if any, could be provided at the child’s home.” (USDOE, March 12, 2020).

Given the current circumstances of the COVID-19 outbreak, school districts, OTs, and PTs must recognize the need for flexibility in addressing the related service requirements of students with disabilities. Related service provision while students are at home practicing social distancing could not realistically replicate services provided in a traditional face-to-face educational model. However, there is much that OTs and PTs can do and that students require to maintain and improve their functional ability so they can access the educational program while learning at home and to fully participate in their educational programs when they return to school.

Consideration as to how school-based OT and PT services could be delivered during this time should include:

1. Are there language barriers and/or cultural implications to consider in the delivery of alternate methods of instruction?
2. Are social determinants of health (conditions in the environment) a factor in the delivery of services, and how can these be addressed? (CDC, 2018)
3. What are the student/family resources?
4. What delivery model options are available for educational services for the students in the district?
5. Which student IEP goals will be addressed during this period, based on IEP team collaboration and including student/family priorities?
6. How are the student’s educational needs shaped by their home and environmental context?
7. What related services are required to meet educational requirements?
8. What is the most appropriate delivery method to meet the individual student’s special education and related service requirements in their current LRE (home)?

Models of Service Delivery during COVID-19 Pandemic

Options for alternate methods of instruction during the COVID-19 outbreak are mentioned by the [USDOE in their guidance document dated March 12, 2020](#) (online, synchronous, asynchronous, instructional phone call). Collaboration is not considered a model, but is a high leverage practice crucial for successful implementation of special education and related services and must be included to fully address student needs (Hagiwara & Shogren, 2019). Collaboration is important during this time of serving students through an alternate method of instruction.

Some districts may have the ability to offer all students a continuum of options; others may only have one or two options available. Check with your local education agency for further guidance on options. These guidelines and examples are to assist school-based

OTs, PTs, and education teams with determining the appropriate approach for individual students.

Crucial elements that OTs and PTs support (knowledge sharing) is student access to the curriculum, educational programming, and the health that is needed for function, fitness, and participation while learning in the home setting may include:

- Consultation with administrators and teachers.
- Collaboration with teachers on instructional activities.
- Formal instructional sessions with education team members.
- Communication with outside healthcare providers, vendors.
- On-going contact with students, families, caregivers.
- Recognition of accommodations that are on the IEP.

Models:

1. Collaboration with:
 1. Administrators
 2. Teachers and families on instructional activities to address IEP goals and support student access to the curriculum, educational programming, and the health that is needed for function, fitness, and participation. Consider:
 1. Coaching models
 2. Consultation
 3. General recommendation of specific equipment, strategies or approaches
2. Online/Virtual
 1. Synchronous activities:
 1. Defined as activities that take place “live” or “in-person” virtually (i.e. telehealth), and must be relevant to IEP goals and participation in educational activities deemed important by the IEP team.
Guidance for use:
 1. When live engagement enhances participation
 2. When invitation is most easily conveyed in this format
 3. When visual/kinesthetic learning is a primary component of instruction or program
 4. All activities should be in collaboration/consultation with the teacher, ideally presented collaboratively. Examples:
 1. Motor group: 5 preschool students log on to an online platform at a pre appointed time. The teacher, physical therapist, and/or, occupational therapist have collaborated on a motor group that the students can participate in. Perhaps the parents received a list of activities ahead of time of items to gather (a ball, a

pillow). The motor group consists of warm up activities, and led yoga or play/obstacle type activities using these items that address IEP goals.

2. Preschool snack time: teacher has 4 parents in a zoom call and students are having a snack, virtually. The teacher leads activities that mimic classroom routines if possible. The physical therapist is consulting with regard to access of meal time routine which could include positioning.
3. Collaborating with teacher and family for positioning using common objects in home
4. Guiding families through motor learning activities, activities, and education.

2. Asynchronous activities

1. Defined as delivered on a learning management platform but not in real time.

Guidance for use:

1. When student/family have solid home routine and understanding of need for specific activity/routines
2. When the student does not need direct therapy intervention

Examples:

1. Posting instructional videos on the learning management system like movement videos such as Go Noodle.
2. Posting written materials on the learning management system like a visual schedule/sequence strip for a motor task or handwashing.
3. Communication and problem solving involving team members including the student and family through the use of asynchronous discussion boards on the learning management system.

3. Curriculum-based instructional activities

1. Defined as materials created for students and families and typically distributed as a hard copy vs. electronic formats. This might be used because a family does not have technology/internet access. Care should be taken with written materials, adhering to accommodations on IEP. Materials may need to be translated. Written materials should be free of jargon and written to promote readability

(<https://www.aafp.org/dam/AAFP/documents/journals/afp/PatientHandoutInstructions.pdf>).

Guidance for use:

1. Where broadband internet connectivity will not be available to students and families
2. When there is not consistent availability to participate in or supervise synchronous activities
3. When paper-based learning is preferred by student or family
4. Could be used in conjunction with other models

Examples:

Written:

1. Creation of lists/programs of common fun activities for outdoor play and recreation with modifications for children of varying motor abilities.
2. List of appropriate websites and applications (eg GoNoodle, Cosmic Kids Yoga), apps (eg Class Dojo) to promote physical activity.
3. Printed documents with specific therapeutic activities for individual students.
4. Providing a household chores checklist to promote independent living skills based on age level and functional abilities.

Audio-visual:

1. Yoga groups, kids exercise classes on DVD
2. Video on jump drive demonstrating specific interventions for a student

4. Instructional phone calls:

1. Defined as audio-telephone calls delivered either individually or via phone conferencing.

Guidance for use:

1. When family has limited internet access and desires contact with the OT or PT
2. When auditory learning is the preference of the student or family
3. To clarify curricular based instructional activities provided to the student/family
4. To promote team engagement and problem solving via real time conferencing.
5. Can be used in conjunction with other models.

Examples:

1. Call with a parent and a teacher: student has Cerebral Palsy (GMFCS level V) in which the OT is working with the teacher and parent with regard to how to set up a switch so that the student can participate in a literacy activity.

2. Phone call with family to review specific activities related to mobility at home that includes walking on stairs or curbs.
The therapist makes specific recommendations/suggestions.

Specific guidance regarding telehealth provision of school-based OT services

In moving toward alternate methods of service delivery for children served under IDEA, OTs need to recognize the legal obligations of their licensure under the Arkansas Medical State Medical Board, Arkansas Medical Practices Act and Regulations:
<https://www.armedicalboard.org/Professionals/pdf/mpa.pdf>

Specific guidance regarding telehealth provision of school-based PT services

In moving toward alternate methods of service delivery for children served under IDEA PTs need to recognize the legal obligations of their licensure under the Arkansas State Board of Physical Therapy. PTs undertaking a telehealth service delivery model should be familiar with the Arkansas State Board of Physical Therapy memo on telehealth https://www.arptb.org/pdf/Telemedicine_Statement.pdf (March 24, 2020). Please check the Arkansas State Board of Physical Therapy website on a regular basis to ensure most recent and accurate information.

Suggested best practices specific to school-based OT and PT telehealth provision

Privacy and confidentiality concerns should be addressed. The parent should know that while every effort is being made to maintain confidentiality during the session, confidentiality could be breached due to a technicality beyond the therapist's control.

- OTs and PTs who undertake school-based telehealth services are obligated to determine the appropriateness for each student. Additionally, the therapist should independently ascertain the student and family's proficiency with the use of technology to access the services.
- If the OT and/or PT determines that telehealth is not an effective method of service delivery, then telehealth services should not be accessed.
- OTs and PTs should have an initial orientation visit with the student and their family/caregivers to:
 - Obtain consent,
 - Review the use of the technology,
 - Discuss expectations for the telehealth sessions including:
 - identification of individuals who will be present with the student during sessions,
 - explanation of expectations for individuals participating in the telehealth sessions and an assessment of the ability of these

individuals to safely carry out any OT and/or PT-directed activities with the student,

- appraisal of resources available in the home including space and equipment.

- Technology support should be available to the OT and PT and student/family.
- HIPAA and privacy concerns:
 - On March 22, 2020 the US Department of Health and Human Services announced they ‘ “will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.” (Retrieved from <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> on 3/22/2020)
 - The notification indicated providers using Google Hangouts, Skype, and Facetime, Facebook video chat will be exempted from penalties during the COVID-19 outbreak.
 - Use platforms such as Tik-tok, Facebook Live and other “public facing” platforms remain prohibited
 - Providers seeking additional privacy protections should enter into business associate agreements (BAAs) with HIPAA certified vendors.
 - Patients should be informed of the potential of privacy and confidentiality breaches when using alternate platforms.
- FERPA and privacy concerns:
 - The USDOE has issued guidance on the Family Educational Rights and Privacy Act (FERPA) about student privacy during the COVID-19 pandemic
https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions.pdf
 - USDOE has also released a webinar on FERPA and virtual learning
<https://studentprivacy.ed.gov/training/ferpa-and-virtual-learning-during-covid-19-webinar-recording>

Additional considerations for school based OTs and PTs for alternate education delivery models

- Provision of district issued technology devices such as laptops, tablets, internet hotspots etc. if this equipment has been made available to teachers and other instructional personnel for use during the COVID-19 outbreak.
- Access to all relevant software including email, productivity software (eg word processing, presentations, spreadsheets, calendar), video conferencing software (eg Zoom account, doxy.me), applications approved by the district (eg ClassDojo and other), learning management systems (eg Blackboard, Canvas, Google Classroom).
- Training in the use of all relevant technologies.
- Technology support provided by district personnel.
- Reimbursement for time spent training and provision of services outside of direct therapy intervention such as online orientation visits with families, preparation of materials for home instruction, and documentation.
- Flexible work hours as OTs and PTs are also practicing social distancing and have demands of childcare and caregiving for others in their homes.

Reimbursement

Virtual, live, teletherapy activities described for alternate service delivery models are temporarily reimbursable through Medicaid in Arkansas with some stipulations.

Resources for Arkansas Medicaid:

- Arkansas Medicaid Memo on Telemedicine [memorandum at this link](#) (3/23/2020)
- Updated Memo to include reimbursement of telemedicine services provided by COTAs and PTAs:
<https://drive.google.com/open?id=10Z1g7lQLJIJhLqAfwMJp7yPHdxbhOgHb>
(3/30/2020)
- Arkansas Medicaid in the Schools (MITS)
<http://dese.ade.arkansas.gov/divisions/learning-services/school-health-services/arkansas-medicaid-in-the-schools>

Conclusion

In closing, school-based occupational therapy and physical therapy practice are an International Classification of Function (ICF) focused, participation driven model where OTs and PTs promote optimal access and participation in school activities to support the education of students. OTs and PTs work collaboratively with all students, families, and teachers. OTs and PTs should use evidence-based interventions, progress monitoring, and outcome measures to document student success. OTs and PTs are mindful of social determinants of health and their impact on participation in education. OTs and

PTs advocate for and promote access for all students and ensure students are provided with the needed tools for successful outcomes. OTs and PTs work in collaboration with special education teachers, general education teachers, and other IEP team members to support implementation of IEP goals and to share knowledge. By maintaining active school-based occupational therapy and physical therapy services for students during this pandemic, students will have greater access to the curriculum and educational programming. This will enable them to be better prepared for college, career, and community engagement.

It is our intent that this document will support your school-based occupational therapy and physical therapy practice. We welcome your feedback and thoughts. Please recognize that there may be further alterations of this document.

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