

BOARD OF PHYSICAL THERAPY

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
Board Room #2, Second Floor
Friday, November 20, 2015

9:00 a.m.

AGENDA

CALL TO ORDER

ORDERING OF AGENDA

ACCEPTANCE OF MINUTES – Tab 1

- Board Meeting – August 11, 2015
- Formal Hearing – August 28, 2015
- Ad Hoc Committee – Telehealth – September 24, 2015
- Telephone Conference – October 6, 2015

PUBLIC COMMENT

AGENCY DIRECTORS REPORT – Dr. David Brown, DC

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

PRESENTATION – Licensure Compact - Mark Lane, PT, Vice President of FSBPT

NEW BUSINESS

- Legislative/Regulatory Reports– **Elaine Yeatts – Tab 3**
 - Report on Status of Regulatory Actions
 - New regulatory changes for direct access certification effective on November 5, 2015
- Adhoc Committee Report – Telehealth – **Allen R. Jones, Jr., PT, DPT – Tab 4**
- FSBPT Report – **Sarah Schmidt**
 - 2015 Annual Meeting & Delegate Assembly
- Election of Officers

Tab 1

**UNAPPROVED
BOARD OF PHYSICAL THERAPY
MEETING MINUTES**

The Virginia Board of Physical Therapy convened for a board meeting on Tuesday, August 11, 2015 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Sarah Schmidt, PTA, President
Melissa Wolff-Burke, PT, EdD
Dixie Bowman, PT, DPT, EdD
Tracey Adler, PT, DPT
Arkena Dailey, PT, DPT
Steve Lam, Citizen Member

BOARD MEMBERS ABSENT:

Allen R. Jones, Jr., PT, DPT

DHP STAFF PRESENT FOR THE MEETING:

Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director
Missy Currier, Deputy Executive Director
David Brown, D.C., Agency Director

BOARD COUNSEL

Erin Barrett, Assistant Attorney General

QUORUM:

With 6 members present, a quorum was established.

GUEST PRESENT

Richard Grossman, VPTA

CALLED TO ORDER

Sarah Schmidt, President, called the meeting to order at 10:07 a.m.

ORDERING OF THE AGENDA

The agenda was accepted as presented.

ACCEPTANCE OF MINUTES

Upon a motion by Dixie Bowman and properly seconded by Melissa Wolff-Burke, the Board voted to accept the minutes of the May 1, 2015 board meeting. The motion passed unanimously.

INFORMAL CONFERENCES HELD

The board was informed that 3 IFC's were held on May 8, 2015.

PUBLIC COMMENT

There was no public comment.

AGENCY DIRECTORS REPORT – Dr. David Brown

Dr. Brown welcomed Tracey Adler and Arkena Dailey as the newly appointed members and thanked them for being on the board.

Dr. Brown then provided the following Agency news:

- The Governor's Task Force on Prescription Drugs met several times since November 2014 and made several recommendations which some have already been implemented. September 21st will be the last meeting followed by a big conference next spring.
- Dr. Brown provided an update and answered questions from the board members regarding the Health Practitioners Monitoring Program (HPMP) which helps impaired health professionals safely return to practice.
- Upcoming Meetings:
 - Board Member Training – Understanding Your Role – September 28th
 - New Board Member Orientation – October 16th

This concluded the Agency Directors Report.

EXECUTIVE DIRECTOR'S REPORT - Lisa R. Hahn

Expenditure and Revenue Summary

Ms. Hahn stated that the May 2015 report was included in the agenda packages however, she had just been provided with the following June 2015 information:

Cash Balance as of June 30, 2014	\$288,153
YTD FY15 Revenue	1,229,445
Direct and allocated expenditures	< <u>506,995</u> >

Cash Balance as of 05/31/15	\$1,010,602
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She explained that each year the law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures of each regulatory board are more than 10% apart, the board is required by law to adjust fees so that the fees are sufficient, but not excessive to cover expenses. The adjustment can be either an increase or decrease in fees. Ms. Hahn indicated that she did not foresee any changes but reminded the

board that they should be receiving the letter from the Director based upon this analysis in the near future.

Licensee Statistics (as of July 28th)

PT	7,116
PTA	<u>2,953</u>
Total	10,069
DAccess	1,025

Discipline Statistics (as of July 28th)

Investigations	11
Probable Cause	8
APD	0
Informal Stage	1
Formal Hearing Stage	2
Total Cases	22

Cases being monitored for compliance 8

Detailed Case Offenses

July 1, 2014 through June 30, 2015; PT cases that have resulted in an IFC, and/or Order (9 total):

- 3 fraud cases
- 1 breach of confidentiality
- 3 from out of state Orders
 - 1 drug related
 - 1 aiding & abetting unlicensed activity
 - 1 voluntary surrender in lieu of discipline
- 1 failure to comply with previous Order
- 1 CE audit

Ms. Hahn agreed to add the detailed offenses information to the website at Melissa Wolff-Burke's suggestion.

Virginia Performs (Q4 2015)

- Clearance Rate was 300 %

- Age of Pending Caseload (0%) percent of patient care cases over 250 days (target is no more than 20%)
- Time to Disposition – 67% closed within 250 days (target >90%)
- Licensing Standard less than 30 days – 100%
- Customer Satisfaction – 100%
- Q4 Caseloads: Received =2, Closed =6
- Pending cases over 250 days =0; Closed cases within 250 days=4

July 2015 PT Exam Results:

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test takers
US Applicants	242	212	209	3	30	22	8
Foreign Applicants	11	4	1	3	7	1	6
Total	253	216	210	6	37	23	14

2015 YTD PT Exam Stats:

- 85.4% pass rate/14.6% fail
- Total of 512 US Applicants have taken exam–
- (452/passed – 60/failed) = 88.28% pass rate
- Total of 22 Foreign Applicants have taken exam – (9/passed – 13/failed) = 41% pass rate

July 2015 PTA Exam Results:

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test takers
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US Applicants	109	89	86	3	20	11	9
Foreign Applicants	0	0	0	0	0	0	0
Total	109	89	86	3	20	11	9

2015 YTD PTA Exam Stats:

- 81.06% pass rate/18.94% failure rate
- Total of 227 US Applicants have taken exam
- (184/passed – 43/failed)

- No Foreign Applicants have taken the PTA exam

Board Committee's:

Ms. Hahn stated that she and Sarah Schmidt put together the new 2015/2016 Committee List and that everyone was provided with a handout.

FSBPT Exam Eligibility Changes effective January 1, 2016:

Ms. Hahn stated that the following exam eligibility changes have been posted on our website and that FSBPT has already notified all applicants who have taken and had a failed attempt of the new eligibility requirements:

- Life time of 6 attempts only
- 2 scores of 400 or below

Recent PEAT Copyright Violations:

Ms. Hahn informed the board with the following information:

- Candidates were sharing copyrighted Practice Examination and Assessment Tool items through social networks.
- An Investigation is being conducted to identify candidates
- This has impacted score reporting for 6 of our VA candidates (invalidate test results)
- The scores for 6 VA following candidates have been withheld as part of a current security investigation. The candidates have also been notified regarding their status and the need

for additional information. Candidates who do not contact FSBPT within 90 days from this date will have their scores invalidated.

- The Board will receive additional notification once the security investigation is complete.

aPTitude:

To date, the following Virginia licensees have signed up:

- 498 total have signed up
 - 370 elected to share tracking with Virginia
 - 128 elected not to share tracking

Physical Therapy Licensure Compact:

Ms. Hahn reported on the status of the Licensure Compact:

- Advisory phase – January 2014 – July 2014 – Lisa worked on Committee
- Drafting Phase – November 2014 – April 2015
- Draft was posted for comment–May 2015 thru July 15, 2015.
- Comments were taken into consideration and hopes that the final draft will be completed by the end of August 2015

Erin Barret, Board Counsel mentioned that the approval process of our Administrative Process Act takes time so it would be unrealistic to see a change in the Law during the 2016 GA.

Ms. Hahn stated that she invited Mark Lane and Leslie Adrien from FSBPT to provide a presentation on the Licensure Compact during the November 20th board meeting. Ms. Hahn furthered that we would be sure to invite our Associations as well so that they are kept well informed.

Find information on website or you can email: CompactTeam@fsbpt.org

Tele-health in Physical Therapy

- Telehealth in Physical Therapy: We discussed pulling information together and possibly establish an Ad Hoc Committee to develop a Telehealth policy for PT.
- The April 2015 Telehealth in Physical Therapy Policy Recommendations for Appropriate Regulation is on the FSBPT website.
- National Council of State Board of Nursing Position Paper on Telehealth Nursing Practice
- Virginia's new law regarding Telemedicine
- BOM GD 85-12
- BOM Ad Hoc Committee Report on Telemedicine

Board of Health Professions Report

Dr. Allen R. Jones, PT representative on the Board of Health Profession provided Ms. Hahn with the following report from the BHP meeting:

- Highlighted that Ralph Orr, Manager of the Prescription Monitoring Program provided a detailed report on his program
- Capstone project is proposed for 3 VCU students to study and provide best practice including a literature review on Telehealth as well as a compact licensure synopsis.
- Provided an update to the BOHP regarding what the PT board is focusing on

Board Business:

Nominations:

Ms. Hahn stated that Officer Elections would be held during the November 20th board meeting and stated that she would be sending out a form in late September to determine who may be interested in serving as President or Vice President. The board will vote on the slate of candidates in November.

Calendar

- August 28th – Formal Hearing
- September 28th – Board Member Development Day
- October 16th – New Board Member Orientation & Training
- November 20th will be the last board meeting in 2015

Ms. Hahn polled the members with about whether they preferred to hold the 2016 meetings on Tuesday's or Friday's. She requested that if anyone had a conflict with any of the 2016 Meetings scheduled on a Tuesday to notify her as soon as possible.

The 2016 Tuesday meeting dates are: February 9th, May 10th, August 16th and November 15th.

With no further questions, Ms. Hahn concluded her report.

BREAK

The Board took a recess at 11:15 a.m. and reconvened at 11:28 a.m.

NEW BUSINESS

Presentation – Healthcare Workforce Data – Dr. Elizabeth Carter

Dr. Carter provided informative statistical information regarding Virginia survey results conducted by the Healthcare Workforce Data Center. She stated that they received a 90%

response rate from the survey which gave an accurate picture of Virginia's Physical Therapy workforce. Dr. Carter asked the members if there were any additional survey items that would be helpful.

Upon a motion by Arkena Dailey and properly seconded by Sarah Schmidt, the board voted to approve the 2014 Healthcare Workforce Data Reports and to add "traveling therapist" to location type for both PT's and PTA's. The motion carried unanimously.

Dr. Carter thanked everyone for filling out the surveys.

Regulatory Report – Lisa R. Hahn

Ms. Hahn reported that the intent of the regulatory action is to incorporate into regulation the guidance on dry needling currently found in Guidance Document 112-9, including the additional hours of training, the requirement for a medical referral, and the disclosure to patients on the difference between acupuncture and dry needling.

Board of Physical Therapy

Chapter	Action / Stage Information				
Regulations Governing the Practice of Physical Therapy [18 VAC 112 - 20]	<table border="1"><tr><td>Action:</td><td>Practice of dry needling</td></tr><tr><td>Stage:</td><td>NOIRA - At Secretary's Office 47 Days</td></tr></table>	Action:	Practice of dry needling	Stage:	NOIRA - At Secretary's Office 47 Days
Action:	Practice of dry needling				
Stage:	NOIRA - At Secretary's Office 47 Days				

Direct Access Certification – Lisa R. Hahn

Upon a motion by Dixie Bowman and properly seconded by Melissa Wolff-Burke, the board voted to adopt the regulatory changes for direct access certification to make the regulations conform to change in the Code of Virginia. The motion carried unanimously.

Guidance Document for Auditing CE/Active Practice – Lisa Hahn

Ms. Hahn provided draft verbiage for a Guidance Document related to auditing procedures for continuing education and active practice requirements. Following discussion, the board agreed to amend Item 3. (a) "Issue a Pre-Hearing Consent Order (PHCO) specifying the sanctions if applicable and Item 3. (a) (2) Monetary Penalty of \$300 for a fraudulent renewal certification, and

Upon a motion by Melissa Wolff-Burke and properly seconded by Dixie Bowman, the board voted to accept the new Guidance Document for Auditing Continuing Education & Active Practice. The motion carried unanimously.

FSBPT Meeting Reports – Sarah Schmidt

Sarah Schmidt reported that she, Dr. Allen Jones, Jr. and Missy Currier attended the June 2015 FSBPT Board Member and Administrator Training. Ms. Schmidt said the training was extremely informative and provided great tools and information for board members.

Ms. Schmidt also reported that she and Missy Currier had attended the August Leadership Issues Forum which provided background information and focus on the issues that would be addressed during the Annual Meeting in October.

ADJOURNMENT

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

Sarah Schmidt, PTA, President

Lisa R. Hahn, MPA, Executive Director

Date

Date

DRAFT UNAPPROVED

**VIRGINIA BOARD OF PHYSICAL THERAPY
FORMAL ADMINISTRATIVE HEARING**

MINUTES

**Friday, August 28, 2015
9:00 A.M.**

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

CALL TO ORDER: The Formal Administrative Hearing of the Board was called to order at 9:27 a.m.

MEMBERS PRESENT: Sarah Schmidt, P.T.A., Chair
Melissa Wolff-Burke, P.T., EdD
Allen Jones, Jr., P.T., PhD.
Tracey Adler, P.T., DPT
Steve Lam, Citizen Member

MEMBERS ABSENT: Arkena L. Dailey, PT, DPT

BOARD COUNSEL: Erin L. Barrett, Assistant Attorney General

DHP STAFF PRESENT: Lisa R. Hahn, Executive Director
Missy Currier, Deputy Executive Director
Kathy Petersen, Discipline Operations Manager

COURT REPORTER: Juan Ortega, Certified Court Reporter
Crane-Snead & Associates, Inc.

PARTIES ON BEHALF OF THE COMMONWEALTH: Corie Tillman-Wolf, Assistant Attorney General
Mykl Egan, Adjudication Specialist

COMMONWEALTH WITNESS: Patient A (via video conference)
James Wall, DHP Senior Investigator
Bob Suddarth
Traci Roberts, PTA
C. Eric Berry, PTA
S.A. Heather Brown, Virginia State Police
S.A. Chad Brown, Virginia State Police

RESPONDENT'S COUNSEL: Margaret Hardy, Esq.
Sands Anderson, PC

RESPONDENT'S WITNESSES: Lucy Chandler, P.T.A.
Tina McGrady
Nicole Ward

MATTER SCHEDULED: Walter Michael Ward, P.T.
License No.: 2305-006157
Case No.: 158212

ESTABLISHMENT OF A QUORUM: With five (5) members of the Board present, a quorum was established.

PRELIMINARY MATTER: Ms. Tillman-Wolf made a motion to exclude the witnesses.

RULING: Hearing no objection from Ms. Hardy on behalf of Mr. Ward, the Chair ruled for the witnesses to be excluded.

PRELIMINARY MATTER: Ms. Tillman-Wolf introduced Commonwealth's Exhibit #6, on behalf of the Commonwealth.

RULING: Hearing no objection from Ms. Hardy, on behalf of Mr. Ward, the exhibit was marked as Commonwealth Exhibit #6 and was admitted into evidence by the Chair.

PRELIMINARY MATTER: Ms. Hardy introduced Respondent's Exhibit B, on behalf of Mr. Ward.

RULING: Hearing no objection from Ms. Tillman-Wolf, on behalf of the Commonwealth, the exhibit was marked as Respondent Exhibit B and was admitted into evidence by the Chair.

DISCUSSION: Mr. Ward appeared before the Board in accordance with the Notice of Formal Hearing dated July 28, 2015, and was represented by Margaret Hardy, Esq. The Board received evidence and sworn testimony from witnesses called by both parties, regarding the matters as set forth in the Statement of Particulars.

OBJECTION: Ms. Hardy, on behalf of Mr. Ward, renewed her Pre-Hearing Motion to exclude certain pages of Book 1 in Commonwealth's Exhibit #4.

RULING: The Chair again overruled Ms. Hardy's objection.

CLOSED SESSION: Upon a motion by Allen Jones, Jr., and duly seconded by Melissa Wolff-Burke, the Board voted unanimously to convene a closed meeting at 5:45 p.m., 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 Walter Michael Ward, P.T. Additionally, he moved that Ms. Hahn, Ms. Barrett, Ms. Petersen and Ms. Currier attend the closed meeting as their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Allen Jones, Jr., and duly seconded by Tracey Adler, the Board unanimously voted to reconvene at 7:30 p.m.

CERTIFICATION: Allen Jones, Jr. certified that the matters discussed in the closed session met the requirements of §2.2-3712 of the Code of Virginia. The Board reconvened in open session.

DECISION: Upon a motion by Tracey Adler and duly seconded by Melissa Wolff-Burke, the Board moved to SUSPEND the license of Walter Michael Ward for no less than eighteen (18) months, to practice as a physical therapist in the Commonwealth of Virginia. Mr. Ward shall not petition the Board for reinstatement until he has obtained a psychological evaluation from a board-approved mental health practitioner.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 7:35 p.m.

Sarah Schmidt, PTA, Chair

Lisa R. Hahn, Executive Director

Date

Date

**UNAPPROVED
BOARD OF PHYSICAL THERAPY
ADHOC COMMITTEE - TELEHEALTH
MEETING MINUTES**

The Virginia Board of Physical Therapy Committee convened on Thursday, September 24, 2015 at the Department of Health Professions, 9960 Mayland Drive, Hearing Room #3, Henrico, Virginia.

COMMITTEE MEMBERS PRESENT:

Allen R. Jones, Jr., PT, DPT, Chair
Sarah Schmidt, PTA, Board President

COMMITTEE MEMBER AVAILABLE VIA TELEPHONE:

Arkena L. Dailey, PT, DPT

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

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

GUEST PRESENT:

Paul A. Speidell, MPA, Director, Government Relations & Health Policy, Sentara

QUORUM:

With 2 members present, and 1 member present telephonically, a quorum was established.

CALLED TO ORDER

Dr. Allen R. Jones, Jr. called the Adhoc Committee meeting to order at 10:02 a.m.

DISCUSSION ON APPROACH:

Dr. Allen R. Jones, Jr. began the meeting by stating that the literature provided in the agenda packages were well written and straight forward and would aid the committee in preparing a draft guidance document for the full board to review during the next meeting.

REVIEW OF LITERATURE:

The Committee reviewed the following documents in great detail:

FSBPT – Telehealth in Physical Therapy – Policy Recommendations for Appropriate Regulation

NCSBN - Position Paper on Telehealth Nursing Practice

§§ 38.2-3418.16 and 54.1-3303 of the Code of Virginia amendments approved March 16, 2015

Virginia Board of Medicine (BON) – Guidance Document 85-12 adopted February 19, 2015

APTA – Telehealth – Board of Directors Position (March 2006)

RECOMMENDATIONS:

Ms. Hahn and Ms. Yeatts will review the Law for any Legislative changes that may be required. Staff will work on the verbiage for the Preamble section of the Guidance Document for the committee to review. The Committee will make its recommendations and present the “draft” guidance document on Telehealth to the full board at its next board meeting.

ADJOURNMENT

With no further business, the meeting was adjourned at 1:02 p.m.

Allen R. Jones, Jr, PT., DPT, Chair

Lisa R. Hahn, Executive Director

Date

Date

**VIRGINIA BOARD OF PHYSICAL THERAPY
MINUTES**

Tuesday, October 6, 2015
9:00 A.M.

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

DATE, TIME & PLACE: On October 6, 2015, at 9:03 a.m., the Board of Physical Therapy convened by telephone conference call with a quorum of the Board present. The Board President presided as Chair, in order to consider whether a practitioner's ability to practice physical therapy constituted a substantial danger to public health and safety pursuant to Va. Code §54.1-2408.1.

MEMBERS PRESENT: Sarah Schmidt, P.T.A., Chair
Melissa Wolff-Burke, PT, EdD
Dixie Bowman, PT, EdD
Allen Jones, Jr., PT, PhD.
Steve Lam, Citizen Member
Tracey Adler, PT, DPT
Arkena Dailey, PT, DPT

BOARD COUNSEL: Jim E. Rutkowski, Assistant Attorney General

DHP STAFF PRESENT: Lisa Hahn, Executive Director
Lynne Helmick, Deputy Executive Director
Kathy Petersen, Discipline Operations Manager

PARTIES ON BEHALF OF COMMONWEALTH: James Schliessmann, Senior Assistant Attorney General
Mykl Egan, Adjudication Specialist

MATTER CONSIDERED: James B. Dick, P.T.
License No.: 2305-003239
Case No.: 168637

The Board received information from Sr. AAG James Schliessmann in order to determine whether Mr. Dick's ability to practice physical therapy constituted a substantial danger to public health and safety. Mr. Schliessmann provided details of the case to the Board for its consideration.

CLOSED SESSION: Upon a motion by Arkena Dailey, and duly seconded by Tracey Adler, the Board voted to convene a closed meeting at 9:35 a.m., 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 James Dick, PT. Additionally, it moved that Ms. Hahn, Ms. Helmick, Ms. Petersen and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Tracey Adler, and duly seconded by Arkena Dailey, the Board voted to re-convene at 10:08 a.m.

CERTIFICATION: Allen Jones certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.

DECISION: Upon a motion by Dr. Bowman, and duly seconded by Dr. Adler, the Board determined that Mr. Dick's ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend his license simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 10:10 a.m.

Sarah Schmidt, PTA, Chair

Lisa R. Hahn, Executive Director

Date

Date

Tab 2

Virginia Department of Health Professions
Cash Balance
As of September 30, 2015

	<u>116- Physical Therapy</u>
Board Cash Balance as of June 30, 2015	\$ 1,003,308
YTD FY16 Revenue	32,785
Less: YTD FY16 Direct and In-Direct Expenditures	<u>145,382</u>
Board Cash Balance as September 30, 2015	<u><u>890,711</u></u>

**Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2015 and Ending September 30, 2015**

Account Number	Account Description	Amount	Budget	Amount		% of Budget
				Under/(Over)	Budget	
4002400	Fee Revenue					
4002401	Application Fee	26,005.00	182,430.00	156,425.00		14.25%
4002406	License & Renewal Fee	3,170.00	10,710.00	7,540.00		29.60%
4002407	Dup. License Certificate Fee	195.00	810.00	615.00		24.07%
4002409	Board Endorsement - Out	3,040.00	11,040.00	8,000.00		27.54%
4002421	Monetary Penalty & Late Fees	375.00	1,065.00	690.00		35.21%
	Total Fee Revenue	<u>32,785.00</u>	<u>206,055.00</u>	<u>173,270.00</u>		<u>15.91%</u>
	Total Revenue	32,785.00	206,055.00	173,270.00		15.91%
5011110	Employer Retirement Contrib.	3,144.42	13,214.00	10,069.58		23.80%
5011120	Fed Old-Age Ins- Sal St Emp	1,686.61	7,109.00	5,422.39		23.72%
5011140	Group Insurance	284.46	1,106.00	821.54		25.72%
5011150	Medical/Hospitalization Ins.	6,468.74	25,686.00	19,217.26		25.18%
5011160	Retiree Medical/Hospitalizatn	251.00	976.00	725.00		25.72%
5011170	Long term Disability Ins	157.83	614.00	456.17		25.71%
	Total Employee Benefits	<u>11,993.06</u>	<u>48,705.00</u>	<u>36,711.94</u>		<u>24.62%</u>
5011200	Salaries					
5011230	Salaries, Classified	24,050.20	92,924.00	68,873.80		25.88%
5011250	Salaries, Overtime	116.97	-	(116.97)		0.00%
	Total Salaries	<u>24,167.17</u>	<u>92,924.00</u>	<u>68,756.83</u>		<u>26.01%</u>
5011300	Special Payments					
5011380	Deferred Compnsn Match Pmts	84.00	864.00	780.00		9.72%
	Total Special Payments	<u>84.00</u>	<u>864.00</u>	<u>780.00</u>		<u>9.72%</u>
5011930	Turnover/Vacancy Benefits		-	-		0.00%
	Total Personal Services	<u>36,244.23</u>	<u>142,493.00</u>	<u>106,248.77</u>		<u>25.44%</u>
5012000	Contractual Svs					
5012100	Communication Services					
5012110	Express Services	8.53	5.00	(3.53)		170.60%
5012140	Postal Services	1,352.06	10,000.00	8,647.94		13.52%
5012150	Printing Services	28.94	600.00	571.06		4.82%
5012160	Telecommunications Svcs (VITA)	221.95	1,000.00	778.05		22.20%
5012170	Telecomm. Svcs (Non-State)	94.36		(94.36)		0.00%
5012190	Inbound Freight Services	3.25		(3.25)		0.00%
	Total Communication Services	<u>1,709.09</u>	<u>11,605.00</u>	<u>9,895.91</u>		<u>14.73%</u>
5012200	Employee Development Services					
5012210	Organization Memberships		2,500.00	2,500.00		0.00%
5012240	Employee Training/Workshop/Conf		1,000.00	1,000.00		0.00%
	Total Employee Development Services		<u>3,500.00</u>	<u>3,500.00</u>		<u>0.00%</u>
5012300	Health Services					
5012360	X-ray and Laboratory Services		300.00	300.00		0.00%
	Total Health Services		<u>300.00</u>	<u>300.00</u>		<u>0.00%</u>
5012400	Mgmnt and Informational Svcs					
5012420	Fiscal Services	18.81	500.00	481.19		3.76%
5012440	Management Services	37.22	4,000.00	3,962.78		0.93%
5012470	Legal Services		300.00	300.00		0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2015 and Ending September 30, 2015

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
	Total Mgmnt and Informational Svcs	56.03	4,800.00	4,743.97	1.17%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	9.72	-	(9.72)	0.00%
5012520	Electrical Repair & Maint Srvc	-	25.00	25.00	0.00%
	Total Repair and Maintenance Svcs	9.72	25.00	15.28	38.88%
5012600	Support Services				
5012630	Clerical Services	-	4,919.00	4,919.00	0.00%
5012640	Food & Dietary Services	171.41	750.00	578.59	22.85%
5012660	Manual Labor Services	118.18	700.00	581.82	16.88%
5012670	Production Services	611.31	2,245.00	1,633.69	27.23%
5012680	Skilled Services	2,950.08	11,930.00	8,979.92	24.73%
	Total Support Services	3,850.98	20,544.00	16,693.02	18.75%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	366.28	3,000.00	2,633.72	12.21%
5012840	Travel, State Vehicles	-	1,500.00	1,500.00	0.00%
5012850	Travel, Subsistence & Lodging	-	1,500.00	1,500.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtble	-	300.00	300.00	0.00%
	Total Transportation Services	366.28	6,300.00	5,933.72	5.81%
	Total Contractual Svcs	5,992.10	47,074.00	41,081.90	12.73%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	129.40	1,000.00	870.60	12.94%
	Total Administrative Supplies	129.40	1,000.00	870.60	12.94%
5013200	Energy Supplies				
5013230	Gasoline	17.51	-	(17.51)	0.00%
	Total Energy Supplies	17.51	-	(17.51)	0.00%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	50.00	50.00	0.00%
	Total Manufctrng and Merch Supplies	-	50.00	50.00	0.00%
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matr	-	15.00	15.00	0.00%
	Total Repair and Maint. Supplies	-	15.00	15.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	200.00	200.00	0.00%
	Total Residential Supplies	-	200.00	200.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	2.03	10.00	7.97	20.30%
	Total Specific Use Supplies	2.03	10.00	7.97	20.30%
	Total Supplies And Materials	148.94	1,275.00	1,126.06	11.68%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	29.00	29.00	0.00%
	Total Insurance-Fixed Assets	-	29.00	29.00	0.00%
5015300	Operating Lease Payments				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2015 and Ending September 30, 2015

Account Number	Account Description	Amount	Budget	Amount		% of Budget
				Under/(Over)	Budget	
5015350	Building Rentals	0.81	-	(0.81)		0.00%
5015390	Building Rentals - Non State	1,887.58	7,198.00	5,310.42		26.22%
	Total Operating Lease Payments	1,888.39	7,198.00	5,309.61		26.23%
5015500	Insurance-Operations					
5015510	General Liability Insurance	-	107.00	107.00		0.00%
5015540	Surety Bonds	-	7.00	7.00		0.00%
	Total Insurance-Operations	-	114.00	114.00		0.00%
	Total Continuous Charges	1,888.39	7,341.00	5,452.61		25.72%
5022000	Equipment					
5022200	Educational & Cultural Equip					
5022240	Reference Equipment	-	60.00	60.00		0.00%
	Total Educational & Cultural Equip	-	60.00	60.00		0.00%
5022600	Office Equipment					
5022610	Office Appurtenances	-	35.00	35.00		0.00%
	Total Office Equipment	-	35.00	35.00		0.00%
	Total Equipment	-	95.00	95.00		0.00%
	Total Expenditures	44,273.66	198,278.00	154,004.34		22.33%
Allocated Expenditures						
20600	Funeral/LTCA/PT	28,681.24	102,198.95	73,517.71		28.06%
30100	Data Center	17,946.87	81,612.24	63,665.36		21.99%
30200	Human Resources	1,118.09	5,649.78	4,531.69		19.79%
30300	Finance	14,354.19	34,913.57	20,559.38		41.11%
30400	Director's Office	6,297.35	20,843.65	14,546.31		30.21%
30500	Enforcement	17,560.03	59,770.50	42,210.47		29.38%
30600	Administrative Proceedings	7,717.99	18,611.02	10,893.04		41.47%
30700	Impaired Practitioners	240.57	1,218.86	978.29		19.74%
30800	Attorney General	1,054.31	5,155.02	4,100.71		20.45%
30900	Board of Health Professions	3,398.09	11,543.12	8,145.04		29.44%
31100	Maintenance and Repairs	-	434.88	434.88		0.00%
31300	Emp. Recognition Program	39.91	227.75	187.84		17.52%
31400	Conference Center	20.71	228.66	207.95		9.06%
31500	Pgm Devlpmnt & Implmentn	2,678.53	12,157.73	9,479.20		22.03%
	Total Allocated Expenditures	101,107.87	354,565.74	253,457.87		28.52%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (112,596.53)	\$ (346,788.74)	\$ (234,192.21)		32.47%

Licensure Count Report

As of November 4, 2015:

Physical Therapists	7,462
Physical Therapist Assistants	3,028
	<hr/>
	10,490
Direct Access Certification	506

Discipline Statistics

As of 11/06/2015

Investigations	11
Probable Cause	14
APD	0
Informal Stage	3
Formal Stage	2
Total Open Cases	30

Monitoring:

PT Compliance Cases	12
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Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times:

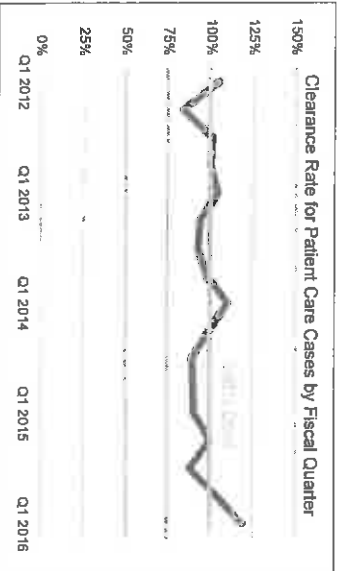
Quarterly Performance Measurement, Q1 2012 - Q1 2016

David E. Brown, D.C.
Director

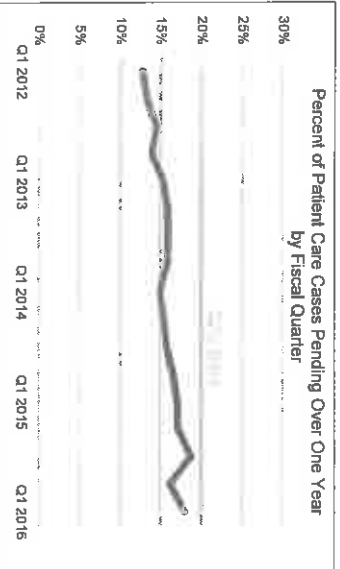
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

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.

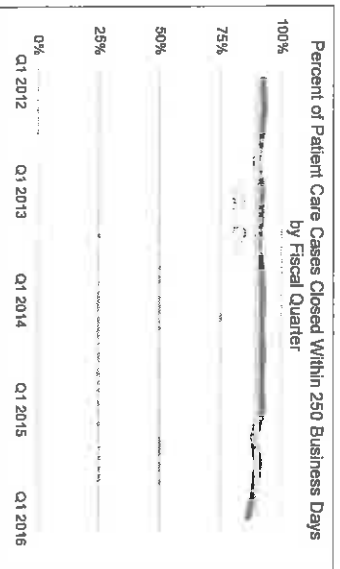
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016. The current quarter's clearance rate is 119%, with 859 patient care cases received and 1,021 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 20% through the end of FY 2016. The current quarter shows 18% patient care cases pending over 250 business days with 2,405 patient care cases pending and 438 pending over 250 business days.

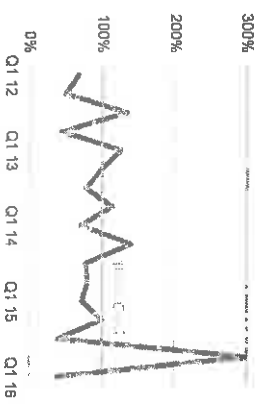


Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016. The current quarter shows 87% percent of patient care cases being resolved within 250 business days with 997 cases closed and 862 closed within 250 business days.

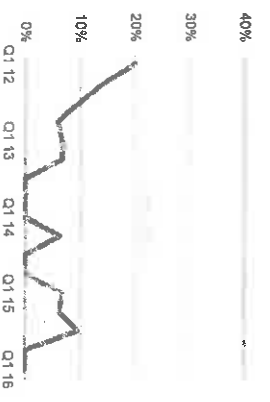


Clearance Rate

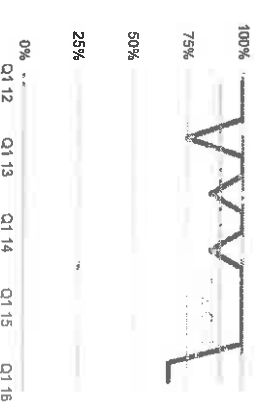
Physical Therapy - In Q1 2016, the clearance rate was 38%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 67%.
Q1 2016 Caseloads:
 Received=8, Closed=3
 Pending over 250 days=0
 Closed within 250 days=2



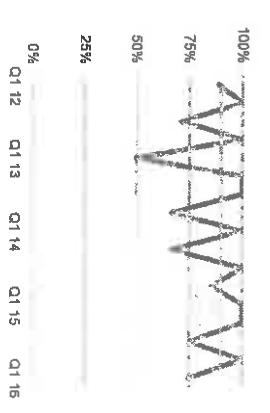
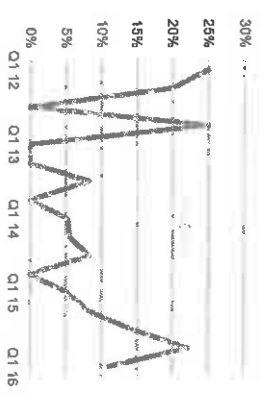
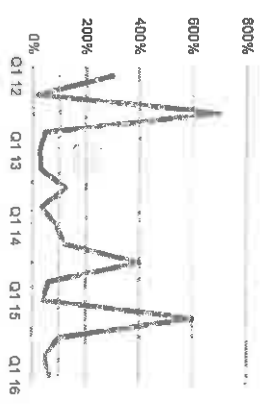
Age of Pending Caseload
(percent of cases pending over one year)



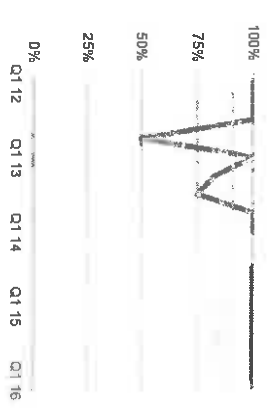
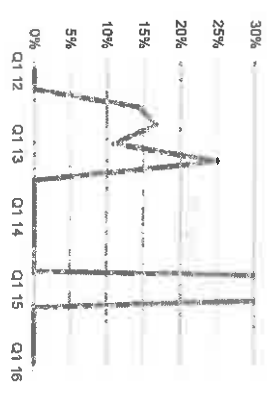
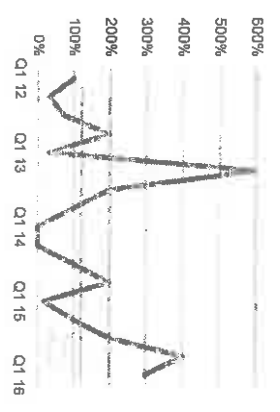
Percent Closed in 250 Business Days



Funeral - In Q1 2016, the clearance rate was 67%, the Pending Caseload older than 250 business days was 11% and the percent closed within 250 business days was 75%.
Q1 2016 Caseloads:
 Received=6, Closed=4
 Pending over 250 days=2
 Closed within 250 days=3



Audiology - In Q1 2016, the clearance rate was 300% the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 100%.
Q1 2016 Caseloads:
 Received=1, 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
 FISCAL YEAR 2016, QUARTER ENDING 6/30/2015

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

*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. An "n/a" is used if no response was received for that board during the specified timeframe.

AGENCY	CURRENT															
	Q2 FY2013	Q3 FY2013	Q4 FY2013	Q1 FY2014	Q2 FY2014	Q3 FY2014	Q4 FY2014	Q1 FY2016	Q2 FY2015	Q3 FY2015	Q4 FY2015	Q1 FY2016				
Board																
Audiology/Speech Pathology	100.0%	100.0%	100.0%	94.8%	85.7%	100.0%	100.0%	89.6%	83.3%	100.0%	86.7%	76.7%				
Counseling	78.0%	69.9%	76.3%	80.1%	83.2%	87.7%	92.8%	83.3%	91.1%	83.9%	80.8%	79.6%				
Dentistry	94.1%	98.7%	94.7%	90.9%	95.9%	92.3%	88.9%	86.3%	91.7%	100.0%	93.3%	96.4%				
Funeral Directing	100.0%	n/a	100.0%	100.0%	100.0%	88.9%	100.0%	N/A	100.0%	100.0%	97.0%	88.9%				
Long Term Care Administrator	100.0%	100.0%	n/a	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%				
Medicine	86.2%	94.4%	87.5%	91.1%	91.8%	92.2%	95.0%	92.2%	81.2%	84.8%	89.6%	80.8%				
Nurse Aide	96.8%	97.6%	99.1%	97.2%	99.7%	96.5%	100.0%	95.6%	97.3%	88.9%	98.9%	100.0%				
Nursing	93.7%	94.4%	96.5%	94.3%	96.4%	94.5%	94.5%	95.6%	94.9%	98.1%	97.2%	92.4%				
Optometry	n/a	n/a	100.0%	100.0%	100.0%	N/A	N/A	100.0%	100.0%	N/A	66.7%	100.0%				
Pharmacy	98.8%	97.5%	97.3%	97.7%	98.1%	97.6%	99.1%	98.8%	98.3%	100.0%	99.5%	96.3%				
Physical Therapy	96.6%	100.0%	98.6%	96.9%	98.7%	100.0%	90.5%	94.3%	97.3%	100.0%	100.0%	96.9%				
Psychology	78.7%	89.6%	99.1%	88.6%	92.6%	88.9%	96.0%	89.6%	76.8%	90.0%	84.9%	83.3%				
Social Work	87.3%	84.7%	94.9%	86.6%	90.7%	95.8%	88.5%	92.0%	92.0%	90.7%	92.6%	90.7%				
Veterinary Medicine	100.0%	83.3%	93.3%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	91.7%	100.0%				
AGENCY	91.9%	93.5%	93.5%	93.4%	95.0%	94.2%	95.1%	94.2%	92.5%	95.1%	93.9%	90.6%				

APPLICANT SATISFACTION SURVEY RESULTS

APPROVAL RATE*

LAST FIVE FISCAL YEARS

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

*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. "N/A" indicates that no response was received for that board during the specified timeframe.

Board	FY11		Change Between FY12 & FY11		FY12		Change Between FY13 & FY12		FY13		Change Between FY14 & FY13		FY14		Change Between FY15 & FY14		FY15	
	Audiology/Speech Pathology	91.8%		-1.4%		90.5%		9.1%		98.7%		-4.8%		94.0%		-7.6%		86.9%
Counseling	75.7%		-1.8%		74.3%		-2.4%		72.5%		17.1%		84.9%		-1.1%		83.9%	
Dentistry	95.7%		-2.9%		92.9%		2.0%		94.8%		-3.2%		91.8%		0.3%		92.1%	
Funeral Directing	95.2%		5.0%		100.0%		0.0%		100.0%		-3.0%		97.0%		1.4%		98.3%	
Long Term Care Administrator	94.4%		2.0%		96.3%		-100.0%		n/a		100.0%		98.5%		-0.5%		98.0%	
Medicine	94.1%		2.6%		96.5%		-6.4%		97.8%		0.5%		98.3%		-3.3%		89.0%	
Nurse Aide	97.5%		0.4%		97.9%		-0.1%		97.8%		-0.3%		94.9%		1.2%		96.0%	
Nursing	94.8%		1.6%		96.3%		-1.1%		95.2%		-0.3%		94.9%		-8.3%		91.7%	
Optometry	100.0%		0.0%		100.0%		-7.1%		92.9%		7.6%		100.0%		-8.3%		91.7%	
Pharmacy	97.7%		-0.9%		96.8%		1.1%		97.9%		0.1%		98.0%		1.0%		98.9%	
Physical Therapy	95.3%		2.4%		97.6%		-0.8%		96.8%		0.4%		97.2%		-0.9%		96.3%	
Psychology	88.1%		-4.0%		84.6%		7.9%		91.3%		0.2%		91.5%		-8.3%		83.9%	
Social Work	90.6%		-5.6%		85.5%		3.2%		88.2%		1.0%		89.1%		3.1%		91.9%	
Veterinary Medicine	97.7%		-0.1%		97.6%		-1.8%		95.8%		3.7%		99.3%		-4.0%		95.4%	
Agency Total	94.6%		0.7%		95.3%		-1.8%		93.6%		0.8%		94.3%		-0.6%		93.8%	

PT Board Officer Nomination

NAME: _____

1. Please indicate which position you are interested in:

_____ President

_____ Vice-President

_____ Please consider me for either position

2. Please indicate if you are interested in serving as the alternate delegate to the Federation of State Boards of Physical Therapy's annual meeting. The Board's president normally serves as the Delegate to FSBPT's annual meeting held in the fall of each year. This year's conference was held in October.

_____ I am interested in being considered for the alternate delegate to FSBPT annual meeting.

3. Please describe your interest in serving in a leadership position for your board (250 words or less). Please include how you feel that your contributions will enhance the board's leadership. Please include how many years you have been on the board and other leadership positions.

PATIENT ATTESTATION FORM

1. Legal Full Name (Please Print or Type)

First	Middle	Last	Suffix or Maiden
Address	City	State	Zip Code
Contact Phone Number ()	Alternate Phone Number ()		
Email address:			

2. Patient Information

Patient's chief complaint (why patient is seeking physical therapy care)

Please Check One Below:

- a) I am not under the care of a doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner, or licensed physician assistant for the symptoms listed on this form and wish to seek physical therapy care at this time.
- b) I am under the care of a doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner, or licensed physician assistant for the symptoms listed on this form and wish to seek physical therapy care at this time. The Practitioner identified on this form will be provided a copy of the initial evaluation and a copy of patient history obtained by the physical therapist within 14 days. (Fill out section 3 below)

3. Practitioner of Record.

If after receiving physical therapy care for 30 business days for the condition for which I sought treatment does not improve, I intend to seek further treatment and evaluation from the practitioner listed below.

Additionally, I consent to the release of my personal health and treatment records to the listed practitioner.

Practitioner's Full Name & Address:

Practitioner's Contact Phone Number's:

Office ()

Fax ()


Email:

Date

Signature of Patient

Tab 3

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As November 4, 2015)**

Board		
Board of Physical Therapy		
Chapter		Action / Stage Information
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<u>Practice of dry needling</u> [Action 4375] NOIRA - At Secretary's Office for 131 days
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	 <u>Direct access certification</u> [Action 4427] Final - Register Date: 10/5/15 Effective: 11/4/15

Effective 11/4/15

BOARD OF PHYSICAL THERAPY

Change to direct access certification

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 \$50 for a physical therapist and \$25 for a physical therapist assistant 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.~~

~~1-5. The application fee for direct access certification 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.~~

18VAC112-20-81. Requirements for direct access certification.

A. An applicant for certification to provide services to patients without a referral as specified in § 54.1-3482.1 of the Code of Virginia shall hold an active, unrestricted license as a physical therapist in Virginia and shall submit evidence satisfactory to the board that he has one of the following qualifications:

~~1. Completion of a doctor of physical therapy program approved by the American Physical Therapy Association;~~

~~2. Completion of a transitional program in physical therapy as recognized by the board;~~

or

~~3.~~ 2. At least three years of postlicensure, active practice with evidence of 15 contact hours of continuing education in medical screening or differential diagnosis, including passage of a postcourse examination. The required continuing education shall be offered by a provider or sponsor listed as approved by the board in 18VAC112-20-131 and may be face-to-face or online education courses.

B. In addition to the evidence of qualification for certification required in subsection A of this section, an applicant seeking direct access certification shall submit to the board:

1. A completed application as provided by the board;

2. Any additional documentation as may be required by the board to determine eligibility of the applicant; and

3. The application fee as specified in 18VAC112-20-27.

18VAC112-20-130. Biennial renewal of license and certification.

A. A physical therapist and physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-27.

B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-27.

C. In order to renew an active license, a licensee shall be required to:

1. Complete a minimum of 160 hours of active practice in the preceding two years; and

2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

~~D. In order to renew a direct access certification, a licensee shall be required to:~~

~~1. Hold an active, unrestricted license as a physical therapist; and~~

~~2. Comply with continuing education requirements set forth in 18VAC112-20-131 I.~~

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 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 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 a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;
- f. The American Medical Association - Category I Continuing Medical Education course; and
- g. The National Athletic Trainers Association.

2. No more than 10 of the contact hours required for physical therapists and 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 tool was taken. A physical therapist who can document that he has met the standard of the PRT may receive 20 hours of Type 1 credit for the biennium in which the assessment 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.~~

Tab 4

Virginia Board of Physical Therapy Guidance on Telehealth

Section One: Preamble

The Board of Physical Therapy recognizes that using telehealth services in the delivery of physical therapy services offers potential benefits in the provision of care. Advancements in technology have created expanded and innovative treatment options for physical therapist and clients. The appropriate application of these services can enhance care by facilitating communication between practitioners, other health care providers, and their clients. The delivery of physical therapy services by or under the supervision of a physical therapist via telehealth in physical therapy falls under the purview of the existing regulatory body and the respective practice act and regulations. The Virginia General Assembly has not established statutory parameters regarding the provision and delivery of telehealth services. Therefore, physical therapy practitioners must apply existing laws and regulations to the provision of telehealth services.

The Board issues this guidance document to assist practitioners with the application of current laws to telehealth service practices. These guidelines should not be construed to alter the scope of physical therapy practice or authorize the delivery of health care services in a setting, or in a manner, not authorized by law. For clarity, a physical therapist using telehealth services must take appropriate steps to establish the practitioner-patient (client) relationship and conduct all appropriate evaluations and history of the client consistent with traditional standards of care for the particular client presentation. As such, some situations and client presentations are appropriate for the utilization of telehealth services as a component of, or in lieu of, in-person provision of physical therapy care, while others are not. The practitioner is responsible for making this determination, and in doing so must adhere to applicable laws and standards of care.

The board has developed these guidelines to educate licensees as to the appropriate use of telehealth services in the practice of physical therapy. The Board is committed to ensuring patient access to the convenience and benefits afforded by telehealth services, while promoting the responsible provision of physical therapy services.

It is the expectation of the Board that practitioners who provide physical therapy care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of the client first;
- Maintain acceptable and appropriate standards of practice;
- Adhere to recognized ethical codes governing the physical therapy profession;
- Adhere to applicable laws and regulations;
- Properly supervise PTA's and support personnel;
- Protect client confidentiality.

Section Two: Definition

Telehealth is the use of electronic technology or media including interactive audio or video to engage in the practice of physical therapy. “Telehealth” does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Section Three: Responsibility for and Appropriate Use of Technology

A client’s appropriateness for evaluation and treatment via telehealth should be determined by the Physical Therapist on a case-by-case basis, with selections based on physical therapist judgment, client preference, technology availability, risks and benefits, and professional standards of care. A PT is responsible for all aspects of physical therapy care provided to a client, and should determine and document the technology used in the provision of physical therapy. Additionally, the PT is responsible for assuring the technological proficiency of those involved in the client’s care.

Section Four: Verification of Identity

Given that in the telehealth clinical setting the client and therapist are not in the same location and may not have established a prior in-person relationship, it is critical, at least initially, that the identities of the physical therapy providers and client be verified. Photo identification is recommended for both the client and all parties who may be involved in the delivery of care to the client. The photo identification, at minimum, should include the name of the individual; however, personal information such as address or driver’s license number does not have to be shared or revealed. The client may utilize current means, such as state websites, to verify the physical therapy provider is licensed in the originating jurisdiction (where the client is located and receiving telehealth services).

Section Five: Informed Consent

Clients should be made aware of any limitations that telehealth services present as compared to an in-person encounter for that client’s situation, such as the inability to perform hands-on examination, assessment and treatment, clients should give consent to such services and evidence documenting appropriate client informed consent for the use of telehealth services should be obtained and maintained. Appropriate informed consent should, as a baseline, include the following:

- Identification of the client, the practitioner, and the practitioner’s credentials;
- Types of activities permitted using telehealth services (e.g. such as photography, recording or videotaping the client.);
- Details on security measures taken with the use of telehealth services, as well as potential risks to privacy notwithstanding such measures;

- Hold harmless clause for information lost due to technical failures; and
- Requirement for express client consent to forward client-identifiable information to a third party.

Section Six: Physical therapist/Client Relationship

Developing a physical therapist/client relationship is relevant regardless of the delivery method of the physical therapy services. As alternative delivery methods such as telehealth emerge, it bears stating that the PT/client relationship can be established in the absence of actual physical contact between the PT and client. Just as in a traditional (in-person) encounter, once the relationship is established, the therapist has an obligation to adhere to the reasonable standards of care for the client (duty of care).

Section Seven: Licensure

The practice of physical therapy occurs where the client is located at the time telehealth services are provided. A practitioner must be licensed by, or under the jurisdiction of, the regulatory board of the state where the client is located and the state where the practitioner is located. Practitioners who evaluate or treat through online service sites must possess appropriate licensure in all jurisdictions where clients receive care.

Section Eight: Standards of Care

It is the responsibility of the PT to ensure the standard of care required both professionally and legally is met. As such, it is incumbent upon the PT to determine which clients and therapeutic interventions are appropriate for the utilization of technology as a component of, or in lieu of, in-person provision of physical therapy care. Physical therapy providers should be guided by professional discipline, best available evidence, and any existing clinical practice guidelines when practicing via telehealth. Physical therapy interventions and/or referrals/consultations made using technology will be held to the same standards of care as those in traditional (in-person) settings. The documentation of the telehealth encounter should be held at minimum to the standards of an in-person encounter. Additionally, any aspects of the care unique to the telehealth encounter, such as the specific technology used, should be noted.

Section Nine: Privacy and Security of Client Records and Exchange of Information

In any physical therapy encounter, steps should be taken to ensure compliance with all relevant laws, regulations and codes for confidentiality and integrity of identifiable client health information. Written policies and procedures should be maintained for documentation, maintenance, and transmission of the records of encounters using telehealth services. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the practitioner addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required client information to be included in the communication, such as client name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be

periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

Section Ten: Client Records

The client record should include, if applicable, copies of all client-related electronic communications, including client-practitioner communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of telehealth services. Informed consents obtained in connection with an encounter involving telehealth services should also be filed in the medical record. The client record established during the use of telehealth services should be accessible to both the practitioner and the client, and consistent with all established laws and regulations governing client healthcare records.

Section Eleven: Technical Guidelines

Physical therapy providers need to have the level of understanding of the technology that ensures safe, effective delivery of care. Providers should be fully aware of the capabilities and limitations of the technology they intend to use and that the equipment is sufficient to support the telehealth encounter, is available and functioning properly and all personnel are trained in equipment operation, troubleshooting, and necessary hardware/software updates. Additionally, arrangements should be made to ensure access to appropriate technological support as needed.

Section Twelve: Emergencies and Client Safety Procedures

When providing physical therapy services, it is essential to have procedures in place to address technical, medical, or clinical emergencies. Emergency procedures need to take into account local emergency plans. Alternate methods of communication between both parties should be established prior to providing telehealth services in case of technical complications. It is the responsibility of the provider to have all needed information to activate emergency medical services to the clients' physical location if needed at time of the services are being provided. If during the provision of services the provider feels that the client might be experiencing any medical or clinical complications or emergencies, services should be terminated and the client referred to an appropriate level of service.

Section Thirteen: Guidance Document Limitations

Nothing in this document shall be construed to limit the authority of the Board to investigate, discipline, or regulate its licensees pursuant to applicable Virginia statutes and regulations. Additionally, nothing in this document shall be construed to limit the Board's ability to review the delivery or use of telemedicine services by its licensees for adherence to the standard of care and compliance with the requirements set forth in the laws and regulations of the Commonwealth of Virginia. Furthermore, this document does not limit the Board's ability to determine that certain situations fail to meet the standard of care or standards set forth in laws and regulations despite technical adherence to the guidance produced herein.