

AGENDA

CONNECTICUT STATE BOARD OF EXAMINERS FOR PHYSICAL THERAPISTS

Tuesday, May 11, 2021 at 9:00 AM
Department of Public Health
410 Capitol Avenue, Hartford CT

CALL TO ORDER

I. MINUTES

Adoption of the minutes from December 1, 2020

II. NEW BUSINESS

A. Reinstatement Application Review – Steven Hutt, PT
Presented by Frank Manna, Jr., License and Applications Analyst, DPH

B. Telehealth

ADJOURN

This meeting will be held by video conference at the link below,

Board of Examiners for Physical Therapists via Microsoft Teams

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 860-840-2075](tel:+18608402075) - Phone Conference ID: 896 821 782#

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

The **Connecticut State Board of Examiners for Physical Therapists** held a meeting on January 26 2021.

BOARD MEMBERS PRESENT: Michael J. Parisi, PT, Chairman
Laurie Devaney, PT
James Ware, MD

BOARD MEMBERS ABSENT: Andrea O'Brien, PT

ALSO PRESENT Kerry Colson, Assistant Attorney General
Stacy Schulman, Esq., Hearing Officer, DPH
Jeffrey Kardys, Board Liaison

The meeting was called to order by Mr. Parisi at 9:02 a.m. All participants were present via Microsoft Teams.

I. MINUTES

The minutes from the December 1, 2020 meeting were reviewed. Ms. Devaney made a motion, seconded by Dr. Ware, to adopt the minutes. The motion passed.

II. DECLARATORY RULING – DRY NEEDLING

The Board reviewed a draft of the proposed declaratory ruling concerning physical therapy scope of practice in relation to acupuncture and dry needling.

Ms. Devaney made a motion, seconded by Dr. Parisi, to adopt the decision as edited. The motion passed.

The proposed ruling will be sent to the parties and intervenors. (Parties will be provided with the opportunity to submit comments) and then sent to the Commissioner of the Department of Public Health for approval pursuant to § 19a-14(f)(2) of the Connecticut General Statutes.

IV. ADJOURNMENT

There was no further business and the meeting was adjourned at 9:16 a.m.

Respectfully submitted,
Michael J. Parisi, PT
Chairman
Connecticut State Board of Examiners for Physical Therapists

Kardys, Jeffrey

From: Manna, Frank
Sent: Wednesday, May 05, 2021 3:36 PM
To: Kardys, Jeffrey
Cc: Carragher, Stephen
Subject: •Board of Examiners for Physical Therapists 5/11/2021
Attachments: S Huett 2021 rein application.pdf; S Huett employment verification.pdf

Good afternoon Jeff, can you please add Mr. Steven Hutt see attached pdf files to the May 11, 2021 Board of Examiners for Physical Therapists as he requests to reinstate his license. Mr Hutt has last practiced in September of 2018 in Connecticut. Licensee has a lapsed Pennsylvania license with an expiration date of 9/5/1997 with no continuing education on file as of 5/5/2021. Thank you

<u>Credential</u> ▲	<u>License Type</u>	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Status</u>	<u>Reason</u>
14.006213 STEVEN C HUTT	Physical Therapist	02/01/2018	01/31/2019	PENDING	REINSTATEMENT APPLICATION PENDING

Frank

Frank Manna, Jr.

License and Applications Analyst
Practitioner Licensing and Investigations Section
State of Connecticut Department of Public Health
410 Capitol Avenue, MS# 12APP
PO Box 340308
Hartford, CT 06134
860-986-3231 Phone
860-707-1930 (Fax) 

- Let us know how we are doing: [Survey](#)"

<https://www.surveymonkey.com/r/Y7D822D>

Website: ct.gov/dph/licensing

 E-mail: frank.manna@ct.gov

On-Line License Portal: <https://www.elicense.ct.gov/Default.aspx>

Office Policies: <http://www.ct.gov/dph/cwp/view.asp?a=3121&q=389534>



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Physical Therapist
Email: dph.alliedhealth@ct.gov
Website: www.ct.gov/dph/license

Physical Therapist License Application



This application must be accompanied by a check or money order in the amount of \$265.00, made payable to "Treasurer, State of Connecticut."

➔ Return completed application and fee to:

CT DPH, Physical Therapist Application Processing, 410 Capitol Ave., MS# 12MQA, PO Box 340308, Hartford, CT 06134

First Name Steven	MI C	Last Name Hutt	Maiden Name	Social Security Number
Email Address stevhutt76@gmail.com	Street Address 168 Hollister Way S	City Glastonbury	State CT	Postal Code 06033
Telephone Number 860-	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth 11/5/71	Ethnicity: check (✓) <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	
Race: Please check (✓) all that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input checked="" type="checkbox"/> White				
Have you held a Connecticut physical therapist license in the past?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been licensed as a physical therapist in any state? If yes, please list all (please abbreviate): PA				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of School of Physical Therapy Drexel University	City Philadelphia	State PA	Country USA	Grad. Date 6/97
Have you ever taken the National Physical Therapy Examination?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exam Date 9/5/97	Did you Pass? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to take the NPTE examination as a Connecticut applicant? N/A				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
On the examination, will you require accommodation for any disability? If yes, attach a statement describing the nature of the disability and the requested accommodation. Upon review, the Department will contact you for additional documentation.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you certified by the American Registry of Physical Therapists (ARPT)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If you answered yes to any of the above questions regarding your professional history, please provide full details and provide supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review.				

NOTARIZATION: On this **13th** day of **JANUARY**, 20 **21**, the above referenced individual personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein or any document attached hereto are true in every respect.

Sworn to before me this **13th** day of **JANUARY**, 20 **21**.

Steven Hutt Signature of Applicant
Wioletta Krzek Signature of Notary Public

WIOLETTA KRZEK
NOTARY PUBLIC
My Commission Expires **APR. 30, 2022**

TO:

Board of Examiners for Physical Therapists

Mary Lou Sanders, MS, BSN – Chairperson

FROM:

Steven Hutt

168 Hollister Way S., Glastonbury, CT 06033

860-305-1118

stevehutt76@gmail.com

Dear Ms. Sanders and the Board of Examiners for Physical Therapists:

I have submitted the necessary documentation for reinstatement of my CT Physical Therapy License (#006213) and I am writing to explain the reason for the lapse in renewing my license.

Due to personal and family issues, primarily health related, beginning in the fall of 2018 I had to resign from my job and I failed to renew my license in January of 2019. I have not been employed as a Physical Therapist since the fall of 2018 to focus on these issues and then with the onset of the COVID-19 pandemic, I chose to delay my return to work in order to assist my elderly parents. During this time period I have been continually keeping myself informed and educated online of recent trends and updates in the field of Physical Therapy.

I have consistently maintained high standards for myself as a Physical Therapist and I take pride in the care I provide to the clients I have worked with in my 20+ year career. I have never had any disciplinary action taken against me as a Physical Therapist and I have always been eager to learn more in my field and thus I have always met/exceeded the yearly 20 hour requirement for continuing education. Due to the circumstances over the time period since I was last employed I have changed my residence on 2 occasions and in the process I have lost my continuing education documentation, both physical certificates and electronically stored records. I have done my best to retrieve some of the records and documentation from my most recent years as a Physical Therapist and have provided that information with my application.

I am very eager to return to work as a Physical Therapist as healthcare is my passion and I thoroughly enjoy working with patients to help them maximize their health, functional independence, and safety. In addition, I am a single father of 2 teenage boys and I am anxious to resume my career as a Physical Therapist to provide for them and save for their future needs.

I thank you for your consideration and review of my application for reinstatement of my Physical Therapy License and hope to return to work very soon in this challenging time in the healthcare field.

I am available anytime via my cell phone 860-305-1118 and stevehutt76@gmail.com. I would be happy to answer any additional questions and provide any additional information to help expedite this process

Sincerely,



Steven Hutt

Previous documents submitted for Physical Therapy license reinstatement for Steven Hutt #006213

*License verification from the state of Pennsylvania- sent directly several months ago.

*Statement from most recent employer, Visiting Nurse and Health Services of CT, indicating ability to practice with reasonable skill and safety.

Steven Hutt

12/21/2020



168 Hollister Way South, Glastonbury, CT 06033
860-305-1118
stevehutt76@gmail.com

EDUCATION

Drexel University, Philadelphia, PA
5/1995-6/1997

Masters Degree in Physical Therapy, MPT

Villanova University, Villanova, PA
Bachelor of Science in Biology, B.S.

Physical Therapy License

CT: #006213

PA: 9/97-12/98

EXPERIENCE

Visiting Nurse and Health Services of CT, 8 Keynote Dr., Vernon, CT 06066
6/14-9/18, Homecare Physical Therapist

Evaluation, treatment, and independent case management of various diagnoses in the homecare setting including patient's in palliative and hospice care. Patient and family education in the POC and discharge planning as well as procurement of DME as needed to ensure safety and independence for the patient. Proficient in OASIS, ICD10 coding and procurement of insurance authorization with managed medicare, Medicaid (HUSKY), CCCI, and private insurers. Proficient in the use of the Electronic Visit Verification system. Participated in chart reviews and provided inservices for staff. Participated in many agency sponsored continuing education opportunities including yearly competencies in advance directives, end of life care, infection control, and other patient related topics. Involved in daily case conferencing with the interdisciplinary team involved in patient care and weekly review with the PT supervisor of active patients and their discharge plan. Close communication

with the referring physicians regarding PT evaluation findings and plan of care as well as updates as necessary regarding progress, changes in health status or lack of progress and at the time of discharge.

Keep Me Home, LLC, Berlin CT, 1340 Worthington Ridge, Berlin, CT 06037

2/13-5/14, Homecare Physical Therapist

Evaluation, treatment planning, and implementation for homebound patients referred for home based physical therapy from various environments including SNFs, acute care, long term care, assisted living facilities and from MD offices. Case management of various diagnoses and case conferencing with the interdisciplinary team involved in patient care.

Medical Management Plus, LLC, 1233 Silas Deane Hwy, Wethersfield, CT 06109

6/11-10/12, Homecare Physical Therapist

Evaluation, treatment as well as case management of various diagnoses in the homecare setting. Development of an individualized treatment program to maximize functional independence and safety in the home. Education and training of patients and family members as well as interdisciplinary communication with other team members involved the patient's plan of care. Weekly case conferences with supervisor to review patients progress and discharge plan.

New England Homecare, 136 Berlin Rd., Cromwell, CT 06416

3/07-5/11, Homecare Physical Therapist

Evaluation and treatment as well as case management of various diagnoses in the homecare setting. Patient and family education to maximize safety and functional independence in the home. Case communication with the patient's referring MD as well as the entire interdisciplinary team. Participation in monthly staff meetings as well as agency continuing educational opportunities. Attended offsite continuing education opportunities at the Connecticut Association for Healthcare at Home as well as other venues.

Connecticut VNA (currently Masonicare), 111 Founders Plz., East Hartford, CT 06108

3/01-11/06, Homecare Physical Therapist, per diem and full time

Evaluation and treatment of various diagnoses in the homecare setting including patient's in the palliative care and Hospice programs. Proficient in the use of

Mckesson homecare software. Independent case management of patients and regular case conferencing with the patient's referring MD and interdisciplinary team. Provided wound care management under the guidance of the Primary Care Nurse's plan of care and trained in the management of wounds using the KCI wound vac system. Participated in agency based continuing education as well as many continuing education courses outside of the agency to annually exceed the State of CT continuing education requirements for licensure.

Grove Hill Medical Center, 73 Cedar St., New Britain, CT 06051

10/00-5/02, Outpatient Physical Therapist

Evaluation and treatment of a wide variety of musculoskeletal and neurological diagnoses as well as many post operative orthopedic patients. Worked in the same building as an orthopedic and pain management practice and frequently consulted directly with the physicians regarding the care of their patients. Proficient in the use of many different modalities and manual treatment techniques. Development of individualized treatment plans and patient education in their diagnoses and home treatment program.

Hospital of St. Raphael Outpatient Rehabilitation Services, 175 Sherman Ave., New Haven, CT 06511

8/98-9/00, Outpatient Physical Therapist

Assessment and development of individualized treatment plans for patients with varying musculoskeletal and neurological diagnoses. In addition, evaluation of patients with work related injuries and functional screening using the Isernhagen work system tool to determine readiness for return to work and also pre-screening for employment using individualized functional capacity evaluations.

Penn Therapy and Fitness, 3737 Market St., Philadelphia, PA 19104

6/97-7/98, Outpatient Physical Therapist

Evaluation and treatment of various orthopedic and neurologic diagnoses and development of individualized treatment plans in an outpatient setting. Proficient in the use of all modalities in the outpatient setting and manual techniques as appropriate to facilitate progress towards the patient directed goals. Training in evaluation and treatment of vestibular disorders. Intimate involvement in continuing education associated with the Hospital of the University of Pennsylvania including attendance in orthopedic rounds with the physicians and medical students. Unique opportunity to participate weekly with the orthopedic surgeons in education of post operative patients and instruction

in post operative care including a home exercise program.

SKILLS

Proficient in the use of McKesson, Allscripts, ContinuumLink, and HealthWyse home healthcare documentation software

CPR Certified

Isernhagen Work Systems Certified, 1998-2000

Certified Strength and Conditioning Specialist, 8/98-2002

REFERENCES:

Furnished Upon Request

Student and Group Transcript Report
 Report Generated: Oct 21, 2020, 10:24 am ET



Eastern Connecticut Health Net
 Hutt, Steven
 Transcript Range: Complete History
 Report Generated: Oct 21, 2020, 10:24 am ET

CONTINUING EDUCATION EARNED

COMPLETIONS

Total Completions: 75 | Estimated Time: 4:46

NAME	COMPLETION DATE	
# VNHSC - Annual Clinical Competency for Nursing & Therapy - Home Health	09/25/2018	
# VNHSC - CAHPS - Home Health Patient Satisfaction	09/25/2018	
# VNHSC - COPD Interventions	09/25/2018	
HeartCode® BLS	09/18/2018	
# HeartCode® BLS Instructor-Led Hands-On Session	09/18/2018	
# HeartCode® BLS Online Portion	09/18/2018	
Patient Friendly POC, TCC Notes & Infection Control Updates	06/05/2018	
AFFIRMATION - HAVE COMPLETED ALL WORK DUE THROUGH 8/30 BEFORE JUNE 1ST	05/21/2018	ADMINISTRATOR-ENTERED
		ADMINISTRATOR-ENTERED

2018 Identifying and Assessing Victims of Elder Abuse, Neglect, Exploitation - Courseware Exchange Copy	05/03/2018	ADMINISTRATOR-ENTERED
Conditions of Participation & State Survey Findings	04/18/2018	ADMINISTRATOR-ENTERED
2018 ECHN Performance Evaluation Affirmation Statement-COPY	03/28/2018	ADMINISTRATOR-ENTERED
Getting On Familiar Terms With Diabetes - Training Session # 3 of 3 (2 of 2 dates) Rescheduled from 12/19/17	02/06/2018	ADMINISTRATOR-ENTERED
2018 Organizational Mandatory Ed. - ECHN (VNHSC/ACH Version)	01/10/2018	ADMINISTRATOR-ENTERED
ECHN 2018 - Organizational Mandatory Ed. - Corporate Compliance	01/10/2018	ADMINISTRATOR-ENTERED
ECHN 2018 - Organizational Mandatory Ed. - Fraud, Waste and Abuse	01/10/2018	ADMINISTRATOR-ENTERED
ECHN 2018 - Organizational Mandatory Ed. - Privacy and Security	01/10/2018	ADMINISTRATOR-ENTERED
Medicare (CMS) Conditions of Participation for Home Health Effective 1/13/18	01/10/2018	ADMINISTRATOR-ENTERED
Emergency Preparedness - Agency Specific	11/01/2017	ADMINISTRATOR-ENTERED
End-of-Life Care	11/01/2017	ADMINISTRATOR-ENTERED
- Emergency Preparedness Intro.	10/30/2017	ADMINISTRATOR-ENTERED

		ADMINISTRATOR- ENTERED
Infection or Colonization? Antibiotics - Friend or Foe?	09/28/2017	
		ADMINISTRATOR- ENTERED
Pain Management	09/21/2017	
		ADMINISTRATOR- ENTERED
Annual Clinical Competency: Nursing and Therapy	09/16/2017	
		ADMINISTRATOR- ENTERED
Rapid Regulatory Compliance: Clinical I: Compliance, Ethics, Sexual Har., Patient Rights, Informed Consent, Adv.Directives, EMTALA, Grievances, Dev. Appropriate Care, Cult.Competence, Restraint/Seclusion, Patient Abuse/Assault/Neglect	09/16/2017	
		ADMINISTRATOR- ENTERED
Rapid Regulatory Compliance: Clinical II: Gen/Fire/Elec/Back/Rad./MRI Safety, Ergo, Lift/Transp, Slips/Trips/Falls, LatexAllergy, HazComm, WorkplaceViol., EmergPrep, Infec.Control:HAI, HandHyg, Bloodborne, StdPrec, Airborne/Contact/Droplet Prec, PPE	09/16/2017	
		ADMINISTRATOR- ENTERED
Advance Directives	06/27/2017	
		ADMINISTRATOR- ENTERED
Abuse, Neglect & Exploitation - Annual & New Hire Education	06/26/2017	
		ADMINISTRATOR- ENTERED
Annual Health & Safety Clinical 2	05/22/2017	
		ADMINISTRATOR- ENTERED
ECHN Acknowledgment of Discrimination and Harassment Policy	05/22/2017	
		ADMINISTRATOR- ENTERED

2017 ECHN Performance Evaluation Affirmation Statement	04/19/2017	ADMINISTRATOR-ENTERED
Alzheimer's & Dementia 2017 Approach to ADLs & Personal Care	04/04/2017	ADMINISTRATOR-ENTERED
Getting On Familiar Terms With Diabetes (5 of 5)	03/02/2017	ADMINISTRATOR-ENTERED
2017 Organizational Mandatory Education - ECHN - VNHSC version	01/26/2017	ADMINISTRATOR-ENTERED
Hand Hygiene - ECHN 2017	01/26/2017	ADMINISTRATOR-ENTERED
Annual Hospice Education - Therapy 2016	12/14/2016	ADMINISTRATOR-ENTERED
Advance Directives	11/30/2016	ADMINISTRATOR-ENTERED
End-of-Life Care	11/30/2016	ADMINISTRATOR-ENTERED
Pain Management	11/30/2016	ADMINISTRATOR-ENTERED
OASIS C2 Training (3 of 5)	10/20/2016	ADMINISTRATOR-ENTERED
HealthWyse Transition	09/14/2016	ADMINISTRATOR-ENTERED
Annual Clinical Competency: Nursing and Therapy	07/28/2016	ADMINISTRATOR-ENTERED

Rapid Regulatory
Compliance: Clinical I:
Compliance, Ethics, Sexual
Har., Patient Rights, Informed
Consent, Adv.Directives,
EMTALA, Grievances, Dev.
Appropriate Care,
Cult.Competence,
Restraint/Seclusion, Patient
Abuse/Assault/Neglect

07/28/2016

ADMINISTRATOR-
ENTERED

Rapid Regulatory
Compliance: Clinical II:
Gen/Fire/Elec/Back/Rad./MRI
Safety, Ergo, Lift/Transp,
Slips/Trips/Falls, LatexAllergy,
HazComm, WorkplaceViol.,
EmergPrep,
Infec.Control:HAI, HandHyg,
Bloodborne, StdPrec,
Airborne/Contact/Droplet
Prec, PPE

07/28/2016

ADMINISTRATOR-
ENTERED

Committed to the Core -
Core Values ECHN 2016

06/23/2016

ADMINISTRATOR-
ENTERED

Core Values - Code of
Conduct

04/20/2016

ADMINISTRATOR-
ENTERED

When It's More Than Winter
Blues Part 1 - Mental Illness -
Depression, Diabetes &
Dementia

03/31/2016

ADMINISTRATOR-
ENTERED

Advance Directives

03/02/2016

ADMINISTRATOR-
ENTERED

End-of-Life Care

03/02/2016

ADMINISTRATOR-
ENTERED

Pain Management

03/02/2016

ADMINISTRATOR-
ENTERED

Telephone Scripting for
Excellence in Customer
Service 2016

03/02/2016

ADMINISTRATOR-
ENTERED

Abuse, Neglect &
Exploitation

02/24/2016

ADMINISTRATOR-
ENTERED

12/09/2015	ADMINISTRATOR- ENTERED	OASIS ADL's & Outcome Education
11/11/2015	ADMINISTRATOR- ENTERED	Annual Hospice Education 2015 - Therapy Department
10/22/2015	ADMINISTRATOR- ENTERED	Understanding Alzheimers & Dementia (5 of 5)
07/13/2015	ADMINISTRATOR- ENTERED	Annual Clinical Competency: Nursing and Therapy
07/13/2015	ADMINISTRATOR- ENTERED	Annual Health & Safety Clinical 2
06/03/2015	ADMINISTRATOR- ENTERED	ICD-10 The Devil is in the Details (5 of 5)
03/18/2015	ADMINISTRATOR- ENTERED	Catheter Associated UTIs; HHA
02/19/2015	ADMINISTRATOR- ENTERED	Diabetes Medication
12/04/2014	ADMINISTRATOR- ENTERED	OASIS C-1 Changes & Linking Outcomes
11/12/2014	ADMINISTRATOR- ENTERED	Hospice Article Review & Presentation for Rehab Staff
11/06/2014	ADMINISTRATOR- ENTERED	Rapid Regulatory Compliance: Clinical I: Compliance, Ethics, Sexual Har, Patient Rights, Informed Consent, Adv. Directives, EMTALA, Grievances, Dev. Appropriate Care, Cult. Competence, Restrain/Seclusion, Patient Abuse/Assault/Neglect
10/29/2014	ADMINISTRATOR- ENTERED	Pain Management

Pressure Ulcer Prevention	10/29/2014	ADMINISTRATOR- ENTERED
ICM (Integrated Care Management) Part 3 of 3	10/28/2014	ADMINISTRATOR- ENTERED
Care Plan Documentation & Patients Electronic Signature	09/16/2014	ADMINISTRATOR- ENTERED
ICM (Integrated Care Management) Part 2 of 3	08/14/2014	ADMINISTRATOR- ENTERED
ICM (Integrated Care Management) Part 1 of 3 - begin 6/2014	08/13/2014	ADMINISTRATOR- ENTERED
HIPAA 2010 Update-COPY	08/12/2014	ADMINISTRATOR- ENTERED
End-of-Life Care	08/06/2014	ADMINISTRATOR- ENTERED
Customer Service	08/05/2014	ADMINISTRATOR- ENTERED
CAHPS- Patient Satisfaction 2011 v2	08/01/2014	ADMINISTRATOR- ENTERED
Advance Directives	07/31/2014	ADMINISTRATOR- ENTERED
Annual Clinical Competency: Nursing & Therapy-COPY	07/31/2014	ADMINISTRATOR- ENTERED
Annual Health & Safety Clinical 2	07/31/2014	ADMINISTRATOR- ENTERED

*Estimated Times are stated in hours:minutes format.

LEGEND  = Course  = Curriculum  = Learning Event

HealthStream.

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Continuing education:

APTA Annual Conference, Dallas TX – 1997

Shoulder Update 1998- Hospital of the University of Pennsylvania, Penn Therapy and Fitness, Presenter and attendee

Evaluation and treatment of ACL injuries presented by Martin Kelly, DPT, OCS

Myofascial techniques presented at Hospital of the University of Pennsylvania

Isernhagen Work Systems, Certified- 1999, St. Raphaels Outpatient Rehabilitation Services

Gary Gray “Chain Reaction” weekend course, Chicago, Ill 2000

Mulligan Techniques Course, CT 2000

Current Management Techniques and Rehabilitation of Total Joint Replacement, Masonicare, Wallingford, CT – 2001, Presented by Anand Bishnoi, PT, PhD

Physical Therapy Assessment and Management of Patients in the Homecare Setting. Presented by Cindy Krafft, PT, MS, HCS-O at Connecticut Association for Healthcare at Home, Wallingford, CT

Homecare evaluation using the OASIS D assessment tool, Presented by Tracy Wodatch, President and CEO of the Connecticut Association for Healthcare at Home

February 10, 2021

Connecticut Department of Public Health
PT Licensure
410 Capitol Avenue, MS #12 APP
P.O. Box 34308
Hartford, CT 06134

Re: Steve Hutt

To whom it concerns:

Mr. Hutt was employed at Visiting Nurse and Health Services from July 28, 2014 through September 28, 2018. During this time, he provided home care clients with safe and effective physical therapy services.

Sincerely,



Nancy J. Tomaselli PT
Therapy Manager
ntomaselli@echn.org
(860)870-2330

Sec. 19a-906. Telehealth services. (a) As used in this section:

- (1) “Asynchronous” means any transmission to another site for review at a later time that uses a camera or other technology to capture images or data to be recorded.
- (2) “Facility fee” has the same meaning as in section 19a-508c.
- (3) “Health record” means the record of individual, health-related information that may include, but need not be limited to, continuity of care documents, discharge summaries and other information or data relating to a patient's demographics, medical history, medication, allergies, immunizations, laboratory test results, radiology or other diagnostic images, vital signs and statistics.
- (4) “Medical history” means information, including, but not limited to, a patient's past illnesses, medications, hospitalizations, family history of illness if known, the name and address of the patient's primary care provider if known and other matters relating to the health condition of the patient at the time of a telehealth interaction.
- (5) “Medication-assisted treatment” means the use of medications approved by the federal Food and Drug Administration, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.
- (6) “Originating site” means a site at which a patient is located at the time health care services are provided to the patient by means of telehealth.
- (7) “Peripheral devices” means the instruments a telehealth provider uses to perform a patient exam, including, but not limited to, stethoscope, otoscope, ophthalmoscope, sphygmomanometer, thermometer, tongue depressor and reflex hammer.
- (8) “Remote patient monitoring” means the personal health and medical data collection from a patient in one location via electronic communication technologies that is then transmitted to a telehealth provider located at a distant site for the purpose of health care monitoring to assist the effective management of the patient's treatment, care and related support.
- (9) “Store and forward transfer” means the asynchronous transmission of a patient's medical information from an originating site to the telehealth provider at a distant site.
- (10) “Synchronous” means real-time interactive technology.
- (11) “Telehealth” means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.
- (12) “Telehealth provider” means any physician licensed under chapter 370, **physical therapist licensed under chapter 376**, chiropractor licensed under chapter 372, naturopath licensed under chapter 373, podiatrist licensed under chapter 375, occupational therapist licensed under chapter 376a, optometrist licensed under chapter 380, registered nurse or advanced practice registered nurse licensed under chapter

378, physician assistant licensed under chapter 370, psychologist licensed under chapter 383, marital and family therapist licensed under chapter 383a, clinical social worker or master social worker licensed under chapter 383b, alcohol and drug counselor licensed under chapter 376b, professional counselor licensed under chapter 383c, dietitian-nutritionist certified under chapter 384b, speech and language pathologist licensed under chapter 399, respiratory care practitioner licensed under chapter 381a, audiologist licensed under chapter 397a or pharmacist licensed under chapter 400j, who is providing health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession.

(b) (1) A telehealth provider shall only provide telehealth services to a patient when the telehealth provider: (A) Is communicating through real-time, interactive, two-way communication technology or store and forward technologies; (B) has access to, or knowledge of, the patient's medical history, as provided by the patient, and the patient's health record, including the name and address of the patient's primary care provider, if any; (C) conforms to the standard of care applicable to the telehealth provider's profession and expected for in-person care as appropriate to the patient's age and presenting condition, except when the standard of care requires the use of diagnostic testing and performance of a physical examination, such testing or examination may be carried out through the use of peripheral devices appropriate to the patient's condition; and (D) provides the patient with the telehealth's provider license number and contact information.

(2) At the time of the telehealth provider's first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient's consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient's health record. If a patient later revokes such consent, the telehealth provider shall document the revocation in the patient's health record.

(c) Notwithstanding the provisions of this section or title 20, no telehealth provider shall prescribe any schedule I, II or III controlled substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, as defined in section 20-14o, in a manner fully consistent with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time, for the treatment of a person with a psychiatric disability or substance use disorder, as defined in section 17a-458, including, but not limited to, medication-assisted treatment. A telehealth provider using telehealth to prescribe a schedule II or III controlled substance pursuant to this subsection shall electronically submit the prescription pursuant to section 21a-249.

(d) Each telehealth provider shall, at the time of the initial telehealth interaction, ask the patient whether the patient consents to the telehealth provider's disclosure of records concerning the telehealth interaction to the patient's primary care provider. If the patient consents to such disclosure, the telehealth provider shall provide records of all telehealth interactions to the patient's primary care provider, in a timely manner, in accordance with the provisions of sections 20-7b to 20-7e, inclusive.

(e) Any consent required under this section shall be obtained from the patient, or the patient's legal guardian, conservator or other authorized representative, as applicable.

(f) The provision of telehealth services and health records maintained and disclosed as part of a telehealth interaction shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L. 104-191, as amended from time to time.

(g) Nothing in this section shall prohibit: (1) A health care provider from providing on-call coverage pursuant to an agreement with another health care provider or such health care provider's professional entity or employer; (2) a health care provider from consulting with another health care provider concerning a patient's care; (3) orders of health care providers for hospital outpatients or inpatients; or (4) the use of telehealth for a hospital inpatient, including for the purpose of ordering any medication or treatment for such patient in accordance with Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time. For purposes of this subsection, "health care provider" means a person or entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399 or 400j, or licensed or certified pursuant to chapter 368d or 384d.

(h) No telehealth provider shall charge a facility fee for telehealth services.