

PUBLIC MEETING MINUTES
Occupational Therapy Licensing Board

The Oregon Occupational Therapy Licensing Board met Friday May 7, 2010, at the Good Sam Hospital in Corvallis Oregon in the HP conference room. Board members present were: Genevieve deRenne, MA, OTR/L, FAOTA, Chair; Alan King, OTR, Vice Chair; Mashelle Painter, B.S., COTA/L; and public members, Robert Bond and Mitch Schreiber . Felicia Holgate, Director was present. With a quorum present, Genevieve deRenne called the meeting to order at 10:10 a.m.

Minutes: The Board reviewed Feb. 5, 2010 Public meeting minutes. Mashelle Painter MOVED THAT THE PUBLIC MINUTES OF Feb. 5, 2010 BOARD MEETING BE APPROVED. Alan King SECONDED THE MOTION AND IT PASSED WITH ALL PRESENT.

The Board reviewed Confidential Feb. 5, 2010 meeting minutes. Alan King MOVED THAT THE CONFIDENTIAL MINUTES OF Feb. 5, 2010 BOARD MEETING BE APPROVED. Robert Bond SECONDED THE MOTION AND IT PASSED WITH ALL PRESENT.

Ratify List of Licensees: Licenses issued since the last Board meeting were distributed. Robert Bond MOVED TO RATIFY THE LIST OF LICENSEES ISSUED SINCE THE LAST BOARD MEETING. Mitch Schreiber SECONDED THE MOTION AND IT PASSED WITH ALL PRESENT.

As of May 5 there were 220 OT Assistants (before renewals 272), and 1219 OTs (before renewals 1433 OTs) for a total of 1439 licensed OT with licenses expiring May 31, 2012. 61 therapists advised the board they do not plan to renew which makes a total of 1484 of the 1704 licensees. We expect 10 % not to renew for reasons such as retirement, moving, or deciding not to work at this time. There will be renewals with late fees. We expect a total of 1500. The Revenue Forecast projects 240 OT Assistant license renewals and 1300 OT license renewal. On May 31, 2010 all licenses expire. We issued 11-12 new licenses per month since the last board meeting.

Report of the Director: Director, Felicia Holgate sends monthly reports. During renewals it is very busy and there will be a combined April-May report coming.

OT Day at the Legislature: Pacific University 3rd year students had their OT day at the State Capitol on Tuesday Feb. 16, 2010 met with legislators, made presentations about OT, learned about the legislative process. Felicia Holgate, Director and Robert Bond represented the Board.

Renewals started in March. Postcards with a code for licenses to use when they renewed online were mailed Feb. 28 and renewals online started with licensees having the option to pay by credit card (U.S. Visa or MasterCard) or printing, signing and sending the confirmation page with their check. A few issues came up: not having the correct SS # in the system (they use an ID code we give them and the last 4 digits of their SS #). Some licensee's firewall did not allow them to access their renewal site and most were able to renew by using another computer. We printed only 20 paper renewals for those who told us early they needed paper copies. There are over a hundred renewal applicants who lost their ID codes and were asking for it by phone or e-mail. Staff answered as many calls and e-mails as possible the last few days in April. Some were calling or e-mailing through Sat. May 1st. If it was after Friday, they have to pay the late fee. Director believes

many renewed at the last minute because they had not yet completed their pain management requirement. Several licensees went on the web site and printed up new applications and sent in the wrong fee. They were told they had not renewed and must go back online to renew.

Pain CE: We confirmed as many pain classes for the six hours and the 1 hour pain management class as possible before licenses renewals started. When OTs renewed they had to type in the date they completed their pain CE classes. The Director will continue to confirm completion of the 1 hour online class when we get the final list from the Pain Commission of those that completed it.

The Board discussed and confirmed its previous decision that students cannot use educational classes they take as students for their required CE needed for license renewal. Students who take a Pain CE class while a student cannot count it for the mandatory CE Pain classes needed for their license renewal.

CE Audit: Five percent of licensees, board members, and those with complaints or issues that have come up before have a mandatory CE audited. If audited, the log form and certificates are submitted. The Director scanned log forms and certificates and sent them by e-mail to the 3 OT members, and some of the audits were approved by the OT Board consultant. Board members submit their CE audit log form and certificates and it is approved by another OT Board member.

Mandatory CE audits: The Board puts those with complaints on mandatory CE audit. The Board made a policy that in general, unless there are additional issues, the mandatory CE audits will be for two licensing period (4 years).

The Director is encouraged by how much can be done online, and paperless and how quickly renewals can be issued. It is the only way to keep expenses down and keep license fees low keeping only the current staff even though license numbers have greatly increased in the last six years.

Budget Review: The Director gave a **fiscal summary**. Monthly revenue, expenditure, and payment statements are scanned and sent to Board members. The Board reviewed the current accounts. The final Legislatively Approved **2009-2011 Budget is \$338,178** which gives the board an **average monthly amount of \$14,091**.

Expenditures in 2010: **Jan. \$10,741; Feb. \$13,910; March \$10,719;** we are spending under the average \$14,000/month allocated in this biennium. The legislature in Feb. did not "raid" the ending balance funds for use in the general fund during the special session, but might in the 2011 session.

Revenues were: **Jan. \$876; Feb. \$2,157; March \$55,516,** (compares to \$31,000 in March 2008 the last license renewal period). Most licensees are paying by credit card. In April we had approximately \$143,460 renewal revenue (about \$10,000 of which was sent by check and not credit card). We do pay about 2 % for credit card payments but the time savings lets us keep up with renewal with current staff. Interest revenue was: **Jan. \$125; Feb. \$132; March \$151.** The Board financial situation continues to be stable. Renewal income represents 2/3 of the agency budget. Revenue projection for 2011-2012 due March 31 were distributed to the Board. We estimated revenue from renewals would be \$220,000 and for March and April they are close to \$198,000. The May accounts have not yet been included and there is the additional \$50 late fee due after May 1, 2010. Amended projections will be made after renewals when the next biennium Agency 2011-2013

Budget binders are due in August. We will have no policy packages – no additional requests for money in addition to what is already budgeted.

4. Closed Session: Disciplinary/Investigations/Complaints: In accordance with ORS 192.660, which allows the Board to meet in Executive Session on matters to consider information obtained as part of investigations of licensees, the following cases had formal motions made:

- **OT 2009-02:** License issued. File closed
- **OT 2009-05:** File closed
- **OT 2009-06 and 2010-01:** Final Order Issued for 2 year suspension. File closed
- **OT 2009-07:** Applicant for Licensure: The case was continued.
- **OT 2010-01:** Consent Order 2 year suspension signed. Notice AOTA NBCOT HIPDA
File Closed
- **OT 2010-02:** The case was continued.
- **OT 2010 – 03: Application:** The case was continued.
- **OT 2010 – 04: Application:** The case was continued.
- **OT 2010 – 05: Application** The license will be issued. File closed
- **OT 2010 – 06: Renewal Application:** License will be issued.
- **OT 2010 – 07: Investigation of OT Assistant:** sent for investigation.

OT 2010-08 Renewal Application:

A MOTION WAS MADE by Alan King AND SECONDED by Mashelle Painter THAT THIS RENEWAL APPLICANT NOT BE ISSUED A 2010 LICENSE BASED ON THE FACT THAT THE APPLICANT LIED ON HIS RENEWAL APPLICATION BY ANSWERING “NO” TO QUESTION #5 “ Have you been the subject of disciplinary investigation or action by any licensing agency since your last Oregon OT license renewal” WHILE BEING CURRENTLY UNDER INVESTIGATION BY THE CALIFORNIA BOARD AS EVIDENCED BY THEIR “STATEMENT OF ISSUES” CASE NUMBER AL2008-126.

- **OT 2010-09 Renewal application:** No action taken, license will be issued. File closed

Other Renewal Applications: Other renewals with YES on history questions were reviewed. The board ratified issuing licenses for applications where the licensee disclosed medical issues, work related injury, back to work Doctor’s letter, and giving up a license in another state, and gave up a nursing license.

The Board members had lunch and continued discussion of agenda items. All board members and the Director were present.

5. Renewal CE Questions and issues: Generally online renewals went very well, though many licensees lost their codes, and some sent in new application forms instead of renewing online. Some sent the wrong fee. For the next renewal, IT will try to find a way where an applicant can go online to find their own renewal code without having to contact the board.

CE extensions granted for 3 months: One therapist asked and was granted an extension by the Board Chair but did manage to complete her CE by May 1. She was overseas caring for an ill mother. Waivers by rule are to be in writing at least two months prior to license expiration (March 31). There were others that asked for more time to renew during the last week of renewals in order to not have to pay a late fee. If they missed the deadline to renew they had to pay the \$50 late fee.

CE information with 2012 renewal: For the 2012 online renewal the Board approved a new requirement that all licensees will type in information on their required 30 points of CE giving the name of the class, who provided it, # of points and date completed. We will start letting licensees know of this requirement early (this year).

Follow up on Supervision online issues: This is the first time the board has asked both the Assistants and the OTs to give information about supervision and we are cross checking what each wrote. There were a lot of discrepancies. Each Assistant must have at one supervision form filed if they are working in Oregon. Some Assistants listed a supervising OT and the supervising OT did not list them. Some supervising OTs listed an Assistant who did not list the supervising OT. The Board consultant made some calls and the Director wrote many e-mails asking both to explain the supervision discrepancies. The Director will continue to work with the Board consultant to provide education for all Assistants about appropriate supervision. We will talk to individual Assistants and supervising OTs, prepare new supervision materials and provide more education.

6. Allen Cognitive Assessments (ACL): The Board has been asked by licensees why an OT is training other professions on the ACL. The Board invited Max Perkins to talk to them about his giving training on the Allen Cognitive Assessments to PT and Speech therapists. The Board wanted to know how he makes sure there is consistency and reliability with screening tools used with the ACL tasks and how he uses the ACL treatment model as an assessment that guides treatment plans.

Mr. Perkins is Director of Clinical Services at Infinity Rehab (prior to that he worked over 8 years at Consonus where he also taught the ACL). He has taught the ACL to many professions because he does not want the test to be used in isolation, with only occupational therapists knowing the number and other therapists and nurses not understanding what it means. The leather lacing test is simple, and lets therapists know whether patients can follow and process directions and gives concrete information about how the patient functions. This level of “functional cognition” can translate easily to give the caregiver information on whether the patient will have difficulty driving, or brushing their teeth for example to support what is going on with the patient.

Speech therapists may get information they need, but the functional part is needed to give information on the patient’s ability to live on their own, or use specific equipment. For example, patients at Level 3 have little learning potential and have impairment areas, patients at Level 1 -2 are

close to comatose. It is important for others at the facility to understand the ACL and what the numbers mean in order to provide better services for the patient.

Infinity has over 100 OTs working for them and has over 140 facilities. He uses the ACL in skilled nursing, with a 2 day workshop giving an overview and rationale for its use as well as how it was developed, modified and refined. The approach is to teach it to clinicians, and make it interdisciplinary by explaining how it applies for care by nurses, dietitians, and speech therapists. He wanted to make it much more hands on, and interdisciplinary, across the spectrum.

The new training resource manual does not limit the ACL as an OT tool. The benefit of sharing the information helps integrates the team. When others understanding the score, how to apply it, how to document it in treatment notes, and how to use it for discharge decisions, the ACL can used to its full benefThe ACL creates the framework as a treatment model, and its use advocates for OT.

The facility can also identify therapists that consider themselves to be experts in ACLs and other clinicians can contact them. It can be implemented within many disciplines. He also has an ACL blog, and sends out a newsletter every few weeks. He gets feedback on how the practitioner's use it and how it can influence their treatment plan.

Although he does not do a yearly competency for the ACL the therapists that are comfortable with it become mentors. He noted that some OT program directors do not use the ACL at all and feel it is not a valid test. It is the OT that translates it into performance and he tries to make it a resource and interdisciplinary for Speech, Nursing, PT, and social service staff. The ACL is the test that is used for cognitive assessment, though other tests may be used especially when appropriate in certain situations. He thinks of it as a model to direct practice and the ACL becomes the "gold standard" for giving better patient care.

Mr. Perkins was asked to consider giving a presentation at the OTA/O state conference to present his perspective for interdisciplinary use of the ACL. When the ACL is used to educate others on what it tells about patients and it is seen from an OT perspective, it makes the ACL a common constant especially when dealing with patients in the skilled nursing environment. A presentation by him could share the training process, his approach to looking at how the ACL can contribute in other disciplines, how OTs see the natural cognition and performance and can bring a common language for other professions to use.

6. Education: There were several issues dealing with OT and OTA attendance at IEP meetings, and OTs keeping records and although there was some discussion, the board will continue its discussion at the next Board meeting.

7. Rule and Law changes: The Agency legislative concepts were sent to DAS for approval and will be reviewed by the Governor's office. The OTLB concepts included deleting the requirement that a first warning must be given for civil penalties and that subpoena's must be signed by the Board chair as well as some housecleaning changes. The Director gave the board a copy of a Disciplinary matrix being used by the Nursing Board in Oregon. The OT Board can develop a similar matrix after changes are made to the civil penalties.

The Health Related Licensing Boards as a group are submitting a legislative concept to have "citation" authority where there is no patient harm and the violation is relatively minor. This citation would be outside the discipline system with a fine and perhaps not be public. The Boards hope this would expedite case and reduce some of the expense.

Genevieve deRenne attended a meeting with Rep. Hoyle from Rep. Mitch Greenlick's legislative health committee which was attended by Board Chairs, Executive Directors, Professional Associations and lobbyists. They were assured the meetings were NOT about consolidation or having a "superboard" but about how to make health boards be more efficient.

10. **New business: OT getting COTA license**

NBCOT said an OT cannot get licensed as an OTA. The Board said the therapists must go to their "highest level" of education and training. The Board would not support a former COTA that became an OT then going back to being a COTA.

OTAO conference October in Sisters: The Board will make a presentation called "11:58" which will discuss renewal issues that came up, CE, Pain CE and CE audits and supervision issues. The Board will meet on Thursday afternoon before the OTAO conference starts. During the OTAO conference the Director will be present to answer questions and provide information. The board will discuss their presentation at the July meeting and the Director will make reservations.

Board membership: Genevieve deRenne is willing to continue to service as a Board member. The law states that names come from the Association to the Governor's office. A Governor may have a policy that they do not appoint board members for 3rd terms, but it is not in the law and there will be a new Governor in 2011. A new change in the law adds the requirement that board appointees must go through Senate confirmation.

Upcoming meetings in 2010:

Executive Teleconference set for 12:00 Friday, May 21, 2010 to discuss several cases where decisions must be made whether or not to issue renewal licenses by the end of the month.

Friday, July 30, 2010 Portland at the State Office Building in Conference room 445.

Thursday, October 14, 2010 in Sisters; the OTAO conference will start on Friday.

Genevieve DeRenne adjourned the May 7 board meeting at 3:01 p.m.

Felicia Holgate, Director May. 12, 2010