APTA Academy of Pediatric Physical Therapy

FACT SHEET

Physical Therapy in Early Intervention: Considerations for Practice under Part C of the Individuals with Disabilities Education Act (IDEA), State Physical Therapy Practice Acts, and State Part C Regulations and Policies

Part C of the Individuals with Disabilities Education Act (IDEA) is a federal grant program that regulates the implementation of an early intervention (EI) system that provides services for infants/toddlers under 3 years of age who have or are at risk for developmental delays or disabilities and their families.[1] Physical therapy services under EI are regulated by IDEA federal regulations, state physical therapy practice acts, and corresponding state Part C regulations and policies. This resource describes federal and state regulations in seven areas in which physical therapists (PTs) must consider when providing services under the EI system: *eligibility*, *evaluation and assessment, physician referral, frequency of physical therapy service, intervention, documentation, and supervision*.

Appendix I is a document to assist PTs in reviewing their own state physical therapy practice act and Part C regulations and policies. Appendix II is an example of the use of this document to review state physical therapy practice acts and Part C regulations and policies for several states. Additional resources provide information, beyond this document, on the delivery of physical therapy services in EI.[2,3]

Eligibility for Early Intervention

Under IDEA, infants/toddlers qualify for Part C services if the child meets the definition of an infant/toddler with a disability.[1] Within the federal guidelines, each state 1) identifies eligible diagnosed conditions, 2) establishes eligibility criteria by identifying appropriate diagnostic instruments and procedures, 3) defines developmental delay, and 4) determines if services will be provided to at-risk infants/toddlers. Some states extend EI services to children eligible for IDEA Part B preschool services until they enter kindergarten or elementary school. Eligibility criteria vary between states, so PTs must be knowledgeable of state Part C regulations for determining EI eligibility in the state in which services are to be provided.

Instances can occur when an infant/toddler is ineligible for EI services based on a state's eligibility criteria yet may still benefit from physical therapy services for reasons that do not qualify under that state's eligibility criteria and a referral to outpatient physical therapy may be necessary for specific physical therapy services. For example, a physical therapist (PT) on the multidisciplinary eligibility team may report evidence of asymmetry in cervical range of motion that does not meet that particular state's eligibility criteria for EI services thus the infant would be referred to outpatient physical therapy for examination and evaluation.

Evaluation and Assessment

IDEA Part C and the *Guide to Physical Therapist Practice 3.0* define terms relating to evaluation differently and are defined in Table 1 and Table 2.

Table 1: IDEA Part C Evaluation and Assessment Definitions[1]

Initial Evaluation	Evaluation of a child that is used to determine his or her initial eligibility under Part C
Initial Assessment	Assessment of the child and the family assessment conducted prior to the child's first IFSP meeting
(Re)Evaluation	Procedures used by qualified personnel to determine a child's initial and continuing eligibility
Assessment	Ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the EI services appropriate to meet those needs

Table 2: *Guide to Physical Therapist Practice 3.0* Examination and Evaluation Definitions[4]

Examination	A PT's examination includes history, systems review, and tests/measures
Evaluation	Process by which PTs interpret the individual's response to tests/measures; integrate the test/measure data with other information collected during the history; determine a physical therapy diagnosis and prognosis; develop a plan of care
Reexamination	Process of performing selected tests/measures after the initial examination to evaluate progress and to modify or redirect intervention

IDEA Part C federal regulations mandate an initial evaluation by a multidisciplinary team conducted by qualified personnel who have met state and applicable requirements to determine eligibility.[1] A PT may or may not be included on the eligibility team that carries out the initial evaluation, the initial assessment, or the subsequent development of the first Individualized Family Service Plan (IFSP). The IFSP is the collaboration between team members (parents, caregivers, family members, family advocate, service coordinator, practitioners) to design a service plan that is acceptable to the family and addresses the infant/toddler and family's needs.[2] An IFSP may include physical therapy services based on the strengths and needs of the infant/toddler and family and identification of services appropriate to meet those needs. After the IFSP is developed and it is determined by the IFSP team that a PT will initiate services, the PT must determine the need to conduct a physical therapy examination and evaluation at the first visit with the infant/toddler and family. A PT examination and evaluation may be required to comply with a state's physical therapy practice act. Only a PT can perform a physical therapy examination, evaluation, and reexamination.[4] If a PT was part of the multidisciplinary evaluation/eligibility team but will not be providing the infant/toddler's physical therapy services, the initial evaluating therapist and the therapist providing PT services, with consent of the family, should communicate as needed about the initial evaluation and initial IFSP to allow a smooth transition to service delivery.

The IFSP is reviewed in 6-month intervals or more often based on infant/toddler and family's needs. Eligibility is determined at the initial evaluation and annual reevaluations. A PT delivering services should provide input for 6-month reviews and annual reevaluations. State physical therapy practice acts may specify a time requirement for reevaluations that differs from IDEA and state Part C regulations. Below is an example from the Maryland State Practice Act:

"(g) Reevaluate the patient as the patient's condition requires, but at least every 30 days, unless the physical therapist, consistent with accepted standards of physical therapy care, documents in the treatment records an appropriate rationale for not reevaluating the patient."[5]

A PT may need to clarify appropriate evaluation procedures with members of the state physical therapy board. An example is provided for a rule clarification from the North Carolina Board of Physical Therapy Examiners:

Question: "*Does the change to the Board's rule require a PT to perform a reassessment on every patient on exactly the 13th visit or at least every 60 days, regardless of whether a PTA (physical therapist assistant) is involved with the patient's care?*"[6]

Response from the Board: "*First, if a PT is providing care to a patient exclusively and a PTA is not involved in the care, then this rule would not apply as it is expected that PTs perform an ongoing assessment of patients on every visit. Secondly, a PT may perform a reassessment sooner than 13 visits or at least every 60 days, but may not exceed these requirements.*"[6]

Physician Referral

The requirements for a physician referral for physical therapy services vary among state practice acts and are not mentioned in the federal IDEA Part C legislation. The American Physical Therapy Association (APTA) defines direct access as "the removal of the physician referral mandated by state law to access physical therapists' services for evaluation and treatment."[7] State Part C regulations may require a physician referral for physical therapy service delivery or may direct the PT to follow the state physical therapy practice act. States with unrestricted patient access do not require a physician referral for physical therapy services; however, employers or payer sources may require a referral. Many states impose provisions on patient access or only allow for treatment without referral under limited circumstances. For example, Illinois has limited patient access and a PT must have a referral or documented current and relevant diagnosis from a physician to begin treatment.[8] The PT, in Illinois, must notify the provider who established the diagnosis if a patient receives physical therapy services in accordance with that diagnosis.[8] The need for physician referral, and the levels of patient access to physical therapy services by state are summarized at: http://www.apta.org/StateIssues/DirectAccess/.[9]

Frequency of Physical Therapy Service

The IFSP team identifies the services necessary to meet the needs of the infant/toddler and family based on the resources, priorities, and concerns of the team. The IFSP contains the frequency, duration, and intensity of services to support the infant/toddler and family's individualized outcomes and objectives based on peer-reviewed research to the extent practicable.[1] The frequency, duration, and intensity of services is based on ongoing evaluations and assessments to continually meet the unique needs of the infant/toddler and family. A specified frequency of physical therapy services may come from a referral source. The PT should communicate the frequency determined by the IFSP team to meet the IFSP outcomes to the referral source if there is a discrepancy between the referral recommendation and the team decision. For example, a pediatrician may recommend physical therapy services three times a week for an infant due to concerns with gross motor skills. If the IFSP team determines a frequency of weekly physical therapy services, the PT should communicate the IFSP team decision with the pediatrician.

Intervention

EI services are designed to assist the family in meeting the needs of the infant/toddler as identified by the IFSP. To the maximum extent, appropriate qualified personnel such as PTs integrate EI services into natural environments including home and community settings in which children without disabilities participate.[1] Federal and state regulations include services that are supported by scientifically based research, to the extent practicable.[1] PTs must keep abreast of evidence-based physical therapy intervention strategies under EI guidelines individualized to the infant/toddler and family.

Documentation

PTs providing services under EI must consider documentation requirements of multiple entities from federal and state regulations, employer policies, payer standards, and physical therapy professional resources.[1,10,11] IDEA Part C federal and state regulations detail what must be documented in an IFSP. Documentation in EI should be written in family-friendly language with minimal technical terminology; however, documentation for other entities may require more technical language. A PT may need to maintain supplementary documentation not included in the IFSP to further detail the physical therapist examination, plan of care, or to more specifically delineate physical therapy intervention strategies as required by a state practice act.[10] The physical therapy plan of care can be embedded in the IFSP[10]; however, some payer sources or state regulations may require an additional plan of care. Below is an example of a response to a request for clarification from a PT from the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board: *"The early intervention physical therapist must write a plan of care for his/her records for each child, indicating specific physical therapy goals and intervention to achieve those goals, as well as precautions/contraindications.*
Although related services, such as physical therapy, are included in the IFSP, how the physical therapy services will be implemented and precautions/contraindications are not a part of the IFSP. This is the information that must be documented in a separate physical therapy plan of care."[12]

Federal IDEA legislation does not require a discharge summary; however, state Part C regulations and state practice acts may have additional requirements for a physical therapy discharge summary.[10]

Supervision

Supervision in EI may include working with physical therapist assistants (PTAs) and student physical therapists (SPTs). With no mention of PTAs or SPTs in IDEA Part C federal regulations, PTs must follow state Part C regulations and state physical therapy practice acts. Some states have specific language for supervision of PTAs in EI. For example, in Pennsylvania the following statement on supervision of a PTA is noted with regard to patient reevaluation in EI: *(3) When care is provided to an individual in an early intervention setting, a licensed physical therapist shall make an onsite visit and examine the patient at least every four patient visits or every 30 days, whichever occurs first."*[13]

Some states have specific language for supervision of SPTs in EI. For instance, in Illinois: "8) *The practice of physical therapy by a physical therapy student or a physical therapist assistant student under the on- site supervision of a licensed physical therapist. The physical therapist shall be readily available for direct supervision and instruction to insure the safety and welfare of the patient."*[8]

A PT must seek clarification from the members of the state EI program or physical therapy board if requirements for supervision are not explicitly stated in the regulations.

Conclusion

This resource describes federal and state regulations and policies in seven areas in which PTs practicing under EI should be knowledgeable. PTs must understand and comply with regulations and policies while following the Standards of Practice for Physical Therapy.[14] Failure to comply can result in sanctions from physical therapy state licensing boards. PTs should request clarification on unclear or inconsistent regulations. Answers may be obtained by contacting members of the state physical therapy licensing board or seeking answers in published newsletters and position papers located on the state licensing website. Therapists may also contact APTA's Academy of Pediatric Physical Therapy (APPT) state chapter representatives for support, resources, or recommendations. APPT state chapter representatives can be located at https://pediatricapta.org/about-pediatric-physical-therapy/leadership/state-leaders.cfm.[15] In providing services to infants and toddlers, PTs are expected to seek current evidence, understand current legislation, and advocate for children and families. Advocacy includes monitoring and supporting updates or changes to regulations and policies that are unclear or interfere with physical therapists' ability to provide the best care for the children and families they serve.

Additional Resources

- American Physical Therapy Association. Practice acts by state. http://www.apta.org/licensure/statepracticeacts/. Accessed January 26, 2018.
- Chiarello L, Effgen SK. Updated competencies for physical therapists working in early intervention. *Pediatr Phys Ther*. 2006;18:148-158.
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- Early Childhood Technical Assistance Center. States' Part C regulations and policies.
- http://ectacenter.org/partc/statepolicies.asp. Accessed January 26, 2018.
- Section on Pediatrics Early Intervention: Physical therapy under IDEA. https://pediatricapta.org/includes/fact-sheets/pdfs/IDEA%20EI.pdf. Accessed January 26, 2018.
- Section on Pediatrics. School-based physical therapy: conflicts between Individuals with Disabilities Education Act (IDEA) and legal requirements of state practice acts and regulations. https://pediatricapta.org/includes/fact- sheets/pdfs/14%20State%20Practice%20Acts%20IDEA.pdf. Accessed January 26, 2018.

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Appendix I. Physical Therapy under Early Intervention: Considerations for Practice under Part C of IDEA, State Physical Therapy Practice Acts, and State Part C Regulations and Policies			
Eligibility for Early Intervention			
	State Physical Therapy Practice Act	**State Part C Regulations and Policies**	**Other (employers, payer sources)**
Criteria for Developmental Delay			
Eligible Conditions			
Serving At-Risk Infants and Toddlers			
Serving children eligible for Part B services			
Evaluation and Assessment			
Diagnostic Instruments and Procedures			
Reevaluation Time Requirements			
Physician Referral			
Patient Access to Physical Therapy			
Referral Requirements			
Frequency of Physical Therapy Service			
Description			
Documentation			
Requirements			
Plan of Care			
Discharge Summary			
Supervision			
Physical Therapist Assistant			
Student Physical Therapist			

Appendix II. Physical Therapy under Early Intervention: Considerations for Practice under Part C of IDEA, State Physical Therapy Practice Acts, and State Part C Regulations and Policies			
Eligibility for Early Intervention			
	State Physical Therapy Practice Act	**State Part C Regulations and Policies**	**Other (employers, payer sources)**
Criteria for Developmental Delay	VA: Not stated.[1]	VA: 0-36 months; 25% below adjusted or chronological age in one developmental domain.[2]	
Eligible Conditions	VA: Not stated.[1]	VA: Atypical development or diagnosed physical or mental condition.[2]	
Serving At-Risk Infants and Toddlers	VA: Not stated.[1]	VA: The team considers "'other" diagnosed conditions with a high probability of resulting in a developmental delay."[2]	
Serving children eligible for Part B services	VA: Not stated.[1]	VA: No service to children eligible for Part B services.[2]	
Evaluation and Assessment			
Diagnostic Instruments and Procedures	MD:"(4)"Evaluations" means procedures which include, but are not limited to: (a) Testing of strength, sensation, and reflexes; (b) Goniometric measurements and their interpretation; (c) Assessments of function, muscle tone, developmental levels, accessory motions, posture, and pain scale."[3]	MD: "State Procedures: (3) The assessment of the child shall include: (a) A review of the results; (b) Personal observations of the child; and (c) The identification of the child's needs in each of the developmental areas."[4]	MD: A Local Infants and Toddlers Program (LITP) may require use of a specific diagnostic instrument for evaluations.
Reevaluation Time Requirements	MD: "(g) Reevaluate the patient as the patient's condition requires, but at least every 30 days, unless the physical therapist, consistent with accepted standards of physical therapy care, documents in the treatment records an appropriate rationale for not reevaluating the patient."[3]	MD: "D. Periodic IFSP Review. (3) A periodic review of an IFSP for a child and the child's family shall be conducted every 6 months, or more frequently if conditions warrant, or if the family requests such a review to determine:..."[4] "E. Annual IFSP Review. (1) An IFSP team meeting shall be conducted at least annually to evaluate the IFSP for a child and the child's family, and to revise the provisions of the IFSP, as appropriate."[4]	

Physician Referral			
	State Physical Therapy Practice Act	**State Part C Regulations and Policies**	**Other (employers, payer sources)**
Patient Access to Physical Therapy	IL: Limited patient access.[5]		
Referral Requirements	IL: "a written or oral authorization for physical therapy services for a patient by a physician, dentist, advanced practice nurse, physician assistant, or pediatric physician who maintains medical supervision of the patient and makes a diagnosis or verifies that the patient's condition is such that it may be treated by a physical therapist."[6] "Documented current and relevant diagnosis"[6]	IL:"A physician's prescription must be obtained prior to direct service provision or assistive technology for all licensed providers"[7]	
Frequency of Physical Therapy Service			
Description	IL: Not stated.[6]	IL: "Recommendations for frequency, intensity, length and duration of services are made at the IFSP meeting and must be based upon the functional outcomes developed by the IFSP team as a whole."[7]	

Documentation			
	State Physical Therapy Practice Act	**State Part C Regulations and Policies**	**Other (employers, payer sources)**
Requirements	OH: "All physical therapists shall use the credential "PT" following their signature to indicate licensure as a physical therapist...Reports written by the physical therapist assistant for inclusion in the patient's record shall be cosigned by the supervising physical therapist..."[8]	OH: (G) Documentation for the provision of each service shall be maintained for purposes of supporting the payment, delivery of the service, and to provide an audit trail. Documentation shall include:…"[9]	OH: Local agency: Name, credentials, time in and out, correct billing codes for Medicaid including number of service minutes provided for specific outcomes.
Plan of Care	OH: ... "The physical therapist performs the following (3) Developing the plan of care, including the short term and long term goals; (4) Identifying and documenting precautions, special problems, contraindications, anticipated progress, and plans for reevaluation."[8]	OH: The term "Plan of Care" is not included. Information to be included on the IFSP is detailed.[9]	
Discharge Summary	OH: "Reevaluating and adjusting the plan of care, when necessary, and performing the final evaluation, determining discharge, and establishing the follow-up plan."[8]	OH: A discharge summary is not required; however, "For children who are at least two years and three months old, the IFSP shall include steps that will be taken and services that will be provided on form HEA 7720 to support a smooth transition of the child from HMG early intervention to either preschool special education services or other appropriate services."[9]	

Supervision			
	State Physical Therapy Practice Act	**State Part C Regulations and Policies**	**Other (employers, payer sources)**
Physical Therapist Assistant	PA: "(ii) When care is provided to an individual in a preschool, primary school, secondary school or other similar educational setting, a licensed physical therapist shall make an onsite visit and examine the patient at least every four patient visits or every 30 days, whichever shall occur first."[10] "(iv) For any home health care, facility or practice setting not specified in subparagraph (i), (ii) or (iii), a licensed physical therapist shall make an onsite visit and actively participate in the treatment of the patient at least every seven patient visits or every 14 days, whichever shall occur first."[10]	PA: Not stated.[11]	
Student Physical Therapist	IL: “8) The practice of physical therapy by a physical therapy student or a physical therapist assistant student under the on-site supervision of a licensed physical therapist. The physical therapist shall be readily available for direct supervision and instruction to insure the safety and welfare of the patient.”[6]	IL: “The student shall: a. complete the confidentiality statement and background check required by his/her college/university; b. ensure that the college's liability insurance covers the student's EI experiences; c. always identify him or herself as a student to the family, caregiver and team; d. provide services only under the direct supervision of the credentialed/enrolled supervisor; document all EI services provided, including time in/time out and have the supervisor co-sign this documentation.”[7]	

Abbreviations: VA, Virginia; MD, Maryland; IL, Illinois; OH, Ohio; PA, Pennsylvania.

References

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Supported by the Practice Committee of APTA Pediatrics. Developed by the Task Force on Physical Therapist State Practice Acts and Regulations, Early Intervention Special Interest Group, with expert contributors Priscilla Weaver, PT, PhD, DPT, PCS; Rita Guthrie, PT, DPT; Courtney Pickel, PT, DPT, PCS; and Lisa Schwarcz, PT, DPT, PCS.