The meeting was called to order at 1:00 p.m. by the Chairperson, John Baker.

There was a motion and a second to close the open session at 2:33 p.m. to engage in medical review committee deliberations regarding confidential information in applications for licensure, in accordance with State Government Article, Section 10-508 (a) (7) and (13). Unless recused, all Board members and staff who were present for the open session were also in attendance for both the closed and administrative sessions.

Board Members Present:
Delores Alexander, Consumer Member
Rhea Cohn, PT
Ved Gupta, Consumer Member
Krystal Lighty, PT
Kimberly Rotondo, PTA
Katharine Stout, PT
Sumesh Thomas, PT

Also Present:
Carlton A. Curry, Executive Director
Brett Felter, AAG, Board Counsel
John Bull, Compliance Manager/Investigator
Deborah Jackson, Licensing Coordinator
Eric Jordan, Investigator
Patricia Miller, Board Secretary
Michelle Cutkelvin, Board Secretary

Guests:
Senator Paula Hollinger
Kristen Neville, Legislative Specialist
Jhonell Campbell, Intern
Donna Beck, PT, John Hopkins Home Care
Denise Wayne, PT, John Hopkins Home Care
Anne Wellington
Board Chairman, John Baker, welcomed Board Members, Staff and guests. Mr. Baker explains the procedure for proper protocol. Visiting guests Donna Beck and Denise Wayne introduce themselves. Mr. Baker welcomes new Board Member Sumesh Thomas. All Board Members and staff introduce themselves.

The minutes of the meeting held on June 17, 2014 were approved.

Carlton Curry, Executive Director informed the Board that the clean-up bill will be completed for next year’s agenda. Mr. Curry states that there was only a 3 week time frame for the completion of the bill, which would subsequently require electronic voting of Board Members. With the advice of Board Counsel and the Chairperson, Mr. Curry made the decision to bring forth the bill on next year’s agenda.

Kristen Neville apprised the Board that the Testing Bill has been drafted and submitted as of July 11, 2014.

Deborah Jackson, Licensing Coordinator, presented the statistics of applications received, licenses issued and the number of Physical Therapy Assistants who have successfully completed the national exam.

Lori, PTA requested feedback on the following billing questions: 1) Is it appropriate to have set percentage goals for your clinicians based on production of specific billing? 2) Is kinesiotaping billed under strapping charges and if not how is it possible to have a “taping” goal? 3) What is the appropriate scheduling and billing of 11 patients, some of which are Medicare, within the same hour? Should all patients be billed as a one-on-one session? 4) Is it potentially possible or expected to bill ADL/Self-care for every initial patient when addressing posture, ice, body positioning, etc.? 5) What are my legal rights for billing as I see appropriate and not just how I am instructed for “goals”?

The Board’s response to question #1 is that this is a management issue and the PTA should consult with management. The Board’s response to question #2 is to consult with the insurance company and third party payors. The Board’s response to question #3 is COMAR 10.38.02.B(1)(h) the physical therapist assistant shall, provide the following services: (i) Treat not more than an average of three patients per clinical treatment hour per calendar day, excluding group therapy; and (ii) Provide each patient with adequate treatment time consistent with accepted standards in physical therapy care. The Board’s response to question #4 is to consult with the insurance company and third party payors. The Board’s response to question #5 is COMAR 10.38.03.02(B) Physical Therapist Assistants. (1) The physical therapist assistant shall: (a) Follow the direction and plan of care of the physical therapist in the treatment of a patient; (b) Exercise sound judgment and adequate care in the performance of duties; (c) Immediately discontinue any treatment procedure that appears to be harmful to the patient and so notify the supervising physical therapist; (d) Use only methods and procedures within the scope of the practice of limited physical therapy;(e) Respect the right of the patient to refuse treatment;(f) Work within the physical therapist assistant's
competency in treatment that is within the scope of practice of limited physical therapy;
(g) Document ongoing communication regarding changes in a patient's status and treatment authorized by the physical therapist; and (h) Provide the following services: (i) Treat not more than an average of three patients per clinical treatment hour per calendar day, excluding group therapy; and (ii) Provide each patient with adequate treatment time consistent with accepted standards in physical therapy care. (2) The physical therapist assistant may: (a) Enter into an agreement or employment relationship provided that the agreement or relationship does not impede the physical therapist assistant's exercise of appropriate patient treatment or cause the physical therapist assistant to practice limited physical therapy in violation of the Maryland Physical Therapy Act; and (b) Participate in the clinical education activities of a physical therapist assistant student if direct supervision of the student is provided by the physical therapist. (3) The physical therapist assistant may not initiate treatment until: (a) The patient has been evaluated and the plan of care has been developed by a physical therapist; and (b) A supervising physical therapist has been assigned to the physical therapist assistant.

Sara, requested feedback on the following: If a PT or PTA was told by their employer to bill a certain way and it was unknowingly incorrect and then subsequently discovered that it was inappropriate and discontinued. What is the PT/PTA’s liability for those changes? For example: kinesiotaping under strapping charge? Would this be a fine or license discipline? The Board’s response is that it reviews each case individually on a case by case basis and the PT or PTA should consult with the insurance company, third party payors and employer for clarification.

Suzanne Havrilla, requested feedback on the following: when homecare PTs perform SOC OASIS, can the PT answer the following medication questions? (M2000) Drug Regimen Review: Does a complete drug regimen review indicate potential clinically significant medication issues? (M2010) Patient/Caregiver High Risk Drug Education: Has the patient/caregiver received instructions on special precautions for all high risk medications and how and when to report problems that may occur? The Board’s response is that the OASIS form does not require that any practitioner to function beyond his or her scope of practice. Rather, it requires one clinician to be responsible for the clerical completion of the OASIS form. Therefore, if a physical therapist is the clinician responsible for the completion of the OASIS form on a particular patient, the physical therapist should collaborate with other appropriate practitioners in order to complete the sections that fall outside their scope of practice.

James Morgan requests feedback on what specific reasons are sufficient for a patient not to be re-evaluated. The Board’s response is that this is the extreme exception not to re-evaluate a patient. Based on the acceptable standards of care and using clinical/professional decision making if the patient needs to be re-evaluated or not, it must be documented.
Samuel Esterson, PT, requested feedback on the following: Mr. Esterson is appealing the decision made last year on the approval of “Prep courses”. Mr. Esterson would like the Board to reconsider the approval of the “OCS exam preparatory course” and other similar courses for CEU credits. The Board’s response is further research is required. Rhea Cohn, Board Member, states the course should be approved.

Carolyn Chanoski, PT, requested feedback on the following: Ms. Chanoski and the following professionals (Karen Greeley, DScPT, Susan Cecere, PT, Liz Wohlberg, DPT, Susanne Wayson, SLP, Tom Stengle, PT, Justin Elliott, APTA, and Britta Battaile, DPT) are requesting a meeting with the Board to discuss concerns regarding the required 30- day re-evaluation, the documentation that can be used if re-evaluations are deferred and clarification about the plans of care. The Board’s response is deferment is the exception and not the rule. The Board tabled the decision for a full review of the next agenda item: “Documentation standards for Early Intervention, School Based, and all pediatric practices”.

Board Members, Kimberly Rotondo, PTA and Katherine Stout, PT highlight COMAR 10.38.03.02-1and 10.38.03.02 in response to many inquiries regarding the documentation standards for Physical Therapy Services provided in the Early Intervention, School Based practice and all pediatric practices.

Carlton Curry informed the Board of the Citizen Advocacy Center 2014 annual Meeting scheduled on Thursday, October 23, 2014 and Friday, October 24, 2014 at the Royal Sonesta Harbor Court Hotel. Mr. Curry notes that the reminder is courtesy of Board Member, Ved Gupta. Paula Hollinger, Senator encourages all Board Members to attend, as Baltimore is the host city. In addition, Ms. Hollinger notes that Mr. Curry will be presenting. Registration is required and as well as applicable fees.

The Board Committee assignments are as follows: Legislative Committee, Katie Stout, Chair, Ved Gupta, Sumesh Thomas and John Baker; Continuing Education/Competency Committee, Krystal Lighty, Kimberly Rotondo, Delores Alexander and John Baker; Dry Needling, Rhea Cohn, Sumesh Thomas, and John Baker; Telahhealth, Katie Stout, Rhea Cohn and John Baker.

Mr. Curry and Ms. Jackson have revamped the application for licensure and reinstatement as a result of a recent hearing. There will be a single application for licensure reinstatement, transfer, endorsement and examination. The application was approved by the Board with some changes.

Laura Judd, PTA inquiry: Can a PTA in MD perform spinal and peripheral joint mobs grade 1 thru 4? The Board’s response is yes as long as the PTA performs within his or her competency level. The Board states that an assessment is required. The Board’s cites COMAR 10.38.03.02B(1)(f) The physical therapist assistant shall: work within the physical therapist assistant’s competency in treatment that is within the scope of practice of limited physical therapy 10.38.03.02B(g) documents ongoing
communication regarding changes in a patient’s status and treatment authorized by the physical therapist.

Jennifer Bateman, Program Manager Inquiry: Are PTs and PTAs required to complete progress notes on a Medicare A patients? Ms. Bateman states her employer only requires Occupational Therapist to do so. Where does a PT or PTA demonstrate progress and add new goals as needed? The Board’s response is COMAR 10.38.03.02-1 Requirements for Documentation.

Mr. Curry appraised the board on the 2014 fiscal budget. Mr. Curry stated that the Board’s revenues are strong and therefore fees for the next 2 years can be reduced.

Ms. Cohn informed the Board of the second meeting held for the Licensure Compact. Ms. Cohn states’ voting has not been held by the federation and presently “brain storming sessions” are the goal. She noted each State will decide individually.

The Board voted to deny the following CEU course applications: ‘Menopause: Is weight gain a given’ because the course is not substantially related to the PT practice; ‘Managing a Multigenerational work force’ because the course is not substantially related to the PT practice; and ‘Veterans & End of Life’ because the course is not substantially related to the PT practice.

There was a motion and a second to close the open session at 2:06 p.m. to engage in medical review committee deliberations regarding confidential information in applications for licensure, in accordance with State Government Article, Section 10-508 (a) (7) and (13). Unless recused, all Board members and staff who were present for the open session were also in attendance for both the closed and administrative sessions.

The board meeting was adjourned at 4:14 p.m.

Respectfully submitted,

Carlton A. Curry, Executive Director

Date approved

John Baker, PT, Chairperson