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SUPERVISING ASSISTANTS, STUDENTS, AND AIDES

Upholding Your Ethics in a Challenging Health Care Environment

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OBJECTIVES

- Define at least two of the following terminology including direct supervision and general supervision.

- Describe at least three Medicare guidelines for supervision and billing related to students and therapy aides.

- Define at least three best practice initiatives from APTA and AOTA related to supervision of assistants in practice.

- List at least three key concepts from state practice acts that relate to supervision and ethics.

- Outline at least three best practice guidelines to common ethical dilemmas.
ROLE OF THE PHYSICAL THERAPIST

RESPONSIBILITIES

1. Interpretation of referrals when available
2. Initial examination, evaluation, diagnosis, and prognosis
   - An assistant may perform a standardized assessment but cannot interpret the results
3. Development or modification of a plan of care including goals
4. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render physical therapy interventions and when it may be appropriate to utilize the physical therapist assistant
RESPONSIBILITIES

5. Reexamination of the patient/client in light of their goals and revision of the plan of care
6. Establishment of the discharge plan and documentation of discharge summary/status
7. Oversight of all documentation for services rendered to each patient/client

Co-signature ≠ Supervision

PT SCOPE OF PRACTICE

- Interventions/procedures performed exclusively by PTs and selected interventions performed by PTA
- Interventions requiring immediate, continuous examination/evaluation performed exclusively by PT
  - For example, spinal and peripheral joint mobilization/manipulation, sharp selective debridement
**ROLE DELINEATION PT VS. PTA**

- PTA assists the physical therapist in the provision of physical therapy
  - PTA assists with selected components of intervention
- “Under the direction or supervision of the PT” is referring to a PTA
- The physical therapist is directly responsible for the actions of the physical therapist assistant related to patient/client management

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**LEVELS OF SUPERVISION**

- General Supervision
  - The therapist is not required to be on site for direction and supervision, but must be available at least by telecommunications
- Direct Supervision
  - The therapist is physically present and immediately available for direction and supervision. Direct contact with the patient. Telecommunications does not meet the requirement of direct supervision.
LEVELS OF SUPERVISION

- Direct Personal Supervision
  - The therapist is physically present and immediately available to direct and supervise tasks that are related to patient/client management. Supervision is continuous. Telecommunications does not meet the requirement of direct personal supervision.

DELEGATING TO AN ASSISTANT

- Predicated on the following factors:
  - Complexity and acuity of the patient’s/client’s needs
  - Proximity and accessibility to the therapist
  - Supervision available in the event of emergencies or critical events
  - Type of setting in which the service is provided
THE SUPERVISORY PROCESS

- Interactive and dynamic relationship
- Based on understanding and communication
- Competent and safe provision of therapy
- At no time should the PTA complete a task, modality or intervention if he/she is not deemed competent to do so

CONSIDERATIONS WHEN DETERMINING COMPETENCE

- The PTA’s education, training, experience, and skill level
- Patient/client criticality, acuity, stability, and complexity
- The predictability of the consequences
- The setting in which the care is being delivered
- Federal and state statutes
- Liability and risk management concerns
- The mission of physical therapy services for the setting
- The needed frequency of reexamination
THE SUPERVISORY PROCESS

- Assess learning style to facilitate assimilation of new information
  - Learn by observation?
  - Hands-on practice?
- Establish clear guidelines and expectations
- Applicable to the new grad AND the seasoned clinician
- Offer feedback that is meaningful to the assistant

OFFERING FEEDBACK

- Supportive, truthful, and fair
- Respect differences
- Give credit where credit is due
- Open to new ideas
- Role model of high standards
ACCEPTING FEEDBACK

- Readily accept feedback
- Modify behavior
- Be an active participant in the learning process
- Seek additional support or clarification when needed

The supervisor also should be receptive to feedback to facilitate the process

SUPERVISORY VISITS

- Therapist accessible by telecommunications to the assistant at all times
- Regularly scheduled and documented conferences
- Supervisory visit by the therapist:
  - For re-examination for updates to POC
  - Prior to planned discharge
  - At least once a month based on patient needs
- Supervisory visit should include:
  - On-site reexamination of the patient
  - On-site review of the POC
  - Evaluation of need for outside resources
DOCUMENTATION OF SUPERVISION

- Sufficient documentation of the supervisory process is the responsibility of both supervisor and supervisee and is good practice even if not required by state law
  - Document phone conversations/consultations that occurred
  - Indicate you reviewed the POC with the assistant who is providing the services under your direction
  - Schedule regular conferences with the assistant regarding patients
    - Some states require you to keep logs of this
  - Cosign notes indicating “provided services under the direct supervision of (name of the supervising therapist).”

DOCUMENTATION REQUIREMENTS FOR MEDICARE

- The initial evaluation and POC must be completed by the therapist
- Changes to the plan of care need to also be completed by the therapist
- Treatment Notes for each treatment day will be completed by the assistant
  - Likely co-signed by the therapist
REQUIREMENTS FOR MEDICARE

- Assistant’s participation in the Progress Report
  - Not a complete Progress Report
  - Date of beginning/end of the reporting period
  - Date the report was written
  - Signature and professional identification
  - Objective reports of the patient’s subjective statements
  - Objective measurements or description of changes in status relative to each goal

Assistants may not make clinical judgments about why progress was or was not made, but may report the progress objectively.

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DOCUMENTATION REQUIREMENTS FOR MEDICARE

- Assistants may change goals only under the direction of a clinician
- When short term goal changes are dictated to an assistant or to qualified personnel, report the change, clinician’s name, and date
- Clinicians verify these changes by co-signatures on the report or in the clinician’s Progress Report

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DOCUMENTATION REQUIREMENTS FOR MEDICARE

- Content of Clinician Progress Reports
  - Assessment of improvement toward each goal
  - Plans for continuing treatment, reference to additional evaluation results, and/or treatment plan revisions
  - Changes to long or short term goals

- The Discharge Note shall be a Progress Report written by a clinician, and shall cover the reporting period from the last Progress Report to the date of discharge
- In the case of an unplanned discharge, can be written based on treatment notes and verbal reports of the assistant
- In the case of a discharge anticipated within 3 treatment days of the Progress Report, the clinician may provide objective goals which, when met, will authorize the assistant or qualified personnel to discharge the patient
KEEP IN MIND …

- Follow whichever is most strict ... practice act or payer
- Documentation should show collaboration and exchange ideas
- Limits and ratios!!
  - Number of persons you can supervise at any time
  - May be different based upon work setting
  - Is it persons? Or FTE?
- Type of supervision may differ based upon work setting and years of experience of assistant
- Be aware of need for supervisory visits and logs

WRAPPING IT UP

- It is the responsibility of the assistant to seek the appropriate quality and frequency of supervision to ensure safe service delivery
- It is the responsibility of the therapist to provide adequate and appropriate supervision
- The therapist must recognize when he/she needs peer supervision/mentoring to advance competence and professional growth
WRAPPING IT UP

Supervision depends on
- Complexity of client needs
- Number and diversity of clients
- Knowledge and skill level of the therapist and assistant
- Type of practice setting
- Requirements of the practice setting
- Other regulatory requirements

Supervision is more frequent when:
- The needs of the client are complex and changing
- The practice setting provides therapy to a large number of clients with diverse needs
- The therapist and assistant determine that additional supervision is necessary to ensure safe and effective delivery of therapy services
WRAPPING IT UP

Variety of types and methods of supervision
- Direct, face-to-face contact
  - Observation, modeling, client demonstration, discussions, teaching, and instruction
- Indirect contact
  - Phone conversations, written correspondence, electronic exchanges

MUST abide by facility and state requirements regarding documentation of a supervision plan and supervision contacts
- Frequency of supervisory contact
- Methods or types of supervision
- Content areas addressed
- Evidence to support areas and levels of competency
- Names and credentials of the persons participating in the supervisory process
SUPERVISING STUDENTS

OVERVIEW

- Recognize when supervision is needed
- Ensure that supervision supports the student’s current and developing levels of competence
- In all cases the physical therapist is ultimately responsible for all aspects of service delivery
OVERVIEW

- Physical therapy students should be supervised by a physical therapist
- Physical therapist assistant students should be supervised by a physical therapist or physical therapist assistant in partnership with a physical therapist

AMOUNT OF SUPERVISION

Initially, supervision should be in line of sight and gradually decrease depending on:
- Competence and confidence of the student
- Complexity of client needs
- Number and diversity of clients
- Role of physical therapy and related services
- Type of practice setting
- Requirements of the practice setting
- Other regulatory requirements
STUDENT SUPERVISION GUIDELINES

- Amount of supervision must be appropriate to level of knowledge, experience, competence
- Students approved to practice independently can only perform those services specified by the supervisor
- Supervisor must be physically present in the facility and immediately available to provide observation, guidance, feedback

STUDENT SUPERVISION GUIDELINES

- Student minutes can be counted on the MDS as skilled therapy minutes according to Medicare Guidelines
- Supervisor must review and co-sign all student documentation
- Assistants can provide instruction and supervision to therapy assistant students
  - Assistant must be properly supervised by therapist
GUIDELINES FOR STUDENTS

Medicare Part A
- Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (76 Fed. Reg. 48510-48511, August 8, 2011)
- Student time with a client can be coded on the MDS
- Each site will determine appropriate manner of supervision of therapy students
- Assistants can serve as a supervisor for a student therapist assistant

Individual Therapy Minutes
- The treatment of one resident at a time
- When a student is involved, only one resident is being treated by the therapy student and supervising therapist/assistant
- For Part B, the supervising therapist/assistant shall not be engaged in any other activity or treatment when the resident is receiving therapy
- For Part A, the supervisor must be able to immediately intervene/assist the student as needed
GUIDELINES FOR
STUDENTS

Concurrent Therapy (Part A only)
• When a therapy student is involved with the
treatment, and one of the following occurs,
the minutes may be coded as concurrent
therapy:
  • The therapy student is treating one resident and
    the supervisor is treating another resident, both
    residents are in line of sight.; or
  • The therapy student is treating 2 residents, both
    are in line-of-sight of the therapy student,
    supervisor is treating no one; or
  • The therapy student is not treating any residents,
    supervisor is treating 2 residents at the same time,
    both are in line-of-sight.

Group Therapy (Medicare Part A)
• When a therapy student is involved with
  group therapy treatment, and one of the
  following occurs, the minutes may be
  coded as group therapy:
  • The therapy student is providing the group
    treatment and the supervisor is not treating or
    supervising anyone else; or
  • The supervisor is providing the group
    treatment and the therapy student is not
    providing treatment to any resident.
GUIDELINES FOR STUDENTS

Group Therapy (Medicare Part B)

- The treatment of 2 or more individuals simultaneously
- When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:
  - The therapy student is providing group treatment and the supervisor is not engaged in any other activity or treatment; or
  - The supervisor is providing group treatment and the therapy student is not providing treatment to any resident.

MEDICARE PART B GUIDELINES

- The qualified professional is present and in the room for the entire session. The qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The practitioner is not engaged in treating another patient or doing other tasks at the same time
- The qualified professional must signs all documentation
CONSIDERATIONS FROM APTA

- Use professional judgment on whether or not a service is billable
- Distinguish between the ability of a student to provide services to a client from the ability to bill for student services
- Consider whether the service is being essentially provided directly by the physical therapist, even though the student has some involvement in providing the care
  - How closely involved is the supervisor in the care being provided?
- Ask whether the billing would be the same whether or not there is a student involved
  - Do not bill beyond what they would normally bill in the course of managing that patient's care

OTHER CONSIDERATIONS

- Hospital Part A and Inpatient Rehab are not specifically addressed in the regulations from CMS
- Part B guidelines are applicable for every venue where Part B is billed
- Check state requirements for years of experience before supervising students
- Prudent to take a CI course
  - Some schools require this
- Remember that you must ensure protection of consumers and provide opportunities for appropriate role modeling of practice
SUPERVISING REHAB AIDES/TECHS

DEFINITIONS

- Physical therapy aides are any support personnel who perform designated tasks related to the operation of the physical therapy service
  - Do not require the clinical decision or problem solving
- Direct personal supervision is required
  - Continuous supervision with direct contact
  - Telecommunications does not meet the requirement of direct personal supervision
GUIDELINES

- Aides do not provide skilled therapy services.
  - Only performs specifically delegated tasks
  - Must be able to demonstrate competency
- Must be a plan in place to supervise and routinely assess the ability of the aide to carry out non-client- and client-related tasks
- Non-client-related tasks include clerical, maintenance, preparation of the work area or equipment.
- Selected client-related tasks may be delegated when:
  - The outcome anticipated is predictable.
  - No judgment, interpretations, or adaptations are required
  - Client has some previous performance ability with the task

GUIDELINES

- The supervisor must ensure:
  - The aide is trained and competent
  - Has been instructed how to carry out delegated tasks
  - Knows precautions, signs, and symptoms for the client that indicate need for assistance
- Supervision should be documented and include
  - Frequency and methods of supervision
  - Content of supervision
  - Names and credentials of all persons participating in the supervisory process
BILLING (OR LACK THEREOF)

○ CORF, OP, OP Rehab
  • Services reimbursed under Medicare Part B cannot be provided by a therapy aide regardless of level of supervision
  • The aide may assist, but should never be the provider of the service

BILLING (OR LACK THEREOF)

○ Skilled Nursing Facilities
  • Per the RAI manual, aides cannot be used to deliver skilled services
  • Aides can provide support services
  • Minutes are not counted on the MDS
Your skilled nursing facility has chosen to take on a student. The student is treating a Part A patient. The supervising therapist knows that line-of-sight supervision is not required. So she leaves the facility to pick up lunch.
You, the therapist, have delegated treatment of a client to the physical therapist assistant under your supervision. The client complains of pain during the treatment session. The PTA applies ultrasound to the patient during the session without consulting you and without a physician script/order to do so.

Your state requires that you keep supervisory logs that detail all supervisory activities that are completed between you (the PT) and the PTA. You are being audited by the state and they find that your logs are not complete, though you have co-signed a few daily notes.
You are working in an outpatient clinic that deals primarily with Medicare Part B as a payer. You have an aide in your clinic. You ask the aide to complete the therapeutic exercise program with the client. You bill for these services.

You, the PT, allow the PTA to complete aspects of the initial evaluation for services. You co-sign and bill for the evaluation.
You are treating a Patient covered by Medicare Part B and it is time to write the 10th visit Progress Report. The PTA writes the entire Progress Report and you co-sign it.

You are supervising a student. You have given the student your login ID and password to the facility EMR so he can complete documentation and billing. You unfortunately get sick and have to go home. You ask another therapist to supervise your student and she willingly does. While you are out of the building, the student logs into the EMR and completes documentation and billing under your name ... but you have no labor hours in the facility. Upon review by the facility, they accuse you of fraud.
In this same scenario, you discover that while you were out, the “fill-in” supervising therapist is treating patients in the therapy gym at the same time your student is. Some of these are Medicare Part A and others are Medicare Part B. All MDS minutes and billing is coded as individual therapy.

You have decided to host a student and are excited because you think you’ll finally get some down time in your day. You set your student up to complete all of the treatments for the day while you sit in the office surfing the internet. You check in periodically, but are not fully engaged in the plan of care.
You, the therapist, are required to co-sign the daily notes of the assistants. You supervise 3 assistants and this means that you need to co-sign A LOT of daily notes. You sign them without reading them.

You just moved. In your old state, you were permitted to supervise 3 therapy assistants. You assume the rule is the same in your new state.
In your day, you supervise a PRN PTA and 2 part-time PTAs. Their full-time equivalent status (FTE) does not exceed 2.0. You are permitted to supervise 2 PTAs as per your state ratio limit.

You discover when reading the daily notes of the assistant that you are supervising that he is adding and changing goals for the client without consulting you.
You are nearing the end of skilled treatment. The Assistant has made the determination that the patient has achieved the maximum therapeutic benefit and requests an order for discharge and completes the discharge summary.

The Physical Therapist Assistant administers a standardized assessment for a patient and then adapts the treatment plan based on the results.
The Assistant completes a home assessment for a client and makes specific recommendations regarding home set-up, accessibility, modifications, and necessary durable medical equipment.

You have assigned your student “homework” documentation. She decides to take paper documentation, with the client’s identification, out of the facility in order to work on the documentation at home.
Your manager is reviewing some notes and sees that you co-signed a note written by the PTA that includes disparaging remarks about nursing, changes to the plan of care, and the patient’s dissatisfaction with therapy. Your manager asked you about the note and you know nothing about it.

You are a relatively new DPT in the field. You have been assigned to supervise a PTA who has 25 years of experience. She feels like you are micromanaging her and questioning her skills and begins to lash out. It is a very uncomfortable working experience.
You are the only PT and assigned to split between 2 long-term care facilities. Your HR manager indicates that at one facility you will have a full time person who is a new grad on a temporary license.
APTA RESOURCES

- Direction and Supervision of the Physical Therapist Assistant
- APTA Guide for Professional Conduct
- Federation of State Boards of Physical Therapy Jurisdiction Licensure Reference Guide
  - Topic: Supervision
  - Topic: PT Supervision Ratios
  - Topic: Supervision Requirements
- Chart: Supervision of Students Under Medicare
- Use of Physical Therapist Assistants (PTAs) Under Medicare
- Use of Physical Therapy Aides Under Medicare
- Use of Students Under Medicare Part B

AOTA RESOURCES

- Occupational Therapy Assistant Supervision Requirements
- OT/OTA Partnerships: Achieving High Ethical Standards in a Challenging Health Care Environment
- OT/OTA Student Supervision & Medicare Requirements
- Practice Advisory: Services Provided by Students in Fieldwork Level II Settings
- Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services
THANK YOU!

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