



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
July 21, 2011
9:00 a.m.

Members Present

Rebecca Finni, OTR/L
Jean Halpin, OTR/L, Secretary (arrived @ 9:24 am)
Kimberly Lawler, OTR/L (arrived from OTERP @ 9:28
am)
Nanette Shoemaker, COTA/L
Mary Stover, OTR/L, Chairperson

Staff

H. Jeffery Barker, Investigator
Diane Moore, Executive Assistant
Lisa Ratinaud, Enforcement Division Supervisor
Jeffrey Rosa, Executive Director
Andrew Snouffer, Investigator

Public Member

Janenne Allen

Guests

Jacquelyn Chamberlin, OOTA

Legal Counsel

Yvonne Tertel, AAG

Call to Order

Mary Stover, Chairperson called the meeting to order at 9:22 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

- Provide Education to the Consumers of Occupational Therapy Services;
- Enforce Practice Standards for the Protection of the Consumer of Occupational Therapy Services;
- Regulate the Profession of Occupational Therapy in an Ever-Changing Environment;
- Regulate Ethical and Multicultural Competency in the Practice of Occupational Therapy;
- Regulate the Practice of Occupational Therapy in all Current and Emerging Areas of Service Delivery.

Approval of Minutes

Action: Nanette Shoemaker moved that the minutes from the May 5, 2011 meeting be approved as submitted. Rebecca Finni seconded the motion. Kimberly Lawler was absent for the vote. The motion carried.

Action: Nanette Shoemaker moved that the retreat minutes from the June 21, 2011 meeting be approved as amended. Rebecca Finni seconded the motion. The motion carried.

Executive Director's Report

- The Executive Director reported that the Board's Fiscal Year 2012 appropriation authority, as approved by legislature, is \$874,087. Based on historic spending, this appropriation authority should be sufficient for the Board to carry out operations. The Executive Director further reported that the vacant clerk position will not be funded in FYs 2012 and 2013 due to budget restraints.
- The Executive Director informed the Section that the Senate added language to the budget which requires the Department of Administrative Services to study the structure of state government and issue a report to legislature by June 30, 2013.
- The Executive Director briefly discussed SB141 and HB143. Senate Bill 141 would allow non-Ohio licensed physicians, physical therapists, and chiropractors to provide services to members of their visiting athletic team. House Bill 143 deals with youth sports concussion management. The Ohio Physical Therapy Association is working with the sponsor to include physical therapists as a health care provider that can make return to play decisions.

- The Executive Director reported that since Senator Gillmor is leaving the Senate, the Board will need to find a different sponsor for the Joint Board restructuring bill.
- The Executive Director reported that 4500 occupational therapists renewed their licenses. Approximately 150 expiration letters were mailed.

The formal Executive Director’s report is attached to the minutes for reference.

Action: Mary Stover moved to go into executive session to discuss personnel matters. Jean Halpin seconded the motion.

The Executive Director called the Roll:

Roll Call

Rebecca Finni	Yes
Jean Halpin	Yes
Kimberly Lawler	Yes
Nanette Shoemaker	Yes
Mary Stover	Yes

The section went into executive session at 9:39 am and came out at 9:51 am. There was no action taken.

Discussion of Law and Rule Changes

The Section reviewed the rules in Chapter 4755-3 for potential changes in 2012. The Section discussed lowering the reinstatement fee from \$150 to \$100 dollars.

Administrative Reports

Continuing Education Report

Action: Nanette Shoemaker moved that the Section approve 98 applications and deny 2 applications for contact hour approval. Kimberly Lawler seconded the motion. The motion carried.

Licensure Report

Action: Kimberly Lawler moved that the Occupational Therapy Section ratify, as submitted, the occupational therapist and occupational therapy assistant licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from May 5, 2011 through July 21, 2011, taking into account those licenses subject to discipline, surrender, or non-renewal. Jean Halpin seconded the motion. Nanette Shoemaker abstained from voting on the occupational therapy assistant examination applications for Jessie Damron, Carole Dyer, Grace Gilreath, Heidi Hardbarger, Anna Irwin, Crystal Miller, Adam Pearce, and Monika Rushing. The motion carried.

Occupational Therapist – Examination

Aryan, Frayba	Brooks, Julianne	Brownfield, Brittany
Calme, Christine	Chaplin, Kristin	Damaseviciute, Renata
Dean, Monica	Essig, Jessica	Hood, Brownell
Johnston, Gail	Kahle, Aleasha	Khandel, Jinous
King, Kristy	Lough, Christine	Mayes, Patrick
Mohr, Kristen	Montrie, Allison	Negri, Joseph
Niemeyer, Stacey	Poturalski, Brooke	Priest, Mallory
Ramus, Danielle	Schroeder, Mallory	Semer, Shawna
Starcic, Diana	Vohnout, Melanie	Weisbecker, Carolyn
Welcome, Kristen	Whippo, Kristy	

Occupational Therapy Assistant – Examination

Arszman, Kelly	Barnes, Emily	Cofie, Cainette
Damron, Jessie	Drudge, Anita	Dyer, Carole
Evans, Stacey	Fegan, Chotsani	Fleming, Brittni
Fuggetta, Nina	Gerard, Sylvia	Gilreath, Grace

Grzymkowski, Nicole
Hardbarger, Heidi
Lancaster, Kristine
Mikesell, Dennis
Panico, Chelsea
Reichert, Janie
Storts, Samantha

Hall, Tanya
Irwin, Anna
Massie, Amanda
Miller, Crystal
Pearce, Adam
Rushing, Monika

Hammock, Amy
Jessup, Carolyn
McColley, George
Musah, Gamel
Popovich, Misty
Rutkowski, Kristin

Occupational Therapist – Endorsement

Ahlers, Robert
Cooksey, Shawnda
Goddard, Virginia
Johnson, Michelle
Malone, Sarah
Ruffer, Maria
Simonton, Anne
Wyckoff, Melissa

Antoine, Marie
Dalessandri, Gloria
Greania, Theresa
Kondzer, Jodi
McPherson, James
Saleem, Ghazala
Smith, Casey

Bashford-Kruse, Carol
Dezsi, Dennyse
Herrli-Warner, Lauren
Konopka, Erica
Muccio, Brianne
Scott, Michelle
Venn-Polley, Audrey

Occupational Therapy Assistant – Endorsement

Bebout, Billie
Toebben, Diane

Meerdink, Bonnie

Stahr, Chris

Occupational Therapist – Reinstatement

Barbaglia, Kate
Brumley, Jason
Dean, Jennifer
Frye, Rebecca
Kahl, Denara
Skiver, Jonathan

Beal, Sarah-Ann
Colley, Erin
Dunn, Nora
Gordon, Marcia
Lewis, Leanna
Solis, Cynthia

Beckley, Margaret
Corrigan, Janie
Engelbrink, Kimberly
Jones, Rebecca
Schmidt, Anne
Stricker, Julie

Occupational Therapy Assistant – Reinstatement

Miller, Harold

Patrick, Kelly

Voirol, Ronda

Occupational Therapist – Restoration

Ronyak, Kelly

Occupational Therapy Assistant – Restoration

Hoffman, Susan

Robinson, Michelle

Limited License Agreements

Kimberly Lawler reported that Kristin Girard and Maggie Mason complied with all terms and conditions and were released from their limited license agreements.

Kimberly Lawler recommended that the Section grant an extension of the limited license agreement for occupational therapist endorsement file #5055128 with the requirement that the applicant must secure employment by October 1, 2011. If the individual secures employment after October 1, 2011, then the applicant would be deemed out of practice for ten years and will be required to complete six hundred hours of supervised clinical practice within the first 6 months of practice as an occupational therapist. **Action:** Rebecca Finni moved that the Section grant an extension of the limited license agreement for occupational therapist endorsement file #5055128 with the requirement that the applicant must secure employment by October 1, 2011. If the individual secures employment after October 1, 2011, then the applicant would be deemed out of practice for ten years and will be required to complete six hundred hours of supervised clinical practice within the first 6 months of practice as an occupational therapist. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that the Section grant an extension of eleven months for the limited license agreement for occupational therapist restoration file #5025224. **Action:** Jean Halpin moved that the Section grant an

extension of eleven months for the limited license agreement for occupational therapy assistant reinstatement file #5025224. The deadline to complete the terms of the limited license agreement is June 21, 2012. Nanette Shoemaker seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Mary Stover recommended that the Section grant an extension of six months for the limited license agreement for occupational therapy assistant reinstatement file #4936196. **Action:** Jean Halpin moved that the Section grant an extension of six months for the limited license agreement for occupational therapy assistant reinstatement file #4936196. The deadline to complete the terms of the limited license agreement is January 21, 2012. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that the Section terminate the current limited license agreement for occupational therapist restoration file #4883173 and let the individual to put her license in escrow. **Action:** Kimberly Lawler moved that that Section terminate the current limited license agreement for occupational therapist restoration file #4883173 and allow the individual to put her license in escrow. In addition, if the individual submits a new restoration application by July 2012, then the Section will allow the individual to use the April 2011 certificate of completion of the "AOTA Exploring the Domain and Process of Occupational Therapy Using the Practice Framework, 2nd Edition" towards the restoration application. The Section authorizes the Section's Licensure Liaison to authorize the re-issuance of a limited license agreement if the restoration application is received by July 2012. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried.

Kimberly Lawler recommended that the Section grant an extension of nine months for the limited license agreement for occupational therapist restoration file #4940018. **Action:** Nanette Shoemaker moved that the Section grant an extension of nine months for the limited license agreement for occupational therapy assistant reinstatement file #4940018. The deadline to complete the terms of the limited license agreement is April 21, 2012. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that the Section accept the application withdrawal request for occupational therapist restoration file #5054556. **Action:** Jean Halpin moved that the Section accept the application withdrawal request for occupational therapist restoration file #5054556. Mary Stover seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section allowed Heidi Lynn Wilcox to withdraw her occupational therapist restoration application.

Assistant Attorney General's Report

Yvonne Tertel, AAG, had no formal report for the Section.

Case Review Liaison Report

The Enforcement Division opened six new cases and closed three cases since the May 5, 2011 meeting. There are currently nine cases open. There are four consent agreements and one adjudication order being monitored.

Enforcement Actions

Kimberly Lawler recommended that the Section deny the reinstatement application for applicant #5059982 and issue a notice of opportunity for hearing for case OT-LD-FY12-001 for prior felony convictions. **Action:** Jean Halpin moved that the Section deny the reinstatement application for applicant #5059982 and issue a notice of opportunity for hearing for case OT-LD-FY12-001 for prior felony convictions. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY11-033 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY11-033 be accepted in lieu of going to hearing. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Jennifer Sherrick, OT.

Affidavit Hearings

Good afternoon. My name is Mary Stover, Chairperson of the Occupational Therapy Section of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board. Let the record show that these proceedings were called to order at 1:02 pm on July 21, 2011, at the Vern Riffe Center, 77 South High Street, Columbus, Ohio, 43215. Members of the Board present for the proceedings are:

The Executive Director called roll:

Rebecca Finni	Present
Jean Halpin	Present
Kimberly Lawler	Present
Nanette Shoemaker	Present
Mary Stover	Present

It will be noted for the record that a majority of the members of the Board are present. There will be two adjudication proceedings today. The proceedings are in the matter of and the eligibility of Marlyne Pennell, Limited License OTA, to retain her license to practice as an occupational therapy assistant in the state of Ohio, and the eligibility of Melissa Brashear Blank to have her license as an occupational therapy assistant reinstated in the state of Ohio.

These proceedings shall be an affidavit-based adjudication relative to a Notice of Opportunity for Hearing mailed to the respondent in the aforementioned cases/matters and believed to have been properly serviced according to the Administrative Procedures Act (Chapter 119. of the Ohio Revised Code).

As the respondents did not properly request a hearing in the case, these proceedings will be held before the board pursuant to *Goldman v. State Medical Board of Ohio*. The individuals named do not have the ability to present written or oral testimony today, but may be present to hear the proceedings and outcome.

You have already received sworn affidavits from the Board's Executive Director and the Board's Enforcement Division Supervisor and accompanying exhibits for the Goldman Proceedings in your board packet. The affidavits contain the evidence and testimony upon which you will deliberate. I trust that each of you has had the opportunity to review the affidavit and accompanying exhibits. If not, you may review them now.

In lieu of a stenographic record being made, let the minutes reflect the sworn affidavits and exhibits shall be kept as the official record of the proceedings in the aforementioned matters in the Board office.

I will now recognize Assistant Attorney General, Yvonne Tertel, for the purpose of providing a brief synopsis of each case.

Ms. Tertel reviewed the cases for the Board.

Having heard Ms. Tertel's synopses, may I now have motion to admit the sworn affidavits and the accompanying exhibits in the aforementioned cases into evidence?

Action: Kimberly Lawler moved to accept the facts and exhibits outlined in the affidavit for of Marlyne Pennell, Limited License OTA.00368. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Action: Kimberly Lawler moved to accept the facts and exhibits outlined in the affidavit for reinstatement file LD-OT-FY11-001, Melissa Brashear Blank. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried.

There being no further evidence to come before the board, these proceedings are now closed at 1:32 pm.

The procedural and jurisdictional matters having being satisfied, we will now continue with the proceeding by deliberation on the sworn affidavits and exhibits. A written copy of the board's decision will be mailed to the respondents.

At this time, is there a motion to go into private session for the purpose of quasi-judicial deliberation on these matters?

Action: Jean Halpin moved to go into private session for the purpose of quasi-judicial deliberation on these matters. Nanette Shoemaker seconded the motion.

The Executive Director called roll:

Rebecca Finni	Yes
Jean Halpin	Yes
Kimberly Lawler	Yes
Nanette Shoemaker	Yes
Mary Stover	Yes

The Section went into private session at 1:32 p.m. and came out at 1:43 p.m. Rebecca Finni left the room during private session and did not participate in the deliberations for case LD-OT-FY-11-001. Kimberly Lawler left the room during private session and did not participate in the deliberations for Marylne Pennell, OTA.00368.

Action: Jean Halpin moved to revoke the limited license for Marlyne Pennell, OTA.00368, based on the affidavit and information before us. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Action: Jean Halpin moved to deny the occupational therapy assistant reinstatement application file #LD OT-FY-11-001, for Melissa Brashear Blank based on the affidavit and information before us. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Correspondence

- 1. Valerie Heath:** Ms. Heath asked the Section questions regarding display of licensure at the workplace and clarification on what occupational therapy aides can do and billing questions. **Reply:** In accordance with rule 4755-3-02 of the Administrative Code, an occupational therapy practitioner shall display the original wall certificate at the licensee's primary place of employment. The licensee would be required to have available at all locations of service delivery a copy of his/her license information from the Ohio e-License center verification page (<https://license.ohio.gov/lookup>). An employer may keep a copy of the online verification as part of the employee record. As stated in rule 4755-7-02 of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of patients, preparation of work area, assisting with patient's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. The following all violate the Ohio Occupational Therapy Practice Act: 1. Delegating evaluative procedures; 2. Delegating treatment procedures; 3. Documenting in the client's official record; 4. Acting on behalf of the licensed occupational therapy practitioner in any matter related to occupational therapy that requires decision making. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. Therefore, the occupational therapy practitioner may not delegate the above tasks to professionals such as licensed nurses, physical therapists, physical therapist assistants, speech language pathologists, etc. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-02 (B) of the Ohio Administrative Code to unlicensed personnel. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

2. **Stacey Lytle:** Ms. Lytle asked the Section questions regarding supervising occupational therapy students. **Reply:** In accordance with rule 4755-7-08 (B)(13) of the Administrative Code, a licensee shall provide appropriate supervision to individuals for whom the practitioner has supervisory responsibility. This applies to both the student occupational therapist and the student occupational therapy assistant. The Section does not specifically define the word appropriate due to the multiple practice settings identified in the Occupational Therapy Practice Framework. The practice setting, acuity of the clients served, and needs of the student should be considered when establishing the supervision plan. In accordance with paragraphs (D), (E), and (H) of rule 4755-7-04 of the Administrative Code, supervision must ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of the student occupational therapist and student occupational therapy assistant. (D) Student occupational therapist. (1) A student occupational therapist shall be supervised by an occupational therapist who has completed at least one year of clinical practice as a fully licensed occupational therapist. (2) The student occupational therapist, who is being supervised in accordance with the laws and rules governing the practice of occupational therapy, may supervise unlicensed personnel. (E) Student occupational therapy assistant. (1) A student occupational therapy assistant shall be supervised by an occupational therapist or occupational therapy assistant who has completed at least one year of clinical practice as a fully licensed occupational therapist or occupational therapy assistant. (2) The student occupational therapy assistant, who is being supervised in accordance with the laws and rules governing the practice of occupational therapy, may supervise unlicensed personnel. (H) Any documentation written by an occupational therapy assistant, student occupational therapist, or student occupational therapy assistant for inclusion in the client's official record shall be co-signed by the supervising occupational therapist. Your comment about "line of site" may be more of a payer or facility policy. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific supervision requirements for billing and reimbursement in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.
3. **Julie Moore:** Ms. Moore asked the Section questions regarding supervisory ratios. **Reply:** Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients served by an occupational therapy assistant. The occupational therapy assistant does not maintain a caseload that is separate from the occupational therapist. The occupational therapist must provide appropriate supervision and assure that treatments are rendered according to safe and ethical standards and in compliance with rule 4755-7-04 of the Administrative Code, which states that "the supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the occupational therapy assistant, student occupational therapist, student occupational therapy assistant and unlicensed personnel." Pursuant to rule 4755-7-04 (B)(1) - (3) of the Administrative Code, when maintaining a separate caseload, a full-time equivalent occupational therapist may supervise no more than four full-time equivalent occupational therapy assistants. If there are occupational therapy assistants working part-time or PRN, their hours need to be accounted for as part of this four full-time equivalent maximum. If the occupational therapist is only providing client evaluations and supervision and does not have a separate caseload, the occupational therapist may supervise six full-time equivalent occupational therapy assistants. The number of occupational therapy assistants that a part-time or PRN occupational therapist may supervise is proportionate to the number of hours worked by the part-time or PRN occupational therapist. Pursuant to rule 4755-7-04 (F) & (G) of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. Supervision is an interactive process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client's treatment plan without first consulting with the supervising occupational therapist. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be

established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice in regards to supervision of occupational therapy assistants and the amount of hours an occupational therapist is working with full time and prn hours. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting in regards. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

4. **Becky King:** Ms. King asked the Section whether an occupational therapist can continue to see a client that is approved for services even if reasonable progress is not expected. **Reply:** In accordance with rule 4755-7-08 (C)(1)(b) of the Administrative Code, an occupational therapist or occupational therapy assistant shall not provide treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client. If, the occupational therapist does not expect the client to further benefit from continuing occupational therapy services, the occupational therapist must make it clear to the client/client's family that the therapist disagrees with continuing occupational therapy services. If the client/client's family decides to continue occupational therapy services after such communication, the occupational therapist may continue to provide services after the client/client's family is made aware that no further benefit is expected. In this situation, the occupational therapist would not be in violation of rule 4755-7-08(C)(1)(b).
5. **Email Correspondent:** The Email Correspondent asked the Section questions regarding clarification on addressing school-based practice issues regarding occupational therapy assistant's caseload documentation does not match the IEP billable minutes/timeframes. **Reply:** The Section referred this correspondence to the Enforcement Division
6. **Laurie Desiderio:** Ms. Desiderio asked the Section whether it is legal for an occupational therapist to provide one on one occupational therapy services to a client that does not qualify for skilled therapy services and not billed for services rendered. **Reply:** The Occupational Therapy Section recommends that the responsible occupational therapist evaluate whether self-pay or pro bono maintenance services are of "reasonable benefit to the client" when such services are proposed under an occupational therapy plan of care.. The Section's jurisdiction is only enforced if you are representing yourself as an Occupational Therapist. However, facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services. You also may wish to discuss your question with legal counsel or your malpractice provider.
7. **Email Correspondent2:** The Email Correspondent asked the Section whether it is legal and ethical to complete another evaluation when there is no change in the patient's status from the initial evaluation. **Reply:** The Occupational Therapy Section does not have specific requirements for frequency of re-evaluation; however, your agency, accrediting bodies and reimbursement agencies may have other requirements and guidelines that need to be met for reimbursement of occupational therapy services. If you are asking about re-copying information onto a preferred/vendor form, that is appropriate. It is not appropriate if you are asking that the client be re-evaluated and rebilled for occupational therapy services for the sole purpose of completing the preferred/vendor form. In accordance with rule 4755-7-08 (C)(1)(b) of the Administrative Code, an occupational therapist or occupational therapy assistant shall not provide treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client.
8. **Pauletta Wessel:** Ms. Wessel asked the Section whether an occupational therapy assistant that is also certified as an Interactive Metronome "IM" provider can bill for IM services. **Reply:** In accordance with section 4755.04(A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use an intervention technique in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the technique, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. In addition the supervising occupational therapist must document and demonstrate competency in the techniques being supervised. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The

Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the appropriate insurance company, the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

9. **Arthur Levesque:** Mr. Levesque asked if occupational therapy practitioners can practice wound care management and how to demonstrate competence in this technique. **Reply:** In accordance with section 4755.04(A) of the Ohio Revised Code and rule 4755-7-08 of the Ohio Administrative Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may perform wound care, dressing treatment, and/or suture removal provided the occupational therapy practitioner demonstrates and documents the appropriate knowledge, skills and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice.
10. **Shelby Houston:** Ms. Houston asked questions regarding billing and documenting for co-treatments and whether it is acceptable to consider insurance payment as a reason to keep a client in therapy prior to discharging the client to a nursing home. **Reply:** There is nothing in the Ohio Occupational Practice Act that prohibits occupational therapists from providing services at the same segment of time. However, the Sections recommend that you communicate with the facility and payer to determine if they have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act. Please refer to Medicare rules or other payer policies to answer your specific questions. Frequently asked questions that were published by the Centers for Medicare and Medicaid Services (CMS) have clearly stated that a patient cannot be charged for two separate one-on-one services during the same segment of time, regardless of skill level required. In response to your second question, in accordance with rule 4755-7-08 (B)(14) of the Administrative Code, a licensee shall only seek compensation that is reasonable for the occupational therapy services delivered. A licensee shall never place the licensee's own financial interests above the welfare of the licensee's clients. A licensee, regardless of the practice setting, shall safeguard the public from unethical and unlawful business practices.
11. **Sarah Gidich:** Ms. Gidich asked for clarification regarding the occupational therapist requirements to perform physical agent modalities. **Reply:** In accordance with section 4755.04(A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. However, the Section recommends that you review your facility policies and procedures. In addition, payers may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.
12. **Pamela Denzler:** Ms. Denzler asked questions regarding occupational therapy caseload ratios. **Reply:** The Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants an occupational therapist may supervise and does not regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education's Operating Standards states that an OT or PT shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the number of students to whom the therapist provides direct service. Paragraph (I)(1) of rule 3301-51-09 also states that determination of the appropriate ratio for an individual therapist must take into consideration the following:
 1. The severity of each eligible child's needs;
 2. The level and frequency of services necessary for the children to attain IEP goals/objectives;
 3. Time required for planning services;
 4. Time required for evaluations including classroom observations;
 5. Time required for coordination of the IEP services;
 6. Time required for staff development; Time required for follow up; and
 7. Travel time required for the number of building served.Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending Intervention Assistance Team (IAT) meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs also must be considered when determining the therapist/student ratio. All students served by either an OTA or a PTA are part of the supervising therapist's caseload. In accordance with ODE's Operating Standards, as well as the Ohio Occupational Therapy and Physical Therapy Practice Acts, OTAs and PTAs do not have their own caseloads separate from that of the supervising therapists. It is the position of the

Occupational Therapy and Physical Therapy Sections of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board that all responsibilities of the OT & PT and OTA & PTA, including both direct and indirect service to students, must be considered when determining an appropriate therapist caseload. The number of students to whom the supervising therapist provides direct service must be reduced as the number of assistants a therapist supervises expands, since this increases the number of students for whom the therapist is responsible. The therapist must ensure provision of appropriate services and must not serve and/or supervise service for more students than he/she can provide skilled care, including informed direction of all aspects of the service provided for students by the assistant. The code of ethical conduct requires licensees, regardless of practice setting, to maintain the ability to make independent judgments and strive to effect changes that benefit the patient (OAC 4755-7-08(B)(9) and 4755-27-05(A)(2)). Educational agencies following the requirement of rule 3301-51-09 (I)(1) of the Administrative Code, which states that additional factors must be considered when determining the appropriate caseload for a therapist, would bring therapist caseloads closer to a level that is in alignment with the therapist providing service only to the number of students that they can provide skilled care as required by their respective professional practice acts. It is the duty of the Occupational Therapy and Physical Therapy Sections of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board to protect the consumers of occupational and physical therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensure board any entity that places them in a position of compromise with the code of ethical conduct as stated in Ohio Administrative Code rules 4755-27-05 and 4755-7-08(B)(12). Please refer to the OTPTAT website for the "Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper" for further information.

13. **Lynn Rutledge:** Ms. Rutledge asked questions regarding the level of supervision of an occupational therapy assistant through an electronic records program. **Reply:** In accordance with rule 4755-7-04 (A)(1) and (C)(1)-(5) of the Administrative Code, the occupational therapist's supervision must ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the occupational therapy assistant. Supervision of the occupational therapy assistant, as defined in division (C) of section 4755.04 of the Revised Code, requires initial direction and periodic inspection of the service delivery and relevant in-service training. The supervising occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. 1. The supervising occupational therapist must provide supervision at least one time per week for all occupational therapy assistants who are in their first year of practice. 2. The supervising occupational therapist must provide supervision at least one time per month for all occupational therapy assistants beyond their first year of practice. 3. Supervision requires an interactive process between the supervising occupational therapist and the occupational therapy assistant. The interactive process must include, but is not limited to, review of the following: (a) Client assessment; (b) Client reassessment; (c) Treatment/intervention plan; (d) Intervention; and (e) Discontinuation of treatment / intervention plan. (4) Co-signing client documentation alone does not meet the minimum level of supervision. (5) It is the responsibility of the occupational therapist and occupational therapy assistant to establish evidence that the supervision occurred in accordance with the requirements of this rule. This evidence may include documentation in the client record, or it may exist as a separate document, such as a collaboration log. It is the position of the Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. It is the position of the Occupational Therapy Section that electronic signatures are acceptable for occupational therapy practitioners' documentation as long as security and integrity have been maintained and Co-signature of occupational therapy assistant documentation continues to be a requirement. When using an electronic signature, a copy of the individual's name, handwritten signature, and electronic signature must be on file at the location where the electronic signature is used. The Occupational Therapy, Physical Therapy, and Athletic Trainers Board investigators shall have access to **all** documentation related to occupational therapy practice, written or electronic.

OT/PT Joint Correspondence

JB1. Jason Markey: Mr. Markey asked the Sections if a letter of attestation would meet the co-signatures requirements for occupational therapy assistant and physical therapists assistants. **Reply:** Rule 4755-27-03 (E)(6) of the Ohio Administrative Code states that “All documentation shall be co-signed by the supervising physical therapist” but does not specify time requirements for co-signing the physical therapist assistant’s notes. It is the position of the physical therapy section that the urgency of reviewing and co-signing notes may vary with the patient population and with the acuity of the patient’s condition. The physical therapist should be able to demonstrate that effective supervision was provided for the particular patient care delegated to the physical therapist assistant. In addition, the Physical Therapy Section recommends that every effort should be made to co-sign the notes. However, when this is not possible, a letter attesting to the notes having been read and being accurate is acceptable. If your reference is to paper documentation, each note needs to be co-signed by the supervising physical therapist. When using an electronic signature, a hard copy of the individual’s printed name and handwritten signature must be kept on file at the practice location, and the physical therapist or physical therapist assistant must assure that the electronic signature can be tracked to a unique logon code used only by that individual. Should your computer system or program not permit counter-signature by the physical therapist for notes entered by a physical therapist assistant, then you need to make arrangements with your vendor for the computer system to be revised or improved to permit such counter-signature. Should you not electronically be capable of dual signatures, you may enter a separate note within the same documentation system, referencing the date of the note(s) being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan or you may produce a hard paper copy that is co-signed by the physical therapist. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person’s name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS. “L” should not be used in front of “PT” or “PTA” since no one may use the “PT” or “PTA” credential in Ohio without a valid license. In accordance with rule 4755-7-04 (A)(1) and (C)(1)-(5) of the Ohio Administrative Code, the occupational therapist’s supervision must ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the occupational therapy assistant. Supervision of the occupational therapy assistant, as defined in division (C) of section 4755.04 of the Revised Code, requires initial direction and periodic inspection of the service delivery and relevant in-service training. The supervising occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. (1) The supervising occupational therapist must provide supervision at least one time per week for all occupational therapy assistants who are in their first year of practice. (2) The supervising occupational therapist must provide supervision at least one time per month for all occupational therapy assistants beyond their first year of practice. (3) Supervision requires an interactive process between the supervising occupational therapist and the occupational therapy assistant. The interactive process must include, but is not limited to, review of the following: (a) Client assessment; (b) Client reassessment; (c) Treatment/intervention plan; (d) Intervention; and (e) Discontinuation of treatment/intervention plan. (4) Co-signing client documentation alone does not meet the minimum level of supervision. (5) It is the responsibility of the occupational therapist and occupational therapy assistant to establish evidence that the supervision occurred in accordance with the requirements of this rule. This evidence may include documentation in the client record, or it may exist as a separate document, such as a collaboration log. It is the position of the Section that for any documentation, electronic or written, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. The Occupational Therapy, Physical Therapy, and Athletic Trainers Board investigators shall have access to **all** documentation related to occupational therapy practice, written or electronic. The Occupational Therapy Section of the Board used www.reference.com as a guide to understand your question. A general definition of an *attestation letter* is an additional document usually presented to the contracting parties to amend and attest to certain criteria or affirm a situation is matched appropriately. In other words, before a contract can be amended all parties need to be aware and sign off, agreeing upon the new changes. There are usually experts whom write letters to help parties involved to come to a new decision and persuade parties to sign new contracts or amendments by the authority attesting

to the changes. A professional person can attest to certain things or back up someone else's claims by attesting to and having the letter notarized. The Section requests additional information to understand the purpose of a letter of attestation as part of the documentation process.

- JB2. William Benoit:** Mr. Benoit asked the Section whether occupational therapist, physical therapist, and athletic trainers can administer medications. **Reply:** Pursuant to section 4755.04 (A)(6) of the Revised Code, occupational therapy includes the “administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs.” Since dexamethasone is topical drug, it falls within the scope of practice of an occupational therapist. However, no procedure should be performed by an occupational therapist unless the practitioner documents and demonstrates competence in that procedure. According to section 4755.40 (A)(3) of the Ohio Revised Code, if performed by a person who is adequately trained, physical therapy includes the administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code. More information on this can be found on the Publications page under the Physical Therapy dropdown menu in the “Guidelines for the Use of Pharmaceuticals in Physical Therapy” document. In accordance with section 4755.60(A) of the Ohio Revised Code, athletic training includes the “administration of topical drugs that have been prescribed by a licensed health care professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code.”
- JB3. Amy Kleeman:** Ms. Kleeman asked the Sections for clarification on the use of external oxygen in occupational and physical therapy treatments. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Acts that prohibits occupational therapy practitioners from administering oxygen, changing oxygen tanks, or making the change between a tank and a concentrator provided that the occupational therapy practitioners received training and demonstrate competence in this activity. Please refer to your facility guidelines regarding administering oxygen as they may be more restrictive than the Ohio Occupational Therapy Practice Act. There is nothing in the Ohio Physical Therapy Practice Act that prohibits physical therapy practitioners from administering oxygen. If there is a physician order for oxygen, then the physical therapy practitioner may administer the oxygen by changing from a wall unit to a portable tank, maintaining the oxygen level indicated on the order. A physical therapist cannot change the liters of oxygen to be administered unless there is a specific order that allows adjustment of the oxygen level in order to keep the patient at specific oxygen saturation.
- JB4. Karen Jenkins:** Ms. Jenkins asked the Sections for clarification on occupational therapy and physical therapy co-signature requirements, documentation, and billing for a second evaluation. **Reply:** In response to your first question, yes, rule 4755-27-03(E)(6) of the Ohio Administrative Code states that “All documentation shall be co-signed by the supervising physical therapist” but does not specify time requirements for co-signing the physical therapist assistant’s notes. It is the position of the Physical Therapy Section that the urgency of reviewing and co-signing notes may vary with the patient population and with the acuity of the patient’s condition. The physical therapist should be able to demonstrate that effective supervision was provided for the particular patient care delegated to the physical therapist assistant. In response to your second question, when working under a physician referral, the physical therapist does need to stay within the parameters of the referral, including the frequency and length of treatment recommended. The Physical Therapy Section would expect the physical therapist to contact the physician when any change is made. In response to your third question, pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Ohio Administrative Code. Paragraph (B)(5)(h) of this rule cites “Abandoning the patient by inappropriately terminating the patient practitioner relationship by the licensee” as a “failure to adhere to the minimal standards of acceptable prevailing practice.” It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services; the evaluating physical therapist must transfer the patient to another physical therapist. This includes situations where a physical therapist’s sole responsibility is to evaluate a patient either due to temporary coverage or as terms of their employment. The evaluating physical therapist in this instance must complete and document the transfer of their responsibilities to another physical therapist to provide and supervise the physical therapy services for the patient. Termination of care does not include a physical therapist taking regularly scheduled days off or job sharing. Each physical therapy practice should determine a system that will allow for this transfer of care in situations where a physical therapist is terminating the patient/therapist

relationship. That transfer of care must be documented in the patient's medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are delegated to physical therapy personnel, including co-signing physical therapist assistant documentation. If the patient is not transferred to another physical therapist, the evaluating physical therapist is responsible for the overall care of the patient including the supervision of any physical therapy personnel providing services to that patient. If a team of physical therapists has a system that allows for transfer of care to assure that patients are scheduled appropriately and that a physical therapist is always assigned to supervise each patient's care whenever the patient is seen, the PRN physical therapist is not required to make an extra visit to document the transfer. However, in a situation where the PRN therapist is not confident that another physical therapist on the team is assuming responsibility for each patient's care, the PRN therapist should arrange with the employer for the opportunity to arrange and document the transfer of care. All information completed by the physical therapist assistant shall be co-signed and dated by the physical therapist. The countersignature shall indicate that the written note has been reviewed by the supervising physical therapist and that the content of the note meets standards of practice and is consistent with the plan of care and goals established for the patient. The physical therapist must co-sign every note written by the physical therapist assistant in the medical record even if availability was off-site. In response to your last question, in the instances you describe, in order to write a patient plan of care for the new site, it is advisable to complete an evaluation whether or not insurance is willing to pay for this evaluation. This question also relates to payer policies and not to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association. In response to your first question, it is the position of the Occupational Therapy Section that for any documentation written or electronic, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. Please refer to your facility or payer guidelines regarding physician documentation as they may be more restrictive than the Ohio Occupational Therapy Practice Act. In response to your second question, according to the occupational therapy code of ethical conduct, established in rule 4755-7-08 (B)(3) of the Administrative Code, all occupational therapy documentation, including, but not limited to, evaluations, assessments, intervention plans, treatment notes, discharge summaries, and transfers of care must be in written or electronic format. It is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the AOTA Guidelines for Documentation of Occupational Therapy (*AJOT November/December 2008*) when determining documentation of occupational therapy in any setting. However, the Section recommends that you review the facilities policies and procedures, as well as payers may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act. In response to your third question, if a prn or weekend treating occupational therapist is not a part of the team of occupational therapists or occupational therapy assistants that will see the client on a regularly scheduled basis then a formal transfer of care needs to be documented. The prn or weekend treating occupational therapist may co-sign documentation pertinent to the date they are supervising the occupational therapy assistant. In response to your fourth question, it is appropriate when there has been a status change or change in setting to evaluate/re-evaluate a patient but it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

- JB5. Jason Stallons:** Mr. Stallons asked the Section if a physical therapist who is also certified as a hand therapist, allowed to supervise/co-sign for an occupational therapist assistant. **Reply:** In accordance with section 4755.04 of the Ohio Revised Code, an occupational therapist assistant cannot be supervised by a physical therapist. In addition, only an occupational therapist can supervise and co-sign notes for an occupational therapist assistant for delivery of occupational therapy services regardless if they are a certified hand therapist or not. Also, the Sections recommend that you communicate with the third party payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts. Rule 4755-27-01 (C) of the Ohio Administrative Code defines "other

licensed personnel” as “any person holding an Ohio license to practice as a health care practitioner in a profession other than physical therapy . . . who is working under the direct supervision of a physical therapist or physical therapist assistant, as delegated by the physical therapist, and is performing tasks and duties related to the delivery of physical therapy.” When acting under the direction of a physical therapist, occupational therapy assistants are considered other licensed personnel. All documentation by other licensed personnel must be cosigned by the supervising physical therapist or physical therapist assistant and is restricted to an accounting of the activities provided, descriptions of those activities and any patient comments. This information may be in various sections of the documentation. The remainder of the documentation is the responsibility of the supervising physical therapist or supervising physical therapist assistant. Be sure to refer to the response from the Occupational Therapy Section since the laws and rules that govern the practice of occupational therapy assistants may not allow them to practice as other licensed personnel under the supervision of a physical therapist or physical therapist assistant. You may also wish to review Medicare rules or other payer policies about reimbursement for treatment by other licensed personnel since some insurers do not cover physical therapy services other than those provided by a physical therapist or physical therapist assistant. You may also get information from the Reimbursement Department or Ohio chapter of the APTA.

- JB6. Dawn Bookshar:** Ms. Bookshar asked the Section if occupational therapy assistants and physical therapist assistants billing need to be co-signed. **Reply:** Rule 4755-27-03(E)(6) of the Ohio Administrative Code states that “All documentation shall be co-signed by the supervising physical therapist.” It is the position of the Physical Therapy Section that this does include co-signing the actual billing. The physical therapist’s co-signature should be entered into an electronic medical record prior to the time established by the facility to close the record to further entries. The Physical Therapy Section also recommends that you consult your payer policies as Medicare and other insurance companies may have specific rules regarding the co-signatures for billing. Rule 4755-7-04(C)-(H) of the Ohio Administrative Code states that supervision of the occupational therapy assistant requires initial direction and periodic inspection of the service delivery and relevant in-service training. The supervising occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. Any documentation written by an occupational therapy assistant, student occupational therapist, or student occupational therapy assistant for inclusion in the client’s official record shall be co-signed by the supervising occupational therapist. If the billing is part of the official client record it needs to be co-signed. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

Old Business

School-Based Position Paper Update

The Executive Director informed the Section that the position paper on *Determination of Appropriate Caseload for School-Based Occupational Therapy Practitioners* was posted on the Board website. The Board received a few positive comments regarding the position paper. Mary Stover, Jeffrey Rosa, and Mary Kay Eastman include this discussion at the upcoming Board presentation at the OT/PT School Based Institute.

OTA Presentation

The 2011 OOTA Conference will be held on October 14-15, 2011 in Cuyahoga Falls, Ohio. Jean Halpin informed the Section that she submitted the presentation information to OOTA for the fall conference. Jacquelyn Chamberlin provided some ethical scenarios to the Section for review and use in future presentations.

Escrow Status

The Section tabled this discussion until the September Section to allow time to receive the escrow survey results from the Ohio Occupational Therapy Association.

New Business

Liaison Appointments

The Section briefly discussed the liaison appointment terms for the upcoming September elections.

Review Chapter 4755-3 for Five Year Rule Review in 2012

In preparation for the September Section meeting, the Board members will review Chapter 4755-3 of the Administrative Code, with added emphasis on rules 4755-3-03, 4755-3-04, and 4755-3-05. Any recommended changes will be forwarded to the Board no later than August 31, 2011.

NBCOT Conference

The NBCOT Conference will be held on October 21-22, 2011 in Alexandria Virginia.

Standard Responses Update

The Section reviewed the proposed changes to the standard responses. The Section will continue to work on the drafts and will discuss the changes at the September Section meeting.

Records Retention Schedule for Enforcement Files

The Executive Director is working on finalizing the draft language for the records retention schedule for the enforcement files. The Section will review the draft language at the September 2011 meeting.

AOTA CE Course for Return to Practice Applicants

As part of the standard limited license agreements, the Section currently requires out of practice individuals to review the AOTA continuing education course titled "Exploring the Domain and Process of Occupational Therapy Using the Occupational Therapy Practice Framework, 2nd Edition." This activity gives an overview of the changes between the first and second edition of the Occupational Therapy Practice Framework.

AOTA informed the Section that the AOTA continuing education course titled "Occupational Therapy in Action: Using the Lens of the Occupational Therapy Practice Framework, 2nd Edition" (course code: FRAMEWORK_09) is more suited for the Section's requirement for individuals who have been out of practice for five years or more to review the current areas of practice for occupational therapy practitioners. This course can be accessed through the AOTA website at <http://www.aota-learning.org>. The Section agreed to update the standard limited license agreement to require this continuing education activity.

Open Forum

Janenne Allen's term expires in August 2011. Ms. Allen expressed her gratitude for being a part of the Section and stated that it was a privilege to serve on the Board. The Section thanked Janenne Allen for serving as the Board's Public Member.

The Section reviewed an email from an occupational therapist who asked the Section to consider providing a retired status for individuals who have retired from the profession. The Executive Direction will gather information to determine if a statute change would be required to implement a retired status.

The Section received an email recommending that the occupational therapy entry-level academic curriculum should include education and training for treating patients with upper extremity amputations. The Section asked that Jacquelyn Chamberlin take this information back to the Ohio Occupational Therapy Association.

Ohio Occupational Therapy Association (OOTA) Report

There was no formal report. Jacquelyn Chamberlin confirmed that the escrow survey was approved to post on OOTA website. Ms. Chamberlin anticipates having a report at the September Occupational Therapy Section meeting.

Items for Next Meeting

- Elections
- Liaison Appointments
- Standard Administrative Motions
- Records Retention Schedule for Enforcement Files
- OOTA Escrow Survey Results
- Escrow Status
- Retired Status
- OOTA Presentation – Ethical Dilemma-Social Networking
- Review Chapter 4755-3 for Five Year Rule Review in 2012
- Standard Procedures for Limited License Agreements
- CE Credit for postings through Social Media (*Blog/Webinar/Tweets*)
- ODE OT/PT Consultant

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, September 8, 2011.

Action: Jean Halpin moved to adjourn the meeting. Nanette Shoemaker seconded the motion. The motion carried. The meeting adjourned at 3:09 p.m.

Respectfully submitted,
Diane Moore

Mary Stover, OTR/L, Chairperson
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Jean Halpin, OTR/L, Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Jeffrey M. Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

JH:jmr:dm