



Capitol Square 550 Cedar Street
Saint Paul, Minnesota 55101 612/296-6104

MEMORANDUM

Date: January 23, 1991

To: Special Education Staff

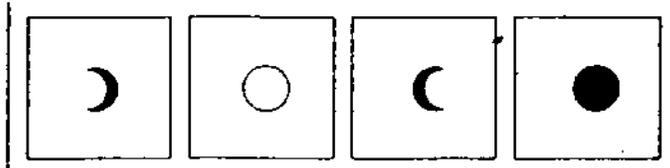
From: Nevin Nolder
Research, Evaluation, and Data Analysis Unit

Subject: Third Party Reimbursement Study

With this memo is your copy of the most recently completed study of Third Party Billing for IEP Related Medical Services. This document has been widely shared (with superintendents, directors, State Board, legislative Ed. committees, etc., and any prospect these days for non-tax dollars generates lots of interest, so we can probably expect to be getting more and more questions in connection with this topic and/or study.

While this resource may appear promising at first glance, numerous issues have arisen which bring into question the efficacy of extensive district use of this revenue source. Among other things, parents and insurers are both showing increasing resistance to allowing district access to these funds; educators are more and more concerned about the impact of the medical model on the education delivery system (what drives the system?); and new concern is developing about potential district liability for changes in parental insurance fee structures, exhaustion of parental insurance coverage, and insurability, etc.

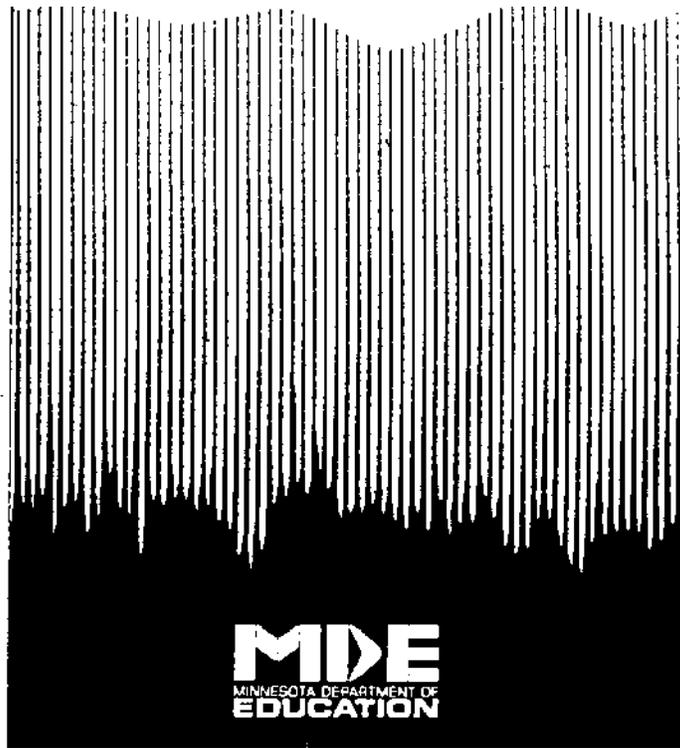
With ever increasing pressure on education budgets, it will be interesting to see how these various issues end up being sorted out. If you are interested in more information on this subject, feel free to drop by for a chat.



IEP Health Related Services

Study: Phase One

September, 1990



IEP Health Related Services
Study: Phase One
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Howard Abrahamson
Dean McWilliams
Cynthia Stevens
Vernon Weckwerth

Minnesota Department of Education
Unique Learner Needs Section

EXECUTIVE SUMMARY

Purpose:

The purpose of Phase One of the IEP Health Related Services Study was to identify billable IEP health related services (physical therapy, occupational therapy, speech-language pathology, audiology, psychological services, nursing) currently being provided by Minnesota school districts.

Methodology

Phase One of the study utilized a probability sampling approach which minimized the responder burden, while providing state and regional estimates of frequently occurring handicapping conditions. Each major handicapping condition is estimated to be within 2-3% of the true rate on a statewide basis. The rarest conditions (autism, deaf/blind, and other health impaired) were pooled and estimated to be within 5-7% of the true rate.

Survey

A one page survey document designed to require a minimum completion effort was utilized to collect the study data. A total of 4,077 children and youth with handicapping conditions in 214 school districts were surveyed. The response rate was very successful with 3,766 or 92.4% of the surveys returned, and only 9 of the 214 school districts sampled failing to respond.

Results

1. During the 1989-90 school year, schools directly provided health related services to nearly half (49.7%) of the special education students in the State.

	<u>Percentage of Children/Youth with Handicapping Condition</u>	<u>Percentage Who Receive Health Related Service</u>
Speech/Language	20.4%	88.0%
Early Childhood Moderately/Severely Mentally Handicapped	7.8%	73.4%
Hearing Impaired	3.8%	68.7%
Physically Handicapped	1.8%	65.8%
Mildly Mentally Handicapped	1.6%	60.7%
Emotionally/Behaviorally Disordered	8.9%	59.5%
Learning Disabled	13.9%	29.2%
Visually Handicapped	40.5%	28.4%
Autism, Deaf/Blind, Other Health Impaired	0.4%	5.2%
	0.9%	49.2%

2. Provision of IEP health related services varies across regions from 36.8% (Region 3) to 64.5% (Regions 6 & 8).
3. Nearly three in four children in the 0-5 age group receive IEP health related services, compared to two in four in the 6-13 age group and one in four in the 14-21 age group.
4. The two services provided most frequently were speech language pathology and occupational therapy.

Amount of Service Provided	<u>Number of Hours</u>
physical therapy	68,388
occupational therapy	177,231
speech pathology	932,576
nursing	3362
audiology evaluations	4,824
psychological tests	18,744
psychological therapy	31,113

5. The percentages of services provided by professionals that meet the Department of Human Services (DHS) licensing standards varies greatly across regions and by the type of service. Of the total hours of service provided statewide the following represents the hours of service provided by professionals that meet DHS licensing standards.

* hours of physical therapy	92%
* hours of occupational therapy	80%
* hours of nursing	75%
* hours of speech	46%
* hours of psychological therapy	25%
* hours of psychological testing	19%

Limitations

The data should not be used beyond the limits of the sampling method. Data usage is to be limited to the most frequently occurring handicapping conditions at the state and regional level.

Phase Two

Phase Two of the study will be necessary to determine the fiscal, programmatic and organizational impact of implementing a third party revenue recovery system. Phase Two must consider the following factors: fee structure, insurance coverage, parent consent, and school district implementation commitment.

INTRODUCTION

The utilization of third party reimbursement to finance IEP health related services has been actively explored in the State of Minnesota for the past four years. Since the enactment of Public Law 94-142 (34 CFR Part 300) in 1975 school districts have been required to provide "related services" including the following health related services: speech-language pathology, audiology, psychological services, physical and occupational therapy, school health services, social work services, and medical diagnosis and evaluation services to children and youth with handicapping conditions whose related service needs are defined as a part of an Individual Education Plan (IEP).

The intent of Public Law 94-142 was that school districts would ensure that the related services necessary to achieve the educational goals and objectives defined in the IEP would be provided. The law never intended that school districts would become the only entity fiscally responsible for the provision of these IEP related services. In fact the United States Senate Committee on Labor and Public Welfare stated that the school district's obligation to provide special education and related services to a child or youth with a handicapping condition "is not to be construed to prohibit charges by the educational agency to insurers, public programs, and others for hospital care, health services, rehabilitation, and other non-educational services. States are encouraged to utilize all sources of support for comprehensive services for handicapped students." [S. rep. No. 94-168, 94th Congress, 1st Session 32(1975)]

The Education of the Handicapped Act Amendments of 1986 (P.L. 99-457) further clarify the education agency's fiscal responsibility by describing education as the "payor of last resort." (34 CFR Part 303.126) The Medicare Catastrophic Health Care Act of 1988 (P.L. 100-360) contains federal statutory language authorizing the use of Federal Medicaid funds for health related services provided to children and youth as outlined within their individual education plan (IEP), or individual family service plan (IFSP) when these services are covered by the State Medicaid Plan.

All three of these pieces of legislation recognize that while education agencies are fiscally responsible for educational services, they are not necessarily the only agency fiscally responsible for "related services", or the payor of last resort. The impetus behind school districts accessing third party reimbursement is based upon the above recognition of shared fiscal responsibility for the related services provided to children and youth with handicapping conditions.

RATIONALE

For the past four years the issue of school district access of third party reimbursement within the State of Minnesota has been researched and reviewed. State and school district officials have been very interested in the fiscal, programmatic, and organizational impact of school districts implementing a third party billing system. Two reports published by the State of Minnesota in 1989 (*Report on Financing IEP Health Related Early Intervention Services in Minnesota, March, 1989* and *Financing Health Related Services For Children and Youth With Handicapping Conditions, Financial Responsibility Focus Group*

Final Report, October, 1989) summarized the fiscal, programmatic and organizational issues surrounding school district access of third party reimbursement. Both of these reports highlighted the need for data related to the amount of billable IEP health related services provided by Minnesota school districts, the cost of establishing and maintaining a system for collecting third party reimbursement, and the potential revenue recovery within a specific geographic service delivery area.

The answers to the above questions would facilitate decision making by local school district officials. School officials have been hesitant to establish a system for billing third parties because of the lack of fiscal, programmatic, and organizational impact information. State legislators are also interested in these data as they consider legislation necessary to support school districts in their right to access third party payors. They must have data related to costs and revenue potential as they consider whether or not school districts should be required to access another revenue source. Since none of the above data were readily accessible, Phase One of the IEP health related services study was recommended.

The Phase One study purpose was to identify billable IEP health related services currently being provided by Minnesota school districts. Phase One focused on current practice. By focusing on current practice, Phase One would provide a summary of the potential number of billable IEP health related services. Upon completion of this phase, school officials and policy makers would have the initial component of a data base from which to answer the question: "Should school districts implement systems to bill third party payors for IEP health related services?" Further study will be necessary to answer the questions related to the cost of establishing and maintaining a third party revenue recovery system, and the potential for revenue recovery within a specific geographic service delivery area.

STUDY METHODOLOGY

The methods of the study had to be congruent with a low cost but fast and reliable set of estimates of the frequency of service to children and youth (birth - 21 years) with handicapping conditions in Minnesota. Clearly it was necessary to use a probability sampling approach. The sampling design below was distributed to all districts before it was initiated so that any obvious and potentially avoidable problems or barriers could be addressed before beginning. The description follows.

SAMPLING DESIGN

Intent

Minimize the responder burden (the person who has the records) by drawing a small percentage of records both overall (5%) and within any sampled district (7%).

Keep the total number of districts to about 1/2 so that the work would be spread, insuring diversity but not being onerous.

Give precise state estimates of frequent handicapping conditions and for the most common conditions in regions.

The trade off between precision of estimation and the cost (time, dollars, burden) is obvious. The final decision would be a negotiated judgment balancing these forces.

Principles

Use the existing structure: Regions, districts, coordinators, case managers.

Draw and disclose the process of drawing a probability sample of districts within each region to assure geographic representation and district variability.

Within each sampled district a (simple random) probability sample drawn of individuals at the same overall rate (about 7%, rounded to include the districts to be within ± 2 children).

The largest district in each region likely would be chosen because in repeated draws without replacement its probability of being drawn would exceed one in each region. Other large districts would also very likely be included. The smaller the district, the lower would be the probability of being drawn although some would be drawn and at the same per child rate as a large district.

Listing

The exact count of all children with handicapping conditions is critical to a fair process. Thus the sample drawn would be based on the listing of children as of December 1, 1989. That is the listing that must be used. There may be several separate lists if the records are kept in separate locations. However, in any district the coordinator needed merely to identify an order across separate lists to assure that the sample of individuals was drawn correctly. (Treat the composite as if there were one district list even though some may piece them together).

Expectations

Each major condition should be estimated within 2-3% of the true rate on a statewide basis. The rarest ones (autism, deaf/blind and other health impaired) would have to be pooled and would have an estimate within 5-7% of the true rate.

Survey Form

A single page form was drafted that would enable acquisition of only the required information in as simple a format as possible from routinely kept records.

The form was reviewed in special regional meetings called for that purpose.

The draft form, intents, and sampling methods were discussed so that the form and procedures could be simplified whenever possible.

FIELD METHODS

Applied Methods

The survey document (see appendix A) was designed to require a minimum effort, to overcome resistance to surveys, thereby increasing the percent of total response. This appears to have been successful as 92.4 percent of the documents were completed with only 9 districts failing to respond.

Federal childcount age and handicapping condition were used, to classify students, as these criteria are familiar to the respondents and refer back to 1989-90 childcount data which were used as a basis for selection of students to be studied.

Six areas of services are provided within the educational setting by medical specialists. Each of these areas have unique license requirements which effect the ability of this service to qualify for payment by a third party. The study document was designed to identify the service and the license status of the provider.

The other factors which effect the billable base are frequency of service and units of service. To reduce the task of gathering data the respondent was asked to indicate the number of times per week or month as shown in the current IEP and also to indicate the duration in minutes of each session. These data were used to determine the estimated potential number of billable units on an annual basis.

Audiology services can only be provided by a qualified audiologist and therefore are always billable if an evaluation is ordered by a physician. Two types of services are provided by psychologists, testing which is billable on a per test basis and therapy which is billed on a session basis. These services must be furnished by Licensed Psychologists or Licensed Consulting Psychologists to be billable.

An optional item was added to the survey in an attempt to acquire data relating to potential reimbursement sources. Although this information is not regularly available as a part of the students registration, it was hoped that enough school districts would have acquired the information. However, few respondents were able to complete this part of the survey, therefore estimates based on this incomplete information would be misleading and it has been deleted from this report. Statewide and regional insurance data available from other sources can be used in the analysis of revenue sources.

To improve the accuracy of the data collection process and increase the survey completion rate, a 90 minute information meeting was scheduled in each region of the State. Directors of special education or their representatives attended these meetings. The purpose of these meetings was to provide background information, review the survey, draw the student sample and answer questions.

Experience

Upon receipt of the survey data, all data were reviewed for face validity. Missing data or inconsistent responses were checked. Only 29 surveys were not used because of missing data. Telephone and written contact was made to non-responding districts. Of the 4,077 surveys 3,766 or 92.4% were returned. Only 9 of the 214 districts surveyed did not respond. Of the non-respondents 56.9% or 177 children came from 3 school districts. (See Table 1.)

SAMPLING RESULTS

Estimation of Services

Estimates of the direct IEP health related services provided to special education children and youth by region, handicapping condition and age group were obtained by the following procedure:

The number of children and youth from each cell in the table were obtained from the Minnesota State Department of Education's Special Education Unduplicated Child Count (December 1, 1989). ("Cell" refers to each unique combination of region, handicapping condition and age group.)

- * The number of hours of service for PT, OT, speech and nursing (or number of services for audiology and psychology) was calculated by multiplying the number of times the service was given by the number of minutes per time and converting the result to a 36-week period.
- * These measures of the quantity of service were added for all respondents in a cell.
- * The amount of each service provided to children in a cell was then obtained by dividing the total number of children in that cell by the number of respondents in that cell and multiplying by the quantity of service provided to those respondents.
- * For example, in the "Region 1 & 2" by "speech language disability" by "age 6-13" cell, the unduplicated child count is 698. There were 33 respondents in this cell, who together received a total of 789 hours of speech language service. The estimated number of hours of that service provided to children in that cell is then:

$$\frac{\text{unduplicated child count}}{\text{number of respondents}} \times \text{hours for respondents} = \frac{698}{33} \times 789 = 16,689$$

Statewide Tabular Detail

For each of the 9 most frequent conditions, an estimated total hours on total tests for each "cell" for each service is given. Three categories, "deaf/blind", "autism",

and "other health impaired", were pooled into a new category entitled, "all others".

The estimated mean number of hours of service and number of tests per recipient is also given for each "cell" identified in the above categories. (See Table 6.)

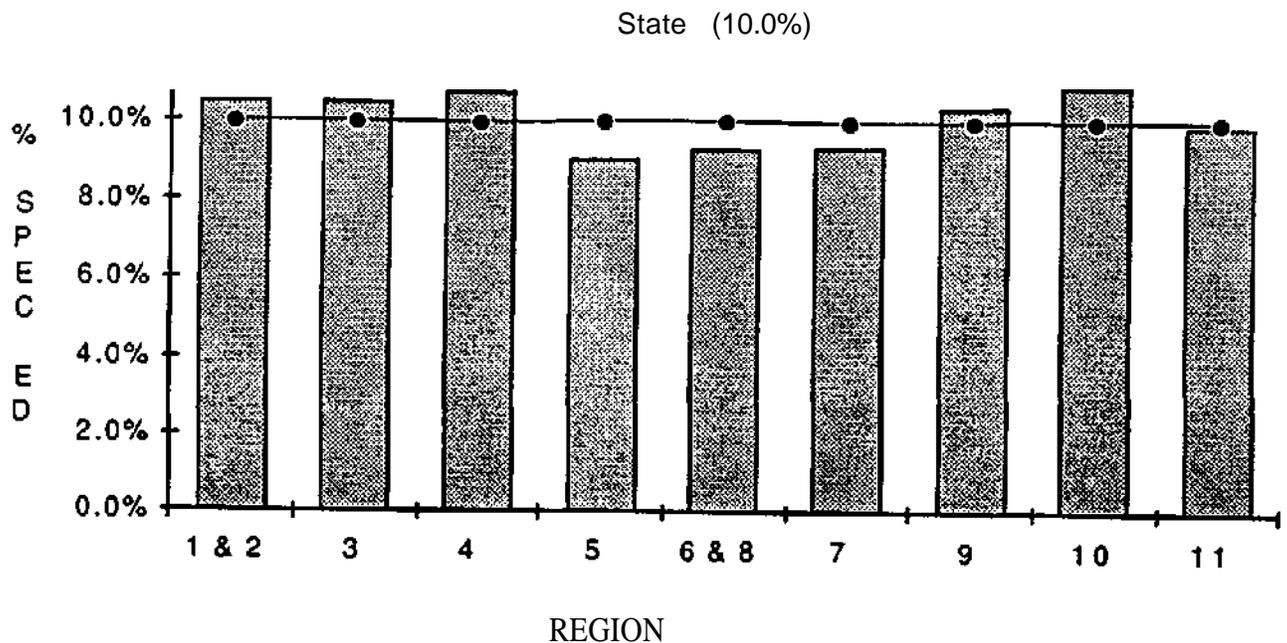
Regional Tabular Detail

Only the most frequent conditions have estimated total hours and tests provided. Tabular detail is not included beyond the tables in this report because of the small sample sizes in some cells. Regional tabular detail by age and handicapping conditions is available in a supplement to this report which has been provided to the Department of Education.

SURVEY RESULTS

One in ten children enrolled in Minnesota schools is in special education. As Table 2 shows, this percentage varies slightly across the State. Region 5 has the smallest percentage (9.0%) and Region 10 has the largest (10.9%) (See Figure 1, also).

Figure 1. Percent Total Enrollment in Special Education, Dec. 1, 1989.



Source. Minnesota Department of Education

Figure 2 shows that for every 100 special education students in the State:

- 13 are less than 6 years old
- 59 are between the ages of 6 and 13 years
- 28 are 14 years or older

The age pattern for the regions is similar. (See Table 3)

Figure 2. Distribution of Special Education in State by Age Group.

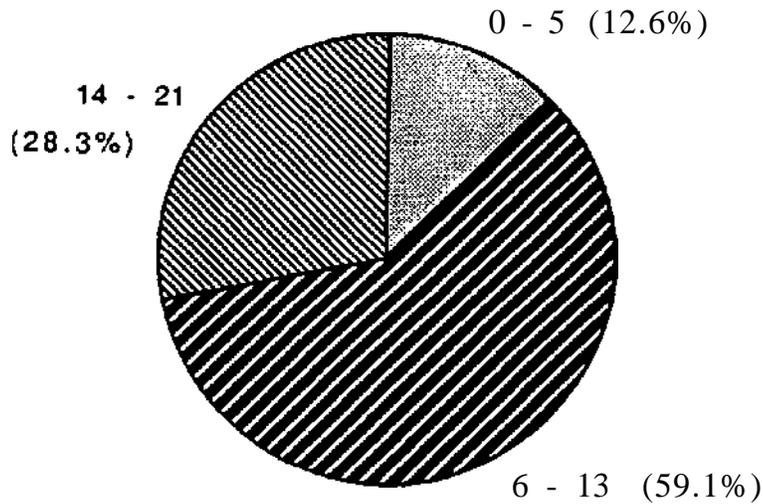
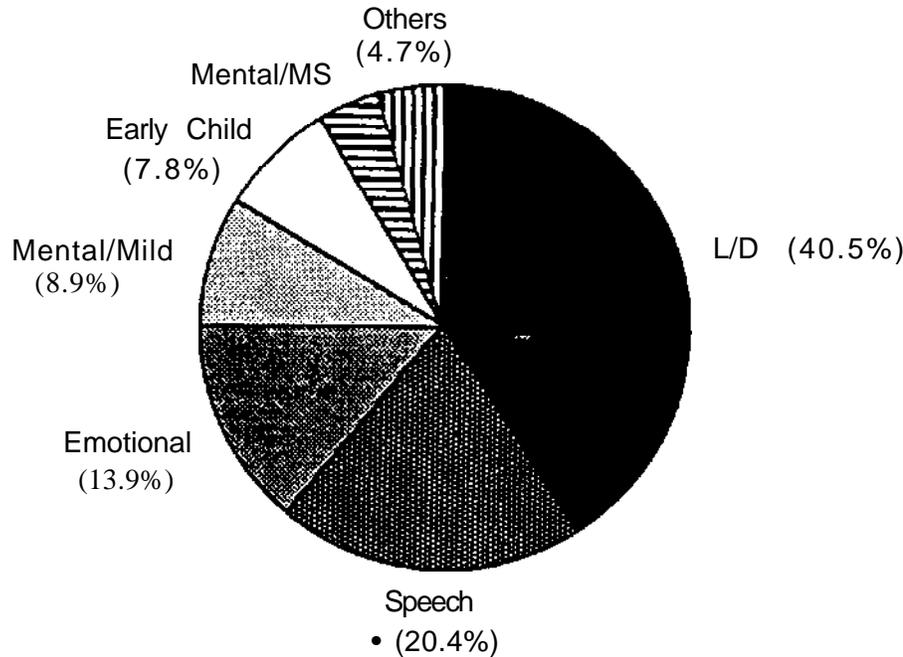


Figure 3 shows that for every 100 special education students in the State:

- 41 have a specific learning disability
- 20 are speech or language impaired
- 14 have an emotional or behavioral disorder
- 9 are mildly mentally handicapped
- 8 are early childhood
- 4 are moderately or severely mentally handicapped
- 4 have one of the other six conditions: (autism, deaf/blind, hearing impaired, other health impaired, blind and visually handicapped, or physically handicapped)

This distribution is much the same in individual regions. As Table 3 shows, the percentage with a specific learning disability ranges from 37.6% in Region 3 to 42.9% in Regions 1 & 2. The percentage who are speech or language impaired ranges from 18.5% in Region 5 to 23.2% in Regions 6 & 8.

Figure 3. Distribution of Spec. Ed. by Condition



Data from the "Survey of IEP Health Related Services" show that during the 1989-90 school year, schools directly provided health-related services to nearly half (49.7%) of the special education students in the State. (See Table 4) This percentage varies across regions from 36.8% (Region 3) to 64.5% (Regions 6 & 8).

Figure 4 depicts the percentage served for each age. Nearly three in four children in the 0-5 age group received services, compared to two in four in the 6-13 age group and one in four in the 14-21 age group. (See Table 4 and Figure 4.)

Figure 4. % Special Education Who Received Health Services by Age, State Level, 1989 School Year.

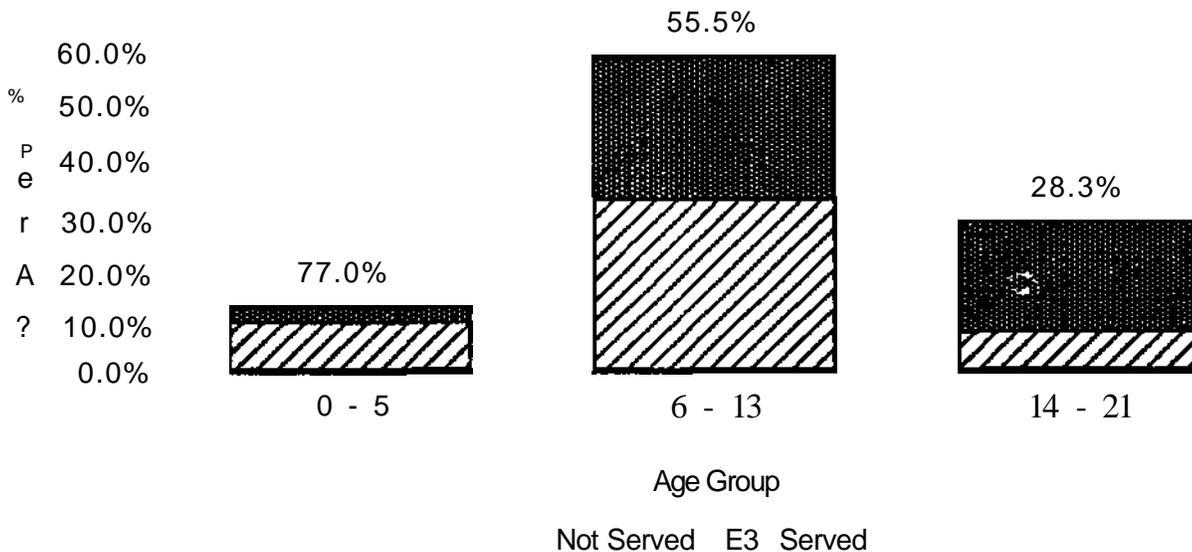
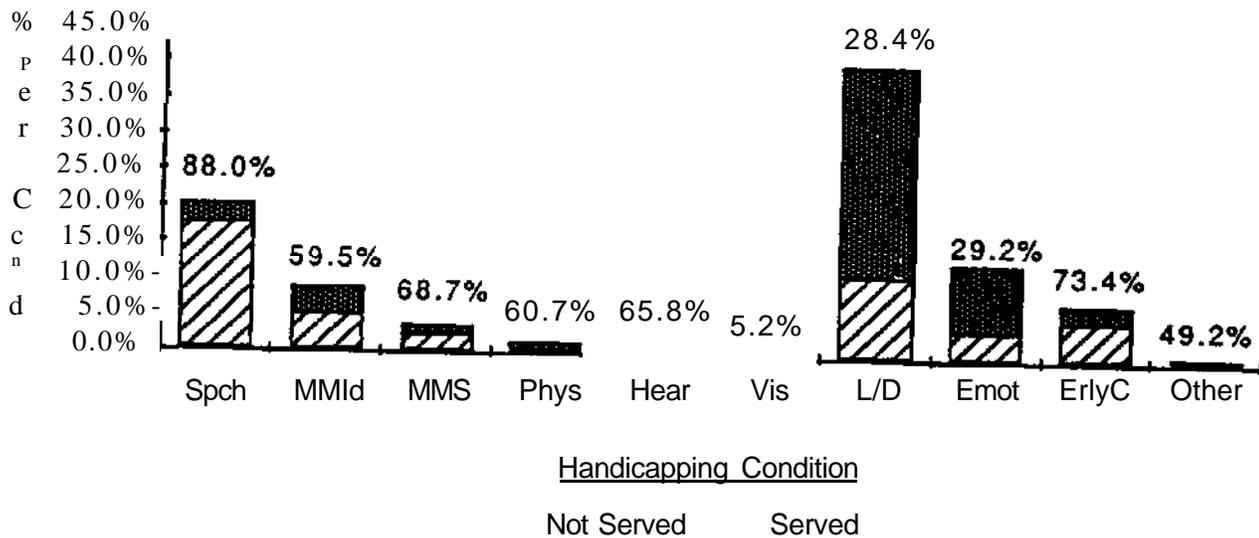


Figure 5 depicts the percentage served for each handicapping condition. Forty percent of the special education students have a specific learning disability (Table 3), but only 28.4% of these children received a health-related service directly from the school (Table 4). On the other hand, nearly nine in ten children who are speech or language impaired received services. For the State, the percentages served for each handicapping condition are:

<u>Handicapping Condition</u>	
Speech/language impaired	88.0%
Early Childhood	73.4%
Moderately and severely mentally handicapped	68.7%
Hearing impaired	65.8%
Physically handicapped	60.7%
Mildly mentally handicapped	59.5%
Emotional/behavioral disorder	29.2%
Specific learning disability	28.4%
Visually handicapped	5.2%
All others	49.2%

Figure 5. % Special Education Who Received Health Services by Condition State Level. 1989 School Year.



Data from the survey were used to estimate the amount of direct health-related services provided by each region. These estimates are given in Tables 5 and 6. Four services are measured in hours: physical and occupational therapy, speech/language pathology and nursing. The remaining services-audiology and psychology-are measured in episodes. These data are summarized below:

	Amount of Service	Hours of Service per Child
Hours of PT	68,388	0.84
Hours of OT	177,231	2.18
Hours of speech	932,575	11.45
Hours of nursing	3,862	0.05
Audiology evaluations	4,824	0.06
Psychological tests	18,745	0.23
Psychological therapy	31,113	0.38

The two services provided most frequently were speech language pathology and occupational therapy. Five hours of speech were provided for every hour of occupational therapy and 13 hours of speech for every hour of physical therapy. (See Table 6)

There were 932,575 hours of speech language pathology. Table 7 shows that 432,850 (46.4%) of these were provided to speech/language impaired children, 140,731 (15.1%) to children with a specific learning disability, 119,656 (12.8%) to early childhood, and 115,428 (12.4%) of those who are mildly mentally handicapped.

Schools provided 177,231 hours of occupational therapy - 67,646 (38.2%) to early childhood; 26,174 (14.8%) to the mildly mentally handicapped; 20,943 (11.8%) to those with specific learning disabilities; and 20,873 (11.8%) to the moderately and severely mentally handicapped.

Table 8 shows the percentage of each type of service given by the highest level professional. This percentage varies greatly across regions and by type of service. For the State as a whole, physical therapists gave 92% of physical therapy and occupational therapists provided 80% of occupational therapy, but for the regions these percentages varied from 0% to 100%. At the state level, speech and language pathologists provided 46% of speech language services; the remaining 54% of speech and language service were provided by bachelor level speech and language teachers. For the regions the range for this percentage is from 14% to 65%.

The percentages of services provided by professionals that meet the Department of Human Services (DHS) licensing standards for the State as a whole are:

Hours of PT	92%
Hours of OT	80%
Hours of nursing	75%
Hours of speech	46%
Psychological therapy	25%
Psychological testing	19%

These percentages are shown graphically in Figure 6.

Figure 6. Percent Services for State by Professionals that meet DHS Standards.

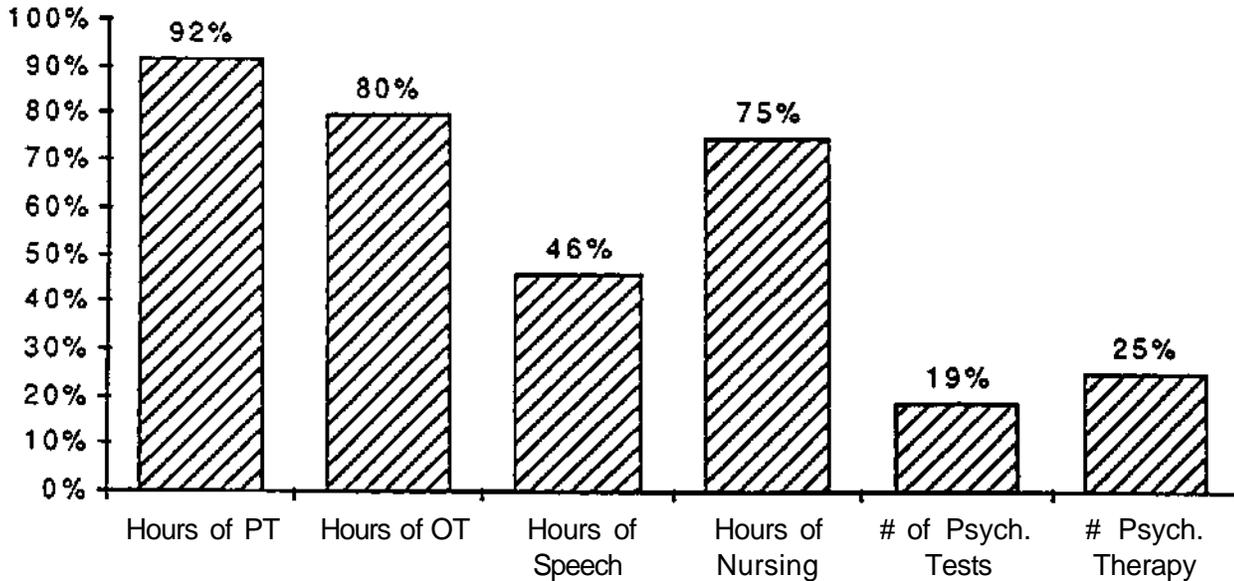


Figure 6. Percent Services for State by Professionals that meet DHS Standards.

Tables

Table 1. Regional Response Rates by District and Children.

Region	Number of Districts	No. Districts Sampled	No. Districts Responding	% Districts Responding	Number of Children	No. Children Sampled	No. Children Responding	% Children Responding
1 & 2	53	27	27	100.0%	3,602	1 82	181	99.5%
3	35	15	14	93.3%	6,124	308	287	93.2%
4	42	20	20	100.0%	3,884	195	1 95	100.0%
5	25	13	13	100.0%	2,880	145	141	97.2%
6 & 8	90	48	46	95.8%	5,429	271	253	93.4%
7	42	24	24	100.0%	7,581	378	373	98.7%
9	45	20	19	95.0%	4,238	212	203	95.8%
1 0	54	21	19	90.5%	8,670	433	394	91.0%
11E	21	11	9	81.8%	16,731	836	784	93.8%
1 1W	27	15	14	93.3%	22,319	1,117	955	85.5%
Totals	434	214	205	95.8%	81,458	4,077	3,766	92.4%

Table 1, Regional Response Rates by District and Children.

Region	Number of Districts	No. Districts Sampled	No. Districts Responding	% Districts Responding	Number of Children	No. Children Sampled	No. Children Responding	Children Responding
1 & 2	53	27	27	100.0%	3,602	182	181	99.5%
3	35	15	14	93.3%	6,124	308	287	93.2%
4	42	20	20	100.0%	3,884	195	195	100.0%
5	25	13	13	100.0%	2,880	145	141	97.2%
6 & 8	90	48	46	95.8%	5,429	271	253	93.4%
7	42	24	24	100.0%	7,581	378	373	98.7%
9	45	20	19	95.0%	4,238	212	203	95.8%
10	54	21	19	90.5%	8,670	433	394	91.0%
11E	21	11	9	81.8%	16,731	836	784	93.8%
11W	27	15	14	93.3%	22,319	1,117	955	85.5%
Totals	434	214	205	95.8%	81,458	4,077	3,766	92.4%

Table 2. Total Enrollment and Children Receiving Special Education Services by Region. December 1, 1989.

	State	1 & 2	3	4	5	6 & 8	7	9	10	11
Total Enrollment	813,564	34,243	58,055	36,062	31,961	58,583	80,998	40,914	79,327	393,421
Special Education	81,458	3,602	6,124	3,884	2,880	5,429	7,581	4,238	8,670	39,050
% Special Education	10.0%	10.5%	10.5%	10.8%	9.0%	9.3%	9.4%	10.4%	10.9%	9.9%

Source. Special Education Unduplicated Child Count, December 1, 1989. Minnesota Department of Education.

Table 3. Distribution of Special Education Children by Handicapping Condition and Region, December 1, 1989.

	Region										
	State	1 & 2	3	4	5	6 & 8	7	9	10	11 E	11W
Special Education	81,458	3,602	6,124	3,884	2,880	5,429	7,581	4,238	8,670	16,731	22,319
<i>Handicapping Condition</i>											
Speech	20.4%	22.7%	20.6%	21.3%	18.5%	23.2%	21.7%	21.5%	19.9%	20.3%	19.0%
Mental/Mild	8.9%	8.6%	11.0%	9.6%	14.8%	11.9%	13.0%	9.1%	9.3%	6.7%	6.7%
Mental/Mod-Sev	3.8%	2.9%	3.1%	3.4%	3.4%	4.2%	4.0%	2.7%	3.7%	4.7%	3.8%
Physical	1.6%	0.6%	2.2%	1.8%	1.4%	1.1%	1.3%	1.0%	1.2%	1.8%	2.0%
Hearing	1.8%	1.0%	1.7%	1.1%	1.6%	1.1%	1.5%	1.7%	1.8%	2.1%	2.0%
Visual	0.4%	0.6%	0.4%	0.5%	1.0%	0.3%	0.4%	0.2%	0.4%	0.5%	0.4%
L/D	40.5%	42.9%	37.6%	42.2%	42.2%	38.2%	38.7%	42.3%	44.7%	40.2%	39.8%
Emotional	13.9%	11.2%	16.5%	12.5%	7.6%	9.3%	7.8%	8.1%	11.1%	15.7%	18.6%
Early Child	7.8%	8.9%	6.3%	7.3%	8.5%	10.0%	10.5%	12.6%	7.0%	6.8%	6.9%
All Others	0.9%	0.6%	0.6%	0.3%	1.0%	0.8%	1.0%	0.7%	0.8%	1.1%	0.9%
<i>Age Group</i>											
0 - 5	12.6%	12.5%	11.3%	10.7%	13.5%	15.7%	15.2%	16.9%	11.6%	12.7%	11.1%
6 - 13	59.1%	59.8%	57.9%	61.7%	59.4%	57.8%	58.2%	58.8%	60.2%	60.2%	58.3%
14 +	28.3%	27.7%	30.8%	27.6%	27.0%	26.5%	26.6%	24.3%	28.2%	27.2%	30.7%

Source. Special Education Unduplicated Child Count, December 1, 1989. Minnesota Department of Education.

Table 4. Estimate of the Percentage of Special Education Children Who Received Health Services During the 1989 School Year by Region.

	Region										
	State	1 & 2	3	4	5	6 & 8	7	9	10	11E	11W
Special Education	81,458	3,602	6,124	3,884	2,880	5,429	7,581	4,238	8,670	16,731	22,319
% Served	49.7%	44.8%	36.8%	55.1%	59.5%	64.5%	51.9%	53.2%	46.4%	55.7%	43.8%
<i>Age Group</i>											
0 - 5	76.8%	79.5%	69.6%	87.4%	79.9%	90.7%	67.2%	71.8%	83.8%	86.8%	65.6%
6 - 13	55.5%	50.4%	43.3%	59.0%	65.9%	68.5%	57.5%	56.9%	50.6%	60.9%	51.3%
14 +	25.7%	16.8%	12.7%	33.7%	35.5%	40.1%	30.9%	31.4%	22.0%	29.5%	21.7%
<i>Conditions</i>											
Speech	88.0%	79.7%	82.5%	78.3%	96.6%	94.9%	94.2%	93.2%	86.2%	90.8%	84.8%
Mental/Mild	59.5%	55.2%	47.9%	53.3%	63.2%	76.7%	52.1%	52.3%	52.5%	61.0%	68.2%
Mental/Mod-Sev	68.7%	41.5%	23.7%	88.0%	84.7%	89.9%	85.7%	62.7%	71.8%	85.8%	49.4%
Physical	60.7%	78.3%	54.9%	18.7%	97.5%	48.4%	18.4%	46.5%	57.8%	84.0%	61.7%
Hearing	65.8%	65.7%	84.6%	51.5%	68.9%	55.9%	39.3%	100.0%	86.8%	70.8%	53.8%
Visual	5.2%	31.8%	0.0%	0.0%	0.0%	-	0.0%	•	15.3%	6.7%	0.0%
L/D	28.4%	18.0%	9.8%	44.4%	45.2%	39.1%	26.6%	32.6%	22.6%	32.3%	26.5%
Emotional	29.2%	36.9%	15.0%	34.0%	19.4%	38.2%	38.2%	23.5%	21.4%	41.8%	23.7%
Early Child	73.4%	84.9%	72.0%	87.2%	75.7%	94.3%	65.8%	69.3%	90.9%	84.3%	51.2%
All Others	49.2%	0.0%	73.7%	0.0%	0.0%	69.8%	21.2%	17.8%	67.2%	66.4%	48.7%

Table 5. Estimates of Amount of Direct Service Provided During the 1989 School Year by Type of Service and Region.

	Region										
	State	1 & 2	3	4	5	6 & 8	7	9	10	11E	11W
Special Education	81,458	3,602	6,124	3,884	2,880	5,429	7,581	4,238	8,670	16,731	22,319
% Served	49.7%	44.8%	36.8%	55.1%	59.5%	64.5%	51.9%	53.2%	46.4%	55.7%	43.8%
<i>Type of Direct Service</i>											
Hours of PT	68,388	311	7,124	1,900	1,068	5,383	3,550	2,650	7,026	25,370	14,006
Hours of OT	177,231	8,010	8,456	11,731	1,237	17,725	5,034	2,387	12,087	66,770	43,794
Hours of Speech	932,575	38,017	50,268	38,608	25,708	78,792	112,388	40,954	86,791	194,292	266,757
Hours of Nursing	3,862	53	0	131	0	1,171	0	0	164	1,082	1,261
# Audiology Evaluations	4,824	137	253	155	0	419	299	457	541	873	1,689
n of Psych. Tests	18,745	601	872	1,412	1,203	1,675	1,834	1,146	1,722	3,666	4,614
# Psych. Therapy	31,113	2,780	1,431	321	0	1,361	871	1,799	2,427	16,416	3,706

Table 6. Estimates of Amount of Direct Service Per Child Provided During the 1989 School Year by Type of Service and Region.

	Region										
	State	1 & 2	3	4	5	6 & 8	7	9	10	11E	11W
Special Education	81,458	3,602	6,124	3,884	2,880	5,429	7,581	4,238	8,670	16,731	22,319
% Served	49.7%	44.8%	36.8%	55.1%	59.5%	64.5%	51.9%	53.2%	46.4%	55.7%	43.8%
<i>Type of Direct Service</i>											
Mean Hours of PT	0.84	0.09	1.16	0.49	0.37	0.99	0.47	0.63	0.81	1.52	0.63
Mean Hours of OT	2.18	2.22	1.38	3.02	0.43	3.26	0.66	0.56	1.39	3.99	1.96
Mean Hours of Speech	11.45	10.55	8.21	9.94	8.93	14.51	14.82	9.66	10.01	11.61	11.95
Mean Hours of Nursing	0.05	0.01	0.00	0.03	0.00	0.22	0.00	0.00	0.02	0.06	0.06
# Audiology Evaluations	0.06	0.04	0.04	0.04	0.00	0.08	0.04	0.11	0.06	0.05	0.08
Mean # of Psych. Tests	0.23	0.17	0.14	0.36	0.42	0.31	0.24	0.27	0.20	0.22	0.21
Mean # Psych. Therapy	0.38	0.77	0.23	0.08	0.00	0.25	0.11	0.42	0.28	0.98	0.17

Table 7. Estimates of Amount of Service During the 1989 School Year by Condition and Age Group.
State Summary.

	Total Children	% Served	PT Hours	OT Hours	Speech Hours	Nursing Hours	Audiol. Eval.	Psych. Tests	Psych. Therapy
<i>Age Group</i>									
0 - 5	10,271	76.8%	30,470	76,842	214,526	346	1,635	2,091	2,675
6 - 13	48,137	55.5%	32,286	94,763	634,781	3,340	2,768	11,764	23,353
14 +	23,050	25.7%	5,632	5,626	83,269	176	420	4,889	5,085
<i>Condition</i>									
Speech	16,608	88.0%	389	12,359	432,850	0	597	924	207
Mental/Mild	7,218	59.5%	5,514	26,174	115,428	1,309	211	2,765	0
Mental/Mod-Sev	3,122	68.7%	11,438	20,873	56,807	53	521	874	2,272
Physical	1,331	60.7%	22,969	14,839	13,435	959	29	372	0
Hearing	1,446	65.8%	0	1,516	24,105	0	902	262	585
Visual	355	5.2%	30	239	0	0	0	0	0
L/D	32,979	28.4%	2,037	20,943	140,731	131	1,026	7,438	3,120
Emotional	11,308	29.2%	527	6,133	17,535	992	245	4,296	22,819
Early Child	6,387	73.4%	23,832	67,646	119,656	346	1,150	1,705	1,487
All Others	704	49.2%	1,652	6,508	12,029	72	142	108	623
Total Services	81,458	49.7%	68,388	177,231	932,576	3,862	4,824	18,744	31,113
Services/Child			0.84	2.18	11.45	0.05	0.06	0.23	0.38

Table 8. Estimates of Percentage of Services Provided by Professionals that meet Department of Human Services (DHHS) licensing standards during the 1989-190 school year by type of service and region.

<i>Type of Direct Service</i>	State	<u>Region</u>									
		1 & 2	6 & 8			10	11E	11W			
Hours of PT	92%	0%	100%	100%	0%	85%	100%	50%	92%	100%	92%
Hours of OT	80%	2%	44%	52%	27%	49%	100%	97%	100%	91%	92%
Hours of Speech	46%	14%	31%	33%	31%	30%	42%	29%	21%	58%	65%
Hours of Nursing	75%	100%	-	0%	-	30%	-	-	100%	100%	100%
# of Psych. Tests	19%	3%	4%	61%	0%	30%	24%	39%	10%	11%	16%
# Psych. Therapy	25%	0%	20%	0%		39%	18%	100%	100%	13%	11%

The symbol ** means no services reported.

LIMITATIONS

The data in this report represent services per child or youth. Estimates reflect expectations of billable IEP related services for all children and youth with handicapping conditions. However, these data cannot be used beyond the limits of the sampling method. Thus means, rates and aggregates are limited to the most frequent conditions at the state and regional levels. The only exceptions in this report are in Tables 4 and 7, where the "visual" and "all others" categories are reported, eventhough the populations are too small for sampling inference.

CLOSING

The data collected by this study were intended to be used to define the potential for recovery from third party billing, for medical services being provided to children and youth with handicapping conditions. Factors which are not included in this phase of the study but which need to be considered in Phase Two are at least:

- a. Fee structure
- b. Insurance coverage
- c. Parental consent
- d. School district implementation commitment

The study group acknowledges the almost unparalleled cooperation of special education directors, coordinators and teachers in the data collection process. The Minnesota Administrators of Special Education (MASE) is also acknowledged for both its early review and support at the development phase, and then its continued support during the data collection process.

Appendices

Student Name

School

SURVEY OF IEP HEALTH RELATED SERVICES TO CHILDREN AND YOUTH WITH HANDICAPPING CONDITIONS

DISTRICT NUMBER

SAMPLE ID:

DATE OF BIRTH;

MONTH

DAY

YEAR

HANDICAPPING CONDITION: (Primary condition - check one only)

3 010 SPEECH/LANGUAGE IMPAIRED

• 020 MILDLY MENTALLY HANDICAPPED

3 040 PHYSICALLY HANDICAPPED

030 MODERATELY AND SEVERELY/PROFOUNDLY MENTALLY HANDICAPPED

050 HEARING IMPAIRED

• 060 VISUALLY HANDICAPPED

070 SPECIFIC LEARNING DISABILITY

080 EMOTIONAL/BEHAVIORAL DISORDER

090 DEAF-BLIND

100 OTHER HEALTH IMPAIRED

110 AUTISTIC

120 EARLY CHILDHOOD

DIRECT SERVICES TO STUDENT

PHYSICAL THERAPY

THERAPY	TIMES PER	WEEK OR MONTH	NUMBER OF MINUTES	PER TIME
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SERVICE PROVIDED BY PHYSICAL THERAPIST PHYSICAL THERAPY ASSISTANT

OCCUPATIONAL THERAPY

THERAPY	TIMES PER	WEEK OR MONTH	NUMBER OF MINUTES	PER TIME
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SERVICE PROVIDED BY OCCUPATIONAL THERAPIST a OCCUPATIONAL THERAPY ASSISTANT

SPEECH LANGUAGE PATHOLOGY

THERAPY	TIMES PER	• WEEK OR • MONTH	NUMBER OF MINUTES	PER TIME
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SERVICE PROVIDED BY CCC SPEECH THERAPIST • NON-CCC THERAPIST

AUDIOLOGY

EVALUATION TIMES THIS YEAR

PSYCHOLOGICAL SERVICES

TESTING NUMBER OF INDIVIDUAL TESTS THIS YEAR

THERAPY TIMES PER MONTH

PROVIDED BY LICENSED PSYCHOLOGIST/LICENSED CONSULTING PSYCHOLOGIST SCHOOL PSYCHOLOGIST

NURSING (STUDENT MUST BE RECEIVING ONE OF THE ABOVE SERVICES)

NURSING CARE	TIMES PER	WEEK OR MONTH	NUMBER OF MINUTES	PER TIME
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SERVICE PROVIDED BY • REGISTERED NURSE D LICENSED PRACTICAL NURSE

HEALTH/MEDICAL INSURANCE INFORMATION IF AVAILABLE

3 MEDICAL ASISTANCE OTHER

TEFRA, WAIVERED SERVICE

INSURANCE COMPANY NAME

NO INSURANCE