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This brochure is a collaborative effort of the following agencies:

Department of Public Instruction (DPI) 608-267-9181 • 608-266-5194 • www.dpi.state.wi.us

Wisconsin Council for Developmental Disabilities (WCDD) 608-266-7826 • www.wcdd.org • wiswcdd@dhfs.state.wi.us

Wisconsin Occupational Therapy Association (WOTA) 608-287-1606 • www.wota.net • wota@execpc.com

Wisconsin Physical Therapy Association (WPTA) 608-221-9191 • wpta@wpta.org

Advocacy & Benefits Counseling for Health (ABC for Health) 800-585-4222 • www.safetyweb.org • info@safetyweb.org

Family Voices
608-845-9499 • www.wfv.org

If you have questions about the medical assistance prior authorization process regarding the collaborative process and how it affects your child, please contact:

State of Wisconsin DHFS Bureau of Health Care Program Integrity 608-266-2521

> If you need assistance pursuing an appeal, the following agencies may be able to provide assistance: Wisconsin Coalition for Advocacy 800-928-8778

Advocacy & Benefits Counseling for Health (ABC for Health) 800-585-4222 • www.safetyweb.org • info@safetyweb.org

If you are a therapy provider needing assistance, please contact WOTA or WPTA

This brochure was made available through funding from WOTA and WPTA. Additional brochures are available from WOTA. Please call 608-287-1606.

School-Based and Community-Based

THERAPY SERVICES

OCCUPATIONAL THERAPY PHYSICAL THERAPY



Children and families need different support services at different times. Parents, administrators, therapists, physicians and payors may wonder what the difference is between school-based occupational therapy and physical therapy and community-based occupational therapy and physical therapy. This pamphlet helps explain the differences between the provision of these therapies and how each offers unique services for a child.

By Working Together...We can Make A Difference

Children with special needs and their families have access to pediatric occupational therapy and physical therapy through both the schools and community/clinic-based programs. A child benefits most when therapy providers work together with a family to determine what therapies are needed and where a child's needs can be met most effectively. A plan of intervention may involve school-based therapy only, community/clinic-based therapy only, or a carefully communicated and coordinated combination of both.

Collaboration between school and community therapists is essential to coordinate a child's therapy and prevent duplication of services which results in denial of payment of community-based therapy. Collaboration may take the form of phone calls, written communication logs, participation in hospital staffings, discharge planning, Individualized Education Program (IEP) and other team meetings.



Understanding the framework in which these two provider groups practice will help families, physicians and third party payors to better access and coordinate services for children. School-based therapy is provided to assist a child with a disability to benefit from special education. The goal of community/clinic-based services is to optimize the child's functional performance in relation to needs in home and community settings.

Knowledge of the unique characteristics of each type of therapy can serve as a guide to decision making by families and therapists. Ultimately, therapy must be designed to meet the unique and changing needs of each individual child and family.