

Position Paper on Determination of Appropriate Caseload Size/Workload for School-
Based Occupational Therapists

Written for: The Occupational Therapy Association of Oregon (OTAO)

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Occupational Therapy Assistant Program

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Introduction

Caseload management for school-based occupational therapists is an emerging issue in occupational therapy practice in the state of Oregon. The Oregon Administrative rules do not address caseload size. The Oregon Occupational Therapy Licensing Board (OTLB) provides protection for the clients who receive Occupational Therapy (OT) services, however the Board is not responsible for establishing specific standards for caseload/workload size issues. Lack of organized discussion regarding this area of concern has allowed this situation to be unrecognized as a critical issue. There is not an established methodology in place to analyze this and other potentially negative systemic practices that school-based therapists are experiencing in their daily work. This situation then tolerates Oregon school district caseload sizes to go beyond what is realistically possible for the occupational therapist to complete within a typical workweek.

Laws Regarding Special Education

Occupational therapy practitioners provide therapeutic interventions to students who are eligible for occupational therapy services on their Individualized Education Program (IEP) or 504 plans. Oregon Administrative Rules for Special Education state that Occupational therapy is a “Related Service” and an occupational therapist can serve children with IEPs/504 plans in Early Intervention (EI): Children 0-2 Years; Early Childhood Special Education (ECSE): Children 3-5 Years; School Age: Kindergarten- 21 years (Oregon Department of Education, 2013). The Oregon Department of Education (ODE) indicated in 2013 in section 34 CFR 300.34(c) that "Related services" includes transportation and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education, and includes

orientation and mobility services, speech language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy.”

According to section 410-133-0120 2(b) of the Oregon Administrative Rules: Health Authority School-Based Health Services document “Occupational therapy evaluation and treatments shall be provided by licensed occupational therapists that meet the federal requirements of 42 CFR 440.110, and are licensed by the State Occupational Therapy Licensing Board,” but it does not stipulate how evaluations and all of the other indirect and direct services that occupational therapists render are to be provided with limited time, supplies and a high demand for services.

Federal laws that support inclusion for students with disabilities to participate in the school environment provide justification for the need for occupational therapy services. The laws and rules that regulate the practice of occupational therapy apply to all practice settings, including school-based practice. In school-based practice, the occupational therapist and the Occupational Therapy Assistant (OTA) must work within the Individuals with Disabilities Education Act (IDEA). Under Part B IDEA regulations, 34 CFR Section 300.34(c)(6), Occupational therapy is defined as, “services provided by a qualified occupational therapist;” and includes: Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation. Improving ability to perform tasks for independent functioning if functions are impaired or lost; and preventing, through early intervention, initial or further impairment or loss of function,” (2004).

OT Scope Of Practice In School Settings

Occupational therapy addresses students with disabilities and their access to the

academic curriculum and other school functions. OT works to facilitate each student's independence and participation in school settings. Therapy is provided and integrated in the student's natural environment—either directly or indirectly. Direct service includes performing evaluations and student assessments and direct consultation with teachers, parents and other specialists. Indirect service includes supervising OTAs, travel between schools (in itinerant settings), program planning and development, preparation time at each setting, designing/modifying adaptive equipment, daily documentation, writing reports and summaries for treatment plans and IEPs, and attending IEP and other staff meetings, (AOTA, 2006) (Arizona Department of Education, 2008).

Students who are required to receive occupational therapy services in school settings have a variety of diagnoses that affect their function in their role of “student.” “Occupational therapy practitioners support academic achievement and social participation by promoting occupation within all school routines, including recess, classroom, and cafeteria time. They help children fulfill their role as students and prepare them for college, career, and community integration. They utilize prevention, promotion, and intervention strategies for mental and physical health and well-being,” (AOTA, 2014).

Factors For Caseload / Workload Size Determination

Caseload /workload size must be limited to protect therapists and students from potential negative outcomes that could occur if students' needs are not provided for in a timely manner. When determining the appropriate ratio for an individual therapist, the following must be taken into consideration: The severity of each eligible child's needs; The level and frequency of services necessary for the children to attain IEP

goals/objectives; and the time requirements for all of their daily work tasks.

Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending team, district and planning meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs must also be considered when determining an appropriate therapist/student ratio.

School-district occupational therapists and OTAs have reported that some school districts have tried to address high caseload sizes by using other staff in the schools to provide OT interventions and giving the staff the title of “OT Assistant.” According to the Oregon Health Authority, Division Of Medical Assistance Programs, “No person shall hire or employ a person to practice as an occupational therapist or as an occupational therapy assistant unless the person hired or employed is licensed in accordance with ORS 675.230.” and,

“Representation as occupational therapist or therapy assistant prohibited without license; exception. (1) No person shall practice occupational therapy or purport to be an occupational therapist or occupational therapy assistant, or as being able to practice occupational therapy, or to render occupational therapy services, or use the abbreviations designated by the Occupational Therapy Licensing Board under ORS 675.320 unless the person is licensed in accordance with ORS 675.210 to 675.340. (675.220 - 675.222. August, 2013).

Supervision requirements

Occupational therapists and OTAs are licensed professionals who must follow the laws and rules contained in their professional practice act, established in OAR 339-010-0035, Statement of Supervision for Occupational Therapy Assistants. OAR 339-010-

0035(2) requires a signed Statement of Supervision ^[L]_{SEP}(1) Any person who is licensed as an occupational therapy assistant may assist in the practice of occupational therapy only under the supervision of a licensed occupational therapist. In all practice settings, including school-based practice, the occupational therapist has ultimate responsibility for the clients served by OTAs under his/her supervision. All students served by an OTA are part of the supervising therapist's caseload. The supervising occupational therapist must communicate with the OTA regarding interventions with students, including guidance regarding any special needs of the students, and ensuring that the OTA is skilled in the services to be provided. The occupational therapist must also collaborate with the OTA to ensure that services are being provided as intended and that the student is progressing as anticipated. Therefore, time for collaboration must be considered when determining responsibilities of therapists and assistants. The collaborative relationship between the therapist and assistant enhances care and ensures that students receive quality services (Ohio OTPTAT Board, 2011).

Caseload vs. workload

Resolutions to the problems that school based therapists are facing must begin with discussion regarding the difference between "caseload" and "workload." Caseload refers to the number of children that an occupational therapist serves. Workload refers to all of the activities that occupational therapists have to perform to provide direct or indirect services to students. Workload is determined by many factors, which includes the time it takes to perform and score evaluations, write reports, intervention planning, provide 1:1 and/or group interventions to students. It includes consultation with staff, parents and other professionals and travel time to multiple sites. Workload also includes

daily/weekly/monthly documentation, meeting OTA supervision requirements, as well as participation in IEP/504 Plan meetings, departmental meetings, in-service training and staff development courses (AOTA, 2006).

Costs associated with high caseload / workload

High caseload / workload sizes could have negative consequences for school districts due to increased costs for overtime pay and / or fees. According to a 2014 survey titled “Informational based survey regarding physical and occupational therapy in school-based settings,” occupational therapists are reporting caseload sizes of up to 100+ students in the schools. Therapists are reporting having to work 5-15 hours per week over their actual paid work hours to perform all of the preparatory and concluding activities required for their roles in the schools, as well as the time it takes to work with the students. Therapists are also reporting that they have to work through their lunch hours, that they don’t have time to take rest breaks and that they often have to take their work home with them to write reports, score assessments or perform their documentation.

Many of the therapists who are employed by school districts report that they are paid a salary and are usually not compensated for hours worked outside of their 40-hour workweek. If school districts do not pay therapists for all of the hours they work and therapists are not able to take adequate meal and rest periods, it could lead to additional fines and legal fees, which could be very costly for school districts with limited budgets. It could also lead to negative consequences on therapists’ health, well-being and job satisfaction.

The Oregon Bureau of Labor and Industries states that “Preparatory and

Concluding Activities” on the job “are considered hours worked if the activities performed by the employee are an integral and indispensable part of a principal activity for which the employee is employed,” (839-020-0043). A civil penalty may be assessed to an employer for any of the following willful violations:

Failure to pay overtime for all hours worked over forty (40) in a week in violation of OAR 839-020-0030; Failure to provide to each employee appropriate meal periods in violation of OAR 839-020-0050; Failure to provide to each employee appropriate rest periods in violation of OAR 839-020-0050, (839-020-1010).

The Oregon Bureau of Labor and Industries rules also state that salaried employees that are not exempt from overtime status and that they need to be paid time and a half for all hours worked over 40 hours per week. “OAR 839-020-0040 to 839-020-0047 deals with hours worked as defined by OAR 839-020-0004(19) and discusses principles involved in determining what constitutes working time for purposes of ORS 653.010 to 653.261 and these rules.” The rules stipulate the following:

1. Work requested or required is considered work time. Work not requested, but suffered or permitted is considered work time.
2. Work performed for the employer but away from the employer's premises or job site is considered work time. If the employer knows or has reason to believe that work is being performed, the time spent must be counted as hours worked.
3. It is the duty of the employer to exercise control and see that the work is not performed if it does not want the work to be performed. The mere promulgation of a policy against such work is not enough, ORS 651.060(4) & 653.040.

Another potential cost is from families of students with disabilities who could pursue legal action if they feel that their child is not getting the services that they are eligible for in the school setting. For example in a West Virginia court of law in the case of Doe V. Withers on June 9, 1993, it was emphasized that teachers must make a good

faith effort to accommodate a student's Individual Learning Plan if at all possible and provide required accommodations for students with disabilities when necessary. The court determined that the teacher failed to comply with an IEP for one of his students who had a learning disability. A jury assessed monetary damages against the teacher under Section 1983: institution of Free Appropriate Public Education, (FAPE). This was the first special education jury trial and the first special education dollar damages case, (Wright, 2010). If a teacher is at risk for failing to comply with an IEP and can be held personally responsible in a court of law, this also puts school-based therapists at personal legal risk if they are not able to comply with the IEP. The school district that employs the therapist is also at risk for legal action if they knowingly place therapists in a position of risk of not meeting the requirements of the IEP due to high caseload sizes and workload requirements.

Students who require occupational therapy services in their role as "student" in the school environment have the most to gain from receiving OT intervention, but they also face the greatest level of risk if they do not receive the services that they are eligible for on their IEP. Students can have a variety of medical diagnoses that can lead to severe behavior or physical difficulties when interacting in their school environment. Some of the students have high medical needs and could be placed at great risk of harm if they do not receive the services on their IEP in a timely manner. If an occupational therapist has little interaction with a student who is receiving services, it can actually increase the amount of time that the student needs to have OT services indicated on their IEP. Lack of service can lead to missed opportunities to support a student's gains for learning, and may lead to a need for more services due to decreased opportunities to

progress. Without consistent intervention, students may lose ground and ultimately have a need for more services for a longer period of time. Decreased efficiency of OT interventions can lead to increased time and an overall increase in costs during their educational career, whereas providing timely and comprehensive OT intervention at the onset of difficulties could lead to decreased need for continuation of services over time.

What are other states recommending as caseload/ workload size?

Caseload size concerns have been addressed by other state organizations, and many states have established criteria to resolve the areas of concern. For example Ohio Department of Education has recommended caseload sizes of “no more than 50 students,” (Rule 3301-51-09) (2011). The Maine Department of Education states, “The maximum student-therapist caseload, including both consultation and direct services, shall not exceed 50 students per each full-time equivalent provider.” (2013). The North Carolina Department of Public Instruction Section 1508-4 states “that the total caseload for individual related service providers, including occupational therapists and physical therapists, is not to exceed fifty (50) students,” (2009). In Wisconsin, the Milwaukee Teachers Education Association indicates that:

...the caseload for a full-time school occupational therapist employed for a full day, 5 days a week, shall be as follows: (a). A minimum of 15 children. (b). A maximum of 30 children. (c). A maximum of 45 children with one or more occupational therapy assistants,” PI 11.24 (9)(b)a (n.d.).

Potential solutions for Oregon therapists

First, AOTA recommends that occupational therapists need to begin a workload management group to collect data and perform a time use study. AOTA has provided guidelines for gathering data in [Transforming Caseload to Workload in School-Based and](#)

[Early Intervention Occupational Therapy Services](http://www.aota.org/~media/Corporate/Files/Practice/Children/Resources/Transforming%20Caseload.pdf). This will help therapists to know how to group their tasks into categories, which will ultimately help them to compile the results regarding how their days are spent, which will lead to problem-solving discussions that can lead to resolutions to the problems, (2006). To see this paper go to the following link: <http://www.aota.org/~media/Corporate/Files/Practice/Children/Resources/Transforming%20Caseload.pdf> (copy and paste link in browser if clicking link does not take you to document).

Severity rating must also be discussed to help therapists determine caseload / workload needs. Use of a standardized “Severity Rating Scale” can help school-based occupational therapists determine appropriate service-time based on staff to student ratios; and all factors that lead up to student need and supports available. This type of standardized process can lead to realistic caseload/workload determination and distribution. In addition, School districts can utilize the skilled services of licensed OTAs to provide consultation and support for interventions with occupational therapists to perform evaluations and develop the treatment plan. By using an OT/OTA collaborative approach to the delivery of OT services, occupational therapists are better able to meet the needs of the caseloads while staying within the parameters of limited budgets.

Additionally, school district program directors and administrators can partner and collaborate with occupational therapists and OTAs who are employed in their districts to determine ways to streamline processes and to decrease unnecessary referrals. For example, some occupational therapists have reported that they get many referrals that are due to lack of a consistent handwriting instruction in the classroom, and that these unnecessary referrals could be decreased if districts adopted an established handwriting

program that is based on current evidence and developmentally based instruction (such as Handwriting Without Tears).

Another thought is to have an expert OT panel identify a list of acceptable tools and interventions to standardize the evaluation and assessment process, and to increase reliability for determining service-time allotment. Some therapists have reported that the flexibility that each therapist has regarding the evaluation and assessment process can lead to inconsistency across other districts and other therapists who use differing methods for determining need in school settings. Using only standardized assessments or consistent screening and evaluation tools would lead to increased consistency across school districts and evaluating therapists. Other recommendations could include the use of evaluation teams to provide student assessments to streamline and standardize the process of determining student need. Digital documentation could be utilized to increase efficiency and Telepractice could be explored as a method of service delivery for rural areas.

Most importantly, current and former school based therapists can aid in the development of solutions to the problems that they are facing regarding caseload / workload and other issues by providing ideas and feedback to the OTLB and OTAO regarding the strengths and weaknesses of the systems that they work in. School therapists can work together in smaller teams or as individuals and perform time-use studies to help determine the actual time it takes to perform their daily tasks within their typical workweek. This information can be used to track and establish need for therapy staff and to provide justification to district administration and Human Resources departments based on actual need.

The Occupational Therapy Licensing Board of Oregon has a duty to protect the consumers of occupational therapy services and to ensure that students in school-based settings receive services that are consistent with safe and ethical occupational therapy practices. The OTLB has the powers “that are necessary to carry out the provisions of ORS 675.210 to 675.340”, “to supervise the practice of occupational therapy in this state”, “to make and enforce rules in accordance with ORS chapter 183” and to “regulate the practice of occupational therapy.” As part of its role the Oregon OT Licensing Board can “investigate complaints and take appropriate action; make and enforce and “adopt rules that define the scope of the practice of occupational therapy and that reflect national standards for the practice of occupational therapy,” (2014). The OTLB website states that it “protects the health, safety and welfare of individuals who receive Occupational Therapy services in Oregon.” To this end, licensees are required to report to their licensure board any entity that places them in a position of compromise with the code of ethical conduct.

Discussion

As discussed in this position paper, occupational therapists who have high caseload numbers are at risk of not meeting the requirements of every student’s IEPs. High caseload sizes could place occupational therapists and the students they serve at risk. Therefore, the Oregon Occupational Therapy Licensing Board, the Occupational Therapy Association of Oregon, Pacific University School of Occupational Therapy, and the Linn-Benton Community College Occupational Therapy Assistant Program are supporting collaborative efforts to evaluate the problems school-based therapists are experiencing; and working towards solutions that protect and support students in their role in the

educational environment; while also protecting and supporting occupational therapists and OTAs to perform their roles without putting their licensure or professional standing at risk.

Position Statement

It is the position of the Oregon Occupational Therapy Licensing Board, the Occupational Therapy Association of Oregon, working in conjunction with the Pacific University School of Occupational Therapy, and the Linn-Benton Community College Occupational Therapy Assistant Program, to state that all children who have occupational therapy services listed on their IEP as a related service should receive the designated OT services as the IEP team determined during the IEP process. Additionally, we state that all responsibilities of the occupational therapist and OTA—including both direct and indirect service to students, must be considered by school-based administrators and leadership when determining an appropriate caseload/workload size for school-based occupational therapists. It is further stated that caseload / workload sizes for Oregon based occupational therapists never go above what occupational therapists can realistically provide within their regular paid working hours.

Conclusion

Without additional data collection and input from occupational therapists in school-based settings, it is difficult to determine or limit a therapist's caseload size to a specific number of students, as "workload" depends on so many factors. Therefore, to further assist with this process, OTAO and the OTLB recommend that all Oregon school-based occupational therapists perform an independent and/or departmental time-use study and then report the results to OTAO and the OTLB for the purpose of creation of standards of

school-based practice. With additional data regarding the current trends in school-based practice and reports from the work experiences that Oregon school-based therapists are having, it will assist OTAO and the OTLB in collaborating with the Oregon Department of Education and school-district representatives to develop updated standards and practices so that the students' needs can be met within the constraints of current budgets, while also protecting and supporting the role of occupational therapy in Oregon schools.

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