

## Occupational Therapy in Oregon Schools – School-Based Health Services (SBHS)

Guidance provided by Oregon Department of Education and Oregon Health Authority for Oregon education agencies providing health related services to Medicaid-eligible children and young adults; also, see [Medicaid in Education](#).

**For more information and questions regarding licensure and scope of practice, please contact:**

**Oregon Occupational Therapy Licensing Board**

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**For information and questions regarding IDEA and Non-IDEA related services billed to Medicaid please contact:**

**Oregon Department of Education**

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School Medicaid Operations & Policy Analyst

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**For SBHS Medicaid specific questions please contact:**

**Oregon Health Plan (OHP) School-Based Health Services**

[Medicaid.SBHS@oha.oregon.gov](mailto:Medicaid.SBHS@oha.oregon.gov)

<b>AUTHORITY</b>	<ul style="list-style-type: none"> <li>• <b>Oregon Revised Statutes, Chapter 675</b></li> <li>• <b>Oregon Administrative Rules, Chapter 339 (specifically: OAR 339-010-0050: Occupational Therapy Services for Children and Youth in Education and Early Childhood Programs regulated by federal laws)</b></li> <li>• <b>Occupational Therapy Licensing Board (See <a href="#">Occupational Therapy in Schools</a>)</b></li> </ul>		
<b>SBHS- RECOGNIZED PROVIDERS</b>	Licensed Occupational Therapist (OT)	Licensed Occupational Therapist Assistant (OTA)	Occupational Therapy Aide (aide)
<b>SUPERVISION</b>	<p><b>OAR 339-010-0005 – Definitions</b></p> <p>Supervision is a process in which two or more people participate in a joint effort to promote, establish, maintain and/or evaluate a level of performance. The OT is responsible for the practice outcomes and documentation to accomplish the goals and objectives. (Telehealth is defined in OAR 339-010-0006(9).)</p> <p><b>Levels of supervision:</b></p> <ul style="list-style-type: none"> <li>• Close supervision requires daily, direct contact in person at the work site.</li> <li>• Routine supervision requires the supervisor to have direct contact in person at least every two weeks at the work site or via telehealth with interim supervision occurring by other methods, such as telephone or written communication.</li> <li>• General supervision requires the supervisor to have at least monthly direct contact in person with the supervisee at the work site or via telehealth with supervision available as needed by other methods.</li> </ul>		
	The supervising OT, in collaboration with the supervised OTA, is responsible for setting and evaluating the standard of work performed.  The supervising OT is responsible for the practice outcomes and documentation to accomplish the goals and objectives.	Must be supervised by a licensed OT (see OAR 339-010-0035).  Before assisting in the practice, the OTA must log into their online license portal with the Board and record the name of the licensed OT who will supervise them, the site where supervision will take	Must be supervised by a licensed OT or OTA.  The OT practitioner is responsible for the overall use and actions of the aides.  During treatment-related tasks, the supervising practitioner must be within sight or earshot of the

		<p>place and the supervision start date.</p> <p>An OTA always requires at least general supervision.</p>	<p>aide and must be immediately available.</p>
<b>SERVICES</b>	<p><b>OAR 339-010-0005 – Definitions</b></p> <p><b>Occupational therapy is defined in OAR 339-010-0005(6) including treatment and procedures. In addition, and specifically for services provided in schools to students eligible under the Individuals with Disabilities Education Act (IDEA), the Oregon Health Authority defines OT in OAR 410-133-0040.</b></p>		
	<p>Is responsible for:</p> <ul style="list-style-type: none"> <li>• Occupational therapy evaluation (OAR 339-010-0050(2)(a));</li> <li>• Intervention (OAR 339-010-0050(2)(b));</li> <li>• Outcomes (OAR 339-010-0050(2)(c));</li> <li>• Delegation of therapeutic activities, if appropriate (OAR 339-010-0050(3)); and</li> <li>• Documentation (OAR 339-010-0050(4)).</li> </ul>	<p>May assist in the practice of occupational therapy:</p> <ul style="list-style-type: none"> <li>• Occupational therapy evaluation (OAR 339-010-0050(2)(a));</li> <li>• Intervention (OAR 339-010-0050(2)(b));</li> <li>• Outcomes (OAR 339-010-0050(2)(c));</li> <li>• Delegation of therapeutic activities, if appropriate (OAR 339-010-0050(3)); and</li> <li>• Documentation (OAR 339-010-0050(4)).</li> </ul>	<p>Treatment related tasks (OAR 339-010-0055) include:</p> <ul style="list-style-type: none"> <li>• Routine transfers;</li> <li>• Routine care of patient's personal needs during the course of treatment;</li> <li>• Execution of a well-established routine activity and/or exercise;</li> <li>• Assisting the occupational therapy practitioner as directed during the course of treatment.</li> </ul>
<b>RECORD-KEEPING (DOCUMENTATION)</b>	<p><b>Practitioner must document evaluation, goals, interventions, and outcomes if they are not included in the service plan (program of services and supports to meet a child's developmental or educational needs under IDEA, specify the need for OT, and may include: individualized education programs (IEP); or 504 plans.</b></p> <ul style="list-style-type: none"> <li>• Documentation reflects the child's current status, progress towards goals, response to interventions, and strategies that were promising or ineffective.</li> <li>• Practitioner should utilize a method of data collection that allows for concise and accurate recording of intervention and progress.</li> <li>• Practitioner is responsible for the analysis of data collected to verify progress and the documentation of their own activities to accomplish the goals.</li> </ul>		

Also see OAR 410-133-0320 Documentation and Record Keeping Requirements