



This document was created collaboratively by the members of the Northern Plains Clinical Education Consortium (NPCEC) to assist physical therapist (PT) and physical therapist assistant (PTA) clinicians in navigating the laws, regulations, and requirements that surround the supervision of PT and PTA students during clinical education in the states of Minnesota, Nebraska, North Dakota and South Dakota. If you have questions about student supervision, please feel free to contact a member of the consortium in your state. For a membership roster, visit <https://www.npcec.org/pt-programs> or <https://www.npcec.org/pta-programs>.

## **Student Supervision during Clinical Education**

### **I. Introduction**

As clinical educators make 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 to determine appropriate supervision for students. 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 and practice acts
- Policies and regulations of third-party payers, including Medicare
- Site-specific policies, regulations, and procedures
- APTA regulations and position statements

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

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

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 student physical therapist (SPT) or a student physical therapist assistant (SPTA), unless otherwise noted. In some circumstances, requirements for supervision differ for the SPT and SPTA.

Recommendations for Clinical Instructors (CI) / Site Coordinators of Clinical Education (SCCE)<sup>1</sup> for use of this guiding document in providing high quality clinical experiences:

- a. Share this document with your colleagues
- b. Interpret the documents referenced above relative to your practice setting (payer sources, expertise of clinical educators, criticality of patients/clients, etc.)
- c. Establish written department policies for student supervision during clinical education experiences.
- d. Inform academic institutions about your departmental policies for student supervision during clinical education experiences.
- e. Share department policies regarding supervision with students during clinical education orientation.

## II. State Practice Act Requirements

<p><b>Minnesota</b></p>	<p>As dictated by the Minnesota state practice act, <b>physical therapist students</b> should have <b>on-site supervision</b> by the supervising physical therapist. According to the Minnesota state practice act, <i>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.”</i><sup>2</sup> The supervising physical therapist shall have <b>direct contact with the patient</b> at least every second treatment session by the SPT.<sup>2</sup></p> <p>For <b>physical therapist assistant students</b>, the practice act states that they must have <b>direct supervision by the PT</b>, or the <b>direct supervision by the PT and PTA.</b><sup>2</sup> Note that a PTA cannot be the sole supervisor of a physical therapist assistant student.</p> <p>According to the Minnesota state practice act, <i>direct supervision “means the physical therapist is physically present and immediately available to provide instruction to the student physical therapist assistant.”</i><sup>2</sup></p>
<p><b>Nebraska</b></p>	<p>The Nebraska state practice act specifies that <b>physical therapist assistant students</b> providing patient care services are to receive <b>direct supervision from the supervising PT or PTA.</b><sup>3</sup></p> <p>According to the Nebraska state practice act, <i>direct supervision “means supervision in which the supervising practitioner is physically present and</i></p>

	<p><i>immediately available and does not include supervision provided by means of telecommunication.</i><sup>3</sup></p> <p>The Nebraska state practice act is silent on supervision requirements for physical therapist students.</p>
<b>North Dakota</b>	<p>The North Dakota state practice act states “A person in a professional education program approved by the board who is satisfying supervised clinical education requirements related to the person’s physical therapist or physical therapist assistant education while under <b>onsite supervision</b> of a physical therapist” is “exempt from the licensure requirements of this chapter.”<sup>4</sup> This statement relates specifically to licensure requirements, but implies that onsite supervision of PT and PTA students is required.</p> <p>The North Dakota state practice act states “<i>onsite supervision means the supervising physical therapist is onsite and present in the department or facility where services are provided, is immediately available to the person being supervised, and maintains continued involvement in appropriate aspects of each treatment session in which supportive personnel are involved in components of care.</i>”<sup>4</sup></p>
<b>South Dakota</b>	<p>The South Dakota state practice act is silent regarding supervision of students and definitions of supervision.</p>

### III. Third-Party Payer Regulations and Practice Setting Requirements

<b>Medicare A SNF</b>	<p>The skilled nursing facility (SNF) setting is the only practice setting in which Medicare A provides specific guidelines regarding the delivery of physical therapy services by a student: Minutes of service (evaluation and treatment) provided by the student may be counted as service minutes for reimbursement purposes.<sup>5</sup> According to the APTA, “Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (<b>Federal Register</b>, August 8, 2011). Within 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 Minimum Data Set (MDS) when the therapist provides skilled services <b>and</b> directs a student who is participating in the provision of therapy. All time that the student spends with patients should be documented. There are distinctions with regard to how minutes are counted (e.g. individual, concurrent, group) on the MDS when a student is involved in providing care. These are described below.”<sup>5,6</sup></p>
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# Northern Plains

## Clinical Education Consortium

- Individual Therapy: “When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant. The supervising therapist/assistant shall not be treating or supervising other individuals and he/she is able to immediately intervene/assist the student as needed.”<sup>5,6</sup>
- Concurrent Therapy: “When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:
  - The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy; or
  - The therapy student is treating 2 residents, regardless of payer source, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or
  - The therapy student is not treating any residents and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.”<sup>5,6</sup>
- Group Therapy: “When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:
  - The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
  - The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.”<sup>5,6</sup>

Documentation:

“APTA recommends that the **physical therapist** co-sign the note of the **physical therapist student** and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient’s care.”<sup>5</sup>

“APTA recommends that the **physical therapist and assistant** should co-sign the note of **physical therapist assistant student** and state the level of appropriate supervision used. Also, the documentation should reflect the

	requirements as indicated for individual therapy, concurrent therapy, and group therapy.” <sup>5</sup>
<b>Medicare A Hospital</b>	Student supervision is not specifically addressed in the regulations, therefore, defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting. <sup>4</sup> Refer to Medicare A SNF section for APTA’s recommendations for documentation.
<b>Medicare A Inpatient Rehab Facility</b>	Student supervision is not specifically addressed in the regulations, therefore, defer to state law and standards of professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting. <sup>4</sup> Refer to Medicare A SNF section for APTA’s recommendations for documentation.
<b>Medicare B Any Setting</b>	<p>“Only the services of the therapist can be billed and paid under Medicare Part B. However, a student may participate in the delivery of the services if the therapist is directing the service, making the judgment, responsible for the treatment and present in the room guiding the student in service delivery.”<sup>5</sup></p> <p>“Therapists may bill and be paid for the provision of services in the following scenarios:</p> <ul style="list-style-type: none"> <li>• The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.</li> <li>• The qualified practitioner is present and in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.</li> <li>• The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s service, not for the student’s services).”<sup>5,7</sup></li> </ul> <p>Regarding documentation: “APTA recommends that the physical therapist or physical therapist assistant complete documentation.”<sup>5</sup></p>

<b>Medicaid in Minnesota</b>	Medical Assistance (MA) in Minnesota will cover physical therapy services when provided by a SPT or SPTA as long as Medicare B student supervision guidelines are followed (see above). <sup>8</sup> Students may perform documentation but the PT must co-sign and write that she/he was directly involved in providing the intervention. <sup>8</sup> Until the state writes/publishes new rules, the MCHP Provider manual will not reflect this change, even though the change is <b>currently</b> in effect. <sup>9</sup>
<b>Medicaid in Nebraska</b>	Chapter 17, Physical Therapy Services does not mention students. <sup>10</sup> Physical therapists are eligible providers. “Services provided by a PTA are billable to NMAP when all requirements of 172 NAC 137 (Nebraska licensure laws) are met.” <sup>10</sup>
<b>Medicaid in South Dakota</b>	<p><u>General Information:</u></p> <ul style="list-style-type: none"> <li>• “Physical and occupational therapy services provided by students are not covered.”<sup>11</sup></li> <li>• “Physical therapy services which are ordered by a physician or other licensed practitioner through a written prescription and provided by a physical therapist licensed under SDCL chapter <a href="#">36-10</a> or by a physical therapist assistant certified under SDCL chapter 36-10 are covered services under this article.”<sup>12</sup></li> </ul> <p><u>School Districts:</u></p> <p>“Physical therapy services must be provided either by a physical therapist licensed under SDCL <a href="#">36-10</a> or by a graduate physical therapy assistant certified under SDCL 36-10”<sup>12</sup></p>
<b>Medicaid in North Dakota</b>	Covered Services: “Therapies - Covers physical and occupational therapy and speech and language pathology.” General information on covered services is silent on use of students in providing services. <sup>13</sup> For additional questions, contact <a href="mailto:dhsmed@nd.gov">dhsmed@nd.gov</a> .



**IV. APTA Guidelines/Definitions**

<p>APTA position statement or APTA position</p>	<p>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.”<sup>14</sup></p>
<p>Levels of Supervision HOD P06-00-15-26 [Position]</p>	<p>“The American Physical Therapy Association recognizes the following levels of supervision:</p> <ul style="list-style-type: none"> <li>• <u>General Supervision</u>: The physical therapist is not required to be on site for direction and supervision, but must be available at least by telecommunications.</li> <li>• <u>Direct Supervision</u>: 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 Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.</li> <li>• <u>Direct Personal Supervision</u>: The physical therapist or, where allowable by law, the physical therapist assistant is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision.”<sup>15</sup></li> </ul>
<p>Student Physical Therapist Provision of Services HOD P06-00-18-30</p>	<p>“Student physical therapists, when participating as part of a physical therapist professional education curriculum and when acting in accordance with the American Physical Therapy Association policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means 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 Guide to Physical Therapist Practice, as all encounters with a patient/client in a 24- hour period. Telecommunications does not meet the requirement of direct supervision.”<sup>16</sup></p>



# Northern Plains

Clinical Education Consortium

Supervision of Student  
Physical Therapist  
Assistants HOD P06-11-  
09-17

“Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, and when acting in accordance with American Physical Therapy Association policy and applicable state laws and regulations, are qualified to perform selected physical therapy interventions under the direction and supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. When the student physical therapist assistant is participating in the delivery of physical therapy services while being supervised by the physical therapist alone or the physical therapist and physical therapist assistant working as a team, the physical therapist or the physical therapist assistant is physically present and immediately available at all times. The physical therapist or the physical therapist assistant will have direct contact with the patient/client during each visit as visit is defined in the Guide to Physical Therapist Practice. The physical therapist maintains responsibility for patient/client management at all times, including appropriate utilization of the physical therapist assistant as described in Direction and Supervision of the Physical Therapist Assistant, and for interventions performed by the student physical therapist assistant.”<sup>17</sup>

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