



D.C. Board of Occupational Therapy

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YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

Board of Occupational Therapy Processing Department
717 14th Street, NW
Suite 600
Washington, DC 20005



Government of the District of Columbia
Adrian M. Fenty, Mayor



Summer 2010

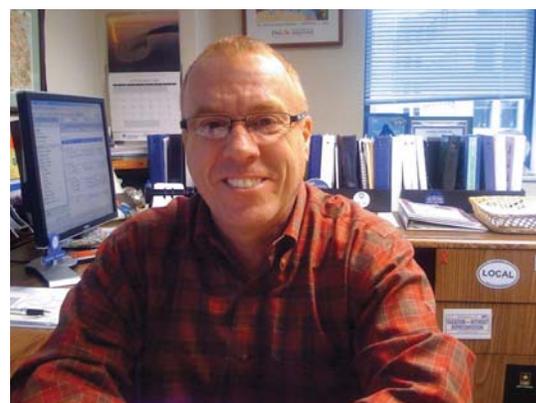
LETTER FROM THE CHAIR

Greetings. Welcome to the 4th edition of the District of Columbia Board of Occupational Therapy newsletter. This newsletter is published yearly and will continue to be our primary means of communication with all DC licensed Occupational Therapists (OTs) and Occupational Therapy Assistants (OTAs).

In this issue you will see bios for our two new members of the Board, Tracey Ellis and Roxanne Arneaud. Both have many years of experience and will bring fresh energy to the Board. We continue looking for a public member. If you have any recommendations please let me know. All candidates must be residents of the District of Columbia and CANNOT be a healthcare practitioner. Due to last year's HORA [District of Columbia Health Occupations Revision Act] changes, the 5th member of the Board is a Recreation Therapist. The Board is now responsible for the regulation of DC Recreation Therapists and Dance Therapists.

The Board meets at least four times every year, in January, April, July, and September. We meet the third Monday of the month at 3:30 pm in the 10th floor conference room at 717 14th Street, NW. Anyone is invited to attend the meetings. We will meet at other times, if the need arises. The Board members do go into the office on a regular basis to review any pending applications. Rest assured that we do not do this just once every 3 months!

The Board continues to host two Town Hall meetings a year. The winter 2010 Town Hall is featured in this newsletter. Please save the date **WEDNESDAY, OCTOBER 20th at 5:30pm;** Florence Clark, PhD, OTR/L, FAOTA, the AOTA President, will be presenting. The Board's primary responsibility is to protect the public. To that end, there have been two investigations since the last newsletter, one case has been closed (see elsewhere in this newsletter) and the other remains in negotiation. The Board takes all complaints very seriously and a thorough investigation is conducted by the HPLA investigators. If you have a complaint against an OT or OTA licensee, please do not hesitate to contact Ms. Mavis Azariah, the OT Board's health licensing specialist. She will provide you with the necessary information to file a formal complaint. Her email address is mavis.azariah@dc.gov and her phone number is (202) 442-4782.



Frank E. Gainer, MHS, OTR/L, FAOTA

(continued on page 2)

REMINDER: YOUR CURRENT LICENSE WILL EXPIRE ON SEPTEMBER 30, 2011

Upcoming Board Meetings

2010 BOARD MEETING DATES TBA.

Contact Gabrielle Schultz at (202) 724-8739 or gabrielle.schultz@dc.gov.

Location: 717 14th St., NW, 10th Floor, Washington, DC 20005
Open Session is at 3:30 pm.

Verification of Licensure

Licensing authorities and some health facilities often require a letter of verification of the licenses you currently hold or have held in the past. These letters of verification are sometimes called "letters of good standing," even though your DC license may have expired.

If the jurisdiction or institution to which you wish the letter sent gave you a form, simply forward the form, with a check or money order payable to "DC Treasurer" in the amount of thirty-four dollars (\$34.00) to:

DC Board of Occupational Therapy
717 14th Street, NW
Suite 600
Washington, DC 20005

Be sure to include your name and the address where the form is to be sent on the form.

If the jurisdiction or institution did not give you a form, send the payment referenced above and a short note requesting a letter of verification. The note should include your name, and the name and address of where you want the letter of verification sent.

Letter from the Chair (continued from page 1)

An important reminder: if you are a new graduate and have taken the national certification examination and failed, you must stop practicing immediately. There is a \$2,000 fine for practicing without a license.

The Board is in the process of reviewing the rules and regulations. It has been several years since the rules were revised. The Board is focusing on clarifying the supervision requirements and responsibilities of Occupational Therapy Assistants and Occupational Therapy Aides. You will have the opportunity to provide feedback on the proposed rules revisions. Once this process has been completed, we will address the Application submission process. We will look at further streamlining the process.

A recent random CE audit was completed on about 20% of the license renewals. The vast majority had no problems. However, about a dozen individuals hadn't completed the necessary number of contact hours. It is important that you develop a tracking system to make sure you keep track of the CE requirements.

I appreciate your constructive feedback. Please feel free to e-mail me at fgainer@aota.org. I would also like to hear what topics you think should be included at future Town Hall meetings.

Thank you.

Frank E. Gainer, MHS, OTR/L, FAOTA
Chairperson
DC Board of Occupational Therapy

FREQUENTLY ASKED QUESTIONS

What is the time frame for processing the OT application in the District of Columbia?

All applications must be reviewed and either approved or disapproved by the DC Board of Occupational Therapy. The only applications that will come before the Board are ones deemed complete and are ready for Board review and approval. Once the Health Professional Licensing Administration (HPLA) processing center has determined an application is complete, they will then forward it to the OT Health Licensing Specialist. Once in receipt of the application, the Health Licensing Specialist will review the application for completeness and, if it is complete, that application will be placed on the agenda for the next available Board meeting or a Board member will be asked to come in to review the application.

It takes approximately 2 weeks for a license to be approved after the Licensing Specialist receives the application. Once approved, a new licensee would receive his or her license in the mail within 7-10 business days of the date of approval.

Can I apply for a Temporary License in the District of Columbia?

The Occupational Therapy Board in the District of Columbia does not issue temporary licenses. The Board however has in place a **Supervised Practice Form** whereby an applicant can work only for **60 days** under a licensed Occupational Therapist in the District while their application is being processed at HPLA. Once a license is approved by the Board and issued, the Supervised Practice Form becomes invalid. Please note applicant will have to stop working if his or her license is not issued by the 60 day deadline or the supervisor will face disciplinary action by the Board.

CONTINUING EDUCATION (CE) REQUIREMENTS ONLINE: To obtain a copy of the CE requirements for Occupational Therapists and Occupational Therapy Assistants practicing in the District, go online at: www.hpla.doh.dc.gov. Click Professional Licensing Boards/Registrations, then click Occupational Therapy, and click DC Municipal Regulations.



Tracey E. Ellis, MPH, OTR/L

MEET OT BOARD MEMBER TRACEY E. ELLIS, MPH, OTR/L

"I think there is a great deal of interpretation in the profession with respect to supervision. I'm very interested in helping to define the roles of rehab assistants and rehab aides as they relate to OT practice in order to provide licensees with clear guidelines for practice, and in order to protect the consumer."

When were you appointed to the Board?

I was formally appointed to the board on October 26th, 2009.

Why and how did you first get involved with the Board? What sparked your interest in serving as a Board member?

[OT Board Chairperson] Frank Gainer suggested that I might be interested in serving, and asked me to come to a meeting to see what goes on and how things work. I was really impressed by the team of professionals who come together to bring integrity to the practice of OT in the District, while keeping therapists and consumers well informed and safe.

Is there any aspect of your service as a Board member thus far that has surprised you (or has the experience been what you expected it to be)?

I'm still getting my feet wet!

Frank is a fantastic mentor, and has taught me a great deal. There are so many facets to the Board and its operations. I'm always amazed at the amount of legal intervention that is required for 'business as usual'. We have an attorney, an investigator, leadership, and administrative input, in addition to the OT input. Lots of people are working to keep the Board in action. We do more than just review license applications!

What issues, related to the regulation of your profession, interest you most?

I think there is a great deal of interpretation in the profession with respect to supervision. I'm very interested in helping to define the roles of rehab assistants and rehab aides as they relate to OT practice in order to provide licensees with clear guidelines for practice, and in order to protect the consumer.

What challenges lay ahead for the Board?

I believe a challenge for the entire rehab community will be adjusting

to a new system of healthcare. Big changes always create a need for flexibility and patience.

Is there anything about the District of Columbia or the DC population that poses a unique challenge to your profession?

The transitional nature of DC poses a challenge for our profession, as many people are only here for a year or two. Additionally, many of the practitioners licensed in the District live in Maryland or Virginia. Both of these factors, time and space, affect the 'sense of community' that can propel an organization forward.

What would you tell someone who is thinking about applying to serve on your Board?

Serving on the Board gives you an opportunity to serve your community, to see and affect change in [regard to] the inner workings of the legislation that drives our practice, and to be a voice for our profession, not only within our own OT community, but the larger DC community as well.

SERVE ON THE BOARD

OTs: Promote quality care in the community, and preserve the high standards of the our profession.

CONSUMERS: A dedicated and mindful member of the general public is needed to serve on the board. To begin the application process, contact OT Board Chair Frank Gainer by email at: fgainer@aota.org. Please email your name and contact information.

APPLICANTS MUST BE RESIDENTS OF THE DISTRICT OF COLUMBIA.

NEW BOARD MEMBER TO BE SWORN IN

Ms. Roxanne J. Arneaud, Esq., OTR/L has been nominated to serve on the District of Columbia Board of Occupational Therapy, and currently awaiting final confirmation. A native from Queens, NY, Ms. Arneaud attended Howard University where she graduated with a Bachelor of Science in Occupational Therapy. Her last internship was at Greater Southeast Community Hospital where she was hired as an entry-level Occupational Therapist in 1999. At Greater Southeast Community Hospital, Ms. Arneaud worked in acute care and on the rehabilitation unit. While working full-time at Greater Southeast, Ms. Arneaud also started to work part-time in the evenings with Americare Home-Health Agency. In 2001, due to a merger, Ms. Arneaud had transferred to Hadley Memorial Hospital. At Greater Southeast Community Hospital and Hadley Memorial Hospital, Ms. Arneaud was a clinical instructor to Level I and Level II students.

In 2002, Ms. Arneaud had applied and was accepted to the University of Baltimore School of Law. By 2004, Ms. Arneaud had left Hadley Memorial Hospital and was employed with an agency. Through the agency, Ms. Arneaud contracted with facilities such as Providence Hospital, Carroll Manor Skilled Nursing Facility, and Ingleside Rock Creek Manor. In 2006, Ms. Arneaud completed law school and graduated from the University Of Baltimore School of Law with a concentration in Family Law.

Currently, Ms. Arneaud is employed at Amedisys/Tender Loving Care Home Health Agency where she has been employed for the last four years serving homebound clients in Washington, DC. Furthermore, Ms. Arneaud is also a member of the Maryland Bar and is employed part-time with a law office representing landlords in landlord/tenant cases in Montgomery County, MD.



Roxanne Arneaud, Esq, OTR/L

WELCOME NEW LICENSEES!

OCCUPATIONAL THERAPISTS

WELCH, LISA

BENNETT, JENNIFER M

JOHNSON, CHRISTOPHER R

FEINSTEIN, RACHEL E

LANE, MELISSA A

JABAUT, JOSHUA M

BRINE, KERRY E

ALDEN, JESSICA M

FOX, AMY P

NATALE, KRISTIN M

MCTAVISH, JOANNE M

COSGROVE, MEGHAN E

ROBINSON, DEANDREA

MANUEL, JUDITH G

WINOKER, MAYA S

FITZGERALD, JENNIFER L

GOLSTON, LATASHA R

HELDMAN, COURTNEY B

KNAB, MARIA E

MAJOCHA, AUDRA E

VANCE, TAKEISHA M

STEINBERG, RICHARD I

MARVIN, ALLYSON S

BRAGANZA, AZENITH Q

TWARDZIK, MELISSA A

LETSCHIN, KRISTINE M

SHEDLOCK, JENNIFER C

LLOYD, HANNAH R

ALLEN, ASHLEY J

CRIDLAND, CHRISTINE M

LICUANAN, LOURDES ANNE M

WISEMAN, LYNSEY R

YU, BRYAN K

TALAVERA, DESTINEE A

BENDER, CHRISTINE A

MATTHEWS, SARAH A

VITTNER, DEBORAH L

PUGLIESE, BRIANNE C

MICHELS, LAURA J

TORN, MELISSA J

GETTIER, MINDY R

BERGSTEIN, LAUREN M

VO, MINDEE T

TOLCHIN, LISA R

BEDDIA, DANIELLE A

SWANSON, SHAWN L

SEMLER, DEBORAH

ROSS, PHYLLIS R

DAVIS, TRACEY L

BAUGHER, ELIZABETH M

PATEL, NEEHA C

GORSKI, JENNY P

MURDOCK, MORGANN W

BARDEN, SARAH E

JONES, LESHIA N

MOODLEY, VANESHREE

BOYCE, MEGAN E

KIDD, HEATHER M

ARORA, KAVITA

YEO, VIRGINIA B

SIMMONS, TANESHA N

KAMENSTEIN, SHELBY L

SEAMANS, NATALIE D

MILLER, MELISSA L

BORDERS, EMILY A

MOYNIHAN, SARAH E

KRAMP, CAROL E

PRITT, SARA E

MICHELITCH, TARYN R

SANGSTER, KATE R

OCCUPATIONAL THERAPY ASSISTANTS

SKINNER, CARRIE L

CHANNELL, CYNTHIA J

BARNETT, MIRANDA D

SHEPHERD, JOSEPH S

WILLIAMS, JACQUELINE L

HONESTY IS THE BEST POLICY: REPORTING DWIs, DUIs, AND OWIs

by Melissa Musiker, MPP, RD, LD, Consumer Member of the Board of Medicine

According to a 2009 National Highway Transportation Safety Administration report, in 2008, an estimated 11,773 people died in drunk driving crashes involving a driver with an illegal Blood Alcohol Content (0.08 or greater). These deaths constitute 31.6 percent of the 37,261 total traffic fatalities in 2008. There are increasing reports of people who think “driving while buzzed” is not as dangerous as driving while intoxicated. This is not the case. In Washington, DC any amount of drinking and driving can be cause for legal action.

Washington, DC has three different types of “drunk driving” violations:

- 1. Driving While Intoxicated (DWI)** is the act of operating or being in physical control of a motor vehicle with a blood alcohol level of 0.08 or higher.
- 2. Driving Under the Influence (DUI)** is the act of operating or being in physical control of a motor vehicle “under the influence of alcohol” and this can mean a blood alcohol level as low as 0.05 or if you show that you are impaired by alcohol to an “appreciable degree.”
- 3. Operating While Impaired (OWI)** is the act of operating or being in physical control of a motor vehicle while you are so affected by the consumption of alcohol that it impairs your ability to operate a motor vehicle in the same way a reasonably careful and prudent driver, not so impaired, would operate a vehicle in similar circumstances.

**IMPAIRED OPERATION OF A VEHICLE:
PLEASE NOTE THAT, IN ADDITION TO ALCOHOL,
IMPAIRMENT CAN ALSO BE CAUSED BY
LEGALLY-OBTAINED MEDICATIONS
OR ILLEGAL SUBSTANCES.**

CRIMINAL BACKGROUND CHECK FOR NEW APPLICANTS

BEGINNING IN 2010, EACH NEW APPLICANT FOR A HEALTH CARE LICENSE, REGISTRATION OR CERTIFICATION WILL NEED A CRIMINAL BACKGROUND CHECK AS PART OF THE LICENSURE PROCESS. THE NEW RULES ARE SET FORTH IN TITLE 17 OF THE DISTRICT OF COLUMBIA MUNICIPAL REGULATION CHAPTER 85. THE COST WILL BE FIFTY DOLLARS (\$50) PAYABLE AT THE TIME THE APPLICATION IS SUBMITTED. APPLICANTS WILL NEED TO START THE PROCESS BY GOING TO THE DC METROPOLITAN POLICE DEPARTMENT TO HAVE THEIR FINGERPRINTS TAKEN OR, IF APPLYING FROM OUT-OF-STATE, BY OBTAINING A FINGERPRINT CARD FROM THE DC HEALTH REGULATION AND LICENSING ADMINISTRATION AND HAVING THEIR FINGERPRINTS TAKEN AT THE LOCAL OR STATE POLICE AGENCY. THE FBI WILL REQUIRE 48 HOURS TO CONDUCT THE CRIMINAL BACKGROUND CHECK. ADVERSE INFORMATION WILL BE REVIEWED BY THE OT BOARD.

WHEN YOU MOVE (OR CHANGE YOUR NAME): Licensees sometimes forget to inform the Board of Occupational Therapy when they move or change names. If we do not have your current address, you may not receive your renewal mailing because we may send it to your former address. ALL NAME AND ADDRESS CHANGES MUST BE SUBMITTED IN WRITING TO OUR OFFICE WITHIN 30 DAYS OF THE CHANGE. Please include your name, address, Social Security number, and license number, if you know it. If you have a name change, you must also enclose a copy of your certificate of marriage, divorce decree, or court order that authorizes the change. Fax your request to (202) 727-8471, or mail your name and/or address change to: DC Board of Occupational Therapy, Processing Department, Address/Name Change, 717 14th Street, NW, Suite 600, Washington, DC 20005.

Most people are probably familiar with DWI and DUI, however they may not be aware of the OWI law in DC. One need not have an illegal BAC or fail a field sobriety test to be convicted of an OWI. OWI is the easiest of the three types of “drunk driving” violations for a prosecutor to prove and as a result the penalties for an OWI conviction are lighter than those for a DUI or DWI.

Question 7b on the application for licensure asks if you have ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations). Despite the low threshold for proof, an OWI conviction or investigation must be reported on your application for licensure. The Board takes an OWI conviction just as seriously as we would a conviction for a DWI or DUI. Answering “yes” to question 7b is not cause for automatic exclusion from licensure. Each application for licensure that has a “yes” to question 7b is reviewed individually. As always, honesty is the best policy.

DC BOARD OF OCCUPATIONAL THERAPY TOWN HALL MEETING



In March, the Board of Occupational Therapy (OT) held a Town Hall meeting, at Howard University Hospital, on the topic "Health Care Reform in 2010." American Occupational Therapy Association (AOTA) Federal Affairs Manager Tim Nanof, MSW, spoke about the public policy process and the issues at stake for OTs.

Because the program took place before the legislation had been signed into law, most audience members had one question: "Why is this taking so long?" Mr. Nanof asked, echoing the sentiment of many attendees.

He began by telling participants that his job is not to advocate the Republican or Democratic positions, but to "represent the interests of OT professionals and the clients we serve." As a lobbyist for AOTA, he goes to Capitol Hill to let all lawmakers know what provisions a bill should include for the benefit for the practice of OT.

REALITIES OF THE HEALTH CARE REFORM PROCESS

"The politics of this is fascinating," Mr. Nanof said. There were originally five different health care bills, he

said, crafted by five different committees on Capitol Hill.

"In the Senate, bills were written by the Health Education Labor and Pensions committee and the Finance committee; in the House, there were versions developed by the Education and Labor committee, the Energy and Commerce committee, and the Ways and Means committee." And, in addition to winnowing those five bills down to one bill, lawmakers dealt with another obstacle: "Senator Kennedy's passing slowed the process," Mr. Nanof said. "There was a leadership vacuum," but Senator Tom Harkin (D-Iowa) took over the leadership position.

The bills had been developed into a single bill by July, but Senate Majority Leader Harry Reid (D-Nevada) still wanted the public option (government-sponsored alternative to private health insurance), which never made it into the law.

MYTHS AND PROMISES

Mr. Nanof sought to dispel the myths about the legislation: "It was never a government take-over of

health care," and the talk about 'death panels' was absurd, he said. Another myth, he said, was the idea that reform would guarantee that insurance costs would not go up. Mr. Nanof used the recently-passed credit card legislation as an example of why insurance costs could go up: once the credit card legislation was passed, and credit card companies could no longer engage in high interest-rate price gouging, the credit card companies simply began raising the interest rates for everyone.

LEGISLATION SIGNED INTO LAW

The health care legislation signed by President Obama includes provisions to ensure that OT patients continue to receive critical services.

(See list of the Act's provisions on page 8.)

- The law extends the OT Medicare cap exception for one year.
- It includes OT in the mandatory benefits package, and
- There is protection in the law for the OT scope of practice.

"My job is not to advocate the Republican or Democratic positions, but to represent the interests of OT professionals and the clients we serve."



HEALTH CARE REFORM 2010



quality rehab to avoid the occurrence of readmission. This would create a situation, Mr. Nanof said, where acute care facilities could subcontract step-down services to themselves. This “bundling” is controversial with Long Term Care facilities and rehab centers.

One provision of the law which should be of concern for OTs, Mr. Nanof told town-hall attendees, is a program (established as a temporary demonstration program) created to rein high Medicare costs for hospital readmissions by bundling the acute and post-acute services, and placing them under the control of acute care hospitals.

Acute care hospitals would be responsible for finding

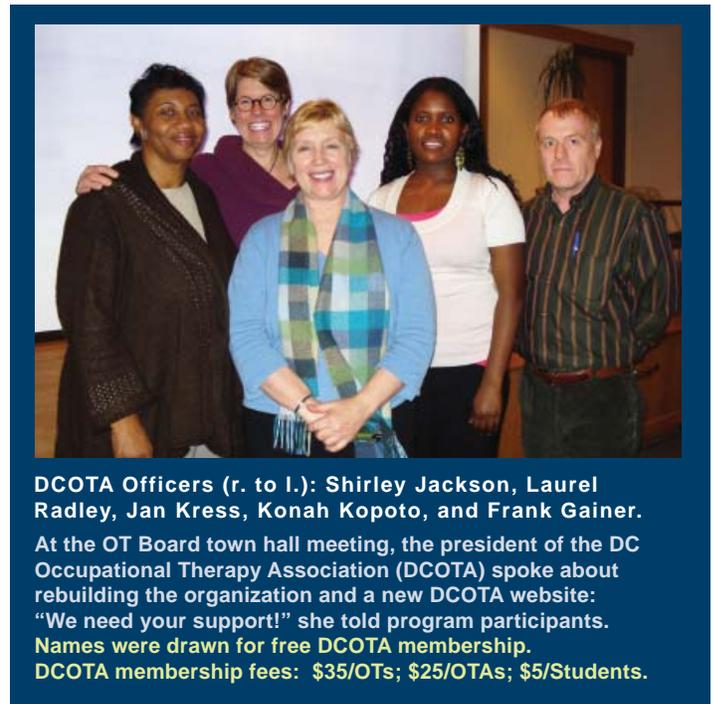
Another controversy which arose during the health care debate was health care coverage for illegal residents. The final legislation provides coverage for legal residents only. Coverage for illegal immigrants was a problem “that Congress agreed not to look at,” Mr. Nanof said.

The new law also: closed the “donut hole” in senior pharmaceutical coverage, and establishes a significantly higher tax on cigarettes and alcohol. On Capitol Hill, Mr. Nanof said, AOTA works hard to ensure that OT services get direct access Medicare coverage if other therapies, like physical therapy get direct access.

STAY INFORMED

Individuals wishing to stay informed about legislation and how it affects the practice of OT may go online to the health care reform hub at AOTA Legislative Action Center. There you can read bills, and review

press releases from both the Democratic and Republican parties. The Action Center tells you what is happening on Capitol Hill and what you can do in regard to contacting lawmakers. OTs may contact AOTA lobbyist Tim Nanof at: tnanof@aota.org



DCOTA Officers (r. to l.): Shirley Jackson, Laurel Radley, Jan Kress, Konah Kopoto, and Frank Gainer.
At the OT Board town hall meeting, the president of the DC Occupational Therapy Association (DCOTA) spoke about rebuilding the organization and a new DCOTA website: “We need your support!” she told program participants. **Names were drawn for free DCOTA membership. DCOTA membership fees: \$35/OTs; \$25/OTAs; \$5/Students.**



HEALTH CARE REFORM: PATIENT PROTECTION & AFFORDABLE CARE ACT (P.L. 111-148)

Below is an excerpt from AOTA's analysis of the health care legislation. "AOTA worked closely with both the House and Senate to maximize opportunities for occupational therapy while eliminating and minimizing the impact of any potentially negative proposals."—AOTA website

Therapy Cap Exceptions

Process: Provides for a 1-year extension to the current exception process for Medicare Outpatient Part B Therapy Services. This provision allows Medicare beneficiaries to get the medically necessary therapy services they need beyond the \$1,860 cap for 2010 on occupational therapy and an additional combined cap on physical therapy and speech-language pathology services.

Rehabilitation and Habilitation Required

Benefit Categories: Explicitly includes both rehabilitation and habilitation services as a required category in the mandatory benefits package under the reformed health care system. This inclusion recognizes the importance of these services, including occupational therapy and will reduce historic denials of coverage for occupational therapy deemed habilitative.

Protection of Occupational Therapy's Scope of Practice in Orthotics and Prosthetics:

Does NOT include harmful provisions proposed in the Senate Finance committee to change accreditation and reimbursement policy related to orthotics and prosthetics. AOTA worked closely with House and Senate offices to educate them about the role of occupational therapy in this area of practice and convinced Committee staff and the Senators involved that the proposal would harm beneficiary access to occupational therapy services they needed. They agreed to our position.

Medicare Post-Acute Care Bundling Proposal Improved:

AOTA advocacy reduced the scope of a proposal to bundle post-acute care payments and provide the funding and control to acute care hospitals. The ill conceived plan was intended to address the problem of unnecessary readmissions by improving care coordination. AOTA's advocacy, along with our partners, changed the proposal from full implementation to a pilot program requiring additional study as well as patient protections to include assessment of the proposal's impact on patient rehabilitation outcomes. AOTA will continue to monitor this proposal.

Study of Models of Direct Access for Outpatient Services:

AOTA worked with Senate leaders and Finance Committee staff to ensure that any proposals to allow direct access to outpatient services be extended to occupational therapy. The Senate included a proposal for the newly created Medicare Innovation Center to conduct a study on the impact of direct access to outpatient services on costs, quality and access. Because of AOTA's efforts occupational therapy is eligible for that proposed study.

Occupational Therapy Specific Workforce Provisions:

Specifically lists occupational therapy in all workforce sections of the bill providing occupational therapy practitioner with elevated recognition. Allows occupational therapy practitioners to compete for new training and education grant programs to be developed by the federal government to address future health care workforce issues.

Physician Quality Reporting Changes:

Extends through 2014 payments under the PQRI program, which provide incentives to providers, including occupational therapists who report quality data to Medicare. Creates appeals and feedback processes for participating professionals in PQRI. Beginning in 2014, physicians who do not submit measures to PQRI will have their Medicare payments reduced. Eligible providers not participating would be subject to an initial 1.5 percent reduction of Medicare payments in 2015 and a 2 percent reduction in 2016 and subsequent years.

Insurance Market Reforms:

Includes important insurance related provisions such as the elimination of discrimination based on health status, a prohibition on pre-existing condition exclusions (including an implementation of an immediate ban on exclusions for children), guaranteed issue and renewal requirements, elimination of rescission of benefits except in the cases of fraud or misrepresentation and the elimination of annual and lifetime caps.

CLASS Act: Includes the Community Living Assistance Services and Supports (CLASS) Act, a new actuarially sound, premium-based, optional national long term services insurance program to help adults with severe functional impairments to remain independent, employed, and a part of their communities, without having to impoverish themselves to become eligible for Medicaid. Individuals may voluntarily opt out of this program.

Improved Patient Protections:

Includes patient protections requiring plans allow enrollees to select their primary care provider from any available participating primary care provider (pediatrician, Ob/Gyn, Gerontologist, etc...); precludes the need for prior authorization or increased cost-sharing for emergency services, whether provided by in-network or out-of-network providers. Includes provider non-discrimination language AOTA worked to include with the PARCA Coalition. AOTA worked closely with Senator Cardin (D-MD) on inclusion of these provisions.

Wellness Programs:

Authorizes an appropriation to give employees of small businesses access to comprehensive workplace wellness programs.

Community Health Centers:

Provide for \$15 billion of increased funding for Community Health Centers in all 50 states and territories.

Mental Health

Improvements: Includes Mental Health and Substance Abuse services under the required benefits categories for all new health plans under the reformed system. Expanded funding.

High Risk Pools: Creation of a high-risk pool to provide immediate assistance to those currently uninsured with pre-existing conditions before insurance market reforms are implemented.

BOARD ORDERS

(January 2010-June 2010)

PUBLIC ORDERS

Revocation

Sheri Present. The OT's license was revoked for 5 years for unlicensed practice in another jurisdiction, fraudulently or deceptively attempting to obtain a license, amongst others.

NON-PUBLIC ORDERS

Consent Orders: 7

Seven licensees failed the OT Continuing Education Audit. They were each fined \$250.

LICENSEES: HELP US TO STAY IN TOUCH WITH YOU!

THE OT BOARD NEEDS YOUR EMAIL ADDRESS.

Send us your email address so that we will be able to deliver the newsletter electronically.

PLEASE SEND AN EMAIL TO
MAVIS.AZARIAH@DC.GOV

Please provide your full name and license type. Place "OT NEWSLETTER" in the subject line.

PUBLIC VS. NON-PUBLIC DISCIPLINE

Public Discipline: Disciplinary actions that are reported to the National Practitioner's Data Bank and viewed at <http://app.hpla.doh.dc.gov/weblookup/>.

Non-Public Discipline: Disciplinary actions that constitute an agreement between the Board and the licensee and, if complied, are not made public.

EXPEDITE YOUR LICENSE

Make sure to have your entire application filled out and signed. Provide official court documents of final case dispositions for any felonies or misdemeanors that you incurred (i.e., a defendant, in any state or country). Malpractice case dispositions should include a case number, jurisdiction, year, all the defendant names, all plaintiff names, a brief summary of the case, and final disposition, such as judgment dollar amount, dismissed with or without prejudice, or settlement dollar amount—this information must be sent with your application.

INDIVIDUALS WHO HAVE NOT RENEWED

(AS OF 4/28/10)

OT LICENSE

FARINAS, MARK V.

TOMITA, HAZEL T.

WEISER, SARA L.

KING, DEBORAH A.

BUTLER, ALPHONSO

PASTERNAK, JAN D.

BAILEY, TERRI B.

NOLAN, LINDA J.

GALLAGHER, HELEN C.

SAVOY, CAROL MUELLER

GILLIAM, AUDREY R.

OTA LICENSE

BEST, YOLANDA S.

ZENOBI, DANIEL J.

THIBODEAUX,

CATHERINE H.

ALDEN, JEANETTE D.

MALONE, KRISTEN E.

SANTANA, JOSEPH M.

DRAYER, JESSICA L.

FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed Occupational Therapist, simply write a letter that describes your complaint. The letter must be signed, and you should attach copies of any pertinent documents that you may have. The letter must also include your address, so we may contact you as necessary and notify you of any findings. You may fax the complaint to the Board at (202) 724-8677, or mail it to one of the addresses below.

You should mail the complaint to:

DC Board of Occupational Therapy
Suite 600
717 14th Street, NW
Washington, DC 20005

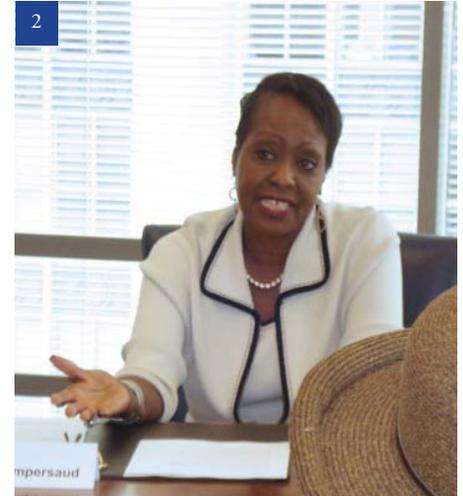
If your complaint alleges unlicensed activity:

Supervisory Investigator
Suite 1000
717 14th Street, NW
Washington, DC 20005

PLEASE NOTE: You can print a complaint form from our website at www.hpla.doh.dc.gov.

Please be advised that the health professional licensing boards do not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.

BOARD CHAIRS MEET WITH HOSPITAL ADMINISTRATORS AT DCHA



TO PROTECT OUR CITIZENS AND VISITORS

On July 14, 2010, Board Chairpersons and staff members from the Health Professional Licensing Administration (HPLA) met at the DC Hospital Association (DCHA) office to discuss the changes made in the HORA (Health Occupations Revision Act), and other items, with administrators from District of Columbia hospitals (human resource and compliance departments).

Topics included the DOs and DON'Ts of regulation, the purpose of licensure, the hiring process, in-service/in-house training, what the boards require, and reporting.

HPLA Board attorneys were on hand to answer questions, as well as Senior Deputy Director Feseha Woldu and Bonnie Rampersaud, Executive Director of the HPLA Boards of Allied and Behavior Health.

Bills passed in 2009:

"Practice of Occupational Therapy Amendment Act of 2009"

"Practice of Polysomnography Amendment Act of 2009"

"Practice of Professional Counseling and Addiction Counseling Amendment Act of 2009"

"Practice of Psychology Amendment Act of 2009"

"Practice of Dentistry Amendment Act of 2009"

"Practice of Podiatry Amendment Act of 2009"

"Practice of Massage Therapy Amendment Act of 2009"

"Practice of Nursing Amendment Act of 2009"

"Practice of Medicine and Naturopathic Amendment Act of 2009", and the

"Health Occupations Revision Act General Amendment Act of 2009."



Photos:

- 1) HPLA/DCHA meeting begins at DC Hospital Association Board Room.
- 2) Bonnie Rampersaud, Executive Director of the HPLA Boards of Allied Health and Behavioral Health.
- 3-4) District of Columbia Hospital Representatives.
- 5) HPLA Attorney Van Brathwaite, HPLA Attorney Tonia Bair, Occupational Therapy Board Chair Frank Gainer.



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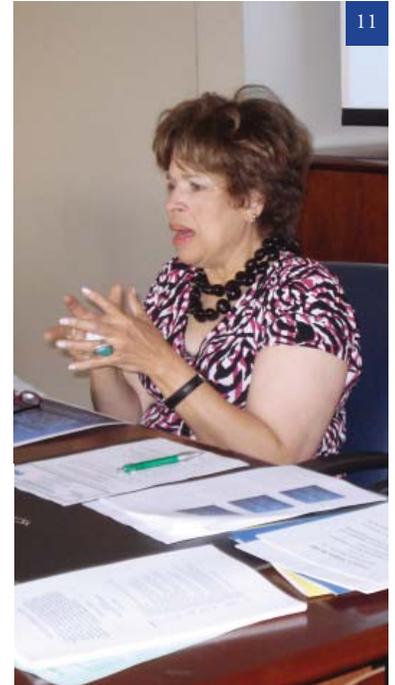
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- 6) Chair of the Board of Respiratory Care, Carolyn Williams.
- 7) Chair of the Board of Occupational Therapy, Frank Gainer.
- 8) Meeting Facilitator, Acting Chair of the Board of Social Work, The Honorable Arlene Robinson (Retired), with HPLA Senior Deputy Director Fescha Woldu.
- 9) Chair of the Board of Physical Therapy, Senora Simpson.
- 10) Chair of the Board of Professional Counseling, Victoria Sardi, with Health Licensing Specialist Gabrielle Schultz.
- 11) Chair of the Board of Psychology, Barbara Taylor Roberts.
- 12) DC Hospital Association Government Relations Analyst, Stephanie Jones.
- 13) District of Columbia Hospital Representatives.
- 14) Health Licensing Specialist Mavis Azariah, Health Licensing Specialist Fatima Abby, and Assistant Thelma Aboagye.



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D.C. BOARD OF
OCCUPATIONAL THERAPY
717 14th Street, NW
Suite 600
Washington, DC 20005

DC BOARD OF OCCUPATIONAL THERAPY
TOWN HALL MEETING



FEATURING FLORENCE CLARK, PHD, OTR/L, FAOTA

PRESIDENT OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA)
PROGRAM SPONSORED BY THE DC BOARD OF OCCUPATIONAL THERAPY, HOWARD UNIVERSITY
DEPARTMENT OF OCCUPATIONAL THERAPY, AND THE DC OCCUPATIONAL THERAPY ASSOCIATION.

Wednesday, October 20, 2010 * 5:30pm - 7:00pm

Howard University Hospital

HUH Towers Auditorium (Located behind the Main Hospital)

2041 Georgia Avenue, NW

(Metro: Green/Yellow Line at Shaw/Howard)

For additional information, please contact Frank Gainer at
fgainer@aota.org or (202) 210-5461.

CONTACT HOURS WILL BE AWARDED.



Government of the District of Columbia
Adrian M. Fenty, Mayor



Contact Information

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Occupational Therapy
717 14th Street, NW
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Washington, DC 20005

Phone number

(202) 724-8739

Fax number

(202) 727-8471

HPLA webpage

www.hpla.doh.dc.gov

DC Government website

www.dc.gov

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The District of Columbia
Board of Occupational Therapy**

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Chairperson

Tracey E. Ellis, MPH, OTR/L

Director, Department of Health
Pierre N.D. Vigilance, MD, MPH

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Executive Director

Bonnie Rampersaud

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Email: bonnie.rampersaud@dc.gov

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