



OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD
Room 121C, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
March 3, 2015

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

9:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-3)**
- B) Approval of Minutes of September 16, 2014 (4-6)**
- C) Administrative Updates**
 - 1) Department and Staff Updates
 - 2) Wis. Stat. s 15.085 (3)(b) – Biannual Meeting with the Medical Examining Board (7)
 - 3) Appointments/Reappointments/Confirmations
 - a) Amy Summers – Appointment (8)
 - 4) 2015 Meeting Schedule (9)
 - 5) Other Informational Items
- D) Election of Officers (10)**
- E) Appointment of Liaisons and Delegated Authorities (10-12)**
- F) Legislative/Administrative Rule Matters**
 - 1) Current and Future Rule Making and Legislative Initiatives
 - 2) Administrative Rules Report
 - 3) Candidate Testing – Discussion (13-16)
 - 4) OT and Self-Referral – Discussion (17-22)
- G) Telehealth – Discussion (23-122)**
- H) Speaking Engagement(s), Travel, or Public Relation Request(s)**
 - 1) NBCOT State Visits – Discussion (123-133)
 - 2) WOTA Spring Conference

I) Informational Item(s)

- 1) National Physical Therapy Exam (NPTE) Eligibility Requirements Update **(134-136)**

J) Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Administrative Updates
- 3) Education and Examination Matters
- 4) Credentialing Matters
- 5) Practice Matters
- 6) Legislation/Administrative Rule Matters
- 7) Liaison Report(s)
- 8) Informational Item(s)
- 9) Disciplinary Matters
- 10) Presentations of Petition(s) for Summary Suspension
- 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 12) Presentation of Proposed Decisions
- 13) Presentation of Interim Order(s)
- 14) Petitions for Re-Hearing
- 15) Petitions for Assessments
- 16) Petitions to Vacate Order(s)
- 17) Petitions for Designation of Hearing Examiner
- 18) Requests for Disciplinary Proceeding Presentations
- 19) Motions
- 20) Petitions
- 21) Appearances from Requests Received or Renewed
- 22) Speaking Engagement(s), Travel, or Public Relation Request(s)

K) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

L) Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC)

- 1) Jamie A. Kurtz – 13 OTB 004 **(137-143)**

M) Case Closings

- 1) 12 OTB 008 (J.C.) **(144-147)**
- 2) 13 OTB 011 (S.S.) **(148-151)**

N) Case Status Report (152)

O) Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petition(s) for Summary Suspensions
- 7) Proposed Stipulations, Final Decisions and Orders

- 8) Administrative Warnings
- 9) Proposed Decisions
- 10) Matters Relating to Costs
- 11) Complaints
- 12) Case Closings
- 13) Case Status Report
- 14) Petition(s) for Extension of Time
- 15) Proposed Interim Orders
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

P) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Q) Open Session Items Noticed Above not Completed in the Initial Open Session

R) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

S) Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM 124E

10:30 A.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING

CLOSED SESSION – Reviewing applications and conducting oral examinations of two (2) candidates for licensure – Brian Holmquist and Dorothy Olson

**OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD
WEB/VIRTUAL MEETING MINUTES
SEPTEMBER 16, 2014**

PRESENT: Mylinda Barisas-Matula (*via teleconference*), Brian Holmquist, Gaye Meyer (*via teleconference*), Laura O'Brien, Corliss Rice (*via teleconference*)

EXCUSED: Dorothy Olson

STAFF: Tom Ryan, Executive Director; Gretchen Mrozinski, Legal Counsel; Taylor Thompson, Bureau Assistant; and other Department staff

CALL TO ORDER

Brian Holmquist, Chair, called the meeting to order at 9:03 A.M. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

MOTION: Laura O'Brien moved, seconded by Corliss Rice, to adopt the agenda as Published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Mylinda Barisas-Matula moved, seconded by Laura O'Brien, to approve the minutes of June 3, 2014 as published. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS:

REVIEW OF OT 4 SCOPE STATEMENT REGARDING SELF-REFERRAL

MOTION: Mylinda Barisas-Matula moved, seconded by Laura O'Brien, to approve the Scope Statement on OT 4 relating to OT self-referral of occupational therapy services for submission to the Governor's Office and publication and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

EXAMINATION FAILURES

MOTION: Laura O'Brien moved, seconded by Mylinda Barisas-Matula, to research the possibility of requiring candidates who fail a qualifying examination multiple times to take an oral examination. Motion carried unanimously.

CLOSED SESSION

MOTION: Mylinda Barisas-Matula moved, seconded by Corliss Rice, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Mylinda Barisas-Matula - yes; Brian Holmquist - yes; Gaye Meyer - yes; Laura O'Brien - yes; Corliss Rice - yes. Motion carried unanimously.

The Board convened into Closed Session at 9:58 A.M.

RECONVENE TO OPEN SESSION

MOTION: Laura O'Brien moved, seconded by Corliss Rice, to reconvene in Open Session at 10:27 A.M. Motion carried unanimously.

FULL BOARD REVIEW OF CANDIDATES FOR LICENSURE

TIMOTHY REEHL

MOTION: Brian Holmquist moved, seconded by Mylinda Barisas-Matula, to grant the Occupational Therapy Assistant application of Timothy Reehl for full licensure, once all requirements are met. Motion carried unanimously.

PORTIA MENGES

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to grant the Occupational Therapy Assistant application of Portia Menges for full licensure, once all requirements are met. Motion carried unanimously.

PRESENTATION AND DELIBERATION ON ADMINISTRATIVE WARNINGS

MOTION: Mylinda Barisas-Matula moved, seconded by Laura O'Brien, to issue an Administrative Warning in the matter of DLSC 13 OTB 014 (D.F.). Motion carried unanimously.

CASE CLOSINGS

MOTION: Mylinda Barisas-Matula moved, seconded by Brian Holmquist, to close case 14 OTB 003 (K.L.P.M.) for insufficient evidence (IE). Motion carried unanimously.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Mylinda Barisas-Matula moved, seconded by Laura O'Brien, to affirm all Motions made and Votes taken in Closed Session. Motion carried unanimously.

RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Laura O'Brien moved, seconded by Brian Holmquist, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Mylinda Barisas-Matula moved, seconded by Gaye Meyer, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:29 A.M.

DRAFT

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant, On behalf of Thomas Ryan, Executive Director		2) Date When Request Submitted: 09/22/14	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before meeting for all others 	
3) Name of Board, Committee, Council, Section: Occupational Therapists Affiliated Credentialing Board			
4) Meeting Date: xx/xx/2015	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Wis. Stat. s 15.085 (3)(b) – Biannual Meeting with the Medical Examining Board	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <div style="background-color: yellow; padding: 5px;"> 15.085 Affiliated credentialing boards. </div> <p style="margin-left: 20px;"><u>15.085(3) (3)</u> FREQUENCY OF MEETINGS. <u>15.085(3)(b) (b)</u> The chairperson of an affiliated credentialing board shall meet at least once every 6 months with the examining board to which the affiliated credentialing board is attached to consider all matters of joint interest.</p>			
11) Authorization			
Taylor Thompson		9/22/2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Revised 8/13



SCOTT WALKER
OFFICE OF THE GOVERNOR
STATE OF WISCONSIN

P.O. Box 7863
MADISON, WI 53707

GOVERNOR'S APPOINTMENT

NAME: Ms. Amy Summers

MAILING ADDRESS: [REDACTED]

E-MAIL ADDRESS: [REDACTED]

RESIDES IN: [REDACTED]

TELEPHONE: [REDACTED]

OCCUPATION: [REDACTED]

APPOINTED TO: Occupational Therapists Affiliated
Credentialing Board
Occupational therapist 3

TERM: A term to expire July 1, 2018

SUCCEEDS: Ms. Mylinda Barisas-Matula

SENATE CONFIRMATION: Required

DATE OF APPOINTMENT: October 6, 2014

DATE OF NOMINATION: October 6, 2014



MEMO

TO: Occupational Therapists Affiliated Credentialing Board

FROM: Joshua Archiquette, Executive Staff Assistant

DATE: December 12, 2014

RE: 2015 Meeting Dates

Board meetings have been scheduled as follows:

Date	Time	Room
March 3	9:30 a.m.	121C
June 10	9:30 a.m.	121C
September 15	9:30 a.m.	121C
December 2	9:30 a.m.	121C

FROM: Kelley Sankbeil, Records Management Supervisor

DATE: December 12, 2014

RE: 2015 Screening Panel Dates

Screening Panel meetings have been scheduled as follows:

Date	Time	Room
January 6	9:30 a.m.	Teleconference
February 4	9:30 a.m.	Teleconference
March 3	8:30 a.m.	121C
April 8	9:30 a.m.	Teleconference
May 6	9:30 a.m.	Teleconference
June 10	8:30 a.m.	121C
July 7	9:30 a.m.	Teleconference
August 5	9:30 a.m.	Teleconference
September 15	8:30 a.m.	121C
October 15	9:30 a.m.	Teleconference
November 11	9:30 a.m.	Teleconference
December 2	8:30 a.m.	121C

Please contact me at 608-261-7904 or at Kelley.sankbeil@wisconsin.gov if you have any questions.

2014 OFFICERS	
Board Chair	Brian Holmquist
Vice Chair	Mylinda Barisas-Matula
Secretary	Deborah McKernan-Ace

2014 LIAISON APPOINTMENTS	
Credentialing Liaison	Deborah McKernan-Ace, Mylinda Barisas-Matula <i>Alternate: Brian Holmquist, Dorothy Olson</i>
Monitoring Liaison	Mylinda Barisas-Matula <i>Alternate: Brian Holmquist</i>
Education and Exams Liaison	Deborah McKernan-Ace, Brian Holmquist <i>Alternate: Mylinda Barisas-Matula, Dorothy Olson</i>
Legislative Liaison	Brian Holmquist <i>Alternate: Mylinda Barisas-Matula</i>
Travel Liaison	Brian Holmquist <i>Alternate: Mylinda Barisas-Matula</i>
Rules Liaison	Deborah McKernan-Ace <i>Alternate: Brian Holmquist</i>
Professional Assistance Procedure Liaison	Mylinda Barisas-Matula <i>Alternate: Brian Holmquist</i>
Screening Panel	Mylinda Barisas-Matula, Dorothy Olson, Brian Holmquist <i>Alternates: Deborah McKernan-Ace, Corliss Rice, Laura O'Brien</i>

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Horton Department Monitor Division of Legal Services and Compliance		2) Date When Request Submitted: January 13, 2015 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections:			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Delegation to Monitoring Liaison and Department Monitor	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Delegated Authority Motion: <i>“_____ moved, seconded by _____ to adopt/reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today’s agenda packet.”</i>			
11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  </div> <div style="width: 30%; text-align: center;"> January 13, 2015 </div> <div style="width: 30%;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Signature of person making this request</div> <div style="width: 20%; text-align: center;">Date</div> <div style="width: 20%;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Supervisor (if required)</div> <div style="width: 20%; text-align: center;">Date</div> <div style="width: 20%;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="width: 20%; text-align: center;">Date</div> <div style="width: 20%;"></div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors to enforce Board/Section orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. **Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.**

Monitoring Liaison currently has the authority to grant an extension up to 90 days. This change will allow the Liaison to grant payment plans and longer extensions on a case-by-case basis, which will be particularly helpful for Board/Sections that do not meet every month.

7. **Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.**

This addition was initiated and approved by the Medical Examining Board in October 2014. The Liaison may choose to defer a particular request to the full Board/Section for review if needed.

Current Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood, Administrative Rules Coordinator		2) Date When Request Submitted: October 23, 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>																
3) Name of Board, Committee, Council, Sections: Occupational Therapists Affiliated Credentialing Board																		
4) Meeting Date: TBD	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion of Candidate testing																
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A																
10) Describe the issue and action that should be addressed: <p>The Board will review and discuss the amount of times applicants may retake a licensure exam and decide whether to request staff to draft a scope statement.</p>																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">11) Signature of person making this request</td> <td style="width: 20%; text-align: center;">Authorization</td> <td style="width: 20%; text-align: right;">Date</td> </tr> <tr> <td>Shawn Leatherwood</td> <td></td> <td style="text-align: right;">October 23, 2014</td> </tr> <tr> <td>Supervisor (if required)</td> <td></td> <td style="text-align: right;">Date</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; height: 20px;"> Bureau Director signature (indicates approval to add post agenda deadline item to agenda) </td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; height: 20px;"> Date </td> </tr> </table>				11) Signature of person making this request	Authorization	Date	Shawn Leatherwood		October 23, 2014	Supervisor (if required)		Date	Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date		
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Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS
PART 1315 ILLINOIS OCCUPATIONAL THERAPY PRACTICE ACT
SECTION 1315.120 EXAMINATION

Section 1315.120 Examination

- a) The examination for licensure as a registered occupational therapist shall be the certification examination for the National Board for Certification in Occupational Therapy, Inc. (Certification Examination for Occupational Therapist, Registered).
- b) The examination for licensure as a certified occupational therapy assistant shall be the certification examination for the National Board for Certification in Occupational Therapy, Inc. (Certification Examination for Occupational Therapy Assistants).
- c) Candidates shall make application for the examination and pay the appropriate examination fee directly to the designated testing service.
- d) Unsuccessful candidates may retake the examination as many times as they wish.
- e) Passage of the certification examination according to testing service standards shall be required for licensure.

(Source: Amended at 23 Ill. Reg. 2304, effective January 22, 1999)

(d) Meet the requirements of R 338.1213 if the applicant's occupational therapist educational program was taught in a language other than English.

History: 2014 MR 11, Eff. June 11, 2014.

R 338.1223a Application for license; occupational therapist with lapsed registration; requirements.

Rule 23a. (1) An applicant for an occupational therapist license whose registration as an occupational therapist in this state lapsed on or before January 13, 2009, shall submit the required fee and a completed application on a form provided by the department within 1 year of the effective date of this rule. In addition to meeting the requirements of the code and these rules, an applicant shall meet all of the following requirements:

(a) Have maintained certification as an occupational therapist by the national board for certification in occupational therapy (nbcot) after the registration lapsed.

(b) Pass the examination on laws and rules related to the practice of occupational therapy in this state which is administered by the department. This subdivision takes effect one year after the effective date of these rules.

(2) An applicant who meets the requirements of subrule (1) of this rule shall also complete a supervised practice experience that meets the requirements of R 338.1228 and the duration of the experience shall be as follows:

(a) If the applicant's registration has lapsed for at least 5 years but less than 7 years, the applicant shall complete not less than 200 hours of supervised practice experience.

(b) If the applicant's registration has lapsed for more than 7 years but less than 15 years, the applicant shall complete not less than 400 hours of supervised practice experience.

(c) If the applicant's registration has lapsed for more than 15 years, the applicant shall complete not less than 1,000 hours of supervised practice experience.

(3) In addition to meeting the requirements of subrules (1) and (2) of this rule, an applicant's license or registration shall be verified, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or registration or ever held a license or registration as an occupational therapist. If applicable, verification shall include the record of any disciplinary action taken or pending against the applicant.

History: 2014 MR 11, Eff. June 11, 2014.

R 338.1224 Examinations; occupational therapist; adoption and approval; passing scores.

Rule 24. (1) The board approves and adopts the certification examination for occupational therapists that was developed, administered, and scored by the nbcot as the licensure examination for occupational therapists in this state. The board shall adopt the passing score recommended by the nbcot for the certification examination.

(2) The board approves the examination on laws and rules related to the practice of occupational therapy in this state which is administered by the department. The passing score on the laws and rules examination is a converted score of not less than 75.

(3) An applicant who fails to achieve a passing score on the examination required in subrule (2) of this rule may retake the examination without limitation.

History: 2014 MR 11, Eff. June 11, 2014.

R 338.1225 Graduate of non-accredited postsecondary institution; occupational therapist; equivalency of education.

Rule 25. (1) An applicant who graduated from a non-accredited postsecondary institution shall establish that the applicant completed an occupational therapist educational program that is substantially equivalent to an occupational therapist program that is accredited by the acote or approved by the wfot, as provided in R 338.1222.

(2) The department shall accept as proof of an applicant's completion of the educational requirements documentation provided directly to the department from the nbcot verifying the applicant passed the nbcot certification examination for occupational therapists.

History: 2014 MR 11, Eff. June 11, 2014.

R 338.1226 Licensure by endorsement; occupational therapist; requirements.

Rule 26. (1) An applicant for an occupational therapist license by endorsement shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, an applicant meets the requirements of section 16186 of the code if the applicant satisfies the requirements of this rule, as applicable.

(2) If an applicant was first registered or licensed in another state of the United States for 5 years or more immediately preceding the date of filing an application for a Michigan occupational therapist license, then the applicant shall comply with both of the following:

(a) Pass the nbcot certification examination for occupational therapists with a score adopted by the board under R 338.1224(1) or the predecessor examination that was administered by the aota.

(b) Pass the examination on state laws and rules related to the practice of occupational therapy that is administered by the department with a minimum converted score of 75. This subdivision takes effect one year after the effective date of these rules.

(3) If an applicant was first registered or licensed in another state of the United States for less than 5 years immediately preceding the date of filing an application for a Michigan occupational therapist license, then the applicant shall comply with all of the following:

(a) Graduate from an acote accredited or wfot approved occupational therapist educational program that meets the standards adopted by the board in R 338.1222 or graduated from an occupational therapist educational program determined to be

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood, Legal Associate		2) Date When Request Submitted: February 17, 2015 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>									
3) Name of Board, Committee, Council, Sections: Occupational Therapists Affiliated Credentialing Board											
4) Meeting Date: March 3, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion of OT and self-referral									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A									
10) Describe the issue and action that should be addressed: <p>The Board will discuss proposals for OT 4 as it relates to self-referral.</p>											
11) Signature of person making this request Shawn Leatherwood		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Authorization</td> <td style="width: 50%; text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">February 17, 2015</td> </tr> <tr> <td style="text-align: center;">Supervisor (if required)</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Authorization	Date	_____	February 17, 2015	Supervisor (if required)	Date	_____	_____
Authorization	Date										
_____	February 17, 2015										
Supervisor (if required)	Date										
_____	_____										
Bureau Director signature (Indicates approval to add post agenda deadline item to agenda) Date _____											
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											

Chapter OT 4

PRACTICE AND SUPERVISION

OT 4.01 Authority and purpose.
 OT 4.02 Scope of practice.
 OT 4.03 Standards of practice.

OT 4.04 Supervision and practice of occupational therapy assistants.
 OT 4.05 Supervision of non-licensed personnel and therapy aides.

OT 4.01 Authority and purpose. The rules in this chapter are adopted by the board under the authority of ss. 15.085 (5) (b), 227.11 (2) and 448.965, Stats., to govern the standards of practice and supervision requirements for occupational therapists and occupational therapy assistants.

History: CR 02-026: cr. Register December 2002 No. 564, eff. 1-1-03.

OT 4.02 Scope of practice. (1) "Occupational therapy," as defined at s. 448.96 (5), Stats., may include the following interventions:

- (a) Remediation or restitution of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes.
- (b) Adaptation of task, process or environment, or the teaching of compensatory techniques, in order to enhance performance.
- (c) Disability prevention methods and techniques which facilitate the development or safe application of performance skills.
- (d) Health promotion strategies and practices which enhance performance abilities.

(2) Occupational therapy interventions include the following:

Note: A comprehensive list of occupational therapy interventions can be found in the Model Practice Act of the American Occupational Therapy Association (AOTA). The AOTA may be contacted on the web at www.aota.org or by mail at American occupational therapy association, P.O. Box 31220, Bethesda, MD 20824-1220.

- (a) Screening, evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work or productive activities, instrumental activities of daily living, play, leisure activities, rest and sleep, education and social participation.
- (b) Evaluating, developing, remediating, or restoring sensorimotor, sensoriperceptual neuromusculoskeletal, emotional regulation, cognition, communication, social skills, or psychosocial components of performance.
- (c) Designing, fabricating or training in the use of assistive technology, upper extremity orthotic devices and lower extremity positioning orthotic devices.
- (d) Training in the use of prosthetic devices, excluding gait training.
- (e) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles.
- (f) Application of physical agent modalities based on a physician order as an adjunct to or in preparation for engagement in treatment. Application is performed by an experienced therapist with demonstrated and documented evidence of theoretical background, technical skill and competence.
 Note: An example of standards for evaluating theoretical background, technical skill and competence is the position paper on physical agent modalities issued by the American occupational therapy association (AOTA). AOTA may be contacted on the web at www.aota.org, and by mail at American Occupational Therapy Association, P.O. Box 31220, Bethesda, MD 20824-1220.
- (g) Evaluating and providing intervention and case management in collaboration with the client, family, caregiver or other involved individuals or professionals.
- (h) Educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions.
- (i) Consulting with groups, programs, organizations, or communities to provide population-based services.

- (j) Therapeutic use of occupations, exercises, and activities.
- (k) Training in self-care, self-management, health management and maintenance, home management, community work reintegration, and school activities and work performance.
- (L) Therapeutic use of self, including one's personality, insights, perceptions and judgments, as part of the therapeutic process.
- (m) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchair and other mobility devices.
- (n) Vision and low vision rehabilitation.
- (o) Driver rehabilitation and community mobility.
- (p) Management of feeding, eating, and swallowing to enable eating and feeding performance.
- (q) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and adaptation processes.
- (r) Use of a range of specific therapeutic procedures, including wound care management; techniques to enhance sensory, perceptual, and cognitive processing; and pain management, lymphedema management, and manual therapy techniques, to enhance performance skills.

History: CR 02-026: cr. Register December 2002 No. 564, eff. 1-1-03; CR 13-109: am. (2) (intro.), (a), (b), cr. (2) (f) to (r) Register September 2014 No. 705 eff. 10-1-14.

OT 4.03 Standards of practice. Occupational therapists and occupational therapy assistants shall adhere to the minimum standards of practice of occupational therapy that have become established in the profession, including but not limited to the following areas:

- (1) SCREENING. (a) An occupational therapist, alone or in collaboration with an occupational therapy assistant, when practicing either independently or as a member of a treatment team, shall identify individuals who present deficits or declines in performance of their occupations including occupational performance skills and performance patterns.
- (b) Screening methods shall take into consideration the occupational performance contexts relevant to the individual.
- (c) Screening methods may include interviews, observations, testing and records review to determine the need for further evaluation and intervention.
- (d) The occupational therapist or occupational therapy assistant shall transmit screening results and recommendations to all appropriate persons.
- (2) REFERRALS AND ORDERS. (a) Evaluation, rehabilitation treatment, and implementation of treatment with individuals with specific medical conditions shall be based on an order from a physician, dentist, podiatrist, or any other qualified health care professional.
- (b) Referrals may be accepted from advanced practice nurses, chiropractors, optometrists, physical therapists, physician assistants, psychologists, or other health care professionals.
- (c) Although an order is not required, an occupational therapist or occupational therapy assistant may accept a referral for the purpose of providing services which include consultation, habilita-

tion, screening, client education, wellness, prevention, environmental assessments, and work-related ergonomic services.

(d) Orders shall be in writing. However, verbal orders may be accepted if they are followed by a written and signed order by the ordering professional within 3 days from the date on which the client consults with the occupational therapist or occupational therapy assistant.

(e) Orders or referrals from another health care professional are not required for evaluation or intervention if an occupational therapist or occupational therapy assistant provides services in an educational environment, including the child's home, for children and youth with disabilities pursuant to rules promulgated by the federal individuals with disabilities education act, the department of public instruction and the department of health services, or provides services in an educational environment for children and youth with disabilities pursuant to the code of federal regulations.

(3) **EVALUATION.** (a) The occupational therapist directs the evaluation process upon receiving an order or referral from another health care professional. An occupational therapist alone or in collaboration with the occupational therapy assistant shall prepare an occupational therapy evaluation for each individual ordered for occupational therapy services. The occupational therapist interprets the information gathered in the evaluation process.

(b) The evaluation shall consider the individual's medical, vocational, social, educational, family status, and personal and family goals, and shall include an assessment of how performance skills, and performance patterns and their contexts and environments influence the individual's functional abilities and deficits in the performance of their occupations.

(c) Evaluation methods may include observation, interviews, records review, and the use of structured or standardized evaluative tools or techniques.

(d) When standardized evaluation tools are used, the tests shall have normative data for the individual's characteristics. If normative data are not available, the results shall be expressed in a descriptive report. Collected evaluation data shall be analyzed and summarized to indicate the individual's current status.

(e) Evaluation results shall be documented in the individual's record and shall indicate the specific evaluation tools and methods used.

(f) Evaluation results shall be communicated to the ordering professional and to the appropriate persons in the facility and community.

(g) If the results of the evaluation indicate areas that require intervention by other health care professionals, the individual shall be appropriately referred or an appropriate consultation shall be requested.

(h) Initial evaluation shall be completed and results documented within the time frames established by the applicable facility, community, regulatory, or funding body.

(4) **PROGRAM PLANNING.** (a) The occupational therapist is responsible for the development of the occupational therapy intervention plan. The occupational therapist develops the plan collaboratively with the client, and may include the occupational therapy assistant and team working with the client, including the physician — as indicated.

(b) The program shall be stated in measurable and reasonable terms appropriate to the individual's needs, functional goals and prognosis and shall identify short and long term goals.

(c) The program shall be consistent with current principles and concepts of occupational therapy theory and practice.

(d) In developing the program, the occupational therapist alone or in collaboration with the occupational therapy assistant shall also collaborate, as appropriate, with the individual, family, other health care professionals and community resources; shall select the media, methods, environment, and personnel needed to

accomplish the goals; and shall determine the frequency and duration of occupational therapy interventions provided.

(e) The program shall be prepared and documented within the time frames established by the applicable facility, community, regulatory, or funding body.

(5) **PROGRAM IMPLEMENTATION.** (a) The occupational therapy program shall be implemented according to the program plan previously developed. The occupational therapist may delegate aspects of intervention to the occupational therapy assistant dependent on the occupational therapy assistant's demonstrated and documented service competency.

(b) The individual's occupations, occupational performance, skills, occupational performance patterns, and occupational performance contexts and environments shall be routinely and systematically evaluated and documented.

(c) Program modifications shall be formulated and implemented consistent with the changes in the individual's occupational performance skills, occupational performance patterns and occupational performance contexts and environments.

(d) All aspects of the occupational therapy program shall be routinely and systematically reviewed for effectiveness and efficacy.

(6) **DISCONTINUATION OF SERVICES.** (a) Occupational therapy services shall be discontinued when the individual has achieved the program goals or has achieved maximum benefit from occupational therapy.

(b) A comparison of the initial and current state of functional abilities and deficits in occupational performance skills, and occupational performance patterns, affecting performance in the individual's occupations shall be made and documented.

(c) A discharge plan shall be prepared, consistent with the interventions provided, the individual's goals, and the expected prognosis. Consideration shall be given to the individual's occupational performance contexts and environments including appropriate community resources for referral, and environmental factors or barriers that may need modification.

(d) Sufficient time shall be allowed for the coordination and effective implementation of the discharge plan.

(e) Recommendations for follow-up or reevaluation shall be documented.

History: CR 02-026: cr. Register December 2002 No. 564, eff. 1-1-03; correction in (2) (e) made under s. 13.92 (4) (b) 6, Stats., Register November 2011 No. 671; CR 13-109: am. (1) (a), (2) (title), (a), (c) to (e), (3) (a), (b), (f), (4) (d), (5) (b), (c), (6) (b), (c) Register September 2014 No. 705, eff. 10-1-14.

OT 4.04 Supervision and practice of occupational therapy assistants.

(1) An occupational therapy assistant must practice under the supervision of an occupational therapist. Supervision is an interactive process that requires both the occupational therapist and the occupational therapy assistant to share responsibility for communication between the supervisor and the supervisee. The occupational therapist is responsible for the overall delivery of occupational therapy services and shall determine which occupational therapy services to delegate to the occupational therapy assistant or non-licensed personnel based on the establishment of service competence between supervisor and supervisee, and is accountable for the safety and effectiveness of the services provided.

(2) Supervision of an occupational therapy assistant by an occupational therapist shall be either close or general. The supervising occupational therapist shall have responsibility for the outcome of the performed service.

(3) When close supervision is required, the supervising occupational therapist shall have daily contact on the premises with the occupational therapy assistant. The occupational therapist shall provide direction in developing the plan of treatment and shall periodically inspect the actual implementation of the plan. The occupational therapist shall cosign evaluation contributions and

intervention documents prepared by the occupational therapy assistant.

(4) (a) When general supervision is allowed, the supervising occupational therapist shall have direct contact with the occupational therapy assistant and face-to-face contact with the client by every tenth session of occupational therapy and no less than one time per calendar month. Direct contact with the occupational therapy assistant is for the purpose of reviewing the progress and effectiveness of treatment and may occur simultaneously or separately from the face-to-face contact with the client.

(b) The occupational therapist shall record in writing a specific description of the supervisory activities undertaken for each occupational therapy assistant. The written record shall include client name, status and plan for each client discussed.

(c) "Direct contact" means face-to-face communication or communication by means of telephone, electronic communication, or group conference.

(5) Close supervision is required for all rehabilitation, neonate, early intervention, and school system services provided by an entry level occupational therapy assistant. All other occupational therapy services provided by an occupational therapy assistant may be performed under general supervision, if the supervising occupational therapist determines, under the facts of the individual situation, that general supervision is appropriate using established professional guidelines.

History: CR 02-026; cr. Register December 2002 No. 564, eff. 1-1-03; CR 08-050; am. (3), renum. (4) to be (4) (a) and am., cr. (4) (b) and (c) Register January 2009 No. 637, eff. 2-1-09.

OT 4.05 Supervision of non-licensed personnel and therapy aides. (1) An occupational therapist or occupational therapy assistant must provide direct supervision of non-licensed personnel at all times. Direct supervision requires that the supervising occupational therapist or occupational therapy assistant be on premises and available to assist.

(2) When an occupational therapist or occupational therapy assistant delegates to non-licensed personnel maintenance or restorative services to clients, the occupational therapist or occupational therapy assistant must be in the immediate area and within audible and visual range of the client and the non-licensed personnel.

(3) An occupational therapist or occupational therapy assistant may delegate to non-licensed personnel only non-skilled, specific tasks which are neither evaluative, assessive, task selective nor recommending in nature, and only after ensuring that the non-licensed person has been appropriately trained for the performance of the task.

(4) Occupational therapists and occupational therapy assistants must exercise their professional judgment when determining the number of non-licensed persons they can safely and effectively supervise to ensure that quality care is provided at all times. A limit of 2 is recommended.

(5) Any duties assigned to non-licensed personnel must be determined and appropriately supervised by an occupational therapist or occupational therapy assistant and must not exceed the level of training, knowledge, skill and competence of the individual being supervised. The licensed occupational therapist or occupational therapy assistant is responsible for the acts or actions performed by any non-licensed person functioning in the occupational therapy setting.

(6) An occupational therapist or occupational therapy assistant may delegate to non-licensed personnel duties or functions, including the following services:

(a) Transportation of clients.

(b) Preparation or setting up of treatment equipment and work area.

(c) Attending to clients' personal needs during treatment.

(d) Clerical, secretarial or administrative duties.

(7) Duties or functions that an occupational therapist or occupational therapy assistant may not delegate to non-licensed personnel include, but are not limited to, the following:

(a) Interpretation of referrals or orders for occupational therapy services.

(b) Evaluative procedures.

(c) Development, planning, adjusting or modification of treatment procedures.

(d) Acting on behalf of the occupational therapist or occupational therapy assistant in any matter related to direct client care which requires judgment or decision making.

History: CR 02-026; cr. Register December 2002 No. 564, eff. 1-1-03; CR 13-109; am. (6) (Intro.), (7) (a) Register September 2014 No. 705, eff. 10-1-14.

STATEMENT OF SCOPE

OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

Rule No.: OT 4

Relating to: Self-Referral of occupational therapy services

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to amend current Wisconsin Administrative Code to allow occupational therapists to self-refer occupational therapy services which would increase the number and types of services an occupational therapist may provide.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

An occupational therapist may receive an order or a referral to perform occupational therapy services for a patient. Orders identify the need for occupational therapy evaluation and intervention while a referral is the act of requesting occupational therapy services. Currently, physicians, dentists or podiatrists may order occupational therapy evaluation. However, occupational therapists may accept referrals from a variety of health care professionals including advance practice nurses, chiropractors, optometrists, physical therapists and physician assistants. Wis. Admin. Code OT 4.03 (2) (b). Furthermore there are some services occupational therapist can perform without the need of a referral such as consultation, habilitation, screening, client education, wellness, prevention, environmental assessments, and work-related ergonomic services. According to Wis. Admin. Code OT 4.03 (2)(e) neither an order or a referral from a physician is required for evaluation or intervention if OT services are provided in an educational environment, including in a child's home if the child has disabilities.

The proposed rule seeks to clarify that occupational therapists are able to self-refer occupational therapy services along with the host of other health care professionals that are listed above. Currently, the rule allows other health care professionals to refer occupational therapy services. However, the rule does not specifically state that occupational therapists are allowed to self-refer. Occupational therapists self-referring would allow patients greater access to health care and would alleviate occupational therapists from relying solely on receiving orders and referrals from other health care professionals in order to provide health care services.

The proposed rule will also provide clarity to the process of renewing a license after 5 years by updating provisions regarding licensure renewal and reinstatement. The term reinstatement will be defined as a process by which a licensee whose license has been surrendered or revoked or has a license with unmet disciplinary requirements which has not been renewed within five years of the renewal date may apply to have their license reinstated with or without conditions.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.085 (5) (b), Stats., provides that affiliated credentialing boards such as the Occupational Therapists Affiliated Credentialing Board, "[s]hall promulgate rules for its own guidance and for the

guidance of the trade or profession to which it pertains. . .” The proposed rule will provide guidance to occupational therapists regarding the topic of who may refer occupational therapy services.

Section 227.11 (2) (a), Stats., provides that, “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

State employees will spend approximately 80 hours developing the proposed rule.

6. List with description of all entities that may be affected by the proposed rule:

Licensed occupational therapists and their patients will be affected by the proposed rule.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

This proposed rule will have minimal or no economic impact on small businesses.

Contact Person: Shawn Leatherwood (608) 261-4438, Shancethea.L Leatherwood@yahoo.com


Authorized Signature

9/16/14
Date Submitted

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 12/26/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Occupational Therapy			
4) Meeting Date: 03/03/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Telehealth - Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Board will review telemedicine presentations.			
11) Authorization			
Taylor Thompson		12/26/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



ALASKA

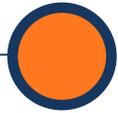
CREATED 4/12/2007

ADOPTED 6/30/2008

20TH ANNUAL STATE REGULATORY CONFERENCE

OCTOBER 24-25, 2014 • WWW.NBCOT.ORG • 301-990-7979





ALASKA REGULATION

- **12 AAC 54.825. STANDARDS FOR PRACTICE OF TELEREHABILITATION BY OCCUPATIONAL THERAPIST.** (a) The purpose of this section is to establish standards for the practice of telerehabilitation by means of an interactive telecommunication system by an occupational therapist licensed under AS 08.84 and this chapter in order to provide occupational therapy to patients who are located at distant sites in the state which are not in close proximity of an occupational therapist.
- (b) An occupational therapist licensed under AS 08.84 and this chapter conducting telerehabilitation by means of an interactive telecommunication system
- (1) must be physically present in the state while performing telerehabilitation under this section;
- (2) must interact with the patient maintaining the same ethical conduct and integrity required under 12 AAC 54.800;
- (3) must comply with the requirements of 12 AAC 54.810 for any licensed occupational therapist assistant providing services under this section;
- (4) may conduct one-on-one consultations, including initial evaluation, under this section; and
- (5) must provide and ensure appropriate client confidentiality and HIPAA compliance, establish secure connections, activate firewalls, and encrypt confidential information.
- **Authority:** AS 08.84.010





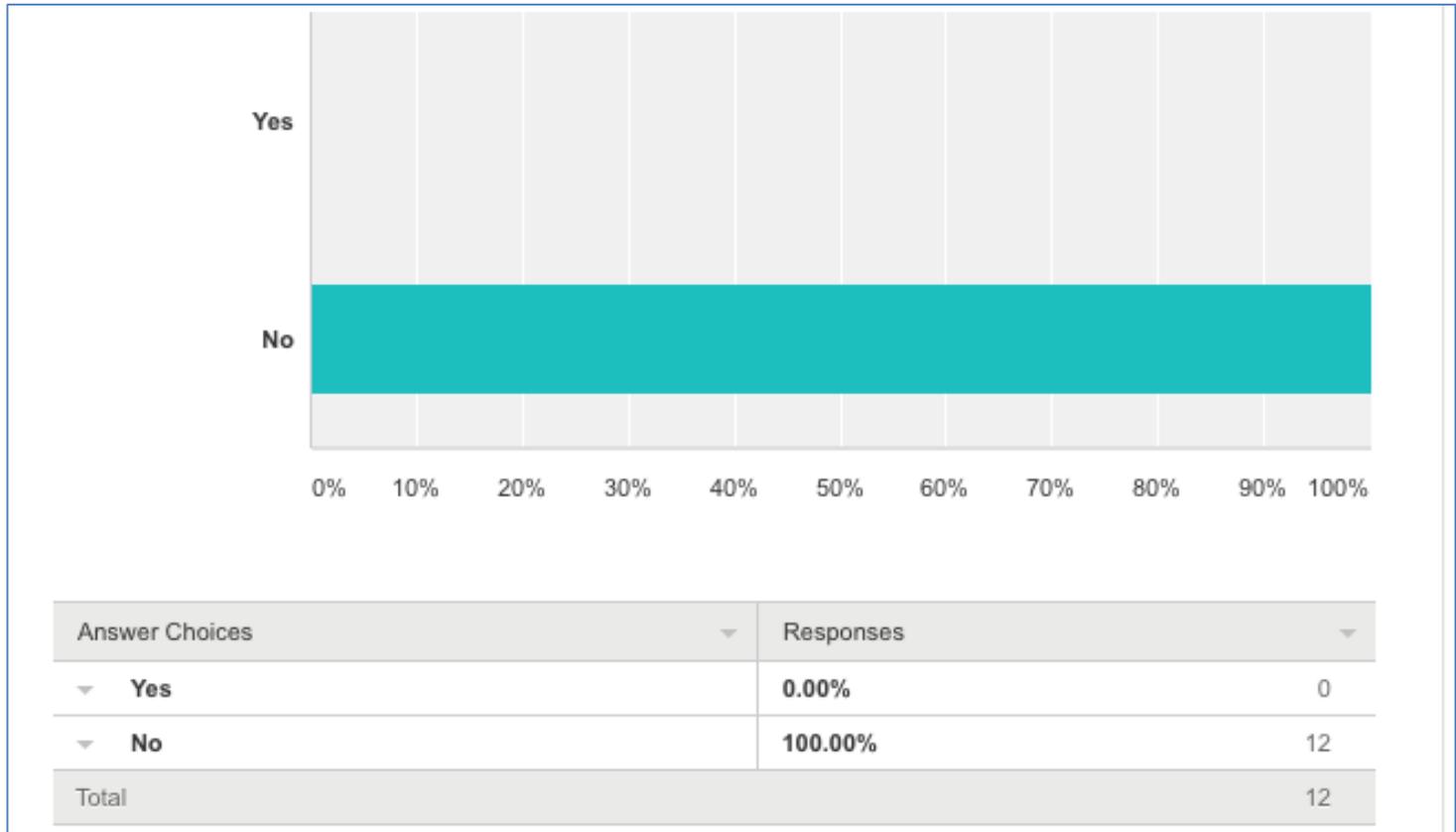
SURVEY OF O.T. USING TELE-HEALTH

USING SURVEY MONKEY FOR A 6
QUESTION SURVEY
THIS WAS SENT OUT TO ALL MEMBERS OF
ALASKA OT ASSOCIATION





ARE YOU CURRENTLY USING TELE-REHABILITATION OR TELE-HEALTH IN ALASKA?



ARE THE CURRENT LAWS IMPACTING YOUR ABILITY TO USE TELE-HEALTH AS PART OF YOUR SERVICE DELIVERY MODEL?

The screenshot displays a survey results interface with the following elements:

- Navigation tabs: Responses (11), Text Analysis, My Categories
- Filtering options: Categorize as..., Filter by Category
- Search bar: Search responses
- Summary: Showing 11 responses
- Response list:

Response	Date/Time	Action
I'm am unsure	10/2/2014 10:48 AM	View respondent's answers
not sure	9/27/2014 8:33 PM	View respondent's answers
no	9/25/2014 12:54 PM	View respondent's answers
Not sure	9/23/2014 9:33 PM	View respondent's answers
Yes and no. I have been considering going into EI and meeting with families some via telehealth. I have not done so in part due to the encryption requirement and the uncertainties of the family gaining access that is private.	9/23/2014 8:20 PM	View respondent's answers
No	9/23/2014 6:00 PM	View respondent's answers
N/A		



If you would like to include tele-health within your practice, what are some of the barriers that prevent you from doing so?

Answered: 8 Skipped: 4

Responses (8) | Text Analysis | My Categories

Categorize as... | Filter by Category | Search responses

Showing 8 responses

- Referral of clients and technology barriers of not knowing how to set things up correctly
9/23/2014 9:34 PM [View respondent's answers](#)
- Encryption, and privacy at client end
9/23/2014 8:21 PM [View respondent's answers](#)
- N/A
9/23/2014 4:57 PM [View respondent's answers](#)
- Timing I would like to know what the regulations are.
9/23/2014 3:21 PM [View respondent's answers](#)
- Uncertainty of reimbursement and practicality of adding telehealth services.
9/23/2014 2:35 PM [View respondent's answers](#)



For practitioners who use telehealth with clients, how are you reimbursed for services?

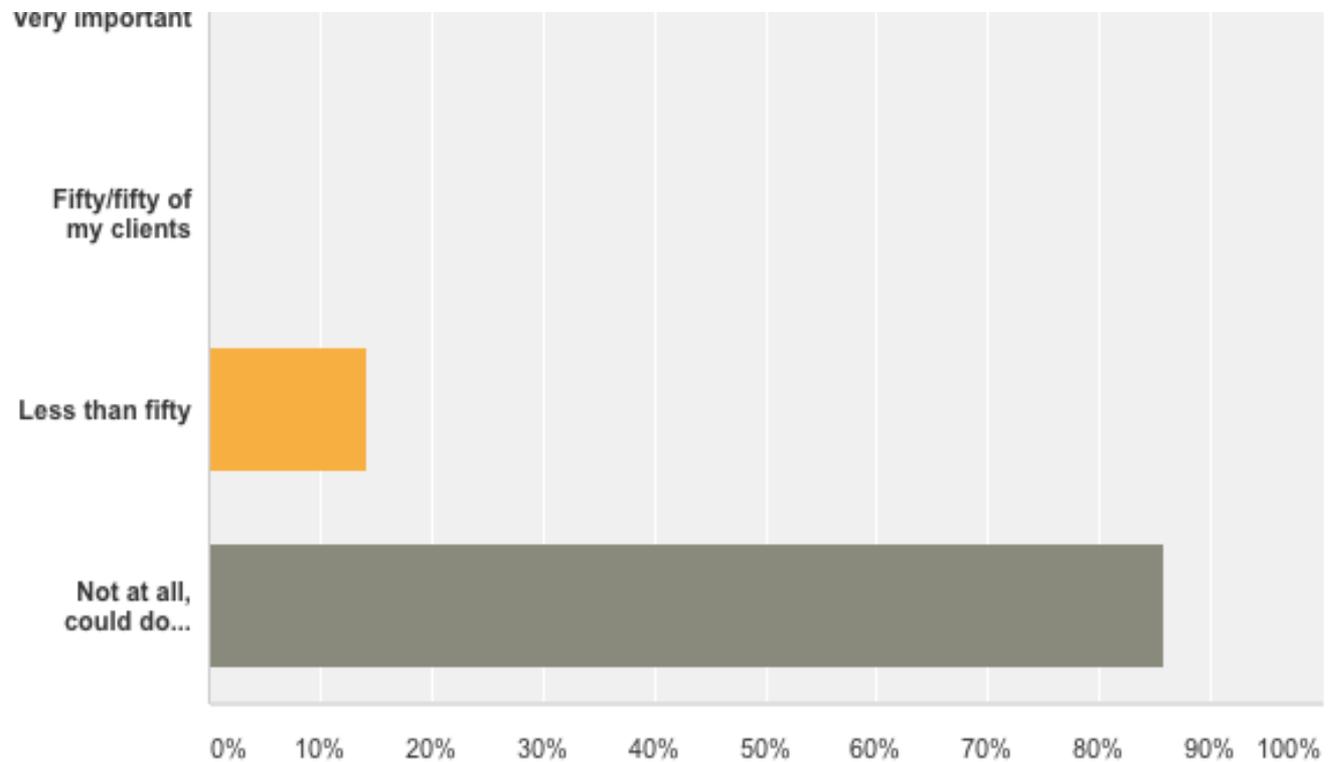
Answered: 0 Skipped: 12

⚠ No matching responses.

Answer Choices	Responses
Private insurance	0.00% 0
Medicare/medicaid	0.00% 0
Client pays directly	0.00% 0
Total Respondents: 0	

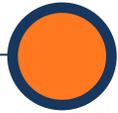


RANK THE USE TELEHEALTH AS PART OF YOUR PRACTICE?

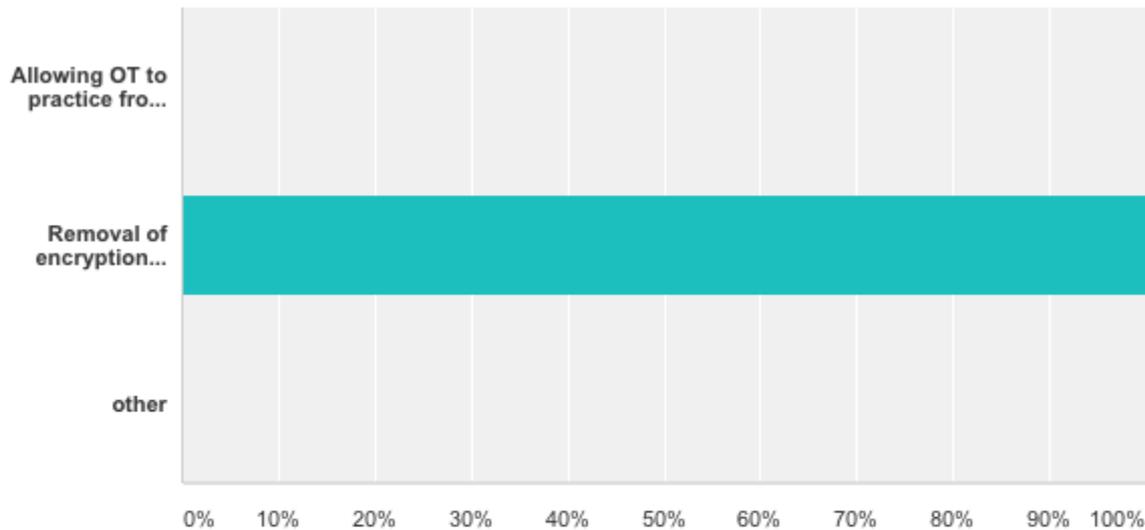


Assess Client | Practice





WHAT CHANGES WOULD ALLOW YOU TO BETTER UTILIZE TELE-HEALTH IN YOUR PRACTICE?



Answer Choices	Responses
▼ Allowing OT to practice from outside the state of Alaska	0.00% 0
▼ Removal of encryption requirement	100.00% 2
▼ other	0.00% 0

Total Respondents: 2



 **LICENSURE BARRIERS IN
OCCUPATIONAL THERAPY PRACTICE**

**A PRIVATE PRACTICE
PERSPECTIVE**

Melanie Criss, OTD, OTR/L
Community Therapy Services, LLC

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**NBCOT**
National Board for Certification in
Occupational Therapy **33**



BACKGROUND

Charter Schools

- **Virtual Environment**
- **Operating in 15 states**





HOW IT ALL STARTED...





LICENSURE PORTABILITY...

Will it Really Benefit the Client & the Practitioner?



Reflections from a Private Practice perspective...





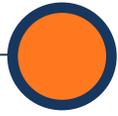
**GREATER EASE OF
ACCESS TO SPECIALISTS**

EASE  ACCESS

OVERCOME SHORTAGES OF HEALTH CARE PROFESSIONALS



Table 2 Supply Survey
from the American Association for Employment in Education



OVERCOME SHORTAGES OF HEALTH CARE PROFESSIONALS

Regions

Educational Fields		1	2	3	4	5	6	7	8	9	10	11	Total
Support Services	Audiology	2.83	4.22	3.71	3.54	3.60	3.41	3.62	3.44	4.00		3.50	3.55
	Counseling	2.90	3.27	3.50	3.42	3.47	2.93	2.76	2.76	3.31	3.00	3.33	3.03
	Gifted/Talented Education	2.67	3.11	4.00	3.50	3.25	2.95	2.90	3.12	3.30		4.00	3.12
	Library Science/Media Technology	2.67	3.00	4.00	3.21	2.93	2.76	3.11	3.27	3.20		3.00	3.04
	Occupational Therapy	3.17	★ 3.67	★ 4.00	3.32	3.38	3.28	★ 3.49	3.38	★ 3.80		3.00	3.41
	Physical Therapy	3.17	3.90	3.40	3.38	3.38	3.26	3.54	3.48	3.80		3.00	3.43
	Reading Diagnostician	3.00	3.56	3.60	3.38	3.47	3.25	3.34	3.54	3.90		3.50	3.39
	School Nursing	3.00	3.50	3.33	3.15	3.50	3.12	3.13	3.13	3.56		3.50	3.21
	School Psychology	3.44	3.42	3.67	3.03	3.73	3.11	3.17	3.36	3.20		3.00	3.24
	School Social Work	3.14	3.33	3.83	3.07	3.50	3.16	3.05	3.12	3.18		3.50	3.17
Speech Pathology	3.33	3.80	4.14	3.45	3.81	3.37	3.93	3.76	3.80	5.00	3.00	3.66	



MORE TIME TO FOCUS ON THE CLIENT'S NEEDS



LESS DELAYS IN THE PROVISION OF SERVICE





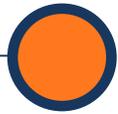
LESS EXPENSE AND EFFORT FOR THE PRACTITIONER



State	Application: Initial Application/Licensure Fee(s)	Application: Process Time	Licensure Verification/ Letter of Good Standing	Application: Verification of OT Employment	NBCOT verification of certification (\$35)	Application: NBCOT Score Transfer (\$55)	Application: Recommendations letters/References	Application: Passport Photos	Application: Transcripts	Application: Letter from School	Application: Criminal Background Check	Application: Jurisdictional Exam	Application: Cont Ed Req	Maintenance: Renewal Cyle	Maintenance: Renewal Fees	Maintenance: Process Time	Maintenance: Cont Ed Requirements
Arizona	\$235				√		2 professional recommendations				√						
California	\$150	30 days	√		√			√	√		√						
Florida	\$180	30 days	√		√								Prevention of Medical	Biannually expiring Feb			Prevention of Medical
Georgia	\$60	4-6 weeks	√		√		3 references	√	√								PAMs certification
Indiana	\$100		√			√		√	√								
Kansas	\$80		√		√		1 recommendation	√	√	√				Annually expiring March 31			
Maine	\$100		√		√				√		√						
Massachusetts	\$265	3-4 weeks	√		√			√	√								
Michigan	\$90		√			√			√		√						
Minnesota	\$160	30-90 days	√		√											30+ days	
Nevada	\$400	4-6 weeks	√		√			√	√						\$175		
New Mexico	\$120		•		√	•		√				√			\$70		
Ohio	\$100		√			√		√	√		√	√					
Oklahoma	\$120		√		√			√			√						
Pennsylvania	\$30		√		√					√							
South Carolina	\$135		√	√	√			√				√					

REDUCED ADMINISTRATIVE COSTS





CONSIDER THE GENERAL BENEFITS OF TELEHEALTH...

■ Increase:

- Access to OT
- Educational opportunities
- Comfort
- Support network

• Decrease:

- Travel
- Mobility concerns
- Risks to immune system





● FOOD FOR THOUGHT...

- *“Well-meaning telehealth regulations that create barriers and limit telehealth provision can inadvertently ‘harm the consumer’ by denying access to OT services and specialists who might otherwise be unavailable within the local community.”*

(Cason, 2014)





REFERENCES

- American Association for Employment in Education (2010). *Educator supply and demand in the United States: 2010 executive summary*.
- Brannon, J. A., Cohn, E. R., & Cason, J. (2012). Making the case for uniformity in professional state licensure requirements. *International Journal of Telerehabilitation, 4*, 41-46.
- Cason, J. (2014). Telehealth: A rapidly developing service delivery model for occupational therapy. *International Journal of Telerehabilitation, 6*, 29-36.
- Cohn, E.R., Brannon, J.A., & Cason, J. (2011). Resolving barriers to licensure portability for telerehabilitation professionals. *International Journal of Telerehabilitation, 3*, 31-34.





QUESTIONS



LICENSURE PORTABILITY

ITS TIME HAS COME



MARK LANE PT
**FEDERATION OF STATE BOARDS OF
PHYSICAL THERAPY**

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● WHAT IS PORTABILITY?

- Licensure portability is the ability to obtain licensure or recognition with minimal regulatory barriers to practice in multiple jurisdictions....in order to affect greater consumer access to care

FSBPT Ethics & Legislation Committee





OT PORTABILITY – IS IT REALLY A PROBLEM?

- Consumers living near state borders
- Utilizing tele-practice technologies
- Residencies and Fellowships
- Specialists
- New Health care delivery models: Medical Homes, Accountable Care organizations, etc
- Traveling therapists
- Traveling groups: Teams and Performers
- Disasters
- Continuing education





PORTABILITY - A CONSUMER CONCERN

PEW Health Professions Regulation

Recommendation 6: Congress should enact legislation that facilitates professional mobility and practice across state boundaries.

Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation, PEW Health Professions Commission, 1998





● PORTABILITY - A NATIONAL CONCERN

- *Overcoming **unnecessary licensure barriers** to cross-state practice is seen as part of a general strategy to expedite the mobility of health professionals to address workforce needs and improve **access** to health care services, particularly in light of increasing shortages of healthcare professionals.*

HRSA (2011) Health licensing board report to congress in HRSA Administration (Ed.) Report 111-66. Washington, DC: US Department of Health and Human Services.



● PORTABILITY – A NATIONAL CONCERN (CONT.)

- *“If states fail to develop reasonable e-care licensing policies over the next 18 months, Congress should consider intervening to ensure that Medicare and Medicaid beneficiaries are **not denied** the benefits of e-care”.*⁽⁶⁾

Federal Communications Commission (2010) Connecting America. The National Broadband Plan. Health Care Chapter 10, p.206, Retrieved from: [.http://download.broadband.gov/plan/national-broadband-plan-chapter-10-health-care.pdf](http://download.broadband.gov/plan/national-broadband-plan-chapter-10-health-care.pdf). June 30, 2012.



OTHERS...

- Neal Neuberger, executive director of the Institute for e-Health Policy at the Healthcare Information and Management Systems Society...blasted state licensure laws, saying they have "nothing to do with science, technology, or health and have everything to do with state business practices."

Barriers to Telemedicine Slowly Dropping, David Pittman, MedPageToday, September 16, 2013,

<http://www.medpagetoday.com/PracticeManagement/Reimbursement/41629>



HOW DO WE ADDRESS PROBLEMS WITH PORTABILITY?

- State Licensure Laws
- Whose responsibility is it anyway?



● THREE APPROACHES, NOT MUTUALLY EXCLUSIVE

- Increase the efficiencies of the current licensure system
- Create a new state-based licensure model that supports portability
- National licensure



INCREASE THE EFFICIENCIES OF THE CURRENT LICENSURE SYSTEM

- Expedited license
- Uniform Application
- Credential Verification Service
- Certificate of Professional Qualification
- True reciprocity



CREATE A NEW STATE-BASED LICENSURE MODEL THAT SUPPORTS PORTABILITY

- Licensure Compacts
- Memorandums of Understanding (MOU)



NATIONAL LICENSURE

- National licensure
 - Dual Licensure
 - A note about telehealth: it is only one aspect of portability

WHY SIMPLY CREATING EFFICIENCIES MIGHT NOT BE ENOUGH?

- Costs of obtaining multiple licenses
- Costs and burden of maintaining multiple licenses
 - Different renewal cycles
 - Different continuing competence requirements
- Does it really increase access?

IT IS ALL ABOUT THE CONSUMER

Copyright 2004 by Randy Glasbergen.
www.glasbergen.com



“I want you to find a bold and innovative way to do everything exactly the same way it’s been done for 25 years.”





LICENSURE COMPACTS

- Simple, versatile and proven tool
- Effective means of cooperatively addressing common problems
- Contract between states
- Creates economies of scale
- Responds to national priorities with one voice
- Retains collective state sovereignty over issues belonging to the states

Credit to Council of State Governments (CSG)





COMPACTS

- Not new – rooted in colonial times
- Approximately 215 active compacts
- About 40 are inactive
- On average, each state is a member of 25 compacts
- Precedence for international participation
- Port Authority of NY & NJ (1922) signaled a new era in regulatory compacts.

Credit to Council of State Governments (CSG)





● INTERSTATE COMPACTS – OTHER POTENTIAL BENEFITS

- National data & information sharing systems
- Uniform compact language and rules
- Proven governance structures
- National interface with external stakeholders/national organizations
- Coordination with other interstate compacts
- National office and staff (*if necessary*)

Credit to Council of State Governments (CSG)





● INTERSTATE COMPACTS – POTENTIAL CHALLENGES

- Financing
- Dispute Resolution
- Disciplinary Issues
- Criminal background checks
- Concerns over state and board autonomy

Credit to Council of State Governments (CSG)





● NOTABLE MEDICAL AND LICENSING COMPACTS

- Nurse Licensure Compact – 24 States
- Compact on Mental Health – 45 states
- Drivers Licensing Compact – 50 states
- Emergency Management Assistance Compact – 50 states
- EMS Licensure Compact – In development
- Medical Licensure Compact – In development
- Physical Therapy Compact – In development

Credit to Council of State Governments (CSG)



SOME COMPACT MODELS

Reciprocity

- Nursing

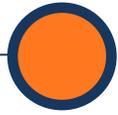
Expedited license

- Medicine

PT

Other: the sky's the limit...





INTERSTATE COMPACTS - DEVELOPMENT

Advisory Phase – (4-6 Months)	Drafting Phase – (8-12 Months)	Education and Enactment (18 months – 2 legislative sessions)
<ul style="list-style-type: none">• Composed of state officials, stakeholders, & issue experts• Examine the issues and current policy spectrum• Examine best practices and alternative structures• Establish recommendations as to the content of an interstate compact• Examine the need for Congressional Consent	<ul style="list-style-type: none">• Composed of 5-8 state officials, stakeholders, issue experts (typically some overlap w/ Advisory)• Craft interstate compact solution based on Advisory Group recommendations• Circulate draft compact to specific states and relevant stakeholder groups for comment	<ul style="list-style-type: none">• Drafting team considers comments and incorporates into compact• Final product circulated to Advisory Group• Released to states for consideration

Credit to Council of State Governments (CSG)





● COMPACT IMPLEMENTATION

- Each state must pass legislation
- Legislation must be the same in each state
- The legislation does not necessarily require a practice act change
- The compact does not go into effect until a minimum number of states have adopted



**PHYSICAL THERAPY
LICENSURE COMPACT
ADVISORY TASK FORCE
REPORT**

**IMPROVING THE WAY WE
PROTECT THE PUBLIC**

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PHYSICAL THERAPY LICENSURE COMPACT ADVISORY TASK FORCE

- 10 PT Board Members
- 1 PTA Board Member
- 2 PT Board Public Members
- 1 PT State Legislator (Senator)
- 5 PT Board Administrators
- 2 APTA Staff
- 1 APTA Board Member
- 1 APTA Health Policy Section Representative
- 2 Council of State Governments (CSG) Consultants
- 3 FSBPT Staff
- 2 FSBPT Board members





RECOMMENDATION #1

- That the Federation of State Boards of Physical Therapy (FSBPT) continue to pursue the development of a physical therapy licensure compact.



RECOMMENDATION #2

- That the Physical Therapy Compact Drafting Team adopt the following model in the development of statutory language for the compact.



PHYSICAL THERAPY LICENSURE COMPACT MODEL

- The licensee participant must:
 - hold one valid, current, unrestricted license in home state (state of residence)
 - notify any remote states in which s/he will be practicing
- The notification by the licensee participant and the payment of the fee gives the Privilege to Practice (PtP) in the remote state
 - Fee will be the prerogative of the remote state



INVOLVEMENT OF THE PROFESSIONAL ASSOCIATION

- Dialogue began August 2013
- APTA participated in Advisory Task Force
- APTA 2014 House of Delegates motion
- APTA is participating in Drafting Team
- Joint Communication Plan





WHAT'S NEXT?

- Drafting Team
 - Draft in 1st quarter 2015
 - Solicit input into the draft and perfect
 - Submit to 2015 Leadership Issues Forum
 - Present at 2015 Annual meeting
- Ready for introduction into 2016 State Legislatures





● WHAT ABOUT OCCUPATIONAL THERAPY?

- Why: Is Portability an issue?
- Who: Whose role?
- What: Increase efficiencies, New Model or National Licensure?



QUESTIONS

- Mark Lane mlane@fsbpt.org





OREGON PROPOSED TELEHEALTH RULE

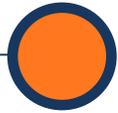
A committee looked at other state rules, many national issues and wording and this language was what the committee members decided needed to be addressed.

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DEFINITION

OAR 339-010-0006

Standards of Practice for Telehealth:

1. “Telehealth” is defined as the use of interactive audio and video, in real time telecommunication technology or store-and-forward technology, to deliver health care services when the occupational therapist and patient/client are not at the same location. Its uses include diagnosis, consultation, treatment, prevention, transfer of health or medical data and continuing education.

There were several drafts considered including AOTA.



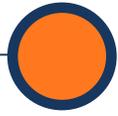


“TELEPRACTICE” SAME AS “TELEHEALTH” ?

We may need to add language clarifying Telehealth versus Telepractice...

Telehealth is considered the same as Telepractice for Occupational Therapists working in education settings; and Telerehab in other settings.

This was added to help allow Medicaid payments



LICENSING

2. In order to provide occupational therapy services via telehealth to a **patient/client in Oregon**, the occupational therapist providing services to a patient/client must have a valid and current license issued by the Oregon OT licensing board.
 - (a) Oregon licensed occupational therapists using telehealth technology with a **patient/client in another state** may also be required to be licensed in the state in which the patient/client receives those services and must adhere to those state licensure laws.

The language requires following licensing laws in both states. For example, if Alaska does not allow telehealth outside their state, an Oregon OT cannot do telehealth with a patient in Alaska.





INFORMED CONSENT

3. Occupational therapists shall obtain informed consent of the delivery via telehealth from the patient/client prior to initiation of occupational therapy services via telehealth and maintain documentation in the patient's or client's health record.

Others had great concerns about informed consent but our committee thought it was important to include this.





CONFIDENTIALITY

4. Occupational therapists shall secure and maintain the confidentiality of medical information for the patient/client as required by HIPPA and state and federal law.

No issues.





IN-PERSON EVALUATION

5. Prior to providing occupational therapy services via telehealth, an occupational therapist shall determine whether an in-person evaluation is necessary and ensure that a local therapist is available if an on-site visit is required.
 - (a) If it is determined that in-person interventions are necessary, an on-site occupational therapist or occupational therapy assistant shall provide the appropriate interventions.
 - (b) The obligation of the occupational therapist to determine whether an in-person re-evaluation or intervention is necessary continued ruing the course of treatment.

Others had great concerns because this means patients might not be able to get services.





IN-PERSON REQUIRED

6. In making the determination whether an in-person evaluation or intervention are necessary, an occupational therapist shall consider at a minimum:
 - (a) the complexity of the patient/client's condition
 - (b) his or her own knowledge, skills and abilities
 - (c) the patient's/client's context and environment
 - (d) the nature and complexity of the intervention
 - (e) the pragmatic requirement of the practice setting; and
 - (f) the capacity and quality of the technological interface

Others had great concern that these are new standards.





STANDARD OF CARE

7. An occupational therapists or occupational therapy assistant providing occupational therapy services via telehealth must:
 - (a) Exercise the **same** standard of care when providing occupational therapy services via telehealth as with any other mode of delivery of occupational therapy services;
 - (b) Provide services consistent with AOTA Code of Ethics and Ethical Standards of Practice; and comply with provisions of the Occupational Therapy practice Act and its regulations.

No issues, this is a mode of delivery





● ADEQUATELY TRAINED PERSON

8. When an Occupational Therapist has determined that telehealth is an appropriate delivery of services, the therapist must ensure that, if required, there is an adequately trained person available to set up and help with hands on delivery of services to the patient/client and who works under the direction of the therapist.

This is controversial. The committee's concern was that aides not provide OTA treatment.





SUPERVISION

9. Supervision of an Occupational Therapy Assistant under 339-010-0035 for routine and general supervision, can be done through telehealth, but cannot be done when close supervision, as defined in 339-010-0005, is required. The same considerations in (6)(a) through (f) must be considered in determining whether telehealth should be used.

AOTA rules allow supervision by telehealth and this is added to make it clear in Oregon.





FIELDWORK SUPERVISION

10. An Occupational Therapist who is supervising a fieldwork student must follow the ACOTE standards and other accreditation requirements.

The committee wanted to acknowledge that telehealth can be used by schools for fieldwork students.





UNPROFESSIONAL CONDUCT

11. Failure to comply with these regulations shall be considered unprofessional conduct under OAR 339-010-0020.



OREGON CONTACT INFO.

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STATE TELEHEALTH LEGISLATION

OVERVIEW AND IMPLICATIONS FOR OCCUPATIONAL THERAPY

Chuck Willmarth
Director, Health Policy and State Affairs
American Occupational Therapy Association

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● STATE TELEHEALTH ISSUES

- Overview of state legislative issues we are monitoring
- State OT statutes, regulations and position statements
- AOTA resources
- Licensure portability and telehealth



STATE LEGISLATION

AOTA Chart – Pending, Enacted and Failed Legislation

2014 Telehealth Bills

STATE	YEAR	CHAMBER	BILL#	SPONSOR	TITLE	DISPOSITION	SUMMARY	LAST ACTION	BILL TEXT	NOTES ON INCLUSION OF OT
PENDING LEGISLATION										
CA	2013	A	1310	Bonta (D)	Medi-Cal: Telehealth	Pending	Relates to the Medi-Cal program. Requires a provider, in order for a provider outside of the State to meet specified conditions and criteria regarding providing telehealth services, including that the provider be enrolled and in good standing in the Medicaid program for the State where the provider is located, be enrolled in good standing in Medicare, or be enrolled in good standing in both programs, and that the provider not be located outside of the United States.	08/28/2014 - In ASSEMBLY Committee on HEALTH: Not heard.	http://www.leginfo.ca.gov/pub/13-14/bill/asm/ab_1301-1350/ab_1310_bill_20140701_amended_sen_v96.pdf	NA
IL	2013	H	5313	Feigenholtz (D)	Telehealth Act	Pending	Creates the Telehealth Act, provides that telehealth services consist of the provision of services and the mode of delivering health care services, including, but not limited to, primary care, counseling, psychiatry, emergency care, and specialty care and public health services via information and communication technologies.	04/11/2014 - Rereferred to HOUSE Committee on RULES.	http://www.ilga.gov/legislation/fulltext.asp?DocName=&SessionId=85&GA=98&DocTypeId=HB&DocNum=5313&GAID=12&LegID=80086&SpecSess=&Session=	OT not included as a provider of telehealth. Practice and payment requirements.

Source: State Net Legislative Information Service – Used with Permission





● STATE LEGISLATION

- Payment and coverage
 - Medicaid
 - Private Insurance
- Practice standards/requirements
- Funding for telehealth research or infrastructure
- Creation of task forces, study committees and/or advisory bodies
- State Practice Acts





● STATE OT LAWS & POSITIONS

An Analysis of State Telehealth Laws and Regulations for Occupational Therapy and Physical Therapy

International Journal of Telerehabilitation

<http://telerehab.pitt.edu/ojs/index.php/Telerehab/article/view/6141>

doi: 10.5195/ijt.2014.6141





STATE OT LAWS & POSITIONS

- AOTA State Affairs Group Survey – September 2014
 - Eight states referenced AOTA Position Paper
 - Seven states reported that the Board doesn't have a position on telehealth
 - One state reported that telehealth is not authorized





STATE OT LAWS AND POSITIONS

Example from Ohio

Ann Ramsey, OTR/L: Ms. Ramsey asked the Section questions regarding using telepractice to provide consultative services to clients to support their home programming. **Reply:** Telerehabilitation is an emerging area of practice. The Section suggests you review the American Occupational Therapy Association's *Position Paper: Telerehabilitation* (AOTA, 2010) for additional guidance and resources regarding process and best practice for provision of occupational therapy remotely. It is the position of the Occupational Therapy Section that an occupational therapy practitioner is required to hold a valid, current license in the State of Ohio to serve any clients residing in Ohio. Therefore, out of state occupational

therapy personnel must hold a valid Ohio license to treat clients in Ohio via telerehabilitation. If your client resides outside the state of Ohio, the Section recommends that you contact the occupational therapy board in that state to explore their specific requirements related to licensure and practice via telerehabilitation. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

Ohio Occupational Therapy Section Minutes, March 7, 2013

<http://otptat.ohio.gov/Portals/0/OTmins/OT%20Minutes%202013Mar.pdf>



AOTA RESOURCES

- AOTA Position Paper - Telehealth
<http://www.aota.org/-/media/Corporate/Files/Secure/Practice/OfficialDocs/Position/Telehealth-Position-2013.PDF>
- AOTA Advisory Opinion for the Ethics Commission
<http://www.aota.org/-/media/Corporate/Files/Practice/Ethics/Advisory/telehealth-advisory.pdf>





TELEHEALTH AND LICENSURE

POLICY 5.3

Subject: **Licensure**

Effective: **10/77**

Code: **RA Resolution 400-74, 500-77 and 501-77
(Supersedes Resolution 376-74), RA Motion
2003M54**

Revised: **4/78, 3/81, 4/96, 4/99, 5/02, 6/03**

BPPC Reviewed: **10/01, 1/02, 1/03, 1/04,
1/09**

Rescinded:

PURPOSE: To state the Association's position regarding the licensure of occupational therapists and occupational therapy assistants.

IT SHALL BE THE POLICY OF THE ASSOCIATION THAT:

1. The Association supports licensure of qualified occupational therapists and occupational therapy assistants in order to protect consumers from services by unqualified practitioners and the right of qualified occupational therapists to provide occupational therapy services and the right of occupational therapy assistants to assist in the provision of occupational therapy services.
2. The Association respects the autonomy and rights of affiliated state occupational therapy associations and the authority of their respective election area legislatures.
3. The Association encourages the use of The Association Definition of Occupational Therapy Practice for State Regulation and The Association Model Occupational Therapy Practice Act to ensure state-by-state uniformity of standards of practice, scope of occupational therapy practice, supervision standards, entry-level licensing requirements, and consumer protection, as well as to facilitate geographical mobility of occupational therapists and occupational therapy assistants.

2013 AOTA Policy Manual - <http://www.aota.org/-/media/Corporate/Files/AboutAOTA/Governance/2013-Policy-Manual.pdf>





AOTA CONTACT

Chuck Willmarth

Director, Health Policy and State Affairs

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240-482-4133





TELEREHABILITATION PUBLIC POLICY

GARY CAPISTRANT
AMERICAN TELEMEDICINE
ASSOCIATION

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PUBLIC POLICY GOALS

Knock down government barriers

Promote “value” innovative payment and service models

Address care delivery problems

- **Cost, access, outcome, productivity**





SOME PROBLEMS ADDRESSED

Barriers of time and distance

Professional shortages

Disparities in access to care

Quality of care

Hospital readmits, ER overuse

Costs of delivery

Convenience and patient choice





MAJOR GOVERNMENT ROLES

Rendering

Reimbursement

Regulation

Research

Resources

Readiness and recovery



INNOVATIVE PAY MODELS

Tweaks

Value-based purchasing
Pay for performance

Reforms

Bundling (services, time)
Case-mix
Sharing (risk, savings, gains)
Salary-based
Reference pricing, indemnity





MEDICARE TODAY

36.6M in fee-for-service

**15.7M in Medicare
Advantage**

**1.9M in Special Needs Plans
(SNPs)**



MEDICARE FFS BARRIERS

Limited live video

Only rural counties (20% of beneficiaries)

Limited originating sites

Limited providers

Only specific procedures

No store & forward

No remote patient monitoring



MEDICARE BILLS

**S. 2662 (Thad Cochran) /
H.R. 3306 (Gregg Harper)
Telehealth Enhancement Act**

**H.R. 5380 (Mike Thompson)
Medicare Telehealth Parity Act**

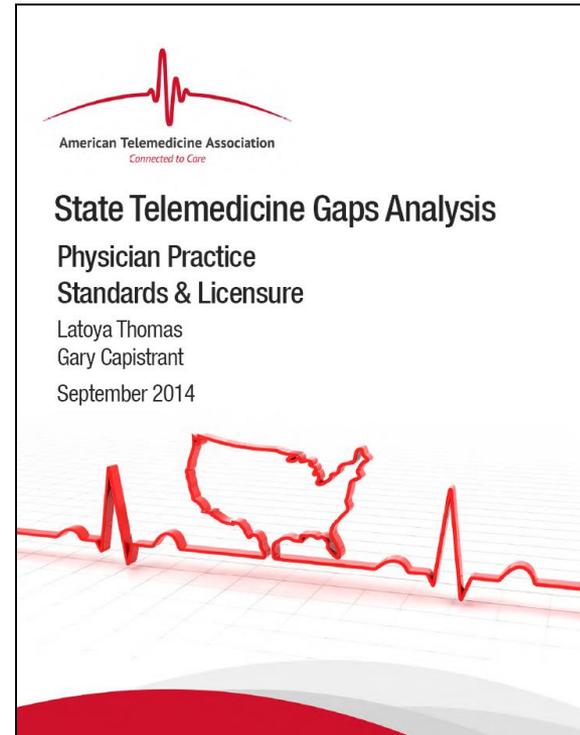
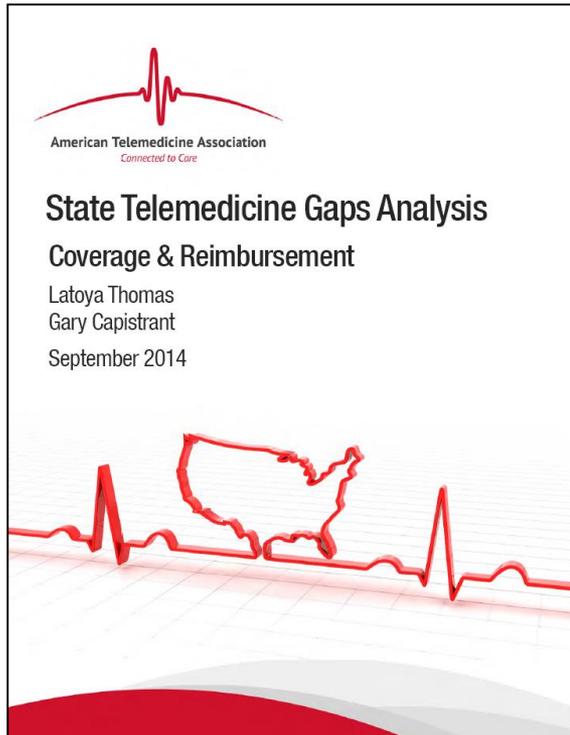


● CONSENSUS PRIORITIES FOR CONGRESS

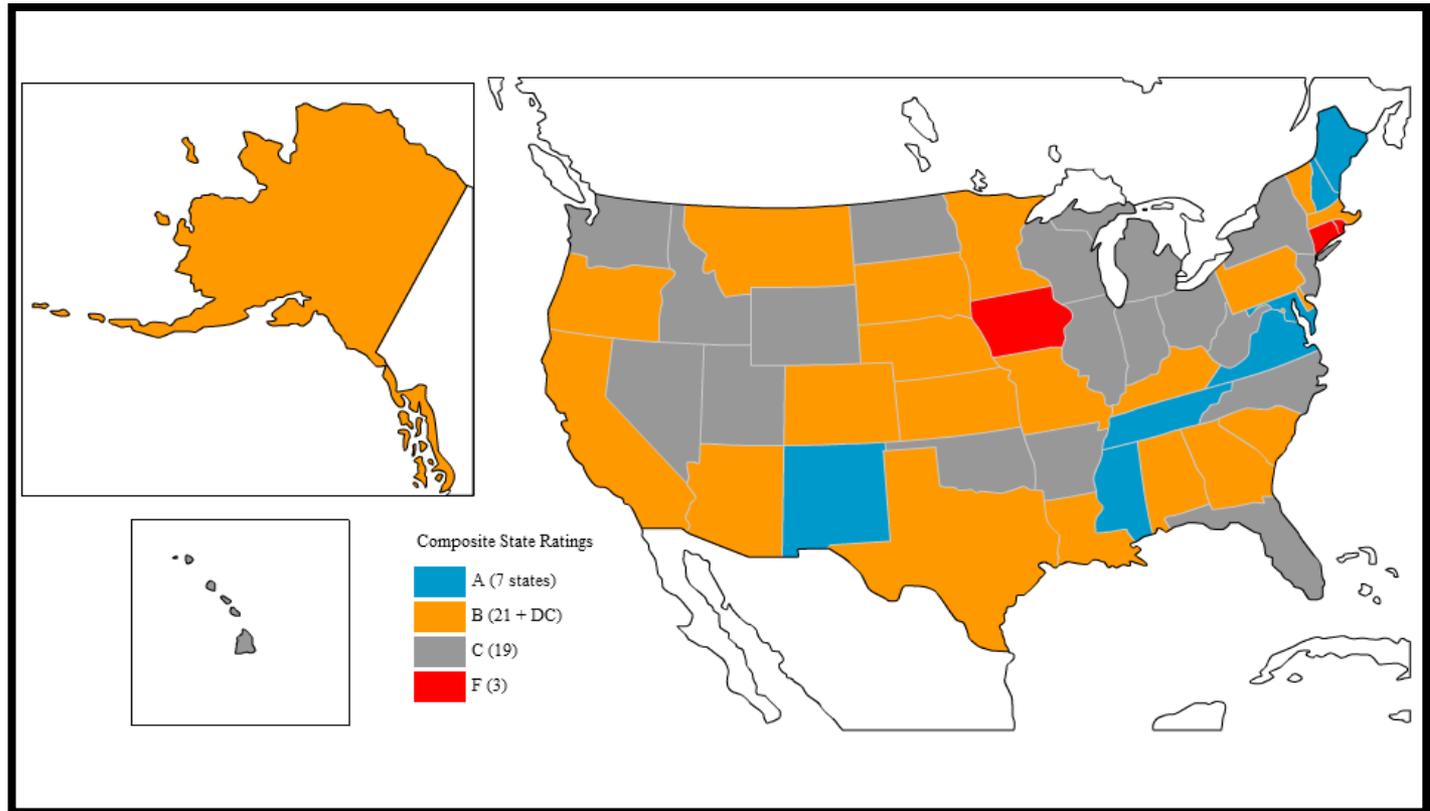
Expand Medicare coverage—

- all ACOs
- bundled payments of acute & post-acute episodes
- all FQHCs
- all CAHs
- remote patient monitoring starting with CHF, COPD and diabetes
- home dialysis patients

ATA STATE TELEMEDICINE GAPS ANALYSES



STATE COMPOSITE RATINGS FOR COVERAGE & REIMBURSEMENT



50 STATE MEDICAIDS TODAY

All cover imaging

47 states cover something

46 telemental health (SC)

21 home telehealth (SC)

14 remote patient monitoring (SC)

11 store-and-forward

Comprehensive risk-based managed

29.1M (51%)

26 states with >50% of recipients





State Medicaid Best Practice Telerehabilitation

January 2014



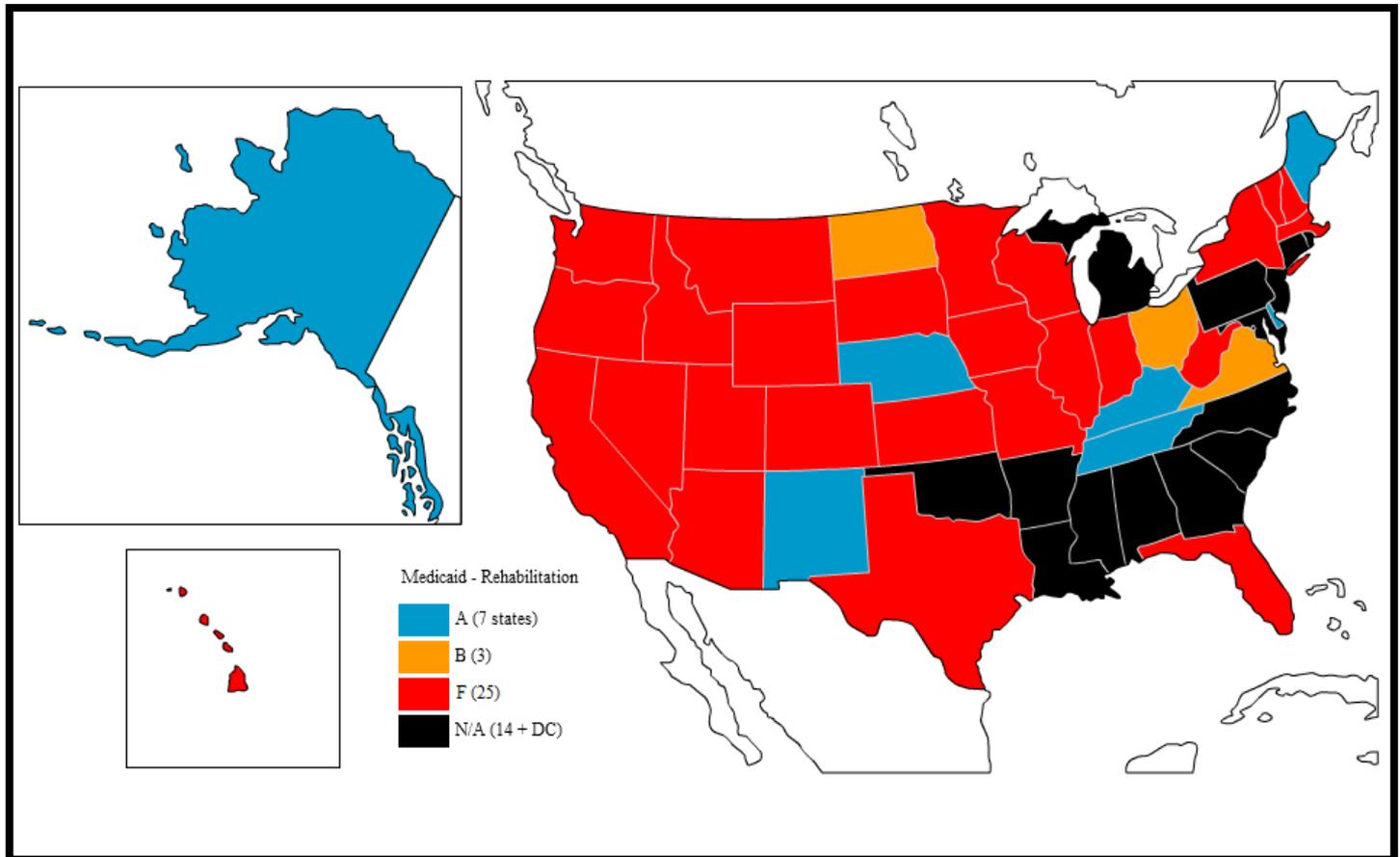
American Telemedicine Association

This document was made possible by Grant #G22RH25167-01-01 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.



American Telemedicine Association
Connected to Care

MEDICAID - STATE RATINGS FOR TELEREHAB COVERAGE (2014)





PRIVATE INSURANCE

Obamacare HIE parity

Today

21 states + DC w/parity

7 w/10+ years experience

Many insurers choose to cover

Prospects

29 w/o parity

14 with 2014 proposals



**FEDERAL INTERSTATE
“ONE STATE LICENSE” MODEL**

**Defense -- STEP Act (H.R. 1832)
enacted December 2011**

Pending

VA: VETS Act, H.R. 2001

**Medicare: TELE-MED Act, H.R.
3077**





OTHER MAJOR REGULATORY

Federal

FDA on medical devices and software

FCC on universal services and net neutrality

HIPAA privacy and security

DEA for controlled substances prescribing

ONC/CMS electronic health records and health information exchange

State

Prof licensure & practice rules at both ends





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202-223-3333

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 11/3/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Occupational Therapists Affiliated Credentialing Board			
4) Meeting Date: 11/3/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? NBCOT State Visits - Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		11/3/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

State OT Board Discussion Items

paul.grace@nbcot.org

shaun.conway@nbcot.org

www.nbcot.org



External Accreditation

NBCOT is accredited by two agencies:

- National Commission for Competency Assurance (NCCA)
 - US centric
- American National Standards Institute (ANSI)
 - ISO – international standardization of personnel certification programs; quality management



**ANSI Accredited Program
PERSONNEL CERTIFICATION**



Online Verification

NEW – online verification service

- Available to the public
- No charge – *FREE access*
- Primary source disclaimer

NBCOT National Board for
Certification in
Occupational Therapy

OTR® & COTA® Credential Verification

Certification Number

OR

Last Name Required

First Name

Country ▾

State ▾

Solve the problem in the image and enter the answer in the box.
Too difficult? Try a different question

3 + 8 = Required

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MyNBCOT Online Portal

- Submission of online application
 - Exam
 - Renewal
- Access certification number and status
- Ordering exam related services
- Review order history and current contact information
- Streamlined access to program and service information
- Access to ProQuest Research Database

Exam Related Services

- Exams Scored Weekly – *New!*
 - Scores released every Thursday
- Pass/fail status made available to candidates through secure online portal
- Official hard copy score reports mailed to candidates
- Exam score reports made available to state regulatory boards through secure online portal

Continuing Competency

NEW Products and Services

- Developing web-based products and services to support ongoing professional development needs
- Announcements coming in fall 2014:
 - *Practice area knowledge assessment tests*
 - *Practice/condition focused clinical simulation games.*

NBCOT

National Certification Standard

- Two states recognize NBCOT's certification renewal requirement
- Option for completing state's continuing education requirement

Strength of the Profession

- **Total Number of Current/Active Certificants**
 - Total OTR: 103,952
 - Total COTA: 38,992
- **2014 (January – July 14th)**
 - Total OTR due to renew 43,668
 - OTR who renewed 40,627 (93%)
 - Total COTA due renew 13,638
 - COTA who renewed 12,029 (88%)

Disciplinary Action Information Exchange Network (DAIEN)

- Posted on NBCOT web site
- Actions taken by state regulatory agencies
- Actions taken by NBCOT
- Value and importance of reporting
- Serving public interest

State Regulatory Conference

- **What:** Annual conference highlighting current and emerging regulatory and policy issues
- **When:** October 24 and 25, 2014
- **Where:** Alexandria, Virginia
- **Fees:** Conference covers
 - » Registration fee
 - » 1 night hotel expense (for state regulators)

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 12/26/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Occupational Therapy			
4) Meeting Date: 03/03/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? National Physical Therapy Exam (NPTE) Eligibility Requirements Update	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		12/26/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
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National Physical Therapy Exam (NPTE) Eligibility Requirements Update

October 22, 2014

BACKGROUND

At the FSBPT 2014 Annual Meeting in San Francisco, FSBPT shared a timeline for implementation of the new NPTE eligibility requirements. This News Flash is to ensure that all stakeholders are aware of the timeline for the requirements.

The concept of the additional requirements was originally brought forward by the Board of Directors in 2013, both at the Leadership Issues Forum and the Delegate Assembly where the concept was endorsed by FSBPT members.

The Board's recommendations were based on extensive data analysis and the findings of a taskforce. Notice of the upcoming requirements has been posted on the FSBPT website for approximately 10 months.

IMPLEMENTATION

Lifetime limit – The lifetime limit will go into effect as of January 1, 2016.

Candidates will be able to take the exam a maximum of six (6) times. An individual can take the NPTE for PTs six times and also take the NPTE for PTAs six times if he or she is otherwise qualified to do so.

Candidates will still be allowed up to three attempts per year but now will have a six-time total limit.

As of January 1, 2016, any candidate who has already tested six times will no longer be allowed to test unless a jurisdiction chooses to appeal this policy on a specific candidate's behalf (see "appeals process" below).

Candidates who have not yet passed the exam will receive a notice from FSBPT in 2014 explaining the new requirement and implementation date. This notice period will allow candidates to take up to three attempts in 2015.

There will be no "grandfathering" for candidates who registered prior to this requirement going into effect. All candidates who do not have a passing score and have tested in the last three years will be notified of the changes and have one year to pass the exam prior to the new requirements going into effect.

Low score limit – The low score limit will go into effect as of January 1, 2016.

Candidates who receive two very low scores on the exam, currently defined as performing at or close to chance level (scale scores 400 and below), will not be allowed to test again.

Currently, candidates who receive a very low score on the exam are notified that their performance is so far away from the minimal competence level that they need to engage in serious remediation, such as enrolling in another PT educational program, before attempting the NPTE again and that another score that is very low (400 or below) may result in further action by FSBPT.

Starting January 1, 2016, the letter sent to candidates who receive a score of 400 or less will be

modified to indicate that a second score of 400 or less will result in a lifetime ban. No scores prior to January 1, 2016 will be considered, which means all candidates will have a “clean slate” with regard to this eligibility requirement.

Additional eligibility requirements

The two remaining eligibility requirements that were endorsed in 2013, English language proficiency and determination of substantial equivalence using the FSBPT coursework tool, will go into effect in 2017.

APPEALS PROCESS

Over the course of the last 18 months FSBPT and its members have been communicating about the requirements and how best to implement them. One thing that was clear is that there needs to be a mechanism for a state board to appeal one or more requirement on a candidate's behalf.

The exact process for the appeal is being designed in concert with the system changes to implement the new requirements. States making an appeal will be asked to thoughtfully consider a candidate's request for an appeal and take into consideration whether they are the state where the individual intends to practice.

Reasons a state might appeal the lifetime limit or low-score limit on behalf of a bona fide candidate for licensure in their state would likely be related to additional preparation/education the candidate has undertaken.

COMMUNICATION

Candidates who are subject to the new eligibility requirements will be notified individually by email, no later than November 30, 2014, to explain the new requirements.

Member boards will receive a spreadsheet of all their candidates who have been notified and an example of all emails used to communicate the new requirements.

At the same time the notices are sent to candidates and member boards, www.fsbpt.org/eligibility will be updated with the timeline for implementation.

NEXT STEPS

If you have questions regarding the implementation of the new eligibility requirements, please contact communications@fsbpt.org.

Distribution:

PT and PTA Program Directors, Educators
FSBPT Committees, Task Forces, Honorary Members, Associate Members