June 24, 2011

MEMORANDUM

TO: Exceptional Children Program Directors
Charter School Directors
State-Operated Program Directors
School-based Occupational Therapy Practitioners
School-based Physical Therapy Practitioners
School-based Speech-Language Pathology Practitioners

FROM: Mary N. Watson, Director
Exceptional Children Division

SUBJECT: Documentation of Therapy Services in North Carolina (NC) School Settings

Because of recent Medicaid audit findings, questions have surfaced regarding required documentation of therapy services in NC public schools. This memo summarizes documentation standards for occupational therapy practitioners, physical therapy practitioners, and speech-language pathology practitioners according to the respective NC board rules, NC Policies Governing Services for Children with Disabilities, and NC Medicaid LEA Policy. It should be noted that Medicaid LEA Policy requirements were developed from the board rules from each respective discipline.

Before addressing discipline-specific standards, some general guidelines for all therapy practitioners follow.

- **EVALUATION**
  - Is the property of the LEA, not the individual practitioner
  - Is a written report that captures and interprets current student performance data based on referral concerns
  - Should not make specific recommendation for service
  - Should be kept in an accessible location year-round, included as IEP documentation
  - Should be archived for at least 5 years post-service

- **INTERVENTION PLAN/PLAN OF CARE/LESSON PLAN/TREATMENT PLAN**
  - Is a separate document from IEP, not included as IEP documentation
  - Describes plan of intervention for specified period of time (e.g., quarter, semester, IEP time frame, or year)
  - Is developed after the IEP is written
Outlines

- Need for skilled service in the school environment
- Treatment approaches and types that may be used
- Time frames for employing each option/treatment component
- Theoretical and evidence-based foundation for treatment
- Type of collaboration expected
- Any delegated tasks and plan for supervision and monitoring appropriate implementation
- Equipment and supply needs, if any

- Is periodically reviewed for relevance (e.g., as part of quarterly progress reporting)

**INTERVENTION/TREATMENT NOTES**

- Are completed for every student contact
- Are the property of the LEA, not the individual practitioner
- Briefly describe the therapist’s
  - target goals of the session
  - activities engaged in during the session
  - statement of progress during the session (may take the form of narrative description or appraising the quantity or quality of responses)
  - date, location, and duration of session in minutes
  - plan for next session
- Should be kept in an accessible location year-round, not included as IEP documentation
- Should be archived for at least 5 years post-service

**PROGRESS NOTES**

- Are the property of the LEA, not the individual practitioner
- Are completed concurrent with the issuance of regular education progress reports and report cards, unless local policy specifies otherwise
- Need to document how the related service assists the student toward making progress on the IEP goals
- Should be kept in an accessible place year-round, included as IEP documentation
- Should be archived for at least 5 years post-service

When signing any documentation, the therapist should use full name/signature and credentials. Every LEA should work to streamline the efficiency of documentation (i.e., make one method of documentation serve all required purposes) so as not to place an undue burden of duplication on the professional providing the services. Discipline-specific references to relevant policies, laws, and rules follow.
# OCCUPATIONAL THERAPY

<table>
<thead>
<tr>
<th></th>
<th>NC Board of Occupational Therapy</th>
<th>NC Policies Governing Services for Children with Disabilities</th>
<th>NC Medicaid LEA Policy 10C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EVALUATION</strong></td>
<td>.0905 (1) DELINEATION OF CLINICAL RESPONSIBILITIES</td>
<td>NC 1503-2.5 EVALUATION PROCEDURES</td>
<td>1.3 OCCUPATIONAL THERAPY SERVICES 1.3.1 ASSESSMENT</td>
</tr>
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<td><strong>INTERVENTION PLAN (Plan of Care or POC)</strong></td>
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<td>5.2 TREATMENT SERVICES</td>
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<td><strong>INTERVENTION</strong></td>
<td>.0905 (3) DELINEATION OF CLINICAL RESPONSIBILITIES</td>
<td>NO RELEVANT REFERENCE</td>
<td>7.1 DOCUMENTING SERVICES</td>
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<td><strong>PROGRESS REPORTING</strong></td>
<td>.0905 (4) DELINEATION OF CLINICAL RESPONSIBILITIES</td>
<td>NC 1503-4.1(A)(3)</td>
<td>5.2 (E) TREATMENT SERVICES</td>
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</table>

# PHYSICAL THERAPY

<table>
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<tr>
<th></th>
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<th>NC Policies Governing Services for Children with Disabilities</th>
<th>NC Medicaid LEA Policy 10C</th>
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<tr>
<td><strong>EVALUATION</strong></td>
<td>21 NCAC 48C .0102 RESPONSIBILITIES (l)</td>
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<td>1.4 PHYSICAL THERAPY SERVICES 1.4.1 ASSESSMENT</td>
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</table>
**SPEECH-LANGUAGE PATHOLOGY**

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<tr>
<th>Evaluation</th>
<th>NC Board of Examiners for Speech-Language Pathologists and Audiologists</th>
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<th>NC Medicaid LEA Policy 10C</th>
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<tr>
<td><strong>EVALUATION</strong></td>
<td>21 NCAC 64 .0216 STANDARD OF PRACTICE FOR SPEECH AND LANGUAGE PATHOLOGISTS</td>
<td>NC 1500-2.11(B)(16) EVALUATION</td>
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<td><strong>INTERVENTION PLAN (Plan of Care, POC, or Lesson Plan)</strong></td>
<td>21 NCAC 64 .0209 ADEQUACY OF RECORDS</td>
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<td><strong>INTERVENTION</strong></td>
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Please contact the appropriate consultant with questions and comments:
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