



TELECONFERENCE/VIRTUAL MEETING
OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
June 22, 2016

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 March 8, 2016 (4-8)

C) Administrative Updates

- 1) Department and Staff Updates
- 2) Board Members – Term Expiration Dates
 - a) Brian Holmquist – 07/01/2013
 - b) Gaye Meyer – 07/01/2018
 - c) Laura O’Brien – 07/01/2015
 - d) Dorothy Olson – 07/01/2011
 - e) Corliss Rice – 07/01/2013
 - f) Amy Summers – 07/01/2018
- 3) Wis. Stat. s 15.085 (3)(b) – Biannual Meeting with the Medical Examining Board

D) Legislative/Administrative Rule Matters (9-16)

- 1) Adoption Order for Clearinghouse Rule 15-053 Relating to Self-Referral of Occupational Therapy Services
- 2) Update on Other Legislation and Pending or Possible Rulemaking Projects

E) Speaking Engagement(s), Travel, or Public Relation Requests

- 1) Report from the NBCOT 2016 Leadership Forum on May 11-13, 2016 in New Orleans, LA – Tom Ryan **(17-22)**
- 2) Report from the AOTA 2016 Annual Conference and Expo on April 7-10 in Chicago, IL – Amy Summers

F) Review of Credentialing Liaison Review Process (23)

G) Telemedicine – Review of Texas Proposal (24-28)

H) American Occupational Therapy Association Correspondence Regarding Case Management Services and OT Scope of Practice – Discussion and Consideration (29-31)

I) Informational Item(s)

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 Division of Legal Services and Compliance (DLSC) Matters

- 1) **Monitoring**
- 2) **Administrative Warnings**
- 3) **Proposed Stipulations, Final Decisions and Orders**
 - a) 15 OTB 003 – Carol Bartz-Bentz **(32-37)**
- 4) **Case Closing**

M) Open Cases

N) Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Application Matters
- 4) Disciplinary Matters
- 5) Monitoring Matters
- 6) Professional Assistance Procedure (PAP) Matters
- 7) Petition(s) for Summary Suspensions

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

O) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

R) Ratification of Licenses and Certificates

ADJOURNMENT

NEXT MEETING DATE SEPTEMBER 13, 2016

**TELECONFERENCE/VIRTUAL MEETING
OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD
MEETING MINUTES
March 8, 2016**

PRESENT: Amy Summers, Brian Holmquist, Gaye Meyer, Laura O'Brien,

EXCUSED: Dorothy Olson, Corliss Rice

STAFF: Tom Ryan, Executive Director; Nifty Lynn Dio, Bureau Assistant; and other Department staff

CALL TO ORDER

Brian Holmquist, Chair, called the meeting to order at 9:30 a.m. A quorum of four (4) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda

- *Correction: Item B: Approval of Minutes of December 2, ~~2016~~ to 2015*
- *Added Letter from AOTA*

MOTION: Gaye Meyer moved, seconded by Laura O'Brien, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to approve the minutes of December 2, 2015 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

ELECTION OF OFFICERS

BOARD CHAIR

NOMINATION: Laura O'Brien nominated Brian Holmquist for the Office of Board Chair.

Tom Ryan called for nominations three (3) times.

Brian Holmquist was elected as Chair by unanimous consent.

VICE CHAIR

NOMINATION: Brian Holmquist nominated Laura O'Brien for the Office of Vice Chair.

Tom Ryan called for nominations three (3) times.

Laura O'Brien was elected as Vice Chair by unanimous consent.

SECRETARY

NOMINATION: Brian Holmquist nominated Gaye Meyer for the Office of Secretary.

Tom Ryan called for nominations three (3) times.

Gaye Meyer was elected as Secretary by unanimous consent.

2016 ELECTION RESULTS	
Board Chair	Brian Holmquist
Vice Chair	Laura O'Brien
Secretary	Gaye Meyer

LIAISON APPOINTMENTS

2016 LIAISON APPOINTMENTS	
Credentialing Liaisons	Laura O'Brien, Gaye Meyer Alternate – Brian Holmquist, Amy Summers
Monitoring Liaisons	Laura O'Brien, Alternate – Amy Summers
Education and Exams Liaisons	Laura O'Brien, Amy Summers Alternate – Gaye Meyer, Brian Holmquist
Legislative Liaison	Laura O'Brien Alternate – Brian Holmquist
Travel Liaison	Brian Holmquist Alternate – Laura O'Brien
Administrative Rules Liaison	Laura O'Brien Alternate – Gaye Meyer, Brian Holmquist
Professional Assistance Procedure Liaison	Gaye Meyer Alternate – Laura O'Brien, Brian Homquist
Screening Panel	Amy Summers, Laura O'Brien, Gaye Meyer Alternate – Brian Holmquist

MOTION: Gaye Meyer moved, seconded by Laura O'Brien, to affirm the Chair's appointment of liaisons and screening panel for 2016. Motion carried unanimously.

DELEGATION MOTIONS

Delegated Authority for Urgent Matters

MOTION: Brian Holmquist moved, seconded by Laura O'Brien, that, in order to facilitate the completion of assignments between meetings, the Board delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, to appoint liaisons to the Department to act in urgent matters, make appointments to vacant liaison, panel and committee positions, and to act when knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Gaye Meyer moved, seconded by Laura O'Brien, that the Board counsel or another department attorney is formally authorized to serve as the Board's designee for purposes of Wis. Admin Code § SPS 1.08(1). Motion carried unanimously.

Document Signature Delegation

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to delegate authority to the Chair or chief presiding officer, or longest serving member of the Board, by order of succession, to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair, chief presiding officer, or longest serving member of the Board, has the ability to delegate this signature authority for purposes of facilitating the completion of assignments during or between meetings. The Chair, chief presiding officer, or longest serving member of the Board delegates the authority to Executive Director or designee to sign the name of any Board member on documents as necessary and appropriate. Motion carried unanimously.

Credentialing Authority Delegations

MOTION: Gaye Meyer moved, seconded by Laura O'Brien, to delegate authority to the Credentialing Liaisons to address all issues related to credentialing matters except potential denial decisions should be referred to the full Board for final determination. Motion carried unanimously.

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to delegate credentialing authority to DSPS for those submitted applications that meet the criteria of Rule and Statute and thereby would not need further Board or Board liaison review. Motion carried unanimously.

Monitoring Delegations

MOTION: Amy Summers moved, seconded by Gaye Meyer, to affirm the Chair's appointment of Laura O'Brien as the Monitoring Liaison, and Amy Summers as the alternate, to adopt the 'Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor; document as presented. Motion carried unanimously.

Travel Delegation

MOTION: Gaye Meyer moved, seconded by Laura O'Brien, to authorize the travel liaison to approve all Board travel. Motion carried unanimously.

CLOSED SESSION

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, 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: Brian Holmquist – yes; Gaye Meyer – yes; Laura O'Brien – yes; Amy Summers – yes. Motion carried unanimously.

The Board convened into Closed Session at 10:01 a.m.

RECONVENE TO OPEN SESSION

MOTION: Gaye Meyer moved, seconded by Amy Summers, to reconvene in Open Session at 10:07 a.m. Motion carried unanimously.

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

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

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Administrative Warnings

14 OTB 007 – G.M.B.

MOTION: Amy Summers moved, seconded by Laura O'Brien, to issue an Administrative Warning in the matter of DLSC case number 14 OTB 007 against G.M.B. Motion carried unanimously.

Case Closing

15 OTB 002

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to close DLSC case number 15 OTB 002 against M.M.V. for **No Violation**. Motion carried unanimously.

RATIFICATION OF LICENSES AND CERTIFICATES

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

ADJOURNMENT

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:08 a.m.

DRAFT

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 6/7/16 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: 6/22/16	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters – Discussion and Consideration 1. Adoption Order for Clearinghouse Rule 15-053 Relating to Self-Referral of Occupational Therapy Services 2. Update on Other Legislation and Pending or Possible Rulemaking Projects	
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: 1. The Board will consider the below motion concerning the Adoption Order for Clearinghouse Rule 15-053 MOTION: Board Member Name moved, seconded by Board Member Name , to authorize the Chair to approve the Adoption Order for Clearinghouse Rule 15-053 after the rules have been approved by the Legislature. Motion carried unanimously .			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"><i>Dale Kleven</i></div> <div style="text-align: center;"><i>June 7, 2016</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> Signature of person making this request Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Supervisor (if required) Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </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.			

STATE OF WISCONSIN
OCCUPATIONAL THERAPISTS
AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULE-MAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	OCCUPATIONAL THERAPISTS
OCCUPATIONAL THERAPISTS	:	AFFILIATED CREDENTIALING
AFFILIATED CREDENTIALING	:	BOARD
BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 15-053)

ORDER

An order of the Occupational Therapists Affiliated Credentialing Board to repeal OT 1.02 (17), 4.03 (2) (a), (c), (d), and (e); amend OT 3.05 (title) and (intro.), 3.05 (2), 4.02 (2) (f), 4.03 (2) (title) and (b) and (3) (a) and (f); and create OT 3.05 (1) (title) and (3) relating to self-referral of occupational therapy services.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.965, Stats.

Statutory authority:

Sections 15.085 (5) (b), 227.11 (2) (a), 440.08 (3) (b), 448.965 (1) (c), Wisconsin Statutes.

Explanation of agency authority:

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 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.”

Section 440.08 (3) (b), Stats., provides that affiliated credentialing boards such as the Occupational Therapists Affiliated Credentialing Board, “[...] may promulgate rules requiring the holder of a credential who fails to renew the credential within 5 years after its renewal date to complete requirements in order to restore the credential, in addition to the applicable requirements for renewal established under chs. 440 to 480, that the [...] affiliated credentialing board determines are necessary to protect the public health, safety, or welfare.”

Section 448.965 (1) (c), Stats., provides that the affiliated credentialing board shall promulgate rules that establish, “[s]tandards of practice for occupational therapy, including a code of ethics and criteria for referral.”

Related statute or rule:

None.

Plain language analysis:

Under the current administrative rules, 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 advanced practice nurses, chiropractors, optometrists, physical therapists, and physician assistants (Wisconsin Administrative Code OT 4.03 (2) (b)). Furthermore, there are some services that occupational therapists 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 Wisconsin Administrative Code OT 4.03 (2) (e), neither an order nor a referral from a physician is required for evaluation or intervention if the occupational therapy services are provided in an educational environment, including in a child’s home if the child has disabilities.

The 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 current rule does not specifically state that occupational therapists are allowed to self-refer. The self-referral of occupational therapy services would allow patients greater access to health care and would alleviate the burden on occupational therapists of relying on receiving orders and referrals from other health care professionals in order to provide health care services. The rule will also remove all references to orders received by health care professionals as this is outdated terminology that no longer reflects current practices.

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

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: Illinois state statute provides that the implementation of direct occupational therapy treatment shall be based upon a referral from a licensed physician, dentist, podiatric physician, advanced practice nurse (who has a written collaborative agreement with a collaborating physician to provide or accept referrals from licensed occupational therapists), physician assistant (who has been delegated authority to provide or accept referrals from or to licensed occupational therapists), or optometrist (225 ILCS 75/3.1). An occupational therapist may consult with, educate, evaluate, and monitor services for individuals groups, and populations concerning occupational therapy needs without referral. A referral is not required for providing consultation, habilitation, screening, education, wellness, prevention, environmental assessments, and work-related ergonomic services to individuals, groups, or populations. Referral from a physician or other health care provider is not required for evaluation or intervention for children and youths if an occupational therapist or occupational therapy assistant provides services in a school-based or educational environment, including the child's home (225 ILCS 75/3.1).

Illinois administrative code provides that an occupational therapist seeking to restore a license that has expired or been placed on inactive status for 5 years must demonstrate completion of 24 hours of continuing education within 24 months prior to the restoration and one of the following: (1) Sworn evidence of active practice in another jurisdiction; (2) An affidavit attesting to military service; (3) Verification of successful completion of the Certification Examination of the NBCOT for licensure as a registered occupational therapist or certified occupational therapy assistant within the last 5 years prior to applying for restoration; or (4) Evidence of successful completion of 48 hours of continuing education in occupational therapy, including attendance at college level courses, professionally oriented continuing education classes, special seminars, or any other similar program completed within 2 years prior to application for restoration (68 Ill. Admin. Code pt. 1315.160).

Iowa: Iowa statutes provide that occupational therapy may be provided by an occupational therapist without referral from a physician, podiatric physician, dentist, or chiropractor, except that a hospital may require that occupational therapy services provided in the hospital be performed only following prior review by and authorization of the performance of the occupational therapy services by a member of the hospital medical staff (Iowa Code s. 148B.3A).

Iowa administrative code provides that an occupational therapist seeking to reactivate a license that has been inactive for 5 years or less must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of 15 hours of continuing education for an occupational therapy assistant and 30 hours of continuing education for an occupational therapist within two years of application for reactivation. If the license has been on inactive status for more than five years, an applicant must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of completion of 30 hours of continuing education for an occupational therapy assistant and 60 hours of continuing education for an occupational therapist within two years of application for reactivation; or

evidence of successful completion of the professional examination required for initial licensure completed within one year prior to the submission of an application for reactivation (Iowa Admin. Code r. 645 – 206.11). A licensee whose license has been revoked, suspended, or voluntarily surrendered must reinstate their license in accordance with the terms and conditions of the order of revocation or suspension, unless the order of revocation provides that the license is permanently revoked. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender. An application for reinstatement shall allege facts which, if established, will be sufficient to enable the board to determine that the basis for the revocation or suspension of the respondent's license no longer exists and that it will be in the public interest for the license to be reinstated. If the board determines that the license can be reinstated, then the license reactivation process is followed (Iowa Admin. Code r. 645 – 206.11 and Iowa Admin. Code r. 645 – 11.31).

Michigan: Michigan statutes and administrative code are silent with regards to required orders or referrals from other healthcare providers. An applicant whose license has lapsed for 3 years or more may be relicensed by meeting the following: (1) Passing the examination on state laws and rules related to the practice of occupational therapy; (2) Completing supervised practice experience requirements; (3) Verifying any license or registration from another state that was held while the license was lapsed; and (4) Either completing the NBCOT's certification examination for occupational therapists or presenting evidence that he or she was registered or licensed as an occupational therapist in another state during the 3-year period immediately preceding the application for relicensure (Mich. Admin. Code R. 338.1227).

Minnesota: Minnesota statutes do not require referral from a healthcare provider, however, in the absence of a physician referral or prior authorization, an occupational therapist must provide the following written notification: "Your health care provider, insurer, or plan may require a physician referral or prior authorization and you may be obligated for partial or full payment for occupational therapy services rendered." (Minn. Stat. s. 148.6438).

Summary of factual data and analytical methodologies:

The Board received input from the Wisconsin Occupational Therapy Association. Adjacent states' administrative rules were reviewed. No other factual data or analytical methodologies were used.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

These rules do not have a negative economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jeffrey.Weigand@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4472; email at Dale2.Kleven@wisconsin.gov.

TEXT OF RULE

SECTION 1. OT 1.02 (17) is repealed.

SECTION 2. OT 3.05 (title) and (intro.) are amended to read:

OT 3.05 ~~Failure to be registered~~ Late renewal and reinstatement. ~~Failure to be registered.~~ Failure to renew a license by June 1 of an odd numbered year shall cause the license to ~~lapse~~ expire. A licensee who allows the license to ~~lapse~~ expire may apply to the board for late renewal or reinstatement of the license as follows by completing one of the following:

SECTION 3. OT 3.05 (1) (title) is created to read:

OT 3.05 (1) LATE RENEWAL BEFORE 5 YEARS.

SECTION 4. OT 3.05 (2) is amended to read:

OT 3.05 (2) LATE RENEWAL AFTER 5 YEARS. If the licensee applies for renewal of the license more than 5 years after its expiration, the board shall make such inquiry as it finds necessary to determine whether the applicant is competent to practice under the license in this state, and shall impose any reasonable conditions on ~~reinstatement~~ the renewal of the license, including oral examination, as the board deems appropriate. All applicants under this section shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants. This subsection does not apply to licensees who have unmet disciplinary requirements or whose licenses have been surrendered or revoked.

SECTION 5. OT 3.05 (3) is created to read:

OT 3.05 (3) REINSTATEMENT. A licensee who has unmet disciplinary requirements and failed to renew within 5 years of the renewal date or whose license has been surrendered or revoked, may apply to have the license reinstated in accordance with all of the following:

(a) Evidence of the completion of the requirements under sub. (2).

(b) Evidence of completion of disciplinary requirements, if applicable.

(c) Evidence of rehabilitation or change in circumstances warranting reinstatement of the license.

SECTION 6. OT 4.02 (2) (f) is amended to read:

OT 4.02 (2) (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.

SECTION 7. OT 4.03 (2) (title) is amended to read:

OT 4.03 (2) REFERRALS AND ORDERS.

SECTION 8. OT 4.03 (2) (a) is repealed.

SECTION 9. OT 4.03 (2) (b) is amended to read:

OT 4.03 (2) (b) Referrals may be accepted from advanced practice nurses, chiropractors, dentists, optometrists, physical therapists, physicians, physician assistants, podiatrists, psychologists, or other health care professionals.

SECTION 10. OT 4.03 (2) (c), (d), and (e) are repealed.

SECTION 11. OT 4.03 (3) (a) is amended to read:

OT 4.03 (3) (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~~ referred for occupational therapy services. The occupational therapist interprets the information gathered in the evaluation process.

SECTION 12. OT 4.03 (3) (f) is amended to read:

OT 4.03 (3) (f) Evaluation results shall be communicated to the ~~ordering~~ referring health care professional, if any, and to the appropriate persons in the facility and community.

SECTION 13. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Occupational Therapists
Affiliated Credentialing Board



MAY 11-13, 2016 STATE REGULATORY
LEADERSHIP FORUM PROGRAM
SUMMARY

NBCOT® 2016 State Regulatory Leadership Forum Summary Report

Introduction

NBCOT held its Occupational Therapy State Regulatory Leadership Forum in New Orleans, Louisiana on May 11-13, 2016.

A total of 41 jurisdictions, including 39 states, the District of Columbia and Puerto Rico, participated in the Forum. Of the 67 representatives who attended, 30 were Board Administrators and 37 were Board Chairs/Members. In addition, NBCOT invited the Louisiana Occupational Therapy State Association President who attended the event.

Details of the forum representation by state are provided in Table 1.1.

Table 1.1. 2016 State Regulatory Leadership Forum Attendance

State	Board Administrator	Board Chair/Member
Alabama	X	X
Alaska	X	X
Arizona	X	X
Arkansas	X	X
Delaware		X
District of Columbia	XX	X
Florida		X
Georgia		X
Hawaii	X	
Idaho	X	X
Illinois		X
Indiana	X	X
Kansas		X
Kentucky	X	X
Louisiana	X	XX
Maryland	X	XX
Massachusetts	X	X
Michigan	X	
Mississippi	X	X

Table 1.1. (continued)		
State	Board Administrator	Board Chair/Member
Missouri		X
Montana	X	X
Nebraska	X	X
Nevada	X	X
New Hampshire	X	X
North Carolina	XX	X
North Dakota	X	X
Ohio	X	X
Oklahoma		X
Oregon	X	X
Pennsylvania		X
Puerto Rico		X
Rhode Island		X
South Carolina		X
South Dakota	X	
Tennessee	X	
Texas	X	X
Vermont	X	
Virginia		X
Washington	X	X
Wisconsin	X	
Wyoming		X

States not represented at the forum are listed in Table 1.2. Of these, four states (indicated by * in table) initially made reservations, but last-minute scheduling conflicts or out-of-state travel bans impacted their ability to attend.

NBCOT Board of Directors, Staff and Contractors who participated at the Forum included:

- Dennis Tobin, Board Chair
- Paul Grace, President and CEO
- Margaret Bent, Managing Director, Competency Assessment
- Angela Macauley, Director of Projects
- Pat Heeter, Senior Director, Competency Assessment

- Chris Kinsler, Communications Manager
- Elizabeth Wagon seller, Director, Credentialing Services
- Shaun Conway, Senior Director, External and Regulatory Affairs
- Jim Henderson, Executive Vice-President and Senior Psychometrician, Castle Worldwide, Inc.

Program Content

The purpose of the Leadership Forum was to promote greater awareness of the role and function of NBCOT, the profession's national certification agency. Program content included:

- Overview of Certification Industry Accreditation
- Determining Practice Competency Standards
- NBCOT Certification Examinations – A Defensible Measure of OT Knowledge
- Inside Examination Administration – From Application to Results, and Everything Between
- NBCOT: A Data Driven and Evidence-based Organization
- A Different Model for Assessing Practice Competency in Occupational Therapy
- Board Chair/Member Break-out Sessions
 - Discussion topics included acceptance of NBCOT Navigator® as partial fulfillment of state's continuing-competency requirement, licensure portability and telehealth, jurisprudence exams and anti-trust issues.
- Board Administrator Break-out Session
 - Discussion topics included acceptance of NBCOT Navigator as partial fulfillment of state's continuing-competency requirement, documentation of continuing education, licensure portability and telehealth, jurisprudence exams, social media, board member orientation and strategic planning.
- A Community to Protect the Public: NBCOT and State Regulatory Boards

In an effort to help promote greater public awareness of the role and function of NBCOT, a film crew was onsite to assist our Marketing Department with developing video footage of the Leadership Forum, which in its final version, will live on the NBCOT website and will be included in presentations to state regulatory boards. In addition to footage of the program content, state regulators from the District of Columbia, Hawaii, Maryland, Montana, Pennsylvania and Texas were interviewed individually. Each regulator was asked to respond to two to three of the following:

- How they define the value of NBCOT's national certification
- The certification services their state licensing board receives from NBCOT
- The NBCOT Navigator online continuing competency tools
- The value of participating in the State Regulatory Leadership Forum
- How participation in the State Regulatory Leadership Forum further strengthens and supports their mandate as a state regulator to protect the public
- How their state licensing board interfaces with NBCOT on disciplinary action issues
- How their state's licensing board and NBCOT work collaboratively to protect the public
- Does access to the NBCOT's online portal for board administrators and the services they are now able to obtain online impact licensing processing efficiency and productivity

Jim Henderson, Executive Vice-President and Senior Psychometrician, Castle Worldwide, Inc., one of the program speakers, was also interviewed about the necessity, value and importance of conducting practice analysis and standard-setting studies to generate empirical data supporting the validity of credentialing decisions made by NBCOT.

Pre & Post-Conference Quiz Results – Key Content Take-Away

A pre- and post-conference quiz was given to all attendees to capture attendee knowledge and understanding of key certification processes and procedures. Results indicated Leadership Forum attendees' knowledge and understanding of the methodologies used to conduct the following certification processes increased over the duration of the forum:

- Practice analysis
- Standard setting
- Examination development
- Exam application processing
- Certification renewal and continuing competency
- Data mining to support evidence-based decisions in certification

The post-conference quiz included one additional question, 'Please identify your key content take-away from this Leadership Forum which will help support and strengthen your mandate as a state regulator to protect the public.'

In response to this question, attendee feedback emphasized the overall rigor and integrity that NBCOT applies to all aspects of its certification programs and services which many cited as a reason for renewed public trust and reliance upon the organization. One state regulator commented, *"The rigor of the NBCOT process is a compelling reason to move toward national adoption by all licensing boards to accept NBCOT CE toward state licensure."* Another commented, *"The importance of the practice analysis study and the manner in which it informs a multitude of NBCOT's efforts, policies, products and services is quite extraordinary and integral to efforts to maintain the integrity of the profession and organization."* And another regulator stated that, *"The information solidifies the commitment NBCOT has not only in the advancement of certification of the profession but also as a leader in innovation and certificant access to information and this increased knowledge of the practice competency which ultimately protects the health and welfare of the public."*

Attendees reflected on the forum as a highly valued opportunity to network with peers from across the country on a host of topics as well as proactive ways to respond to issues they are facing in their respective states. One regulator reported, *"I believe it is very helpful to hear from other boards to see what positive and negative advances are taking place around the country. It is also helpful to learn so you can take back ideas to your own regulatory board."*

Forum attendees also spoke highly of the break-out sessions which provided the opportunity for focused dialogue and exchange on relevant topics facing all jurisdictions. It was generally concluded that some progress on telehealth has been made within state lines but that the larger issue of portability is the most significant challenge. There appears to be low usage of social media by state

regulatory boards, much of which is connected to concern about lack of available resources to implement and sustain adequate use. The purpose and use of state jurisprudence examinations was also discussed and, again, the lack of available resources required for implementation was identified as a challenge. Further, from an automation perspective, most states are now accepting license renewal applications online, but many are not yet accepting initial online applications. In some cases, states have implemented a hybrid approach requiring part of the application on line with a follow up submission of paper documentation. And, although more boards have a new board member orientation process in place, only about one third of the boards conduct routine strategic planning.

Evaluation Results

Attendees were asked to complete an overall evaluation of the forum.

Using an evaluation rating scale of 1 being the lowest and 6 being the highest, the overall evaluation results indicated attendees rated the Forum highly:

Information relevance/usefulness	5.4
New/different information, viewpoint, procedure presented	5
Overall quality	5.6

Future Planning

Forum attendees welcomed the opportunity to participate in future NBCOT state regulatory leadership forums. When planning for future events, feedback to consider includes determining best locations and time of year to maximize participation from the occupational therapy state regulatory community. NBCOT is cognizant that it will need to provide the state regulatory boards with as much advance notice as possible about a confirmed meeting date and time since some state agencies require up to a full year's notice in order to consider attendance. In addition, program planning will benefit from renewed emphasis on the content needs of both new and seasoned state regulators alike.

One of the new board member attendees commented, *"New information regarding legal issues in regulation has been helpful. The current challenges/opportunities faced by various jurisdictions has been of use as a member of a state regulatory board. The review of the entire process was extremely beneficial as a new board member."*

Summary

The NBCOT's 2016 State Regulatory Leadership Forum achieved its goal of promoting greater awareness of the role and function of NBCOT and an enhanced understanding of the rigor and integrity which NBCOT applies to all aspects of its certification programs and services. Participants indicated this increased awareness supports their reliance on the certification decisions NBCOT makes as this relates to regulation at the state level. Building on the success of this Forum and as the planning of future events commences, NBCOT will consider both programming needs and meeting logistics to maximize forum attendance.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted: 4/7/2016	
		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: Occupational Therapists Affiliated Credentialing Board			
4) Meeting Date: 6/22/2016	5) Attachments: x Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of Credentialing Liaison Review Process	
7) Place Item in: x 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? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Currently two liaisons review each file. Would the Board consider reviews that involve only one reviewer?			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

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

AGENDA REQUEST FORM

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3) Name of Board, Committee, Council, Sections: Occupational Therapists Affiliated Credentialing Board			
4) Meeting Date: 6/22/2016	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Telemedicine – Review of Texas Proposal	
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? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: CHAPTER 372. PROVISION OF SERVICES 40 TAC §372.1 The Texas Board of Occupational Therapy Examiners proposes an amendment to §372.1, concerning the provision of services. The amendment includes clarifications regarding the provision of services and would add telehealth as a mode of occupational therapy service delivery. The amendment would add language specifying that the occupational therapist is responsible for determining whether any aspect of the provision of services may be conducted via telehealth or must be conducted in person. The amendment would also add the provision that the initial evaluation for a medical condition must be conducted in person and may not be conducted via telehealth. The amendment would add language allowing for the evaluation for a non-medical condition and for the intervention for a medical or non-medical condition to be provided via telehealth. The amendment would, furthermore, add the provision that devices that are in sustained skin contact with the client (including but not limited to wheelchair positioning devices, splints, hot/cold packs, and therapeutic tape) require the on-site and attending presence of the occupational therapy practitioner for any initial applications and that the occupational therapy practitioner is responsible for determining the need to be on-site and attending for subsequent applications or modifications. Proposed amendments to §362.1, concerning definitions, and §373.1, concerning supervision of non-licensed personnel, have also been submitted to the <i>Texas Register</i> for publication regarding the inclusion of telehealth in the Board Rules as a mode of occupational therapy service delivery. The proposed amendment to §372.1, in addition, clarifies that occupational therapists may provide consultation or monitored services, or screen or evaluate the client to determine the need for occupational therapy services without a referral and that a screening, consultation, or monitored			

services may be performed by an occupational therapy practitioner. The amendment, in addition, clarifies that an occupational therapist must exercise professional judgment to determine cessation or continuation of intervention without a receipt of the written referral. The amendment contains further cleanups and grammatical revisions, as well.

John P. Maline, Executive Director of the Executive Council of Physical Therapy and Occupational Therapy Examiners, has determined that for the first five-year period the amended rule is in effect, there will be no fiscal implications for state or local government as a result of enforcing or administering the rule.

Mr. Maline has also determined that for each of the first five years the rule is in effect, the public benefit anticipated as a result of enforcing the rule will be the expansion of occupational therapy services for consumers. There will be no effect on small businesses and no anticipated economic cost to persons having to comply.

Comments on the proposed amendment may be submitted to Lea Weiss, Occupational Therapy Coordinator, Texas Board of Occupational Therapy Examiners, 333 Guadalupe Street, Suite 2-510, Austin, Texas 78701-3942 or to lea@ptot.texas.gov no later than 30 days from the date that this proposed amendment is published in the *Texas Register*.

The amendment is proposed under the Occupational Therapy Practice Act, Title 3, Subtitle H, Chapter 454, Occupations Code, which provides the Texas Board of Occupational Therapy Examiners with the authority to adopt rules consistent with this Act to carry out its duties in administering this Act.

Title 3, Subtitle H, Chapter 454 of the Occupations Code is affected by this proposal.

§372.1.Provision of Services.

(a) The occupational therapist is responsible for determining whether any aspect of the provision of services may be conducted via telehealth or must be conducted in person.

(b) [~~(a)~~] Medical Conditions.

(1) Occupational therapists may provide consultation or monitored services, or screen or evaluate the client [~~patient/client~~] to determine the need for occupational therapy services without a referral.

(2) The initial evaluation for a medical condition must be conducted in person and may not be conducted via telehealth.

(3) [~~(2)~~] Intervention for a medical condition by an occupational therapy practitioner requires a referral from a licensed referral source.

(4) [~~(3)~~] The referral may be an oral or signed written order. The occupational therapy practitioner must ensure that all oral orders are followed with a signed written order.

(5) [~~(4)~~] If a written referral signed by the referral source is not received by the third intervention

~~[treatment]~~ or within two weeks from the receipt of the oral referral, whichever is later, the occupational therapist must have documented evidence of attempt(s) to contact the referral source for the written referral (e.g., registered letter, fax, certified letter, email, ~~[return receipt,]~~ etc.). The occupational therapist must exercise professional judgment to determine cessation or continuation of intervention without [treatment with] a receipt of the written referral.

(c) ~~[(b)]~~ Non-Medical Conditions.

(1) Consultation, monitored services, screening, and evaluation for need of services may be provided without a referral.

(2) Non-medical conditions do not require a referral. However, a referral must be requested at any time during the evaluation or intervention [treatment] process when necessary to ensure [insure] the safety and welfare of the client [consumer].

(d) Screening, Consultation, and Monitored Services. A screening, consultation, or monitored services may be performed by an occupational therapy practitioner.

~~[(e) Screening. A screening may be performed by an occupational therapy practitioner.]~~

(e) ~~[(d)]~~ Evaluation.

(1) Only an occupational therapist may perform an initial [the] evaluation or any re-evaluations.

(2) An occupational therapy plan of care must be based on an occupational therapy evaluation.

(3) The occupational therapist must have ~~[face-to-face,]~~ real time interaction with the ~~[patient or]~~ client during the evaluation process either in person or via telehealth.

(4) The occupational therapist may delegate to an occupational therapy assistant or temporary licensee the collection of data for the assessment. The occupational therapist is responsible for the accuracy of the data collected by the assistant.

(f) ~~[(e)]~~ Plan of Care.

(1) Only an occupational therapist may initiate, develop, modify or complete an occupational therapy plan of care. It is a violation of the OT Practice Act for anyone other than the evaluating or treating occupational therapist to dictate, or attempt to dictate, when occupational therapy services should or should not be provided, the nature and frequency of services that are provided, when the client [patient] should be discharged, or any other aspect of the provision of occupational therapy as set out in the OT Act and Rules.

(2) The occupational therapist and an occupational therapy assistant may work jointly to revise the short-term goals, but the final determination resides with the occupational therapist. Revisions to the plan of care and goals must be documented by the occupational therapist and/or occupational therapy

assistant to reflect revisions at the time of the change.

(3) An occupational therapy plan of care may be integrated into an interdisciplinary plan of care, but the occupational therapy goals or objectives must be easily identifiable in the plan of care.

(4) Only occupational therapy practitioners may implement the written plan of care once it is completed by the occupational therapist.

(5) Only the occupational therapy practitioner may train non-licensed personnel or family members to carry out specific tasks that support the occupational therapy plan of care.

(6) The occupational therapist is responsible for determining whether intervention is needed and if a referral is required for occupational therapy intervention.

(7) The occupational therapy practitioners must have [~~face-to-face,~~] real time interaction with the [~~patient or~~] client during the intervention process either in person or via telehealth.

(8) Devices that are in sustained skin contact with the client (including but not limited to wheelchair positioning devices, splints, hot/cold packs, and therapeutic tape) require the on-site and attending presence of the occupational therapy practitioner for any initial applications. The occupational therapy practitioner is responsible for determining the need to be on-site and attending for subsequent applications or modifications.

~~(9) [(8)]~~ Except where otherwise restricted by rule, the supervising occupational therapist may only delegate to an occupational therapy assistant or temporary licensee tasks that they both agree are within the competency level of that occupational therapy assistant or temporary licensee.

~~(g) [(f)]~~ Documentation.

(1) The client's [~~patient's/client's~~] records include the medical referral, if required, [~~;~~] and the plan of care. The plan of care includes the initial examination and evaluation; the goals and any updates or change of the goals; the documentation of each intervention session by the OT or OTA providing the service; progress notes and [~~;~~] any re-evaluations, if required; any written communication; and the discharge documentation.

(2) The licensee providing occupational therapy services must document for each intervention session. The documentation must accurately reflect the intervention, decline of intervention, and/or modalities provided.

(3) The occupational therapy assistant must include the name of a supervising OT in each intervention note. This may not necessarily be the occupational therapist who wrote the plan of care, but an occupational therapist who is readily available to answer questions about the client's intervention at the time of the provision of services. If this requirement is not met, the occupational therapy assistant may not provide services.

~~[(3) The occupational therapy assistant must include the name of his or her available supervising~~

~~occupational therapist in each intervention note. If there is not a current supervising occupational therapist, the occupational therapy assistant cannot intervene.]~~

(h) [~~(g)~~] Discharge.

(1) Only an occupational therapist has the authority to discharge clients [~~patients~~] from occupational therapy services. The discharge is based on whether the [~~patient or~~] client has achieved predetermined goals, has achieved maximum benefit from occupational therapy services, [~~;~~] or when other circumstances warrant discontinuation of occupational therapy services.

(2) The occupational therapist must review any information from the occupational therapy assistant(s), determine if goals were met or not, complete and sign the discharge documentation, and/or make recommendations for any further needs of the client [~~patient~~] in another continuum of care.

The agency certifies that legal counsel has reviewed the proposal and found it to be within the state agency's legal authority to adopt.

Filed with the Office of the Secretary of State on March 7, 2016.

TRD-201601124

John P. Maline

Executive Director

Texas Board of Occupational Therapy Examiners

Earliest possible date of adoption: April 17, 2016

For further information, please call: (512) 305-6900

11)	Authorization
Signature of person making this request	Date
Supervisor (if required)	Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)	Date

June 9, 2016

Tom Ryan
Bureau of Health Professions Department of Regulation and Licensing
OT Affiliated Credentialing Board
PO Box 8935
Madison, WI 53708

Dear Mr. Ryan,

Case management is taking on an increasingly important role in the health care system as new payment and delivery system models emphasize care coordination across the lifespan, management of chronic conditions, and inter-professional, team-based care. Some occupational therapy practitioners are serving in case management roles and others may wish to take on such roles in this emerging field. AOTA believes that occupational therapy practitioners' uniquely patient-centered approach can enhance case management services, and we urge state regulatory boards to recognize and support occupational therapy practitioners who are doing case management work.

AOTA encourages state regulatory boards and agencies to (1) recognize that case management is within the scope of practice and (2) that case management continuing education courses should count toward licensure renewal requirements.

AOTA has learned that some state regulatory boards and state agencies are not accepting continuing education courses and activities related to case management submitted by OTs and OTAs for the purpose of meeting licensure renewal requirements. We would encourage a broad recognition of this area as important education for occupational therapy practitioners.

AOTA asserts that case management is within the scope of occupational therapy practice. Occupational therapy practitioners possess the knowledge and skill set appropriate for a case management role. AOTA's Scope of Practice document, revised in 2014, includes case management as a role included in the practice of occupational therapy. Seventeen states have incorporated case management language in the model definition of occupational therapy practice into their own practice acts, and AOTA encourages other states to adopt this language. However, AOTA wants to reiterate that it is our belief that your state's practice act does not need to reference case management to recognize case management as an appropriate CE offering. Case management and other critical coordinating or managing activities are well within the profession's scope of practice; this is well documented in the profession's body of knowledge. All health professions are recognizing the need for competence in many areas of system coordination, including case management.

We understand you have a responsibility to ensure that licensees get appropriate CE. While AOTA recognizes that not every CE offering will include “occupational therapy” in the course title or even in the course, we encourage you to have a wide-ranging view of application to OT. It is up to the occupational therapy practitioner to select the relevant coursework within their scope of practice and then document how the coursework is relevant to their occupational therapy practice in their continuing education records.

Also, states without CE requirements should recognize that case management is an appropriate role for occupational therapy practitioners. AOTA will work with state boards to help equip occupational therapy practitioners to take advantage of expanding opportunities in case management and other system coordination and management roles.

For further assistance in this matter please contact AOTA’s State Affairs Department: Chuck Willmarth (cwillmarth@aota.org or 240-482-4133), Laura Hooper (lhooper@aota.org or 240-752-1168) or Chrissy Vogeley (cvogeley@aota.org or 240-482-4158).

Sincerely,

A handwritten signature in cursive script that reads "Ginny Stoffel".

Virginia Stoffel, PhD, OT, BCMH, FAOTA
AOTA President

Attachment

Definition of Occupational Therapy Practice for the AOTA Model Practice Act

The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.

The practice of occupational therapy includes:

- A. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
 1. Client factors, including body functions (such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement), values, beliefs, and spirituality.
 2. Habits, routines, roles, rituals, and behavior patterns.
 3. Physical and social environments, cultural, personal, temporal, and virtual contexts and activity demands that affect performance.
 4. Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication and social skills.

- B. Methods or approaches selected to direct the process of interventions such as:
 1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline.
 2. Compensation, modification, or adaptation of activity or environment to enhance performance, or to prevent injuries, disorders, or other conditions.
 3. Retention and enhancement of skills or abilities without which performance in everyday life activities would decline.
 4. Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
 5. Prevention of barriers to performance and participation, including injury and disability prevention.

- C. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
 1. Therapeutic use of occupations, exercises, and activities.
 2. Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance.
 3. Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
 4. Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 5. Education and training of individuals, including family members, caregivers, groups, populations, and others.
 6. Care coordination, case management, and transition services.
 7. Consultative services to groups, programs, organizations, or communities.
 8. Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
 9. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 10. Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
 11. Low vision rehabilitation.