

Vermont Occupational Therapy Association

Happy OT Month!

Time to Celebrate....



**Spring Quarterly
2018**

A great time to remember to renew or consider joining AOTA to help further our profession and gain access to valuable resources.

Share your knowledge with local media sources (newspaper, magazine, social media).

Consider a local event to help promote our profession.

Join our Facebook page: **Vermont Occupational Therapy Association** to keep in touch and share information.

Have clients share their testimonials of success with Occupational Therapy services. o

VOTA Officers:

- President: Caren Maslowsky
- Vice President: Karen Fiekers
- Secretary: Tabitha Davis-Barron
- Treasurer: Karen Downey
- Newsletter Chair: Kristen Jackson
- Membership Chair: Viki Delmas
- Legislative Chair: Todd Patterson
- Public Relations: Lesley Bardins
- RA Rep: Ela Dupont

Inside this issue:

2018 VOTA Conference RA Update	2
President Update	3
Graduate Survey	4
Medicaid 9 Block Tips from Sue Mason	5
Legislative Update	6
Our Mission	7



AOTA Vision 2025

Occupational Therapy maximizes health, well-being and quality of life for all people, populations and communities by providing effective solutions to facilitate participation in everyday living.

2018 Annual VOTA Conference

A big thank you to all who attended our 2018 VOTA Conference! Please view our website for Feeding Presentation link and more photos!

We are so grateful to all who attended and all who joined as members of VOTA this year!

We look forward to seeing you all again next year! Please consider being a presenter, exhibitor or sponsor next year!



Report from Karen Downey, OTR, VT RA to AOTA-

The online AOTA Representative Assembly (RA) "meeting" occurred during the week of March 26th, 2018. The RA will not meet in person at the 2018 AOTA Conference in Salt Lake City, Utah. A primary focus of the March RA was a discussion of the Role of the RA and ways to connect with the OT constituency to foster innovative ideas within AOTA. Check the AOTA website for new ways for members to connect. Also a document from the Council on Practice was approved defining The Role of the OT in Case Management. See AOTA for more specific information on this document.

Karen Downey, OTR, will be stepping down as the Vermont Representative to AOTA, and Ela Dupont, OTR, will be taking on this role. Ela is employed as an Administrator by Franklin Country Home Health Agency in St. Albans, and has just recently completed her MBA. Welcome Ela to the VT RA position!

Barbara Winters will be stepping down from her position as VOTA Treasurer after many years of service. Thank you Barb! Karen Downey will be taking on the role of VOTA Treasurer.

Update on OTD Program at UVM- The writing of the proposal for an Entry Level OTD program beginning in 2020 is in full swing. In April, please send to Karen Downey (kedot2018@gmail.com) any information on OTR vacancies in Vermont. We are building a data base on the need for additional OTRs in the state. **We need information from all areas of practice.** If you have a position open now, and if you have had difficulty finding qualified OTRs due to a shortage across the state of Vermont, please let Karen know. Also if you have lost OTR positions because you could not find qualified candidates. Presently we know of open positions (or soon to be open) at Franklin County Home Health, Brattleboro Retreat and Chittenden Central School District. Please send your information to Karen Downey ASAP (kedot2018@gmail.com)

Update on OTA Program in Vermont- Castleton University has expressed interest in starting a program. Further discussion will be held with Dr. Karen Scolforo, the President of Castleton University in May or June of this year. If you wish to be involved with this VOTA Committee, please contact Karen Downey or Caren Maslowsky.

VOTA Membership- We are closing in on our goal of 100 Members of VOTA! If you have not yet become a 2018 VOTA Member, please sign up now. Your membership speaks very loudly as we develop the OTD and OTA higher education programs here in Vermont. Your membership provides you with peer support and practice information through our state-wide OT network. Go to the Vermont OT Association website to become a VOTA Member!

A MESSAGE FROM YOUR PRESIDENT

Caren Maslowsky, OTR/L



Happy Occupational Therapy Month! How are you promoting and celebrating our profession this April?

VOTA is celebrating an amazingly successful annual conference. I was pleased to meet many of you for the first time in February at Trader Duke's in South Burlington. VOTA hosted over 100 attendees, speakers and vendors for an exciting and educational event. We received excellent feedback about the keynote speakers, Jessica Kensky and Patrick Downes. Many of you enjoyed the new practice area roundtable discussion groups. Future plans for networking include more regional meetups in Vermont. With continued membership growth, we can anticipate opportunities for special interest practice area meetings as well. VOTA is so much more than a once a year conference.

Congratulations to the 2018 Executive Board members elected at the Annual Meeting.

Treasurer: Karen Downey

Secretary: Tabitha Baron-Davis

Membership Chair: Viki Delmas

Legislative Chair: Todd Patterson

Public Relations Chair: Leslie Bardin

Vermont Representative to AOTA (appointed by Board): Ela DuPont

As I write this, I am preparing to head out to Salt Lake City for the AOTA conference and State President's meetings. The presidents of most of the New England states plan to connect to discuss how we can collaborate to help each other. We have initiated agreements for VOTA members to receive reciprocal benefits for other New England O.T. conferences. Check out our VOTA Facebook page for updates from Utah onsite!

Upcoming news to follow includes development of the potential partnership between VOTA and Castleton University for a future COTA program. This would be the only program of its kind currently in Vermont. I expect AOTA reps and state presidents will be debating and gathering information about the proposed changes to entry level educational requirements. Healthcare and occupational therapy are dynamic and complex fields of practice. Your involvement as active members of your state organization, VOTA, is critical to form a united face of occupational therapy and advocacy to the public, our government representatives, and clients alike.

VOTA thanks you for your support.

Be well,

Caren Maslowsky, OTR/L

President, Vermont Occupational Therapy Association



Dear Vermont Occupational Therapy Association,

I am a graduate student working on a research project with two other students and our professor. We would appreciate it if you could forward the following message so we can reach more of your members. Thank you, we look forward to hearing from school based OTs from your state to hear their perspective on our topic.

Sincerely,



Aisha Faulkner

OT@NYU

OT's role in school bullying against students with disabilities: Invitation to participate in survey

If you're a school based occupational therapist, please consider participating in our online survey about OT's role in school bullying against students with disabilities. Your participation in this study will help us to identify the ways that occupational therapists can combat bullying in the school system.

The online survey will take no more than 10 minutes to complete. At the end of the survey, you will have the choice to be entered into a drawing for a gift card.

To go directly to the survey: https://nyu.qualtrics.com/jfe/form/SV_dm510JNkZDZdvGR

If the link does not work, please cut and paste the above website address, ensuring that you have the complete address, into your browser, (e.g. Internet Explorer).

There are no known risks associated with your participation in this research. Although you will receive no direct benefits, this research may help the investigators understand occupational therapist's role in school bullying against students with disabilities. By completing the survey, you are providing consent for the researchers to utilize the information you provide as data for analysis and in presentations and publications. Confidentiality of your research records will be strictly maintained as this is an anonymous survey that will never directly link to your individual identity.

If there is anything about the study or your participation that is unclear or that you do not understand, if you have questions or wish to report a research-related problem, you may contact Janet Njelesani at janet.njelesani@nyu.edu or (212)-998-5845. For questions about your rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects, New York University, 665 Broadway, Suite 804, New York, New York, 10012, at ask.humansubjects@nyu.edu or (212) 998-4808. Please reference the study #IRB-FY2018-1765 when contacting the IRB. Three students, Aisha Faulkner, Hayden Jeon, and Beth Schweitzer, are completing this graduate research project as part of their Masters of Occupational Therapy degree at New York University, under the supervision of Janet Njelesani, Assistant Professor.

Thank you for your consideration in taking part in this study.

Janet Njelesani, PhD, OTR/L

Department of Occupational Therapy

NYU Steinhardt School of Culture, Education, and Human Development

82 Washington Square East, 6th Floor

New York, NY 10003

MEDICAID 9 BLOCK TIPS

- Medicaid has very stringent federal and state rules and regulations which must be followed. The Department of VT Health access forms and guidelines are created to ensure that these rules are followed, and also to protect members, to protect providers, and to support the State of VT and its residents.
- **READ THE FORM INSTRUCTIONS!!**
- Fill in EVERY data point and make sure it is all correct to prevent delays or denials.
- Note in particular the instructions on the form for the initial start of care date.
- The diagnosis code used MUST be for the underlying condition driving the plan of care, not a symptom of the condition. For example, if a member has an underlying condition of Autism, it is incorrect to document “feeding disturbance” without also documenting Autism on the DVHA form, your clinical notes, and your claims form.
- Send all information at the same time to prevent paperwork complications.
- Do not send documentation for multiple members at the same time, or documentation for multiple disciplines for the same member, to avoid confusion and delays.
- If you fill in incorrect information in the top row across, or if you forget to include procedure/revenue codes, the request can’t be entered into the computer and so dates won’t be covered until that “actionable information” is received.
- The sample form provided is for CLINIC BASED SERVICES so it is different from the form used by Home Health agencies. It is color coded to show when each part of the form should be filled out. Complete the teal and yellow part for the first submission, the pink part for the next submission, and then follow the pattern for all additional submissions. If you choose to use your own documentation instead of the DVHA form, use the DVHA cover sheet to accompany your request. It can be found at: <http://dvha.vermont.gov/for-providers/clinical-prior-authorization-forms>.
- Medicaid is based on the concept of Medical Necessity. All diagnosis codes, goals, and treatment must clearly demonstrate medical necessity to any lay reader of the record, including auditors.
- Goals and plans that are related to sports, games, toys, leisure, or avocation do not clearly demonstrate medical necessity to lay auditors and will be denied.
- Goals and plans related to work or school are not covered by medical model Medicaid because there are other coverage sources, such as school based Medicaid, Worker’s Compensation, Vocational Rehabilitation, Social security Disability.
- If your goals are based on scales, submit the scales for review. Make sure the scales clearly demonstrate medical necessity.
- All treatment must have sufficient demonstration of efficacy in current, peer reviewed medical literature. This means multiple examples of support in replicated, peer reviewed, randomized, controlled trials at multiple locations, with a substantial number of participants, where the researchers are not the inventors of the treatment technique or are not working for/paid by the inventors. Metanalyses are particularly useful.
- Respond to any Informational Status requests within the time frame listed on the Notice of Decision. Beyond 28 days, any visits already done can NOT be covered- there is no retro prior authorization. Always use the latest version of the DVHA Therapy request forms, available at: <http://dvha.vermont.gov/for-providers/clinical-prior-authorization-forms>. Read the DVHA Therapy guidelines, available at: <http://dvha.vermont.gov/for-providers/clinical-coverage-guidelines>. Note that they are updated at least annually. Recent changes are highlighted.
- Documenting your collaboration with all other team members is essential to obtaining approval.
- Documenting your direct training of personal care attendants is essential as well.
- Documenting your introduction to community resources is also essential, to show that you are helping the member to envision a life post-rehabilitation or to ensure quality of life beyond the typical silos of our professions. For adults, that means your direct introduction to Voc Rehab for members who have the potential to work, VT Center for independent Living for members who may need peer support and advocacy, and home modifications. For children, that may mean your introduction to resources such as the VT Family Network, VT Association for the Blind and Visually Impaired, etc.
- For school aged children medical model therapists must demonstrate their collaboration with school model therapists. The school therapist is the point of contact at the school. If you are consulting with the school, the school is responsible for your payment. If you are collaborating, the school is not responsible for your payment. If the child is homeschooled, document that you have discussed eligibility for school services, the differences between school and medical model services, and that medical model services can never take the place of school model services.
- If there is a primary insurance, submit the primary insurance denial with your request.
- All requests sent to DVHA must accurately reflect the actual treatment you are performing. Likewise, all claims information must accurately match the treatment you are performing and must match the information submitted to DVHA for review. Be careful of inadvertently committing what may appear to be fraud by submitting nonmatching information.

For additional help, or for an inservice, please contact : susan.mason@partner.vermont.gov.

An update from our legislative chair, Todd Patterson:

Legislative Chair Update

Current State Legislative Trends, not specific to VT:

- Scope of practice bills- Athletic Trainers, Drama and Dance Therapy, Music Therapy etc
- OT as AMH- Allied Mental Health Professional- independent involvement and billing allowances
- Changes in Medicaid reimbursement
- Alcoholism and substance abuse practitioners- licensure and standards of practice
- Telehealth- inclusion of eligible professions

Current Federal Regulatory Trends:

Congressional budgets developed with AOTA advocacy resulting in:

- A pull-back of proposed SNF administrative oversight of the use of group and or/ concurrent therapy
- Ensured continued funding of OT programming for Behavioral Health
- Ensured increased funding of school support services for OT

Tricare to create a formal rule allowing the treatment of those patients by COTA/ PTA

ADA proposed changes that would reduce the support of those individuals successfully opposed by AOTA

CMS proposed changes for 2022 to reduce reimbursement for treatment provided by COTA also opposed by AOTA (ongoing)

Home Health payment method to eliminate therapy thresholds effective 2020

Please see links below:

AOTPAC American Occupational Therapy Political Action Committee: <https://www.aota.org/Advocacy-Policy/AOTPAC.aspx>

Congressional Affairs:

<https://www.aota.org/Advocacy-Policy/Congressional-Affairs.aspx>



VOTA

Vermont Occupational Therapy Association
PO Box 925
Richmond, VT 05477
Phone: 802-488-0766
E-mail: otvermont@gmail.com



The mission of the Vermont Occupational Therapy Association (VOTA) is to promote and advance occupational therapy practice, research, legislation, and education, and to support occupational therapy practitioners in Vermont. The Association serves its members by providing support services, acting as a public advocate of occupational therapy, and participating in cooperative interaction to meet the needs of the professional and the public.

**Please visit our new
website:**

www.vermontot.org

VOTA Membership



Continue your VOTA Membership!

Encourage co-workers and friends who are Occupational Therapists and Occupational Therapy Assistants to consider becoming a member of our organization.

Please apply on our website or request an application form from our membership chair to sign up for a 1 or 3 year membership with VOTA.

Questions?

Please contact:

Viki Delmas

email: vikidelmas@yahoo.com





Vermont Occupational
Therapy Association
PO Box 925
Richmond, VT 05477

