

Birth to 3 Years Old

Similarities in Occupational Therapy Services



- May Use Medicaid Dollars
- Evaluate an infant/toddler's development in the area of self-help, fine motor development, eye-hand coordination, play and social development
- May be provided in the home or community
- Use a variety of interventions to enhance an infant/toddler's performance
- Use a family centered approach to address the needs of the family and the infant/toddler.
- The family is perceived as the most essential member of the team

Differences in Occupational Therapy Services

Early ACCESS – Occupational Therapy

Eligibility:

In order to be eligible for Part-C-Early ACCESS services an infant/toddler must have a 25%, or more delay or a known condition, based on informed, clinical opinion that has a high probability of later developmental delay. This delay or probability of delay then must also warrant the need for occupational therapy services.

Cost:

Services are available at no cost to the families, and services are documented on an Individualized Family Service Plan (IFSP).

Location:

Services must be provided in natural environments (those places where typically developing children are located).

Evaluation Procedure:

The occupational therapist evaluates the infant/toddler's performance using developmental evaluations and through observation and assessment in the natural environment.

Service Determination:

The IFSP team, which includes the parents and the occupational therapist, determines the infant/toddler's and the family's needs and priorities. The IFSP team establishes the outcomes and services necessary to meet the infant/toddler's and family's needs.

Focus:

The primary role of the Early ACCESS occupational therapist is to work with the family and caregivers to enhance their ability to care for their infant/ toddler within the home and community as it relates to the development of the infant or toddler's movement skills.

Hospital & Community Services

Eligibility:

A medical-based or treatment based diagnosis or impairment must be documented. A physician's referral may be needed. Some agencies may have established criteria regarding the amount, frequency, and duration of occupational therapy services.

Cost:

Services are paid through insurance, private pay, waiver, or grants.

Location:

Services are provided in the clinic or home setting.

Evaluation Procedure:

The occupational therapist evaluates the infant/ toddler using various assessment tools that focus on areas of impairment (e.g. strength, coordination).

Service Determination:

The occupational therapist with the family determines the areas to address and the priorities. The occupational therapist collaborates with the family to write functional treatment goals.

Focus:

The primary focus of the occupational therapist is to work with the child and family to attain treatment goals to enhance performance at home and in the community. This may include training the family in a home program.