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Occupational Therapy Laws and Rules for Florida
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- Welcome to OccupationalTherapy.com and Continued. Thanks for logging into today's live webinar. If this is the first live webinar you've attended this month, you'll notice our platform has changed, we're excited to introduce Zoom as our dedicated webinar platform. In addition to easier access, please note the following changes. Course handouts are available by clicking the link in the chat. The link opens the course information page on the website and the handouts are available on the right side of the page just underneath the presenter information. You must be logged into your account to see and download the files. Please also use the Q&A for all questions including any technical questions regarding the platform. I'm gonna also go over a few more items for you, to ask a question in today's live webinar you're going to click the Q&A and then type your question and click send.

Again, the handout will be in the pending courses or you can also click on the link from the chat. To earn CEUs today, you must go to your pending courses and pass the multiple choice exam, you have seven days from today's date and you have two opportunities to pass the exam. And then lastly, if you need any assistance or technical support today, you can call us at 866-782-9924, you can reach us at customerservice@OccupationalTherapy.com or you can use the Q&A window and we'll be happy to help you. Barbara, do you mind moving the slide forward for me? Thank you very much. Today's course is Occupational Therapy Laws and Rules for Florida. It's my great pleasure to introduce Dr.

Barbara Kornblau. She is an attorney, an occupational therapist, a certified case manager, a certified disability management specialist, and a person with a disability. She is Professor working remotely and Program Director of Idaho State University's Occupational Therapy Program and a Consultant to the United Spinal Association's Pathways to Employment Program. She's a former Robert Wood Johnson Health Policy Fellow in the US Senate, where she worked on disability issues. She is a Past President of the American Occupational Therapy Association and a past chair of the

AOTA Commission on Standards and Ethics. She is the current Advocacy and Policy Coordinator of AOTA's Rehabilitation and Disability Special Interest Section. As an attorney, she litigated cases under the Americans with Disabilities Act involving discrimination in employment, state and local government services and healthcare services.

Dr. Kornblau has presented nationally and internationally and is widely published.

Welcome to Dr. Kornblau.

- Hi everybody. Here's the disclosure forms, I've received an honorarium, you can read these yourself. This doesn't focus on any one product and the course is presented by OccupationalTherapy.com. I am not giving you legal advice today, I am an attorney, I feel the need to say that the only legal advice I'm giving you in this presentation is if you get called before the board, make sure you have a lawyer with you because you can get in big trouble and you can lose your license and at a time like that, you will need somebody advising you. Now the learning outcomes for this course. So to recognize the role of the Florida Board of Occupational Therapy in the regulation of OT practice in Florida, including discipline for violations of the rules governing practice.

To recognize the supervision requirements for occupational therapy personnel and the rules for the use of physical agent modalities under the Practice Act and they've changed a little bit. And to list the continuing education requirements for licensure renewal and other recent additions and requirements to the relevant rules under the Practice Act. And the purpose is to understand the why and how of the practice of occupational therapy is regulated in the State of Florida and I wanna point out that there are several things that are new, there are several things that are in the process of being reviewed and changed and in the next year, it's going to be very important for you to stay on top of what is the licensure board doing and I'm gonna discuss some of those and go into a little more detail about why I'm talking about this.

So as part of the Florida laws and rules were required to take 26 hours of continuing education for licensure renewal and we have to attend two hour board approved courses on laws and rules and we also need to attend, there's a new one this year that I'll be talking about in a minute about, well, we'll talk about that in a minute. So one of these courses is approved for two hours in education on OT, the other one that you have to take is medical errors and that one's gonna be offered Thursday this week. Now a little civics review, why am I talking about civics? Because you have to understand why we have rules and how we get them.

So the Florida Legislature passes a law, the law authorizes an agency within the state to promulgate rules to operationalize the law. The agency that we're talking about is the licensure board and I'm gonna give you an example of one of those a little later in the lecture that recently passed, the Florida Legislature passed the law and the licensure board had to pass a rule to go with it. So the Florida Legislature passed Florida Statute 456, Health Professions and Occupations and 468 which is specifically the Occupational Therapy Practice Act. And this provides authority for the board to adopt rules, the Board of Occupational Therapy to adopt rules pursuant to a law called the Administrative Procedure Act and the Administrative Procedure Act, I know this sounds wonky, but that specifies how rules are made.

So rules are made, they announce the rules, they give citizens an opportunity to give feedback on the rules and then the board votes to make the rule a rule and I'm gonna show you a couple of those. So the Board of Occupational Therapy Practice they promulgate the rules and they operationalize the Occupational Therapy Practice Act. So the board must announce the proposed rules, as I said, solicit feedback and follow the rules prescribed by the Administrative Procedure Act to make the changes and these rules are published in the Florida Administrative Code which you'll see abbreviated as Fla. Admin. Code or FAC. Now, what's new? And this is just the list, I'm

gonna be talking about these things, there's a lot new and as I mentioned, there's more to come.

So I mentioned there was a new requirement that's the human trafficking continuing ed requirement. That one, you have to have that done by the end of the year, I think it says January 1st of 2021 so you have to take a one credit course. And the other one is some changes in telehealth that we'll be talking about, you can now do telehealth. There's also a new rule for half hour contact hours that had to be an hour now that can be a half an hour. Another one is interactive Q&A sessions are considered live if there's a live interaction with the presenter at the end of the session. So that's a change because it used to be we had a certain percentage that had to be live and a certain percentage you could take that were either virtual or online or, you know, through some sort of a course that you order and read but now it's considered live if you have a half an hour interaction with the presenter and we'll talk more about that.

They also added, I mentioned something about physical agent modalities, about PAM's, they've added the addition of neurofeedback devices to prescriptive devices. There's a new emotional support animal rule and I have this at the end but I just think this one is funny and I can't help telling you a little bit about it now. But, you know, we're seeing emotional support animals, we don't know what the heck that means and so people are going to health professionals including OTs to get sort of like a referral or something saying that my dog is an emotional support animal when we really don't know. So they passed a law in in Florida and all the healthcare boards had to come up with a rule operationalizing it so we have a rule, we'll talk about it more later but it basically says, don't swear that somebody, you know, verify that someone has an emotional support animal unless you really know it's an emotional support animal and you've done an assessment and an evaluation of all this stuff.

And then there's some other changes to the standards of practice, specifically discipline. They're changing our discipline rules, some overall body that does rules in the state of Florida said that our rules had to be changed and updated so we're in the process of doing those. I have some examples of those, it's something to watch out for, it'll be coming, they've talked about it in a couple of meetings. Now, if you look at the Board rules, which is Florida Administrative Code, Chapter 64B11 and it's point something, there's a bunch of them, you will see some things that may have changed and some that are changing. Now if you see the word repeal, that means it's been revoked or canceled.

However, the substance of these rules may still be in effect but going forward the rules may have changed to spell them out better or the penalties may have changed and that's what we're seeing with the changes they're making, a lot of them are changes in the penalties. So for example, in Rule 64B11-4.003, Standards of Discipline from the Occupational Therapy Licensure law which is currently undergoing revision to comply with the Florida law that aims to have more consistency between and among the multiple boards that regulate various health professions so you're gonna see changes in discipline. Hopefully, none of you will ever need to worry about that because you're gonna follow the rules and not have to worry about disciplinary action but those are changing and I'll show you some examples of those.

Okay, so Florida's Department of Health is the umbrella agency for the various healthcare professions and licensure boards, including occupational therapy. The Department of Health's mission is to promote and protect the health and safety of all of Floridians. And the occupational therapy licensure board is housed within the division of Medical Quality Assurance so they also protect Floridians. So what's the purpose of the Florida Licensure? Occupational Therapy Licensure protect the public from harm, and harm can be physical, psychological or economic harm. Now, the Florida Occupational Therapy Practice Act, we call it, pretty much everyone calls it Licensure

Law, it regulates people who offer occupational therapy services. What's the purpose? To protect the public, okay? To protect public health, safety and welfare.

Protect the public from being misled by incompetent, unscrupulous or unauthorized persons. To assure a high degree of professional conduct on the part of OTs and OT assistance. And assure the availability of occupational therapy services of high quality to people who need it. Now the Practice Act is on the Florida Occupational Therapy Practice Act, 2020 it was changed and updated a little bit and we'll talk a little bit some of those tweaks. It's a law or a statute that regulates the profession of occupational therapy in Florida, passed in 1975, was the first to do so. Now, a statute or law can only be changed by the Florida Legislature and as the legislature only meets a few months each year with a lot of business, it takes several years before the legislature acts on a proposal for change for specifically occupational therapy.

However, lately they've passed some laws that require all the boards to create or revise some of their administrative rules. What do I mean by that? Well, I don't remember the exact number of boards but, you know, when you think of it, we got doctors, nurses, OTs, PTs, on and on, all the healthcare professions so they pass a law and an example of a law that applies to everybody is the one about emotional support animals. So they pass a law that applies to all the boards, all the boards have to create a rule to cover. Now, rules interpret the law or describe the procedures authorized by the Practice Act. So for example, the Occupational Therapy Practice Act authorizes the Board to require up to 30 contact hours of continuing education for re-licensure.

The Occupational Therapy Continuing Education rule that the Board put together based on the Practice Act, specifically outlines the number of hours required and what types of educational activities will meet the requirements and in our rule, the board only requires 26 contact hours. So the Law or Practice Act or Statute can only be passed by the legislature but the Board of Occupational Therapy Practice can adopt or amend or

withdraw rules. The law says you have the authority to do rules and they and the statute says that and they can do that. They must follow a procedure however to do that. Now, let's give you an example of something that's new, telehealth.. Now under Florida law, and this is a law again that applies to all the Boards, this is not just for OT but OT created rules.

So telehealth means the use of synchronous or asynchronous communication technology by a telehealth provider and it includes things like assessment, diagnosis, consultation and monitoring of a patient and, you know, all kinds of public health stuff. The term does not include phone calls only or emails or facsimile transmissions so if that's what you're doing, that's not telehealth under the Florida law. Now, the other thing is that there are practice standards under the law. A telehealth provider has a duty to practice in a manner consistent with the scope of occupational therapy practice, what the standards are and the standards for someone providing in person, okay? So we we're not having a lesser standard because it's telehealth. What does that mean?

That means if you have to do an assessment first in person, you have to do an assessment first through telehealth. Now a telehealth provider may use telehealth to perform evaluations. If they do an evaluation sufficient for a diagnosis, we don't diagnose but we have to do things like a history, whatever we do in person we have to do in telehealth. We must keep medical records and the other thing about telehealth is that out of state practitioners are allowed to do telehealth but they must register with the state, have malpractice insurance, not have pending disciplinary actions against them in another state. They cannot have an office in the state, in Florida they can't have an office, they have to get licensed.

They must have a hyperlink to the department on their website. Now, keep in mind that telehealth you can do it but you have to make sure that whoever you're doing it

through it will reimburse it, that's a separate issue. Now, right now we know that Medicare is reimbursing telehealth because they've had an exception because of the pandemic. So if you're going to do telehealth in state, you can do it, you just have to make sure that whoever you're doing it for or whoever's paying will cover it so that's something important to remember. Now the Health Professions and Occupations Act, the general provisions provides authorization for the Florida Occupational Therapy Practice Act and some of the provisions in that it says that we establish licensure requirements, we establish mechanisms to oversee licensure programs and we establish some of the educational requirements for licensure and re-licensure which is continuing ed, change them periodically such as requiring the human trafficking standard and other changes as things happen.

Another example of the change is changing from full hour to half hour, I mentioned that before, we'll be talking about that a little more. So for example, this chapter is the statute or law that requires various health professionals licensure boards to establish requirements for CEUs that you must take each renewal period and some specific topics that the board must require, like laws and rules, medical errors, and human trafficking. That's why our board requires those because there is a law in Florida that requires all boards to require those. Now, human trafficking. On each healthcare provider licensed by one of the named boards, which includes occupational therapists comes in with the law, must complete one hour of continuing education course on human trafficking that has been specifically approved by their board for this purpose.

Our board approves specific courses in certain areas and providers in others. The course must be completed, that is by January 1st 2021 and will count towards the CE for renewal. The law does not require that this course be taken again for future cycle. So it's similar to the aides training which you only need to take once and it's different from the laws and rules and the medical errors which you have to take each cycle. Now, just a little note, OccupationalTherapy.com has an approved course, you can find

other courses through CE Broker that are approved specifically for human trafficking. Now, it says that each healthcare provider licensed by one of the named boards must post a sign regarding human trafficking in a conspicuous place accessible to employees by January 1, 2021.

So whatever clinic you're working in, wherever you are, they have to post something. The sign and it tells you the sign has to be 11 by 15 inches and in at least 32.5, it must contain the statutorily required language and be posted in English in Spanish and the department must also provide Mandarin translations of these signs in offices where they use that language, where that language is spoken. Now you can find links to the official signs for this on the website under the heading signs, the human trafficking website and there are links to signs that appear below, you can find them on that website as well, they can be printed at the specific size, you know, it gives you everything you need, you just need to print it.

Okay, now the Florida Occupational Therapy Board of Practice. They regulate us and I have to say that their website has really, really, really good up-to-date information, this is an old screenshot, it looks the same pretty much. But pretty much anything you need to know about licensure, renewals, whether you know who are providers of continuing ed, whatever you wanna know you can find it from this website. You can also sign up to be notified about changes and I have something about that a little later. So the board has the power to grant or deny licenses, to discipline licensees, to adopt rules or to outline procedures or further define the practice act according to the Administrative Procedure Act, and I mentioned that, you know, it's a little wonky but under the Administrative Procedure Act, when they create rules, again, they have to announce the rules so they'll probably announce it on the website in their minutes or in the proposal, the outline for what's gonna be happening in the licensure board meeting so they have to announce it, and they have to give people opportunity to make comments.

So if they propose a rule that says, occupational therapists must wear blue shoes and you don't like blue, then you can comment to them and say, I don't think it's fair that we have to wear blue shoes and they have to accept those comments, you can get all your friends to write the same thing, I want pink shoes, whatever it is, I'm giving you a stupid example so you can see how this works. Under the Administrative Procedure Act, you can give feedback and they have to listen to the feedback. They don't necessarily have to say you don't have to wear shoes at all but they have to take into consideration what people are commenting on. They have the power to approve continuing ed providers and the power to set fees.

Now the board is comprised of four occupational therapists in good standing, who are licensed and state residents and there's been one vacancy as of 11, 2020, but the vacancy has been in a really long time. And one occupational therapy assistant in good standing, same thing, that vacancy has been there forever. There are two Consumer members who have to be state residents who are not connected with OT, right now there's one vacancy that's been vacant for a long time. The chair is a Consumer member, if any of you wanna serve in those vacant positions, you can contact the governor's office. The governor appoints the people subject to approval by the State Senate, usually State Senate doesn't care so the governor appoints them but, you know, the governor is a busy man, he's got to a point to all the boards plus we got a pandemic going on that's keeping him a little busy so, you know, that's probably why these are vacant but if you're interested, go for it.

Now, the board meets quarterly in Tallahassee. Now, during the pandemic they've met by phone but on the board meeting from November on the recording, they said they're planning an in person meeting in Tallahassee for the February meeting at a hotel where they can stay so they can socially distance. I'd be willing to take bets on whether or not this happens because, you know, we don't have vaccines for everybody yet and I don't

know how many people feel comfortable traveling from, you know, South Florida to Tallahassee, we have a big state and, you know, some of these places you're getting in an airplane some people don't want to get, I don't have to tell you, you'll know what's going on with that.

Now, the agendas are posted in advance at this website. Basically, it's on the website I showed you before, floridasoccupationaltherapy.gov and from there you can find just about anything. These are the board members. Mr. Spafford is the Chair, he's a Consumer member. Caylee Banta, Dr. Banta. Ms. Vizvary and Tameka German, those are the members and those are the vacancies I mentioned, one OTA, one OTR and a Consumer vacancy. Now the current board members they can serve? I have a question mark because it says they can serve two four year terms. Despite the expiration of the term the board members can continue to serve until they've been either replaced or appointed. The occupational therapist and occupational therapy assistants are required to be licensed and in good standing, engaged in practice of the profession for at least four years prior to appointment and they must be Florida residents.

And I have a questioned Mark because of the vacancies, you know, I really hope that someone on this webinar or someone is listening in the future will consider putting themselves up so we can fill the board. Now the staff, there's the Executive Director, Allen Hall, he's over a bunch of boards. Anna Hart-King, she supervises the OT staff and she's available to answer questions, you can write to her or call, although I'm not sure if they're in the office during the pandemic. And Deb BoutWell, she's our specialist, she handles the applications, she's the one that you usually have contact with if you need to contact anyone. She's very nice and very helpful and again, I don't know if they're working from home or not but after the pandemic, you can find her, get a hold of her in the office.

Giselle Horton is another regulatory specialist who also handles things, looks for exemptions, if you're a military spouse for example, assists with general questions regarding licensure, laws and rules and feedback. And then we have a new board counsel who's Ronald Tom Jones, who's an assistant attorney general. Now the Florida Sunshine Rule. All board meetings are held in the sunshine as meetings are open to the public and recorded for the public record. So during the pandemic meetings have been on phone with connection information on the board's website, you can listen to the recordings of the meetings after the meetings on the board website and so all meetings are open to you. If you wanna go to Tallahassee to a meeting when they're in person, you can go to the Tallahassee meeting, when they're on the phone you can call in and you can find out that information on the board's website.

Now these organizations are other, you know, occupational therapy organizations. So you have NBCOT, National Board for Certification of Occupational Therapy, the American Occupational Therapy Association or AOTA and the Florida Occupational Therapy Association or FOTA. While these organizations influence OT practice, none have authority over the Florida OT Board. Why am I mentioning this? Because they have relationships with the board. So for example, AOTA is trying to work on a compact right now that would cover, you know, you'd be licensed in one state and somehow be able to work in another state under the compact. So AOTA has to discuss this with the Florida board, they have to kind of negotiate and let them know what's going on and figure out how they can work together.

NBCOT, you have to take the board in order to be certified, in order to be licensed you have to take The NBCOT board, yeah, the certification board. So and FOTA, FOTA is now in the process of negotiating some language changes to the definition of occupational therapy. That came out, I wanna say I got an email a couple weeks ago maybe and they're asking for comments by the 18th. They are negotiating with the Florida Physical Therapy Association, they were going to change their law and rules

that would really have limited OT so they negotiated and now they're working together so FOTA is looking at changing the language that they wanna change language of our rules, the definition of OT, some of those other things.

If you're a member of FOTA, please look for that email and if you have comments, make that comment but this is one of the things that I said in the beginning, that there may be some major changes, this is one of those major changes that we may see. Now, when you consider our licensure law has been around since the 70s, we were the first one so I'm not sure how much it's been tweaked since then, the wording has been tweaked since then but they're looking at tweaking, you know, obviously, there's been some tweaks as we've gotten fiscal agents modalities and some other things, but they're talking about tweaking some basic language of what we work with, you know, how you define occupational therapy in the law, so it's worth following and giving your feedback to FOTA.

So OATA, you know, is a voluntary membership organization, it has the Standards and Ethics Commission which can discipline AOTA members. The other important part is that if you get disciplined by the Standards and Ethics Commission, the Florida Licensure Board is gonna look at that and see what you've been disciplined for. The AOTA publishes standards, guidelines, position papers, which may or may not be adopted by the Florida Board, but may be considered by the board when evaluating your behavior and ethical issues if you're brought up on some, you know, somebody brings you up on charges, they're gonna look at that. Someone may say, well, she violated the AOTA code, they'll look at that and see what you did.

Now FOTA is a voluntary membership organization. It promotes the profession of OT in Florida, it disseminates information about Florida licensure and keeps you up to date on stuff. They often send representatives to the Board meetings to present the views of Florida occupational therapy practitioners and this is, you know, kind of what I was

talking about before, they negotiate wording of laws and regulations that affect OT with other professions and advocate for occupational therapy in numerous ways. So, you know, you should join FOTA because right now they're doing a lot of stuff to preserve your practice area, I can't stress that enough. You know, the PTs wanted to change the Practice Act that would have limited OT, they negotiated with the Florida PT Association and said, let's talk and now they're negotiating, that's power, that's powerful and that affects your everyday practice so you should really should support them.

Now, occupational therapy in Florida, how's it defined? Right now, this is how it's defined, this may change, this is what they're negotiating, okay? And again, I'm not sure if it's on the website, if you're not a member but I know I did get at least two emails about this with the link to the wording, okay? But this is one of the things they're talking about changing, the use of purposeful activity or interventions to achieve functional outcomes and includes: Assessment treatment and education of or consultation with the individual family or other persons. interventions directed towards developing daily living skills, work readiness or work performance, play skills or leisure capacities or enhancing educational performance. Providing for the development of sensory motor perceptual, or neuromuscular function, range of motion or emotional, cognitive, motivational or psychosocial components performance.

And again, I can't stress enough that this is under consideration for revision, look at that FOTA, email, give your feedback, okay? There might be something in there that directly affects an area that you practice it but, you know, this is advocacy in Florida for protecting our practice. Now, the OT scope of practice in Florida, we design, develop, adapt or train in the use of assistive technology devices. We design, fabricate or the application of rehab technology. Orthotics and prosthetic devices. Physical agent modalities or PAM's as an adjunct to or in preparation for purposeful activities. The use of ergonomic principles. Adaptation of environments and processes and the promotion

of health and wellness. And again, this is from the statute that we're looking, again, it's under consideration for revision, as of December comments in by the 18th, under negotiation with the PT Association of Florida.

This is the Model Practice Act definition. I'm not gonna read this to you but in a nutshell, you know, it's very broad. We don't necessarily use this but some other states do. This came into being after Florida had its Practice Act because we were the first ones and after we got ours, they were looking at others to put in place. Now OT services in Florida provided by licensed occupational therapist and licensed occupational therapy assistants or COTAs. OT Aides do not provide therapy services, they only assist in the practice of occupational therapy under direct supervision. Exemptions, OT students on field work are exempt from being licensed if the activities and services constitute part of a supervised course of study from an accredited educational program.

People employed by the federal government, the US government so if you work at a VA hospital, or in the military, you don't have to be licensed in Florida. And then physicians, PAs, nurses, PTs, psychologists, you know, any other health professionals who use OT or part of OT incidental to their practice. So it might be that a physician tells somebody to wear weight on their arm, I'm just making up a stupid example off the top of my head, they're allowed to do that. A nurse is allowed to help somebody with feeding, two bad examples but just things to give you ideas, it's not practicing occupational therapy. Now, so how do you get a license in Florida? For a licensure by examination, so for an applicant who's waiting to take the NBCOT exam, you have to follow the procedures on the board's website which I have here at the bottom but you can just find it if you go to the board's website and go to licensure, there are procedures on the website for new grads.

So before you submit the state licensure application, you got to apply to take the exam, okay? After you pass the exam you're ready to apply for your state licensure, you can apply online or if you you can select endorsement, if you're licensed in another state, there's a way to do that. Once we determine the applications complete, they can verify passage of the exam, your license will be issued so that's a new license after the exam. Now, if you're applying for the exam, you can get a temporary license and the way you get that, excuse me, sorry. Okay, you apply to sit for the exam and you'd be sure to request and pay for NBCOT to send your scores to Florida at the same time you're requesting the exam, you're not required to provide proof of graduation and you're not required to provide an NBCOT exam eligibility letter so you submit proof of your scheduled exam date, as you receive from the testing center if you plan to apply for temporary license.

Now we've had some issues with the pandemic with some of the testing centers not being open, I think that's kind of changing as they've gotten used to the pandemic. Now, once you have that proof of the scheduled exam date, you'll receive that eligibility letter from NBCOT verifying that you're eligible to sit for the exam with instructions on how to contact schedule at a testing center. After you contact the testing center, that's when you receive that confirmation of appointment and you forward that letter to the board. There's the email address, you can get it again from their website and the staff must receive that confirmation of appointment which is not appointment to, you know, something, it's an appointment as in taking an exam appointment not appointment as an OT, just this is the date like a doctor's appointment.

So you'll get that and you send that to the board to confirm your exam date and then before you complete your application they'll issue a temporary permit. So licensure by endorsement is another way to get licensed and this is for applicants who successfully completed the exam and hold current NBCOT certification. Licensure in another state

is not required. The applicant must complete and approve two hour prevention of medical errors course and retain the certificate. The applicant must apply online, include their NBCOT certification on their application. And the board staff will attempt to verify NBCOT certification online, if they can't they'll have you request certification letter be sent to the board by NBCOT. And if you're licensed in other states, you have to obtain verification of licensure status from the other state boards.

They wanna make sure that you didn't screw up and do something horrible in another state and you're trying to get a license in Florida, you know, they want you to be aboveboard and ethical and do everything right. Now for applicants who initially pass the NBCOT exam but haven't kept up their NBCOT certification because you don't have to do that, once you get your, you know, once you pass the exam, that's really all you need to do. So these applicants are waiving current NBCOT certification required to apply by endorsement. So they have to provide proof of current licensure as an OT in another state or territory or foreign national jurisdiction which requires standards for licensure determined to be equivalent to what Florida requires.

So you can't go to NBCOT and say, can you please give me proof that I passed the exam 25 years ago or whatever, because they don't have that stuff. Now, licensure by exam, applicants must provide a correct NBCOT certification number, license and state on their application and the board will attempt to verify that. If it's not available, they'll request certification be sent to the Florida Board. Okay, you can apply online at floridasoccupationaltherapy.gov or you can download the application. There's one application for everybody for OTs and OTAs. You've gotta pay \$180 fee before processing if it's a paper application, cashier's check or money order, otherwise, there's other ways to pay online. Again, you have to be scheduled to take the NBCOT exam and submit the date of the exam to the Board.

Additional information may be requested by the Board or Board staff and you may not work until you're issued a temporary or permanent license. Applications are good for one year from the date of submission so if aren't finished with the exam and everything, you may have to do another application. You're required to take an approved one hour course on HIV/AIDS before your first licensure renewal. And you're required to take an approved two hour course in medical errors before your first licensure renewal. Okay, licensure process for re-entry, if you leave the field and you haven't practiced in five years, like you have a child or whatever you're taking care of, elderly parents, Whatever your reason, you have to seek re-entry and to do that you have to give the document of 50 continuing education hours relevant to the practice for OT.

12 of them can be completed as home study. The hours must be completed within a year prior to licensure and verification must be submitted before they'll give you a license. Though it's not required, they strongly advise you to take Florida Board and Rules as part of the re-entry because it's probably changed and, you know, I'm showing you now the Board rules are changing and they're gonna change, you know, in the next few months, we're gonna see several changes and I'm trying to give you an entry to some of those, the ones that we know of. Okay, so background screening law was signed into law in 2010 and it expanded the rules for background screening, the bottom line is that if you're seeking employment in a facility regulated by the Agency for Healthcare Administration, you have to get a background check and the information is on the website for that.

There are situations where there are mandatory license denial. So the boards are allowed to institute certain situations where you are refused admission to take the exam, you're just not eligible at all and that's if you do some really, really bad stuff. So these circumstances include things like conviction of or pleading guilty or nolo contendere, regardless of the adjudication, to a felony under Chapter 409, which is

relating to social and economic assistance so if you don't pay child support, you may not be able to get licensed. Chapter 817, which is related to fraud and it could be credit card fraud, it could be Medicaid fraud, some of those things you can't get licensed. If you're convicted or pled nolo to certain drug offenses under Chapter 893, again, you won't get licensed.

Or certain felony offenses in another state or jurisdiction. Unless the candidate or applicant has successfully completed a pretrial diversion or drug court program for that felony and provides proof that the police has been withdrawn or the charges have been dismissed. What the heck does that mean? Well, a pretrial diversion program is where you agree to go into a program that may include meeting with somebody, you know, on a regular basis. It might be someone appointed by the court, it might be and I'm just making up examples, it might be a social worker, for example, or you may have to go to a training program, regular classes that talk about why you shouldn't be using drugs or why you shouldn't do what you did.

And, you know, a lot of courts have that now, because they're trying to basically give people a second chance and have them really rehabilitated by a set rehabilitation program so that's a possibility. If you haven't completed a pretrial diversion or drug court program for the felony and provide proof of that, any such conviction or plea shall exclude you from licensure examination certification, unless the sentence or any subsequent period of probation ended but within this. So felonies, it had to be more than 15 years ago so if you did something 15 years ago, they may license you, if you did a first degree or second degree felony. If you do a third degree felony and, you know, first degree is the worst, third degree is the lesser, or felonies of the third degree under these certain laws, these are mostly possession of controlled substances so if you had a drug problem 10 years ago, if you had a drug problem five years ago, and you're rehabilitated then they will allow you to be licensed.

If you've had a conviction or entered a plea of nolo contendere which means I'm not contesting it and if it's related to controlled substances or Medicare, Medicaid issues which are usually fraud, if it ended 15 years before the date of application, then they will let you back. If you've been terminated for cause from the Florida Medicaid program pursuant to the law, unless you have been in good standing with the Florida Medicaid for the most recent five years, so don't screw around with Medicare, Medicaid, don't commit fraud, don't use drugs, and you won't have a problem. If you did it in the past and you're rehabilitated, you're okay. Now, this is a new, let's see, it's new. Okay, so if you've been terminated for cause by the Medicaid program and the termination occurred at least 20 years before the date of application, you know, then that's an issue, you know, they don't want people who are committing Medicaid and Medicaid fraud.

So if you've been terminated from any other state, unless you've been in good standing for the most recent five years, or the termination occurred 20 years before, they won't license you. Now, this is new, okay? If you're currently listed in the Department of Health and Human Services Office Inspector General of excluded individuals because you were in default on a student loan then they changed the law and you can now practice, they will license you. So if you're being listed on this bad list with the HHS, they will license you now if the only reason you're listed is because you're delinquent in a student loan and this was not a Board rule, this was a Florida law that was passed and all the boards had to comply with this.

So it used to be that if you were in default or delinquent on a student loan, you lost your license, you couldn't get licensed, that's changed. Now temporary permits. The law covers licensure on statute covers temporary permits so temporary permits allow applicants both OTs and OTAs to work under the supervision of a licensed therapist while waiting to take the exam and receive successful scores, I explain the process for getting a temporary permit already. But the important thing to remember here is that

they can't be extended or renewed so applicants for temporary permits who previously failed the NBCOT exam aren't eligible for another temporary permit. The board may choose to not issue a temporary permit for applicants it deems ineligible, it says may, usually that means they might but it says may, it's worth asking but I don't know anybody who got a temporary permit after failing.

So temporary permit holders who receive notification of failing cannot continue to practice. Under the temporary permit, the permit will be revoked upon notification to the board of the failing exam results and temporary permits are revoked if the applicant fails to have their NBCOT results sent to the board within 12 months of the date of approval of the board. So you've got 12 months to send them your exam results, you're passing exam results, if you send failing results you're in trouble, you can't practice anymore. Applicants who apply by examination and request temporary permits must provide the proof, we talked about this already, you gotta give them proof that you're scheduled for confirmation of appointment, you have to contact NBCOT to apply and a temporary permit will not be issued until official exam date is scheduled, we talked about that this is just another way of saying it.

Okay, supervision, what does that mean? We said you have to practice under supervision. It means responsible supervision and control with the licensed occupational therapist providing both initial direction in developing the plan treatment so from the beginning, and periodic inspection of the actual implementation of the plan so soup to nuts. Such a plan shall not be altered by the supervised individuals so the person who's supervising cannot change it without the approval in consultation with the supervising therapists. So they can come up with a creative idea but they can't do anything about it until the supervisor approves it. The supervising therapist does not always have to be physically present, except when the assistant is performing services or they want to be there when an assistant is performing services.

However, in cases of emergency supervision shall require the availability of the supervising occupational therapist for consultation and direction of the supervised individual, okay? So you don't have to be on the premises with assistance, you don't have to be there. And you know, you just have to make sure if you are supervising therapist or you're an assistant that you know where your supervising therapist is if you're the assistant and if you're the supervisor, you know where the assistant is, and you feel comfortable with that person's skill level and you're giving them the appropriate level of supervision because if they screw up because you didn't give them the appropriate supervision, you're in trouble too, okay? You can get sued for malpractice, the board may be on your case, et cetera.

Now let's contrast this with California. In California, the supervision of an assistant means the responsible occupational therapist shall at times be responsible for all occupational therapy services provided to the client. The occupational therapist who's responsible for appropriate supervision shall formulate, and document in each client's record with his or her signature, the goals and plan for the client and shall make sure the occupational therapy assistant who's assigned to that client functions under appropriate supervision. Now, this is the key, as part of the responsible occupational therapist appropriate supervision, he or she shall conduct at least weekly reviews and inspection of all aspects of occupational therapists the assistant provides. We don't have that in Florida, we don't. Now last time I compared it to Delaware which has a similar situation and limits the number of assistance that you can supervise.

So you have to really look in yourself if you aren't an OTR and, you know, don't let them put you in a place where you're supervising 10 assistance, that's kind of scary and you might be able to get in trouble for that. Even though we have unlimited, you have to be able to show that you are actually providing the services, the supervision that they need. Now, the other thing that's interesting about what they do in California said the supervising occupational therapist has the continuing responsibility to follow

the progress of each patient and provide direct care to the patient and to assure the occupational therapy assistant does not function autonomously. Florida, you're functioning autonomously with an occasional hi, how's it going?

Or that's how it looks but you gotta make sure you're doing if it's just hi, how's it going? It's an assistant who you know their skills, they've been an assistant for a while, you trust them, you know they're practicing well. Now, in California, it says that they shall not supervise more than that at any one time than they can appropriately supervise and it says two occupational therapy assistant shall be the maximum number supervised by any occupational therapists at any one time. You might use this as evidence to argue with your facility if they're having you supervise 10 COTAs or whatever. It says, but the board may permit the supervision of a greater number by an occupational therapist if in the opinion of the board there would be adequate supervision and the public's health and safety would be served.

In no case shall the total number of occupational therapy assistants exceed twice the number of occupational therapists regularly employed by the facility at any one time. Why am I showing you California? Because I question Florida, maybe Florida's too liberal but you're the professional, you have to decide as the OT or the OT assistant if you're comfortable with the amount of supervision that you're getting because it's very possible that you could both get in trouble or either one of you could because the supervision is not appropriate so think about that. Now supervision and field work for the purpose of this rule means the occupational therapist, student or occupational therapy assistant student has daily contact at the worksite with his or her supervisor.

Okay, daily contacted the worksite, that means daily contact at the worksite. Now occupational therapy aides and aide is a person who assists in the practice of occupational therapy and works under the direct supervision. Direct supervision, you're in the room, you're there, of an occupational therapist or occupational therapy

assistant and whose activities require a general understanding of occupational therapy pursuant to the board rules. Okay, they need to know what occupational therapy is and what it does but they are not experts in this. Now the board rules say, okay, this is what the law sets, okay? Then the board took that and made rules and the rule says that occupational therapy assistants whose activities require an understanding of occupational therapy, okay, that's what the law says, but do not require professional or advanced training in the basic anatomical, biological, psychological and social science involved in the practice of occupational therapy.

So what does that mean? That means that if you have Susie and she's an OTA, an aide, not a COTA, then she doesn't have to have this training, okay? But you have to make sure that whatever you assign her, you tell her that you put Mrs. Smith down in the corner and Mrs. Smith is working on dressing and this person, the aide, is supervising her, you have to make sure she understands what it is that she's supposed to be supervising and doing and that you're using your brain, not her brain to do it. Now an occupational therapy aide is a worker who is trained on the job to provide supportive services to the OT and the OTA.

And the term is used to mean any unlicensed personnel involved in the practice of occupational therapy, notice it says involved in, not practicing so they're assisting or helping. What can aides do? OT aides can do only specific tasks which are neither evaluative, assessive, task selective nor recommending in nature, okay? So Mrs. Jones is doing a task, some sort of a task with, I'm gonna use a pegboard only because that's only tech I'm thinking off the top of my head. She's doing pegboard activities, and you have an OTA sit there and supervise her, that's okay, it's not test selective, evaluative nor recommending a nature. Now, you can only assign things to an aide after you ensure the aide has been trained for the performance of the task.

So you explain to the aide what you want her to do with Mrs. Johnson, Mrs. Johnson is putting pegs in a board, please make sure she puts one peg in every minute because you're trying to increase the speed or you're trying to, whatever. Now all delegated patient tasks must be carried out under the direct supervision, which means the aide must be in the line of vision of the supervising OTA or COTA. So if you're working with two patients at a time, and you're doing something with one, and you need someone else to help Mrs. Johnson with the other, you can have the aide sit at the other side of the table and supervise Mrs. Johnson putting pegs on a board or whatever she's doing, it's a horrible example but I don't know what Mrs.

Johnson's limitations are, I would pick something for her limitations that will help her improve in whatever it is that she's doing. Maybe Mrs. Johnson had a stroke and we're working on upper extremity dressing and the aide is reminding her that she has left-side neglect and the aide is reminding her to look at her left side, that would be an example. Now, who's responsible for the aide? The licensed occupational therapist or the occupational therapy assistant is wholly and totally responsible for anything that the aide does so if the aide screws up, you're responsible for that. So you've got to make sure that that aide is doing what you want done, the way you want it done and you're there to look at it, you're there to see it to make suggestions, otherwise, you're not practicing according the Practice Act.

Now OTAs can perform ministerial duties and tasks and functions without supervision but they're things like clerical or secretarial activities, transportation, preparing, maintaining and setting up equipment and work areas. Suppose you're doing or you run a cooking group for patients with arthritis, I'm just sort of making something up, you can have the aide set up the the area, bring out, you know, the flower or whatever else you're making, have the aide set that up, that's perfect thing for an aide to do,. They can also take care of personal needs so Mrs. Johnson needs to pee, the aide can

take Mrs. Johnson to the bathroom. Or maybe she needs she's cold, she needs a sweater, the aide can go get her sweater.

Tasks that they can do that they're not evaluative so whatever they're doing is not evaluating, they're not assessing, they're not selecting the tasks themselves. So you could set up an aide and say, work on this pegboard and after you work on the pegboard, work with Mrs. Johnson on pouring milk, you've selected the tasks. They can also not interpret referrals or prescriptions, you have to do that as the OT or the OTA. They can't perform any evaluative procedures. They can't develop, plan, adjust or modify treatment procedures, that's your brain as the therapist or the OTA. If you see the aide is doing something on the other side, you know, around the table or, you know, treatment room and you see the aides doing the same thing over and over again, maybe it's time to save the aide, I want you to start working on buttons, okay?

She can get her left arm in, let's work on buttons so that's where you come in as opposed to the aide. And aides can't act for OTs, they can't use the judgment or decision making for direct patient care. Now, you know, I remember when I did my first field work, there was an aide there who'd been at that rehab hospital for I think longer than I've been alive and she knew a lot and sometimes I'd ask a question and she say, how do I know I'm just an aide. And, you know, sometimes you see that and you have to remember that you're in charge, no matter how old you are, no matter how much experience they have, you're in charge, you have the judgment to make these decisions.

Aides can't treat patients, they can supervise people but you're the one that's doing the treatment. And they can't do any activities in which an occupational therapy aide has not demonstrated competence in performing so if you want someone to do dressing hemi-dressing activities, they have to show you that they know what they're doing, they have to show they know the precautions, they have to show, you know,

you don't want an aide working with someone, the person stands up when they're not supposed to and falls, because the aide decided I'm gonna do lower extremity dressing too when that wasn't something that they were instructed to do, and it wasn't safe for them to do it. Now, this is old but it applies, it's still on the website, okay?

When you look on the website, there is a section that says, when you look at the discipline section it says, many occupational therapists facing discipline by the Board of Occupational Therapy claim they did not know that what they did was wrong, okay? And, you know, again, this is very old but it's still on the website but for a reason, because it's still happening. You still have situations where occupational therapists and occupational therapy assistants who were disciplined, didn't know what they're doing was wrong. And, you know, we're gonna talk about, I told you they're changing the discipline stuff and some of the things are gonna be new and were all gonna have to review it, I'm gonna tell you a little bit about it but it's not official so I can't go over these things, I can just give you hints and examples.

But not knowing something does not alleviate accountability so become familiar with the grounds for discipline found in Sections 456.072 of the Florida Statutes, which is on the website, I'm gonna go over some of that, and possible Disciplinary Actions found in the Occupational Therapy Practice Act, section 468.217, I'm gonna go over that too. Okay, these are some of the grounds for denial of license or disciplinary action. Attempting to obtain a license by bribery, fraud or through error. Now, you might be saying, who's gonna bribe to get, you know, what are they talking about? Who would do that? Well, it's possible that you are applying, you know, Suzy applies for license, and she interprets a question in her own way and she doesn't answer correctly and it could be an error or it could be fraud.

Maybe the board thinks she's trying to cover up something that she wants did that was bad, okay? An action taken by a licensee in another jurisdiction, maybe they revoked

your license in another jurisdiction, okay? That will deny you a license in Florida. If you were convicted, found guilty or plea of nolo contendere, which is, you know, I'm not admitting or denying, which means you kind of did it, you don't have any excuse for crime anywhere, any state, whatever, which relates to the practice of occupational therapy or the ability to practice. Now, what's the ability to practice? Maybe drunk and driving? If you're drunk can you practice? False, deceptive or misleading advertising. And again, this could be advertising your practice, you know, I can cure anybody of carpal tunnel syndrome, just this outlandish example but not not too outlandish because they're probably people that claim things like that.

Advertising practicing or attempting to practice under a name other than one's own name. So if you are calling yourself Susie's Just Sensational Therapy Clinic, and you don't have a right to do that, there's ways to, you know, register things like that, there's things you have to do or if you're using someone else's name, then that's grounds for denial or disciplinary action. Failing to report someone else who's in violation of a board rule can get you in trouble, can get you denied a license or get your license taken away or other discipline. Now there's an exception for that. A person who the licensee knows is unable to practice with reasonable skill, safety to patients by reason of illness or use of alcohol, drugs, chemicals, narcotics, or any other type of material, as a result of a physical or mental condition may be reported to a consultant operating an impaired practitioner program rather than to the department.

So all these other things you have to report to the Department of Health except if it's mental and physical health, then they have an impaired practitioner program because they wanna rehabilitate people, okay? They don't wanna get you in trouble forever, they want you to be rehabilitated. Now aiding, assisting or procuring or advising an unlicensed practice, you know, you could have a friend who you assumed was licensed and isn't, and you're referring to them, for example, that can get you in trouble. Failing to perform any statutory or legal obligation placed upon a licensed

assistants or therapists. What's an example of that? Well, let's say that you have a client and you suspect that that client is being abused by their spouse, and you have an obligation to report that, if somebody is being abused.

Or a child who you think is being abused by a parent, you have an obligation under the law to report that parental, you know, child abuse. If you don't, you get in trouble, you have your license denied or license taken away. If you make a false report, or you fail to report something that's required by law or you're obstructing an investigation, if the reports are signed in your capacity as a licensed OT/OTA, I mean, you might have a report that you're doing not as a in your capacity so maybe you're making reports to the police about, you know, a neighbor making too much noise or a neighbor harming their child or, you know, something, if it's not within the practice of OT then you don't have to worry about it but if it is, then you can get in trouble.

So if you know, again, if you're treating a child and you see that child keeps coming into the clinic with bruises and banged up and when you ask questions the child says, no, no, nothing, you've gotta report that, okay? If you don't, you may have a problem. Now, if you report it and it's a false report, because you're mad at somebody and you decide to report it, then you get in trouble, also can deny your license or be subject to discipline. Okay, paying or receiving bonuses, kickbacks, or rebates, or fee splitting arrangements in any form from doctors, labs, or agencies that can get you in trouble, as opposed to a consultation fee. So what does that mean?

Well, let's say that a physical therapist says to you let's do this, I'll give you, I'm just making up numbers and stuff. I'll give you, you know, a finder's fee of 25 bucks for every client you refer to me and I'll do the same for you and, you know, we as OTs and PTs, we refer to others all the time, I mean, that's not anything unusual. Yes, it is, that's considered a kickback, it's paying for a referral, you can't do that. Now, a professional consultation fee is different. If a PT says, you know, I've got this client, I'm just not sure

what to do with, you know, shedding and feeding difficulties, that's the only, you know, OT thing that she has, you know, can you come in to my practice and I'll pay you to consult?

That's different. Now, okay, exercising influence within the patient therapist relationship for the purpose of engaging a patient in sexual relationship or sexual activity, the law assumes that all patients are incapable of giving informed consent to their OTR or OTA for sexual activity. Why is that? Because you're in a power relationship where you are considered as the treating therapist or the assistant and having power over that patient so that they may feel an obligation to enter or have sexual activity because of this power relationship, that can get you in big trouble. Making deceptive, untrue or fraudulent misrepresentations in the practice of occupational therapy, or employing a trick or scheme in the practice of OT that doesn't conform to the prevailing standards of treatment in the community.

So it might be, you know, saying something like, you you know, let's say you wanna see someone on Wednesday morning instead of Wednesday afternoon and you say, you know, if you come in on Wednesday mornings, I have done some research in my clinic and I find that people who come in the morning get more benefit from occupational therapy than if they come in the afternoon. That's not true and it's deceptive, it's fraudulent, it's a trick or scheme, nobody else in communities doing that, you can get in trouble for that, okay? Soliciting patients either personally or through an agent through the use of fraud, intimidation, undue influence, or any form of overreaching or vexatious conduct. And solicitation can be any communication that requests an immediate response so, you know, if someone calls you and says my child needs therapy and you say, well, I can provide that therapy but I need to know by tomorrow because my schedule is so full, that if you don't let me know by tomorrow there's no way that I can put them in my schedule.

And did I tell you that I'm the only occupational therapist in town, by the way. So that kind of thing is solicitous and that can be either you do it or someone else does it and that's problematic, it's overreaching, and can get you in trouble. Failure to keep written records to justify treatment. This is a standard in our profession, we do histories, we do tests, we do assessments, we do evaluations, we have to keep records to that, if you don't keep records of that and get in trouble. And I wanna point out here this is very, very important. In Florida, remember, you don't need a prescription to treat someone only to bill insurance. So I've paid OTs for therapy for my kids, now if I were to go to my children's therapist, you know, and say can I have a copy of the records and my children's therapist, and she's good, she never did this and this was years ago.

And she says, I don't keep records because I don't bill, you know, you pay me so I don't I don't keep records. That's not allowed, whether you're billing insurance or not, no matter who's paying you, you have to keep written records, you can get in big trouble for this, you can get your license taken away. And there will be situations where someone is paying you and, you know, they're paying you directly so that's a big deal. Now, exercising influence on the patient or client in such a manner as to exploit the patient or client for financial gain of the licensee or third parties. So don't sell anything, you know, if you're an Avon, don't sell Avon to your clients or anything unless it's, you know, if you have equipment that they need and it's the regular price and they really need it but even that is kind of iffy, you know, you wanna kind of keep away from that stuff because it can be considered undue influence.

Now performing professional services which have not been duly authorized by the patient or client or his or her representative, the exception to that is Good Samaritan Act. So if you do something with a patient that they haven't authorized, you can get in trouble. But if you see someone collapse and you start doing CPR on them that's covered by the Good Samaritan Act so you can do that, just make sure you get informed consent from everybody else. Now, gross or repeated malpractice which

another OT or OTA would recognize as unacceptable under certain similar conditions, that's grounds for discipline. What does that mean? When we're looking at malpractice, how do we know it's malpractice? What's the standard? So if you're working with Mrs.

Johnson, I'm working with Mrs. Johnson, there are certain things that I'm gonna do with Mrs. Johnson. I'm gonna start up by doing an assessment of Mrs. Johnson, then based on Mrs. Johnson's assessment, if Mrs. Johnson had a fractured hip, then I am going to work with her on how to use lower extremity dressing aides, that's what I'm gonna do. And I would expect another OT under the same circumstances would do the same thing, and would abide by your hip precautions. Now, if I see an OT or an OTA who's not abiding by hip precautions, that's malpractice and that's unacceptable. Now performing procedures considered experimental on human subjects by prevailing standards without informed consent, that's a problem too, that's grounds for denial, dismissal.

And practicing or offering to practice beyond the scope permitted by law or accepting and performing responsibilities which you know you're not competent to perform, okay? I don't do PAM's, I don't do physical agents modality, never got trained, no desire to do them. If I do them, I'm practicing beyond the scope because I haven't been trained and the licensure law says I have to be trained and Mrs. Johnson, if I do it to her, she can complain to the board and so can the therapist I work with, if they say I'm doing something I shouldn't be doing. Now, the other thing is the inability to practice safely because of illness or drug use narcotics, chemicals or anything or as a result of any mental or physical condition.

To enforce this, the department, upon probable cause has the authority to compel a physical or mental exam for an occupational therapist, and the failure to do so constitutes an admission of guilt of the allegation against them and they may take

away their license without any testimony or evidence beyond that, they'll enter an order. So, you know, be careful, don't use drugs, don't use narcotics, don't do that stuff, you shouldn't do it anyway. Delegating professional responsibilities to a person when you know that the person that you're delegating to is not qualified by training, experience or licensure to perform them. So don't ask me to do physical agents modality, don't delegate that to me because I know I'm not qualified.

Violating a lawful order of the board or the department that's previously entered in a disciplinary hearing. So if they order you to go to a training and you don't go, boom. Or you're not complying with a subpoena that says you must appear boom, you can get disciplined or denied a license. If you conspire with another licensee, you plan with another licensee to do something that you're not supposed to do from, you know, whether it's advertising services, intimidating, et cetera, that'll get in trouble. And violating any other provision of the Chapter or Chapter 456 or any other laws that the licensure board will adopt. Now, additional violations from this section: Violating any Board rule. Failing to comply with the CEU requirements.

Failing to report to the board within 30 days after you've been convicted or found guilty or entered a plea of nolo contendere, regardless of the jurisdiction or crime. Improperly interfering with an investigation or inspection authorized by statute or with any disciplinary proceeding. And failure to finish a PRN treatment program might be for drugs, for example, or failing without cause to comply with the PRN contract. Okay, some others, conviction of federal embezzlement, theft fraud so this is related to Medicaid. If you are, you know, Miss Phil and you're convicted of fraud for Medicaid, if you fail to remit Medicaid over payments to the state, if you're terminated from a Medicaid program no matter what state, unless your eligibility to participate was terminated and has been restored, they're not happy with any of these federal crimes that are Medicaid, Medicare, those are bad ones.

Conviction of or entering a plea of nolo contendere for any misdemeanor or felony regardless, if it's related to health care fraud, okay? They don't want you to do anything fraudulent with health care. Or if you test positive for any drug on a confirmed preemployment or employer ordered drug screening without a lawful prescription, you're supposed to inform the board of that. What's the range of discipline? The law gives the Florida Board of Occupational Therapy the authority to make rules to enforce the laws to address violations in the law. So in other words, the Licensure Board's rule's enforce the law, and the standards and behaviors expected of OTs and OTAs and they vary depending on the circumstances of the case.

Now, the range of disciplinary actions for violations of specific sections is addressed in the Florida Administrative Code rule 64B11 and 4.003 which is currently undergoing revision by the board, this is what I told you about, okay? The range of discipline may be based upon the number of offenses, the first offense, the second offense and today, it includes the third offense, but the rules that are being adopted eliminate a difference for the third offense. So basically, what it says is you get this for the first offense and this for the second offense, and it could be the second offense has a range, and no third offense so it's second or subsequent, they all say second or subsequent offenses and here's an example.

In the red, this is from the board's minutes so this is how they are changing it, okay? But it hasn't been changed yet, it's been voted on a couple of times, it will eventually change. What they've done is they vote on it, they give it back to some statewide judicial board, I don't remember what it's called, it doesn't matter, that looks over all the rules for all the boards and then that board comes back and says, okay, but you need to tweak this so they have to vote on it again and it's minor tweaks. So for example, attempting to obtain, obtaining or renewing a license to practice a profession by bribery, fraudulent misrepresentation or through an error of the Department of the Board, the first defense is six months probation is to be revocation.

They've lessened that, six months probation with conditions or certify application with restrictions, and \$1,000 fine, that's the minimum to a year suspension and \$5,000 fine, so they're gonna look at it and if they think what you did was really, really horrible, they'll give you the max. If they wanna do more of a slap on the hand, they'll give you the minimum. Now you see here it says second and subsequent offenses, instead of revocation they're restricting your license, restriction of practice or license or denial of licensure so they may take it away. A \$5,000 fine and permanent denial of license so they're not taking it away, they're just not giving it to you and \$10,000 fine as possible. And then they say, however, if the violation is not through an error but it's through making a false or fraudulent representation or bribery, the fine is increased to \$10,000 per count or offense.

And this is another one and I'm giving you these as an example because I think it's important that you follow this and look at this when they change them because it's different. I can't teach you the old without telling you that this is different, this is not the way it's gonna be, it's gonna be this way. Now, action taken against the license by another jurisdiction. So you come into Florida or you're licensed in Florida and Georgia because you live on the border, for example. Your first defense by them is gonna be a letter of concern and \$500. And it used to be permanent revocation, the maximum, but now it's imposition of discipline which would have been if the violation occurred in Florida.

So they're gonna give you what, you know, if you did it in Florida so, you know, whatever that is, they'll look at the Florida rule. And the second and subsequent is imposition of discipline would have been if the substantive violation occurred in Florida and a \$2500 fine and the maximum, so if you do it three times or if you do it really, really bad, you'll get a permanent revocation and a \$10,000 fine. And I'm just giving you a couple more examples, guilt of a crime directly related to practice or inability to

practice. These are often, you know, theft of something but things that are related to practice so you might steal something that you use in therapy or it might be something, you know, it's not the Medicare, Medicaid fraud stuff but it's other things that may be related.

So this was six months probation with conditions and \$1,000 fine and they changed that to, if it's a misdemeanor, if you were accused because it says crime so this is the old one, So if you're accused of a misdemeanor, if you're guilty of a misdemeanor, it's gonna be a reprimand and \$250 and the maximum is a year probation with 500. If it's a felony and, you know, felony is worse than a misdemeanor, one year probation, \$1,000 fine, one year suspension for the max with 2500. Now, if it's a felony having a factual basis related to assault, battery, abuse or which otherwise causes bodily harm, it's a year suspension, \$5,000 fine, permanent revocation and \$10,000 fine. Now, crimes involving fraudulent misrepresentation which could be Medicaid in another state or telling someone that you're trained to do hand therapy or whatever that has to be a crime.

So if it's a crime, like telling someone you have a license when you don't in another state, that's a year suspension and a \$5,000 fine and permanent revocation and a 10,000 for the max. And the second, that was just the first offense, the second and subsequent offense here, you know, they're giving you greater, you know, greater, what's the word? Greater fines and greater penalties because it's your second and subsequent offense. And again, the worst is permanent revocation for all of these so if you do it a second time, you may get permanent revocation, even if it's a minor crime. Now this is the last one I'm gonna talk about, these were changed minorly so if you've false, deceptive or misleading advertising, they used to give a reprimand, they changed the reprimands to letters of concern and \$100 fine and six months suspension with probation and the second they got rid of the third offense.

So I just want you to see that, that the second and subsequent has a higher range and the third offense is gone. Now the bottom line for these new changes which you're gonna see is that reprimands on minor first offenses were changed to letters of concern. Third offenses were eliminated as offenses and the consequence merged into second and subsequent offenses category except for violating rules related to the Medicaid program. First, and subsequent offenses with the conviction or pleading guilty or nolo contendere to any misdemeanor or felony in this category and some other rules categories related to fraud can lead to permanent revocation and a fine of \$10,000 or in the case of application for licensure denial of a license.

Now, again, this is new stuff coming in but, you know, I'm teaching this class to you today, the new stuff is gonna be in in a few months and, you know, I want you to be aware of this. Another change, the licensure application, the form changed because of a change in Florida law and we'll be talking about that. Now, the range of discipline, I wanna make sure actually, that I have that somewhere else, I think I put that somewhere else but I'm gonna tell you this real quick and if it's somewhere else, we'll talk about it in the other place but I mentioned that if your student loan is in default, that you used to have to report it, you don't anymore, that was one of the changes on the licensure application, you don't have to report that anymore.

Now the range of disciplinary action, aiding in the unlicensed practice, you get one year probation with conditions, \$1,000 fine to permanent revocation and a \$10,000 fine, I kind of showed you some of those. Being convicted or found guilty of, or entering a plea of nolo contendere. The first defense is six months probation with conditions and a \$5,000 fine, second restriction to practice \$5,000 to revocation and 10,000. Now, board discipline. I mentioned this at the beginning, if the board accuses you of something this is my only legal advice, get an attorney who knows something about occupational therapy and representing people before licensure boards and is

willing to read the board rules, very important. If you have to appear before the board, bring an attorney with you.

The Florida Administrative Code allows you to present mitigating factors to allow the board to deviate from penalties it normally recommends, I showed you some penalties. A good attorney can help you present your case with mitigating factors in a light most favorable to you to help lessen the potential recommended board penalties. Okay, that's just a little commercial about discipline. Okay, the range of discipline. Notice of noncompliance, letter of concern, citation reprimand, probation, suspension, light, licensure with conditions and denial of licensure and revocation. Now, I'm gonna go through these really quick. The notice of noncompliance, this can be issued for minor offense, the first defense, an example is failing to notify the board of an address change or overcharging someone for medical records, you can't do that if someone requests medical records.

So the Florida Code requires you to maintain your current license on file, you know, you have to notify the board within, actually this changed, I'm sorry. You have to notify the board within 15 days, I changed that and I didn't see the change above so I'm sorry for that. So just the bottom one is the is the correct one, the new one, when I updated I didn't see that, you gotta notify the board within 15 days online or by mail and that makes sense because, you know, Florida is a rural rural state and probably in the old days when we were notifying by mail, 60 days was reasonable but now go online and change it and you don't have to worry about it.

All right, a letter of concern. This, again, they changed this from a reprimand and a letter of concern and a minimum administrative fee of \$100, remedial education or refund fees billed might be a requirement. May be issued if no potential harm is involved, for example, failure to comply with the HIV CE requirements that you have to take. Now in the proposed updated rule changes that I told you about, most of the

reprimand changes were changed to letters of concern with fines for many of the first defenses. Now a citation, the board may issue a citation which includes a fine for such violations as failure to renew a license in a timely basis, failure to complete the continuing education requirement and I'm not gonna read this, this just basically says the first time failure to do something and you can get a citation.

And you saw, I showed you in the rules that, you know, as you do more the second time or above, you get a higher, you know, more of a penalty. Now the board may issue a reprimand which may include a fine for violations like failing to report another licensee in violation of the Practice Act, failing to keep records, misleading advertising. However, under the new proposed rules currently under review, many of the letters of reprimand, penalties were changed to a letter of concern plus a fine, but not all of them but, you know, we're sort of in limbo here. Probation with conditions may include restrictions on where you can work, required supervision and required participation in the PRN, the Professional Resource Network for counseling, drug abuse problems, mental health issues.

Now, I wanna point out, there is a proposed change for the required supervision who the supervisor can be, I'm not going into that, if you get in trouble you will learn about that because you may have to practice under supervision and by then, hopefully you won't, but by then the new rule will be in place and it just gives some, you know, I think the proposed rule says something like the proposed supervisors and other OT has to live nearby so they can see you, you know, there's certain things like that but again, it's a proposed rule and I'm not getting into that one yet. Now, unless you can get your license suspended if they call you before the board and you don't appear.

You know, they may ask this, you are compelled to appear because somebody complained, you don't appear, the board usually decides the appropriate period of time, it might be 90 days, you know, we are suspending your license for 90 days

because we meet again in 90 days and if you didn't appear, when you appear in 90 days or when we meet again, we'll talk and we'll unsuspend your license. They may also give licensure with conditions on your license or denial of a license. So conditions might be that you have to practice under the supervision of another therapist because of your drug problem or whatever it is, you did something wrong, you build wrong, whatever so those are the conditions. And they can also permanently revoke your license for things like the inability to practice with skill and safety, delegating responsibilities to an unqualified person so you have a therapist who has a hand practice that's run by aides, for example.

Now aggravating and mitigating circumstances, based upon consideration of aggravating and mitigating circumstances in an individual case they can deviate from the recommended penalties. So some of these factors might include expose your patients to potential injury. Legal status at the time of, you know, you were on probation, for example. The number of counts or separate offenses that you're accused of or they established. Your disciplinary history in any jurisdiction, how long you've been practicing and, you know, any of those kinds of things. Any efforts at rehabilitation, what have you done? Have you really sincerely tried to rehabilitate yourself. So disciplinary actions taken are listed on the website for the MQA which stands for, I don't remember, I gotta look, the Department of Health, basically, in a nutshell.

So, you can look up, you can go to the board and you can look up and you go to that website and you can look up anybody to see if they have been disciplined. So if you're hiring someone, you might wanna look them up and see if they've been disciplined and if they have this is what it looks like and it stays here forever, it doesn't go away. So you can always look up and see if anybody has been disciplined and what they've been disciplined for. Here it says voluntary surrender, people who voluntarily surrendered their license or if their obligations were satisfied so if the board said you

must write an essay on why you shouldn't do what you did, they did it, they obligated, they paid a fine, whatever.

Okay, so it's the Florida Department of Medical Quality Assurance, MQA. And they have this health care complaint portal that was developed in collaboration by the Agency for Healthcare Administration and allows convenient reporting from unlicensed activity, to violations, to fraud. The portal provides education on which state or federal agency to contact for, you know, for violations from HIPAA to anything else so you can visit that to file a complaint, the flhealthcomplaint.gov. Okay, Physical Agents Modalities, PAM's. PAM's are specifically prescribed, we have electrical stimulation, ultrasound and the new one is neurofeedback devices. Now, I don't do this as I told you so I'm going to give you as much information as I can but basically in a nutshell, PAM's have to be used as an adjunct or in preparation for purposeful activities, you can't just do physical agent modalities and say, okay, bye.

It's gotta be in preparation for purposeful activities. Now, use of ultrasound and or electrical stimulation or neurofeedback devices is expressly prohibited unless you've had their training as specified by the board. The training is required for students, postgraduates, licensees, anybody who wants to do this has to include didactic training of at least four hours, and performance of at least five treatments under supervision and the five hours of didactic training is for each device you're training under. So it's electrical stem, it's ultrasound, it's neurofeedback and the five supervised treatments must also be for each device, okay? So this just says electrical stem but it's all of them, actually it says all. Now the supervised treatment session shall be conducted under the supervision of licensed OTs or OTAs who have completed the training, the four hours, five hours or a licensed PT or PTA trained in the use of the devices.

And the treatment supervisors must have a minimum of 24 months prior use in the electrical stimulation, ultrasound or the new one, okay? I didn't put that on this page, I apologize but they're all treated the same. Now the new neurofeedback device rule. I didn't know what this was so a new a neurofeedback device is any device that provides immediate feedback from a computer-based program that measures brainwave activity with the use of sound, visual and or tactile input to cue the brain to reorganize and retrain itself. It requires didactic training of at least 16 hours and performance of at least five treatments under supervision so it's more than the others, that's why I didn't put it on the other page.

Okay, so supervised treatment sessions are conducted under someone who's already completed it, completed the training or a licensed PT who's also completed coursework in that area and so you have to have the supervised treatments. Now, it provides for very specific requirements for the training so there are requirements for standards, instrumentation, preparation for training, determination of training, duration and intensity, training administration, and documentation of neurofeedback training. So any occupational therapist or OT assistant who uses such neurofeedback device shall upon request the board or department give them the documentation that you had the training in these areas according to the rule, okay? So you gotta keep records. Okay, mandatory continuing ed, we talked about this in the beginning, you need 26 hours of approved CE every two years, total number of CEs that's set by the board, the law allows 30, the board requires 26.

These must include: Two hours on OT laws and rules. Two hours on prevention of medical errors. And the new one is one hour of human trafficking which is only required once before January 1st 2021, not for every renewal. And OT licensees only need to obtain on HIV/AIDS education for the first license renewal the first time. New applicants will need to obtain HIV/AIDS prior to their first renewal. Or wait, yeah so only once before. Okay, mandatory continuing ed. As I said, you only need to obtain HIV/AIDS for

license renewal for the first time, that's it, they changed, they took that and made that different, it used to be for all of them. Okay, board approved CE activities.

Continuing ed includes attendance and participation as required at a live presentation such as a workshop, seminar, conference or ed service educational programs. NBCOT approved activities are not necessarily the same value as Florida, a PDU, I'm trying to remember PDU stands for, but that's what NBCOT calls it, it's not the same as a CEU. But the good thing is, if you meet the CEU requirements for Florida, you have enough PDUs to meet your NBCOT certification. Now board approved activities may also include but are not limited to electronic or web-based courses, formalized self-study courses, continuing ed articles. Also includes formal educational programs, graduate courses, 10 hours per semester. May also include participation as a volunteer expert witness for the board if they ask you to do that.

Three hours for each case for a maximum of six. Now home study, you can get 12 hours of home study per biennium. And this is self-paced, non-interactive, you can take a computerized exam at the end. Now taking a computerized exam at the end or being able to email the instructor with the question does not qualify as home study. Wait a second. Okay, I'm gonna talk about the separately on another slide, I should have updated this, there's a new requirement so I'm gonna talk about that in a second so forget this. Consistent with the law videos can have five credits, at the end of the presentation you can get a certificate, licensee have to sign a form on the date, it's actually viewed if you're watching a video.

Okay, this is new and this is what I was kind of talking about before but skipped, at least 14 of the required hours must be in person or interactive real-time courses. But an interactive real-time course may be a web-based, satellite transmitted, telephone or video conference or online instructional program that allows or requires the licensee to interact in real-time, including live chat with the instructor during the presentation or in

a question and answer session upon completion of the program. What does that mean? That means you can take a course online if there is a scheduled time at the end to interact and ask questions, that's new, all right? So you can watch a recording, let's say you watch this recording and Occupational Therapy.

com says you can watch the recording and Barbara Kornblau is gonna be available online on February, I'm making this up don't quote me, you know, on February 30th, how's that? There is no February 30th, to answer questions about it, that then counts as a live course, okay? So you can do that. Now, activities that may receive continuing education credits, a maximum of eight hours for presentation of a CEU course. Taking an academic course, if you do a guest lecture, peer reviewed or non peer reviewed workshop, a seminar or an in-service, electronic or web-based course and you can get credit as the author or instructor of a post-secondary academic course for the parts you authored.

Documentation includes official program, schedule, syllabus, the title and presentation, the type of audience and signed by the sponsor as verification or certificate of attendance or something like that. Now board approved activities, the presenters can only get credit for the first presentation. There is an exception for continuing education credit for presentations of either medical errors or laws and rules and it's limited to four credits per biennium. Attendance at the Florida Board of Occupational Therapy Practice meetings also gives you CE unless you're there because you're in trouble so if you're not on the agenda then you counts. Now supervising fieldwork students, awarding a licensee up to six hours of continuing ed hours per biennium for supervision of level two fieldwork students or OTA fieldwork no more than three hours per student, three CEs.

You must be the primary supervisor, you document the student, the school, the dates and the fieldwork evaluation signature page, their blog scores and comments and

school can give you a letter thanking you too, that would be a good one. Board approve CE, again, awarding continuing education credits for research. You can get one hour of continuing education for each 10 hours spent in development or participation in a research project directly related to OT up to five hours and your documentation should be verification from the primary investigator talking about, you know, what it is you did, what was your role, your hypothesis, et cetera. Now, performance of pro bono or free services, you have to get permission from the board upfront, you got to get a written request from them explain the nature and why you're doing it.

In order to receive the credit, you have to make requests to the board and receive approval in advance, you can get one hour of credit for each two hours worked. And, you know, there's an understanding that you're providing services to people who are indigent or underserved areas and so you need to explain those particular factors. Okay, the mandatory CE, we know the OT laws and rules, you're required to take this to our board approved course for renewal. Prevention of medical errors, you're required to take two hours of that and the course is specified and has to include root cause analysis, error reduction and prevention, patient safety and must include contra-indications, indications specific to occupational therapy management, including medication and side effects and this course is gonna be done and I'll be teaching this on Thursday.

Now, AOTA, FOTA, universities are automatically approved providers, as are providers sanctioned by FOTA and approved by AOTA. All still need specific Board approval, though, for potential medical errors and OT laws and rules courses. Other agencies may apply for approval to provide continuing education courses so that's anybody else who wants to, you know, state agencies, I'm sort of making this up, if the Bureau of Child Development, I don't know if there is one, the Florida Bureau of Child Development wants to offer courses to us, they wanna offer courses to everybody who

works in the public schools, for example, preschools, they can request or apply for approval. Okay, now mandatory CE time change. Okay, this is the rule change, I kind of mentioned this a little earlier.

This is all the same, okay? You know, it has to be relevant to the practice, the instructor has to have credentials, the goals have to promote blah, blah, blah. The new rule is that the course must be presented in a block of at least one half hour. So you don't have to take one CEU course, you can take a point five, that's great because sometimes there are things that only need point five or certain things are offered at lunchtime and, you know, you have to eat and then do the point five. So you have to present a certificate of attendance, the provider has to give you that and you have to keep the receipts, the vouchers, certificates and you have to upload everything to our friends CE Broker.

Now exemption from the CE requirements. If your spouse is a member of the Armed Forces of the United States, you're exempt from all licensure renewal provisions for any time which the licensee is absent from the state of Florida due to your spouse's duties with the Armed Forces. CE Broker, I mentioned that you've gotta report to see broker all of your stuff. Now, so I'm nearing the end and a couple of things, very important to keep informed of changes and so if you go to the board website, you can go to latest news and you can see latest news or you can sign up to be informed of resources from the board so if something changes, they will tell you, you'll get an email, this is what it looks like.

So at the bottom here, it says subscribe, update and receive updates via email, well worth it. Now, some information about the licensure compact. For those of you who don't know the physical therapist put a licensure compact together which allows them to, if I'm licensed in Maryland and I wanna be licensed in Florida, the physical therapist have a way of doing that. So I can practice, you know, I wanna go to Florida in the

winter and practice as a PT, you know. I'm nearing retirement and I can practice in Maryland in the summer and practice in Florida in the winter. So the compact allows PTs to do that, I don't have the specific details but, you know, whatever it is the states all agreed they'll accept the license or however it works.

So the Florida Board of Occupational Therapy reported in its minutes, actually I was listening to the session, it reported that it received information from AOTA about the status of the interstate licensure compact that AOTA is working on. So AOTA is trying to put a compact together that will allow OTs to practice in other states. Now, you know, in order to do this, sorry. In order to do this in Florida, they have to introduce legislation and then the legislation and I have been showing you, pass the law then you pass rules so the OT Board would pass a rule. So they haven't done this yet but they're working on it and they're pretty far ahead, it's a lot quicker than PT, a lot of it's because of what happened with COVID.

Now I can tell you I got a call from a former student of mine in Georgia who works in the schools and said to me, I have a kid whose parents sent him to live with his grandparents in Colorado because of the pandemic, they have to work and my school system is telling me I need to keep treating the kid, we're doing telehealth with all our kids anyway but I'm worried, you know, can I practice in Colorado? And I said, you know, under normal circumstances I would tell you no but because of the pandemic I'm gonna tell you to call the Colorado Board of Occupational Therapy and see if during this emergency they're making exceptions, okay?

Well, the compact would be similar to that, it would allow you to practice in other states. The details, I don't know them all, maybe they'll make you, you know, fill out a form or maybe they'll make you, you know, do something, swear that you've never been in trouble, I don't know but we don't have any legislation on it yet so it's gonna take a while. Someone will have to introduce the law, the law will pass and the law will

tell the board make rules for this compact, okay? And there will be other states that will be doing this too, it'll be a national movement and you'll be able to practice in some other places. Now changes to the application.

Okay, this is what I had referred to I think earlier and I meant to put that slide here, I just had a kind of a blank placeholder. So, up to now the application asked you if you were listed in the inspector general's list of excluded individuals for Medicare, Medicaid and federal things, okay? we've, updated the application so you will no longer be automatically be prohibited from licensure if you're listed in that because you defaulted or delinquent on a student loan. So the question is different, you'll be asked if you're in that list of excluded people because you are in default or delinquent student loan and if your answer to that is yes, then you will still get a license, all right?

And I'm gonna give you my email and I'm happy to answer any questions about that. Okay, new addition to the OT rules, I told you about this one and we're kind of gonna end with this a little bit and go to questions. I have to laugh because I just think this is funny. So they passed this law, section 456.072 and 760.27 and the board had to come up with a rule to operationalize it. So this says that providing information including written documentation, indicating a person's need for an emotional support animal under 760.27 without personal knowledge of the person's disability or disability-related needs for the specific emotional support animal. Okay, so next time your cousin Betty says, I'm going on a plane and I wanna take the dog, can you write some documentation saying that it's an emotional support animal?

You have to say no. Now unless you know that Betty has some sort of a psychological problem and the dog calms her down. I mean, I laugh when, you know, when I'm freaking out because I have been on lockdown too long, I will sit and pet my dog to calm down sometimes so she kinda acts as an emotional support animal, but I couldn't get documentation for that, it's, you know, it's not really part of my disability needs.

And so this is fraud in essence, you're committing fraud when you lie about something related to OT, it's fraud, whether your billing for too many units or you're lying about Aunt Betty or cousin Betty. So the first offense is a year probation with conditions and a \$5,000 fine.

No one of your relatives are worth the \$5,000 fine. The maximum is six months suspension with six months probation with conditions and a \$10,000 fine. They are serious about this, don't do it. And the second and subsequent offenses a year suspension, a year probation with conditions and a \$5,000 fine and permanent revocation and a 10,000. So writing a false letter to support someone having a support animal is as bad as committing Medicare fraud or Medicaid fraud or selling drugs, illegal drugs in the state of Florida. Now, whether you believe or agree with that or not, we're supposed to be honest. That's part of our profession, we have a code of ethics, we have to do things that are legitimate and are right, we can't be doing stuff like this.

You know, do I agree with the penalties? It doesn't matter what I think, it doesn't matter what you think, we have to be honest, we have to be ethical and, you know, being ethical is the heart, if people can't trust us as OTs, what's the point? And again, this is not just occupational therapy, this law was passed in all of the medical boards, health and medical boards had to come up with a rule for this and discipline. Okay, so that's it. This is my email address, I don't mind if you contact me, I am happy to answer questions if you have any and here are my references. And I do wanna take a minute to point out that I showed you some things that are not in effect yet but will be and probably will be and let me explain what that means.

How do I know they will be? Well, I told you that there's some agency body within the state that went through all of the rules for all the boards, and made suggestions on how they needed to change because some laws have changed. So the Occupational Therapy Board went through all of the rules and made changes, and those changes

they presented at the May meeting. Then in November, they made some other changes based on giving those changes to that board that had asked for the changes. Now they gave the November changes to the board to look at so there may be some other tweaks but it's not gonna be major. So some of what I told you may be happening may be slightly different but I don't think so, I think if anything they might add something to it.

So they might say, and I can show you everything, you know, if you look over here, you can find, let's see. If you go to the board over here, to this, that's not what I meant to do. I don't know how to get back but if you go to, it'll take me a minute, but if you go to the website for those minutes for that meeting, you will see what I'm talking about and you will be able to follow what they did. So basically, in a nutshell, they come up with rules, they send them to the statewide committee and the statewide committee tells them whether they're okay or if they need to make a few changes.

So, let's see, I'm almost there. Okay, so they made some changes and they sent them back and then they told them to make some more changes, minor, all minor changes, okay? So if you go to this website, I'm sorry, when you get the handout it's the board minutes, okay? So when you get to the board minutes and you look at that, the next board minutes are going to have those minutes with any new changes. So they will vote on them again to make them permanent. Now I am going to go to questions and answers, okay, and I'm gonna answer questions. So I work in hand therapy, is saying something like this to patient okay? Dr. Smith is a great hand surgeon, his patient seemed to do well.

Yes, that's your opinion, you're allowed a professional opinion that way, that's fine. The clinic I work at offers therapy putty for sale at a normal price, is that okay? Whenever I believe the patient may benefit from therapy putty. That's okay, as long as you're, you know, it's a standard procedure and you're not benefiting from it, you know, it's not

going into your pocket, you know, you're not putting it high up at a different level, you know, charging a lot more money, you're fine. I'm a COTA in outpatient and may start a PRN home health job, is supervision with an OTR by phone, email or text only okay? Is there a certain frequency required to speak or meet face to face?

There are no requirements for your supervision at all. Now, what you should do is establish with the therapist what you feel comfortable with and that will depend on several things. So for example, if I were supervising you, I would wanna know what kind of experience you have. If you've been out of school two years, I'm gonna be a little more nervous as your supervisor than if you tell me you've been practicing for 10 years, okay? I might, if you've never done home health before, I might want to stop in once in a while if, you know, we can work that out and see what you're doing and, you know, somebody has to do the evaluation because you know, obviously can't do the evaluation.

So, you know, that's really something that you have to develop with the OTR and see what you feel comfortable with because the law leaves it up to both of your judgment in Florida. It's not like, you know, in California where you have to be with the person on the premises this and that. I don't even know if OTAs can do home health in California the way that law is written. And again, I'm not licensed to practice in California so I'm not gonna tell you I'm interpreting the law but, you know, just on the face. Okay, there's a CUE company that says their text and video courses count as live credits because they offer live chat answered 24/7 by the presenter host.

Now the question is, is live chat appropriate? And I have to look back at what I said. So the question is, I think it's live interactive but I'm wondering if you can do that.

- Barbara, I'm on right now.

- Yes.

- So I'm wondering, I think they're saying like live chat 24/7 about any course versus like.

- I don't think that.

- It's for a specific course.

- Yeah, I think what you need is a specific course where you take the course and for, you know, for whatever the time period was that I said at the end of the course, you have interaction with the person.

- Or it's a different date but it's specific for that course with that presenter, this is what I would assume, not like just an employee of the company running the ...

- No, no, no, well, this says but the presenter or host.

- All right.

- You know, the way that's written I feel a little uncomfortable with that

- That almost sounds like someone from the company ...

- Well, it says ...

- Like me, I'm a host of all of the live webinars for OccupationalTherapy.com but I don't know, I would not feel comfortable providing Q&A for any course that was ever on my site, even though I'm a licensed ...

- Well, you're saying you're a licensed therapist.

- Yes, so I'm not ...

- Yeah, I don't know what that means host, that's a good point, that kind of worries me.

- I did wanna jump in real quick and just say PDU is professional development unit.

- Yeah, sorry.

- Okay, that's all right, I thought I'd tell anyone who was curious for that, you just couldn't come up with it in the time.

- Yeah, all right, are PAM's discretion's written out in the scope of practice? Yes but you have to be trained. If you're trained, as I mentioned, the kind of stuff that you have to have, then you're okay. For teletherapy, you mentioned that cannot be done solely via phone and email, what about consultation and not direct care? Teletherapy has to be done, you know, Zoom or whatever if you're doing telehealth.

- So she gives an example there, so maybe you read that aloud.

- Okay, let me read that. I recently had a person hook up my information from the board website and threatened that my license was being brought up on charges and attempted to gather my information for fraudulent purposes. Okay, if you go to the website, the board is warning about this by the way, there is a warning on the website about this that they are doing stuff like this. I had to call multiple divisions to confirm there was no issues. Yeah, so please be aware that if somebody contacts you and

says you have to give us \$50 or whatever or you're gonna be brought up on charges, don't listen to that and it wasn't real, nobody's going to contact you if there's a problem with your license, okay?

You'll just go on to renew it. The only time they would contact you is if somebody reports you to the board and you're in trouble and again, they're not gonna call you, they're going to send you either, I don't know if they're required to send notice by mail but they will probably email you. Okay, we have first renewal from Indiana, welcome Indiana. Welcome Hoosiers. Okay, what do you do if the default electronic medical record signs OTR but you're NBCOT? That's a very interesting question. That's an NBCOT issue, they could accuse you of fraud because you don't have the R. I would contact the medical records company and tell them they need to fix that or I would cross it out and I would put, you know, it's electronic.

See what leeway you have within the electronic medical record and maybe you could put in your record the address, "The signature below says OTR/L but should say OT/L." Something like that so that when you put that as part of your progress notes you're covering your rear, okay? I took several live, my name not on certificate, how would I submit that to CE Broker? That might be a foreign question but if you have it, you should be able to submit it to CE Broker and if it's not on your certificate maybe they should contact the certificate people.

- Yeah, I was gonna say, so Terry, you're saying you took several courses live, your name was not on the certificate, how would I submit to CE Broker? I would go back to the CE company and ask them how to get your name on their certificate or at least have the certificate and an email from them that you can screenshot to attach with the certificate to submit.

- Yeah, tell them this is another of practice law for one more thing. Tell them you spoke to an attorney in Florida who said that what they're giving you is not good enough to prove that you took the course and you don't wanna lose your license. Okay, back to modalities. I work at an outpatient clinic but I'm not trained certified modalities but the rest of the COTA or OTRs are, can I provide modalities to patients under their supervision? Well, you can be trained under their supervision so they can supervise you for, you know, if you look at what's required, they can supervise you for a number of hours and I think you just need to take, you know, some sort of a course that's worth to do that, if you can find something and then they train you.

Okay, approval for a CE for Florida needs to be live as this, what about video courses offered by OccupationalTherapy.com?

- I can answer that. So there has to be a live CE component. So this counts for live because we have a live chat here but for any other video formats, if you did not attend the live event that cannot be counted as live so you would need to, you know, make sure that you attend live events so to get that, you know, to be approved for that format.

- Okay, I am a COTA, how many COTAs can a supervisor supervise in Florida? Believe it or not, as many as she or he wants. Do I agree with that? I'm not sure. What scares me is, you know, let's say the example I always give to my ethics class when I teach ethics is you're hired as an OTR to supervise COTAs at three different nursing homes in rural Wisconsin, where I lived at one time. You have to drive around to all these places and you got, you know, five COTAs you're supervising, how do you have time to supervise them, write progress notes? You know, at some point it may become an ethical issue for you as the COTA or for the OTR.

You may find that you have questions for the OTR and you can't find her or not available and you may be the OTR and saying, Oh my gosh, I can't supervise 12 COTAs at two nursing homes or whatever. I just can't do that, I have to read all those progress notes, I gotta do all the advise myself, I gotta, you know, oh my gosh, I can't do that. So, you know, unfortunately Florida leaves it up to everybody to answer themselves and that's bad because it leaves you open to be pressured to do more and pressure to do more is scary. Okay, will I need to do PAM training for Florida? I just took the training in Texas last year.

You just have to do training so I would double check with the board to make sure that that training is training, it doesn't say that the training has to be in Florida. If you have a certificate from Texas that says I took, I'm making this up, you know, I took five hours of training or I took this course from, you know, best CE people live for, you know, for modalities then that should be good enough. So any more questions? I wanna thank everybody who thanked me. A bunch of thank yous and I hope this was helpful. I apologize if some of this was confusing because of the new stuff but I'm really concerned that I want everybody to know that there's new stuff coming and, you know, I was kinda shocked when I listened to the May board and then I listened to the August board and I listened to the December board, it was like, wait a minute, you said this in May and now you're saying this in December and the guy saying well, this board, you know, said we need to change it.

So this is in in process, all right? You need to know about it because it could affect you, all right? And, you know, hopefully none of you will get in trouble because I told you what not to do but if something happens, you know, you need to know that the penalties are changing and the other things that, you know. And again, don't give Aunt Betty an excuse to bring her dog on to an airplane because you'll get your license suspended and a \$10,000 fine. All right, everybody be safe. If you're watching this

during the pandemic, wear mask, we're health professionals, stay at home and don't go crowded bars. Thank you.

- Barbara do you mind just sliding the PowerPoint to your question slide just so if people want to contact you later.

- Absolutely.

- And then we will close on that note.

- Okay.

- Thank you everyone for attending today. We'll get this to the end here so that you can get her contact information if you would like that.

- It's easier to scroll this way. And, you know, people contact me all the time with crazy things and I don't mind because I use them for teaching, you know, I love getting examples of what not to do or, you know, telling my students you won't believe I heard from an OT, I won't give names or anything. You know, I heard from an OT who was asked to do X and I've had students come up to me and say, did that really happen or did you make that up? And I'll say you think I'm not creative that I could make that up? You know. And I've heard some crazy things in this business, let me tell you.

- Well, thank you so much, Dr. Kornblau for coming today and thanks for all the attendees. I hope everyone has a great rest of the day. You join us again on Continued and OccupationalTherapy.com. Thank you.

- Thank you everybody.