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FILED
BOARD OF PHYSICAL THERAPY
MAY 22 2012

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHYSICAL THERAPY
EXAMINERS

IN THE MATTER OF THE :
SUSPENSION OR REVOCATION OF :
THE LICENSE OF :
:
FARAH I. HOUTAN, P.T.A. :
License No. 40QB00068900 :
:
TO PRACTICE AS A PHYSICAL :
THERAPY ASSISTANT IN THE :
STATE OF NEW JERSEY :
:

Administrative Action
CONSENT ORDER

This matter was opened before the State Board of Board of Physical Therapy Examiners upon receipt of information that on September 29, 2011 Farah I. Houtan, a licensed physical therapy assistant (respondent), plead guilty to N.J.S.A. 2C:21-4.3(b), third degree health care claims fraud. Respondent admitted that between January 2004 and June 2007 as the office manager for the Center for Lymphatic Disorders, she recklessly made or caused to be made false, fictitious, fraudulent or misleading claims seeking reimbursement from Medicare and Medicaid for surgical procedures when in

fact only physical therapy services were performed and that the Center for Lymphatic Disorders was paid approximately \$3,000.00 during this time frame to which it was not entitled. Respondent was sentenced to three years of probation, two hundred hours of community service and assessed \$160.00. Respondent's license as a physical therapy assistant expired on January 31, 2012 and she did not renew her license. Thus she has no current biennial renewal credentials and is currently precluded from practice.

Respondent agreeing to be bound by the terms and conditions set forth in this Consent Order and the Committee finding the terms of this Consent Order to be adequately protective of the public interest and respondent, desiring to resolve this matter without further proceedings; and good cause appearing,

IT IS, THEREFORE, on this 22nd day of May, 2012,

ORDERED THAT:

1. Respondent's license to practice as a physical therapy assistant shall be suspended for five years, the first three years to be served as an active suspension, effective simultaneously with the filing of this Consent Order and the remainder of the suspension to be stayed and served as a period of probation. Respondent shall deliver her original wall certificate to Ms. Lisa Affinito, Executive Director of the Physical Therapy Examiners Board, P.O. Box 45014, 124 Halsey Street, Sixth Floor, Newark, New Jersey 07101 simultaneously with the signing of this Consent Order.

2. During the period of active suspension, respondent shall not engage in any physical therapy services in New Jersey, whether paid, volunteer or uncompensated unless and until she is duly authorized by the Board to do so.

3. Credit towards the period of active suspension shall not be granted for any time period during which respondent engages in any physical therapy services in any jurisdiction or state, whether or not such physical therapy is provided in an exempt setting.

4. Respondent shall pay civil penalties in the amount of ten thousand dollars (\$10,000.00). Providing that respondent complies with all of the terms of the within Consent Order, nine thousand dollars (\$9,000.00) of the civil penalty shall be stayed and shall be deemed satisfied upon documentation of compliance with this Consent Order. One thousand dollars (\$1,000.00) of the civil penalty shall be submitted by certified check or money order payable to the State of New Jersey, and mailed to Lisa Affinito, Executive Director, Board of Physical Therapy Examiners, P.O. Box 45014, Newark, New Jersey 07101, contemporaneously with the signing of this order.

5. One month prior to the end of the period of active suspension, respondent may seek reinstatement of her license to practice as a physical therapy assistant. In that event, she shall provide the following documentation to the Board demonstrating that she is sufficiently fit and competent to re-enter practice as a physical therapy assistant:

a. Proof of successful completion of the period of probation set forth in the criminal proceeding, including proof that all assessed costs and the civil penalty assessed pursuant to this Consent Order have been paid and documentation including a certification of all of her activities including a statement that she has not practiced physical therapy during the period of active suspension.

b. Documentation that she fully attended and successfully completed the

ProBE Program offered by the Center for Personalized Education for Physicians, 7351 Lowry Boulevard, Suite 100, Denver, Colorado 80230 or an alternative ethics program pre-approved by the Board. Respondent shall also submit a copy of all essays required for the course.

c. A certified statement by the respondent representing whether or not there have been any criminal actions taken against her in New Jersey or any other jurisdiction other than that detailed above in this Order. "Criminal actions" includes arrests, filing of an information or other charging documents, or convictions for criminal offenses and/or motor vehicle offenses regardless of whether the charges/summonses were dismissed, she was found guilty of not guilty, plead guilty, nolo contendere or otherwise entered a plea. The signed statement must include the following language above her signature:

I certify that the foregoing statements made by me are true.
I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

d. A letter describing all employment, work and other activities respondent engaged in subsequent to the filing of this Order.

6. In the event respondent seeks reinstatement of her license to practice on probation and provides documentation demonstrating that she has complied with the terms of the criminal probation and this Consent Order, and that she is fit and competent and sufficiently able to re-enter the practice as a physical therapy assistant, respondent shall appear before the Board, if so requested by the Board. During the appearance before the Board, the burden shall be on respondent to demonstrate that

she is in compliance with criminal probation, this Consent Order, and is fit, competent and able to practice as a physical therapy assistant.

NEW JERSEY STATE BOARD OF PHYSICAL
THERAPY EXAMINERS

By: Karen Wilk P.T., DPT 40QA000860100
Karen Wilk, P.T., DPT
Chair

I have read and understand the within
Consent Order and agree to be bound by
its terms. Consent is hereby given to
the Board to enter this Order.

Farah J. Houtan 5/4/2012
Farah Houtan, P.T.A. Date