



## **AK PT/OT Board - Scope of Practices Committee Mtg December 20, 2024**

Alaska Division of Corporations, Business and Professional Licensing  
Juneau - Zoom  
12-20-2024 1:00 PM - 3:00 PM

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# AK PT/OT Board - Scope of Practices Committee Mtg - November 15, 2024 Minutes

Alaska Division of Corporations, Business and Professional Licensing  
11/15/2024 9:00 AM AKST  
@ Juneau - Zoom

***These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.***

1. Call to Order/Roll Call

Committee Members: Tina McLean, Enlow Walker, and Tori Daugherty.

The Alaska Physical Therapy and Occupational Therapy Scope of Practices Committee meeting was called to order on Friday, November 15, 2024 at 9:00 am by Enlow Walker. Roll call taken. Committee members present were Tori Daugherty and Enlow Walker. Tina McLean's absence was approved. Staff members present for the meeting were Reid Bowman, Program Coordinator II and Sheri Ryan, Licensing Examiner.

2. Review/Approve Agenda

**Motion by Tori Daugherty to approve the meeting agenda as submitted. Seconded by Enlow Walker. All in favor; none opposed. Motion passes unanimously.**

3. Approve 09-13-2024 Minutes

**Motion by Tori Daugherty to approve the meeting minutes from 09/13/2024 as submitted. Seconded by Enlow Walker. All in favor; none opposed. Motion passes unanimously.**

4. Public Comment

No public comment given.

5. Correspondence Items

Committee members briefly discussed the Occupational Therapy School Based Ethics Question received 11-01-2024. More information is needed from the Department of Early Education, State Board of Education, and/or possibly school districts on IEP process as to whether this is a board of licensure issue.

**Action items:**

- Occupational Therapy School Based Ethics Question - 11-01-2024  
Correspondence to be tabled to 12/13/2024 Scope of Practices meeting for discussion.
- Staff to reach out for educational resources/contacts for board re: school based occupational therapy services.
- Tori Daugherty to forward letter from OSEP re: IEP meeting for consideration at 12/13/2024 meeting.

Committee members discussed any conflicts for treatment of a the same patient by an occupational therapist both in a school based setting and in an outpatient setting - Patient Treatment - 11-08-2024. There are no statutory conflicts in 08.84 or regulatory conflicts in 12 AAC 54 with regards to licensure of an occupational therapist. An Alaska licensed occupational therapist can treat an Alaska patient anywhere in the state. Board discussed that any conflicts that may arise from the occupational therapist's employment contract with the school or other employer are not within the purview of the state licensing board to comment on.

**Action items:**

- Tori Daugherty to draft response letter for consideration at 12/13/2024 committee meeting. AS 08.84.190(3) Scope of Practice for occupational therapy; 08.84.030(b) Qualifications for licensure as occupational therapist.

6. Revised Correspondence for Board review

Committee members reviewed and briefly discussed revised Telehealth Response letter. All changes were made as discussed from October 24-25, 2024 Board meeting using Telehealth statute AS 08..02.130 as basis for response.

**Tori Daugherty motioned to send the letter about Telehealth therapy to the full board for a vote via OnBoard. Enlow Walker seconded. All in favor; none opposed. Motion passes unanimously.**

**Action Item:**

- Staff to load revised draft PT Telehealth Scope Question - 06-05-2024 response into OnBoard for board review and approval.

Committee members reviewed and briefly discussed revised COTA\_PTA Progress Notes - 08-06-2024 response letter. All changes were made as discussed from October 24-25, 2024 Board meeting. Revised response included citations as discussed - 12 AAC 54.810

and 12 AAC 54.510, emphasizing the collaborative roles and referenced the resources reviewed/discussed at the October board meeting.

**Tori Daugherty motioned to forward the letter about OT/OTA and PT/PTA supervisory models and cosigns of progress notes to the full board for a vote via OnBoard. Enlow Walker seconded. All in favor; none opposed. Motion passes unanimously.**

**Action Item:**

- Staff to load revised draft COTA-PTA Progress Notes - 08-06-2024 response into OnBoard for board review and approval.

7. Next Steps

1. Occupational Therapy School Based Ethics Question - 11-01-2024  
Correspondence to be tabled to 12/13/2024 Scope of Practices meeting for discussion.
2. Staff to reach out for educational resources/contacts for board re: school based occupational therapy services.
3. Tori Daugherty to forward letter from OSEP re: IEP meeting for consideration at 12/13/2024 meeting.
4. Tori Daugherty to draft response letter for consideration at 12/13/2024 committee meeting. AS 08.84.190(3) Scope of Practice for occupational therapy; 08.84.030(b) Qualifications for licensure as occupational therapist.
5. Staff to load revised draft PT Telehealth Scope Question - 06-05-2024 response into OnBoard for board review and approval.
6. Staff to load revised draft COTA-PTA Progress Notes - 08-06-2024 response into OnBoard for board review and approval.

8. Adjourn

The Alaska Physical Therapy and Occupational Therapy Scope of Practices Committee meeting was adjourned at 9:27 am on Friday, November 15, 2024.

Next virtual meeting scheduled for Friday, December 13, 2024.

**From:** [haley Fralick](#)  
**To:** [Board of Physical and Occupational Therapy \(CED sponsored\)](#)  
**Subject:** Re: Question  
**Date:** Friday, November 8, 2024 8:40:34 AM

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I just want to ensure that as an OT in Alaska, I am allowed to treat the same child in 2 different practice settings (school based and outpatient) with different plans of care).

On Nov 8, 2024, at 8:00 AM, Board of Physical and Occupational Therapy (CED sponsored) <[physicalandoccupationaltherapy@alaska.gov](mailto:physicalandoccupationaltherapy@alaska.gov)> wrote:

Hello Haley,

I need a little more information to be able to understand your question. Your Occupational Therapist license allows you to treat patients anywhere in Alaska. If your question is related to what the school contract requirements or insurance reimbursements are – those are not things within the Board of Physical Therapy and Occupational Therapy’s jurisdictional purview.

Please feel free to call me at 907-269-6425 or email to [physicalandoccupationaltherapy@alaska.gov](mailto:physicalandoccupationaltherapy@alaska.gov) with further details and I will research your question further to try and get you the right information/resources.

Best regards,

Sheri Ryan  
Licensing Examiner 3 Advanced  
Board of Physical Therapy and Occupational Therapy  
Board of Certified Direct-Entry Midwives  
Athletic Trainers Program  
Division of Corporations, Business and Professional Licensing

<image001.png>

[sheri.ryan@alaska.gov](mailto:sheri.ryan@alaska.gov)  
Office: 907-269-6425 | Fax: 907-465-2974  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)

<image002.png>

<image003.png>

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**From:** haley Fralick [REDACTED]  
**Sent:** Wednesday, November 6, 2024 9:10 AM

**To:** Board of Physical and Occupational Therapy (CED sponsored)  
<physicalandoccupationaltherapy@alaska.gov>  
**Subject:** Fwd: Question

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Following up, I look forward to hearing back.

Begin forwarded message:

**From:** haley Fralick [REDACTED]  
**Date:** October 10, 2024 at 9:44:45 AM AKDT  
**To:** [PhysicalandOccupationalTherapy@alaska.gov](mailto:PhysicalandOccupationalTherapy@alaska.gov)  
**Subject:** Question

Hi,

I have a question that I am seeking clarification on. I am a school based occupational therapist working in a small Alaska town. I am beginning work as an outpatient pediatric OT PRN. I will be the only pediatric OT servicing the town (other options 2+ hours away). I am wondering if I am able to treat the same child in 2 different service areas? If I do not provide service, they likely will not get any outpatient services due to accessibility. I look forward to hearing your response on this.



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,  
and Economic Development

BOARD OF PHYSICAL THERAPY AND  
OCCUPATIONAL THERAPY

P.O. Box 110806  
Juneau, Alaska 99811-0806  
Main: 907.465.2580  
Fax: 907.465.2974

November 15, 2024

Haley Fralick  
PO Box 1354  
Seward, AK 99664

RE: Patient Treatment – School Based and Outpatient – 11-08-2024

Hello Ms. Fralick,

On October 10, 2024 you wrote to the Board of Physical Therapy and Occupational Therapy seeking clarification on any statutory or regulatory conflicts for an occupational therapist to treat a patient in both a school based setting and in an outpatient setting.

The Board of Physical Therapy and Occupational Therapy authorized the following response on xx/xx/2024:

The Alaska Physical Therapy and Occupational Therapy Board has confirmed that your license number #227770 is currently active with an expiration date of 06/30/2026. As long as you continue to be currently licensed in Alaska, you are able to treat patients in Alaska as an occupational therapist. Sec. 08.84.190 (3) identifies the scope of occupational therapy practice for your license.

In your correspondence, you described two pediatric occupational therapy settings: 1) working as a school-based occupational therapist as a related service under Individuals with Disabilities Education Act (IDEA) and Free Appropriate Public Education (FAPE) and 2) outpatient pediatric patient care. Both of these treatment settings are within the scope of occupational therapy practice, which is defined by Sec. 08.84.190 (3).

The board refers to the state's statutes and regulations when responding to correspondence letters. The board has not found any state statutes or regulations that prohibit seeing the same patient in multiple treatment settings, such as school and outpatient. It is the opinion of the Alaska Physical Therapy and Occupational Therapy Board that your Alaska license allows you to treat the same child in multiple settings, such as school and outpatient.

Principles of Practice, Principle 1: Patient/Client Safety and Well Being (2) includes "Act in the best interest of the patient/client." Alaska is a unique state, as many of our communities are



geographically isolated. The board suspects that there are many instances of patients having access to only one therapy provider across multiple settings, especially in smaller communities. It is realistic that a child may need to see the same occupational therapy provider for both school and outpatient services.

This board does not provide instructions related to requirements by funding sources, i.e. insurance reimbursement. Please refer to the requirements as established by those entities for more direction, including Medicaid guidelines related to billing in schools and outpatient.

#### References:

Sec. 08.84.190 (3) “occupational therapy” means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; “occupational therapy” includes

- (A) developing daily living, play, leisure, social, and developmental skills;
- (B) facilitating perceptual-motor and sensory integrative functioning;
- (C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;
- (D) design, fabrication, and application of splints or selective adaptive equipment;
- (E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and
- (F) adapting environments for the disabled;

#### Principle 3: Provide services in a fair and equitable manner:

1. Advocate for just and fair treatment for all patients, clients, employees and colleagues by encouraging employers and colleagues to abide by the ethical standards set forth by their national professions.
2. Act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

Sincerely,

Sheri Ryan  
Licensing Examiner Advanced 3  
Alaska Board of Physical Therapy and Occupational Therapy

**From:** [Whitney Poser](#)  
**To:** [Board of Physical and Occupational Therapy \(CED sponsored\)](#)  
**Subject:** Occupational Therapy Ethics Question  
**Date:** Friday, November 1, 2024 5:18:19 AM

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**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

I am currently an occupational therapist employed by the Matanuska Susitna Borough School District. I have been with the district since 2021, the start of my career. This year has raised significant concerns regarding the forced violations of the occupational therapy code of ethics, unqualified individuals being allowed to make therapy decisions, and the district directing these actions saying other forms of legislature such as IDEA and FAPE superseded our governing bodies and ethics.

Historically, IEP and ESER decisions have always been made by the team, and this can cause a therapist to be unable to provide services to individuals who need it, unable to discharge individuals who have met their goals, and in some cases be forced into providing therapy services, that are billed to Medicaid, to students who do not require skilled occupational therapy services to access their education.

The district has taken this a step further this year stating that it is not a requirement that the therapist be informed or present during a Consent To Evaluate meeting and furthermore it does not have to be a full team decision but rather it can come down to the case manager's discretion. If the individual case manager feels the student would benefit from a related service (OT, PT, SLP) they can check the consent box without any input, clinical judgement or screening results from the therapist.

One situation that is ongoing involves a due process case where a lawyer determined a student would receive occupational therapy services in the school district based on an outdated outpatient report despite the occupational therapist's recommendations from the district. The occupational therapist was then asked to complete an evaluation post IEP/ESER meeting where the therapist, who was not present, had no say over providing services, nor the frequency and duration of the services.

As a group, the occupational therapists brought evidence based research, our AOTA code of ethics, and professionalism to an in-person meeting with our direct supervisor and her counterpart. They countered every standard that we presented such as Standard 3 Screening, Evaluation, and Reevaluation from the AOTA Standards of Practice for Occupational Therapy 2021 Edition: "an occupational therapist is responsible for all aspects of the screening, evaluation, and reevaluation process".

They also brushed aside our concerns regarding forced violations against the AOTA Code of Ethics 2020 edition. Several of the standards of conduct that were brought up as being skirted at the least and at the worst entirely ignored were:

1. Respect and honor the expressed wishes of the recipients of service
2. Do not follow arbitrary directives that compromise the rights or well-being of others including unrealistic productivity expectations, fabrication, falsifications, plagiarism of documentation, or inaccurate coding
3. Respect the client's right to refuse OT services temporarily or permanently, even when that refusal has the potential to result in poor outcomes
4. Terminate OT services in collaboration with the service recipient or responsible party when the services are no longer beneficial

It is my fear that the district will continue to disregard our education and training, clinical judgement regarding therapy practices and our ethics. This disregard will force us into situations where we will be choosing between employment or knowingly violating the Code of Ethics we vowed to uphold.

It is my hope that you as the board can shed some light on this situation.  
Thank you.

--

Best Regards,  
Whitney Poser, OTD, OTR/L, ASDCS

**From:** [Whitney Poser](#)  
**To:** [Board of Physical and Occupational Therapy \(CED sponsored\)](#)  
**Subject:** Follow Up  
**Date:** Sunday, November 24, 2024 2:56:29 PM

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CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

I am following up on my email sent November 1, 2024 regarding concerns with the Matanuska Susitna Borough School District and their directives to occupational and physical therapists.

Since the previous email there have been more directives and changes in policy allowing individuals without degrees in occupational or physical therapy to determine if a screen is appropriate, if an initial evaluation is appropriate (without consulting the therapist), and overriding the completed evaluation reports. These decisions are forcing therapists to provide non-needed services, billing Medicaid for the services, and exponentially increasing caseloads to the detriment of the recipients.

I would appreciate any information, support, or guidance that the board can provide in this situation.

Thank you.

Respectfully,  
Whitney M. Poser, OTD, OTR/L, ASDCS

**From:** [Tori Daugherty](#)  
**To:** [Ryan, Sheri J \(CED\)](#)  
**Subject:** OSEP Correspondence Letter  
**Date:** Friday, November 15, 2024 9:35:20 AM  
**Attachments:** [OSEP letter for therapist not present.pdf](#)

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Here is the letter from OSEP, relating to a therapist (related service provider) being absent from IEP meetings.

These are the federal statutes/regs related to therapist presence for the IEP meetings under IDEA: 34 CFR 300.321

Have a good weekend!  
Tori



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

APR 25 2011

Lilly Rangel-Diaz  
Center for Education Advocacy, Inc.  
5973 SW 42<sup>nd</sup> Terrace  
Miami, Florida 33155

Dear Ms. Rangel-Diaz:

This is in response to a series of electronic mail (email) inquiries to Ms. Sheila Friedman and Dr. Deborah Morrow, in the Office of Special Education Programs (OSEP). I apologize for the delay in our response. Your primary inquiry is whether a school district may have a practice of generally prohibiting related services personnel, specifically speech-language pathologists, physical therapists, and occupational therapists, from attending individualized education program (IEP) Team meetings when parents request that a related services provider attend the meeting. You also ask whether a school district may restrict those related services providers invited by parents to IEP Team meetings to providing written input in lieu of actually attending the meeting, and under what circumstances related services personnel may attend IEP Team meetings. The following is an explanation of the requirements in Part B of the Individuals with Disabilities Education Act (Part B or IDEA) that are relevant to your inquiry.

Overview of Legal Requirements and Analysis of Provisions Regarding Participation in IEP Team Meetings

Under the IDEA, a public agency must ensure that all individuals who are necessary to develop an IEP that will meet the child's unique needs and ensure the provision of a free appropriate public education (FAPE) to the child, participate in the child's IEP Team meeting. The IDEA does not expressly require that related services personnel attend IEP Team meetings. However, if a child with a disability has an identified need for related services, it would be appropriate for the related services personnel to attend the meeting. As discussed below, there are two provisions in 34 CFR §300.321, governing how related services personnel can attend an IEP Team meeting: 34 CFR §300.321(a)(3), which applies to required IEP Team members; and 34 CFR §300.321(a)(6), which applies to others with knowledge or special expertise regarding the child who are invited to attend by the parent or public agency.

Participation of Required IEP Team Members

Under 34 CFR §300.321(a)(3), each child's IEP Team must include "[n]ot less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child." The child's special education teacher or provider is a required member of the IEP Team.

The teacher or provider who is a member of the IEP Team and must be designated by the public agency, should be the person who is, or will be, responsible for implementing the child's IEP. If the child's disability is a speech impairment and the only service the child receives is speech-language pathology, and speech-language pathology is also considered special education rather than a related service under State standards, then the special education provider on the IEP Team for the child should be the speech-language pathologist.

A required IEP team member may be excused from attending an IEP Team meeting, in whole or in part, when the meeting involves a modification to, or discussion of, the member's area of the curriculum or related services if: (i) the parent, in writing, and the public agency consent to the excusal; and (ii) the member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting. 34 CFR §300.321(e)(2).

If the public agency designates the related services provider as a required IEP Team member, the public agency must ensure that the individual attends the child's IEP Team meeting, unless the excusal provisions in 34 CFR §300.321(e) are met. The excusal provisions apply only to the required IEP Team members described in 34 CFR §300.321(a)(2) through (a)(5), one of which is the child's special education teacher or, where appropriate, the child's special education provider. Therefore, if a public agency designates the child's speech-language pathologist or other related services provider of the child as a required IEP Team participant, the public agency could only restrict that employee to providing written input, in lieu of attending the IEP Team meeting in person, if the employee is properly excused from attending the IEP Team meeting in person pursuant to 34 CFR §300.321(e). Written consent from the parent and the public agency would be required for the participant to be excused if the meeting involves modification to, or discussion of, the member's area of the curriculum or related services. OSEP expects excusal decisions to be made on an individualized, case-by-case basis, and would consider a public agency to be in noncompliance with the IDEA if it were to routinely or unilaterally excuse a required IEP Team member from attending an IEP Team meeting without obtaining parental consent or agreement, as required by the excusal provisions in §300.321(e). OSEP believes that it is critically important to the provision of FAPE that the public agency require individuals to attend IEP Team meetings who are in the best position to address the educational program for, and the unique needs of, each child with a disability.

#### Participation of Other IEP Team Members Invited by the Parent or Public Agency

If the public agency does not designate a related services provider employed by the public agency as a required IEP Team member pursuant to 34 CFR §300.321(a)(3), it may be possible for that employee to attend an IEP Team meeting pursuant to 34 CFR §300.321(a)(6). This regulatory provision permits the IEP Team to include "[a]t the discretion of the parent or agency, other individuals with knowledge or special expertise regarding the child, including related services personnel as appropriate." Under 34 CFR §300.321(c), the determination of the individual's knowledge or special expertise must be made by the party (parents or public agency) who invited the individual to be a member of the IEP Team. The excusal provisions in 34 CFR §300.321(e) are not applicable to individuals invited to attend IEP Team meetings at the discretion of the parent or the public agency.

While 34 CFR §300.321(a)(6) permits a parent to designate a public agency employee who possesses the requisite knowledge or special expertise regarding their child as a member of their child's IEP Team, the Part B regulations do not address the public agency's responsibility to make an employee of the agency available for IEP Team meetings when the public agency itself does not designate the individual as a required participant on the IEP Team. That determination may be addressed by State and/or local policy (See, the Analysis of Comments and Changes accompanying publication of the August 14, 2006 final Part B regulations (Analysis), 71 Fed. Reg. 46675 (Aug 14, 2006), (“[w]hether other teachers or service providers who are not the public agency’s required participants at the IEP Team meeting can attend an IEP Team meeting is best addressed by State and local officials.”) In addition, the Department has also stated that a parent does not have a legal right to require a public agency employee not invited by the public agency to attend his or her child’s IEP Team meeting, even though the individual is considered a member of the child’s IEP Team. (See, Analysis, 71 Fed. Reg. 46674 (Aug. 14, 2006)).

Nevertheless, OSEP expects that each public agency will ensure that each child’s IEP Team is composed of persons knowledgeable about the child and the child’s full range of educational needs, including the amount and type of special education and related services that the child needs in order to receive FAPE. Therefore, nothing in this response is intended to limit the right of a parent to bring another individual to their child’s IEP Team meeting who is not employed by the public agency, provided the parent demonstrates that the individual possesses the requisite knowledge or special expertise regarding their child, consistent with 34 CFR §300.321(c).

#### Additional Inquiries and Responses

You also have asked whether a school district may prohibit the participation of related services providers at resolution meetings, and you have requested that OSEP review the final decisions on State complaints filed with the Florida Department of Education (FDOE) pursuant to 34 CFR §§300.151 through 300.153 regarding the matters prompting your inquiry.

#### Participation of Related Service Providers at Resolution Meetings

Under 34 CFR §300.510(a)(1), an LEA (local educational agency, school district) must convene a resolution meeting with the parent and relevant member or members of the IEP Team who have specific knowledge of the facts identified in the parent’s due process complaint. The resolution meeting must occur within 15 days of the LEA receiving notice of the parent’s due process complaint and prior to the initiation of a due process hearing. Under 34 CFR §300.510(a)(4), the parent and the LEA determine the relevant members of the IEP Team to attend the resolution meeting.

If the related services provider is a member of the IEP Team pursuant to 34 CFR §300.321(a)(3) or (a)(6), the provider could attend the resolution meeting if the parent or LEA determines that the individual is a relevant member of the IEP Team. We urge LEAs and parents to work cooperatively to achieve agreement on which individuals are the relevant members of the IEP Team who should attend the resolution meeting.



Review of State Complaint Decisions

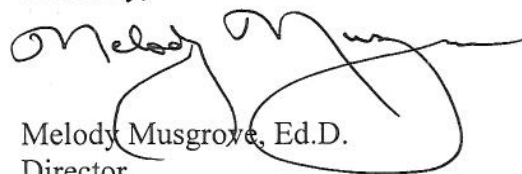
A State is responsible for resolving any signed, written complaint filed by an organization or individual, including a complaint filed by an organization or individual from another State alleging that a public agency has violated a requirement of Part B of the IDEA or the Part B regulations, consistent with 34 CFR §§300.151 through 300.153.

Under the prior regulations for this program, OSEP exercised discretionary review of final decisions on State complaints. The prior regulation providing for Secretarial review of Part B State complaints was removed as of May 11, 1999. Therefore, OSEP lacks the authority to review the final decisions on the State complaints that have been filed on the matters prompting your inquiry. The IDEA provides parents with the dispute resolution options of mediation under 34 CFR §300.506, or the filing of a due process complaint under 34 CFR §300.507, if the parent disagrees with the State's final complaint decision.

Based on section 607(e) of the IDEA, we are informing you that our response is provided as informal guidance and is not legally binding, but represents an interpretation by the U.S. Department of Education of the IDEA in the context of the specific facts presented.

If you have questions about the information contained in this response, please do not hesitate to contact Deborah Morrow at 202-245-7456 or by email at [Deborah.Morrow@ed.gov](mailto:Deborah.Morrow@ed.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Melody Musgrove", with a large, stylized flourish extending to the right.

Melody Musgrove, Ed.D.  
Director  
Office of Special Education Programs

cc: Bambi Lockman

**From:** [Tori Daugherty](#)  
**To:** [Ryan, Sheri J \(CED\)](#)  
**Subject:** Re: OSEP Correspondence Letter  
**Date:** Friday, November 15, 2024 10:02:35 AM  
**Attachments:** [AOTA Joint Statement on Interprofessional Collaborative Goals in School-Based Practice.pdf](#)

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**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Here is one more! Could we add this to our agenda as well?

Overall, I really think this topic will be appropriate to defer to other resources, such as the state board of Education and Early Development or OSEP. Thanks for offering to coordinate learning opportunities for us!

On Fri, Nov 15, 2024 at 9:34 AM Tori Daugherty wrote:

Here is the letter from OSEP, relating to a therapist (related service provider) being absent from IEP meetings.

These are the federal statutes/regs related to therapist presence for the IEP meetings under IDEA: 34 CFR 300.321

Have a good weekend!  
Tori

## Joint Statement on Interprofessional Collaborative Goals in School-Based Practice

The purpose of the Individuals with Disabilities Education Act (IDEA) is “to ensure all students with disabilities have available to them a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living” (IDEA, 2004). Collaboration is a key component of IDEA, particularly in the development of a student’s individualized education program (IEP), which must be developed by a team. To achieve the standard of FAPE, parents/guardians, students, educators, related service providers, and other stakeholders must work together. The IEP team members must include:

- the student’s parent(s) or guardian(s)
- the student, when appropriate
- at least one of the student’s special educators
- at least one of the student’s general educators
- a representative of the local education agency (LEA)
- an individual who can interpret the impact of evaluation results on instruction
- other individuals with knowledge or expertise regarding the student, at the discretion of the parent or LEA.

Central to the IEP team’s work is the development of student-centered IEP goals and determination of how IEP team members will help the student achieve those goals. Working together, the IEP team sets the tone for collaboration throughout the implementation of the IEP. Collaboration is a process in which team members share their unique knowledge, expertise, and skills to identify and address the needs of students (Division for Early Childhood, 2016; Hanft et al., 2019). Interprofessional collaboration in education and practice leads to greater understanding of others’ roles and enhances outcomes (Interprofessional Education Collaborative, 2016). Collaborative goals can be defined as IEP goals written by IEP team members working together to engage in mutual problem solving and decision making to identify and prioritize student needs.

### Using This Resource

This document highlights a process for IEP team members to collaborate to develop IEP goals to support students with disabilities in participation in school life. A group of occupational therapy practitioners (OTPs), physical therapists (PTs), and speech-language pathologists (SLPs) with extensive experience in school practice worked together to summarize considerations for collaborative goal writing. However, the information shared in this document was designed for use by any team of professionals developing collaborative IEP goals, and can be shared with administrators, families, IEP team members, and advocates to demonstrate the steps involved in this process.

### Writing Collaborative Goals in School-Based Practice

The foundation for collaborative goal writing is a strong educational team where members articulate their scope of practice clearly, demonstrate their value, and understand the contribution of others. Establishing a process for implementing collaborative goals takes an investment of time; therefore, teams will need to identify strategies for joint planning and for building team skills. Initial steps include sharing information with educational teams and parents, identifying times/strategies for planning, and creating a timeline to begin the process. It may be pragmatic for teams to consider a gradual transition to a collaborative goals approach on a case-by-case basis.

Collaborative goal writing incorporates the best practices of goal writing as well as considerations for how multiple service providers can facilitate a student's achievement of the goal. This approach focuses on functional skills in typical school environments to facilitate participation throughout the school day.

IEP goals should (Doran, 1981; Hanft et al., 2019):

- have a clear focus on the area to be addressed
- include a description of measurable progress
- be achievable in the context of school routines
- connect to the student's overarching educational goals
- include a time frame or criterion for achievement.

### The Collaborative Goal Writing Process

In designing collaborative goals for a student, the IEP team can consider the following process.



The table below captures a collaborative goal writing process applied to a sample case scenario. The first column pertains to educational impact, which describes how a student's difficulty affects their educational performance. The educational impact identifies the area to be addressed in the IEP goal. Consideration of educational impact and the student's strengths and needs can assist the IEP team in writing collaborative IEP goals. Having established collaborative IEP goals, IEP team members should work together to determine how to collect data on student progress and share how they plan to address the goal with the student.

**Table 1. Example Collaborative Goal Writing Process**

<b>Educational Impact</b>	Student is having difficulty independently completing more than 10% of a 1-page written assignment (e.g., 1 of 10 short answers or fill-in-the blank answers)
<b>Present Levels (based on evaluation data)</b>	<p>Cannot sit up in a chair for more than 5 minutes without leaning on the desk due to low muscle tone and fatigue</p> <p>Decreased ability to write due to poor fine motor skills, inattention, literacy level, and working memory</p> <p>Difficulty following instructions and asking for help due to expressive and receptive language, short-term memory, and sequencing problems</p> <p>Busy classroom environment with music playing, students talking, and movement around the room</p>
<b>Collaborative Goal</b>	Student will demonstrate improved participation in classroom activities with his peers by independently completing 50% of a written assignment in the same amount of time used by his classmates, at least 3 out of 4 opportunities per week, for 4 consecutive weeks as measured by teacher/service provider report, classroom observations, and work samples.

<p><b>How is the Goal Being Addressed?</b></p>	<p>PT: provide adaptive seating, work with classroom teacher on incorporating core strengthening activities into daily movement breaks, collaborate with PE teacher on core strengthening exercises</p> <p>OTP: provide assistive technology support for using voice-to-text and other technology to promote work completion and demonstration of knowledge; work with student and teachers to integrate self-regulation strategies throughout the school day; provide visual supports for sequencing assignments and organizing materials; establish quiet spaces for working</p> <p>SLP: provide expressive and receptive language activities linked to the classroom curriculum and themes; coach in the use of compensatory strategies (e.g., lists for sequencing and short-term memory; create visual supports for assignment instructions)</p> <p>General Education Teacher: develop grade-level-appropriate activities; provide modification to only complete 50% of each writing assignment; use visual supports throughout instructional day; incorporate movement, self-regulation, and strengthening activities</p> <p>Special Education Teacher: implement specially designed instruction related to literacy development; collaborate with general education teacher to set expectations for modified assignments; integrate self-regulation and strengthening activities; instruct in the use of assistive technology; facilitate communication across team members</p>
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**Table 2. Frequently Asked Questions**

<p><b>Does IDEA require discipline-specific goals?</b></p>	<p>Although IDEA requires a statement of the special education and related services that students require to work toward achieving their goals, it does not specify that each service provider writes discipline-specific goals. IEP goals are individualized to the student and do not belong to any specific discipline.</p>
<p><b>How does the IEP team document progress on collaborative goals?</b></p>	<p>Providers should collaborate to develop data collection and analysis systems to track progress and make informed decisions about interventions, service provision, and goal achievement. Examples of data collection systems include but are not limited to rubrics, checklists, and data sheets.</p>
<p><b>What about reimbursement?</b></p>	<p>Medicaid is regulated by state rules. Providers must follow their state-specific Medicaid requirements for guidelines related to medical necessity, referrals, and documentation (American Speech-Language-Hearing Association, n.d.; Holahan, 2019; American Physical Therapy Association, 2009). Medicaid reimbursement <b>does not</b> determine how an IEP is developed or if occupational therapy, physical therapy, and speech-language pathology services will be provided (Massachusetts Tri-Alliance of School Therapists, 2019).</p>

## Conclusion

The American Occupational Therapy Association, the American Physical Therapy Association, and the American Speech-Language-Hearing Association are committed to and encourage interprofessional collaboration to maximize outcomes for clients across the lifespan. In school-based practice, one element of this may be the development of collaborative student-centered goals where interprofessional skills and knowledge are integrated to facilitate the student's access to and participation in their educational program. Interprofessional practice:

- Facilitates collaborative goal development by encouraging team ownership of goals
- Promotes the connection between the contributions of team members and academic and functional goals
- Fosters skill generalization through development of skills in goals across environments and with a variety of professionals

### Strategies for dissemination:

- Schedule an in-service session (in-person or virtual) with school staff and parent associations to share how collaborative goals support student participation and outcomes
- Meet with school administrators to advocate and plan for the process of expanding or transitioning to a collaborative goals approach
- Share the document with related service and special education colleagues to consider how collaborative goal writing might work in your schools
- Talk with parents/guardians on an individual basis to explore how collaborative goals may benefit their student

## Additional Resources

American Occupational Therapy Association <https://www.aota.org/practice/practice-essentials>

American Physical Therapy Association <https://www.apta.org/for-educators/interprofessional-collaboration>

American Speech-Language-Hearing Association <https://www.asha.org/practice/ipe-ipp/>

## References

American Physical Therapy Association, Section on Pediatrics. (2009). *What providers of pediatric physical therapy services should know about Medicaid* [Fact Sheet]. <https://pediatricapta.org/includes/fact-sheets/pdfs/09%20Medicaid.pdf>

American Speech Language Hearing Association. (n.d.). *Medicaid in the schools*. <https://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit-Schools/>

Division for Early Childhood. (2016). *DEC recommended practices*. <http://www.dec-sped.org/recommendedpractices>

Doran, G. T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives, *Management Review*, 70(11), 35–36.

Hanft, B., Shepherd, J., & Read, J. (2019). Best practices in collaborating on school teams. In G .F. Clark, J. E. Rioux, & B. E. Chandler (Eds.), *Best practices for occupational therapy in schools* (2nd ed., pp. 151–162). AOTA Press.

Holahan, L. (2019). Best practices in Medicaid cost recovery. In G. F. Clark, J. E. Rioux, & B. E. Chandler (Eds.), *Best practices for occupational therapy in schools* (2nd ed., pp.127–134). AOTA Press.

Individuals with Disabilities Education Act of 2004. Sec. 300.320 Definition of individualized education program. <https://sites.ed.gov/idea/regs/b/d/300.320>

Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. Author.

Massachusetts Tri-Alliance of School Therapists. (2019, October 23). *School-based Medicaid guidance for OT, PT, & SLP*. <http://maot.org/resources/Documents/School-Based%20Medicaid%20Guidance.pdf>

**From:** [info@aptaalaska.org](mailto:info@aptaalaska.org);  
**To:** [Ryan, Sheri J \(CED\)](#)  
**Cc:** " RE: New submission from Contact Form [ Marthinsen, Andrea ]"  
**Subject:** Tuesday, November 12, 2024 1:00:31 PM  
**Date:**

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The only resource to interpret state statutes would be the licensing board. I thought I passed that along already. I do know one school based PT in Fairbanks, Curtis Gelineau. Unfortunately I don't have a contact for Curtis.

Can you please respond to her and give her this contact: "Ryan, Sheri J (CED)" <sheri.ryan@alaska.gov>,

Alec

-----Original Message-----

**From:** [info@aptaalaska.org](mailto:info@aptaalaska.org)  
**Sent:** Tuesday, November 12, 2024 1:23pm

**Subject:** RE: New submission from Contact Form [ Marthinsen, Andrea ]

Good Morning – This member just emailed again to inquire if the Board had any resources for her.

Please let me know.

Thank you,

Suzie

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**From:** [info@aptaalaska.org](mailto:info@aptaalaska.org) <[info@aptaalaska.org](mailto:info@aptaalaska.org)>  
**Sent:** Friday, October 18, 2024 6:36 AM  
**To:**

**Subject:** FW: New submission from Contact Form [ Marthinsen, Andrea ]

Good Morning – Sharing to see if there is anyone on the Board who might have resources for this member.



Suzie

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**From:**  
**Sent:** Wednesday, October 16, 2024 9:13 PM  
**To:** [info@aptaalaska.org](mailto:info@aptaalaska.org)  
**Subject:** Re: New submission from Contact Form [ Marthinsen, Andrea ]

Hi Suzie,

I really don't know anything about this. Could you send to the board and maybe someone there does?

Katie P

Get [Outlook for iOS](#)

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**From:** [info@aptaalaska.org](mailto:info@aptaalaska.org) <[info@aptaalaska.org](mailto:info@aptaalaska.org)>  
**Sent:** Tuesday, October 15, 2024 6:46:50 AM  
**To:**  
**Subject:** FW: New submission from Contact Form [ Marthinsen, Andrea ]

Good Morning, Katie – Do you have any resources for this member?

Suzie

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**From:** [webform@aptaalaska.org](mailto:webform@aptaalaska.org) <[webform@aptaalaska.org](mailto:webform@aptaalaska.org)>  
**Sent:** Monday, October 14, 2024 8:46 PM  
**To:** [info@aptaalaska.org](mailto:info@aptaalaska.org)  
**Subject:** New submission from Contact Form [ Marthinsen, Andrea ]

**Name**

Andrea Marthinsen

**Email**

**Phone**

**Question or Comment**

I am a school-based therapist in Southeast Alaska looking for some help in interpreting state statute as it relates to school-based practice and advocating with administration as it relates to IEPs, related services, and supervision. Do we have anyone at the state level that is in school based practice that can help me?  
Thank you,  
Andrea Marthinsen

**From:** [Dickson, Clarissa \(she/her\)](#)  
**To:** [Ryan, Sheri J \(CED\)](#)  
**Cc:** [Holmberg, Carlie A](#); [Mastrangelo, Therese](#)  
**Subject:** PTA Question  
**Date:** Wednesday, September 18, 2024 9:51:49 AM  
**Attachments:**

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Good morning Sheri!

My name is Clarissa, and I'm the director of Providence Home Health here in Anchorage. I've cc'd two managers who work with me and our rehab team.

I was given your name by our new PTA, Rachel. She asked some questions at the APTA meeting last night.

We have not utilized a PTA in recent history, so we are struggling to make sure we are being fully compliant with regulations.

I've reached out to the licensing department at DOH, and they looped in some billing experts to the email string, but frankly we are still a bit unclear.

I've included screenshots of the regulations below. You can see that 12 AAC 54.510 requires a monthly on site/teleconf WITH the PTA, while 7 AAC 12.521 requires biweekly onsite WITH the patient. We've been advised to follow the more strict of the two, but I'm struggling because both are pretty strict for a home health setting. The first one would require a PT to join a PTA at a home visit (one would be non billable), while the second one would require more frequent PT visits, but without the PTA present.

Also, with 12 AAC 54.510, if more than one PT are giving patients to a PTA, does each PT need to do the 30 day supervision? Or just one of them?

In a home health setting, it's quite difficult to arrange these co-visits. Knowing that PTAs are invaluable members of the interdisciplinary team with advanced training, I was surprised to see these supervision requirements are far more strict than the regulations for nursing assistants in home health (who have less training). We want to empower our clinicians to work to the very top of their licenses

Could you provide advice on how you see a home health PTA being supervised, given these regulations?

Could you share any ideas on how to document the 30 day requirement? It's a licensing requirement, so it wouldn't go in our EMR.

**12 AAC 54.510. SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS.** (a) A physical therapist assistant shall work under the supervision of a licensed physical therapist.

(b) A licensed physical therapist is responsible for and shall participate in a patient's care.

(c) Except as specified in 12 AAC 54.500(e), a physical therapist may supervise a maximum of three physical therapist assistants.

(d) A licensed physical therapist assistant shall have written treatment plans formulated by the licensed physical therapist in possession for each patient under the care of the physical therapist assistant. Treatment plans must be revised following periodic evaluations by the licensed physical therapist.

(e) At least once a month, a supervising physical therapist shall provide periodic supervision to a physical therapist assistant while the physical therapist assistant being supervised implements a treatment plan with a patient. Supervision shall be conducted on site or by video or teleconference when in-person supervision is not reasonably practicable. The supervising physical therapist shall be available for consultation with the physical therapist assistant by telephone, verbally, or in writing.

**7 AAC 12.521. Therapy services.**

(a) Physical therapy services offered by a home health agency must be provided in accordance with a plan of care by or under the supervision of a physical therapist licensed under AS 08.84. A physical therapist employed by or on contract with a home health agency shall

(1) evaluate a patient;

(2) establish or modify a physical therapy treatment plan upon written or verbal orders from a physician, advanced practice registered nurse, or physician assistant;

(3) prepare clinical progress notes;

(4) prepare summaries of care;

(5) plan, supervise, and delegate services to a physical therapy assistant licensed under AS 08.84; and

(6) makes supervisory visits to the patient's residence every two weeks to evaluate the effectiveness of the services furnished by the physical therapy assistant and to document the patient's condition in the clinical record.

Thank you so much for any insight you can provide!

Happy Wednesday!

Clarissa

**Clarissa Dickson, RN,  
BSN, WCC, COS-C**  
Director, Home Health  
Alaska  
Home & Community Care

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**From:** [Justin Dorn](#)  
**To:** [Ryan, Sheri J \(CED\)](#)  
**Subject:** Physical Therapy scope of practice question  
**Date:** Tuesday, October 29, 2024 1:55:27 PM

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Sherri,

I am a PT in Alaska who was wondering if offering dietary recommendations falls within the scope of PT practice in AK?

Thanks,  
Justin

**Justin Dorn**

Physical Therapist

| Juneau, AK 99801



**From:** [Khyati Parmar](#)  
**To:** [Board of Physical and Occupational Therapy \(CED sponsored\)](#)  
**Subject:** Re: Designation/ credentials  
**Date:** Thursday, November 7, 2024 2:34:51 PM  
**Attachments:**

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Thank you Ms. Sheri for looking into this. I look forward to hearing from you if you get any more information.

Thank you once again,

Khyati

On Thu, Nov 7, 2024 at 12:22 PM Board of Physical and Occupational Therapy (CED sponsored) <[physicalandoccupationaltherapy@alaska.gov](mailto:physicalandoccupationaltherapy@alaska.gov)> wrote:

Hello Khyati,

That's a very unique question and one I don't know if the board has the ability to answer as it is not within their jurisdictional purview. Let me ask some questions and see what I can find out.

Normally, you can only use the "DPT" designation when you have formally graduated from an institution of higher education and been awarded/conferred a Doctorate of Physical Therapy degree by the institution.

Best regards,

Sheri Ryan

Licensing Examiner 3 Advanced

Board of Physical Therapy and Occupational Therapy  
Board of Certified Direct-Entry Midwives  
Athletic Trainers Program

Division of Corporations, Business and Professional Licensing

[sheri.ryan@alaska.gov](mailto:sheri.ryan@alaska.gov)

Office: 907-269-6425 | Fax: 907-465-2974

[www.commerce.alaska.gov](http://www.commerce.alaska.gov)



**From:** Khyati Parmar

**Sent:** Thursday, November 7, 2024 10:08 AM

**To:** Board of Physical and Occupational Therapy (CED sponsored)  
<[physicalandoccupationaltherapy@alaska.gov](mailto:physicalandoccupationaltherapy@alaska.gov)>

**Subject:** Designation/ credentials

Hello,

I am a foreign trained PT, licensed in state of Alaska. In my education evaluation by FCCPT it was mentioned that my education is equivalent to DPT so can I use DPT as my designation/ credentials after PT?

Thank you,

Khyati Parmar