



South Carolina's OT Board eNews

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Our Mission

The South Carolina Board of Occupational Therapy was created in 1977 by the S.C. General Assembly to establish and maintain minimum standards for the practice of occupational therapy to:

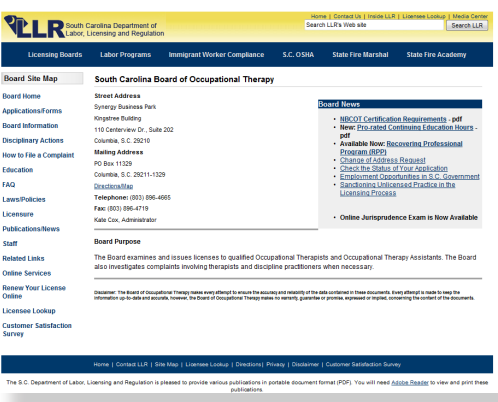
- protect the health, safety and well being of the citizens of South Carolina,
- license occupational therapists and occupational therapy assistants to practice occupational therapy in this state,

- investigate complaints against licensees and allegations of unlicensed practice, and
- take disciplinary action when necessary.

These points explain why occupational therapy is a regulated profession and licensure is required. It is for public protection, to assurance of minimal competence, and to maintain standards of practice.

[OT Board Members](#)

Visit the Occupational Therapy Board's Web Site



The Occupational Therapy Board's Web site is a useful tool that keeps you up to date on what is happening in your profession. The site contains a wealth of information regarding the practice of occupational therapy in South Carolina, and the "Site Map" makes it very user friendly.

Some of the site's links contain information regarding disciplinary actions taken by the Board, continuing education, online services, Board information, licensure, related links and frequently asked questions. You can also notify the Board of an address change, find out when Board meetings are scheduled and find out information about initial licensure for examination. At renewal time, you will find helpful information on how to renew, what fees are due, and what continuing education is required.

The site also has a "Board News" feature for the newest information. We hope you visit the site frequently at: www.llronline.com/POL/OccupationalTherapy/

Telehealth FAQ's

The Occupational Therapy Board receives many questions about telehealth. The following are the most frequently asked questions and answers about telehealth to help practitioners or potential clients.

What is telehealth?

Telehealth, also known as telemedicine, is the provision of health care, health information, and health education across a distance, using telecommunications technology and specially adapted equipment. Telehealth physicians, nurses and health care specialist assess, diagnose, and treat patients without requiring individuals to be physically located in the same place, regardless of whether that distance is across the street, across a city, across state lines or across continents.

What is the purpose of telehealth?

The purpose of telehealth is to increase cost efficiency, to

reduce transportation expenses, to improve patient access to specialists and mental health providers, and to improve quality of care and communication among providers.

In what settings is telehealth practiced?

Telehealth is practiced in many settings such as rural hospitals, school districts, home health settings, nursing homes, cruise ships, battlefields, and even NASA space missions. Telehealth is well established in radiology and dermatology, and it is being expanded into home telehealth, mental telehealth, ocular telehealth, telepathology, and telerehabilitation.

How is telehealth delivered?

The delivery of telehealth can involve the use of videoconferencing, the Internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications to enable patients and health care providers at distant sites to interact. These interactions can occur face-to-face or through store-and-forward modes.

Face-to-face interactions typically involve a two-way

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National Board Certification Requirements

The Board would like to remind licensees and applicants for licensure that the National Board for Certification in Occupational Therapy (NBCOT) certification is a licensure and renewal requirement that must be kept current and in good standing.

Section 40-36-230 and Regulations 94-04, 94-05, and 94-06 require that all applicants for licensure as an occupational therapist or occupational therapy assistant be in good standing with NBCOT or other board-approved certification program. In that there is no other board-approved certification program, this means that the Board recognizes NBCOT and the NBCOT certification.

Section 40-36-260 requires as a condition for biennial renewal of all licenses that the applicant for license renewal also be in good standing with NBCOT or other board-approved certification program. Again, in that there is no other board-approved certification program, this means that the Board recognizes NBCOT and the NBCOT certification.

During the renewal period, licensees are

asked about their continuing education (CE) requirements and their current certification with NBCOT on the renewal form, which is a legal document. Please remember that after you renew your license, there will be a CE audit and an NBCOT certification audit. Licensees who are randomly selected for the audit will be asked to show proof by documentation of their CE hours and proof of verification of current NBCOT certification. Your license to practice could be interrupted and your license could be disciplined if you are not in compliance with the statutes and regulations governing your profession regarding renewal.

If you have any concerns about your good standing with NBCOT certification, you should contact NBCOT at: 1-301-990-7979.



Recovering Professional Program Available for Licensees

The Recovering Professional Program is a confidential referral and monitoring program designed for physicians, nurses, pharmacists, dentists and podiatrists in South Carolina who are experiencing problems related to alcohol and/or other drug abuse or dependence, or from a dual diagnosis of addiction and mental illness. The program ensures that impaired professionals receive the help they need at the earliest point possible.

The program, contracted through the Lexington Richland Alcohol and Drug Abuse Council (LRADAC) to address the problem of impaired healthcare professionals, was originally developed by LLR for the Boards of Dentistry, Medical Examiners, Nursing, and Pharmacy to provide a consistent, accountable mechanism for early identification, referral and monitoring of licensees with substance abuse problems. It now is available to other licensed healthcare professionals licensed by LLR who want to participate. The Board of Occupational Therapy requested to make the services of the

RPP available to its licensees a few years ago.

RPP is designed to be an alternative and a supplement to the Board's disciplinary process. The program accepts Board referrals and voluntary participants for a five-year monitoring program in which licensees have an opportunity to return to safe effective practice. Voluntary participants remain anonymous to the Board as long as they are compliant with RPP requirements. The program management is funded through LLR with participants paying all costs associated with their individual participation, such as evaluation, treatment, and drug screens.

The participating boards, professional associations, and agencies are represented on the RPP Advisory Committee, which provides advice and guidance to RPP and agencies on policy matters. The Advisory Committee also provides oversight for the participating boards of RPP compliance with procedures approved for their licensees. For more information regarding RPP, visit www.scrpp.org.

All Employers Must Comply with S.C. Immigration Act by July 1, 2010

The "South Carolina Illegal Immigration Reform Act" that was signed into law by Governor Mark Sanford on June 4, 2008 will soon be applicable to all businesses in South Carolina regardless of the number of employees.

Compliance with this law began July 1, 2009, for private employers who employ 100 or more employees. For private employers who employ less than 100 employees, the compliance date is July 1, 2010.

The law requires all employers to verify the legal status of new employees and prohibits employment of any worker who is not legally in this country and authorized to work. The South Carolina Department of Labor, Licensing and Regulation's Office of Immigrant Worker Compliance is charged with investigating complaints and conducting random audits of private employers to assure compliance. Failure to comply can result in severe monetary penal-

ties and revocation of an employer's right to operate their business.

During the first year, LLR investigators found that most large employers (more than 100 workers) were in compliance with the law. When violations were found they generally were because:

- employers who were using E-Verify to verify their employees, did not do so within the five-day timeframe required by the law.
- employers who were using driver's licenses to verify employees, did so using a driver's license from a state not on the approved list.

For more information on the law, visit www.llronline.com/immigration/.



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interactive television that allows for real time interaction between patients and health care providers. Those interactions allow for real-time consultations by health care providers to patients at distant sites with dialogue and visual interaction.

Store-and-forward interactions involve the capturing and transferring of digital images or information by storing them and forwarding them for use by a patient or health care providers in non-real-time. The store-and-forward format allows secure clinical information to be sent electronically to a provider or patient at a distant site with no real time dialogue or visual interaction.

What are practitioner qualifications?

In addition to adhering to standard South Carolina licensing qualifications, occupational therapy practitioners using telehealth as a method of service delivery should display best practices and competencies related to service delivery, operating hardware and software systems, and access to technical support. As with all licensed occupational therapy practice, it is the responsibility of the occupational therapy provider to obtain and maintain appropriate education and training related to patient populations being served and to practice settings.

What are the ethical issues concerning telehealth?

Client confidentiality is one of the major issues concerning telehealth. Occupational therapy practitioners will require the expertise of network professionals to ensure secure network connections with active firewalls and encryption modes. HIPAA compliance should be obtained and consumers should provide informed consent for the telehealth service and have the opportunity to refuse the service if they feel their safety or privacy will be compromised. Occupational therapy personnel should adhere to sections 40-36-30 and 40-36-10 of the S.C. Occupational Therapy Practice Act, and the S.C. Code of Regulation in Article 6, Chapter 94-10 Code of Ethics for Occupational Therapy personnel. These laws and regulations are available at: www.llr.state.sc.us/pol/occupationaltherapy. In addition, it is recommended that the AOTA Code of Ethics (2005) and NBCOT Code of Conduct (2006) be reviewed for ethical practice considerations.

What guidance is there for telehealth and the supervision of students and other personnel?

The Occupational Therapy Practice Act Sections 40-36-20 (12) and 40-36-290 provide guidance regarding the supervision of occupational therapy students and personnel. These guidelines should be followed regardless of method of service delivery or practice setting for occupational therapy.

Does the Board control billing and reimbursement for occupational therapy services?

The S.C. Board of Occupational Therapy does not control billing issues, insurance issues, or employment contracts. However, in this state, patients have "direct access" to occupational therapy, which means that a physician referral is not required (by law) to initiate or to continue services. This means if a referral is provided, the state does not dictate if it comes from a physician, physician's assistant, nurse practitioner, chiropractor or various other source op-

tions (medical or non-medical). The state does not regulate the policies of third party reimbursement sources, nor does the state impose this referral freedom on employers who may prefer physician referrals. Each licensed occupational therapy practitioner needs to individually investigate the policies which relate to their practice/learning environments from multiple perspectives such as reimbursement sources, employers, accreditation agencies and malpractice insurance providers to identify any additional requirements or concerns, which may be germane to their practice.

It is the responsibility of the occupational therapy practitioner to contact third-party payers (any company, organization, insurer, or government agency which makes payment for health care services received by a patient, such as the Centers for Medicare and Medicaid Services (CMS) <http://www.lcms.hhs.gov>) for more information concerning telehealth and reimbursement.

What about laws to practice of telehealth across state lines?

Occupational therapy practitioners using telehealth technology must adhere to licensure laws and other state legislation regulating the practice of occupational therapy in the state or states in which those services are received. Therefore, when telehealth technology is used to provide individual clients services (evaluation and intervention), the occupational therapy practitioner must be licensed in the state in which the client receives those services. The provision of consultation to another practitioner or continuing education content may or may not be addressed by individual state regulations. It is highly recommended that occupational therapy practitioners investigate those regulations per individual state to ensure compliance.

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