



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. This document is not to be construed as legal advice or counsel. 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>.

The NPCEC recommends checking hyperlinks and/or references provided in this document frequently, as supervision guidance and reimbursement information is often updated annually.

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)¹ for use of this guiding document in providing high quality clinical experiences:

1. Share this document 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.)
3. Establish written department policies for student supervision during clinical education experiences.
4. Inform academic institutions about your departmental policies for students' supervision during clinical education experiences.
5. Share department policies regarding supervision with students during clinical education orientation.

An Additional Resource Clinical Educators may find helpful is the Physical Therapy Clinical Education Glossary, which can be accessed here: <https://acapt.org/glossary>

II. State Practice Act Requirements

Minnesota	<p>As dictated by the Minnesota state practice act, physical therapist students should have on-site supervision 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> The supervising physical therapist shall have direct contact with the patient at least every second treatment session by the SPT.²</p> <p>For physical therapist assistant students, the practice act states that they must have direct supervision by the PT, or the direct supervision by the PT and PTA.² 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>.²</p>
Nebraska	<p>The Nebraska state practice act specifies that physical therapist assistant students providing patient care services are to receive direct supervision from the supervising PT or PTA.³</p> <p>According to the Nebraska state practice act, <i>direct supervision means, “supervision in which the supervising practitioner is physically present and immediately available and does not include supervision provided by means of telecommunication.”</i>³</p> <p>The Nebraska state practice act is silent on supervision requirements for physical therapist students.</p>
North Dakota	<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 onsite supervision of a physical therapist” is “exempt from the licensure requirements of this chapter.”⁴ This statement relates specifically to licensure requirements, but implies that onsite supervision of PT and PTA students is required.</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> ” ⁴
South Dakota	The South Dakota state practice act is silent regarding supervision of students and definitions of supervision. ⁵

III. Third-Party Payer Regulations and Practice Setting Requirements

Medicare Part A SNF	<p>“Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (Federal Register, 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 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.</p> <p>Services that are provided or directly supervised by a licensed physical therapist. A qualified physical therapy assistant may provide therapy but not supervise others (aides or volunteers) giving therapy. Includes services provided by a qualified physical therapy assistant who is employed by (or under contract to) the nursing facility only if they are under the direction of a licensed physical therapist. Physical therapist and physical therapist assistant are defined in regulation 42 CFR 484.4.”</p> <p>Specifications related to type of therapy provided by students within the SNF under Medicare Part A are described below:</p> <p>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 (Medicare A and Medicare B)... for those residents whose stay is covered under Medicare A, the supervising therapist/assistant shall not be treating or supervising other individuals and they are able to immediately intervene/assist the student as needed.”</p> <p>Concurrent Therapy: “The treatment of 2 residents, who are not performing the same or similar activities, at the same time, regardless of payer source, both of whom must be in line-of-sight of the treating therapist or assistant.</p> <p>When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:</p> <ul style="list-style-type: none"> • 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
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	<ul style="list-style-type: none"> • 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.” <p>Group Therapy: “The treatment of two to six residents, regardless of payer source, who are performing the same or similar activities, and are supervised by a therapist or assistant who is not supervising any other individuals.</p> <p>When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:</p> <ul style="list-style-type: none"> • 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.”⁶
<p>Medicare Part A</p> <p><i>Hospital</i></p> <p><i>Inpatient Rehabilitation Facility (IRF)</i></p>	<p>For hospital and inpatient rehab services, CMS's current policy does not prohibit the therapy services furnished by a therapy student under the appropriate supervision of a qualified therapist or therapy assistant from counting toward the intensive rehabilitation therapy program.⁷</p>
<p>Medicare Part B</p> <p><i>Any Setting</i></p>	<p>“Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under “line of sight” supervision of the therapist; however, the presence of the student “in the room” does not make the service unbillable. Pay for the direct (one-to-one) patient contact services of the physician or therapist provided to Medicare Part B patients. Group therapy services performed by a therapist or physician may be billed when a student is also present “in the room.”⁸</p> <p>“EXAMPLES: Therapists may bill and be paid for the provision of services in the following scenarios:</p> <ul style="list-style-type: none"> • 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. • The qualified practitioner is present 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. • 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).



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	For additional guidance on the use of therapy students in SNFs under Part B, please refer to CMS' MDS RAI Manual . ⁸
TRICARE	<p>“TRICARE covers physical therapy when:</p> <ul style="list-style-type: none"> • Provided by: <ul style="list-style-type: none"> ○ A Licensed Physical Therapist (PT). ○ A Physical Therapist Assistant (PTA) performing under the supervision of a TRICARE-authorized PT. ○ An Occupational Therapist (OT). ○ An Occupational Therapist Assistant (OTA) performing under the supervision of a TRICARE-authorized OT. ○ A certified Nurse Practitioner. ○ A podiatrist.”⁹ <p>The language Tricare offers related to services provided by students is silent. Clinical educators are encouraged to consult facility policies when determining whether services for those insured by Tricare will be allowed.</p> <p>According to APTA, “TRICARE covers physical therapy when furnished by a PT, or PTA performing under the supervision of a TRICARE-authorized PT.”¹⁰</p>
Medicaid in Minnesota	<p>“When appropriate supervision is provided, qualified therapists may bill and be paid for services provided by students of the following: physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants and speech language pathologists if the service would have otherwise been eligible for payment if performed directly by the supervising therapist.</p> <p>Qualified therapists must follow state licensure requirements for student supervision in addition to these MHCP guidelines. They must use their professional judgment to determine whether a service is billable.</p> <p>Student: a person in a professional educational program (approved by the appropriate accrediting body) who is satisfying supervised clinical education requirements. Supervision must be on-site. On-site supervision means the supervising therapist is immediately available in the same building or campus for student instruction. Telecommunication, except within the facility, does not meet the requirement of on-site supervision.</p> <p>The supervising therapist is responsible for delegating specific duties to the student to establish competency and ensure patient safety. The supervising therapist determines the decision to delegate after establishing proficiency in functions performed by the student and is supported by sufficient academic and clinical preparation.</p> <p>The supervising therapist is responsible for all functions performed by the student, including completing the documentation or co-signing the student’s documentation. In signing the documentation, the therapist indicates he or she has read it and is responsible for its contents. Documentation must clearly indicate the student provided the services under the therapist’s direction. The student may also sign the documentation, but it is not required for payment.”¹¹</p>
Medicaid in Nebraska	General information on covered services is silent on use of students in providing services. For additional questions see dhs.ne.gov for contact information. ¹²
Medicaid in North Dakota	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. ¹³ For additional questions, contact dhsmed@nd.gov .



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<p>Medicaid in South Dakota</p>	<p>General Information: “Physical therapy (PT) services may be provided by a physical therapist licensed under SDCL 36-10 or a physical therapist assistant (PTA) licensed under SDCL 36-10. Physical therapy assistants may provide approved tasks under an enrolled supervising PT, but are not eligible to enroll with South Dakota Medicaid. Services provided by students are not covered.”¹⁴ School Districts: “Services may only be provided by the following provider types:… A licensed physical therapist (PT) or a certified graduate physical therapy assistant (PTA) under SDCL Ch. 36-10.”¹⁵</p>
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IV. APTA Guidelines/Definitions

<p>Use of APTA Positions, Standards, Guidelines, Policies, and Procedures HOD P06-14-17-22 [Position]</p>	<p>“The American Physical Therapy Association (APTA) positions, standards, guidelines, policies, and procedures are intended to communicate best practice for physical therapist practice. Acknowledging that these APTA documents are and should be used to inform state practice acts, these documents are not intended to limit the development of innovative approaches to physical therapist practice in the evolving health care system.”¹⁶</p>
<p>Levels of Supervision¹⁷ HOD P06-19-13-45 [Position]</p>	<p>“The American Physical Therapy Association supports the following levels of supervision within the context of physical therapist practice. The following levels of supervision are the minimum required for safe and effective physical therapist services. The application of a higher level of supervision may occur at the discretion of the physical therapist based on jurisdictional law regarding supervision, patient or client factors, the skills and abilities of the personnel being supervised, facility requirements, or other factors.</p> <p><u>General Supervision:</u> General supervision applies to the physical therapist assistant. The physical therapist is not required to be on site for supervision but must be available at least by telecommunication. The ability of the physical therapist assistant to provide services shall be assessed on an ongoing basis by the supervising physical therapist.</p> <p><u>Direct Supervision:</u> Direct supervision applies to supervision of the student physical therapist and student physical therapist assistant. The physical therapist, or the physical therapist assistant when supervising a student physical therapist assistant, is physically present and immediately available for supervision. In both cases, the physical therapist or physical therapist assistant will have direct contact with the patient or client on each date of service. Telecommunication does not meet the requirement of direct supervision.</p> <p><u>Direct Personal Supervision:</u> Direct personal supervision applies to supervision of a physical therapy aide. The physical therapist, or where allowable by law the physical therapist assistant, is physically present and immediately available to supervise tasks that are related to patient and client services. The physical therapist maintains responsibility for patient and client management at all times.”</p>



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<p>Student Physical Therapist & Physical Therapist Assistant Provision of Services¹⁸ HOD P06-19-10-06</p>	<p>Experiential learning focused on development and application of patient- and client-centered skills and behaviors is a crucial component of the education of physical therapists and physical therapist assistants. Clinical instructors and preceptors provide instruction, guidance, and supervision that comply with association policy, positions, guidelines, and ethical standards, and with jurisdictional laws governing supervision.</p> <p>Student physical therapists, when participating as part of a physical therapist professional education curriculum, are qualified to provide services only under the direct supervision of the physical therapist who is responsible for patient and client management.</p> <p>Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, are qualified and may be utilized to provide components of intervention and to collect selected examination and outcomes data only under the direct supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. The physical therapist maintains responsibility for patient and client management at all times, including management of the services provided by the student physical therapist assistant.</p> <p>Direct supervision means the physical therapist, or the physical therapist assistant when supervising a student physical therapist assistant, is physically present and immediately available for supervision. In both cases, the physical therapist or physical therapist assistant will have direct contact with the patient or client on each date of service.</p> <p>Telecommunication does not meet the requirement of direct supervision.</p>
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