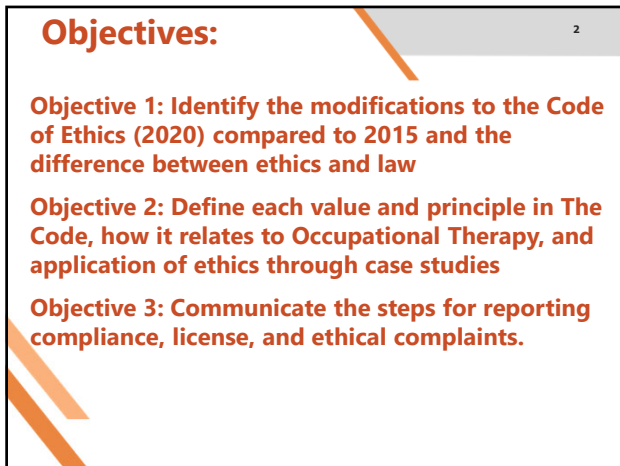
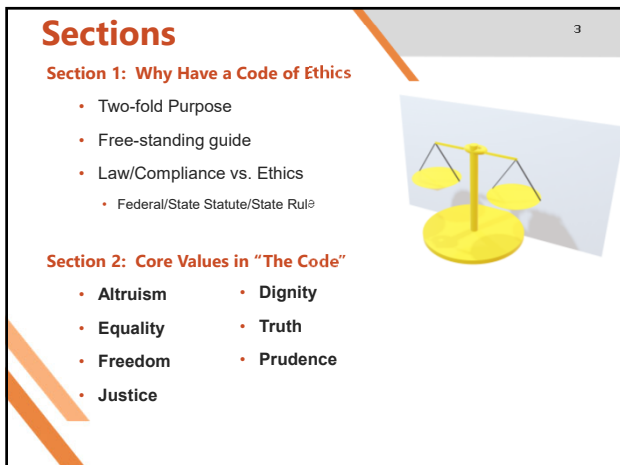


1



2



3

Sections 4

Section 3: Principles in "The Code"

- Beneficence
- Nonmaleficence
- Autonomy
- Justice
- Veracity
- Fidelity

4

Sections 5

Section 4: Standards of Conduct

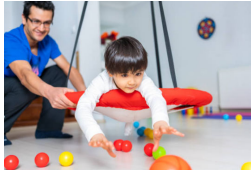
- Professional Integrity, Responsibility, and Accountability
- Therapeutic Relationships
- Documentation, Reimbursement, and Financial Matters
- Service Delivery
- Professional Competence, Education, Supervision, and Training
- Communication
- Professional Civility

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Sections 6

Section 5: Examples and Applications

- Real Examples
 - Core Values
 - Principles
 - Standards of Conduct




6

Sections 7

Section 6: Steps for Reporting

- Compliance
 - Medicare/Medicaid (OIG)
 - State Regulations
- DOPL (State)
 - Individual License
- Ethics Complaint



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Section 1 8

Why Have a Code of Ethics ?

- Code of Ethics (Code): An AOTA official document to address the most prevalent ethical concerns of the occupational therapy profession
- The Code is two-fold:
 - Provide aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles
 - Delineate enforceable Principles and Standards of Conduct that Apply to AOTA members (does this impact AOTA members only?)

"helps guide and define decision-making parameters...and is a manifestation of moral character and mindful reflection"

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Section 1 9

Why Have a Code of Ethics ?

- The code can be used in conjunction with licensure board regulations and laws, but it is a **"free standing"** code.
- Therefore, by itself, it is not law!!!


All information regarding the Code can be found on the AOTA website at:
<https://www.aota.org/practice/practice-essentials/ethics>

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Section 1 10

Why Have a Code of Ethics ?

ARTICLES ACTS FUND TO PROMOTE OF AJOT


 American Occupational Therapy Association


PRACTICE ESSENTIALS DBI Documentation Ethics Evidence-Based Practice Payment Policy MORE

Home > Practice > Practice Essentials

PRACTICE ESSENTIALS

Ethics

Occupational therapy personnel, including occupational therapists, occupational therapy assistants, and students, have an obligation to demonstrate ethical conduct that reflects professional values when working with clients, families, caregivers, administrators, colleagues, policymakers, payers, and other health care professionals.




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Section 1 11

Why Have a Code of Ethics ?

- If the code is not a "legal document" then why have it?
- Protect you (clinicians, educators, researchers, business owners, volunteers)
- Protect those receiving services
- Protects the profession




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Section 1 12

Why Have a Code of Ethics ?

- Law/Compliance vs. Ethics
 - Federal/State Statute/State Rule
 - Federal Law CFR, IDEA, ADA
 - Provide federal regulations for a specific area
 - Code of Federal Regulations (CFR) provides regulation for all public health services including Medicare/Medicaid (hospitals, SNF, outpatient clinics, HH, etc.)
 - IDEA provides regulation for public education for individual children with disabilities



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Section 1

Why Have a Code of Ethics ?

- Example: Resident Rights in Skilled Nursing Facilities (CFR 483.10)

<https://www.govinfo.gov/content/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-sec483-10.pdf>

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Centers for Medicare & Medicaid Services, HHS
§ 483.10

It is a distinct part, as evidenced by the sharing of income and expenses with that institution, and the reporting of its costs on that institution's own report.

(1) A single institution can have a maximum of only one distinct part SNF and one distinct part NF.

(2) A distinct part SNF or NF that has not been approved in writing shall not be treated as a distinct part unless the criteria set forth above to constitute a distinct part are met.

(3) The effective date of approval of a distinct part is the date that CMS or another agency (including the State) issues a final decision on the approval of the distinct part.

(4) The institution must request approval from CMS for all proposed changes in the number of beds in the approved distinct part.

(5) A composite distinct part is a distinct part consisting of two or more noncontiguous components that are not located within the same campus, as defined in § 483.10 of this chapter.

(6) Approval, in addition to meeting the requirements of paragraph (b) of this section, a composite distinct part must meet all of the following requirements:

(i) A SNF or NF that is a component of more than one distinct part will be treated as a distinct part if the location of which it is a distinct part: (a) has only one provider agreement and is approved by CMS or the State with a distinct part SNF or NF number in a change of ownership. CMS must approve the existing SNF or NF as well as the components before they are considered a composite distinct part of a single institution. In making such a determination, CMS considers whether the approval or disapproval of a composite distinct part promotes the effective and efficient use of public resources without sacrificing the quality of care;

(ii) If there is a change of ownership of a composite distinct part SNF or NF, the assignment of the provider agreement to the new owner will apply to all of the approved locations that comprise the composite distinct part SNF or NF.

(7) To ensure quality of care and quality of life for all residents, the various components of a composite distinct part must meet all of the requirements for participation independently in each location.

(8) Common areas are eating rooms, activity rooms, meeting rooms where residents are located on a regular basis, and other areas in the facility where residents may gather together with other residents, visitors, and staff.

(9) Fully wheelchair accessible. A fully wheelchair accessible facility is one that has all areas specified in accordance with National Fire Protection Association 101, including the installation of Spinkicker Systems, without the use of elevators or the Fire Safety Evaluation System.

§ 483.10 Resident rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including each of the following rights:

(1) The right of privacy. (a) The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.

(3) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the facility must act in accordance with the laws of that State in the event of an emergency. In the case of a resident who has not been adjudged incompetent by a court of competent jurisdiction, the facility must act in accordance with State law that reserves the resident's right to the extent provided by State law.

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Section 1

Why Have a Code of Ethics ?

- Law/Compliance vs. Ethics
- State law (statute)
- Provide specific law for the state (support federal law at a state level)
- Occupational Therapy Practice Act: 58-42a-101



UTAH STATE LEGISLATURE

Audits Bills

- Title 54 Public Utilities
- Title 55 Public Welfare
- Title 56 Railroads
- Title 57 Real Estate
- Title 58 Occupations and Professions
- Title 59 Revenue and Taxation
- Title 61 Securities Division - Real Estate Division
- Title 62A Utah Human Services Code

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Section 1

Why Have a Code of Ethics ?

- Law/Compliance vs. Ethics
- State law (statute)
- Provide specific law for the state (support federal law at a state level)
- Nevada Examples (640 = PT and 640A = OT)

CHAPTER 640 - PHYSICAL THERAPISTS, PHYSICAL THERAPIST ASSISTANTS AND PHYSICAL THERAPIST TECHNICIANS

GENERAL PROVISIONS

640.010 Definition.

640.011 "Board" defined.

640.012 "Board member" defined.

640.013 "Board representative" defined.

640.014 "Board secretary" defined.

640.015 "Board treasurer" defined.

640.016 "Chairman" defined.

640.017 "Committee" defined.

640.018 "Executive committee" defined.

640.019 "Fiscal year" defined.

640.020 "Fiduciary" defined.

640.021 "Fiduciary duty" defined.

640.022 "Fiduciary responsibility" defined.

640.023 "Fiduciary trust" defined.

640.024 "Fiduciary trustee" defined.

640.025 "Fiduciary trustee's duty" defined.

640.026 "Fiduciary trustee's obligation" defined.

640.027 "Fiduciary trustee's responsibility" defined.

CHAPTER 640A - OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

GENERAL PROVISIONS

640A.010 Legislative declaration.

640A.011 Definition.

640A.012 "Occupational therapist" defined.

640A.013 "Occupational therapist assistant" defined.

640A.014 "Occupational therapy assistant" defined.

640A.015 "Occupational therapist supervisor" defined.

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Section 1

Why Have a Code of Ethics

- Law/Compliance vs. Ethics
- Administrative Rule
 - Explains and specifies state rule as it pertains to a certain group, entity, or individual
 - Clarifies/interprets state law
- Occupational Therapy Practice Act Rule or Code
 - NAC 640A (OT)
 - Nevada Administrative Code (NAC)

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Section 1

Why Have a Code of Ethics

- Law/Compliance vs. Ethics
- Example: Nevada (Statute/Law)

NRS 640.150 Renewal, expiration and reinstatement of license; continuing competency; regulations; fees.

1. A license to practice as a physical therapist or physical therapist assistant expires 1 year after the date of its issuance or on the date prescribed by the Board, whichever is later. Except:
 - (a) Presentation of proof of completion of a program of **continuing competency** as required by subsection 3;
 - (b) Payment of a renewal fee established by the Board; and
 - (c) Submission of all information required to complete the renewal.
2. A license may be renewed within 30 days after the date it expires. An expired license that is not renewed in a timely manner may be reinstated, at the discretion of the Board, upon:
 - (a) Payment of the reinstatement fee established by the Board for each year or portion thereof that the license is expired; and
 - (b) Satisfaction of the requirements for renewal prescribed by subsection 1.
3. The Board shall require licensed physical therapists and physical therapist assistants to **complete a program of continuing competency** as a requirement for the renewal of licenses; **programs** must be approved by the Board.
4. The Board:
 - (a) Shall establish a fee for reinstatement of an expired license, to be paid for each year or portion thereof that the license is expired.
 - (b) May establish a fee of not more than \$150 to consider approval of a program of **continuing competency**.

(2-264-1955) — (NRS A 1927-78; 1926-829; 1981-2938; 1982-1431; 1988-1377; 1997-2140; 2005-866; 2332-2802; 2017-1338)

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Section 1

Why Have a Code of Ethics

- Law/Compliance vs. Ethics
- Example: Nevada (Code/Rule)

NAC 640.400 General requirements. **CRS 640.020, 640.150, 640.280**

1. Except as otherwise provided in subsections 3, 4 and 5, every physical therapist or physical therapist's assistant must complete 1.5 units of an approved course within the year immediately preceding the expiration of the license.
2. The Board will not approve a training for continuing education experience acquired as fields that it determines are unrelated to the practice of physical therapy.
3. A person who is initially licensed as a physical therapist or physical therapist's assistant between February 1 and July 31 is not required to complete the requirements for continuing education for the first year of licensure.
4. A physical therapist or physical therapist's assistant who is licensed between August 1 and January 31 must complete the requirements for continuing education before his or her license is on the basis of 1.5 units for each month he or she was licensed during that year.
5. A physical therapist or physical therapist's assistant who graduated from a school in which he or she completed a curriculum of physical therapy approved by the Board and who is licensed is not required to complete the requirements for continuing education for the year in which the initial license is issued.
6. Continuing education hours earned through recognizing a specific course may be counted only once toward the units of continuing education required by this section during a 3-year period. (Added to NAC by Bd. of Phys. Therapy Exam'n, eff. 10-17-86, A; 5-19-88, 6-11-95, 3-28-99; R17799, 12-18-99, R11702, 1-24-2003, R059-06, 9-18-2006)

NAC 640.410 Providers of continuing education: Recognition by Board. **CRS 640.020, 640.150, 640.280**

1. Any school accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association which offers instruction in the field of physical therapy for approval. All other persons seeking recognition by the Board as a provider of continuing education must apply to the Board. The application will be granted if the Board finds that the applicant meets the following requirements:
 - (a) The Board may deny or withdraw recognition if it finds that a provider of continuing education has:
 - (i) Failed to furnish a course of study or training as advertised;
 - (ii) Engaged in any misleading or deceptive practices; or
 - (iii) Failed to comply with any provisions of this chapter or **chapter 640** of NRS.
 - (b) Added to NAC by Bd. of Phys. Therapy Exam'n, eff. 10-17-86, A; by R059-06, 9-18-2006)

NAC 640.420 Providers of continuing education: Records; certificate of completion. **CRS 640.020, 640.150, 640.280** All recognized providers of continuing education shall:


1. Keep a record of:
 - (a) The attendance of each physical therapist and physical therapist's assistant;
 - (b) The course of study or training in which each physical therapist and physical therapist's assistant participated; and
 - (c) The units of continuing education granted to the physical therapist and physical therapist's assistant.
2. The records must be maintained for at least 1 year after completion of the course or training.
3. Furnish to each physical therapist or physical therapist's assistant who completes a course of study or training a certificate of completion which contains the following information:
 - (a) The name of the physical therapist or physical therapist's assistant;
 - (b) The name of the provider of the course of study or training;
 - (c) A description of the course of study or training;
 - (d) The number of units of continuing education completed;
 - (e) The date of completion of the course of study or training.
4. Added to NAC by Bd. of Phys. Therapy Exam'n, eff. 10-17-86, A; 5-19-88, 6-11-90, 3-28-99)

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Section 1 22

Why Have a Code of Ethics

- Law/Compliance vs. Ethics
- What is the difference between law and ethics?




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Section 1 23

Why Have a Code of Ethics

- Law/Compliance vs. Ethics

Illegal Ethics Legal



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Section 1 24

Why Have a Code of Ethics

- Law/Compliance vs. Ethics
- What is the difference between law and ethics?

“While the audit did justify my concerns and highlighted the financial and quality risks, it came down to Beaver was exploiting a federal loophole, but it was not clear that they were actually breaking the law. But as a former lawmaker – if the law is your only standard for behavior, then you have long ago left ethics and responsibility behind.”

-Salt Lake Tribune, May 2020

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Section 2 28

Core Values

- Core Values in the Code:

<https://www.aota.org/Practice/Ethics.aspx>



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Section 2 29

Occupational Therapy Code of Ethics 2020

2015

Beneficence	Nonmaleficence	Autonomy	Justice	Veracity	Fidelity
1a.	2a.	3a.	4a.	5a.	6a.
1b.	2b.	3b.	4b.	5b.	6b.
1c.	2c.	3c.	4c.	5c.	6c.

2020 (algorithm)

Core Values

Altruism	Equality	Freedom	Justice	Dignity	Truth	Prudence
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Principles

Beneficence	Nonmaleficence	Autonomy	Justice	Veracity	Fidelity
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Standards of Conduct

Professional Integrity, Responsibility, and Accountability	Therapeutic Relationships	Documentation, Reimbursement, and Financial Matters	Service Delivery	Professional Competence, Education, and Training	Communication	Professional Civility
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Section 2 30

Occupational Therapy Code of Ethics 2020

Core Values

Altruism	Equality	Freedom	Justice	Dignity	Truth	Prudence
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Principles

Beneficence	Nonmaleficence	Autonomy	Justice	Veracity	Fidelity
-------------	----------------	----------	---------	----------	----------

Standards of Conduct

Professional Integrity, Responsibility, and Accountability	Therapeutic Relationships	Documentation, Reimbursement, and Financial Matters	Service Delivery	Professional Competence, Education, and Training	Communication	Professional Civility
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FEDERAL LAW (Healthcare Practitioner)

STATE LAW (Occupational Therapy - Minimum Code)

ADMINISTRATIVE RULE (Specific guidance for practice)

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Section 2

Core Values

- Define Core Value

<https://www.aota.org/Practice/Ethics.aspx>

Core Values

The occupational therapy profession is grounded in seven longstanding Core Values: Altruism, Equality, Freedom, Justice, Dignity, Truth, and Prudence (AOTA, 1993). The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. These Core Values should be considered when determining the most ethical course of action (adapted from Core Values and Attitudes of Occupational Therapy Practice; AOTA, 1993):

1. Altruism indicates demonstration of unselfish concern for the welfare of others. Occupational therapy personnel reflect this concept in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding.
2. Equality indicates that all persons have fundamental human rights and the right to the same opportunities. Occupational therapy personnel demonstrate this value by maintaining an attitude of fairness and impartiality and treating all persons in a way that is free of bias. Personnel should recognize their own biases and re-

Occupational therapy personnel must understand and abide by local, state, and federal laws governing professional practice. Justice is the pursuit of a state in which diverse communities are inclusive and are organized and structured so that all members can function, flourish, and live a satisfactory life regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in social justice: addressing unjust inequities that limit opportunities for participation in society (Asha, 2016; Braveman & Bass-Haugen, 2009). They also exhibit attitudes and actions consistent with occupational justice: full inclusion in everyday meaningful occupations for persons, groups, or populations (Scott et al., 2017).

5. Dignity indicates the importance of valuing, promoting, and preserving the inherent worth and uniqueness of each person. This value includes respecting the person's social and cultural heritage and life experiences.

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Section 2

Core Value

- Value 1: Altruism
- Define: unselfish concern for the welfare of others
- OT personnel reflect this concept in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding.

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Section 2

Core Value

- Value 2: Equality
- Define: all persons have fundamental human rights and the right to the same opportunities
- OT personnel demonstrate this value by maintaining an attitude of fairness and impartiality and treating all persons in a way that is free of bias.

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Section 2 34

Core Value

- Value 3: Freedom
- Define: valuing each persons right to exercise autonomy and demonstrate independence, initiative, and self-direction
- OT personnel affirm the autonomy of each individual to pursue goals that have personal and social meaning.

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Section 2 35

Core Value

- Value 4: Justice
- Define: value on upholding moral and legal principles and on having knowledge of and respect for the legal rights of recipients of service
- OT personnel provide OT services for all persons in need of these services and maintain a goal-directed and objective relationship with recipients.

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Section 2 36

Core Value

- Value 5: Dignity
- Define: valuing, promoting, and preserving the inherent worth and uniqueness of each person
- OT personnel respect the person's social and cultural heritage and life experiences.

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Section 2 37

Core Value

- Value 6: Truth
- Define: being truthful with themselves, recipients of service, colleagues, and society
- OT personnel in all situations should be faithful to facts and reality.

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Section 2 38

Core Value

- Value 7: Prudence
- Define: govern and discipline ones self through the use of reason
- OT personnel in all situations should be faithful to facts and reality.

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Section 3 39

Principles in "The Code"

• Beneficence	• Justice
• Nonmaleficence	• Veracity
• Autonomy	• Fidelity

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Section 3 40

Principles

- Principle 1: Beneficence - concern for the well-being and safety of persons
- Principle 2: Nonmaleficence – refrain from actions that cause harm
- Principle 3: Autonomy – respect the right of the person to self determination, privacy, confidentiality, and consent
- Principle 4: Justice – promote equity, inclusion, and objectivity in the provision of services

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Section 3 41

Principles

- Principle 5: Veracity – provide comprehensive, accurate, and objective information
- Principle 6: Fidelity – treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity

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Section 4 42

Standards of Conduct

- Professional Integrity, Responsibility, and Accountability
- Therapeutic Relationships
- Documentation, Reimbursement, and Financial Matters
- Service Delivery
- Professional Competence, Education, Supervision, and Training
- Communication
- Professional Civility

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Section 4

Standards of Conduct

- Each standard of conduct aligns with a principle and key words

4A. Respond to requests for occupational therapy services (e.g., referrals) in a timely manner as determined by law, regulation, or policy. (Principle: Justice; key words: occupational therapy process, referral, law)

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Section	Standards of Conduct
<p>1. Professional Integrity, Responsibility, and Accountability: Occupational therapy personnel maintain awareness and comply with AOTA policies and Official Documents, current laws and regulations that are relevant to the profession of occupational therapy, and employer policies and procedures.</p>	<ul style="list-style-type: none"> → 1A. Comply with current federal and state laws, state scope of practice guidelines, and AOTA policies and Official Documents that apply to the profession of occupational therapy. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice) 1B. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions. (Principle: Fidelity; key words: policy, procedures, rules, law, roles, scope of practice) 1C. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice) 1D. Ensure transparency when participating in a business arrangement as owner, stockholder, partner, or employee. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice) → 1E. Respect the practices, competencies, roles, and responsibilities of one's own and other professions to promote a collaborative environment reflective of inter-professional teams. (Principle: Fidelity; key words: policy, procedures, rules, law, roles, scope of practice, collaboration, service delivery) 1F. Do not engage in illegal actions, whether directly or indirectly harming stakeholders in occupational therapy practice. (Principle: Justice; key words: illegal, unethical practice)

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Section	Standards of Conduct
<p>1. Professional Integrity, Responsibility, and Accountability: Occupational therapy personnel maintain awareness and comply with AOTA policies and Official Documents, current laws and regulations that are relevant to the profession of occupational therapy, and employer policies and procedures.</p>	<ul style="list-style-type: none"> 1F. Do not engage in illegal actions, whether directly or indirectly harming stakeholders in occupational therapy practice. (Principle: Justice; key words: illegal, unethical practice) → 1G. Do not engage in actions that reduce the public's trust in occupational therapy. (Principle: Fidelity; key words: illegal, unethical practice) 1H. Report potential or known unethical or illegal actions in practice, education, or research to appropriate authorities. (Principle: Justice; key words: illegal, unethical practice) 1I. Report impaired practice to the appropriate authorities. (Principle: Nonmaleficence; key words: illegal, unethical practice) → 1J. Do not exploit human, financial, or material resources of employers for personal gain. (Principle: Fidelity; key words: exploitation, employee) 1K. Do not exploit any relationship established as an occupational therapy practitioner, educator, or researcher to further one's own physical, emotional, financial, political, or business interests. (Principle: Nonmaleficence; key words: exploitation, academic, research) → 1L. Do not engage in conflicts of interest or conflicts of commitment in employment, volunteer roles, or research. (Principle: Fidelity; key words: conflict of interest) 1M. Do not use one's position (e.g., employee, consultant, volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations. (Principle: Fidelity; key words: conflict of interest) 1N. Do not barter for services when there is the potential for exploitation and conflict of interest. (Principle: Nonmaleficence; key words: conflict of interest)

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<p>2. Therapeutic Relationships: Occupational therapy personnel develop therapeutic relationships to promote occupational well-being in all persons, groups, organizations, and society,</p> <p>regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes.</p>	<ul style="list-style-type: none"> 2A. Respect and honor the expressed wishes of recipients of service. (Principle: Autonomy; key words: relationships, clients, service recipients) 2B. Do not inflict harm or injury to recipients of occupational therapy services, students, research participants, or employees. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, students, research, employer, employee) 2C. Do not threaten, manipulate, coerce, or deceive clients to promote compliance with occupational therapy recommendations. (Principle: Autonomy; key words: relationships, clients, service recipients) 2D. Do not engage in sexual activity with a recipient of service, including the client's family or significant other, while a professional relationship exists. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, sex) 2E. Do not accept gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts. (Principle: Justice; key words: relationships, gifts, employer) 2F. Establish a collaborative relationship with recipients of service and relevant stakeholders to promote shared decision making. (Principle: Autonomy; key words: relationships, clients, service recipients, collaboration) 2G. Do not abandon the service recipient, and attempt to facilitate appropriate transitions when unable to provide services for any reason. (Principle: Nonmaleficence; key words: relationships, client, service recipients, abandonment) 2H. Adhere to organizational policies when requesting an exemption from service to an individual or group because of self-identified conflict with personal, cultural, or religious values. (Principle: Fidelity; key words: relationships, client, service recipients, conflict, cultural, religious, values)

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<ul style="list-style-type: none"> 2I. Do not engage in dual relationships or situations in which an occupational therapy professional or student is unable to maintain clear professional boundaries or objectivity. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, colleagues, professional boundaries, objectivity, social media) 2J. Proactively address workplace conflict that affects or can potentially affect professional relationships and the provision of services. (Principle: Fidelity; key words: relationships, conflict, clients, service recipients, colleagues) 2K. Do not engage in any undue influences that may impair practice or compromise the ability to safely and competently provide occupational therapy services, education, or research. (Principle: Nonmaleficence; key words: relationships, colleagues, impair, safety, competence, client, service recipients, education, research) 2L. Recognize and take appropriate action to remedy occupational therapy personnel's personal problems and limitations that might cause harm to recipients of service. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, personal, safety) 2M. Do not engage in actions or inactions that jeopardize the safety or well-being of others or team effectiveness. (Principle: Fidelity; key words: relationships, clients, service recipients, colleagues, safety, law, unethical, impaired, competence) 	

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<p>3. Documentation, Reimbursement, and Financial Matters: Occupational therapy personnel maintain complete, accurate, and timely records of all client encounters.</p>	<ul style="list-style-type: none"> 3A. Bill and collect fees justly and legally in a manner that is fair, reasonable, and commensurate with services delivered. (Principle: Justice; key words: billing, fees) 3B. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations. (Principle: Justice; key words: documentation, reimbursement, law) 3C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities. (Principle: Veracity; key words: documentation, timely, accurate, law, fraud) 3D. Do not follow arbitrary directives that compromise the rights or well-being of others, including unrealistic productivity expectations, fabrication, falsification, plagiarism of documentation, or inaccurate coding. (Principle: Nonmaleficence; key words: productivity, documentation, coding, fraud)

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<p>4. Service Delivery: Occupational therapy personnel strive to deliver quality services that are occupation based, client centered, safe, interactive, culturally sensitive, evidence based, and consistent with occupational therapy's values and philosophies.</p>	<ul style="list-style-type: none">4A. Respond to requests for occupational therapy services (e.g., referrals) in a timely manner as determined by law, regulation, or policy. (Principle: Justice; key words: occupational therapy process, referral, law)→ 4B. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs. (Principle: Beneficence; key words: occupational therapy process, evaluation, intervention)→ 4C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice. (Principle: Beneficence; key words: occupational therapy process, evaluation, intervention, evidence, scope of practice)4D. Obtain informed consent (written, verbal, electronic, or implied) after disclosing appropriate information and answering any questions posed by the recipient of service, qualified family member or caregiver, or research participant to ensure voluntary participation. (Principle: Autonomy; key words: occupational therapy process, informed consent)4E. Fully disclose the benefits, risks, and potential outcomes of any intervention; the occupational therapy personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention. (Principle: Autonomy; key words: occupational therapy process, intervention, communication, disclose, informed consent)→ 4F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties. (Principle: Veracity; key words: occupational therapy process, intervention, communication, disclose, informed consent, contracts)

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<p>→ 4G. Respect the client's right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes. (Principle: Autonomy; key words: occupational therapy process, refusal, intervention, service recipients)</p> <p>→ 4H. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice. (Principle: Beneficence; key words: occupational therapy process, services, competence, scope of practice)</p> <p>4I. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised. (Principle: Beneficence; key words: occupational therapy process, reevaluation, reassess, intervention)</p> <p>→ 4J. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial. (Principle: Beneficence; key words: occupational therapy process, termination, collaboration)</p> <p>→ 4K. Refer to other providers when indicated by the needs of the client. (Principle: Beneficence; key words: occupational therapy process, referral, service recipients)</p> <p>4L. Provide information and resources to address barriers to access for persons in need of occupational therapy services. (Principle: Justice; key words: beneficence, advocate, access)</p> <p>4M. Report systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy. (Principle: Justice; key words: discrimination, unfair, access, social justice)</p> <p>4N. Provide professional services within the scope of occupational therapy practice during community-wide public health emergencies as directed by federal, state, and local agencies. (Principle: Beneficence; key words: disasters, emergency)</p>	

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<p>5. Professional Competence, Education, Supervision, and Training: Occupational therapy personnel maintain credentials, degrees, licenses, and other certifications to demonstrate their commitment to develop and maintain competent, evidence-based practice.</p>	<ul style="list-style-type: none">5A. Hold requisite credentials for the occupational therapy services one provides in academic, research, physical, or virtual work settings. (Principle: Justice; key words: credentials, competence)→ 5B. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication. (Principle: Veracity; key words: credentials, competence)5C. Take steps (e.g., professional development, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice. (Principle: Beneficence; key words: credentials, competence)→ 5D. Maintain competence by ongoing participation in professional development relevant to one's practice area. (Principle: Beneficence; key words: credentials, competence)5E. Take action to resolve incompetent, disruptive, unethical, illegal, or impaired practice in self or others. (Principle: Fidelity; key words: competence, law)5F. Ensure that all duties delegated to other occupational therapy personnel are congruent with their credentials, qualifications, experience, competencies, and scope of practice with respect to service delivery, supervision, fieldwork education, and research. (Principle: Beneficence; key words: supervisor, fieldwork, supervision, student)→ 5G. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines. (Principle: Justice; key words: supervisor, fieldwork, supervision, student)→ 5H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance. (Principle: Veracity; key words: supervisor, supervision, fieldwork, performance)5I. Do not participate in any action resulting in unauthorized access to educational content or exams, screening and assessment tools, websites, and other copyrighted information, including but not limited to plagiarism, violation of copyright laws, and illegal sharing of resources in any form. (Principle: Justice; key words: plagiarize, student, copyright, cheating)5J. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution. (Principle: Veracity; key words: education, student)

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6. Communication: Whether in written, verbal, electronic, or virtual communication, occupational therapy personnel uphold the highest standards of confidentiality, informed consent, autonomy, accuracy, timeliness, and record management.	6A. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act). (Principle: Autonomy; key words: law, autonomy, confidentiality, communication, justice)	2
	6B. Maintain privacy and truthfulness in delivery of occupational therapy services, whether in person or virtually. (Principle: Veracity; key words: telecommunication, telehealth, confidentiality, autonomy)	
	6C. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws. (Principle: Fidelity; key words: communication, confidentiality, autonomy)	
	→ 6D. Demonstrate responsible conduct, respect, and discretion when engaging in digital media and social networking, including but not limited to refraining from posting protected health or other identifying information. (Principle: Autonomy; key words: communication, confidentiality, autonomy, social media)	
	6E. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, health literacy, or culture) with the recipient of service (or responsible party), student, or research participant. (Principle: Autonomy; key words: communication, barriers)	
	→ 6F. Do not use or participate in any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims. (Principle: Veracity; key words: fraud, communication)	
	6G. Identify and fully disclose to all appropriate persons any errors or adverse events that compromise the safety of service recipients. (Principle: Veracity; key words: truthfulness, communication, safety, clients, service recipients)	
	6H. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public. (Principle: Veracity; key words: truthfulness, communication)	
	6I. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e. do not plagiarize). (Principle: Veracity; key words: truthfulness, communication, plagiarism, students)	
	→ 6J. Do not engage in verbal, physical, emotional, or sexual harassment of any individual or group. (Principle: Fidelity; key words: inappropriate communication, harassment, digital media, social media, social networking, professional civility)	
	6K. Do not engage in communication that is discriminatory, derogatory, biased, intimidating, insensitive, or disrespectful or that unduly discourages others from participating in professional dialogue. (Principle: Fidelity; key words: incorporate communication, professionalism, professional civility)	
	6L. Engage in collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients. (Principle: Fidelity; key words: communication, collaboration, interprofessional, professional civility, service recipients)	

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7. Professional Civility: Occupational therapy personnel conduct themselves in a civil manner during all discourse. <i>Civility</i> entails honoring one's personal values, while simultaneously listening to disparate points of view" (Kaslow & Watson, 2016, para. 1). These values include cultural sensitivity and humility.	7A. Treat all stakeholders professionally and equitably through constructive engagement and dialogue that is inclusive, collaborative, and respectful of diversity of thought. (Principle: Justice; key words: civility, diversity, inclusivity, equitability, respect)	53
	7B. Demonstrate courtesy, civility, value, and respect to persons, groups, organizations, and populations when engaging in personal, professional, or electronic communications, including all forms of social media or networking, especially when that discourse involves disagreement of opinion, disparate points of view, or differing values. (Principle: Fidelity; key words: values, respect, opinion, points of view, social media, civility)	
	→ 7C. Demonstrate a level of cultural humility, sensitivity, and agility within professional practice that promotes inclusivity and does not result in harmful actions or reactions with persons, groups, organizations, and populations from diverse backgrounds including age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. (Principle: Fidelity; key words: civility, cultural competence, diversity, cultural humility, cultural sensitivity)	
	7D. Do not engage in actions that are uncivil, intimidating, or bullying or that contribute to violence. (Principle: Fidelity; key words: civility, intimidation, hate, violence, bullying)	
	→ 7E. Conduct professional and personal communication with colleagues, including electronic communication and social media and networking, in a manner that is free from personal attacks, threats, and attempts to defame character and credibility directed toward an individual, group, organization, or population without basis or through manipulation of information. (Principle: Fidelity; key words: civility, culture, communication, social media, social networking, respect)	

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Common Issues

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Informal Poll

Most Common/Obvious:

- Treating patients not appropriate for therapy
- Seeing patients beyond the point of progress
- Billing clients for documentation time when no intervention is being provided
- Billing and documenting services accurately for what treatment was completed

<https://www.myotspot.com/ethical-dilemmas-in-occupational-therapy/>

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Common Issues 55

Informal Poll

Less Common/Obsvious:

- Providing a treatment beyond training (modalities)
- Prolonging the discharge of a client
- Billing for unskilled treatment
- Blurring the lines of professional and personal relationships

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Section 5 56

Case Examples and Application

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Section 5 57

Case Examples

- Example
 - Values
 - Principles
 - Standards of Conduct

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Section 5 58

Case Examples

- Example 1: 3 different therapists (2 OT and 1 PT)
- Completing w/c and seating evaluations for power mobility and tilt/recline chair (\$30K +)
- One vendor submits documentation within 2 weeks for 3 different clients

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Section 5 59

Examples

Client #1

Pwr seat combo w/shear - is at risk for pressure issues and skin breakdown. struggles with and is unable to properly weight shift/pressure relieve or reposition effectively in the chair. The tilt function will allow for tilt to help manage pressure that is associated with sitting in the chair for 10-12 hours a day This is accomplished by taking the pressure of the sitting surface and putting it onto the back for the specified time frames. The recline function will assist in repositioning and aid the patient in keeping postural alignment and position in the chair while also allowing for complete and proper pressure relief.

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Section 5 60

Examples

Client #2

Pwr seat combo w/shear - is at risk for pressure issues and skin breakdown. struggles with and is unable to properly weight shift/pressure relieve or reposition effectively in the chair. The tilt function will allow for tilt to help manage pressure that is associated with sitting in the chair for 10-12 hours a day This is accomplished by taking the pressure of the sitting surface and putting it onto the back for the specified time frames. The recline function will assist in repositioning and aid the patient in keeping postural alignment and position in the chair while also allowing for complete and proper pressure relief.

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Section 5 61

Examples

Client #3

Pwr seat combo w/shear - is at risk for pressure issues and skin breakdown. struggles with and is unable to properly weight shift/pressure relieve or reposition effectively in the chair. The tilt function will allow for tilt to help manage pressure that is associated with sitting in the chair for 10-12 hours a day This is accomplished by taking the pressure of the sitting surface and putting it onto the back for the specified time frames. The recline function will assist in repositioning and aid the patient in keeping postural alignment and position in the chair while also allowing for complete and proper pressure relief.

What Values, Principles, and Standards of Conduct does this example reflect?

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Section 5 62

Examples

- Values:
 - Dignity (worth and uniqueness of each person)
 - Truth (accountable, forthright, honest)
- Principles:
 - Veracity (accurate and objective information)
 - Fidelity (commitment to client)
- Standards of Conduct:
 - 1J – do not exploit financial gain
 - 3A – bill and collect fees justly and legally
 - 3C - record and report accurately
 - 4B - provide appropriate evaluation

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Section 5 63

Examples

- Late Documentation
- An OT left their place of work after 3 years of employment. The OT had supervised an OTA for two years who was consistently late with documentation (often 3-4 weeks). After several attempts to encourage the OTA to complete timely documentation, the OT stated a lack of comfort in signing documentation weeks old due to mistakes made with objective statements. The OT left the position and was asked to return to sign documentation from several months before due to an "additional documentation request". The business stated the OT was obligated to sign the documentation since they were technically the supervisor of the OTA when the documentation was completed. The business threatened to remove the OT from the "PRN list" if they didn't oblige to sign the documentation.

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Section 5 64

Examples

- Values:
 - Prudence (govern ones self through reason)
 - Truth (accountable, forthright, honest)
- Principles:
 - Beneficence (prevent harm)
 - Fidelity (discretion and integrity)
- Standards of Conduct:
 - 1C – inform employers and others of applicable laws
 - 1G – do not engage in acts that reduce the public's trust
 - 3C - record and report in a timely manner
 - 5E- take action to resolve unethical or illegal practice
 - 7D – Do not engage in actions that are intimidating or bullying

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Section 5 65

Examples

- **Travel Assignment**
- A new OTA graduate decided to take a Home Health travel opportunity to explore new places and diversify their skillset.
- The OTA was only able to complete one extended Level II fieldwork due to the Covid-19 pandemic (outpatient hands) but did have Level I experience in peds, SNF, and outpatient.
- When the OTA arrived for assignment, they asked to follow/observe another OT to learn the documentation and visit expectations. The company declined stating this was not policy and was not conducive to financial expectations and threatened to find a replacement. The OTA complied and immediately began providing therapy services.

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Section 5 66

Examples


- Values:
 - Altruism (concern for the welfare of others)
 - Justice (upholding moral and legal principles)
- Principles:
 - Beneficence (prevent harm)
 - Fidelity (treat clients with fairness, discretion, and integrity)
- Standards of Conduct:
 - 1G – do not engage in acts that reduce the public's trust
 - 5G – provide appropriate supervision based on AOTA guidelines
 - 5C- take steps to avoid harm when standards don't exist
 - 4H – provide services within the practitioner's level of competence
 - 3D – do not follow arbitrary directives

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Section 6 67

Steps for Reporting

- Compliance
 - Medicare/Medicaid (OIG)
 - State Regulations
- DOPL (State)
 - Individual License
- Ethics Complaint



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Section 6 68

Steps for Reporting

- Compliance Reporting
 - Immediately stop engaging in any activity that you believe to be a compliance violation
 - Discuss concerns and questions with your immediate supervisor
 - Contact your facility or corporate compliance officer or hotline (all corporations should have a compliance officer)

Steps for reporting found at:
<https://www.aota.org/Practice/Ethics/Tools-for-Productivity-Requirements/compliance-reporting-fraud-abuse-medicare.aspx>

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Section 6 69

Steps for Reporting

- Compliance Reporting
 - If you report something via the compliance officer the officer must:
 - Direct compliance issues to appropriate resources for investigation and resolution
 - Report violations to duly authorized enforcement agencies as appropriate or required by law
 - Legally bound to maintain confidentiality of those reporting violations to ensure those who report violations not subject to retribution (**confidentiality vs. anonymity**)

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Section 6

Steps for Reporting

- Compliance Reporting
 - If nothing happens via internal channels
 - Report your concerns to Department of Health and Human Services
 - Report your concerns to the Office of Inspector General (OIG)
 - For issues regarding state regulations, consider contacting the state ombudsman
 - Seek professional legal counsel
 - Contact the AOTA

The website on the next slide has links to all the above resources

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Section 6

Steps for Reporting

State Survey Agencies
Report improper practices in your facility to your state survey agency (may also report to accreditation bodies such as Joint Commission or CABS).

- [File a complaint with your state agency.](#)
- [State-by-state agency contacts.](#)

Fraud & Abuse

- [AOTA Fraud & Abuse Resources](#)
- [Brochure: Warriors in the Fight Against Fraud](#)
- [Medicare Fraud & Abuse](#)
- [Podcast: Medicare Fraud & Abuse: Prevention, Detection, and Reporting](#)
- [HHS News Release 3/15/15](#)
- [CMS Blog: 7 Ways to Protect Yourself from Medical Identity Theft](#)
- [Occupational Therapy & Ethics](#)

Department of Health & Human Services (HHS), Office of Inspector General
The OIG is responsible for fraud and abuse prevention, detection, and reporting. On their [Web site](#), you may find:

- [OIG Compliance Education Materials](#)
- [OIG Spotlight Articles](#)
- [OIG Podcasts](#)
- [OIG Report Fraud Brochure](#)

Contact the OIG National Hotline
Phone: (800) HHS-TIPS (800) 447-8477
TTY: (800) 377-4950
Fax: (800) 223-8164

Mail: Office of Inspector General
U.S. Department of Health & Human Services
ATTN: HOTLINE
PO Box 23460
Washington, DC 20026

[Report fraud online.](#)

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www.website.com 72

Section 6

Steps for Reporting

- Compliance Reporting

An OT/OTA Teams Experience Reporting Illegal Skilled Nursing Facility Billing: Relying on Core Values, AOTA, and the OIG to Persevere 10/1/2018

Nursing Facility Company agreed to pay \$30 million of an alleged \$244 million of unsubstantiated charges back to the federal government

<https://www.aota.org/Publications-News/otp/Archive/2018/illegal-billing.aspx>

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www.website.com 73

Section 6

Steps for Reporting

- Individual License Reporting
 - Reporting violations of another OT (or other discipline)

Filing a Complaint

1. It is important for you to complete all sections of the form so your complaint can be fully evaluated. If a particular section does not apply to your situation, simply write "N/A" (not applicable) in the space.
2. By law, complaints concerning a violation of Utah's occupational and professional laws are not public information.
3. DDPL can be contacted by phone at (801) 530-6620. Office hours are Monday through Friday (except legal holidays) from 8:00 a.m. to 5:00 p.m., Mountain Standard Time.
4. You can contact DDPL by e-mail at DDPL@utah.gov.
5. Please be advised that DDPL will not act as your attorney for purposes of settling, recovering monetary loss, or performing any other dispute resolution between you and any person whom you feel may have violated Utah's occupational and professional laws. Any person who has been damaged or lost money as the victim of a licensed or unlicensed professional should immediately contact his or her personal attorney about the possibility of resolving the dispute through negotiation or legal process.
6. Further, DDPL cannot perform investigations for the benefit of your personal litigation. However, your complaint is critical in that it informs DDPL of a possible violation of the occupational and professional laws.
7. Once your complaint is reviewed, you will be notified regarding what action DDPL can take.

File a Complaint Online
Download Manual Complaint Form

https://dopl.utah.gov/complaint/index.html

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Section 6

Steps for Reporting

- Ethics Reporting
 - Complete an Ethics Complaint Form
 - Gather supporting documentation which includes evidence, facts, and information as required
 - The Ethics Committee (EC) will then follow procedures as outlined to investigate, review, and potentially hold a disciplinary council

Steps for reporting found at:
<https://www.aota.org/practice/practice-essentials/ethics>

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Section 6

Steps for Reporting

How to file an ethics complaint ←

Read instructions for filing an ethics complaint, including completion of a complaint form and submission of supporting documentation.

Formal complaint form →

Open and download the Ethics Commission's formal complaint form.

Enforcement procedures for the AOTA OT code of ethics

This public document articulates the procedures followed by members of the Ethics Commission as they carry out duties to enforce the Code. These Enforcement Procedures help ensure compliance with the Code, objectivity, and fundamental fairness to all persons who may be parties in an ethics complaint.

Ethics Commission disciplinary action

Public ethics sanctions by the Ethics Commission or Appeal Panel are publicized as outlined in the Enforcement Procedures for the AOTA 2020 Occupational Therapy Code of Ethics.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION
ETHICS COMMISSION

Formal Complaint of Alleged Violation of the
Occupational Therapy Code of Ethics

If an investigation is deemed necessary, a copy of this form will be provided to the individual against whom the complaint is filed.

Date: _____

Complainant Information regarding individual filing the complaint:

NAME: _____ ID#: 00000000

ADDRESS: _____

Telephone Information regarding individual against whom the complaint is filed:

NAME: _____ ID#: 00000000

ADDRESS: _____

PHONE: _____

1. Respondent is a witness attesting to the facts and circumstances, including dates and events, that support a violation of the Occupational Therapy Code of Ethics and this complaint. Include any steps that have been taken to resolve the complaint before filing.

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Section 6 76

Steps for Reporting

- **Ethics Reporting**

Ethics Commission disciplinary action
Public ethics sanctions by the Ethics Commission or Appeal Panel are publicized as outlined in the Enforcement Procedures for the AOTA 2020 Occupational Therapy Code of Ethics.

Samantha Jo Rogers, OT
Revocation of membership, effective March 19, 2019
Violation of Principle 6L of the *Occupational Therapy Code of Ethics (2015)*.

Aaron Weber, OT
Revocation of membership, effective June 16, 2020
Violation of Principles 2C, 2D, 6L of the *Occupational Therapy Code of Ethics (2015)*.

Linda Jaghlassian, OTA
Revocation of membership, effective June 16, 2020
Violation of Principles 2C, 2F, 5B, 6B, 6L of the *Occupational Therapy Code of Ethics (2015)*.

Maria del Pilar Saa, OTD, OTR/L
Revocation of membership, effective July 20, 2021
Violation of Principles 2F and 2G of the *Occupational Therapy Code of Ethics (2015)*.

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In addition www.website.com 77

(disciplinary actions)
<https://www.aota.org/About-Occupational-Therapy/Ethics/Enforce.aspx>

(how to file a complaint)
<https://www.aota.org/practice/practice-essentials/ethics>

(ethics and legal resources)
<https://www.aota.org/Practice/Ethics/Resources.aspx>

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Final Statement 78

- Reporting an ethical or legal issue is a scary thing
 - Being a whistle blower may have consequences but you are protected
- If you feel the practice of OT has been legally or ethically jeopardized by an individual or entity, there are resources and support locally and nationally
- Too few therapists are afraid to do "what is right" due to fear
- Fortunately, we have law and code supporting "what is right"
- Jobs are out there so do not settle!

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References 79

American Medical Association. (2018). CPT 2018 standard. Chicago: American medical Association Press

American Occupational Therapy Association. (2017). AOTA occupational profile template. *American Journal of Occupational Therapy*, 71 (Suppl.2), 7112420030.<https://doi.org/10.5014/ajot.2017.716812>

American Journal of Occupational Therapy, December 2020, Vol. 74, 741341005.<https://doi.org/10.5014/ajot.2020.74S3006>

American Occupational Therapy Association (2015). Code of Ethics "The Code". <https://ajot.aota.org/article.aspx?articleid=2442685>.

American Physical Therapy Association: Center for Integrity in Practice (2019) Documentation. <http://integrity.apta.org/Documentation>

American Physical Therapy Association: Code of Ethics for the Physical Therapist (2019). http://www.apta.org/uploads/Files/APTA.org/About_Us/Policies/Ethics/CodeofEthics.pdf

Centers for Medicare and Medicaid Services. (2017a). Functional reporting. retrieved from <https://www.cms.gov/Medicare-Billing/TherapyServices/Functional-Reporting.html>.


Center for Medicare and Medicaid Services. (2017b). Medicare benefit policy manual. Retrieved from <https://www.cms.gov/Regulations-and-guidance/guidance/Mannals/downloads/bp102c15.PDF>

Centers for Medicare and Medicaid Services. (2017). Comprehensive error rate testing. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/>.

Schumaker, K., Brodnik, M., Sacha, L., Schiller, M. (1997). Therapists' anxiety and attitudes toward computerized documentation in the clinical setting. *Journal of Allied Health*, 26, 151-8.

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Thank You 

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Bonus Materials:
OT ethics and overlap with PT and SLP

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Discipline	OT	PT	SLP
Principle/ Core Value	1 Beneficence: demonstrate a concern for the well-being and safety of the recipients of their services. Values: Prudence, Dignity, Equality	Principle 2 and 8: PT's shall be trustworthy and compassion in addressing patient needs locally, national, and globally. (Professional Duty, Compassion, Responsibility)	Principle 1: Shall hold paramount the welfare of the persons they serve
Standards of Conduct	1) provide appropriate evaluation and POC 2) evaluate and assess in a timely manner 3) provide intervention and treatment that are evidence-based and within scope of practice 4) provide intervention within competence 5) weight potential for harm when standards do not exist 6) terminate services when services are no longer beneficial 7) refer to other providers when indicated	1) act in the best interest of patients 2) provide services with compassionate and caring behaviors 3) collaborate with and empower patients 4) advocate to reduce health disparities and health care inequalities 5) avoid over or underutilization of services 6) educate members of the public about the benefit of services	1) use every resource including interprofessional collaboration to provide quality service 2) shall not misrepresent credentials 3) obtain informed consent from person they serve 4) accurately represent the intended purpose of a service, product, or research endeavor 6) maintain timely records and accurately record and bill for services provided 7) provide reasonable notice and information about alternatives for obtaining care

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Discipline	OT	PT	SLP
Principle/ Core Value	2 Nonmaleficence: obtain from causing harm to others and to not impose risks of harm even if without harmful intent Values: Prudence	Principle 3 and 4: PT's shall be accountable for making sound judgments and demonstrating integrity in relationships (Excellence, Value, Integrity)	Principle 1: Shall hold paramount the welfare of the persons they serve professionally, in research, and in scholarly activities.
Standards of Conduct	1) avoid abandoning clients by facilitating appropriate transitional services 2) take appropriate action to remedy personal problems that might cause harm to recipients of service 3) avoid undue influences that may impair practice 4) avoid engaging in any sexual relationship with a recipient of service including clients family or significant other, student, or employee where a professional relationship exists	1) professional judgment in the patient's best interest 2) make judgments informed by professional standards 3) do not engage in conflicts of interest that interfere with professional judgement 4) make judgments within their scope of practice and level of expertise and refer to peers or other professionals when necessary 5) not exploit persons over whom they have supervisory, evaluative or other authority	1) provide services and activities competently 2) use every resource including interprofessional collaboration to provide quality service 3) obtain informed consent from person they serve 4) accurately represent the intended purpose of a service, product, or research endeavor 5) provide reasonable notice and information about alternatives for obtaining care

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Discipline	OT	PT	SLP
Principle/ Core Value	3 Autonomy: respect the right of the individual to self-determination, privacy, confidentiality, and consent Values: Equality, Freedom, Justice	Principle 1: PT's shall respect the inherent dignity and rights of all individuals (Value, Compassion, Integrity)	Principle 4: uphold the dignity and autonomy of the profession
Standards of Conduct	1) respect and honor the expressed wishes of the recipient 2) fully disclose benefits, risks, and potential outcomes of any intervention 3) refrain from threatening, coercing, or deceiving clients to promote compliance 4) maintain confidentiality of all information in compliance with applicable laws	1) act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability 2) recognizes personal bias and not discriminate against others	1) exercise independent judgment in providing services 2) do not engage in any form of conduct that adversely reflects on the profession 3) obtain informed consent from person they serve 4) shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions

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Discipline	OT	PT	SLP
Principle/ Core Value	4. Justice: promote fairness and objectivity in the provision of OT services Values: Equality, Justice, Dignity	Principle 7 & 8: PT's shall promote behaviors that benefit clients locally, nationally, and globally (responsibility).	Principle 4: SLP's shall honor their responsibility to the public when advocating for unmet needs of the public
Standards of Conduct	1) respond for request for OT services in a timely manner 2) address barriers to OT services 3) advocate for changes to systems and policies 4) inform employers, colleagues, and students of applicable laws and policies 5) report to proper authorities any acts in practice that are unethical or illegal	1) promote environments that support accountability to professional judgments 2) be aware of charges and ensure documentation for therapy services accurately reflects the services 3) advocate to reduce health disparities and inequities 4) educate members of the public about the benefits of physical therapy	1) shall not misrepresent credentials 2) avoid engaging in conflicts of interest that may compromise professional judgment 3) provide accurate and complete information about services to the public 4) adhere to professional norms when promoting the profession

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Discipline	OT	PT	SLP
Principle/ Core Value	5. Veracity: provide comprehensive, accurate, and objective information when representing OT Values: Truth, Prudence	Principle 5: PT's shall fulfill their professional obligations (professional duty)	Principle 1: Shall hold paramount the welfare of the persons they serve
Standards of Conduct	1) represent credentials and qualifications accurately 2) report in an accurate and timely manner all information related to documentation 3) describe the type and duration of services 4) maintain privacy and truthfulness when communicating and documenting	1) comply with all laws and regulations 2) encourage colleagues providing services without reasonable skill and safety are reported to appropriate authorities 3) provide information about alternatives for obtaining care when physical therapy terminates	1) use every resource including interprofessional collaboration to provide quality service 2) shall not misrepresent credentials 3) obtain informed consent from person they serve 4) accurately represent the intended purpose of a service, product, or research endeavor

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Discipline	OT	PT	SLP
Principle/ Core Value	6. Fidelity: treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity Value: Justice, Equality	Principle 6: PT's refine knowledge, skill, and behaviors (excellence)	Principle 2: responsible to achieve the highest levels of competence
Standards of Conduct	1) address incompetent, unethical, illegal, or impaired practice 2) avoid using one's position or knowledge gained to give rise to conflict of interest 3) refrain from language that is derogatory or disrespectful to others 4) promote collaborative actions as a member of interprofessional teams 5) refrain from actions that reduce the public's trust in OT	1) comply with all laws and regulations 2) encourage colleagues providing services without reasonable skill and safety are reported to appropriate authorities 3) provide information about alternatives for obtaining care when physical therapy terminates	1) use every resource including interprofessional collaboration to provide quality service 2) shall not misrepresent credentials 3) obtain informed consent from person they serve 4) accurately represent the intended purpose of a service, product, or research endeavor

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