

West Virginia Board of Occupational Therapy

3041 University Ave. 2nd Floor, Suite 6 Morgantown, WV 26505

www.wvbot.org

2007 MID-YEAR NEWSLETTER



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The WV Performance Review Act, (formerly known as the Sunset Act) was passed during the 2007 Legislative Session. This act moves the review of the Board of Occupational Therapy from 2009 to 2012. However, the Board has decided to begin reviewing our current Practice Act and Legislative Rules with the intent of making some much needed and long overdue changes prior to 2012.

Throughout this review process, we will be soliciting input / opinions from our licensees. The first survey we would like

input on concerns supervision, and is included in this newsletter. On the back of the survey, there is also a blank comment section where you can provide input related to any other area of the Practice Act or Legislative Rules you would like to see addressed.

Please complete and return these forms as soon as possible, but no later than April 30, 2007. For copies of the Practice Act and Legislative Rules, please go to www.wvbot.org and look under *Forms and Regs.*

Supervision Guidelines...

One of the most frequently asked questions of the Board relates to the supervision of (C)OTA's and Limited Permit holders. The following guidelines are to be followed:

**All limited permit holders, both OT and OTA, require "Direct Close Supervision", which means the Occupational Therapy supervisor is in the building and has daily direct contact at the site of work.*

**General supervision of a (C)OTA does not require the supervising Occupational Therapist to be present or on the premises at all times. However, periodic meetings to review the outcome of service delivery are required. For a (C)OTA with less than one year of experience, this means direct supervision at least every two weeks, and for a (C)OTA with more than one year of experience, direct supervision is required at least monthly.*

**Direct supervision is indicated by the Occupational Therapist's co-signature and date on (C)OTA's documentation, as well as documentation by the OT(R) reflecting that supervision has occurred.*

** A Supervisory Statement must be filed with the Board upon change of employment or supervision of a (C)OTA.*

Concerns have also been expressed to the Board regarding the number of (C)OTA's being supervised by one OT(R), especially when more than one facility is involved. Although our current Rules do not limit the number of (C)OTA's an OT(R) can supervise, this is an area the Board will be

reviewing. Our ultimate goal is to protect the consumer and assure competent high quality care and optimal outcomes. An OT(R) holds ultimate responsibility for the evaluation results, plan of care, and outcome, and must be able to provide adequate supervision to achieve this.

The School-Based Position Statement

of the WV BOT has been revised to reflect a Medicaid guideline, and is included in this newsletter. Please note the addition of the last sentence of the position statement, which relates to Medicaid billing by school systems and reads, "In addition, per Medicaid guidelines, in order for a supervising occupational Therapist to bill for services provided by a Certified Occupational Therapy Assistant in the school system, the supervising Occupational Therapist must be on the school premises when the service is being provided to the student."

www.wvbot.org

We are always looking for ways to improve our website to make it more beneficial and user-friendly to practitioners. If you have suggestions or feedback, please email them to the Board at vmalnikoff@wvbot.org.

Wondering why this newsletter was mailed to you?

Due to an overwhelming request on 2007 renewal applications to have newsletters mailed, as opposed to viewing on-line, we have mailed them to all licensees. The newsletter will still be available to view on-line at www.wvbot.org.

WVBOT Disciplinary Actions

The following disciplinary action has been taken for a violation of the Practice Act and/or Legislative Rules governing the practice of Occupational Therapy in the state of West Virginia. Investigations will continue to be conducted as necessary to assure compliance to licensure laws and to protect the public.

Kristi Rota, OT

License #1202

License suspended March 2, 2007

*Disciplinary actions can also be found on our website under *License - Disciplinary Actions*.

*Complaint form can now be completed on-line and emailed directly to the Board office.

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Your West Virginia Board of Occupational Therapy is asking for your input on supervision of (C)OTA's, OT Aides and Students. Your participation is important as we work to make positive changes to enhance our profession. Please complete the following questionnaire and submit it to the Board by April 30, 2007 for review.

1. Do you believe there should be a limit to the number of staff an OT(R) is able to supervise concurrently? _____ YES _____ NO

If your answer is YES to question #1, please provide the following information

2. How many (C)OTA's should an OT(R) be responsible to supervise concurrently?

_____ 2 _____ 3 _____ 4 _____ 5 _____ Other

3. How many OT Aides should an OT(R) be responsible to supervise concurrently?

_____ 2 _____ 3 _____ 4 _____ 5 _____ Other

4. How many students should an OT(R) be responsible to supervise concurrently?

_____ 2 _____ 3 _____ 4 _____ 5 _____ Other

5. How many total staff members should an OT(R) be responsible for concurrently?

_____ 2 _____ 3 _____ 4 _____ 5 _____ Other

Please provide any other information you believe will be pertinent for consideration of the Board regarding this matter.

Thank you for your participation. Your opinion is important for us to provide quality occupational therapy to West Virginia.

Please use the back of this form to provide input related to other areas of the Practice Act or Legislative Rules you would like to see addressed.

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POSITION STATEMENT

SUBJECT: SCHOOL BASED PRACTICE

West Virginia Legislative Rules (§13-1-2.22.) of the Board of Occupational Therapy currently indicates “referral means a documented order must be obtained from a licensed physician or surgeon, psychologist or psychiatrist, dentist, osteopathic physician or surgeon or chiropractor or podiatrist prior to initiating occupational therapy treatment.”

West Virginia Occupational Therapy Practice Act (§30-28-4.b.) indicates: “A licensed occupational therapist shall not treat persons by occupational therapy or otherwise other than by referral by a licensed physician or surgeon, psychologist or psychiatrist, dentist, osteopathic physician or surgeon, or chiropractor or podiatrist...”

In addition, according to section §30-28-3.d. of the West Virginia Occupational Therapy Practice Act, definitions of Occupational Therapy, “ Occupational Therapy means the evaluation, treatment, and aid in diagnosis of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorder, congenital or developmental disability, or the aging process in order to achieve optimum functioning and for prevention and health maintenance. Specific OT services include, but are not limited to, activities of daily living (ADL); the design, fabrication and application of splints; sensory motor activities; the use of specifically designed crafts; guidance in the selection and use of adapted equipment; therapeutic activities to enhance functional performance; prevocational evaluation and training; and consultation concerning the adaptation of physical environments for the handicapped. These services are provided to individuals or groups through medical, health, educational and social systems and for the maintenance of health through these systems.”

In 1988, Congress approved legislation to allow school systems to bill Medicaid for certain related services including OT. Under the present Medicaid guidelines, a physician’s order is required for all related services (occupational, physical, and speech therapy). Therefore, based on this Federal Mandate, it is the position of the WV Board of Occupational Therapy, that any individual receiving OT in the school system, should have a current annual physician’s order.

In addition, per Medicaid guidelines, in order for a supervising Occupational Therapist to bill for services provided by a Certified Occupational Therapy Assistant in the school system, the supervising Occupational Therapist must be on the school premises when the service is being provided to the student.