

PHYSICAL THERAPY VA SUPERVISION GUIDELINES 2016



ACHIEVE BEYOND

Pediatric Therapy & Autism Services

11240 Waples Mill Rd., Suite 101 • Fairfax, VA 22030 • Tel 703-237-2219- • Fax (703) 237-2729

14130 Noblewood Plaza, Suite 301 • Woodbridge, VA 22193 • Tel 571-402-7550- • Fax (703) 237-2729

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Who is a Physical Therapist Assistant (PTA)?

- ▶ “Physical therapist assistant” means any person licensed by the Board to assist a physical therapist in the practice of physical therapy. - *VA Dept. of Health Professions*
- ▶ “The physical therapist assistant is a technically educated health care provider who assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant associate degree program accredited by the Commission of Accreditation in Physical Therapy Education (CAPTE).” -*APTA*

Roles of PT and PTA:

- ▶ “The **physical therapist** is directly responsible for the actions of the physical therapist assistant related to patient/client management.”
- ▶ “The **physical therapist** shall be responsible for ongoing involvement in the care of the patient to include regular communication with a physical therapist assistant regarding the patient’s plan of care.”
- ▶ “The **physical therapist assistant** may perform selected physical therapy interventions under the direction and at least general supervision of the physical therapist.”
- ▶ “A **physical therapist assistant** may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement, and data collection, but not to include the performance of an evaluation.”
- ▶ “The **physical therapist assistant’s** FIRST visit with the patient shall only be made after verbal or written communication with the physical therapist regarding patient status and plan of care. Documentation of such communication shall be made in the patient’s record.”

Types of Supervision

▶ **General/Indirect Supervision** –

“The physical therapist is not required to be on-site for direction and supervision, but must be available at least by telecommunications. The ability of the physical therapist assistant to perform the selected interventions as directed shall be assessed on an ongoing basis by the supervising physical therapist.” – *APTA*

“Physical therapist shall be available for consultation.” – *VA Dept. of Health Professions.*

▶ **Direct Supervision** – “A physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.” – *VA Dept. of Health Professions*

General / Indirect Supervision

- ▶ General/Indirect Supervision does NOT require the physical therapist to be physically present or available via telecommunication in real time while the physical therapist assistant is providing services.
- ▶ Indirect supervisory activities may include:
 - Demonstration tapes
 - Record review
 - Review and evaluation of audio- or videotaped sessions
 - Supervisory conferences that may be conducted by telephone, email, and/or live, secure webcam via the internet.
 - Review of case files.
 - Revision/collaboration of reports.

Direct Supervision

- ▶ Direct Supervision means on-site, in-view observation and guidance while a clinical activity is performed by the physical therapist assistant.
- ▶ On a case by case basis, the amount of direct supervision needed may be increased to provide feedback and support (i.e., challenging or complex patient case, level of skills and knowledge of the physical therapist assistant)
- ▶ Direct supervisory activities may include:
 - Observation of a portion of the screening or treatment procedures performed by the physical therapist assistant.
 - Coaching the physical therapist assistant.
 - Modeling for the physical therapist assistant.

Supervision Parameters


▶ Adequate Supervision shall include all the following:

1. “Adequate supervision” of a physical therapist assistant shall mean supervision that complies with this section. A physical therapist shall at all times be responsible for all physical therapy services provided by the physical therapist assistant and shall ensure that the physical therapist assistant does not function autonomously. The physical therapist has a continuing responsibility to follow the progress of each patient, and is responsible for determining which elements of a treatment plan may be assigned to a physical therapist assistant.

Supervision Parameters

2. A physical therapist who performs the initial patient evaluation shall be the physical therapist of record for that patient.

3. The physical therapist of record shall provide supervision and direction to the physical therapist assistant in the treatment of patients to whom the physical therapist assistant is providing care. The physical therapist assistant shall be able to identify and communicate with the physical therapist of record at all times during the treatment of a patient.



Supervision Parameters

▶ **A physical therapist assistant shall NOT:**

- Perform measurement, data collection or care prior to the evaluation of the patient by the physical therapist.
- Document patient evaluation and re-evaluation.
- Establish or change a plan of care (POC).
- Write a discharge summary.
- Write progress reports to another health care professional, as distinguished from daily chart notes.
- Be the sole physical therapy representative in any meeting with other health care professionals where the patient's plan of care is assessed or may be modified.
- Supervise a physical therapy aide performing patient-related tasks.

Insurances

- ▶ A physical therapy assistant is **NOT** allowed to treat patients with the following insurances:
 - InTotal
 - Tricare
 - GEHA

Percentage of Supervision

▶ During the initial 90 days:

- The physical therapist will provide 30% DIRECT and INDIRECT supervision weekly of the physical therapist assistant's work week.
- **DIRECT** Supervision should be ***no less than 20%***
Ex. 30 hour work week = 6 hours of DIRECT supervision
- **INDIRECT** Supervision should be ***no less than 10%***
Ex. 30 hour work week = 3 hours of INDIRECT supervision

* Note: Physical therapist will make a note on the supervision timesheet that the physical therapist assistant is within their initial 90 day period.

Percentage of Supervision

▶ AFTER the initial 90 days:

- The amount of supervision can be adjusted if the supervising physical therapist determines the physical therapist assistant has met appropriate competencies and skill levels with a variety of medical and treatment diagnoses.
- Provide 20% supervision weekly of the physical therapist assistant's work week
 - Recommended: 10 % Direct and 10 % Indirect
- A **minimum of 1 hour** of DIRECT supervision weekly and as much INDIRECT supervision as needed to facilitate the delivery of quality services must be maintained.

Supervision Guidelines (after initial 90 days)

- ▶ If a PTA has a caseload of 1-5 hours/week then up to 1 hour of supervision may be provided per week.
 - ▶ If a PTA has a caseload of 5-10 hours/week then up to 2 hour of supervision may be provided per week
 - ▶ If a PTA has a caseload of 10-15 hours/week then up to 3 hour of supervision may be provided per week.
 - ▶ If a PTA has a caseload of 15-20- hours/week then up to 4 hour of supervision may be provided per week
 - ▶ If a PTA has a caseload of 20-25 hours/week then up to 5 hour of supervision may be provided per week
 - ▶ If a PTA has a caseload of 25-30 hours/week then up to 6 hour of supervision may be provided per week
- * **HALF of the supervision hours should be DIRECT supervision.**
- * **Any time above these guidelines will NOT be honored unless pre-approved by the Director of Clinical Services.**

Supervision Accountability

- ▶ Director of clinical services may request occasional meetings with the supervising physical therapist and/or physical therapist assistant.
- ▶ 30-60 minutes worth of email should be a substantial amount of communication.
- ▶ A 60 minute meeting should be recorded with meeting minutes.
- ▶ **Falsification of supervision time is a violation of the Virginia Board of Physical Therapy, Department of Health Professions, as well as Achieve Beyond Policy.**

If you are out....

- ▶ Any supervising physical therapist who will **NOT** be able to supervise a physical therapist assistant for 1 week or more will need to:

Inform the physical therapist assistant of the planned absence and make other arrangements for the physical therapist assistant's supervision of services while their supervisor is unavailable.

Supervision Timesheet

- DUE at the end of every month to the Director of Clinical Services via email or hardcopy.
- Ongoing supervision must always include documentation of DIRECT supervision provided by the physical therapist to the physical therapist assistant.
 - * *Fill out Comments/Suggestions/Activities when completing DIRECT supervision.*
- Make note on your Supervision Timesheet that the physical therapist assistant is within their initial 90 day period and therefore a total of 30% supervision is required.

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CLINICAL SUPERVISION NOTES & TIMESHEET

Supervisor Name: _____ SLP/ OT/ PT (circle one)
 Assistant Name: _____
 Supervision Month: _____ Supervisor Signature/Credentials _____

Date of Service: _____ Start Time: ___ AM / PM – End Time: ___ AM / PM Type (circle one): Direct / Indirect	Date of Service: _____ Start Time: ___ AM / PM – End Time: ___ AM / PM Type (circle one): Direct / Indirect
<u>Activities</u> <u>Observations/Suggestions</u> <u>Comments:</u> My supervisor provided me with constructive feedback, and answered any questions I had about the above note. Assistant Signature: _____	<u>Activities</u> <u>Observations/Suggestions</u> <u>Comments:</u> My supervisor provided me with constructive feedback, and answered any questions I had about the above note. Assistant Signature: _____
Date of Service: _____ Start Time: ___ AM / PM – End Time: ___ AM / PM Type (circle one): Direct / Indirect	Date of Service: _____ Start Time: ___ AM / PM – End Time: ___ AM / PM Type (circle one): Direct / Indirect
<u>Activities</u> <u>Observations/Suggestions</u> <u>Comments:</u> My supervisor provided me with constructive feedback, and answered any questions I had about the above note. Assistant Signature: _____	<u>Activities</u> <u>Observations/Suggestions</u> <u>Comments:</u> My supervisor provided me with constructive feedback, and answered any questions I had about the above note. Assistant Signature: _____

Page ___ of ___
Total Supervision Hours _____

Clinical Competency



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90 Day Competency Evaluation

Therapist: _____ Date: _____ Date of Hire: _____

Evaluator: _____ Discipline: _____

Professionalism

Therapist showed up on time for session	YES	NO
Therapist introduced herself/himself and/or clearly communicated their role as a therapist to parent(s) or caregiver(s)	YES	NO
Therapist was dressed appropriately and professionally when working with client	YES	NO
Therapist was well prepared and equipped for session (gathered or set up appropriate therapy materials)	YES	NO
Therapist adhered to safety regulations and used sound judgment in regard to safety of self and others during treatment	YES	NO

Score (# of Yes): ___/5

Policy/Procedures

Therapist provided treatment within authorized duration (i.e. 30 min/45 min/60 min)	YES	NO
Therapist discussed with parent or caregiver(s) any clinical changes and/or updated information since evaluation (i.e. changes in medical status; changes in concerns)	YES	NO
Therapist discussed with parent(s) or caregiver(s) administrative changes and/or updated information since evaluation (i.e. changes in address; phone number)	YES	NO
Therapist confirmed next appointment before ending the session	YES	NO
Therapist completed Demographic portion of treatment session note before giving it to parent(s) or caregiver(s) to sign (i.e. Client's name/DOB/address/etc.)	YES	NO

Score (# of Yes): ___/5

Treatment Notes

Treatment note is legible	YES	NO
Treatment note was completed in black or blue ink	YES	NO
Therapist included Date of Session and Start time/End Time	YES	NO
Therapist included Name and Title of provider	YES	NO
Therapist received signature from parent or caregiver at the end of treatment session	YES	NO

Score (# of Yes): ___/5

Clinical Skills

Therapist built rapport with client prior to beginning therapy.	YES	NO
Therapist used teaching techniques appropriate to the principles of the discipline	YES	NO
Therapist included parent(s) or caregiver(s) interaction during therapy	YES	NO
Therapist discussed therapy goals and plans with parent(s) or caregiver(s)	YES	NO
Therapist addressed goals outlined in assessment/evaluation	YES	NO

Score (# of Yes): ___/5



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Annual Competency Evaluation

Therapist: _____ Date: _____ Date of Hire: _____

Evaluator: _____ Discipline: _____

Professionalism

Therapist showed up on time for session	YES	NO
Therapist introduced herself/himself and/or clearly communicated their role as a therapist to parent(s) or caregiver(s)	YES	NO
Therapist was dressed appropriately and professionally when working with client	YES	NO
Therapist was well prepared and equipped for session (gathered or set up appropriate therapy materials)	YES	NO
Therapist adhered to safety regulations and used sound judgment in regard to safety of self and others during treatment	YES	NO

Score (# of Yes): ___/5

Policy/Procedures

Therapist provided treatment within authorized duration (i.e. 30 min/45 min/60 min)	YES	NO
Therapist discussed with parent or caregiver(s) any clinical changes and/or updated information since evaluation (i.e. changes in medical status; changes in concerns)	YES	NO
Therapist discussed with parent(s) or caregiver(s) administrative changes and/or updated information since evaluation (i.e. changes in address; phone number)	YES	NO
Therapist confirmed next appointment before ending the session	YES	NO
Therapist completed Demographic portion of treatment session note before giving it to parent(s) or caregiver(s) to sign (i.e. Client's name/DOB/address/etc.)	YES	NO

Score (# of Yes): ___/5

Treatment Notes

Treatment note is legible	YES	NO
Treatment note was completed in black or blue ink	YES	NO
Therapist included Date of Session and Start time/End Time	YES	NO
Therapist included Name and Title of provider	YES	NO
Therapist received signature from parent or caregiver at the end of treatment session	YES	NO

Score (# of Yes): ___/5

Clinical Skills

Therapist built rapport with client prior to beginning therapy.	YES	NO
Therapist used teaching techniques appropriate to the principles of the discipline	YES	NO
Therapist included parent(s) or caregiver(s) interaction during therapy	YES	NO
Therapist discussed therapy goals and plans with parent(s) or caregiver(s)	YES	NO
Therapist addressed goals outlined in assessment/evaluation	YES	NO

Score (# of Yes): ___/5

Clinical Competency


▶ Initial / 90-Day Clinical Competency:

- To be completed within 30 days of hire for every physical therapist assistant.
- Due by the end of the month with timesheet.
- To be completed by the supervisor.

▶ Annual Competency Evaluation:

- To be completed annually for every physical therapist assistant.
- Due by the end of the month with timesheet.
- To be completed by the supervisor.

Documentation

- ▶ The assigned supervising physical therapist will co-sign all formal documentation (i.e., progress reports) and informal documentation (i.e., superbills).
 - ▶ ALL daily superbills **MUST** have a supervisor's signature due by the end of the week (at the latest), or same day of services (if possible) so billing will not get delayed.
 - ▶ Documentation of ALL supervisory activities both **DIRECT** (supervision notes) and **INDIRECT**(timesheet), must be accurately recorded.
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Daily Progress Report Note

Location of Service: (Must Check One)		Fairfax, Virginia	11240 Waples Mill Rd, Suite # 101	22030	(Tel)	703-237-2219 F: 703-237-2729
		Woodbridge, Virginia	14130 Noblewood Plaza, Suite # 301	22193	(Tel)	571-402-7550 F: 703-237-2729



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Pediatric Therapy & Autism Services

Patient:		Service Date:	
DOB:	Start Time	End Time	
	AM/PM		AM/PM
Parent / Guardian Signature & Printed Name			
Therapist Name:	Supervising Therapist Name:		

SPEECH THERAPY SERVICES	CODE	UNITS	PHYSICAL THERAPY SERVICES	CODE	UNITS	OCCUPATIONAL THERAPY SERVICES	CODE	UNITS
Speech Feeding Initial Evaluation	92610		Physical Therapy Initial Evaluation	97001		Occupational Therapy Initial Evaluation	97003	
Speech Fluency Evaluation	92521		Physical Therapy Re-Evaluation	97002		Occupational Therapy Re-Evaluation	97004	
Speech Sound Production Evaluation	92522		Physical Therapy Treatment	97110		Occupational Therapy Treatment	97530	
Speech Sound Production w/ Language Comprehension & Expression Evaluation	92523		NeuroMuscular Re-Education	97112				
Behavioral/Qualitative Analysis of Voice/Resonance	92524		Aquatic Therapy / Exercise	97113		OTHER	CODE	UNITS
Speech Therapy Treatment	92507		Gait Training (includes stair climbing)	97116		No Show	NS	
Speech Feeding Treatment	92526		Massage Therapy	97124		Child Absent	CA	
			Physical Medicine Procedure	97139		Therapist Absent	TA	
			Manual Therapy	97140				

SUBJECTIVE: Makeup for cancellation on _____ (date) Cancellation: _____ LESS than 24 hours _____ In advance

Session Participants: _____ **Mood/Behavior:** _____

Update since last session: _____

OBJECTIVE:
Goals Addressed: _____ **Strategies/Intervention Used:** _____

ASSESSMENT:

PLAN:
Recommendations: _____ **Continue Services:** _____ **Discharge Services:** _____
Decrease Services: _____ **Increase Services:** _____

Diagnosis/ICD-10	Code 1	Code 2	Place of Service:	Tax ID 25-1878085
			Office	

Therapist Signature and Credentials	Parent/Caregiver Interaction During Therapy: (mark all that apply)
	<input type="checkbox"/> Discussed and showed session activity <input type="checkbox"/> Parent tried activity; Therapist assisted <input type="checkbox"/> N/A (Cancelled Session)
Supervising Therapist Signature and Credentials	Parent/Caregiver Communication: _____

Assistants
sign here →

Supervisors
sign here →

Documentation

- ▶ Superbills **MUST** be filled out in BLACK or BLUE ink only.
- ▶ Superbills can have the following prefilled:
 - Child'd demographic information (i.e., name, DOB)
 - Service date
 - Objective (i.e., goals addressed, strategies, interventions used).
 - Diagnosis/ICD-10 code(s)

Note: ICD-10 codes will be found on the evaluation and treatment codes are listed primarily if 2 are available if not then one treatment code and a medical code.

- Superbills **MUST** be signed by the parent/caregiver at the END of the session.
- Superbills **MUST** be completed **DURING** the session. Parents **CAN NOT** sign a blank superbill.

Progress Reports


- ▶ Physical therapist assistant and supervising physical therapist will be notified via email 30 days prior by the insurance case manager when a progress report is due.
- ▶ All progress reports need to be emailed to the supervising physical therapist at least one week in advance before the due date for review. This will allow time to read, collaborate, revise, and modify prior to final submission.
- ▶ Physical therapist will sign under the physical therapist assistant at the end of the progress report.

* See template in training binder and on the online forms website.
<http://achievebeyondusa.com/index.php/component/content/article?id=248>

First Name Last Name, Credentials
Physical Therapist Assistant
Virginia License #0000000000
Achieve Beyond

First Name Last Name, Credentials (supervisor)
Physical Therapist
Virginia License #0000000000
Achieve Beyond

REFERENCES

- VA Dept. of Health Professions (Virginia Board of Physical Therapy)
 - American Physical Therapy Association (APTA). "Direction and supervision of the physical therapist assistant" HOD P06-05-18-26
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THANK YOU!

Questions? Please contact:

Director of Clinical Services: Sheryl K. Goncalves, DPT, PT
shgoncalves@achievebeyondusa.com

Office Manager: Laura Nicol
lnicol@achievebeyondusa.com