

PUBLIC MEETING MINUTES Occupational Therapy Licensing Board

The Oregon Occupational Therapy Licensing Board met Friday July 25, 2008, at the Providence, Seaside, Education Room B. Board members present were: Genevieve deRenne, MA, OTR/L, FAOTA, Chair; Alan King, OTR, Vice Chair; Joyce Browne, OTA/L; and Robert Bond, public member. **Mitch Schreiber**, just appointed by the Governor as the new Public Board member had previous commitments and was excused. Felicia Holgate, Director was present. With a quorum present, Genevieve deRenne called the meeting to order at 9:00 a.m.

**1. Alan King** was elected the new Vice-Chair of the Board.

**2. Minutes:** The Board reviewed Public meeting minutes, of April 25, 2009. Joyce Browne MOVED THAT THE PUBLIC MINUTES OF FEB, 2008, MEETING BE APPROVED. Alan King SECONDED THE MOTION AND IT PASSED WITH ALL PRESENT.

The Board reviewed confidential April 25, 2008 meeting minutes. Joyce Browne MOVED THAT THE CONFIDENTIAL MINUTES OF FEB 1, 2008, BOARD MEETING BE APPROVED. Alan King SECONDED THE MOTION AND IT PASSED WITH ALL PRESENT.

**3. List of Licensees:** Licenses issued since the last Board meeting were distributed. Robert Bond MOVED THAT THE BOARD RATIFY THE LIST OF LICENSEES ISSUED SINCE Feb. 1, 2008 BOARD MEETING. Joyce Browne SECONDED THE MOTION AND IT PASSED WITH ALL PRESENT. We are back to licensing approximately 14-15 applicants per month.

A comparison of license numbers is shown:

Date:	Total	OTA	OT
May, before renewals	1558 licensees;	255	1303
Renewals in 2008	1419	225	2294
2008 Did not renew	178	40	134 - about 10 %
2006 Did not renew	177	35	142 - about 10 %
July 23, 2008	1494	240	1254
<b>Predict for May, 2009</b>	<b>1600</b>	<b>250</b>	<b>1350</b>
<i>Predict for May, 2010</i>	<i>1700</i>	<i>260</i>	<i>1440</i>
<b>After Renewals July 2010</b>	<b>1500</b>	<b>230</b>	<b>1270</b>
<i>Predict</i>	<i>(not renew 200)</i>	<i>(not renew 30)</i>	<i>(not renew 170)</i>

Some reasons given by those that did not renew and let their license lapse was because they retired, moved out of state, or had several state licenses and would not continue their Oregon license, and those that work for temporary companies and chose not to renew in Oregon because they are not planning to get an assignment in Oregon in the next year.

In small communities there is a great shortage and it is hard to keep enough therapists. Travelling therapists help but there is need for permanent therapists living in the community. It is difficult for small communities to hire new graduating OTs without experience when they need experience therapists. There is a high cost of training them.

**Closed Session: Disciplinary/Investigations/Complaints:** In accordance with ORS 192.660(1)(k), which allows the Board to meet in Executive Session on matters to consider information obtained as part of investigations of licensees.

- **OT 2006 – 01 Probationary License:** Status report; licensee moved, did not renew; File closed.
- **OT 2007-04:** File closed
- **OT 2007-05:** File closed;
- **OT 2008 – 01: Renewal of C:** At the previous meeting a MOTION was made to issue a reprimand and fine her under ORS 675.337. The Director brought further information to the board for reconsideration. After reconsideration, the Board rescinded its previous motion and confirmed the license for this OT without any further action taken. File Closed.
- **2008 – 02: Renewal of T:** This application was just received at the last board meeting and additional information is now available for discussion. The Director issued the renewal and applicant has a license but was advised the board would be considering this issue at their meeting. No action needs to be taken.
- This applicant, with a DUI, was granted a license. The board wanted to hear what she had done to deal with the alcohol issue when she renewed in May, 2008 and review her CE. Licensee did not renew and was sent a letter that if she does renew, these issues will be discussed.
- **OT 06 - 05: Request for Reinstatement:** Further information will be gathered and the matter will be considered at the next board meeting.

**2. Report of the Director:** Director, Felicia Holgate continues to send monthly office report summarizing the work in the office.

**Budget Review:** The Director gave a **fiscal summary**. Monthly revenue and expenditure statements with all payments are scanned and sent to the Board members. The Board reviewed the most current accounts. The Legislatively Approved **2007-2009 Budget for \$290,133** comes to an average **monthly amount of \$12,088**. **Expenditures were: April \$9,435; and May \$10,763** (small increase due to costs of renewal processing). We spend under the average \$12,000 a month allocated.

**Revenues in 2008** are for April \$ **165,815**; for May \$ **41,536**. June expenditures have not been received but the cash sheets show **June \$4595 and July \$3775**. Revenue projection made by the Director is for a total of \$ 213,400 for renewals. We expect about 3/4 of our total income from renewals for the biennium. New applications are high, averaging 14-15 a month, the same as last year. **Interest Income Revenue** 2007 was at \$1500 per month. **April was \$ 982; and May was \$1,307**. The Director will obtain the percent interest received. The Board financial situation continues to be stable.

The Agency Requested Budget is due August 1<sup>st</sup>. We are still waiting for final figures but there are no policy packages and Shared Client Services helps put together all the figures based on the last budget. A draft of the Agency summary was already sent to board members. The Director does not see any issues.

**Legislative/Governor issues:** The director continues to attend various meetings of the health related boards, Governors and legislative meeting dealing with 2009 bills which could affect the licensing board dealing with how many public members sit on the board; how board members are appointed; oversight of the licensing board; impaired practitioners or monitoring program for licensees with drug, alcohol, mental issues outside the disciplinary system; fingerprinting and criminal history checks, among a few.

**Status of OTA School in Linn Benton Chemecketa College:** The Assistant program is on hold for a while. The director sent a draft letter supporting the opening of a school.

**Customer Satisfaction Survey and Comments:** Comments received in the last few months are provided to the Board.

**Notarization of OTA Statements of Supervision:** The Director sent a letter to all Assistants by e-mail or paper advising them that supervision forms no longer need to be notarized and that we will incorporate the supervision form into the 2010 renewal process. A rule change will be considered later at this meeting. When 2010 renewal forms are prepared we will also ask who the OTRs are supervising.

**Refund Issue on renewal:** This renewal applicant was audited and did not have sufficient CE. She requested refund of her renewal fee. The board policy to not refund renewal fees has not been adopted as a rule, and the licensees are not aware of this change. The board will refund this request. In the next renewal forms the fact that renewal fees are not refunded will be noted on the application form.

**Board membership for OT Assistant:** ORS 675.310 indicates by law that there are three Occupational Therapy members on the Board. We do not need a new rule on this as decided at last meeting, but the board will keep it in mind when in 2009 a new OT Assistant position will be vacant by Joyce Browne.

**The board had a working lunch provided.**

**6. Board Best Practice:** The Director attended training in Portland in May. In addition to seeing how well the board members work and take seriously their role, this is being added as a performance measure in 2009. The Director drafted how board members establish the criteria for deciding on each practice. The Director will cut down on the criteria and have it ready for the next year's review.

**Board members and training:** New Public board member **Mitch Schreiber** will attend the next Governor's Board Training held in Portland.

**7. Pain Management CE on Saturday in Seaside.** The Director will attend the class on Saturday. OTA is working to provide Pain Management CE around the state: The Director, for the Board, is helping with providing speakers and publicizing the events. As licensees in more remote areas ask about how they can get the CE, the Director is trying to work with OTA to provide classes there.

The Pain Commission notified us that currently there is no OT position on their commission and all positions are taken. We asked that they add an OT member when possible. The Pain Commission made changes on the one hour free online class correcting the misconception that OTs work primarily to get people back to work, and added one OT slide dedicated to how OTs work in pain management.

**8. Medicare Benefit Policy:** An OT working under a physician under contract, not as an OT, but working under the direction of the physician by contract does not have to be OT licensed

**9. Hyperbaric Oxygen Therapy:** This therapy is used for patients who do not heal well on their own and with patients with circulation problems. The board addressed the issue of whether it is within the scope of practice of an OT in Oregon. An OT can use modalities for which they have the education, training and experience and can show their competency. The Board asked that the Nursing Board be contacted about what education requirements are needed for this therapy. The Director will ask the licensee to send in what she has done to show her competency. There are also other questions about billing and doctor referrals. The board will consider this further at the next meeting.

## **10. Proposed Rules:**

**Statement of Supervision:** MOTION was made by Joyce Browne and SECONDED by Alan King to adopt the rule change deleting the requirement under OAR 339-010-0035 that requires notarization of Statements of Supervision as follows:

### **339-010-0035 Statement of Supervision for Occupational Therapy Assistant**

- (1) Any person who is licensed as an occupational therapy assistant may assist in the practice of occupational therapy only under the supervision of a licensed occupational therapist.
- (2) Before an occupational therapy assistant assists in the practice of occupational therapy, he/she must file with the Board a ~~signed~~, current statement of supervision of the licensed occupational therapist who will supervise the occupational therapy assistant. ~~The signature of the supervising occupational therapist must be notarized.~~
- (3) An occupational therapy assistant always requires at least general supervision.
- (4) The supervising occupational therapist shall provide closer supervision where professionally appropriate.
- (5) The supervisor, in collaboration with the supervisee, is responsible for setting and evaluating the standard of work performed.

**Renewal Fees non refundable:** MOTION made by Genevieve deRenne and SECONDED by Joyce Browne to adopt the addition to OAR 339-0010-0023 to make renewal fees non-refundable as follows:

### **339-010-0023 License Renewals**

- (1) Each applicant for license renewal shall submit to the Board on or before May 1 of each year a completed license renewal application, CE log and appropriate renewal fee. **The renewal fees are non-refundable.**
- (2) Failure to submit a renewal application, CE log and appropriate fee by May 1 may result in a civil penalty imposed on the applicant.

**Pain Management:** This rule, already adopted, will be sent out under the Administrative Rules Procedures to publicize the proposed rule and take any comments that are submitted. The Director will then proceed to have the proposed rule adopted. The Board has been proactive in working with OTAOs to provide CE directly relevant to OTs. The board wants licensees to be accountable and show they have the required one time CE. The Director will request that licensees indicate when they have completed the required CE of six hours plus the one hour online class by sending an e-mail when and what they have taken to complete the requirement. This will be better than having to confirm all of them in May 2010. The rule change adopted follows:

### **OAR 338-020-0040 One-time requirement for CE on Pain Management**

After January, 2008, a one-time requirement of 7 points of CE on Pain Management must be completed as part of the 30 points of CE defined in OAR 339-020-0020.

(1) All currently licensed Occupational Therapists and Occupational Therapy Assistants, who renew their license in May, 2010 must complete the one-hour online Oregon Pain Commission class and six additional points of CE on Pain Management. Any classes provided by the Pain Commission will count toward the 7 points. Licensees may use any CE points on Pain Management taken between 2006 and their renewal date in May, 2010.

(2) All new applicants for Occupational Therapy and Occupational Therapy Assistants must complete the one-time requirement of 7 points of CE on Pain management (including the one online hour offered by the Pain Commission) prior to their next renewal or within two years of license in Oregon, whichever comes later.

**Education rules:** The board director worked with a group in Portland, Sandra Pelham-Foster, Lois Heying and Patti Watkins, as well as a Eugene group and reviewing the proposed changes at the TIES conference. The final meeting of the Portland group was held Monday, July 7. We expect there to be many comments. A final hearing is set at the next meeting where all comments will be considered before it is finally adopted. The Director will also ask for feedback from the SIS group of OTAO on these rules. The proposed rule change follows:

### **339-010-0050 Occupational Therapy Services for Children and Youth in Education and Early Childhood Programs regulated by federal laws (1) Definitions:**

This rule applies to all occupational therapy practitioners who include both occupational therapists and occupational therapy assistants as defined in OAR 339-010-0005. All other rules regarding Occupational Therapy practitioners apply notwithstanding what is found in these rules as they apply to practitioners in the education setting.

(a) "Children and youth" refers to a child or student determined to be eligible for services under IDEA or Section 504. *Part B* under IDEA describes requirements for the provision of special education services for preschool and school-age children and youth, ages 3 through 21 years. *Part C*, or the early intervention program, focuses on services for infants and toddlers with disabilities and their families. Section 504 and the Americans With Disabilities Act (ADA 1990) define a person with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activities..." and require a public school system to provide needed accommodations or services.

(b) "Service plans" document the program of services and supports necessary to meet a child's developmental or educational needs under the IDEA. These specify the need for occupational therapy services and include: the individualized family services plan (IFSP) for infants, toddlers and preschoolers; the individualized education plan (IEP) or a Section 504 Plan for school-age youth.

(c) "Educational or developmental goals" are developed collaboratively by a multi-disciplinary early intervention or educational team, which includes an occupational therapist as a related service provider, when areas of occupational performance have been identified.

(d) "Natural environment" refers to the most appropriate setting for the child to develop the skills needed for occupational performance.

(e) "Educational environments" refers to home; community; day care; preschool, or the general and special education settings.

(f) "Evaluation" is the process of gathering information to make decisions about a student's or child's strengths and educational or developmental needs.

(g) "Assessments" are the specific methods or measures used to gather data for the evaluation.

## **(2) The Occupational Therapy Process:**

(a) Evaluation: The occupational therapist is responsible for the occupational therapy evaluation.

(A) The occupational therapist selects assessment methods that focus on identifying factors that act as supports or barriers to engagement in occupations. The initial occupational therapy evaluation should include analysis of the child's ability to access the natural or educational environment for learning.

(B) The occupational therapist must participate in decisions about the need for occupational therapy services, development of functional, measurable goals and determining which educational or developmental goals occupational therapy will support.

(C) The occupational therapist determines the types, frequency and duration of interventions, as well as accommodations and modifications of the environment.

(D) Screening to determine the need for an occupational therapy evaluation does not constitute initiation of occupational therapy services.

(b) Intervention: The occupational therapist may implement occupational therapy services, along a continuum, which may include the following:

(A) Direct intervention is the therapeutic use of occupations and activities with the child present, individually or in groups.

(B) Consultation is collaborative problem solving with parents, teachers, and other professionals involved in a child's program.

(C) The education process is imparting generalized knowledge and information about occupation and activity and does not address an individual child's specific education plan.

(c) Outcomes: The occupational therapist should review the intervention on an ongoing basis and dependent on the child's response, modify as needed.

## **(3) Delegation of therapeutic activities:**

(a) The occupational therapist may instruct others, such as educational or daycare staff, to carry out a specific activity or technique designed to support the child's the performance.

(b) The designated person must be able to demonstrate the technique as instructed, recount the restrictions, safety factors and precautions.

(c) The occupational therapist is responsible for ongoing monitoring of the trained person and modifying the procedures based on outcomes and other changes.

(d) When considering the delegation of techniques the child's health and safety must be maintained at all times.

## **(4) Documentation:**

(a) The occupational therapist must document evaluation, goals, interventions and outcomes if they are not included in the service plan.

(b) Documentation should reflect the child's current status, progress towards goals, response to interventions, and strategies that were promising or ineffective.

(c) The occupational therapist should utilize a method of data collection that allows for concise and accurate recording of intervention and progress.

(d) The occupational therapist is responsible for the analysis of data collected to verify progress and the documentation of their own activities to accomplish the goals.

**Guidelines:** Resource for interpretation: Occupational Therapy Services for Children and Youth under IDEA, 3<sup>rd</sup>

## **11. New Business:**

**OTAO conference in October:** The conference brochure was discussed and the board changed its board meeting to a different weekend, Friday, November 7, 2008 in Portland. The board will have a table at the OTAO conference and be available, with the Director, to answer questions and meet with licensees during the conference.

**Making e-mail addresses available:** The AG has recently advised another licensing board that the e-mail addresses of licensees are public records. When we are asked for licensee lists, we do not give out e-mails. People who request the list are usually either providing CE or have jobs available, but in this case it was giving investment information. The OT mailing list costs \$25. The Director will check about letting licensees have the option whether to use a mailing address or e-mail address for their address on the mailing list.

**Question on working by contact with medical suppliers to perform powered mobility and seating assessments while employed as a home health OT:** The board did not see any issues with the OT providing technical services under contract. This is not doing an evaluation as an OT but allows the OT to make chair adjustments with the mobility company paying consulting fees.

**OT evaluations with 10 lb restrictions after Injury:** The board was asked whether the OT can do evaluations. An OT would need to do their own assessment; a PT cannot do the assessment for the OT. If OT was put on "light duty" is an employer issue and workers compensation, not for the board to decide. Work hardening is another issue that is employer based.

**Ergonomics for OT facility and doing additional services for chair fittings and equipment recommendations.** Must the OT treat and evaluate? In this situation the OT is working more as a technician to treat the environment and to change the ergonomics so that from the physical rather than practice setting the site is set up so as to be preventative and avoid injury.

**Question on medical orders:** Need further information.

### **Upcoming meeting proposed for 2008 meeting dates.**

**Fri. October, 24, 2008 Salem** at OTAO conference CHANGED to Friday Nov. 7, 2008 in Portland. Meetings in 2009: Friday, 6, 2009 in Portland; Friday, April 3 at Pacific University. We will schedule the summer meeting in Medford in April and the October meeting later.

Genevieve DeRenne adjourned the meeting at 2:20 p.m.  
Felicia Holgate, Director **July 29, 2008**