

IEP DEVELOPMENT & SERVICE DOCUMENTATION: *HERE COMES THE SUN...*

Lauren Holahan, Occupational Therapy & Medicaid Consultant,
NC DPI/EC

Laurie Ray, Physical Therapy & Medicaid Consultant, APE Liaison,
NC DPI/EC

NAME Annual Conference 2017, Fort Lauderdale, FL

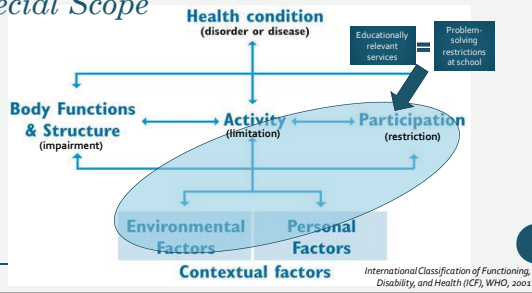


Session Objectives

Participants of this session will be able to:

1. Identify key differences between educational services and clinical services.
2. Understand the role of documentation and Individual Education Program (IEP) development and implementation to validate the need for medically necessary and educationally relevant skilled therapy support and to improve audit outcomes.
3. Identify legislative parameters and best practices for integrated IEPs and related services.
4. Understand the role of related service provider and documentation of service to communicate between various audiences (educational monitors, parents, teaching staff, administrators, Medicaid auditors, etc.).

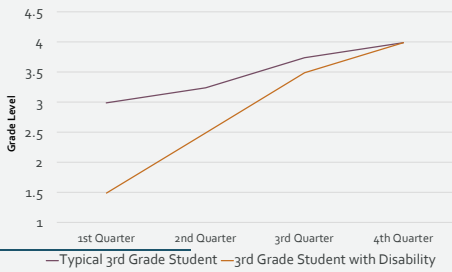
Special Scope



Special Focus



Project: Acceleration



Educationally Relevant Services

- Must address academic and/or functional impact of student's disability
- Must be unique to school setting
- Must address student's need to participate at school
- Must require the therapist's license-
"Is a licensed RSP's knowledge and expertise required in the student's educational program in order for him/her to achieve the identified outcomes for this IEP?"
- Must not be routinely duplicable by other school staff



Medically Necessary Services

- Are essential to prevent, diagnose or treat medical conditions
- Are essential to enable the individual to attain, maintain or regain functional capacity
- Are provided within professionally accepted standards of practice and national guidelines
- Are required to meet the physical and behavioral health needs of the individual
- Are not for the convenience of the individual, the provider or the payor

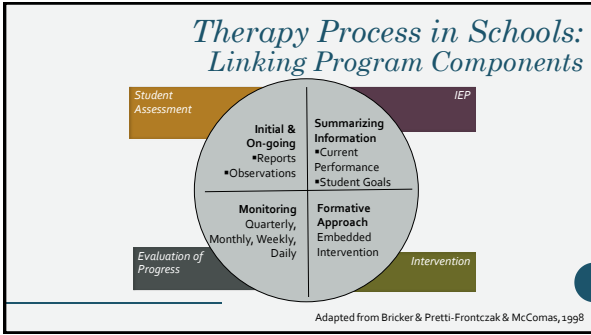


Educationally Relevant ⇔ Medically Necessary



IEP Development: Focus on Student Participation

PRACTICES TO SUPPORT EDUCATIONALLY RELEVANT RELATED SERVICES






Educationally Relevant Evaluation: Guiding Questions

- Is this a child with a disability?
- What needs to be in the IEP?
- What does the child need to participate and make progress in the general education curriculum?
- What supports or constrains this student's performance?
- What does this child need to access the classroom and campus?
- How is expertise required? Does this student need specific expertise/licensed services?
- What interventions (or related service) could improve this student's access to instruction/learning or participation?

NOT, "Does this child need SLP, OT or PT at school?"



Evaluation Documentation



- Student History
 - Systems Review
 - Tests & Measures
 - Diagnosis
- ◉ Not to determine eligibility for service
 - ◉ Provide student information and interpretation through professional lens of expertise
 - ◉ Evaluation should *not* make specific recommendation for service

Interpretation and Assessment

- This data means...
- Identification of performance inhibitors and supporters
 - This student struggles in general education because...
 - This student has success in general education when...
 - Given _____, this student could...
- How is the service required for the student to participate in and benefit from the IEP?
- Description of the learner and the student in current context
 - This student's disability results in...
 - Compared to other students in this setting...
 - Compared to other students this age...
 - High expectations for this student include...
- Which of the identified student needs from your evaluation will be addressed in the IEP?
- Describe when/how the service will no longer be needed

Eligibility Determination

- Therapist evaluation data informs:
 - If the student has a disability
 - How the disability adversely impacts education
 - If the student requires specially designed instruction
 - IEP team understanding of student performance
 - IEP development
- No such thing as a "bad referral"
- Evaluation is valuable when helpful information is conveyed, not when a related service is added to the IEP

IEP DEVELOPMENT: The Sequence



- **Team** members report findings/review existing data
- **Team** identifies strengths & prioritizes needs
- **Team** writes prioritized goals student can reasonably achieve by end of IEP
- **Team** determines least restrictive environment for plan implementation
- **Team** determines services & supports student will need to benefit from & make progress in program
- **Team** determines student progress monitoring plan

Present Level of Academic Achievement and Functional Performance (PLAAFP):

Baseline Student Data

A contextualized 'snap shot' of how the student is performing, academically and functionally



Components and Characteristics

- Specific
- Current/relevant
- Context of student performance
 - Supports & Barriers
 - Assistance required
 - Skills needed by team
- Objective
- Measurable
- Understandable
- Strengths of the student
- Needs resulting from the disability
- Effects of the disability on participation and progress in the general education curriculum

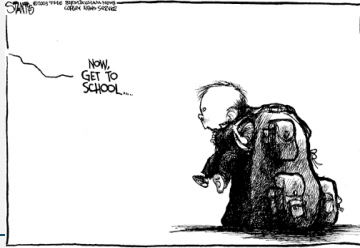
BOTTOM LINE...



The present level of performance is the cornerstone of the IEP.

It drives and links all other IEP components together.

IEP Development ⇒ Prioritize!



Measurable Student Goals

- Flow from PLAAFP data
- Address one skill/domain area, student centered
- Contextually relevant or routine based, includes givens and conditions
- Describe anticipated observable student performance at the end of the IEP *and over time*
- Contain criteria for acceptable student performance
- Can be accomplished within duration of IEP



Integrated Student Goals- Best Practices



- Characterized by collaboration
- IEP is student centered and focused on participation
- Student goals are developed collaboratively, based on class routines
- Data collection measures the criteria stated in the goals/objectives/benchmarks
- Synthesized data is discussed by team
- Plan is altered unless there is clear evidence of sufficient progress in the general curriculum
- Plan is written in parent-friendly language
- Parents understand how progress on integrated goals will be provided

IEP Development: Goals Drive Services

IEP GOALS

Related
Services

Supplementary
Aids & Services

What does the student require for:

- Access to his/her educational curriculum?
- Progress in general education curriculum?
- Participation in extracurricular & nonacademic activities?
- Progress toward attaining IEP goals?
- Participation with non-disabled peers, age-appropriate activities and routines?
- Transition?
- Self care? Maintenance of health?

Determining need for service prior to goal development results in:

- Fragmented programming
- Duplication of services & supports
- Overlooked areas of need
- Undue focus on isolated skills
- Limited focus on participation in educational program
- Confusion between clinical & educational models of practice

Plan of Care (PoC): The Therapist's Document



Codified clinical reasoning (based on evaluation, diagnosis and prognosis) which includes:

- Anticipated goals (IEP) and expected outcomes
- Theoretical and evidence-based foundation for treatment
- Need for skilled service in the school environment
- Description of intended interventions and therapy activities (how implemented, time frames/order)
- Equipment needed, if any
- Frequency/duration (IEP)
- Education/Collaboration with other team members including delegation (plan for supervision & monitoring)
- Expected Outcomes
- Discharge Plan

PoC: State licensure (Check it!)

- Separate document from IEP, *not* included as IEP documentation (comparable to teacher's lesson plan)
- Describes plan of intervention for specified period of time (e.g., quarter, semester, IEP time frame or year)
- Includes treatment, frequency duration and measurable goals (if needed)
- Developed *after* the IEP is written
- Must include clinical reasoning, intervention plan
- Reviewed for relevance and currency (e.g., as part of quarterly progress reporting); updated as changes in student need, service or IEP occur

Progress Monitoring



"Is used to...

- assess a student's performance,
- to **quantify his or her rate of improvement** or responsiveness to intervention,
- to **adjust** the student's instructional program to make it more effective and suited to the student's needs, and
- to **evaluate the effectiveness of the intervention.**"

National Center for Intensive Intervention- www.intensiveintervention.org

What Progress Monitoring Is Not

- Standard classroom documentation
- Something we teach in teacher and therapist preparation programs
- Something done in a silo/by an individual
- Something done without:
 - Appropriate tools
 - Accurate and reliable scoring
 - Schedule for data collection
 - Decision rules
- Worth doing with interventions that are not data-informed

Intervention Documentation aka Notes

For each student contact, therapist briefly describes/indicates:

- target goals of the session
- Interventions provided, equipment addressed
 - Type and level of assistance by therapist
 - Clinical decisions (how, why intervention provided)
- student's response to intervention with data; modification of intervention with rationale
- subjective data from student and/or staff
- statement of student progress during the session; key factors affecting interventions/Plan of Care
- date, location, and duration of session in *minutes*
- plan for next session, any other needed follow up

Full signature of service provider with credentials



Intervention Documentation aka Notes Continued...

- ☞ Check your state's licensure and Medicaid policy requirements
 - ☞ Does your note capture why your license was required for session?
- Other aspects to document or consider...
- Reason therapist or student was not available for services
 - Contacts with parents, staff and other professionals
 - Careful with 'pre-filled' content
 - Re-assessment as required by your state licensure

Progress Note or Report Card

- Anyone working on or contributing to acquisition of a student goal needs to report progress from discipline's perspective
- Completed concurrent with the issuance of regular education progress reports and report cards, unless local policy specifies otherwise
- Synthesis of student data
- Consider ALL audiences
- Chance to focus on YOUR discipline's perspective
- Integrated goals may yield varying progress notes, depending on who's writing it/professional lens—prepare parents for this

Re-evaluation

- Check your state licensure requirements:
- Reassess when change in medical condition
 - Reassess every 90 days; 60 days; 45 days; 30 days?
 - Grace Period?
- Each respective discipline = Includes documentation of selected components of examination, interpretation of findings, revision of plan of care and/or goals if indicated
 - IDEA
 - Must be conducted if condition warrants
 - If the parent or teacher requests it
 - At least every three years

Exit Summary or Discharge Summary



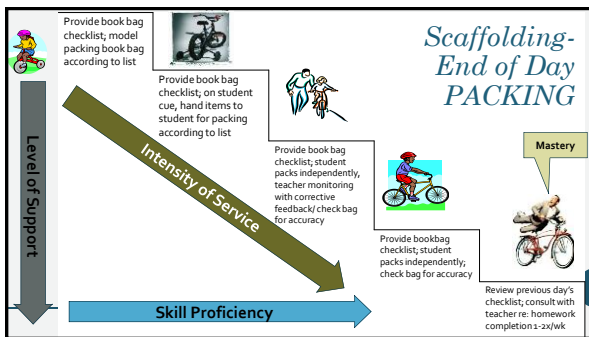
Includes:

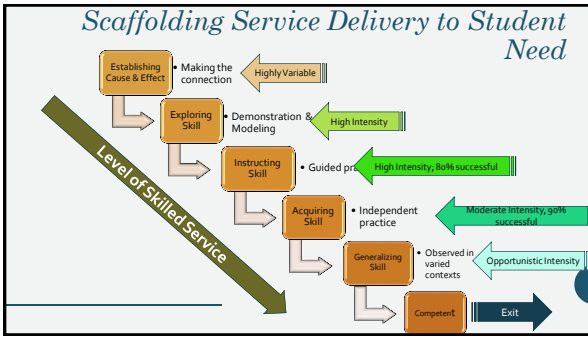
- date of and reason for exit,
- current status (goals/outcomes achieved or not and why), and
- any recommendations the related service provider has regarding need for community referral

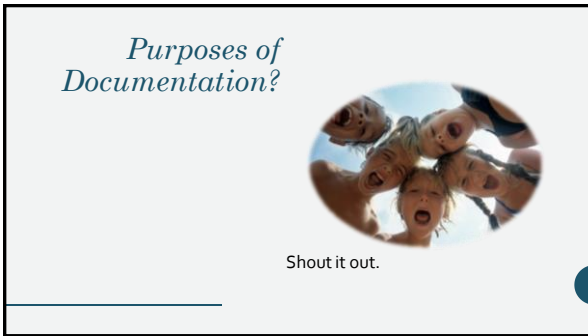
Post-secondary transition requirements include a summary of performance; RSP should contribute

Models of Service Delivery

- Embedded in student's normal educational setting:
 - Whole class instruction
 - Co-teaching
 - Small groups and centers
 - Individual support
- Removed from student's normal setting:
 - Collaborative intervention with other disciplines
 - One-on-one with student in separate setting
- Services on behalf of students
- Consultation with other service providers





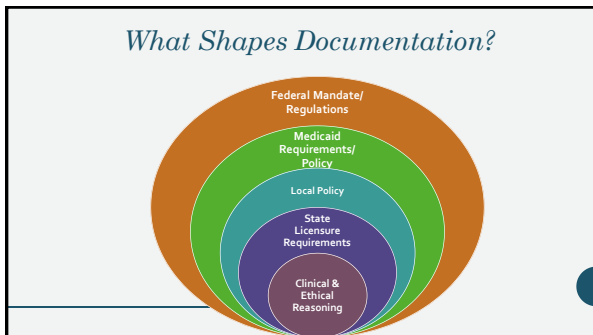


Why Document?

- Professional responsibility
- Legal requirements (Federal, State & Local policy, Licensure)
- Tool for planning & service provision
- Clinical reasoning
- Communication
- Evidence of compliance
- Ensures safety
- Quality improvement
- Reimbursement justification
- Used for analysis or research


APTA, 2010

Documentation → Clinical reasoning → Practice shifts




Respective Needs of Each Audience: LEA & State Licensure Boards

<p>Local Education Agency (LEA)</p> <p>Record decisions and service provision</p> <ul style="list-style-type: none"> • Information for due process and legal defense • Evidence service was provided • Progress monitoring • Support/Defend need for service 	<p>LICENSURE BOARD (Each State)</p> <p>Protect the public</p> <ul style="list-style-type: none"> • Evidence of clinical reasoning • Evidence service was provided • Evidence of compliance with all practice act requirements
---	---



Respective Needs of Each Audience: IEP Team & Medicaid Program

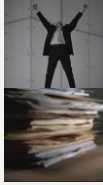
<p>IEP TEAM</p> <p>Help with decisions and understanding student</p> <ul style="list-style-type: none"> • Clear understanding of student performance • Discipline specific expertise/ Professional lens • Data for decisions • Progress monitoring • Support/Defend need for service 	<p>MEDICAID</p> <p>Reimbursing medically necessary services</p> <ul style="list-style-type: none"> • Data that supports medical necessity of service • Evidence service was provided • Evidence service continues to be needed medically • Evidence of compliance with all policy requirements
--	---



*Respective Needs of Each Audience:
Related Service Provider*

Professional record

- Data to support your decisions
- Evidence of clinical reasoning
- Record of your work
- Memory assist
- Evidence of compliance with all requirements:
 - State licensure,
 - Educational regulation and policy
 - Medicaid policy



How can it be written once?

- Copy & paste electronically
- Ability to print electronic documentation
- Use parentheses to include medical language within documentation--provides information for all audiences
- Other ideas?



*Requirements for All
Documentation*

- ☞ Kept in an accessible place year-round
- ☞ LEA should have archival procedure, maintaining records at least 5 years post-service
- ☞ Property of the LEA, not the individual practitioner
- ☞ Every LEA should work to streamline the efficiency of documentation (i.e., Write it once!)
- ☞ If it is not documented, it DID NOT HAPPEN!
- ☞ More is not necessarily better



*Where can
you find...*

- Clinical reasoning
- Educational relevance
- Medical necessity



Thank you for your kind attention!

Lauren Holahan,
NCDPI Consultant for OT & Medicaid
Associate Professor, UNC-Chapel Hill
lauren_holahan@med.unc.edu

Laurie Ray, MPT, PhD
NCDPI Consultant for PT, Medicaid & Liaison for APE
Associate Professor, UNC-Chapel Hill
laurie_ray@med.unc.edu
