

Pediatric Therapy Service Delivery Models

Medical Model	Educational Model	Early Intervention (EI) Model
Child-centered services	Child-centered services	Family-centered services
Therapy focuses on alleviating or “fixing” deficits identified on standardized testing	Therapy focuses on improving the student's ability to succeed in the school environment	Services focus on improving the child’s learning and development during naturally occurring routines and activities
Direct therapy is provided to the child	Direct therapy is provided to the child	The therapist enhances the child's learning and development by coaching the caregiver on ways to embed intervention into the family's day
Therapy sessions are provided one-on-one (therapist and child)	Therapy sessions are provided one-on-one (therapist and child) or in a small group setting with other students	Services are provided to the caregiver in the presence of the child, siblings, and other family members; these regularly scheduled sessions are referred to as "home visits" or “EI sessions” instead of "therapy sessions"
Therapy toys and materials are provided by the therapist	Therapy toys and materials are provided by the therapist	Any toys and materials used should be part of the child’s natural environment
Therapy is provided in an outpatient clinic or hospital setting	Therapy is provided in the school setting	Services are provided in the child's natural environment (home or community setting)
Services are provided from birth to age 18	Services are provided from age 3 to 21	Services are provided from birth to age 3
Services are provided year-round (based on the number of visits authorized by the third-party payor)	Services are provided during the school year (some students may qualify for extended school year services over the summer)	Services are provided year-round as long as the child is age-eligible (some states may require re-evaluations to maintain eligibility)
Therapy services are paid on a fee-for-service basis (covered by the family, private health insurance, or government assistance program such as Medicaid)	Therapy services are provided at no cost to the family (some school districts do bill Medicaid for therapy services)	Evaluations are provided at no cost to the family; depending on each state's policies, families may be charged a "sliding-scale" monthly fee for services, based on income; some states bill public or private health insurance (with the family's consent)
Frequency and duration of therapy are ultimately decided by the third-party payor (based on specific criteria that are deemed "medically necessary")	Frequency and duration of therapy are based on the student's educational needs as determined by the IEP team	Frequency and duration of EI sessions are determined by the IFSP team, based on the needs and priorities of the family
Therapy goals and progress are documented on the plan of care	Therapy goals and progress are documented on the IEP (Individualized Education Plan/Program)	Outcomes and progress are documented on the IFSP (Individualized Family Service Plan)
The medical team includes the therapist and the doctor who prescribed the therapy, along with the third-party payor representative who either approves or denies services	The educational/IEP team includes parents, educators, therapists, and the special education coordinator	The Early Intervention/IFSP team includes the family, the service coordinator, and the service providers
Goals are updated as needed based on third party payor requirements	IEP goals are reviewed and updated every 12 months	IFSP outcomes are reviewed and updated every 6 months
Therapy goals must be considered medically necessary	Therapy goals must be educationally relevant	IFSP outcomes must be based on the family's needs and priorities
Medical therapy services are authorized by the third-party payor (may require a doctor’s order)	Special education services are authorized by law (Part B of IDEA)	Early Intervention services are authorized by law (Part C of IDEA)