

BOARD OF PHYSICAL THERAPY

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
Board Room #2, Second Floor
Friday, August 9, 2013

10:00 a.m.

AGENDA

CALL TO ORDER

ORDERING OF AGENDA

ACCEPTANCE OF MINUTES – Tab 1

- Board Meeting – May 24, 2013

INFORMAL CONFERENCE HELD

- May 24, 2013

PUBLIC COMMENT

EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn - Tab 2

NEW BUSINESS

- Legislative/Regulatory Report – **Elaine Yeatts – Tab 3**
 - Adoption of fast-track action on regulations under Governor's regulatory reform project
- Disciplinary Review – **Lisa R. Hahn – Tab 4**
 - Probable Cause Worksheet
 - Sanction Reference Points

Tab 1

**UNAPPROVED
BOARD OF PHYSICAL THERAPY
MEETING MINUTES**

The Virginia Board of Physical Therapy convened for a board meeting on Friday, May 24, 2013 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

The following members were present:

George Maihafer, PT, Ph.D., President
Peggy Belmont, PT, Vice-President
Melissa Wolff-Burke, PT, EdD
Robert Maroon, PT
Sarah Schmidt, P.T.A.
Michael Styron, PT, MBA
J.R. Locke, Citizen Member

DHP staff present for all or part of the meeting included:

Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst
Missy Currier, Board Operations Manager

BOARD COUNSEL

Charis Mitchell, Assistant Attorney General

Quorum:

With 7 members present, a quorum was established.

GUEST PRESENT

Mark Bouziane, Retreat Hospital
Shawne Soper

CALLED TO ORDER

Dr. Maihafer, President, thanked the board and staff for their kind thoughts and prayers for his recent loss and called the board meeting to order at 9:37 a.m.

ORDERING OF THE AGENDA

With the addition of the following two agenda items; Probable Cause Review and Questions, the agenda was accepted as amended.

ACCEPTANCE OF MINUTES

Upon a motion by Mr. Styron and properly seconded by Mr. Maroon, the Board voted to accept the minutes of the February 15, 2013 board meeting. The motion passed unanimously.

Upon a motion by Mr. Styron and properly seconded by Ms. Schmidt, the Board voted to accept the minutes of the February 15, 2013 formal hearing. The motion passed unanimously.

Upon a motion by Mr. Locke and properly seconded by Mr. Styron, the Board voted to accept the minutes of the February 15, 2013 Legislative/Regulatory Committee meeting. The motion passed unanimously.

Upon a motion by Mr. Maroon and properly seconded by Mr. Styron, the Board voted to accept the minutes of the March 21, 2013 Legislative/Regulatory Committee meeting. The motion passed unanimously.

INFORMAL CONFERENCES HELD

Dr. Maihafer shared that informal conferences were held on the following days and that the minutes are located on the board's website and on regulatory Townhall:

- (3) February 15, 2013

PUBLIC COMMENT

There was no public comment

PRESENTATION – Elizabeth Carter, Director, DHP Healthcare Workforce Data Center

Dr. Carter provided informative statistical information regarding Virginia survey results conducted by the Healthcare Workforce Data Center. She stated that they received an 89% response rate from the survey which gave an accurate picture of Virginia's Physical Therapy workforce. If the Workforce Center receives a grant, Dr. Carter plans on providing a regional analysis of the data. Dr. Carter concluded by thanking the board members and staff for their hard work and assistance with developing survey questions and stated their names would be included in the report.

Ms. Hahn thanked Dr. Carter for her presentation and added that FSBPT is working to obtain workforce information at a national level. She also told the board that we would be sure to add a link to the DHP workforce report on the Board of Physical Therapy website.

EXECUTIVE DIRECTOR'S REPORT - Lisa R. Hahn

FY13 Budget

Ms. Hahn reported that the cash balance as of June 30, 2012 was \$298,364; the revenue for FY13 was \$800,405; the direct and allocated expenditures were \$436,291; the ending cash balance as of March 31, 2013 was \$662,479.

Discipline Statistics

Ms. Hahn reported that as of May 9th, there were 19 open cases; 7 were in Investigations; 9 were at the probable cause level; 2 cases were at the APD level; 1 case was at the Informal Conference level which would be heard following the meeting; and 0 cases were at the Formal level. Ms. Hahn added that the board has seen an increase in Standard of Care cases and a more significant increase in cases involving Fraud.

Ms. Hahn reported that 13 cases were being monitored for compliance.

Virginia Performs

Ms. Hahn reported the clearance rate for the 3rd Quarter ending March 31, 2013 was 78%. The age of our pending case load over 250 days was at 0%; the time to disposition is at 86% of cases closed within 250 days. The licensing standard of less than 30 days for issuance has been met 100% of the time. Ms. Hahn was pleased to report that the customer satisfaction rating was 100%. Ms. Hahn concluded that in Quarter 3, the board received 9 cases and closed 7.

J.R. Locke commented that the Staff should be highly commended for their great performance on receiving 100% satisfaction.

Licensee Statistics

Ms. Hahn reported that as of May 9th there were 6,218 active physical therapists; 2,529 active physical therapist assistants, and 722 with Direct Access Certification. She added that for the past 6 years, 8% on average of Licensees do not renew with most of them consisting of out of state applicants.

Ms. Hahn further reported that at the board's request, staff did issue an email notification to PT's and PTA's reminding them to renew their license if they were still practicing in Virginia.

NPTE Results

Ms. Hahn shared the most recent Virginia NPTE exam results for PT's:

April 30, 2013 – 79.1 passage rate (18 failed and 68 passed)

2013 NPTE Test Dates

Ms. Hahn gave the following remaining dates for candidates to take the examination:

PT – July 23rd, 24th & October 30th
PTA – July 10th & October 9th

Miscellaneous Board Business

Ms. Hahn was pleased to announce that as of May 1, 2013, the Board was accepting online applications and the process was going very smoothly.

Ms. Hahn announced that George Maihafer's tenure on the board would expire on June 30, 2013, although he would continue to serve until his replacement is appointed by the Governor. Ms. Hahn added that Dr. Maihafer's knowledge and hard work will be greatly missed.

Ms. Hahn also thanked J.R. Locke for his continuing to serve as the pleasure of the governor since his official term had expired in June of 2012.

Board Meeting Calendar

Ms. Hahn gave the following 2013 board meeting calendar dates: August 9th, and November 22nd and reminded the board that a meeting may be cancelled if the agenda does not necessitate holding the meeting.

NEW BUSINESS

Regulatory Report – Elaine Yeatts

Ms. Yeatts reviewed the status of regulations pertaining to **18VAC112-20**:

- Traineeship changes, continuing education – Become effective on July 17, 2013.
(Attachment #2)
- Change in list of CE providers – Fast-Track – At Governor's Office.

Ms. Hahn agreed to put an announcement on the website about the changes in CE requirements.

Committee Report & Recommendations:

Fast-Track Action on Regulations under Governor's Regulatory Reform Project (Attachment #1):

Ms. Yeatts reminded the board that as part of the Governor's Regulatory Reform Project, they were required to conduct a periodic review of **18 VAC 112-20-10**. Ms. Yeatts reported that no comment was received during the public comment period of November 5th thru December 5th, 2012.

Ms. Yeatts reviewed Committee recommendations made to **18 VAC 112-20-10** of the Regulations of the Board of Physical Therapy. Discussion was held, and the board agreed to accept the committee recommendations. The board also agreed that since **18VAC112-20-60 (B)** was being stricken from the regulations, a guidance document be written to assist applicants who fail the exam more than three times.

Upon a motion by Peggy Belmont and properly seconded by J.R. Locke, the board voted to adopt a Fast Track Action to accept all staff and committee recommendations to **18VAC112-20** of the Regulations of the Board of Physical Therapy and for staff to draft a guidance document as replacement of **18VAC112-20-60 (B)**. The motion passed unanimously.

BREAK

The Board took a recess at 11:20 a.m. and reconvened at 11:30 a.m.

Probable Cause Review – Lisa R. Hahn, Executive Director

Ms. Hahn provided guidance in the process involved when reviewing cases for Probable Cause and the elements involved in making sound decisions. Key points Ms. Hahn discussed in her review included:

- Probable Cause Determination
- Who Conducts the Review
- Review of the Probable Cause Form & How to Complete it
- 5 Probable Cause Elements
- Making Recommendations

Direct Access Renewals

Discussion was held regarding the elimination of the CE requirement specific to Direct Access for renewals. Upon a motion by Melissa Wolff-Burke, and properly seconded by Robert Maroon, the board voted to propose a legislative action to eliminate the CE renewal requirement for Direct Access according to § 54.1-3482.1 (iv) of the Code of Virginia.

The motion passed unanimously

Election of Officers

Upon a motion by Melissa Wolff-Burke and properly seconded by J.R. Locke, the board elected Peggy Belmont as President. The motion passed unanimously.

Upon a motion by J.R. Locke and properly seconded by Robert Maroon, the board elected Melissa Wolff-Burke as Vice-President. The motion passed unanimously.

CLOSING COMMENTS

Dr. Maihafer mentioned that the FSBPT Annual Meeting was scheduled for October in San Antonio, Texas and that he would be attending as a member of the FSBPT Educational Committee. It was decided that board members Peggy Belmont and Sarah Schmidt and Lisa Hahn would attend this year to represent the Virginia Board of Physical Therapy.

ADJOURNMENT

With all business concluded the meeting was adjourned at 12:30 p.m.

George Maihafer, PT, Ph.D., Chair

Lisa R. Hahn, MPA, Executive Director

Date

Date

ATTACHMENT #1
Project 3637
BOARD OF PHYSICAL THERAPY
Regulatory review changes

Part I
General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"CLEP" means the College Level Examination Program.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"Face-to-face" means learning activities or courses obtained in a group setting or through interactive, real-time technology.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"Re-evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means face-to face continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination.

1. The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

2. The fees for taking all required examinations shall be paid directly to the examination services.

C. Licensure by endorsement. The fee for licensure by endorsement shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be \$135 and for a physical therapist assistant shall be \$70 and shall be due by December 31 in each even-numbered year.

2. The fee for an inactive license renewal for a physical therapist shall be \$70 and for a physical therapist assistant shall be \$35 and shall be due by December 31 in each even-numbered year.

3. A fee of \$25 for a physical therapist assistant and \$50 for a physical therapist for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.

4. The fee for reinstatement of a license that has expired for two or more years shall be \$180 for a physical therapist and \$120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be \$1,000; the fee for an application for reinstatement of a license that has been suspended shall be \$500.

2. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.

3. The fee for a returned check shall be \$35.

4. The fee for a letter of good standing/verification to another jurisdiction shall be \$10.

F. Direct access certification fees.

1. The application fee shall be \$75 for a physical therapist to obtain certification to provide services without a referral.

2. The fee for renewal on a direct access certification shall be \$35 and shall be due by December 31 in each even-numbered year.

3. A fee of \$15 for processing a late renewal of certification within one renewal cycle shall be paid in addition to the renewal fee.

18VAC112-20-60. Requirements for licensure by examination.

A. Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;

2. The required application, fees and credentials to the board; and

3. Documentation of passage of the national examination as prescribed by the board.

~~B. If an applicant fails the national examination three times, he shall apply for approval to sit for any subsequent examination by submission of evidence satisfactory to the board of having successfully completed the following requirements:~~

- ~~1. Provide the board with a copy of the deficiency report from the examination;~~
- ~~2. Review areas of deficiency with the applicant's physical therapy educational program and develop a plan, which may include additional clinical training or coursework, to address deficiency areas; and~~
- ~~3. Take an examination review course and the practice examination.~~

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;
2. The required application, fees, and credentials to the board;
3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner Data Bank (NPDB);
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years; and
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state ~~and active, clinical practice with a current, unrestricted license for at least five years prior to applying for licensure in Virginia.~~

~~For the purpose of this subsection, active, clinical practice shall mean at least 2,500 hours of patient care over a five-year period.~~

C. A physical therapist ~~or physical therapist assistant~~ seeking licensure by endorsement who has not actively practiced physical therapy in another state for at least ~~320~~ 160 hours within the ~~four~~ two years immediately preceding his application for licensure shall first successfully

complete 480 hours in a traineeship in accordance with requirements in 18VAC112-20-140 that is equal to the number of hours of active practice that were required for renewal of an active license in Virginia during the period in which the licensee has not actively practiced in another state, not to exceed 480 hours. If the applicant can document that he has met the PRT standard within the two years preceding application for reinstatement, he shall be credited with 160 hours towards required traineeship hours.

D. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy in another state for at least 160 hours within the two years immediately preceding his application for licensure shall first successfully complete a traineeship in accordance with 18VAC112-20-140 that is equal to the number of hours of active practice required for renewal of an active license in Virginia during the period in which the licensee has not actively practiced in another state, not to exceed 320 hours.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record; ~~and~~
2. Periodic ~~evaluations~~ re-evaluation, including documentation of the patient's response to therapeutic intervention; ~~and~~
3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to re-evaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or his legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, nurse practitioner or physician assistant to the extent required by § 54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement and data collection, but not to include the performance of an evaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's visits to a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

18VAC112-20-120. Responsibilities to patients.

A. The initial patient visit shall be made by the physical therapist for evaluation of the patient and establishment of a plan of care.

B. The physical therapist assistant's first visit with the patient shall only be made after verbal or written communication with the physical therapist regarding patient status and plan of care. Documentation of such communication shall be made in the patient's record.

C. Documentation of physical therapy interventions shall be recorded on a patient's record by the physical therapist or physical therapist assistant providing the care.

D. The physical therapist shall reevaluate the patient as needed, but not less than according to the following schedules:

1. For inpatients in hospitals as defined in § 32.1-123 of the Code of Virginia, it shall be not less than once every seven consecutive days.

2. For patients in other settings, it shall be not less than one of 12 visits made to the patient during a 30-day period, or once every 30 days from the last evaluation re-evaluation, whichever occurs first.

3. For patients who have been receiving physical therapy care for the same condition or injury for six months or longer, it shall be at least every 90 days from the last re-evaluation.

Failure to abide by this subsection due to the absence of the physical therapist in case of illness, vacation, or professional meeting, for a period not to exceed five consecutive days, will not constitute a violation of these provisions.

E. The physical therapist shall be responsible for ongoing involvement in the care of the patient to include regular communication with a physical therapist assistant regarding the patient's plan of treatment.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee of \$70 for a physical therapist and \$35 for a physical therapist assistant, be issued an inactive license. ~~The fee for the renewal of an inactive license due December 31, 2010, shall be \$60 for a physical therapist and \$30 for a physical therapist assistant.~~

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated; and
2. Providing proof of ~~a. Active~~ active practice hours in another jurisdiction equal to those required for renewal of an active license in Virginia for the period in which the license has been inactive.

a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing 480 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 and that is equal to the number of hours of active practice requires for renewal of an active license in Virginia during the period in which the license was inactive, not to exceed 480 hours. If the applicant can document that he has met the standard of the PRT within the two years preceding application for reactivation in Virginia, he shall be credited with 160 hours towards required traineeship hours.

b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing a traineeship that meets the requirements prescribed in 18VAC112-20-140 and that is equal to the number of hours of active practice required for renewal of an active license in Virginia during the period in which the license was inactive, not to exceed 320 hours; and

~~b. Completion of~~ 3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by meeting the requirements for renewal and payment of the renewal and late fees fee as set forth in 18VAC112-20-150 18VAC112-20-27 and ~~completion of continued competency requirements as set forth in 18VAC112-20-131.~~

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. ~~Practice physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement or successfully complete 480 hours as specified in 18VAC112-20-140; and~~ Apply for reinstatement and pay the fee specified in 18VAC112-20-27;

2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and

3. Have actively practiced physical therapy in another jurisdiction for at least 160 hours within the two years immediately preceding applying for reinstatement.

a. If the physical therapist applicant does not meet the requirement for active practice, the license may be reactivated by completing hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 and that is equal to the number of hours of active practice required for renewal of an active license in Virginia during the period in which the license was expired, not to exceed 480 hours. If the applicant can document that he has met the PRT standard within the two years preceding application for reinstatement, he shall be credited with 160 hours towards required traineeship hours.

b. If the physical therapist assistant applicant does not meet the requirement for active practice, the license may be reinstated by completing a traineeship that meets the requirements prescribed in 18VAC112-20-140 and that is equal to the number of hours of active practice required for renewal of an active license in Virginia during the period in which the license was expired, not to exceed 320 hours.

18VAC112-20-140. Traineeship requirements.

~~The traineeship: (i) shall be in a facility that serves as a clinical education facility for students enrolled in an accredited program educating physical therapists in Virginia, (ii) is approved by the board, and (iii)(ii) is under the direction and supervision of a licensed physical therapist.~~

1. The physical therapist supervising the inactive practice trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.
2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.
3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

18VAC112-20-150. Fees. (Repealed.)

~~A. Unless otherwise provided, fees listed in this section shall not be refundable.~~

~~B. Licensure by examination:~~

- ~~1. The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.~~

~~2. The fees for taking all required examinations shall be paid directly to the examination services.~~

~~C. Licensure by endorsement. The fee for licensure by endorsement shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.~~

~~D. Licensure renewal and reinstatement.~~

~~1. The fee for active license renewal for a physical therapist shall be \$135 and for a physical therapist assistant shall be \$70 and shall be due by December 31 in each even-numbered year. The fee for renewal of an active license due December 31, 2010, shall be \$100 for a physical therapist and \$60 for a physical therapist assistant.~~

~~2. A fee of \$25 for a physical therapist assistant and \$50 for a physical therapist for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.~~

~~3. The fee for reinstatement of a license that has expired for two or more years shall be \$180 for a physical therapist and \$120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.~~

~~E. Other fees.~~

~~1. The fee for an application for reinstatement of a license that has been revoked shall be \$1,000; the fee for an application for reinstatement of a license that has been suspended shall be \$500.~~

~~2. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.~~

~~3. The fee for a returned check shall be \$35.~~

~~4. The fee for a letter of good standing/verification to another jurisdiction shall be \$10.~~

~~F. Direct access certification fees.~~

~~1. The application fee shall be \$75 for a physical therapist to obtain certification to provide services without a referral.~~

~~2. The fee for renewal on a direct access certification shall be \$35 and shall be due by December 31 in each even-numbered year. The fee for direct access certification due December 31, 2010, shall be \$30.~~

~~3. A fee of \$15 for processing a late renewal of certification within one renewal cycle shall be paid in addition to the renewal fee.~~

ATTACHMENT #2

Project 1926 – Final regulations

BOARD OF PHYSICAL THERAPY

Traineeship changes; continuing education

Part I

General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"CLEP" means the College Level Examination Program.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

~~"Face-to-face" means learning activities or courses obtained in a group setting or through interactive, real-time technology.~~

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

["FSBPT" means the Federation of State Boards of Physical Therapy.]

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"PRT" means the Practice Review Tool for competency assessment [given by the Federation of State Boards of Physical Therapy developed and administered by FSBPT] .

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means ~~face-to-face~~ continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-50. Education requirements: graduates of schools not approved by an accrediting agency approved by the board.

A. An applicant for initial licensure as a physical therapist who is a graduate of a school not approved by an accrediting agency approved by the board shall submit the required application and fee and provide documentation of the physical therapist's certification by a report from the FCCPT or of the physical therapist eligibility for licensure as verified by a report from any other credentialing agency approved by the board that substantiates that the physical therapist has been evaluated in accordance with requirements of subsection B of this section.

B. The board shall only approve a credentialing agency that:

1. Utilizes the [FSBPT] Coursework Evaluation Tool for Foreign Educated Physical Therapists [of the Federation of State Boards of Physical Therapy , based on the year of

graduation,] and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;

2. Conducts a review of any license or registration held by the physical therapist in any country or jurisdiction to ensure that the license or registration is current and unrestricted or was unrestricted at the time it expired or was lapsed; and

3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

C. An applicant for licensure as a physical therapist assistant who is a graduate of a school not approved by the board shall submit with the required application and fee the following:

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.

2. A copy of the original certificate or diploma that has been certified as a true copy of the original by a notary public, verifying his graduation from a physical therapy curriculum. If the certificate or diploma is not in the English language, submit either:

a. An English translation of such certificate or diploma by a qualified translator other than the applicant; or

b. An official certification in English from the school attesting to the applicant's attendance and graduation date.

3. Verification of the equivalency of the applicant's education to the educational requirements of an approved program for physical therapist assistants from a scholastic credentials service approved by the board.

D. An applicant for initial licensure as a physical therapist or a physical therapist assistant who is not a graduate of an approved program shall also submit verification of having successfully completed a ~~full-time~~ 1,000-hour traineeship within a two-year period under the direct supervision of a licensed physical therapist. The board may grant an extension beyond two years for circumstances beyond the control of the applicant, such as temporary disability or mandatory military service.

1. The traineeship shall be in accordance with requirements in 18VAC112-20-140.

2. The traineeship requirements of this part may be waived if the applicant for a license can verify, in writing, the successful completion of one year of clinical physical therapy practice as a licensed physical therapist or physical therapist assistant in the United States, its territories, the District of Columbia, or Canada, equivalent to the requirements of this chapter.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;
2. The required application, fees, and credentials to the board;
3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner Data Bank (NPDB);
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years; and
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state and active, clinical practice with a current, unrestricted license for at least five years prior to applying for licensure in Virginia.

For the purpose of this subsection, active, clinical practice shall mean at least 2,500 hours of patient care over a five-year period.

C. A physical therapist ~~or physical therapist assistant~~ seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall ~~first successfully~~:

1. Successfully complete 480 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or

2. Document [~~passage of~~ that he meets the standard on] the PRT within the two years preceding application for licensure in Virginia and successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

D. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-70. Traineeship for unlicensed graduate scheduled to sit for the national examination.

A. Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.

B. The traineeship, which shall be in accordance with requirements in 18VAC112-20-140, shall terminate two working days following receipt by the candidate of the licensure examination results.

C. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination. A new traineeship shall not be approved for more than one year following the receipt of the first examination results.

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of ~~15~~ 20 of the contact hours required for physical therapists and ~~10~~ 15 of the contact hours required for physical therapist assistants shall be in Type 1 ~~face-to-face~~ courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

a. The Virginia Physical Therapy Association;

- b. The American Physical Therapy Association;
- c. Local, state or federal government agencies;
- d. Regionally accredited colleges and universities;
- e. Health care organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
- f. The American Medical Association - Category I Continuing Medical Education course; [and]
- g. The National Athletic Trainers Association [;and
- h. The FSBPT] .

2. No more than ~~15~~ 10 of the contact hours required for physical therapists and ~~20~~ 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he has taken the PRT may receive 10 hours of Type 1 credit for the biennium in which the assessment [examination tool] was taken. A physical therapist who can document that he has [passed met the standard of] the PRT may receive 20 hours of Type 1 credit for the biennium in which the assessment [examination was passed tool was taken] .

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

I. Physical therapists holding certification to provide direct access without a referral shall include four contact hours as part of the required 30 contact hours of continuing education in courses related to clinical practice in a direct access setting.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee of \$70 for a physical therapist and \$35 for a physical therapist assistant, be issued an inactive license. The fee for the renewal of an inactive license due December 31, 2010, shall be \$60 for a physical therapist and \$30 for a physical therapist assistant.

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated; and

2. Providing proof of ~~active~~ active practice hours in another jurisdiction equal to those required for renewal of an active license in Virginia for the period in which the license has been inactive.

a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing 480 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting [passage that he has met the standard] of the PRT within the two years preceding application for licensure in Virginia and successfully completing 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and

~~b. Completion of 3.~~ Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-150 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-150; Practice physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement or successfully complete 480 hours as specified in 18VAC112-20-140; and

2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and

3. Have actively practiced physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement.

a. If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing 480 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting [passage that he has met the standard] of the PRT within the two years preceding application for licensure in Virginia and successfully completing 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

18VAC112-20-140. Traineeship requirements.

A. The traineeship: shall be (i) shall be in a facility that serves as a clinical education facility for students enrolled in an accredited program educating physical therapists in Virginia, (ii) is approved by the board, and (iii) is under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.
2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.
3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the ~~inactive practice~~ trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.
2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.
3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

UNAPPROVED

**VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
May 24, 2013 - 12:30 PM**

Department of Health Professions
9960 Mayland Drive, Suite #300
Henrico, Virginia 23233

CALL TO ORDER: A Special Conference Committee of the Board of Physical Therapy was called to order at 1:10 p.m.

MEMBERS PRESENT: Robert Maroon, PT, Chair
Michael Styron, PT

DHP STAFF PRESENT: Lynne Helmick, Deputy Executive Director
Mykl Egan, Adjudication Specialist

OTHERS PRESENT: Cathy Richman

MATTER: Brian Richman, PT
License No.: 2305-006244
Case No.: 145242

DISCUSSION: Mr. Richman appeared in person before the Committee in accordance with the Amended Notice of the Board dated May 3, 2013. Mr. Richman was present and was not represented by counsel.

The Committee fully discussed the allegations as listed in the Amended Notice.

CLOSED SESSION: Upon a motion by Mr. Styron, and duly seconded by Mr. Maroon, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Brian Richman, PT. Additionally, he moved that Ms. Helmick and Mr. Egan attend the closed meeting because their presence in the closed meeting was deemed necessary

and would aid the Committee in its discussions. The Committee entered into closed session at 1:40 p.m.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session at 1:50 p.m.

DECISION:

Upon a motion by Mr. Styron, and duly seconded by Mr. Maroon, the Committee was of the opinion that there was insufficient evidence to warrant disciplinary action by the Board of Physical Therapy and the case was dismissed. The motion carried.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Committee adjourned at 1:53 p.m.

Robert Maroon, PT, Chair

Lisa R. Hahn, Executive Director

Date

Date



Tab 2

Virginia Department of Health Professions
Cash Balance
As of June 30, 2013

	<u>116- Physical Therapy</u>
Board Cash Balance as of June 30, 2012	\$ 298,364
YTD FY13 Revenue	862,330
Less: YTD FY13 Direct and In-Direct Expenditures	<u>551,292</u>
Cash Balance as of June 30, 2013	<u><u>609,403</u></u>

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
 July 1, 2012 through June 30, 2013

	116- Physical Therapy			
	Jul '12 - Jun 13	Budget	\$ Over Budget	% of Budget
Revenue				
2400 · Fee Revenue				
2401 · Application Fee	151,255.00	104,700.00	46,555.00	144.47%
2402 · Examination Fee	0.00			
2406 · License & Renewal Fee	696,450.00	970,880.00	-274,430.00	71.73%
2407 · Dup. License Certificate Fee	845.00	550.00	295.00	153.64%
2408 · Board Endorsement - in	0.00			
2409 · Board Endorsement - Out	7,940.00	5,900.00	2,040.00	134.58%
2421 · Monetary Penalty & Late Fees	5,530.00	5,235.00	295.00	105.64%
2430 · Board Changes Fee	0.00			
2432 · Misc. Fee (Bad Check Fee)	210.00	35.00	175.00	600.0%
Total 2400 · Fee Revenue	862,230.00	1,087,300.00	-225,070.00	79.3%
2600 · Fees for Miscellaneous Services				
2660 · Administrative Fees	0.00			
Total 2600 · Fees for Miscellaneous Services	0.00			
3000 · Sales of Prop. & Commodities				
3002 · Overpayments	0.00			
3007 · Sales of Goods/Svces to State	0.00			
3020 · Misc. Sales-Dishonored Payments	100.00			
Total 3000 · Sales of Prop. & Commodities	100.00			
9000 · Other Revenue				
9060 · Miscellaneous Revenue	0.00			
9084 · Refund- Prior Yr Disb	0.00			
Total 9000 · Other Revenue	0.00			
Total Revenue	862,330.00	1,087,300.00	-224,970.00	79.31%
Expenditures				
1100 · Personal Services				
1110 · Employee Benefits				
1111 · Employer Retirement Contrib.	8,042.08	8,931.00	-888.92	90.05%
1112 · Fed Old-Age Ins- Sal St Emp	6,766.24	7,970.00	-1,203.76	84.9%
1113 · Fed Old-Age Ins- Wage Earners	0.00	0.00	0.00	0.0%
1114 · Group Insurance	1,094.38	1,213.00	-118.62	90.22%
1115 · Medical/Hospitalization Ins.	25,153.95	28,375.00	-3,221.05	88.65%
1116 · Retiree Medical/Hospitalizatn	921.57	1,019.00	-97.43	90.44%
1117 · Long term Disability Ins	375.13	479.00	-103.87	78.32%
Total 1110 · Employee Benefits	42,353.35	47,987.00	-5,633.65	88.26%
1120 · Salaries				
1123 · Salaries, Classified	92,161.79	101,948.00	-9,786.21	90.4%
1125 · Salaries, Overtime	0.00			
Total 1120 · Salaries	92,161.79	101,948.00	-9,786.21	90.4%
1130 · Special Payments				
1131 · Bonuses and Incentives	3,336.14	2,223.00	1,113.14	150.07%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
 July 1, 2012 through June 30, 2013

	116- Physical Therapy			
	Jul '12 - Jun 13	Budget	\$ Over Budget	% of Budget
1138 · Deferred Compnstrn Match Pmts	488.00	1,044.00	-556.00	46.74%
Total 1130 · Special Payments	3,824.14	3,267.00	557.14	117.05%
1140 · Wages				
1141 · Wages, General	0.00	0.00	0.00	0.0%
1143 · Wages, Overtime	0.00			
Total 1140 · Wages	0.00	0.00	0.00	0.0%
1150 · Disability Benefits				
1153 · Short-trm Disability Benefits	0.00			
Total 1150 · Disability Benefits	0.00			
1160 · Terminatn Personal Svce Costs				
1162 · Salaries, Annual Leave Balanc	0.00			
1165 · Employee Retirement Contributio	0.00	0.00	0.00	0.0%
Total 1160 · Terminatn Personal Svce Costs	0.00	0.00	0.00	0.0%
Total 1100 · Personal Services	138,339.28	153,202.00	-14,862.72	90.3%
1200 · Contractual Services				
1210 · Communication Services				
1211 · Express Services	235.82	5.00	230.82	4,716.4%
1212 · Outbound Freight Services	0.00			
1213 · Messenger Services	0.00			
1214 · Postal Services	9,887.24	7,000.00	2,887.24	141.25%
1215 · Printing Services	39.92	600.00	-560.08	6.65%
1216 · Telecommunications Svcs (DIT)	919.12	1,000.00	-80.88	91.91%
1219 · Inbound Freight Services	0.00			
Total 1210 · Communication Services	11,082.10	8,605.00	2,477.10	128.79%
1220 · Employee Development Services				
1221 · Organization Memberships	2,500.00	2,500.00	0.00	100.0%
1222 · Publication Subscriptions	0.00	0.00	0.00	0.0%
1224 · Emp Trning Courses, Wkshp & Cnf	0.00	1,000.00	-1,000.00	0.0%
1225 · Employee Tuition Reimbursement	0.00			
1227 · Emp Trning- Trns, Ldgng & Meals	0.00			
Total 1220 · Employee Development Services	2,500.00	3,500.00	-1,000.00	71.43%
1230 · Health Services				
1236 · X-ray and Laboratory Services	55.35	300.00	-244.65	18.45%
Total 1230 · Health Services	55.35	300.00	-244.65	18.45%
1240 · Mgmnt and Informational Svcs				
1242 · Fiscal Services	6,093.78	15,500.00	-9,406.22	39.32%
1243 · Attorney Services	0.00			
1244 · Management Services	2,038.66	4,000.00	-1,961.34	50.97%
1246 · Public Infrmtnl & Relation Svcs	10.33			
1247 · Legal Services	0.00	300.00	-300.00	0.0%
1248 · Media Services	0.00			
1249 · Recruitment Services	104.76			

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
 July 1, 2012 through June 30, 2013

116- Physical Therapy				
	Jul '12 - Jun 13	Budget	\$ Over Budget	% of Budget
Total 1240 · Mgmnt and Informational Svcs	8,247.53	19,800.00	-11,552.47	41.65%
1250 · Repair and Maintenance Svcs				
1252 · Electrical Rep & Maintenance	0.00	25.00	-25.00	0.0%
1253 · Equip Repair & Maintenance	0.00			
1256 · Mechanical Rep & Maint Svcs	0.00			
1257 · Plant Rep & Maintenance Svcs	0.00			
Total 1250 · Repair and Maintenance Svcs	<u>0.00</u>	<u>25.00</u>	<u>-25.00</u>	<u>0.0%</u>
1260 · Support Services				
1263 · Clerical Services	8,527.42	4,919.00	3,608.42	173.36%
1264 · Food & Dietary Services	399.21	750.00	-350.79	53.23%
1266 · Manual Labor Services	200.83	700.00	-499.17	28.69%
1267 · Production Services	614.09	2,245.00	-1,630.91	27.35%
1268 · Skilled Services	15,332.39	11,930.00	3,402.39	128.52%
Total 1260 · Support Services	<u>25,073.94</u>	<u>20,544.00</u>	<u>4,529.94</u>	<u>122.05%</u>
1280 · Transportation Services				
1282 · Travel, Personal Vehicle	2,615.05	3,000.00	-384.95	87.17%
1283 · Travel, Public Carriers	0.00	0.00	0.00	0.0%
1284 · Travel, State Vehicles	0.00	1,500.00	-1,500.00	0.0%
1285 · Travel, Subsistence & Lodging	407.93	1,500.00	-1,092.07	27.2%
1288 · Trvl, Meal Reimb- Not Rprtbl	229.50	300.00	-70.50	76.5%
Total 1280 · Transportation Services	<u>3,252.48</u>	<u>6,300.00</u>	<u>-3,047.52</u>	<u>51.63%</u>
1297 · Late Payment Penalties	0.00			
Total 1200 · Contractual Services	<u>50,211.40</u>	<u>59,074.00</u>	<u>-8,862.60</u>	<u>85.0%</u>
1300 · Supplies And Materials				
Personal Care Supplies	0.00			
1310 · Administrative Supplies				
1311 · Apparel Supplies	4.78			
1312 · Office Supplies	900.02	1,000.00	-99.98	90.0%
1313 · Stationery and Forms	13.66	0.00	13.66	100.0%
Total 1310 · Administrative Supplies	<u>918.46</u>	<u>1,000.00</u>	<u>-81.54</u>	<u>91.85%</u>
1320 · Energy Supplies				
1323 · Gasoline	0.00			
Total 1320 · Energy Supplies	<u>0.00</u>			
1330 · Manufctrng and Merch Supplies				
1335 · Packaging and Shipping Suppl	7.28	50.00	-42.72	14.56%
Total 1330 · Manufctrng and Merch Supplies	<u>7.28</u>	<u>50.00</u>	<u>-42.72</u>	<u>14.56%</u>
1340 · Medical and Laboratory Supp.				
1342 · Medical and Dental Supplies	8.00			
Total 1340 · Medical and Laboratory Supp.	<u>8.00</u>			
1350 · Repair and Maint. Supplies				
1352 · Custodial Rep & Maint Mat'ls	0.00			

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
 July 1, 2012 through June 30, 2013

	116- Physical Therapy			
	Jul '12 - Jun 13	Budget	\$ Over Budget	% of Budget
1353 · Electrical Repair and Maint	0.00	15.00	-15.00	0.0%
Total 1350 · Repair and Maint. Supplies	0.00	15.00	-15.00	0.0%
1360 · Residential Supplies				
1362 · Food and Dietary Supplies	81.30	200.00	-118.70	40.65%
1363 · Food Service Supplies	0.73			
1364 · Laundry and Linen Supplies	0.00			
Total 1360 · Residential Supplies	82.03	200.00	-117.97	41.02%
1370 · Specific Use Supplies				
1373 · Computer Operating Supplies	5.25	10.00	-4.75	52.5%
Total 1370 · Specific Use Supplies	5.25	10.00	-4.75	52.5%
Total 1300 · Supplies And Materials	1,021.02	1,275.00	-253.98	80.08%
1400 · Transfer Payments				
1410 · Awards, Contrib., and Claims				
1413 · Premiums	120.00	0.00	120.00	100.0%
1415 · Unemployment Compsatn Reimb	0.00			
Total 1410 · Awards, Contrib., and Claims	120.00	0.00	120.00	100.0%
Total 1400 · Transfer Payments	120.00	0.00	120.00	100.0%
1500 · Continuous Charges				
S Purch Ch. Card Check Fee	0.00			
1510 · Insurance-Fixed Assets				
1512 · Automobile Liability	0.00			
1516 · Property Insurance	28.38	0.00	28.38	100.0%
Total 1510 · Insurance-Fixed Assets	28.38	0.00	28.38	100.0%
1530 · Operating Lease Payments				
1534 · Equipment Rentals	1.21			
1535 · Building Rentals	0.00			
1539 · Building Rentals - Non State	6,200.60	5,881.00	319.60	105.43%
Total 1530 · Operating Lease Payments	6,201.81	5,881.00	320.81	105.46%
1550 · Insurance-Operations				
1551 · General Liability Insurance	101.83	0.00	101.83	100.0%
1554 · Surety Bonds	6.01	0.00	6.01	100.0%
Total 1550 · Insurance-Operations	107.84	0.00	107.84	100.0%
Total 1500 · Continuous Charges	6,338.03	5,881.00	457.03	107.77%
2200 · Equipment Expenditures				
Electronic & Photo Equip Impr	0.00			
2210 · Computer Equipment				
2217 · Other Computer Equipment	5.43			
2218 · Computer Software Purchases	0.00			
Total 2210 · Computer Equipment	5.43			

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
 July 1, 2012 through June 30, 2013

	116- Physical Therapy			
	Jul '12 - Jun 13	Budget	\$ Over Budget	% of Budget
2220 · Educational & Cultural Equip				
2224 · Reference Equipment	0.00	60.00	-60.00	0.0%
2228 · Educational & Cultural Equip Im	0.00			
Total 2220 · Educational & Cultural Equip	0.00	60.00	-60.00	0.0%
2230 · Electrnc & Photographic Equip				
2233 · Voice & Data Transmissn Equip	0.00			
2238 · Electrnc & Phtgrphc Equip Imprv	0.00			
Total 2230 · Electrnc & Photographic Equip	0.00			
2240 · Medical and Laboratory Equip				
2242 · Medical and Dental Equipment	8.33			
Total 2240 · Medical and Laboratory Equip	8.33			
2260 · Office Equipment				
2261 · Office Appurtenances	0.00	35.00	-35.00	0.0%
2262 · Office Furniture	116.50			
2263 · Office Incidentals	88.31	0.00	88.31	100.0%
2264 · Office Machines	0.00	0.00	0.00	0.0%
2268 · Office Equipment Improvements	29.48			
Total 2260 · Office Equipment	234.29	35.00	199.29	669.4%
2270 · Specific Use Equipment				
2271 · Household Equipment	0.00			
Total 2270 · Specific Use Equipment	0.00			
Total 2200 · Equipment Expenditures	248.05	95.00	153.05	261.11%
Total Direct Expenditures	196,277.78	219,527.00	-23,249.22	89.41%
9001 · Allocated Expenditures				
9201 · Behavioral Science Exec	-0.02			
9202 · Opt\VM\ASLP Exec Dir	0.01			
9204 · Nursing / Nurse Aid	0.00			
9206 · Funeral\LTCA\PT	90,783.91	91,801.18	-1,017.27	98.89%
9301 · DP Operations & Equipment	79,340.91	103,996.68	-24,655.77	76.29%
9302 · Human Resources	13,145.56	12,362.40	783.16	106.34%
9303 · Finance	37,716.50	36,457.32	1,259.18	103.45%
9304 · Director's Office	21,171.15	21,043.92	127.23	100.61%
9305 · Enforcement	63,736.49	42,102.00	21,634.49	151.39%
9306 · Administrative Proceedings	22,595.68	11,016.84	11,578.84	205.1%
9307 · Impaired Practitioners	913.84	477.00	436.84	191.58%
9308 · Attorney General	992.76	8,361.84	-7,369.08	11.87%
9309 · Board of Health Professions	14,199.87	14,295.11	-95.24	99.33%
9310 · SRTA	0.00			
9311 · Maintenance and Repairs	0.00	393.60	-393.60	0.0%
9313 · Emp. Recognition Program	75.56	359.04	-283.48	21.05%
9314 · Conference Center	156.77	254.88	-98.11	61.51%
9315 · Pgm Devlpmtnt & Implmntn	10,041.15	9,524.28	516.87	105.43%
Total 9001 · Allocated Expenditures	354,870.14	352,446.09	2,424.05	100.69%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
 July 1, 2012 through June 30, 2013

	116- Physical Therapy			
	<u>Jul '12 - Jun 13</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
987900 - Cash Trsfr Out- Appr Act Pt. 3	143.81	1,513.56	-1,369.75	9.5%
Total Direct and Allocated Expenditures	<u>551,291.73</u>	<u>573,486.65</u>	<u>-22,194.92</u>	<u>96.13%</u>
Net Cash Surplus\Shortfall	<u>311,038.27</u>	<u>513,813.35</u>	<u>-202,775.08</u>	<u>60.54%</u>

Discipline Statistics

As of July 22, 2013:

Investigations	8
Probable Cause	22
APD	2
Informal Stage	0
Formal Stage	0
Total	32

Monitoring:

PT Compliance Cases	14
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Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times:

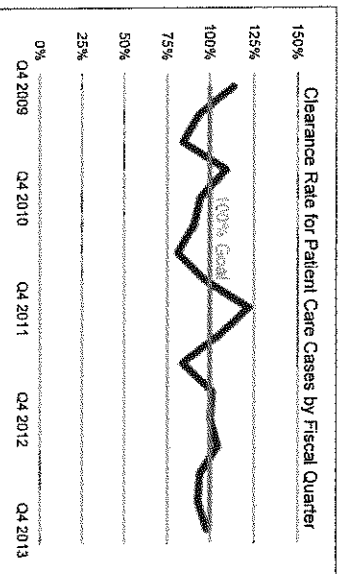
Quarterly Performance Measurement, Q4 2009 - Q4 2013

Dianne Reynolds-Care, M.D.
Director

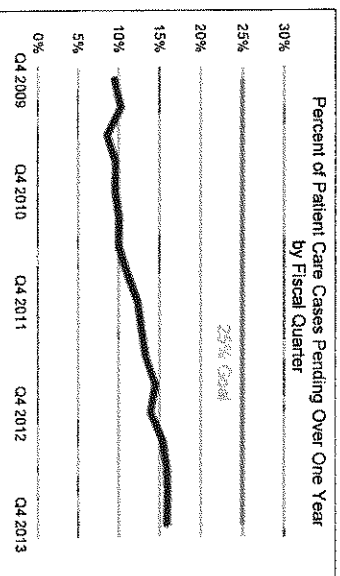
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload: Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

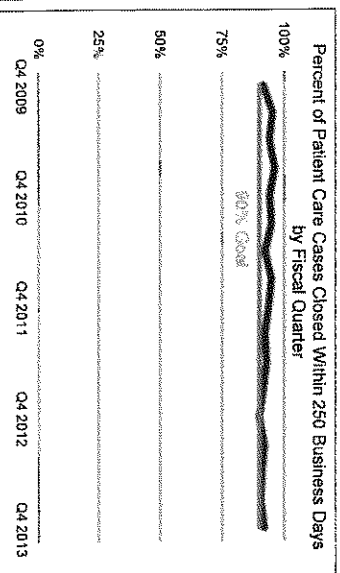
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2012. The current quarter's clearance rate is 98%, with 979 patient care cases received and 959 closed.



Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 25% through the end of FY 2012. That goal continues to be achieved with the percent of cases pending over 250 business days maintaining an average of 16% for the past 4 quarters. For the last quarter shown, there were 2,090 patient care cases pending, with 332 pending over 250 business days.



Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2012. That goal continues to be achieved with 92% percent of patient care cases being resolved within 250 business days this past quarter. During the last quarter, there were 941 patient care cases closed, with 866 closed within 250 business days.

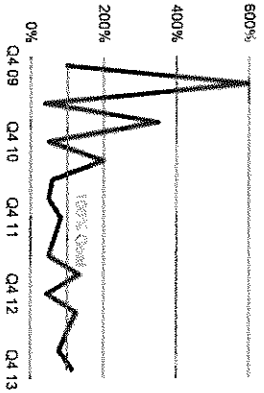


Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

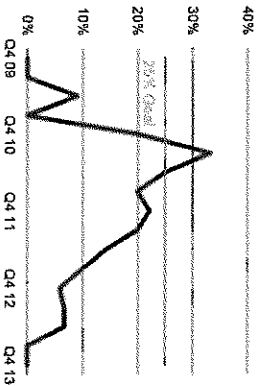
Clearance Rate

Physical Therapy - In Q4 2013, the clearance rate was 114%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 100%.

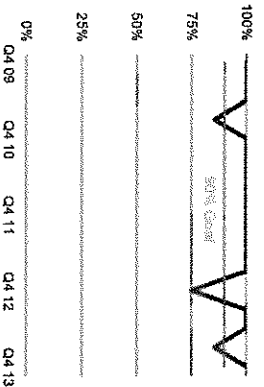
Q4 2013 Caseloads:
 Received=7, Closed=8
 Pending over 250 days=0
 Closed within 250 days=8



Age of Pending Caseload (Percent of cases pending over one year)

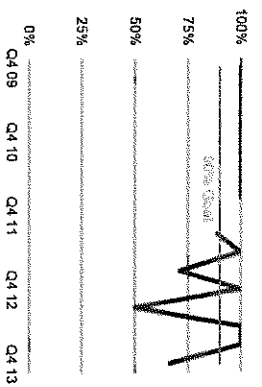
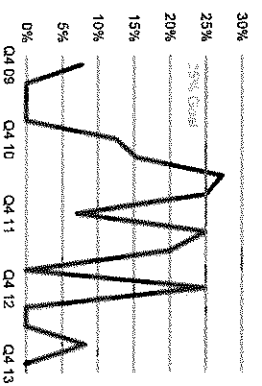
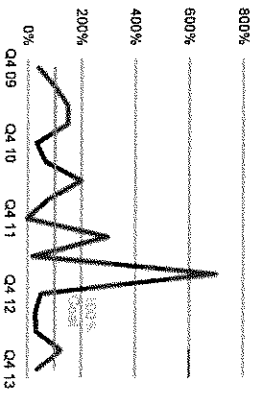


Percent Closed in 250 Business Days



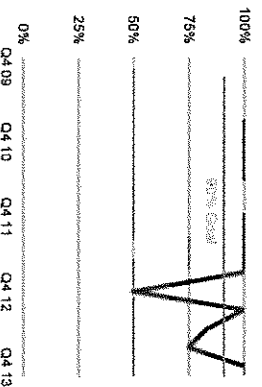
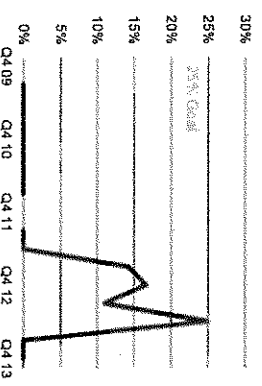
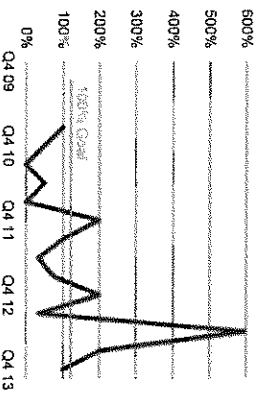
Funeral - In Q4 2013, the clearance rate was 38%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 67%.

Q4 2013 Caseloads:
 Received=8, Closed=3
 Pending over 250 days=0
 Closed within 250 days=2



Audiology - In Q4 2013, the clearance rate was 100%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 100%.

Q4 2013 Caseloads:
 Received=3, Closed=3
 Pending over 250 days=0
 Closed within 250 days=3



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

APPLICANT SATISFACTION SURVEY RESULTS: APPROVAL RATE*

Board	Quarter Ending		Fiscal Year 2013 to Date	Fiscal Year 2012 to Date	Current Biennial to Date		Prior Biennial to Date		Percent Change
	3/31/13	3/31/12			Percent Approval	Percent Approval	Percent Approval	Percent Approval	
Total	100.0%	100.0%	98.5%	91.5%	7.6%	98.5%	96.4%	2.1%	
Counseling	69.9%	71.6%	71.0%	74.2%	-4.3%	71.0%	76.8%	-7.6%	
Dentistry	98.7%	96.6%	94.9%	92.6%	2.5%	94.9%	95.0%	-0.1%	
Funeral Directing	n/a	n/a	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	
Long Term Care Administrator	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	93.9%	6.5%	
Medicine	94.4%	95.1%	92.0%	96.7%	-4.9%	92.0%	93.2%	-1.3%	
Nurse Aide	97.6%	97.7%	97.2%	98.0%	-0.8%	97.2%	97.6%	-0.5%	
Nursing	94.4%	97.9%	94.8%	96.6%	-1.9%	94.8%	94.5%	0.3%	
Optometry	n/a	100.0%	n/a	100.0%	n/a	n/a	100.0%	n/a	
Pharmacy	97.5%	96.1%	97.9%	96.4%	1.5%	97.9%	98.1%	-0.2%	
Physical Therapy	100.0%	100.0%	96.4%	97.5%	-1.1%	96.4%	95.1%	1.4%	
Psychology	89.6%	98.8%	87.8%	87.8%	2.2%	87.8%	87.4%	0.5%	
Social Work	84.7%	85.6%	85.3%	85.0%	0.4%	85.3%	91.2%	-6.5%	
Veterinary Medicine	83.3%	88.9%	97.8%	96.7%	1.2%	97.8%	96.6%	1.3%	
Agency Total	93.5%	95.5%	93.7%	95.6%	-1.9%	93.7%	94.4%	-0.7%	

*Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range.

Licensure Count Report

As of July 22, 2013:

Physical Therapists	6,355
Physical Therapist Assistants	2,640
Direct Access Certification	753

Tab 3

Project 3816

BOARD OF PHYSICAL THERAPY

Regulatory review changes

Part I

General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"CLEP" means the College Level Examination Program.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"PRT" means the Practice Review Tool for competency assessment developed and administered by FSBPT.

"Re-evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination.

1. The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

2. The fees for taking all required examinations shall be paid directly to the examination services.

C. Licensure by endorsement. The fee for licensure by endorsement shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be \$135 and for a physical therapist assistant shall be \$70 and shall be due by December 31 in each even-numbered year.

2. The fee for an inactive license renewal for a physical therapist shall be \$70 and for a physical therapist assistant shall be \$35 and shall be due by December 31 in each even-numbered year.

3. A fee of \$25 for a physical therapist assistant and \$50 for a physical therapist for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.

4. The fee for reinstatement of a license that has expired for two or more years shall be \$180 for a physical therapist and \$120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be \$1,000; the fee for an application for reinstatement of a license that has been suspended shall be \$500.

2. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.

3. The fee for a returned check shall be \$35.

4. The fee for a letter of good standing/verification to another jurisdiction shall be \$10.

F. Direct access certification fees.

1. The application fee shall be \$75 for a physical therapist to obtain certification to provide services without a referral.

2. The fee for renewal on a direct access certification shall be \$35 and shall be due by December 31 in each even-numbered year.

3. A fee of \$15 for processing a late renewal of certification within one renewal cycle shall be paid in addition to the renewal fee.

18VAC112-20-60. Requirements for licensure by examination.

A. Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;
2. The required application, fees and credentials to the board; and
3. Documentation of passage of the national examination as prescribed by the board.

~~B. If an applicant fails the national examination three times, he shall apply for approval to sit for any subsequent examination by submission of evidence satisfactory to the board of having successfully completed the following requirements:~~

- ~~1. Provide the board with a copy of the deficiency report from the examination;~~
- ~~2. Review areas of deficiency with the applicant's physical therapy educational program and develop a plan, which may include additional clinical training or coursework, to address deficiency areas; and~~
- ~~3. Take an examination review course and the practice examination.~~

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;
2. The required application, fees, and credentials to the board;
3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and ~~a current report from the National Practitioner Data Bank (NPDB);~~
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years; ~~and~~
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state ~~and active, clinical practice with a current, unrestricted license for at least five years prior to applying for licensure in Virginia;~~ and

~~For the purpose of this subsection, active, clinical practice shall mean at least 2,500 hours of patient care over a five-year period.~~

~~C.6. A physical therapist seeking licensure by endorsement who has not actively practiced Documentation of active practice in physical therapy in another U. S. jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who has does not meet the active practice requirement shall:~~

- ~~4.a.~~ 4.a. Successfully complete ~~480~~ 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or

~~2-b.~~ Document that he meets the standard of the PRT within the two years preceding application for licensure in Virginia and successfully complete ~~320~~ 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

D. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record; ~~and~~
2. Periodic evaluations re-evaluation, including documentation of the patient's response to therapeutic intervention; and
3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to re-evaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or his legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, nurse practitioner or physician assistant to the extent required by § 54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement and data collection, but not to include the performance of an evaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's visits to a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

18VAC112-20-120. Responsibilities to patients.

A. The initial patient visit shall be made by the physical therapist for evaluation of the patient and establishment of a plan of care.

B. The physical therapist assistant's first visit with the patient shall only be made after verbal or written communication with the physical therapist regarding patient status and plan of care. Documentation of such communication shall be made in the patient's record.

C. Documentation of physical therapy interventions shall be recorded on a patient's record by the physical therapist or physical therapist assistant providing the care.

D. The physical therapist shall reevaluate the patient as needed, but not less than according to the following schedules:

1. For inpatients in hospitals as defined in § 32.1-123 of the Code of Virginia, it shall be not less than once every seven consecutive days.
2. For patients in other settings, it shall be not less than one of 12 visits made to the patient during a 30-day period, or once every 30 days from the last ~~evaluation~~ re-evaluation, whichever occurs first.

3. For patients who have been receiving physical therapy care for the same condition or injury for six months or longer, it shall be at least every 90 days from the last re-evaluation.

Failure to abide by this subsection due to the absence of the physical therapist in case of illness, vacation, or professional meeting, for a period not to exceed five consecutive days, will not constitute a violation of these provisions.

E. The physical therapist shall be responsible for ongoing involvement in the care of the patient to include regular communication with a physical therapist assistant regarding the patient's plan of treatment.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee of ~~\$70 for a physical therapist and \$35 for a physical therapist assistant~~, be issued an inactive license. ~~The fee for the renewal of an inactive license due December 31, 2010, shall be \$60 for a physical therapist and \$30 for a physical therapist assistant.~~

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;

2. Providing proof of 320 active practice hours in another jurisdiction ~~equal to those required for renewal of an active license in Virginia for the period in which the license has been inactive~~ within the four years immediately preceding application for reactivation.

a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing ~~480~~ 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has met the standard of the PRT within the two years preceding application for reactivation of licensure in Virginia and successfully completing ~~320~~ 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing ~~320~~ hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and

3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-150 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-150;

2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and

3. Have actively practiced physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement.

a. If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing ~~480~~ 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has met the standard of the PRT within the two years preceding application for licensure in Virginia and successfully completing ~~320~~ 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

18VAC112-20-140. Traineeship requirements.

A. The traineeship shall be (i) ~~in a facility that serves as a clinical education facility for students enrolled in an accredited program educating physical therapists in Virginia,~~ (ii) approved by the board, and ~~(iii)~~ (ii) under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.

2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.

3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.

2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.

3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

18VAC112-20-150. Fees. (Repealed.)

~~A. Unless otherwise provided, fees listed in this section shall not be refundable.~~

~~B. Licensure by examination.~~

~~1. The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.~~

~~2. The fees for taking all required examinations shall be paid directly to the examination services.~~

~~C. Licensure by endorsement. The fee for licensure by endorsement shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.~~

~~D. Licensure renewal and reinstatement.~~

~~1. The fee for active license renewal for a physical therapist shall be \$135 and for a physical therapist assistant shall be \$70 and shall be due by December 31 in each even-numbered year. The fee for renewal of an active license due December 31, 2010, shall be \$100 for a physical therapist and \$60 for a physical therapist assistant.~~

~~2. A fee of \$25 for a physical therapist assistant and \$50 for a physical therapist for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.~~

~~3. The fee for reinstatement of a license that has expired for two or more years shall be \$180 for a physical therapist and \$120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.~~

~~E. Other fees.~~

~~1. The fee for an application for reinstatement of a license that has been revoked shall be \$1,000; the fee for an application for reinstatement of a license that has been suspended shall be \$500.~~

~~2. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.~~

~~3. The fee for a returned check shall be \$35.~~

~~4. The fee for a letter of good standing/verification to another jurisdiction shall be \$10.~~

~~F. Direct access certification fees.~~

~~1. The application fee shall be \$75 for a physical therapist to obtain certification to provide services without a referral.~~

~~2. The fee for renewal on a direct access certification shall be \$35 and shall be due by December 31 in each even-numbered year. The fee for direct access certification due December 31, 2010, shall be \$30.~~

~~3. A fee of \$15 for processing a late renewal of certification within one renewal cycle shall be paid in addition to the renewal fee.~~

Tab 4

PROBABLE CAUSE WORKSHEET

VIRGINIA BOARDS OF
FUNERAL DIRECTORS & EMBALMERS, LONG-TERM CARE ADMINISTRATORS, & PHYSICAL THERAPY
FAX: 804-527-4413 PHONE: 804-367-4699 EMAIL: kathy.petersen@dhp.virginia.gov

PLEASE RESPOND BY: _____

DATE: _____ DATE REC'D @ BOARD _____

TO: _____ FROM: _____

RE: _____ CASE #: _____ INVESTIGATIVE HOURS: _____

LICENSE #: _____ CASE CATEGORY: _____

PRELIMINARY REVIEW

DATE: _____

ED/DEPUTY REVIEW

DATE: _____

COMP CASE

BY: _____

PRELIMINARY RECOMMENDATION:

PRIORITY:

PREVIOUS CASE HISTORY (Case #, Date, Status/Outcome):

- A C
 B D

KEY QUESTIONS FOR BOARD MEMBERS TO ANSWER

1. Does the investigation report contain all the documentation referenced by the investigator? _____
2. Is all the relevant documentation provided? _____
3. Are all documents and evidence legible and complete? _____
4. Were all the key witnesses interviewed and asked all relevant questions? _____

DOES THE EVIDENCE SUBSTANTIATE THE ALLEGATION(S) REFERENCED IN THE INVESTIGATION REPORT?

* If yes, please cite the statute and/or regulations that appear to be violated

ARE THERE ANY ADDITIONAL ALLEGATIONS NOT MENTIONED BY THE SOURCE?

* If so, please list each concern and the statute and/or regulations that appear to be violated.

RECOMMENDED ACTION

****Please ensure that you have answered all questions on the previous page.**

<input type="checkbox"/>	No Action <input type="checkbox"/> Undetermined <input type="checkbox"/> No Violation	<input type="checkbox"/> Insufficient evidence to support a finding of a violation
<input type="checkbox"/>	Advisory Letter does <u>not</u> constitute disciplinary action; it is a confidential communication	You have concluded there is insufficient evidence to support a finding of a violation, but after review of the investigative report you still have concerns about the respondent's practice and you would like to advise the respondent to examine an aspect of his practice. The source does not get a copy of this letter. List your areas of concerns and what to address in the letter :
<input type="checkbox"/>	Confidential Consent Agreement (CCA) is <u>not</u> a disciplinary action; it is a confidential communication	A CCA is a written agreement between the Board and the respondent that recognizes that the respondent engaged in a minor and unintentional misconduct, with little or no injury and there is little likelihood of repetition. Please review the Board's Guidance Document on CCAs. List your areas of concerns and what to address in the CCA:
<input type="checkbox"/>	Pre-Hearing Consent Agreement	In lieu of a proceeding, you may offer a consent order; this is an agreement between the Board and the respondent to settle the case w/o a proceeding. Typically the respondent admits to the facts or the evidence and issues are clear. The Consent Order can ask the respondent to consent to any of the following disciplinary actions: <input type="checkbox"/> Reprimand* (a warning that can be issued w/terms) <input type="checkbox"/> Terms & Conditions* (ex: CE-list how much, amount of Monetary Penalty, etc.) <input type="checkbox"/> Probation* (ex: CE,-amount of Monetary Penalty, self/quarterly reports, unannounced inspections, etc) <input type="checkbox"/> Suspension* <input type="checkbox"/> Indefinite Suspension <input type="checkbox"/> Voluntary Surrender license * STATE TERMS IN REVIEWER'S COMMENTS SECTION * Please use/review the SRP worksheet when determining sanctions
<input type="checkbox"/>	Informal Conference (IFC)	The Committee may wish to see the respondent if he is not cooperative with the investigation or has not been interviewed by the investigator or it is in the best interest of the public for public safety and welfare that the respondent be seen.

REVIEWER'S COMMENTS / ADDITIONAL INFORMATION NEEDED

Reviewer's Signature

Date

SANCTIONING REFERENCE POINTS

INSTRUCTION MANUAL

Board of Physical Therapy

Prepared for

Virginia Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233
804-367-4400 tel

Prepared by

VisualResearch, Inc.
Post Office Box 1025
Midlothian, Virginia 23113
804-794-3144 tel
www.vis-res.com

November 2009
(Revised May 2012)



COMMONWEALTH OF VIRGINIA

Sandra Whitley Ryals
Director

Department of Health Professions

6603 West Broad Street, 5th Floor
Richmond, Virginia 23230-1712

www.dhp.virginia.gov
TEL (804) 662 9900
FAX (804) 662-9943
TDD (804)662 7197

November 2009

Dear Interested Parties:

In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members..." The purposes and goals of this study are consistent with state statutes which specify that the Board of Health Professions periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

Each health regulatory board hears different types of cases, and as a result, considers different factors when determining an appropriate sanction. After interviewing selected Board of Physical Therapy members and staff, a committee of Board members, staff, and research consultants assembled a research agenda involving one of the most exhaustive statistical studies of sanctioned Physical Therapists in the United States. The analysis included collecting over 50 factors on all Board of Physical Therapy sanctioned cases in Virginia over a 10-year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanction reference points. Using both the data and collective input from the Board of Physical Therapy and staff, analysts spent several months developing a usable sanction worksheet as a way to implement the reference system.

One of the most important features of this system is its voluntary nature; that is, the Board is encouraged to depart from the reference point recommendation when aggravating or mitigating circumstances exist. The Sanctioning Reference Points system attempts to model the *typical* Board of Physical Therapy case. Some respondents will be handed down sanctions either above or below the SRP recommended sanction. This flexibility accommodates cases that are particularly egregious or less serious in nature.

Equally important to recommending a sanction, the system allows each respondent to be evaluated against a common set of factors—making sanctioning more predictable, providing an educational tool for new Board members, and neutralizing the possible influence of "inappropriate" factors (e.g., race, sex, attorney presence, identity of Board members). As a result, the following reference instrument should greatly benefit Board members, health professionals and the general public.

Sincerely yours,

Sandra Whitley Ryals
Director

Cordially,

Elizabeth A. Carter, Ph.D.
Executive Director
Virginia Board of Health Professions

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General Instructions

Overview

The Virginia Board of Health Professions has spent the last 7 years studying sanctioning in disciplinary cases. The study is examining all 13 health regulatory boards, with the greatest focus most recently on the Board of Physical Therapy. The Board of Physical Therapy is now in a position to implement the results of the research by using a set of voluntary *Sanctioning Reference Points*. This manual contains some background on the project, the goals and purposes of the system, and the offense-based sanction worksheet that will be used to help Board members determine how a similarly situated respondent has been treated in the past. This sanctioning system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Physical Therapy. Moreover, the worksheet has not been tested or validated on any other groups of persons. Therefore, they should not be used at this point to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The Sanctioning Reference system is comprised of a single worksheet which scores case type, offense and respondent factors identified using statistical analysis. These factors have been isolated and tested in order to determine their influence on sanctioning outcomes. Sanctioning thresholds found on the worksheet recommend a range of sanctions from which the Board may select in a particular case.

In addition to this instruction booklet, separate coversheets and worksheets are available to record Board specific information, the recommended sanction, the actual sanction and any reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the SRPs. These instructions and the use of the SRP system fall within current Department of Health Professions and Board of Physical Therapy policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes.

Background In April of 2001, the Virginia Board of Health Professions (BHP) approved a work plan to conduct an analysis of health regulatory board sanctioning and to consider the appropriateness of developing historically-based SRPs for health regulatory boards, including the Board of Physical Therapy. The Board of Health Professions and project staff recognize the complexity and difficulty in sanction decision-making and have indicated that for any sanction reference system to be successful, it must be “*developed with complete Board oversight, be value-neutral, be grounded in sound data analysis, and be totally voluntary*”—that is, the system is viewed strictly as a Board decision tool.

Goals The Board of Health Professions and the Board of Physical Therapy cite the following purposes and goals for establishing Sanctioning Reference Points:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for the Board and those involved in proceedings.
- “Neutralizing” sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Constraining the influence of undesirable factors—e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services and terms

Methodology The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (*a descriptive approach*) or whether it should be developed normatively (*a prescriptive approach*). A normative approach reflects what policymakers feel sanction recommendations *should be*, as opposed to what they *have been*. SRPs can also be developed using historical data analysis with normative adjustments to follow. This approach combines information from past practice with policy adjustments, in order to achieve some desired outcome. The Board of Physical Therapy chose a descriptive approach with normative adjustments.

Methodology, continued**■ Qualitative Analysis**

Researchers conducted in-depth personal interviews with past and present Board members, Board staff, and representatives from the Attorney General's office. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further frame the analysis. Additionally, interviews helped ensure the factors considered when sanctioning were included during the quantitative phase of the study. A literature review of sanctioning practice across the United States was also conducted.

■ Quantitative Analysis

Researchers analyzed detailed information on Physical Therapy disciplinary cases ending in a violation between 1999 and 2009; approximately 21 sanctioning "events." Over 50 different factors were collected on each case in order to describe the case attributes Board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation that is made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the offense and respondent factors which were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the significant factors along with their relative weights were derived. These factors and weights were formulated into a sanctioning worksheet with four thresholds, which are the basis of the SRPs.

Offense factors such as financial gain and case severity (priority level) were analyzed as well as prior history factors such as substance abuse, and previous Board orders. Some factors were deemed inappropriate for use in a structured sanctioning reference system. For example, respondent gender was considered an "extra-legal" factor, and was explicitly excluded from the SRPs. Although many factors, both "legal" and "extra-legal" can help explain sanction variation, only those "legal" factors the Board felt should consistently play a role in a sanction decision were included in the final product. By using this method, the hope is to achieve more neutrality in sanctioning, by making sure the Board considers the same set of "legal" factors in every case.

Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanction range that encompasses roughly 85% of historical practice. This means that 15% of past cases had received sanctions either higher or lower than what the reference points indicate, acknowledging that aggravating and mitigating factors play a role in sanctioning. The wide sanctioning ranges recognize that the Board will sometimes reasonably disagree on a particular sanction outcome, but that a broad selection of sanctions falls within the recommended range.

Any sanction recommendation the Board derives from the SRP worksheets must fall within Virginia law and regulations. If a Sanctioning Reference Point worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policies supercede any worksheet recommendation.

The Sanctioning Factors

The Board indicated early in the study that sanctioning is influenced by a variety of circumstances. The empirical analysis supported the notion that not only do case types affect sanctioning outcomes, but certain offense, respondent and prior record factors do as well. To this end, the Physical Therapy SRP system scores two groups of factors in order to arrive at a sanctioning recommendation. The first set of factors relates to the case type. The second group relates to elements of the offense, the respondent, and his or her prior record.

Therefore, a respondent before the Board for a fraud case will receive points for the type of case and can potentially receive points for act of commission, multiple patient involvement, and/or for having a history of disciplinary violations.

Four Sanctioning Thresholds

The SRP worksheet uses four thresholds for recommending a sanction. Once all factors are scored, the corresponding points are then added for a total worksheet score. The total is used to locate the sanctioning threshold recommendation found at the bottom of the worksheet. For instance, a respondent having a total worksheet score of 40 would be recommended for a Reprimand/Monetary Penalty.

Voluntary Nature

The SRP system is a tool to be utilized by the Board of Physical Therapy. Compliance with the SRPs is voluntary. The Board will use the system as a reference tool and may choose to sanction outside the recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences and Pre-Hearing Consent Orders. The SRPs can also be referenced and used by agency subordinates where the Board deems appropriate. The coversheet and worksheet will be referenced by Board members during Closed Session.

**Worksheets Not Used
in Certain Cases**

The SRPs will not be applied in any of the following circumstances:

- Formal Hearings — SRPs will not be used in cases that reach a Formal Hearing level.
- Mandatory Suspensions – Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the licensee must be suspended. The sanction is defined by law and is therefore excluded from the SRPs system.
- Compliance/Reinstatements – The SRPs should be applied to new cases only.
- Action by another Board – When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Physical Therapy, the Board often attempts to mirror the sanction handed down by the other Board. The Virginia Board of Physical Therapy usually requires that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply as the case has already been heard and adjudicated by another Board.
- Confidential Consent Agreements (CCA) – SRPs will not be used in cases settled by CCA.

Case Selection When Multiple Cases Exist

When multiple cases have been combined into one "event" (one order) for disposition by the Board, only one coversheet and worksheet should be completed and it should encompass the entire event. If a case (or set of cases) has more than one case type only one is selected for scoring according to the case type that appears highest on the following table and receives the highest point value. For example, a respondent found in violation for an inspection deficiency and falsification/alteration of patient records would receive twenty points, since Fraud is above Business Practice Issues/Other on the list and receives the most points. If a case type is not listed, find the most analogous one and use the appropriate score.

Sanctioning Reference Points Case Type Table

Case Type	Included Case Categories	Applicable Points
Abuse/Impairment/ Inappropriate Relationship	<ul style="list-style-type: none"> • Any sexual assault or mistreatment of a patient • Impairment due to use of alcohol, illegal substances, or prescription drugs • Incapacitation due to mental, physical or medical conditions • Dual, sexual, or other boundary issue. Includes inappropriate touching and written or oral communications 	40
Fraud	<ul style="list-style-type: none"> • Performing unwarranted/unjust services • Falsification/alteration of patient records • Improper patient billing • Falsification of licensing/renewal documents 	20
Standard of Care	<ul style="list-style-type: none"> • Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat & other diagnosis/treatment issues. • Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity • Failure to obtain or document CE requirements 	15
Business Practice Issues/Other	<ul style="list-style-type: none"> • Records, inspections, audits • Required report not filed 	10

**Completing the
Coversheet and
Worksheet**

Ultimately, it is the responsibility of the Board to complete the SRP coversheet and worksheet in all applicable cases.

The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the Board and respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. However, copies of the SRP Manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: www.dhp.virginia.gov (paper copy also available on request).

**Scoring Factor
Instructions**

To ensure accurate scoring, instructions are provided for scoring each factor on the SRP worksheet. When scoring a worksheet, the numeric values assigned to a factor on the worksheet *cannot be adjusted*. The scoring weights can only be applied as 'yes or no' - with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board has final say in how a case is scored.

Coversheet

The coversheet is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for system monitoring and evaluation.

If the Board feels the sanctioning threshold does not recommend an appropriate sanction, the Board is encouraged to depart either high or low when handing down a sanction. If the Board disagrees with the sanction recommendation and imposes a sanction greater or less than the recommended sanction, a short explanation should be recorded on the coversheet to explain the factors or reasons for departure. This process will ensure worksheets are revised appropriately to reflect current Board practice. If a particular reason is continually cited, the Board can examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Coversheet, continued

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Prior record
- Dishonesty/Obstruction
- Motivation
- Remorse
- Restitution/Self-corrective action
- Multiple offenses/Isolated incident

A space is provided on the coversheet to record the reason(s) for departure. Due to the uniqueness of each case, the reason(s) for departure may be wide-ranging. Sample scenarios are provided on the adjacent page:

Departure Example #1

Sanction Threshold Recommendation: Recommend Formal or Accept Surrender

Imposed Sanction: Probation

Reason(s) for Departure: Respondent was particularly remorseful and had already begun corrective action.

Departure Example #2

Sanction Threshold Recommendation: Reprimand/ Monetary Penalty

Imposed Sanction: Probation, Terms – CE, Audit

Reason(s) for Departure: Respondent displayed a lack of knowledge that could be corrected with further education.

Determining a Specific Sanction

The bottom of the SRP worksheet lists four sanction thresholds that encompass a variety of specific sanction types. The table below lists the sanctions most often used by the Board that fall under each threshold. After considering the sanction recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

Sanctioning Reference Points Threshold Table

Worksheet Score	Available Sanctions
0-40	Reprimand Monetary Penalty Stayed Monetary Penalty
45-60	Reprimand Monetary Penalty Stayed Monetary Penalty Corrective Action Stayed Suspension Probation Terms: Continuing Education (CE) CE Audit Continue in therapy Employer quarterly reports HPIP Psychological evaluation Supervision Shall not seek/accept employment allowing contact with patients Shall not supervise
65-110	Corrective Action Stayed Suspension Probation Terms: Continuing Education (CE) CE Audit Continue in therapy Employer quarterly reports HPIP Psychological evaluation Supervision Shall not seek/accept employment allowing contact with patients Shall not supervise
115 or more	Suspension Revocation Accept Surrender Recommend Formal

Sanctioning Reference Points - Coversheet for Board of Physical Therapy

- Choose a *Case Type*.
- Complete the *Offense and Respondent Factor* section.
- Determine the *Recommended Sanction* using the scoring results and the *Sanction Thresholds*.
- Complete this Coversheet.

Case Number(s)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																															
Respondent Name	<hr style="border: 0; border-top: 1px solid black;"/> <div style="display: flex; justify-content: space-around; width: 100%;"> Last First </div>																															
License Number	<hr style="border: 0; border-top: 1px solid black;"/>																															
Case Type	<input type="checkbox"/> Abuse/Impairment/Inappropriate Relationship <input type="checkbox"/> Fraud <input type="checkbox"/> Standard of Care <input type="checkbox"/> Business Practice Issues/Other																															
Sanction Threshold Result	<input type="checkbox"/> 0 - 40 <input type="checkbox"/> 45-60 <input type="checkbox"/> 65-110 <input type="checkbox"/> 115 or more																															
Imposed Sanction	<input type="checkbox"/> Reprimand <input type="checkbox"/> Monetary Penalty - enter amount \$ _____ <input type="checkbox"/> Stayed Monetary Penalty - enter amount \$ _____ <input type="checkbox"/> Probation _____ months <input type="checkbox"/> CE _____ hours <input type="checkbox"/> CE Audit <input type="checkbox"/> HPIP <input type="checkbox"/> Stayed Suspension <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Accept Surrender <input type="checkbox"/> Recommend Formal <input type="checkbox"/> Other Sanction: _____ _____ <input type="checkbox"/> Terms: _____ _____																															
Reasons for Departure from Sanction Threshold Result	<hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/>																															
Worksheet prepared by:	<hr style="border: 0; border-top: 1px solid black;"/>	Date completed: <hr style="border: 0; border-top: 1px solid black;"/>																														

Board of Physical Therapy - Sanctioning Reference Points Worksheet Instructions

Case Type

Step 1:

Case Type

(score only one)

Select the case type from the list and score accordingly. When multiple cases have been combined into one "event" (one order) for disposition by the Board, only one case type can be selected. If a case (or set of cases) has more than one case type only one is selected for scoring according to the case type that receives the highest point value.

Abuse/Impairment/Inappropriate Relationship – 40 Points

- Any sexual assault or mistreatment of a patient
- Impairment due to use of alcohol, illegal substances, or prescription drugs
- Incapacitation due to mental, physical or medical conditions
- Dual, sexual or other boundary issue. Includes inappropriate touching and written or oral communications.

Fraud – 20 Points

- Performing unwarranted/unjust services
- Falsification/alteration of patient records
- Improper patient billing
- Falsification of licensing/renewal documents

Standard of Care – 15 Points

- Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat & other diagnosis/treatment issues.
- Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity.
- Failure to obtain or document CE requirements.

Business Practice Issues/Other – 10 Points

- Records, inspections, audits
- Required report not filed

Offense & Respondent Factors

Step 2:

Offense and Respondent Factors

(score all that apply)

Score all factors relative to the totality of the case presented.

Enter "30" if a patient was intentionally or unintentionally injured.

Enter "30" if the respondent was impaired at the time of the offense due to substance abuse (alcohol or drugs) or mental/physical incapacitation.

Enter "30" if the case involved inappropriate physical contact. Inappropriate contact is indicated by the unwanted/unsolicited physical contact of a patient by the respondent. If this factor is scored, case category should be "Abuse/Impairment/Inappropriate Relationship."

Enter "30" if the respondent's license has been previously revoked, suspended, or summarily suspended by any state including Virginia. Sanctions other than those resulting in loss of license are not scored here.

Enter "20" if there was financial or material gain by the respondent.

Enter "20" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.

Enter "20" if there was a concurrent civil or criminal action related to this case.

Enter "20" if the respondent has previously been sanctioned by any other state or entity. Sanctioning by an employer is not scored here. Sanctions resulting in loss of license are not scored here.

Enter "20" if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental capabilities or physical capabilities. Scored here would be: prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function safely or properly.

Enter "10" if the offense involves two or more patients. Patient involvement does not require direct contact with a patient. For instance, Fraud can occur with multiple patients.

Enter "10" if the respondent received a sanction from his/her employer in response to the current violation. A sanction from an employer may include: suspension, review, or termination.

Enter "10" if the respondent has any prior violations decided by the Virginia Board of Physical Therapy.

Enter "10" the respondent has any prior similar Virginia Board of Physical Therapy violations. Similar violations would be those listed under the same case type heading in Step 1.

Step 3:

Total Worksheet Score

Add Case Type and Offense and Respondent Factor Scores for a Total Worksheet Score

Step 4:

Determining the Sanction Recommendation

The Total Worksheet Score corresponds to the Sanctioning Reference Points recommended sanction located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score for the current worksheet. That range has a corresponding range of recommended sanctions. For instance, a Total Worksheet Score of 40 is recommended for "Reprimand/Monetary Penalty."

Step 5: Coversheet

Complete the coversheet including the SRP sanction result, the imposed sanction and the reasons for departure if applicable.

VA Board of Physical Therapy - Sanctioning Reference Points Worksheet

Case Type (score only one)	Points	Score	
Abuse/Impairment/Inappropriate Relationship	40	_____	score only one
Fraud	20	_____	
Standard of Care	15	_____	
Business Practice Issues/Other	10	_____	
Subtotal		<input type="text"/>	

Offense and Respondent Factors (score all that apply)			
Patient injury	30	_____	score all that apply
Respondent impaired during incident	30	_____	
Inappropriate physical contact	30	_____	
License taken away by any state	30	_____	
Financial gain or motivation.	20	_____	
Act of commission	20	_____	
Concurrent civil or criminal action.	20	_____	
Sanctioned by another state or entity	20	_____	
Past difficulties (drugs, alcohol, mental/cognitive, physical)	20	_____	
Two or more patients involved	10	_____	
Sanctioned by employer due to incident.	10	_____	
One or more prior VA Board of Physical Therapy violation	10	_____	
Previous violation similar to current offense	10	_____	
Subtotal		<input type="text"/>	

Total Worksheet Score (add all subtotals) _____

SCORE	Sanctioning Recommendations
0-40	Reprimand/Monetary Penalty
45-60	Reprimand/Monetary Penalty to Corrective Action
65-110	Corrective Action
115 or more	Recommend Formal or Accept Surrender

Respondent Name: _____ Date: _____