

OREGON Occupational Therapy Licensing Board

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www.oregon.gov/otlb Director: Felicia.M.Holgate@state.or.us January, 2014

NEWSLETTER

OTLB BOARD MEMBERS:

Robert Bond, Public Member, Chair
Mashelle Painter, COTA/L, Vice-Chair
Linda Smith, OTR/L
Juanita Shepherd, Public Member
Sybil Hedrick, OTR/L

Staff: **Felicia Holgate**, Executive Director
Nancy Schuberg, Office Specialist

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Please update your email, which is kept confidential, and contact information to keep current with important news. You can also provide a public e-mail.

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

The next board meeting will be held on **Friday, February 7, 2014** in Room 445, Portland State Office Building, 800 NE Oregon Street. Contact the Director for the Agenda.

What you need to know about Renewal in 2014

Renewals will start in March 2014 and are due May 1st. A paper notice will be sent to the last known address we have for you. In March you will find a link to renew on the main home page of the web site at www.oregon.gov/otlb.

Self Reporting arrests/convictions: Applicants for renewal must answer History questions about any arrests, complaints, or conditions affecting their practice. In addition you are required to **“notify the Board within 10 working days of a conviction of a misdemeanor, or an arrest for or conviction of a felony”**. Feel free to contact Felicia Holgate if you have questions about what needs to be reported. The Board needs time to review all issues so they can decide whether to take any action, so notify the Board about concerns early or it may delay getting your license.

CE Requirements: You will need to have the required 30 points of **CE** in the last two years, unless you are a new graduate. The CE categories and credits are found on the web site. If you are picked for **random CE Audit**, you will need to send in a log form and your certificates.

Pain Management CE is a one-time requirement. You have two years from the time you got licensed to have it completed. Go to <http://www.oregon.gov/oha/OHPR/Pages/pmc/index.aspx> for the mandatory 1-hour free module. You also need six additional hours. If you have completed it send an e-mail giving the name of the class, who gave the class, date completed and the credits to Felicia.M.Holgate@state.or.us and we will add it to your data base. This way when you renew it will show the Pain CE as completed.

The **Pain Commission** updated the **one-hour free online module**. The Board will allow one **free hour of CE** for retaking the module: <http://www.oregon.gov/oha/OHPR/Pages/pmc/index.aspx>

Supervision: All OT Assistants must have a **supervising** OT if they are working in Oregon. We cross check with the supervising OT who must list which OT Assistant(s) they are supervising.

Oregon Ethics Law exam: This is a new requirement for all applicants after January 2014. For the [study guide \(click here\)](#). For the exam: <https://hrlb.oregon.gov/OTLB/Exam/>. For any questions send an e-mail to Felicia.M.Holgate@state.or.us. You can receive **one hour free CE** for taking the exam.

STATEWIDE CREDENTIALING

The Director is on a work group dealing with SB 604 from the 2013 session for a statewide credentialing system. Please send an e-mail to Felicia.M.Holgate@state.or.us if you are credentialed and describe with whom you are credentialed.

CHECK THE WEB SITE www.oregon.gov/otlb FIRST FOR INFORMATION

For an **address** and/or **name change** there is a link on the web site at www.oregon.gov/otlb. You can also send an e-mail to Felicia.M.Holgate@state.or.us. Be sure to FAX or scan and e-mail a copy of the legal document to 971-673-0226. Make sure it shows exactly how the name reads and changes to address, e-mail, and telephone

If you need a **license verification** sent to another state please e-mail Felicia.M.Holgate@state.or.us giving the exact address where it needs to be sent. There is No charge. We do not need their form - we use our own form printed off your data base file. It confirms whether there has been discipline, is signed and has a seal. We will e-mail you back when it is done.

Please check the **web site** at www.oregon.gov/otlb for answers to your questions. There is a section on **Information Requests** and **Issues, Questions and Topics**.

Proposed new rules on Telehealth

Thank you to the workgroup who are proposing a rule to allow Telehealth for OTs in Oregon. It is based on the 2013 AOTA position paper on Telehealth. All licensees and interested parties can review and comment on proposed rules and they are published in the Secretary of State's Oregon Bulletin. The Board will hold a hearing on May 2 Board meeting to consider all comments and finalize rules. **Thank you** to the following: Linda Smith, Board member, Pam Hood Szivek, Tim Esau, Donna Remmick, Sandra J Pelham-Foster, Gretchen Scheibel, and Kathleen Allgood.



339 – 010 – 0006 Standards of Practice for Telehealth

(1) "Telehealth" is defined as the use of interactive audio and video, in real time telecommunication technology or store-and-forward technology, to deliver health care services when the occupational therapist and patient/client are not at the same physical location. Its uses include diagnosis, consultation, treatment, prevention, transfer of health or medical data, and continuing education.

(2) In order to provide occupational therapy services via telehealth **to a patient/client in Oregon**, the occupational therapist providing services to a patient/client must have a valid and current license issued by the Oregon OT Licensing Board.

(a) Oregon licensed Occupational Therapists using telehealth technology with a **patient/client in another state** may also be required to be licensed in the state in which the patient/client receives those services and must adhere to those state licensure laws.

(3) Occupational therapists shall obtain informed consent of the delivery of service via telehealth from the patient/client prior to initiation of occupational therapy services via telehealth and maintain documentation in the patient's or client's health record.

(4) Occupational therapists shall secure and maintain the confidentiality of medical information of the patient/client as required by HIPAA and state and federal law.

(5) Prior to providing occupational therapy services via telehealth, an occupational therapist shall determine whether an in-person **evaluation** is necessary and ensure that a local therapist is available if an on-site visit is required.

(a) If it is determined in-person **interventions** are necessary, an on-site occupational therapist or occupational therapy assistant shall provide the appropriate interventions.

(b) The obligation of the occupational therapist to determine whether an in-person re-evaluation or intervention is necessary continues during the course of treatment.

(6) In making the determination whether an in-person evaluation or intervention are necessary, an occupational therapist shall consider:

- (a) the complexity of the patient's/client's condition;
- (b) his or her own knowledge skills and abilities;
- (c) the patient's/client's context and environment;
- (d) the nature and complexity of the intervention;
- (e) the pragmatic requirements of the practice setting;
- and (f) the capacity and quality of the technological interface.

(7) An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth must:

(a) Exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of delivery of occupational therapy services;

(b) Provide services consistent the AOTA Code of Ethics and Ethical Standards of Practice; and comply with provisions of the Occupational Therapy Practice Act and its regulations.

(8) When an Occupational Therapist has determined that telehealth is an appropriate delivery of services, the therapist must ensure that, if required, there is an adequately trained person available to set up and help with hands on delivery of services to the patient/client and who works under the direction of the therapist.

(9) Supervision of Occupational Therapy Assistant under 339-010-0035 for routine and general supervision, can be done through Telehealth, but cannot be done when close supervision as defined in 229-010-0005 is required. The same considerations in (5)(b) (A) through (F) must be considered in determining whether telehealth should be used.

(10) An Occupational Therapist who is supervising a fieldwork student must follow the ACOTE standards and other accreditation requirements.

(11) Failure to comply with these regulations shall be considered unprofessional conduct under OAR 339-010-0020.

Proposed new rules on Mental Health

The Board thanks the following people who helped draft this proposed rule for OTs working in mental health: Genevieve deRenne, Sean Roush, Sara Pickett , Kelly Ricketts, Cat McGovern-Zlotek, Melodie Ethel-King, Kristy Fleming, Margo Traines, Torri Reichman, and Amber Black. The proposed rule follows:

OAR: 339-010-0006 Occupational Therapy in mental health practice

- (1) Pursuant to ORS 675.210 defining the practice of Occupational Therapy, occupational therapists use analysis and purposeful activity and evaluate cognitive functioning in daily living with individuals across the lifespan who are limited by psycho-social dysfunctions or mental disabilities.
- (2) Occupational therapy practitioners address barriers to optimal functioning at the individual, group, and population levels through evaluation and interventions that focus on enhancing existing skills, creating opportunities, promoting wellness, remediating or restoring skills, modifying or adapting the environment or activity, and preventing relapse.
- (3) Occupational therapists use a recovery model to increase individuals, groups, and populations abilities to be engaged with daily life activities that are meaningful; lead to productive daily roles, habits, and routines; and promote living as independently as possible.
- (4) Services for individuals with mental illness are client centered and may be provided to individuals across their lifespan in the community, hospitals, correctional institutions, home, schools or other educational programs, workplace, or any other setting.
- (5) Occupational therapists may provide behavioral and mental health “diagnosis” using standard terminology and taxonomy such as DSM or ICD through observation of symptoms and mental health assessment, confirmed by prescribing physician and health care team.

Anyone who has comments on the proposed rules should submit them to Felicia.M.Holgate@state.or.us so that the Board can consider them. There will be an administrative rule hearing at their May meeting.

Happy New Year to all !

Occupational Therapy: Living life to Its Fullest