



OREGON Occupational Therapy Licensing Board

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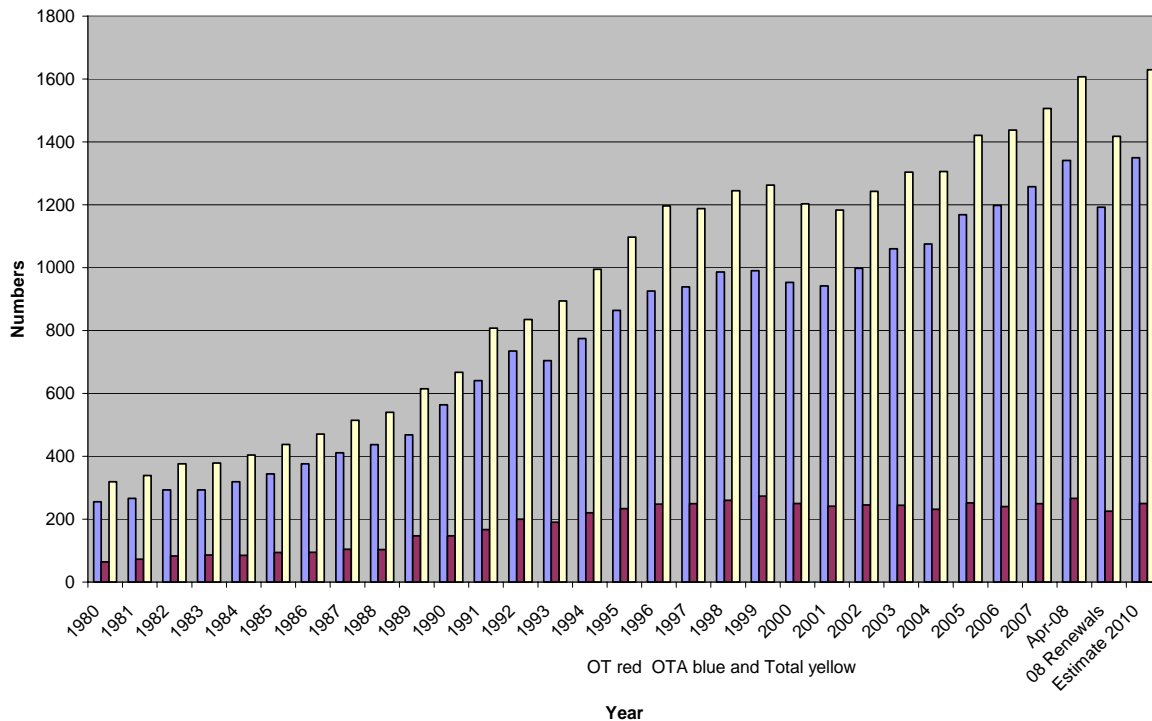
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www.otlb.state.or.us Director: Felicia.M.Holgate@state.or.us August, 2008

NEWSLETTER

You have successfully completed your 2008 – 2010 Occupational Therapy renewals. More than half of you renewed online, and some of you paid by credit card through the State Secure Pay. Before renewals we had 1558 licensees. Approximately ten percent of licensees did not renew. After renewals we had 1419 licensees. As of mid August we are up to 1500 licensees. We expect about 1700 licenses by 1010. There is a great workforce needs in Oregon for OTs so this is good news for the citizens of Oregon. The chart shows numbers since 1980.

History of Occupational Therapists



Mission Statement & Statutory Authority: The Occupational Therapy Licensing Board, created in 1977, was the seventh state to have licensure laws for the profession of Occupational Therapy. The Board’s mission is to protect the public by supervising occupational therapy practice. The Board is charged with assuring safe and ethical delivery of occupational therapy services in Oregon. The Board’s authority and responsibilities are defined in Oregon Revised Statutes ORS 675.210 - ORS 675.340 and Oregon Administrative Rules Chapter 339.

The next meeting of the Licensing Board is **Friday, November 7, in Room 445** of the **Portland State Office Building**. The Board decided not to hold their meeting during the OTA/O conference, but will be available with the Director at the vendor table to answer your questions.

As you know, the Board reduced the fees for both OTs and OT Assistants. The Board could partly because of savings doing work on the internet and online. Other areas that affect Board expenditures are the cost of discipline and attorney fees which are relatively low due to several factors. The first is that cases are resolved using education in appropriate cases when there is no actual harm to the public. Another is that cases are resolved through mutual consent orders, so do not have costly administrative hearings. Finally, there are relatively few disciplinary cases compared to other health professions.

What kind of cases does the Board have? Complaints about confidentiality, drugs at work, DUI, not reporting a prior crime, and not completing CE. There is no pattern to the complaints, either by type of complaint, age or type of therapist.

PAIN MANAGEMENT

One of the Board priorities is to track and help all licensees complete their required six CE hours (plus the one hour mandatory class) of pain management due with the 2010 renewals.

Proposed rule on **Pain Management: One-time requirement for CE on Pain Management**

- (1) 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.
- (2) 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.
- (3) 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 required by the Pain Commission) prior to their next renewal or within two years of license in Oregon, whichever comes later.



After you complete the 7 Pain CE points, send an e-mail to Felicia Holgate, Director, giving the date and classes.

OTAO has been working hard to make classes available and will continue to do so. Their October conference has pain management classes www.otao.com Also check the Pain management web site at www.oregon.gov/DHS/pain .

Please keep in mind that your Association members are all volunteers. They are working to help you. Try to volunteer to help them at an event in the coming years. If you can sponsor a Pain CE class at your facility, contact OTAO and the Board and we will help set it up and do publicity.

As part of setting up the secure pay credit cards for renewal, the board adopted the following rule to make renewal fees non-refundable:

Renewal Fees non refundable: 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.**

Please keep your address and e-mail current with the Board.

Members of the OT Licensing Board

Jeff Roehm finished his eight years as a valued public member of the board. His contributions were many and his insight and support of the Occupational Therapy profession is great. He will be missed on the OT Licensing Board. His broad experience in health care and knowledge of issues make him an outstanding board member. He thought through the issues, and quickly narrowed them down to the most essential.

He served your profession well, taking his responsibilities seriously and working on so many issues: review of laws and regulations, disciplinary cases, legislative issues, and other administrative and professional issues. We appreciate the sensitivity and humor Jeff brought to discussions. The board expressed its gratitude and thanks for all he did at the last board meeting.

We are delighted that **Robert Bond** and **Mitch Schreiber** have been appointed by the Governor as the new Public Board members.

Robert Bond is well known at Pacific University. He attended University of Michigan with a degree in English and Accounting. He worked in management with several businesses. Having suffered a stroke in March, 2000 he worked to recover and improve himself and his Occupational Therapy involvement was a major part of his progress.



His interest to continue working with and improving Occupational Therapy practice has become an important part of his life. Robert is a board member of Pacific University, School of OT and serves as a patient, a client and an educator for OT. He also volunteers at Good Samaritan Hospital. The board is fortunate to have his professional and personal expertise to help with the work of the board.

Mitchell Schreiber graduated from Milwaukie High school and started work at Union Pacific Rail Road as a conductor/brakeman/switchman. He was injured on the job in 1980 and after months of rehabilitation and therapy he went back to work. Ten years later he had more back problems and medically retired. He had a major fall and came close to losing his life. The multiple injuries resulted in continuous occupational therapy and many surgeries.

Mitch feels he owes his life to the surgeons, physicians and therapists who have helped him along the way, learning to walk, brush his teeth, none of which he could do the previous year. By serving on the board he hopes to help the field which has helped him in his life. Interests include computers, home shop, guitar and piano. As his physical abilities grow he hopes to return to golf, hunting, fishing, walking, biking and horses. His church and family are also an important part of his life.

Public members are an important part of licensing boards. Currently the legislature is looking at how many public members should serve on licensing boards. If the laws change to require 50% minus 1 be public members, the Oregon OT Board already has that ratio.

In 2009 the OT Assistant position will be open in June, and in 2010 the OT position on the board will be open. If you or someone you know is interested please contact the Director.

WORKING IN EDUCATION

Education rules: Thank you to many of you who helped redraft the proposed rules of OT's in Education. The Board especially thanks **Sandra Pelham Foster, Lois Heying and Patti Watkins**. The draft rules were reviewed at the annual TIES conference. All comments need to be made before the final Board hearing of these rules on Friday, November 7th in Portland. Contact Director, Felicia Holgate.. We will also ask OTAO SIS special interest group for their comments. Administrative Rule procedures require board to publish copies of all rules and send them to interested parties. 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 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, 3rd

Rescinding PSC RULING RESNA (wheelchair requirements)

In a bulletin of Dec 2007, medical directors announced that the Centers for Medicaid and Medicare Services (CMS) will **rescind the requirement** in the LCD for power mobility device evaluations to be performed by a RESNA-certified ATP effective April 1, 2008. Instead, the **current evaluation requirement** will remain in place: **Patients must have "a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT. . .who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features."** The licensed/certified medical professional must have no financial ties with the supplier.

Legislative/Governor issues: There will be legislation affecting licensing boards about how many public members sit on the board; how board members are appointed; oversight of the licensing board; impaired practitioners or monitoring programs, fingerprinting; and criminal history.

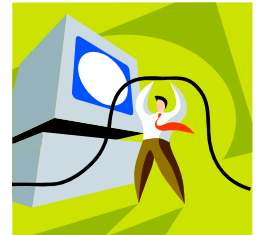
SUPERVISION of OT ASSISTANTS

As you know, all Assistants need to send in a current Statements of Supervision form to the board office prior to working in Oregon. The Board made the decision that they no longer need to be notarized. The rule change 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.

We plan to make this part of the renewal process in 2010. All Assistants and supervisors should review the AOTA guidelines on supervision. Information is at www.otlb.state.or.us on the left menu bar under Supervision. Gayle Shriver, licensing specialist sends reminders with copies of the AOTA documentation.



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Occupational Therapy Licensing Board Members:
Genevieve deRenne, MA, OTR/L, FAOTA, Chair
Alan King, OTR/L Vice-Chair
Joyce Browne, OTA/L
Robert Bond, and Mitch Schreiber, Public Members

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