AOTA and NBCOT Announce Development of an OT Licensure Compact

On Sept. 23, 2019, AOTA and NBCOT announced that they would collaborate in the formation of an Interstate professional licensing compact.

The goal to begin state participation is 2024. They hope to have legislation for states to consider during the 2021 sessions. A minimum of 10 states will be needed to activate a Compact Commission.

What is a compact? Similar to a driver license, while maintaining your home state license, OT's and OTA's would be allowed to practice in any other "compact" state. A compact state is any other state that has also passed the language into law.

The practitioner would no longer have to go through the licensing process of providing documentation required for licensure or maintaining CE in each state they wish to practice. A therapist will only have to maintain a license in good standing in one state and then be granted the privilege to practice in another compact state. The therapist will be required to know and follow the statutes and rules governing OT practice in each state in which they work.

The advantages of the compact:
- Enhances communication between the states to easily share information
- Enhances the use of telehealth.

What compacts exist already?
Occupational Therapy will join several other professions with existing compacts including medicine, nursing, and physical therapy.

For more information:
* Read the joint statement.
* Go to the webinar on YouTube.

The Journey Begins....
At the OTAO conference in October, the OTLB asked Kristen Neville from AOTA State Affairs group to give a presentation on the compact, entitled, “The Journey towards Licensure Portability”. Her presentation is posted on the OTLB website. Click here to view.

In her presentation, Kristen clarified that the compact would not replace the licensing board and participating in the compact would not change state OT practice acts of scope of practice. The therapist would follow the laws in the state they are working. Joining the compact is not required.

Kristen stated that AOTA and state associations will lead advocacy efforts. If you would like to get involved:
* Watch for updates from AOTA.
* Advocate with the O'TAO
* Contact your Oregon state legislators.
Medicaid Fraud Unit: Stop Fraud, Financial Exploitation, Neglect and Abuse

Medicaid Fraud Unit (MFU)
Oregon’s MFU is part of the Oregon Department of Justice. Its team is responsible for investigating and prosecuting:
- Fraud committed by Medicaid Providers;
- Financial Exploitation committed in any facility receiving Medicaid funds—whether or not the victim is a Medicaid recipient;
- Abuse and neglect of patients in Medicaid funded health facilities, including nursing homes—whether or not the victim is a Medicaid recipient; and
- Fraud within the administration of the program.

What is Medicaid?
Medicaid is a jointly funded state and federal program that provides health care benefits for low-income and disabled people. The Oregon Health Authority (OHA) administers Oregon’s Medicaid program, called the Oregon Health Plan. The plan provides health care coverage to over 900,000 Oregonians, including veterans, elderly people, physically disabled people, developmentally disabled people, and children.

What is Medicaid Provider Fraud?
The MFU investigates and prosecutes fraud committed by Medicaid providers, such as:
- Phantom billing: billing for services not rendered. (e.g. dentist bills for a filling that was not done.)
- Upcoding: Provider inflates the level of service performed or the length of time spent with a patient. (e.g. Podiatrist billing for surgery when the patient’s toe nails were trimmed.)
- Billing for medically unnecessary services
- Duplicate billing: Billing Medicaid and the recipient or private insurance for the same service or procedure.

Financial Exploitation
Sadly, some health care providers use their position of trust to take advantage of our most vulnerable populations by stealing money, property, and even prescription drugs.
Examples include:
- A nursing home administrator who writes and cashes checks for personal gain from the patients’ accounts.
- An adult foster home owner who uses personal influence and the authority of the position to coerce a patient into making the owner a beneficiary within the patient’s will.

Abuse and Neglect
Worse still are health care providers who physically abuse or neglect their clients. Warning signs include:
- A patient whose medication is missing or suddenly appears to be ineffective.
- Cuts, black eyes, bruises and burns, especially when the caregiver cannot explain how they happened.
- Patient fears being along with caregivers.
- Patient or resident is unkempt or his/her room is extremely dirty.

Drug Diversion
The Centers for Disease Control and Prevention has labeled prescription drug abuse an epidemic. Many controlled prescription drugs in facilities are attractive to substance abusers, especially opioid pain relievers and high cost antipsychotics. Drug diversion schemes include:
- A home health care worker who steals a patient’s medication to sell or to keep for personal use.
- A nurse who uses Medicaid recipient identities to get prescription drugs from a computerized dispenser at a facility.
- A physician who operates a “pill mill” providing no legitimate care while writing unlawful, medically unnecessary prescriptions.

Report Medicaid Provider Fraud, Exploitation, Abuse or Fraud in the Administration of the Medicaid Program
All of us have the responsibility to report fraud and abuse. The Oregon Attorney General’s Medicaid Fraud Unit (MFU) investigates and prosecutes fraud, financial exploitation, abuse and neglect, and brings the perpetrators to justice. You can make a referral to the MFU:

By Email: Medicaid.fraud.referral@doj.state.or.us

By Phone: 971-673-1880

By Mail: Medicaid Fraud Unit, Oregon Department of Justice
100 SW Market Street
Portland, OR 97201
Renewals 2020 begin on March 1st!

Starting March 1, 2020, all Oregon Licensees will need to renew their OT/OTA license to continue working in Oregon. Renewals are from March 1 to May 1 without a late fee. Between May 2 and May 31, there is a $50 fee assessed and after May 31, the license lapses.

To make sure things go smoothly, please make sure your contact information is up-to-date with the board. You can email board staff with any changes or complete the address change form on the home page of the board website.

Pain Management CE Requirement: The legislative one-time requirement of all licensees is due within 2 years of licensure. If your pain management is due, you cannot renew unless its done and you’ve let us know.

If you’re not sure if you’ve completed the requirement, send an email to board staff.

What to know about CE in Oregon: If you are currently NBCOT certified when you renew, your CE is good in Oregon. When you go to renew you just click that you ARE certified. Board staff will verify your certification with NBCOT.

If you are not NBCOT certified when you renew, then you will need to have 30 points of CE within the last two years from your renewal date. For tips on CE, click here, and select the “Advice on CE “ tab.

Background checks: When you renew you will also need to report any charges, convictions, abuse of alcohol or controlled substances, disciplinary investigations, or conditions which could impede your ability to practice safely. The board runs Law Enforcement Data System (LEDS) checks on all licensees prior to renewals.

Are you planning to NOT renew your Oregon License? If you know you do not want to renew, let us know by emailing board staff. We will mark you as NON renewing and you will no longer receive reminders.

Reporting At-Risk Drivers

DMV requires some physicians and health care providers to report drivers with functional or cognitive impairments that are severe and cannot be corrected or controlled by surgery, medication, therapy, or adaptive devices. Functional or cognitive impairments include diminished physical, mental and/or sensory capacities that adversely impact the ability to safely operate a motor vehicle.

The Oregon Administrative Rules describe the impairments that must be reported to DMV. It also explains how to see if the impairment affects driving.

At-Risk Driver Program rules:

Mandatory Reporting OAR
Non-Mandatory Reporting OAR

For more information visit the At Risk Driver program website for Medical Professionals.

Wishing You Safe and Happy Holidays!
**2020 Oregon Pain Summit**

*The Role of Trauma in the New Pain Paradigm*

**January 24 to 26, 2020**

Boulder Falls Center
Lebanon, Oregon

For more information, [click here.](#)
For a schedule of events, [click here.](#)
For info on workshops, [click here.](#)

**CE is available.**

### Oregon Licensee Count

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### State Emergency Registry of Volunteers in Oregon (Serv-OR)

SERV-OR is a statewide registry system to help health care professionals volunteer their services during emergencies with significant health impacts.

The registry is sponsored by the Oregon Public Health Division in partnership with the Medical Reserve Corps.

For more info, visit: [https://www.serv-or.org/](https://www.serv-or.org/)

### Self-reporting Requirements

If you are arrested you must notify the Board within **10 working days** of a conviction of a misdemeanor, or an arrest for or conviction of a felony.  OAR 339-010-0020 (5)(d).

### Did your legal name change?

**To change your name:** Go to [www.oregon.gov/otlb](http://www.oregon.gov/otlb) for the name change form or send an email to [board_staff](mailto:board_staff). Email or fax us the legal document showing the name change. OAR 339-010-0018

### Keep your Contact info current—It’s the Law!

**Change your contact information within 30 days:** Go to [www.oregon.gov/otlb](http://www.oregon.gov/otlb) and complete the address change form or send an email to [board_staff](mailto:board_staff). OAR 339-010-0018

**To order a verification to be sent to another state:** email [board_staff](mailto:board_staff) and give the exact address where it needs to be sent. **There is No Charge.** We do not need their form. We will email you back when it is done.