

The Purpose . . .

Parents, physicians, administrators, therapists, caregivers, and payers are often confused by the different criteria for occupational therapy services that are set by various agencies. The purpose of this pamphlet is to help explain the difference between these criteria.

In Iowa, occupational therapy services are provided by licensed occupational therapists and licensed occupational therapy assistants (under the supervision of an occupational therapist). Regardless of the setting or agency, occupational therapy services are provided to *evaluate, treat, and promote fine motor and handwriting skills, eye-hand coordination, self-help skills, play and social development*. This also includes selection and management of splints/adaptive equipment, training families, and collaborating with other agencies. Sensory processing skills are addressed if they interfere with daily life skills (occupations/activities).

Occupations (activities) may include:

- * Activities of daily living - ADLs (including feeding, dressing, bathing)
- * Educational activities (including handwriting, work completion)
- * Instrumental activities of daily living - IADLs (including community mobility, communication devices)
- * Leisure skills
- * Play skills
- * Social participation
- * Work activities (including pre-vocational training)

Our Mission . . .

Occupational Therapists In the State of Iowa:

***Believe that families and caregivers
have the primary role in their
child's development***

***Believe that occupational therapy
services through educational,
hospital, and community agencies
complement each other***

***Believe that collaboration
between families, caregivers,
and various occupational therapy
staff is critical for a successful
and comprehensive program.***

This brochure was developed in 2004 through a collaborative effort between the Iowa Department of Education, Iowa Area Education Agencies, and hospital/community agencies.

Occupational Therapy Services in Iowa

Children 3 years to
21 years of age



Comparing
Educationally-based Services to
Hospital/Community Services

Occupational Therapy Services

Comparison of Iowa Educationally-based and Hospital/Community Services

Similarities in Services

- * May use Medicaid dollars.
- * Evaluate a child's development in the areas of fine motor and hand-writing skills, eye-hand coordination, self-help skills, play and social development.
- * Use a variety of interventions to enhance the child's performance.

Differences in Services

Educationally Related Services: Area Education Agency (AEA) Occupational Therapy

- Occupational therapy is provided if a preschooler or student is unable to participate in the educational program without the support from an occupational therapist.
- Services, *at no cost to the family*, are available in the local education districts by AEA occupational therapy.
- Occupational therapist reviews the classroom and school expectations (standards/benchmarks) for preschoolers/students in the district.

- Occupational therapist evaluates the students/preschooler's performance through observation and assessment in the natural environment to identify the supports and barriers to performance at the school or preschool.
- The education team (which includes the parents) determines a student/preschooler's instructional needs and priorities for the educational program (Individualized Education Program-IEP).
- If a student/preschooler requires special education, the educational team establishes the student/preschooler's goals and necessary services to meet those needs.
- If the IEP team determines that OT services are needed, occupational therapy interventions are provided in the least restrictive environment, usually the environment where the concern occurs (such as the preschool or school setting).
- A primary role of the AEA occupational therapist is to work collaboratively with the educational staff and family to develop daily programs to enhance performance and to work with the student/preschooler to enhance skills and performance needed to meet the educational goal.

Hospital and Community Services

- Physician referral may be needed. A medical-based or treatment-based, diagnosis or impairment must be documented.
- Services are paid through insurance, private pay, waivers or grants.
- Occupational therapist evaluates the child using various assessment tools that focus on areas of impairment (e.g., strength, coordination).
- Occupational therapist works with the family and child to determine the areas to address and the priorities.
- Occupational therapist collaborates with the family and child to write functional treatment goals.
- Some agencies may have established criteria regarding the amount, frequency and duration of occupational therapy services.
- A primary focus is to work with the child to attain treatment goals to enhance performance at home and in the community. This includes training the family in a home program.
- Services are provided in the clinic or home settings.