



OREGON Occupational Therapy Licensing Board

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NEWSLETTER

BOARD MEMBERS:

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Robert Bond, Public Member, Vice Chair

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Mission Statement: To protect the public by supervising occupational therapy practice.
The Board is charged with assuring safe & ethical delivery of occupational therapy services

Please **update your email address** and other contact information.

You need to see correspondence and newsletters for important news.

Your e-mail is kept confidential. You can provide a **public email address if you wish.**

SUPERVISION

During the 2010 online renewals, the OT Assistants listed their supervisor(s) and the supervising OTs listed who they were supervising. We spent months reviewing the many discrepancies in the online "Supervision BOX" between what OT and OT Assistants wrote. Some therapists still do not understand supervision rules and laws. All supervision information is at www.oregon.gov/otlb on the left menu bar under Supervision.

- Some therapists do not file a current supervision form prior to start of work.
- Some therapists listed all therapists worked with rather than their supervising OT for licensure.
- Some therapists wrote the name of the supervisor who wrote their evaluation when this was not their licensing supervisor.

It is the Assistant's responsibility to file the supervision form. It can be faxed. The new Supervision Form asks whether this is a **new** supervisor or **in addition to** another. You only have to file it once. We no longer ask for you to file another copy each renewal because you list the supervision information in the "Supervision Box" online with your renewal. However, **if supervision changes you do file a new Supervision Form with the office.**

WORK OF THE BOARD

The next OT Licensing Board meeting will be May 6-7, 2011

Contact the Director at Felicia.M.Holgate@state.or.us for the Agenda

After an audit review of the Board, applicants are now required to submit verifications from every state they were ever licensed, rather than verifications for the last 5 years.

The Board answers many questions on scope or ethics. However, some questions on Medicare coding are not within the Board's jurisdiction. Other issues come to the Board's attention but are personnel work issues to be resolved by their supervisor or Human Resources.

A typical question is "What is the **National Provider Identification?**" This is a unique 10-digit identifier number for healthcare providers. It is assigned to individuals or organizations. All health care providers are eligible to apply. A HIPAA-covered health care provider who transmits health information in electronic form in connection with a transaction for the Secretary of the Department of Human and Health Services must have an NPI number. The NPI replaces the previously-used health care provider identifiers, including Medicare legacy IDs. See the website at www.oregon.gov/DHS/healthplan/tools_prov/npi.shtml

LEGISLATION

The Board is tracking about a dozen bills in collaboration with OTA and its legislative committee and lobbyist. OTA, the state association represents YOU at the legislature. When bills affect OTs, the Board can provide information but it is your state Association that represents you. Some bills we follow are:

- The role of health boards and setting up another Task Force on Consolidation
- Establishing a pilot project to streamline the state budgeting process for health boards
- Approval of the OT Licensing Board budget for 2011-2013
- Require continuing education in "cultural competency"
- New process to modify how scope of practice issues come before the legislature

There are also bills affecting health regulatory boards on administrative hearings, confidentiality of records, public records and public hearings and others on personnel matters such as furlough days and a four 10-hour work days.

FINGERPRINTING NEW APPLICANTS

One of the current costs of being a health care provider is closer scrutiny and public accountability. The Board will start fingerprint applicant after funds are approved by the legislature and rules and procedures are adopted. The applicant will pay for the cost of getting the fingerprints and the State Police processing fee. The Board may also process Oregon Law Enforcement Data Search (LEDS).

The Board may also require a criminal background check for someone under investigation. There are guidelines for the Board to consider:

- the nature of the crime;
- facts that support conviction or indictment or indicate making a false statement;
- relevancy of the crime or false statement to the requirements of the applicant's license;
- relevant mitigating circumstances such as passage of time, age, subsequent crime etc.

CE might be FREE

The Board web site has CE classes you might get for free. Go to Providence [schedule](#) for Rehabilitation CE. Also see free CE Brown Bag series: [http://artzcenter.org/ Artzcenter](http://artzcenter.org/Artzcenter) . Please check directly with them for more information and to confirm your attendance.

OTA Program Seeks Laboratory Instructors

Linn-Benton Community College's Occupational Therapy Assistant program which opened in September, 2010 will graduate its first class of 24 students in 2012. Students attend traditional class on the Lebanon campus, or distance-education through other C.C. in Oregon. If you are interested in an Adjunct faculty laboratory instructor position at several sites go to www.jobs.linnbenton.edu for details and apply on-line (not accepted by fax, mail or e-mail). If you know of someone else who might be interested, please spread the word.

Volunteer work for OTs

Can you volunteer to help at the Mt. Hood Kiwanis Camp? It provides residential camping opportunities for children and adults with challenging levels of developmental Physical or multiple disabilities. Contact: Liberty.Jackson@pacificu.edu

FILING NEW ADMINISTRATIVE RULES

New language is bold and underlined Deleted language shows strikethrough

The Notice of Proposed Rule and Fiscal is posted at www.oregon.gov/otlb If you have any questions or wish to submit comments for the Board to consider, contact the Director.

339-001-0005 Model Rules of Practice and Procedure *Note: This is a technical change*

The following Model Rules of Procedure promulgated by the Attorney General of the State of Oregon in effect ~~March 27, 2000~~ **January 1, 2008** are adopted by the Board by Reference. These rules apply to rulemaking; **OAR 137-001-0005 through 137-001-0080.** ~~(1) OAR 137-01-0005; 137-001-0007; 137-001-0008; 137-001-0009; 137-001-0011; 137-001-0018; 137-001-0030; 137-001-0040; 137-001-0050; 137-001-0060; 137-001-0070; 137-001-0080 and 137-001-0085. (2) OAR 137-003-0501 to 137-003-0700.~~

339-001-0006 Time for Requesting a Contested Case Hearing *Note: Technical change*

A request for a contested case hearing must be in writing and must be received by the Board within ~~twenty-one~~ **thirty** days from the date the contested case notice was served.

339-005-0000 Fees *Note: Adds fees for fingerprinting and workforce data collection*

Fees are non refundable. Two year licenses shall be issued to all licensees in even-numbered years at the fee schedule listed below. On a case-by-case basis the Board may approve the issuance of a one-year license.

(1) The fee for an initial Oregon or out of state occupational therapy license by endorsement is \$100.

The Board may also assess the actual cost of conducting a background check, including fingerprinting.

(2) The two-year renewal fee issued for the occupational therapy license is \$ 150. **The Board may also assess the actual cost to the Board of conducting workforce demographics surveys.**

(3) The fee for an initial Oregon or out of state occupational therapy assistant license is \$70. **The Board may also assess the actual cost of conducting a background check, including fingerprinting.**

(4) The two-year renewal fee for the occupational therapy assistant license is \$ 100. **The board may also assess the actual cost to the Board of conducting workforce demographics surveys.**

(5) The fee for a limited permit is \$25 and may not be renewed.

(6) The fee for delinquent payment is \$50 and is due on renewal applications not renewed before May 1.

OAR 339-010-0012 Fingerprinting Requirements *Note: Rules for fingerprinting*

The Board may require fingerprints from any applicants for a license as an occupational therapist or occupational therapy assistant, a limited permit, an applicant to reinstate a lapsed license, and applicant or licensee under investigation to determine their fitness. The fingerprints will be on forms prescribed by the Board. The Board will provide information on where acceptable fingerprints may be obtained and what acceptable procedure is to be used for submitting them. The Board will use the fingerprints to conduct Criminal History Checks. Fingerprint cards will be destroyed as required by law.

339-010-0018 Name, Address and Telephone Number of Record:

Note: new rule in order to save the Board staff many hours trying to track down licensees

(1) Every applicant, licensee and limited permit holder shall keep on file with the Board their:

(a) legal name;

(b) home address which must include a residential address and may also include a post office box number;

(c) a current contact telephone number and electronic mail address, if available;

(d) the name, address and telephone number of their current employer or place of business;

(e) a current designated mailing address.

(2) Whenever an applicant, licensee or limited permit holder legally changes their name, they shall notify the Board in writing within 30 days of the name change and provide the legal documentation of the name change.

(3) Whenever an applicant, licensee or limited permit holder changes their home address, their employer or place of business, their contact telephone number, electronic mail address or their mailing address, they shall notify the Board in writing within 30 days. Written notification may be by regular mail, electronic mail or facsimile.

(4) Unless requested for a public health or state health planning purpose or unless extenuating circumstances exist, the Board will withhold the personal electronic mail, address, home address, and personal telephone number of a licensee.

339-010-0020 Unprofessional Conduct *Note: Change is at end in (5)(d) and (g)*

(1) Unprofessional conduct relating to patient/client safety, integrity and welfare includes:

(a) Intentionally harassing, abusing, or intimidating a patient/client, either physically or verbally;

(b) Intentionally divulging, without patient/client consent, any information gained in the patient relationship other than what is required by staff or team for treatment;

(c) Engaging in assault and/or battery of patient/client;

(d) Failing to respect the dignity and rights of patient/client, regardless of social or economic status, personal attributes or nature of health problems;

(e) Engaging in sexual improprieties or sexual contact with patient/client;

(f) Offering to refer or referring a patient/client to a third person for the purpose of receiving a fee or other consideration from the third person or receiving a fee from a third person for offering to refer or referring a patient/client to a third person;

(g) Taking property of patient/client without consent.

(2) Unprofessional conduct relating to professional competency includes:

(a) Engaging in any professional activities for which licensee is not currently qualified;

(b) Failing to maintain competency;

- (c) Failing to provide a comprehensive service that is compatible with current research and within an ethical and professional framework;
- (d) Failing to obtain a physician's referral in situations where an OT is using a modality not specifically defined in ORS 675.210(3);
- (e) Failing to provide professional occupational therapy based on evaluation of patient's/client's needs and appropriate treatment procedures;
- (f) Using an occupational therapy aide in violation of the law or Board rules regarding occupational therapy.
- (3) Unprofessional conduct relating to the Board includes:
 - (a) Practicing occupational therapy without a current Oregon license;
 - (b) Failing to renew license in a timely manner;
 - (c) Failing to provide the Board with any documents requested by the Board;
 - (d) Failing to answer truthfully and completely any question asked by the Board;
 - (e) Failing to provide evidence of competency when requested;
 - (f) Violating the Practice Act, Board rules or Board Orders;
- (4) Unprofessional conduct relating to impaired function includes:
 - (a) Engaging in or assisting in the practice of occupational therapy while impaired by alcohol or other drugs;
 - (b) Use of alcohol or other drugs in a manner that creates a risk of harm to patient/client;
 - (c) Engaging in the practice of occupational therapy while one's ability to practice is impaired by reason of physical or mental disability or disease
- (5) Unprofessional conduct relating to federal or state law or rules:
 - (a) Intentionally making or filing a false or misleading report or failing to file a report when it is required by law or third person or intentionally obstructing or attempting to obstruct another person from filing such report;
 - (b) Obtaining or attempting to obtain compensation by misrepresentation;
 - (c) Engaging in assault and/or battery of any person;
 - (d) Conviction of a crime or engaging in any act which the Board determines substantially relates to the practice of occupational therapy; or indicates an inability to safely and proficiently engage in the practice of occupational therapy; **or failing to notify the Board within 10 working days of a conviction of a misdemeanor, or an arrest for or conviction of a felony;**
 - (e) Disciplinary actions imposed by another professional licensing body based on acts by the licensee similar to acts giving rise to discipline under the Practice Act or rules of the Board;
 - (f) Engaging in false, misleading or deceptive advertising;
 - (g) Fails to notify the appropriate licensing board of any conduct by another licensed medical provider when the licensee has reasonable cause to believe that the medical provider has engaged in prohibited or unprofessional conduct. As used in this subparagraph, "prohibited conduct" means a criminal act against a patient or a criminal act that creates a risk of harm to a patient and "unprofessional conduct" means conduct unbecoming a medical provider or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the medical provider's profession or conduct that endangers the health, safety or welfare of a patient.**
 - (h) Fails to notify the Board of a change in the licensee's name, address, contact telephone number or place of employment or business as required by OAR 339-010-0018.**

339-010-0050 Occupational Therapy Services for Children and Youth in Education and Early Childhood Programs regulated by federal laws *Note: Change is at end in (4)(e)*

- (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 therapy practitioner 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 therapy practitioner 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 therapy practitioner 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 therapy practitioner 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 therapy practitioner is responsible for the analysis of data collected to verify progress and the documentation of their own activities to accomplish the goals.

(e) School records shall be kept for a minimum of seven years