

The document below was created collaboratively by the Minnesota Clinical Education Consortium (now known as the Northern Plains Clinical Education Consortium) to assist clinicians in navigating the laws, regulations, and requirements that surround supervising PT and PTA students during clinical education. If you have questions about student supervision, please feel free to contact a member of the consortium.

Student Supervision During Clinical Education

I. Introduction

As a clinical educator making decisions regarding student physical therapy services in the clinical setting, relevant laws, regulations, and requirements need to be considered. In addition, the ability level of the student, the experience of the clinical educator, and the expectations of the student's academic institution inform the decision making process used to determine appropriate supervision parameters. Considered collectively, these factors assure high quality care for the patient/client and high quality learning for the student.

Applicable laws, regulations, and requirements include:

- State laws
- State practice acts
- Policies and regulations of third-party payers, including Medicare
- Site-specific policies, regulations, and procedures
- APTA regulations and position statements

Requirements may vary according to practice setting, payer source, or state. The most restrictive requirements may be those specific to the payer, professional association position statements, or federal regulations, for example. When determining the appropriate level of supervision for PT/PTA students, it is necessary to discern and differentiate requirements that are:

- obligatory from a legal standpoint (practice act, statute, rules)
- best practice recommendations (such as an APTA position statement)
- requirements for reimbursement (CMS regulations, third-party payer)
- requirements of the employer or facility

It is the responsibility of each clinical educator to determine all relevant requirements for student supervision in his/her practice setting and to appropriately discern his/her obligation to each requirement.

In this document, "student" refers to either a SPT or a SPTA, unless otherwise noted. In some circumstances, requirements for supervision differ for the SPT and SPTA.

II. Glossary:

Direct supervision	<p>Direct supervision, as defined in the MN state practice act, “means the physical therapist is physically present and immediately available to provide instruction to the student physical therapist assistant”.¹</p> <p>Direct supervision, as defined by APTA, states that “the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the <i>Guide to Physical Therapist Practice</i> as all encounters with a patient/client in a 24-hour period. Telecommunication does not meet the requirements for direct supervision.”^{2,3} In June 2011, the APTA House of Delegates amended the position “Supervision of Student Physical Therapist Assistants” to clarify that either a PT or a PTA working as part of a PT/PTA CI team can provide direct supervision of the SPTA and can fulfill the direct patient contact requirement for the patients with whom the SPTA works.⁴</p>
Individual therapy	<p>“Individual services provided by one therapist or assistant to one resident at a time. The resident must be receiving the therapist or assistant’s full attention and treatment of a resident intermittently throughout the day can be added up for the daily count of individual therapy minutes.”¹²</p>
Concurrent therapy	<p>“The treatment of two residents at the same time, when the residents are not performing the same or similar activities, regardless of the payer source, both of whom are in the line of sight of the treating therapist or assistant for Medicare Part A.”¹²</p> <p>“Medicare B patients cannot be treated concurrently.”¹²</p>
Line-of-sight supervision	<p>Not defined.</p> <p>NPCEC interpretation: The clinical educator must be able to visually see the student. Does not preclude other tasks from being performed by the clinical educator while simultaneously supervising the student.</p>
On-site supervision	<p>In Minnesota, the state practice act dictates the</p>

	supervising therapist needs be on site. In this act, “ ‘on-site supervision’ means the physical therapist is easily available to the student physical therapist... Telecommunications, except within the facility, does not meet the requirement of on-site supervision.” ¹
Patient contact	Not defined. NPCEC interpretation: Requires direct interaction with the patient about plan of care or treatment. Contact via telecommunications does not satisfy this requirement. Student does not have to be present to satisfy requirement; nor does this imply that the PT/PTA delivers treatment during patient contact.
APTA position statement or APTA position	A position is “a firmly held Association stance or point of view. Positions of the Association direct subsequent decisions on similar matters of both the Association and its members.” ⁵

III. Practice Act Requirements:

Minnesota	As dictated by the MN state practice act, physical therapist students should have “on site” supervision by the supervising therapist, and the supervising physical therapist needs to have direct contact with the patient at least every second treatment session. For physical therapist assistant students , the practice act states that they must have “direct supervision” of the PT, or the direct supervision of the PT and PTA. ¹
North Dakota/ South Dakota	Practice Acts are silent regarding supervision of students.

Medicare A SNF	The SNF setting is the only practice setting in which Medicare A does give specific guidelines regarding student services delivery: <ul style="list-style-type: none"> • Minutes of service (evaluation and treatment) provided by the student may be counted as service minutes for reimbursement purposes.⁶ As of October 1, 2011, Medicare no longer requires “line of sight” supervision in the SNF setting. According to the APTA, “Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (Federal Register , August 8, 2011). Within
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	<p>individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented.”¹¹</p> <ul style="list-style-type: none">• “In order to record the minutes as individual therapy when a student is involved in the treatment of a resident, only one resident can be treated by the therapy student and supervising therapist or assistant.” The supervising therapist or assistant cannot be treating or supervising other individuals and the therapist or assistant must be able to immediately intervene or assist the student as needed.”¹¹• Minutes may be coded as concurrent therapy if 1) “the therapy student is treating one resident and the supervising therapist or assistant is treating another resident”; or 2) “the therapy student is treating 2 residents...and the therapist is not treating any residents and not supervising other individuals”.¹¹• For rules regarding group therapy, see APTA Student Supervision document.¹¹• In the supervision of PTA students, APTA documents state that “Therapist assistants can provide instruction and supervision to therapy assistant students so long as the therapist assistant is properly supervised by the therapist.”¹²• Medicare documents also state that “physical therapist assistants...are not precluded from serving as CIs” [for SPTAs].⁸• Though a student may document evaluation or treatment, the supervising PT/PTA should also document their supervision of the student. At minimum, this includes reviewing and co-signing student documentation and indicating level of supervision provided.
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<p>Medicare A Acute Care</p>	<p>Students may evaluate and treat individuals who have Medicare A as a primary insurer. However, based on Medicare guidelines for reimbursement and the Minnesota State Practice Act, it is suggested that several conditions are met:</p> <ul style="list-style-type: none"> • Student may evaluate and/or provide interventions for the individual covered under Medicare A. Medicare A does not preclude any student services from reimbursement. • Though student may document evaluation or treatment, supervising therapist should also document supervisory note. Under Medicare A, a supervisory note may be simply a co-signature.
<p>Medicare A Inpatient Rehabilitation (Acute Rehabilitation)</p>	<p>In regard to In Patient Rehabilitation (IP Rehab.) settings, there are no direct guidelines specified for student supervision in this setting by federal agencies.</p> <p>The APTA has stated that “although not specifically addressed in the regulations, the inpatient rehabilitation hospital prospective payment system is similar to that of a SNF. Thus, if state laws do not specify requirements, it is reasonable to use the SNF Part A requirements as guidance.”⁷</p> <p>In practice, some facilities have adopted guidelines for inpatient rehab that align with Medicare A Acute Care parameters, rather than with Medicare A SNF parameters.</p>
<p>Medicare B Any setting</p>	<p>Services primarily or independently provided by the student are not reimbursable. Student services are not reimbursable under Medicare B since a student physical therapist or student physical therapist assistant do not meet the definitions of a qualified practitioner.</p> <p>However, “students may participate in the delivery of services when the qualified practitioner is present and in the room for the entire session....The qualified practitioner is directing the service, making the skilled judgment and is responsible for the assessment and treatment...and is not engaged in treating another</p>

	<p>patient or doing other tasks at the same time”.⁸ (Bold font added for clarity)</p> <p>While not specifically addressed by Medicare B, it is not recommended that students perform documentation of services provided to patients/clients covered under Medicare B, as it may imply that the student provided the service independently. However, students should be given the opportunity to practice Medicare B documentation outside of the patient/client’s official medical record.</p>
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Minnesota Medical Assistance (Medicaid) (revised June 2007)	<p>MA will cover physical therapy services when provided by a SPT or SPTA as long as Medicare B student supervision guidelines are followed (see above).⁹ Students may perform documentation but the PT must co-sign and write that she/he was directly involved in providing the intervention.⁹ Until the state writes/publishes new rules, the MCHP Provider manual will not reflect this change, even though the change is currently in effect.¹⁰</p>
Medicaid in South Dakota	<ul style="list-style-type: none"> • General Info:¹³ <ul style="list-style-type: none"> ○ Physical Therapy Services Covered (67:16:02:05.01). South Dakota Legislature Web site. http://legis.sd.gov/rules/DisplayRule.aspx?Rule=67:16:02:05.01. Accessed May 12, 2014. ○ The DSS Web site states: “Physical therapy services which are ordered by a physician through a written prescription and provided by a licensed physical therapist are covered under this article” – (67:16:02:15:01) – so it doesn’t mention students..... ○ http://legis.sd.gov/rules/DisplayRule.aspx?Rule=67:16:02 – General page for “Physician and Other Health Service Providers” – you can link to 67:16:02:05.01 from this page. • School Info:¹⁴ <ul style="list-style-type: none"> ○ School Districts. Required Licensure or Certification Requirements for Service Provider (67:16:37:05). South Legislature Web site. http://legis.sd.gov/rules/DisplayRule.aspx?Rule=67:16:37:05. Accessed May 12, 2014. ○ “Physical therapy services must be provided either by a physical therapist licensed under SDCL 36-10 or by a graduate physical therapy assistant certified under SDCL 36-10.” – (67:16:37:05) – this also doesn’t mention students.... ○ http://legis.sd.gov/rules/DisplayRule.aspx?Rule=67:16:37 -

	General School District info – you can link to 67:16:37:05 from this page.
Medicaid in North Dakota	
Medicaid in Nebraska	

IV. Recommendations to Clinical Instructors/CCCEs from NPCEC

1. Share the documents referenced above with your colleagues
2. Interpret the documents referenced above relative to your practice setting (payer sources, expertise of clinical educators, criticality of patients/clients, etc, etc)
3. Establish written department policies for student supervision during clinical education experiences.
4. Inform academic institutions about your departmental policies for student supervision during clinical education experiences.
5. Share department policies regarding supervision with students during clinical education orientation.

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