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746-X-6-.01 Purpose. The purpose of accreditation is to identify for prospective patients, referral sources, and third-party payers which prosthetic and/or orthotic facilities meet the Board’s requirements.
Authors: Joseph C. Elliott, Glenn Crumpton

746-X-6-.02 Accreditation Application. A facility where prosthetic, orthotic, or prosthetic and orthotic care is provided to patients needing such care must submit an accreditation application.
Authors: Joseph C. Elliott, Glenn Crumpton

746-X-6-.03 Accreditation Fees.

(1) Application fees and accreditation fees as set by the board may be amended by two-thirds vote of board members present at a regular or called meeting of the Board. Fees shall not exceed the limits established in Code of Ala. 1975, §34-25A-1-14.
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(2) Unless otherwise specified, the fees established in this section must be paid to the Board before a license or registration is issued. Fees may be submitted as a personal check, business check, money order, or certified check paid by mail.

(3) Schedule of fees. The board has established the schedule of fees as follows:

(a) Application fees for accreditation -- $150

(b) Accreditation fees-- $250

(c) License and registration duplicate or replacement-- $50

(4) Late Fee. There shall be a grace period of thirty days prior to the imposition of a late fee for renewals at which time a one hundred dollar ($100) fee will be imposed for each month in which the application is late not to exceed three months. After this time, the applicant is in violation of ACT-2002-527.

(5) Returned check. Fee in accordance with the Code of Ala. 1975, §8-8-15;

(6) Returned checks. Returned checks will be subject to the following procedure:

(a) A license, registrant, or accredited facilities, whose check is returned due to insufficient funds, account closed, payments stopped, or other reason, shall remit a money order or check for guaranteed funds to the board within 30 days of the date of the board’s notice.

(b) The application shall be considered incomplete until the replacement fee has been received in accordance with Section A.

(c) If a license or registration has been issued, it shall be invalid until the replacement fee is received.

(d) If a money order or check for guaranteed funds is not received within 30 days of the date of the board’s notice, the board shall notify the applicant and the applicant’s
employer that the application is incomplete or the license and registration has been invalidated due to a returned check.

(7) Review of the fee schedule. The executive director shall make periodic reviews of the fee schedule and recommend adjustments necessary to provide sufficient funds to meet the expenses of the board without creating an unnecessary surplus. Adjustments shall be made through rule amendments approved by the board.

Authors: Joseph C. Elliott, Glenn Crumpton

746-X-6-.04 Accreditation Requirements.

(1) All accredited facilities must meet the requirements of the Board of Orthotist/Prosthetist Certification or the American Board for Certification in Orthotics and Prosthetics.

Authors: Joseph C. Elliott, Glenn Crumpton

746-X-6-.05 Standards For Accredited Facilities.

(1) Certified Practitioner-in-Charge.

(a) Each facility location must be supervised by at least one licensed practitioner-in-charge in each discipline for which service is provided.

(b) The practitioner may supervise no more than 2 locations, provided they are no more than 75 miles apart.

(2) Services Provided. The facility must be equipped to provide the following services to the public, for each discipline accredited:

(a) Casting, measuring, fitting, delivery of devices

(b) Repairs, adjustments, replacements of devices
(c) All facilities must have individual Medicare and
Medicaid provider numbers as required by Medicare and Medicaid.

(3) Physical Requirements. The facility shall be a
permanent, commercial building that was constructed and is
maintained appropriately to provide safe and sanitary conditions
for the protection of the patient and the personnel providing
orthotic/prosthetic care.

(a) The facility must be licensed by local cities,
counties, and other governmental entities as applicable.

(b) The facility must have a telephone for contact

(c) The facility must have regular mail service

(4) Patient Areas. The patient areas of the
facilities must meet the following requirements:

(a) All patient fitting rooms have doors, screens or
curtains to assure privacy and meet HIPPA requirements for
privacy

(b) Patient chairs are fitted with arm-rests

(c) Patient fitting rooms contain examination tables
with disposable covers or readily disinfected surfaces

(d) At least one room is fitted with parallel bars of
at least eight feet in length with a full length mirror at one
end. Facilities that exclusively provide orthotic services or
sell HME/mastectomy supplies may have other appropriate walking
aids

(e) Protective gloves and disinfectives suitable for
blood-borne and other pathogens are available and used in each
patient area

(f) Patient examination and treatment rooms shall be
cleaned following each patient visit

(g) Patient areas shall meet all ADA access
requirements

(5) Laboratory Areas. The laboratory (workshop) must
meet the following requirements:
(a) All equipment (machinery) must meet local and OSHA requirements

(b) OSHA air quality standards are met

(c) Flammable materials are handled and stored according to OSHA and local regulations

(d) OSHA bloodborne pathogen standards are closely followed

(e) Safety equipment (e.g. safety glasses/goggles, dust-masks) are available and used at all appropriate times

(f) The facility has a safety manual and regular scheduled safety training for all employees

(6) Satellite Offices. All satellite offices must be listed and registered.

(a) All satellites must be ADA accessible

(b) All satellites must be HIPPA compliant

(c) All satellites must have private exam and/or walking room(s).

(7) Record Keeping. The facility must adhere to the following record-keeping requirements:

(a) Clinical records are maintained according to HIPPA practice standards

(b) Only personnel having the need to know their contents have access to patient records

(c) Records are not available to anyone outside the facility without a signed patient consent

(d) Patient records are stored in file cabinets fitted with locks or in separate lockable file rooms

(8) Insurance. The facility must carry general liability, malpractice, product liability in addition to other insurance as required by local statute or best-business practices.
(9) Quality Assurance. The facility maintains a quality assurance program that includes, but is not limited to the following:

(a) Upon receipt of orthotic/prosthetic device, patients are given oral and written instructions relating to use, safety, wearing times, cleaning and servicing as appropriate

(b) Patients are required to sign a receipt for their device at delivery, noting their satisfaction relative to comfort and function as well as the receipt of patient instructions

(c) A written patient survey that provides all patients the opportunity to comment on the quality, timeliness and efficacy of the services and products provided. This survey also allows patients to comment on the manner of treatment they received from all staff-business, reception and/or practitioner.

(d) Patients are provided a method for anonymous complaints to either facility personnel or others in keeping with compliance requirements of Medicare, etc.

(e) Facility provides for regular follow-up to check on patient progress, satisfaction and/or problems

(f) Written records of each patient contract are maintained in a confidential file

(10) Compliance Officer. One person is designated as the Compliance Officer to assure that:

(a) The facility and practitioners comply with:

1. Code of Ethics

2. Employee Handbook

3. Federal and State rules and regulations to prevent fraud and abuse

(b) Staff Education and Training includes:

1. Proper documentation procedures
2. Proper billing and coding practices

(c) All compliance issues raised, and their resolution, are recorded and reported

(d) Review and update program, at least annually

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