

UTILIZATION OF REHABILITATIVE HEALTH PERSONNEL & STUDENTS

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Sponsored By

- ◆ Community College of Rhode Island
- ◆ University of Rhode Island
- ◆ New England Institute of Technology

Description of Assistant Personnel

◆ Physical Therapist Assistant

- ◆ The physical therapist assistant is an educated individual who works under the direction and supervision of a physical therapist. The physical therapist assistant is the only individual who assists the physical therapist in accordance with APTA's policies and positions in the delivery of selected physical therapy interventions. The physical therapist assistant is a graduate of a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education.

◆ Occupational Therapy Assistant

- ◆ An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and AOTA documents. Based on their education and training, occupational therapy assistants must receive supervision from an occupational therapist to deliver occupational therapy services.

Education & Training of Assistant Personnel

	PTA	OTA
Degree	Associate	Associate
Clinical Education/ Fieldwork	18 weeks (CCRI) 14-25 weeks (NEIT)	12 weeks (RI DOH) 17 weeks (CCRI) 17.5 weeks (NEIT)
Licensure	Yes	Yes
Continuing Education	24 Hours Biennially (3 Allowed from Student Supervision)	20 Hours Biennially (5 Allowed from Student Supervision)

Regulation of Service Delivery

- ◆ Professional Associations

- American Physical Therapy Association (APTA)*

- American Occupational Therapy Association (AOTA)*

- ◆ Patient Management Models
 - ◆ Policies & Position Statements
 - ◆ Standards of Practice

- ◆ State Practice Acts

- RI Department of Health Rules & Regulations*

- ◆ HCFA/ Medicare

The Role of The Physical Therapist Assistant

APTA Patient Management Model

Element	Explanation	PTA Involvement
Examination	History, Systems Review, Tests & Measurements	YES
Evaluation	Clinical Judgment Based on Examination Data	YES, IN CERTAIN CIRCUMSTANCES
Diagnosis	Identification of Source of Dysfunction Based on Eval	NO
Prognosis	Determination of Level of Optimal Improvement	NO
Intervention	Treatments Administered to Patient	YES

APTA Position Statement

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT (HOD Po6-05-18-26)

- ◆ The physical therapist assistant is the only individual permitted to assist a physical therapist in selected interventions under the direction and supervision of a physical therapist.

APTA Position Statement

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT (HOD Po6-05-18-26)

- ◆ The degree of direction and supervision necessary for assuring quality physical therapy services is dependent upon many factors, including the education, experiences, and responsibilities of the parties involved, as well as the organizational structure in which the physical therapy services are provided.

APTA Position Statement

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT (HOD Po6-05-18-26)

- ◆ Regardless of the setting in which the physical therapy service is provided, the following responsibilities must be borne solely by the physical therapist:
 1. Interpretation of referrals when available.
 2. Initial examination, evaluation, diagnosis, and prognosis.
 3. Development or modification of a plan of care which is based on the initial examination or reexamination and which includes the physical therapy goals and outcomes.
 4. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render physical therapy interventions and when it may be appropriate to utilize the physical therapist assistant. A physical therapist shall determine the most appropriate utilization of the physical therapist assistant that provides for the delivery of service that is safe, effective, and efficient.
 5. Reexamination of the patient/client in light of their goals, and revision of the plan of care when indicated.
 6. Establishment of the discharge plan and documentation of discharge summary/status.
 7. Oversight of all documentation for services rendered to each patient/client.

APTA Position Statement

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT (HOD Po6-05-18-26)

- ◆ Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants for selected interventions requires the education, expertise, and professional judgment of a physical therapist.

APTA Position Statement

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT (HOD Po6-05-18-26)

- ◆ In determining the appropriate extent of assistance from the physical therapist assistant (PTA), the physical therapist considers:
 - The PTA's education, training, experience, and skill level.
 - Patient/client criticality, acuity, stability, and complexity.
 - The predictability of the consequences.
 - The setting in which the care is being delivered.
 - Federal and state statutes.
 - Liability and risk management concerns.
 - The mission of physical therapy services for the setting.
 - The needed frequency of reexamination.

RI Department of Health Rules & Regulations for Physical Therapy

- ◆ Supervision of the PTA
 - ◆ PT must be accessible to PTA at all times via telecommunications while the PTA is treating
- ◆ Documentation of Supervision
 - ◆ The PT must document the following at least once per month with respect to PTA Supervision
 - ◆ Instruction of PTA
 - ◆ On-Site Supervision of PTA Performance (co-visit)
 - ◆ Review of PTA documentation
- ◆ Frequency of Visits by the PT
 - ◆ As clinically necessary, but not less than once per month
 - ◆ Quarterly in school settings, and chronic long term care settings

Medicare Supervision Requirements for PTAs

Setting	Supervision Requirement
PT Owned Private Practice	Direct Supervision (PT is present in the office suite)
Physician Owned Private Practice	Direct Supervision (PT is present in the office suite)
Comprehensive Outpatient Rehab Facility (CORF)	General Supervision (initial direction and periodic inspection)
Skilled Nursing Facility	General Supervision (initial direction and periodic inspection)
Homecare	General Supervision (initial direction and periodic inspection)
Hospital Setting	Defer to Practice Act

The Role of The Occupational Therapy Assistant

Roles & Responsibilities in Occupational Therapy (AOTA)

- ◆ Evaluation

The occupational therapy assistant contributes to the evaluation process by implementing delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist.

Roles & Responsibilities in Occupational Therapy (AOTA)

- ◆ Intervention Planning
 - ◆ The occupational therapist and the occupational therapy assistant collaborate with the client to develop the plan.
 - ◆ The occupational therapy assistant is responsible for being knowledgeable about evaluation results and for providing input into the intervention plan, based on client needs and priorities.

Roles & Responsibilities in Occupational Therapy (AOTA)

- ◆ Intervention Implementation
 - ◆ The occupational therapy assistant selects, implements, and makes modifications to therapeutic activities and interventions that are consistent with demonstrated competency levels, client goals, and the requirements of the practice setting.

Roles & Responsibilities in Occupational Therapy (AOTA)

- ◆ Intervention Review
 - ◆ The occupational therapy assistant contributes to this process by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications during intervention.

Roles & Responsibilities in Occupational Therapy (AOTA)

- ◆ Outcome Evaluation
 - ◆ The occupational therapy assistant is responsible for being knowledgeable about the client's targeted occupational therapy outcomes and for providing information and documentation related to outcome achievement.
 - ◆ The occupational therapy assistant may implement outcome measurements and provide needed client discharge resources.

AOTA Standards of Practice

Screening, Evaluation & Re-Evaluation

- ◆ An occupational therapy assistant contributes to the screening, evaluation, and re-evaluation process by implementing delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist in accordance with law, regulatory requirements, and AOTA documents.
- ◆ An occupational therapist completes and documents occupational therapy evaluation results. An occupational therapy assistant contributes to the documentation of evaluation results.

AOTA Standards of Practice

Intervention

- ◆ An occupational therapy assistant selects, implements, and makes modifications to therapeutic activities and interventions that are consistent with the occupational therapy assistant's demonstrated competency and delegated responsibilities, the intervention plan, and requirements of the practice setting.
- ◆ An occupational therapy assistant contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications throughout the intervention.

AOTA Standards of Practice

Outcomes

- ◆ An occupational therapy assistant contributes to the discontinuation or transition plan by providing information and documentation to the supervising occupational therapist related to the client's needs, goals, performance, and appropriate follow-up resources.
- ◆ An occupational therapy assistant contributes to evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.

AOTA Guidelines for Supervision of the COTA

- ◆ It is the responsibility of occupational therapists and occupational therapy assistants to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.

AOTA Guidelines for Supervision of the COTA

- ◆ The specific frequency, methods, and content of supervision may vary by practice setting and are dependent on the
 - a. Complexity of client needs
 - b. Number and diversity of clients
 - c. Skills of the occupational therapist and the occupational therapy assistant
 - d. Type of practice setting
 - e. Requirements of the practice setting

AOTA Guidelines for Supervision of the COTA

- ◆ Occupational therapists and occupational therapy assistants must abide by agency and state requirements regarding the documentation of a supervision plan and supervision contacts. Documentation may include:
 - a. Frequency of supervisory contact
 - b. Method(s) or type(s) of supervision
 - c. Content areas addressed
 - d. Evidence to support areas and levels of competency
 - e. Names and credentials of the persons participating in the supervisory process.

RI Department of Health Rules & Regulations for Occupational Therapy

- ◆ Supervision of the COTA
 - ◆ Supervision requires at a minimum that the OTR/L meet in person with the COTA to provide initial direction and periodic on-site supervision
- ◆ Determinants of Supervision Level
 - ◆ The OTR/L determines the type and amount of supervision in response to
 - ◆ Experience and competence of the COTA
 - ◆ Complexity of the patient and the treatment program
- ◆ Documentation of Supervision
 - ◆ The OTR/L and COTA are jointly responsible for maintaining records, including patient records, to document compliance with these regulations.

Guidelines for COTA Practice

(According to RI DOH Rules & Regulations)

A licensed COTA...

- ◆ May not initiate a treatment program until the patient has been evaluated and the treatment planned by the OTR/L
- ◆ May not perform an evaluation, but may assist in the data-gathering process and administer specific assessments where clinical competence has been demonstrated, under the direction of the OTR/L
- ◆ May not analyze or interpret evaluative data
- ◆ May participate in the screening process by collecting data and shall communicate information gathered to the OTR/L
- ◆ Shall monitor the need for reassessment and report changes in status that might warrant reassessment or referral under the supervision of the OTR/L
- ◆ Shall immediately discontinue and treatment procedure which appears harmful to the patient and immediately notify the OTR/L

Medicare Supervision Requirements for COTAs

Generally, occupational therapy is considered a covered service under Medicare if it meets the following criteria:

- ◆ Services must be prescribed by a physician and furnished under a physician approved plan of care (developed by a physician or an occupational therapist).
- ◆ Services must be performed by a qualified occupational therapist, or occupational therapy assistant under the general supervision of an occupational therapist (**or direct supervision** (*i.e., "in the office suite"*) *in the* case of occupational therapy private practice)
- ◆ Services must be reasonable and necessary for the treatment of the individual's illness or injury.

Supervision Requirements for Therapy Students

RI Department of Health

Student Supervision Requirements

PT Rules & Regulations

- ◆ PT Students

A Physical Therapist shall be present on the premises, and immediately available whenever a physical therapist student is performing treatment procedures or patient related activities.

- ◆ PTA Students

A Physical Therapist or Physical Therapist Assistant shall be present on the premises, and immediately available whenever a physical therapist assistant student is performing treatment procedures or patient-related activities

OT Rules & Regulations

- ◆ OT Students

A licensed occupational therapist is permitted to supervise the following:

- Occupational Therapy Assistants
- OT Aides
- Care Extenders
- OT Students
- Volunteers

- ◆ OTA Students

A licensed OTA is permitted to supervise the following

- OT aides
- Care extenders
- Students (includes OTA Students)
- Volunteers

Present Medicare Part B Student Supervision Requirements

- ◆ According to program memorandum AB-01-56, Medicare does not reimburse for student services provided under Medicare Part B. However, HCFA has clarified that the presence of the student "in the room" does not make the service un-billable, and therapists may bill and be paid for the provision of services to Medicare Part B beneficiaries even with student participation under certain circumstances.

What Services are Reimbursable Under Medicare Part B With Student Participation?

- ◆ The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- ◆ The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- ◆ The qualified practitioner is responsible for the services and as such, signs all documentation. A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services, thus it is recommended that the licensed practitioner completes all documentation in this instance.

Who Is The Qualified Practitioner?

- ◆ In March 2010, APTA requested clarification from HCFA in defining the “qualified practitioner”. HCFA responded by stating that physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.
- ◆ Translation: Yes, PTAs and OTAs can serve as Clinical Instructors and Fieldwork Supervisors for PTA and OTA students and bill and be reimbursed for services provided to Medicare Part B beneficiaries under the circumstances outlined above.

Present Medicare Part A Student Supervision Requirements

Skilled Nursing Facility Setting

PT & OT Students

- ◆ The minutes of student services count on the Minimum Data Set. However, Medicare requires that the professional therapist (PT/OT) provide line-of-sight supervision of PT/OT student services.

Federal Register (Volume 64, Number 213)

PTA & OTA Students

- ◆ The minutes of student services count on the Minimum Data Set. However, Medicare requires that the professional therapist (PT/OT) provide line-of-sight supervision of PTA or OTA student services, respectively.

Federal Register (Volume 64, Number 213)

**It is recommended that the professional therapist co-sign the note of PTA/OTA student*

**This does not preclude a licensed PTA or OTA from working with the assistant student in a more direct supervisory role than the PT/OT.*

Present Medicare Part A

Student Supervision Requirements

Hospital & Inpatient Rehab Setting

PT & OT Students

- ◆ Supervision requirements are not specifically addressed in the Medicare Regulations.
- ◆ Defer to state law and standards of professional practice.

PTA & OTA Students

- ◆ Supervision requirements are not specifically addressed in the Medicare Regulations.
- ◆ Defer to state law and standards of professional practice.

Revised Medicare Student Supervision Requirements

Effective 10/1/2010
SNF Setting Only

Medicare Part A

General Supervision Requirement

- ◆ Therapy students must be in line-of-sight supervision of the professional therapist (**Federal Register**, July 30, 1999). Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the service under line-of-sight supervision.

Medicare Part A

Individual Therapy

- ◆ Definition
 - ◆ Provided by one therapist or assistant to one resident at a time
- ◆ Billable When :
 - ◆ Only one resident is being treated by the therapy student & supervising therapist/assistant.
 - ◆ The supervising therapist/assistant shall not be treating or supervising other individuals and shall be able to immediately intervene/assist the student as needed and the student & resident are both under line-of-sight supervision.

Medicare Part A

Concurrent Therapy

- ◆ Definition
 - ◆ Treatment of 2 residents at the same time, when the residents are not performing the same or similar activities
- ◆ Billable when one of the following occurs :
 - ◆ Therapy student is treating one resident and the supervising therapist/assistant is treating another resident and the therapy student & resident are in line-of-sight
 - ◆ Therapy student is treating 2 residents, both of whom are in line-of-sight of the supervising therapist/assistant who is not engaged in another treatment or supervising other individuals
 - ◆ Therapy student is not treating any residents & the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.

Medicare Part A

Group Therapy

- ◆ Definition
 - ◆ Treatment of 2-4 residents who are performing similar activities
- ◆ Billable when one of the following occurs:
(regardless of payer source)
 - ◆ The therapy student is providing the group treatment and all the residents participating in the group, and the therapy student, are in line-of-sight of the supervising therapist/assistant who is not supervising other individuals (students or residents)
 - ◆ Supervising therapist/assistant is providing group & therapy student is not providing treatment to any resident.

Medicare Part B

General Supervision Requirement

- ◆ The following criteria must be met in order for services provided by a student to be billed by the long-term care facility:
 - ◆ The qualified professional is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
 - ◆ The practitioner is not engaged in treating another patient or doing other tasks at the same time.
 - ◆ The qualified professional is the person responsible for the services and, as such, signs all documentation.
- ◆ **PTAs & OTAs are not precluded from serving as CIs for therapy assistant students while providing services within their scope of work and performed under the direction and supervision of a qualified PT or OT.*

Medicare Part B

Individual Therapy

- ◆ Definition
 - ◆ Provided by one therapist or assistant to one resident at a time
- ◆ Billable When:
 - ◆ One resident is being treated by the therapy student and supervising therapist/assistant. The supervising therapist/assistant shall not be engaged in any other activity or treatment.

Medicare Part B

Concurrent Therapy

- ◆ For residents covered under Medicare Part B, concurrent therapy cannot be billed
- ◆ A therapist may either:
 - ◆ Treat one resident at a time, and the minutes during the day when the resident is treated individually are added, even if the therapist provides that treatment intermittently
 - ◆ The treatment of two or more residents at the same time, regardless of payer source, is documented as group treatment.

Medicare Part B

Group Therapy

- ◆ Definition
 - ◆ Treatment of 2 or more residents who are performing similar activities
- ◆ Billable when one of the following occurs:
(regardless of payer source)
 - ◆ The therapy student is providing group treatment and the supervising therapist/assistant is present and in the room and is not engaged in any other activity or treatment
 - ◆ The supervising therapist/assistant is providing group treatment and the therapy student is not providing treatment to any resident.

References

- ◆ AOTA Annual Conference Session SC242- "Welcome to the World of Medicare"
- ◆ AOTA Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services (2009)
- ◆ AOTA Scope of Practice (2009)
- ◆ AOTA Standards of Practice (2005)
- ◆ APTA Standards of Practice (2009)
- ◆ APTA Position Statement: Distinction Between the Physical Therapist & Physical Therapist Assistant in Physical Therapy **Po6-01-18-19**
- ◆ APTA Website- PTA Supervision Chart
- ◆ APTA Website- Student Supervision & Medicare Chart
- ◆ CMS's Resident Assessment Instrument Version 3.0 Manual- September 2010
- ◆ Guide to Physical Therapy Practice. 2nd ed. APTA; (2003)
- ◆ Rules & Regulations for Licensing Occupational Therapists and Occupational Therapy Assistants. RI Department of Health. September 2007.
- ◆ Rules & Regulations for Licensing Physical Therapists and Physical Therapist Assistants. RI Department of Health. June 2008.