



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

*Occupational Therapy Section
May 5, 2011
9:00 a.m.*

Members Present

Rebecca Finni, OTR/L
Jean Halpin, OTR/L, Secretary (arrived @ 9:40am)
Kimberly Lawler, OTR/L
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

Lyndsay Nash, AAG

Call to Order

Mary Stover, Chairperson called the meeting to order at 9:18 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: Rebecca Finni moved that the minutes from the March 10, 2011 meeting be approved as amended. Kimberly Lawler seconded the motion. The motion carried.

Executive Director's Report

- The Executive Director reported that he gave the agency's budget testimony to the Senate Finance Committee on May 4, 2011.
- The Executive Director informed the Section he met with Senator Gillmor about sponsoring the Joint Board Restructuring bill.
- The Executive reported that seventy-two percent of occupational therapists have not yet renewed their license.

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

Discussion of Law and Rule Changes

The Executive Director reported that the proposed changes for the joint board restructuring did not get in the budget bill. The Executive Director will continue to look for sponsors.

Administrative Reports

Continuing Education Report

Action: Nanette Shoemaker moved that the Section approve 118 applications and deny 3 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 limited permits and licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from March 10, 2011 through May 5, 2011, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting on the occupational therapy assistant examination applications for Kristin Blodgett, Kelsey Forrestal and Mandy Hall. Kimberly Lawler abstained from voting on the occupational therapy assistant reinstatement application for Molly Myers. The motion carried.

Occupational Therapist – Examination

Applegate, Stephanie	Baron, Amanda	Berkey, Brittany
Bower, Amy	Bozick, Adrienne	Burger, Karrie
Casey, Megan	Chandler, Victoria	Daghstani, Suzanne
Dew, Elise	Dickman, Jamie	Fenske, Lauren
Ferri, Megan	Glenn, Jessica	Heindel, Beth
Iadanza, Janelle	Johnson, Rhonda	Kilbarger, Jamie
Koehler, Lynnette	Luzar, Jennifer	Maleckaite, Zavinta
McCoy, Jessica	McKenna, Christie	Mercsak, Christie
Niese, Whitney	Oakes, Maureen	Pollock, Megan
Reynolds, Jennifer	Rhodes, Amanda	Robbins, Lisa
Sander, Lauren	Schlenk, John	Souter, Lydia
Stewart, Caitlin	Toennies, Brittany	Udovicic, Daniela

Occupational Therapy Assistant – Examination

Ali, Dorothy	Blodgett, Kristin	Brosius, Ashley
Fisher, Sarah	Forrestal, Kelsey	Goings, Jensa
Graybeal, Abbie	Hall, Mandy	Hinton, Tarah
Lees, Jared	Martin, Rhonda	McElroy, Melinda
Mercado, Stephanie	Moran, Sandra	Riggs, Staci
Silvestro, Kimberly	Swartz, Carol	Thayer, Christine

Occupational Therapist – Endorsement

Best, Kimberly	Braun, Matthew	Dillard, Dawn
Krivoniak, Justine	Light, Kerry	Marshall, Arlene
Nye, Brittany	Rice, Angela	Rutledge, Kendra

Occupational Therapy Assistant – Endorsement

Dunton, Daniel	Girard, Kristin
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Occupational Therapist – Reinstatement

Eten, Constance	Parram, Sarah	Robertson, Randi
Snyder, Shaun		

Occupational Therapy Assistant – Reinstatement

Myers, Molly

Occupational Therapist – Restoration

Cromly, Janet	Johnson, Susan	Riegelsberger, Patricia
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Occupational Therapy Assistant – Restoration

Lieberman, Catherine

Occupational Therapist – Limited Permit

Jaworski, Sarah

Occupational Therapy Assistant – Limited Permit
Griffith, Christina

Limited License Agreements

Kimberly Lawler reported that Rita Pirro and Sandra Bauman complied with all terms and conditions and were released from their limited license agreements.

Mary Stover recommended to the Section that the limited license agreement for file # 4883173 remain unchanged, which means the deadline to complete to complete 300 hours of supervised practice remains as June 30, 2011. Ms. Lawler also recommended that if the individual fails to complete the supervised practice hours by June 30, 2011, then the Section will require the licensee to complete 600 hours of supervised practice by September 30, 2011, as the licensee has now been out of practice for ten years. **Action:** Nanette Shoemaker moved that the limited license for file # 4883173 remain unchanged, and that if the applicant fails to complete the 300 hours of supervised practice by June 30, 2011, then Section will require the licensee to complete 600 hours of supervised practice by September 30, 2011. Rebecca Finni seconded the motion. Mary Stover abstained from voting. The motion carried.

Kimberly Lawler recommended that the Section propose to revoke the license for file #4969702 based on the failing score on the AOTA fieldwork performance evaluation. **Action:** Rebecca Finni moved that the Section revoke the license for file #4969702 based on the documentation provided. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that the Section terminate the current limited license agreement for occupational therapist reinstatement file # 4900974 and let the individual to put his license in escrow. **Action:** Rebecca Finni moved that that Section terminate the current limited license agreement for occupational therapist reinstatement file # 4900974 and allow the individual to put his license in escrow. Nanette Shoemaker seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that, pursuant to rule 4755-3-05 (D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5051492. **Action:** Rebecca Finni moved that the Section grant a limited occupational therapist license agreement to restoration applicant #5051492. Nanette Shoemaker seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section granted a limited license agreement to Tamara Kay Gallo.

Kimberly Lawler recommended that, pursuant to rule 4755-3-05 (D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5056503. **Action:** Rebecca Finni moved that the Section grant a limited occupational therapist license agreement to restoration applicant #5056503. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section granted a limited license agreement to Lucy Rachel Ritzic.

Kimberly Lawler recommended that, pursuant to rule 4755-3-05 (D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5054556. **Action:** Rebecca Finni moved that the Section grant a limited occupational therapist license agreement to restoration applicant #5054556. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section granted a limited license agreement to Heidi Lynn Wilcox.

Kimberly Lawler recommended that, pursuant to rule 4755-3-01(F) of the Administrative Code, the Section offer a limited license agreement to occupational therapist endorsement applicant #5055128. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to endorsement applicant #5055128. Nanette Shoemaker seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section granted a limited license agreement to Angela Wanberg Stevenot.

Kimberly Lawler recommended that, pursuant to rule 4755-3-05 (D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant restoration applicant #5054339. **Action:** Rebecca Finni moved that the Section grant a limited occupational therapy assistant license agreement to restoration applicant

#5054339. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section granted a limited license agreement to Bobbie Jo Henning.

Kimberly Lawler reported that the Section received a request from the supervising occupational therapist for occupational therapy assistant restoration file # 4193220 to reduce the number of supervised practice hours based on the supervising occupational therapist observation of the individual's clinical skills. The Section reviewed the request and determined that the limited license agreement for occupational therapy assistant restoration file #4193220 shall remain unchanged.

Assistant Attorney General's Report

Lyndsay Nash, AAG, had no formal report for the Section.

Case Review Liaison Report

The Enforcement Division opened one new case and closed four cases since the March 10, 2011 meeting. There are currently six cases open. There are five consent agreements and one adjudication order being monitored.

Rebecca Finni informed the Section that Jody Miller complied with all terms and conditions and was released from her consent agreement.

Enforcement Actions

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY11-033 for performing an occupational therapy treatment for which the individual was not trained or competent, which resulted in injury to the client. **Action:** Kimberly Lawler moved that the Section issue a notice of opportunity for hearing for case OT -FY11-033 for performing an occupational therapy treatment for which the individual was not trained or competent, which resulted in injury to the client. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Correspondence

1. **Chad Schneider, OT, PhD:** Dr. Schneider asked the Section whether there are any regulations that would require a company to print hard copies of electronic signatures when using an electronic documentation system. **Reply:** You are correct. If an organization has a process for maintaining the individual's name, hand written signature and electronic signature for the occupational therapist and occupational therapy assistant, and an electronic process for the occupational therapist to cosign the documentation, a hard copy of the notes does not need to be maintained and all documentation can be maintained through an electronic medical record.
2. **Joann Curry:** Ms. Curry asked the Section whether occupational therapy assistants can complete re-certification forms and discharge summaries prior to the occupational therapist has seen the patient for the day. **Reply:** The response emailed to you on March 14, 2011 remains the same. It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development, as indicated in rule 4755-7-03 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation.
3. **Nancy Carey:** Ms. Carey asked the Section for clarification on what services count towards the direct service minutes indicated in a student's IEP. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render advice concerning IEP requirements. The Section recommends that you contact the Ohio Department of Education Office for Exceptional Children with your IEP questions. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding interpretation of direct service minutes on the IEP.
4. **Sarah Adel:** Ms. Adel asked the Section whether an occupational therapist can take and write a verbal order from a physician for procedures/medications in an acute care hospital as an administrative task. **Reply:** It is the position of the Occupational Therapy Section an occupational therapist is not prohibited from receiving verbal or telephone orders, but those orders, prescriptions, or referrals must be followed up in writing with the referring practitioners' signature for inclusion in the patient's official record. However,

the Section recommends that you review the hospital's policies and procedures, as well as discuss with nursing services if this is an acceptable practice. In addition, payers may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.

5. **Christa Aylward:** Ms. Aylward asked the Section whether occupational therapists are required to have a physician referral to treat children in a pediatric occupational therapy practice. **Reply:** Occupational therapists are not required to have a referral and/or prescription to evaluate or treat patients in the State of Ohio. However, hospital or 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. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding setting up a private pediatric practice.
6. **Susanne McArthur:** Ms. McArthur asked the Section whether occupational therapists can use light therapy devices, such as Anodyne or Healthlight LED devices for pain relief. **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.
7. **Vivian Conde:** Ms. Conde asked the Section questions regarding CPT billing codes. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to 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.
8. **Patricia Cairns:** Ms. Cairns asked the Section questions regarding supervision and co-signatures for per diem occupational therapy assistants. **Reply:** Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients/students served by an occupational therapy assistant. The occupational therapist must provide appropriate supervision and assure that treatments are rendered according to safe and ethical standards and in compliance with rule 4755-7-08 of the Administrative Code, which states that "occupational therapy practitioners shall provide adequate supervision to individuals for whom the practitioners have supervisory responsibility." Pursuant to rule 4755-7-01 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, or having occupational therapy assistants signing a supervision log, 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. In accordance with rule 4755-7-01 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. It is the position of the Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. 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. If needed, 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 Ohio Occupational Therapy Practice Act does not address frequency of documentation or the specific 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, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.

9. **Brenda George:** Ms. George asked the Section whether an occupational therapist can supervise an occupational therapy assistant employed by another company. **Reply:** It is the position of the Occupational Therapy Section that nothing in the Ohio Occupational Therapy Practice Act prohibits an occupational therapist employed by one agency from supervising an occupational therapy assistant employed by a different agency; however, third party payer policies, malpractice and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. The Section is not statutorily authorized to provide specific legal advice and suggests that you consult your legal counsel. Regardless of employers, the occupational therapist must have the authority to direct and correct client care services provided by an occupational therapy assistant. The occupational therapist has the ultimate responsibility for the client care and must assure that the care is provided in accordance with rules 4755-7-01 to 4755-7-10 of the Ohio Administrative Code, that treatments are rendered according to safe and ethical standards, and are of a type and quality to be effectual to the client's needs. Pursuant to rule 4755-7-01 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.
10. **Heather Reiss:** Ms. Reiss asked the Section whether a first year occupational therapist can co-sign notes for a student occupational therapy assistant after the supervising occupational therapy assistant has co-signed the student's notes. **Reply:** In the scenario that you described, the first-year occupational therapist who co-signs the notes is not providing the only supervision that the student receives, since the student is receiving additional supervision by an occupational therapy assistant who has more than one year of experience. The student needs to have an experienced clinician able to supervise, teach, collaborate, and provide guidance to the student. If there are questions/concerns with this student, the experienced occupational therapy assistant can provide the experienced perspective to the situation. Therefore, it is acceptable for a first year occupational therapist to co-sign notes for the student occupational therapy assistant after the supervising occupational therapy assistant has co-signed the student's notes.
11. **Heather Greutman:** Ms. Greutman asked the Section whether an occupational therapist is required to co-sign progress reports written by occupational therapy assistant in a school-based setting. **Reply:** Co-signature of occupational therapy assistants' documentation continues to be a requirement. In accordance with rule 4755-7-01 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. It is the position of the Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. 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. If needed, the occupational therapist may make a separate entry, such as in the student's therapy

log, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the progress report or treatment plan.

12. **Monica Heine:** Ms. Heine asked the Section questions regarding whether occupational therapy assistants can perform the home evaluation and make recommendations alone if the occupational therapist co-signs the log. **Reply:** A home assessment is an assessment typically performed prior to discharge home from an inpatient or skilled nursing rehabilitation setting. It is primarily performed to determine equipment and environmental needs for the client's safety at home. It is not an evaluation performed within home health services. A home assessment may be performed by an occupational therapy assistant with a current client under an established occupational therapy treatment/intervention plan. The occupational therapy assistant can gather objective information and report observations, with or without the client and/or occupational therapist present. It is the responsibility of the occupational therapist to interpret the data gathered by the occupational therapy assistant and collaborate with the occupational therapy assistant to make recommendations. Any collaboration between the occupational therapist and occupational therapy assistant must be reflected in client documentation.
13. **Houman Babai:** Mr. Babai asked the Section whether it is legal to submit pictures and/or videos as part of the occupational therapy documentation. **Reply:** It is the position of the Occupational Therapy Section that pictures and/or video may be included as part of the occupational therapy documentation. If this information is included in the client's medical record, it would fall under the confidentiality provisions that apply to any other part of the medical records. However, the Section recommends that you review your facility's policies and procedures, In addition, payers may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.
14. **Beth Wait:** Ms. Wait asked the Section for clarification regarding caseloads for occupational therapists that supervise occupational therapy assistants. **Reply:** The Board's website (<http://otptat.ohio.gov/>) contains various information related to school-based practice. Two items to note include the "Comparison of Responsibilities of School-Based Occupational Therapy Practitioners," which is available under the Occupational Therapy Publications page, and the "Frequently Asked Questions" related to school-based practice. The Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers (OTPTAT) Board has continually tried to work with and educate the ODE Office for Exceptional Children about the roles of the occupational therapist and occupational therapy assistant and the licensure rules that occupational therapy practitioners must follow. In 2009, meetings were held with representatives from ODE, including Kathe Shelby, Director of the Office for Exceptional Children, concerning the role of assistants and interpretation of caseload ratios. At that time, representatives of the OTPTAT Board made it clear that the Board considers every student assigned to an occupational therapy assistant (OTA) or physical therapist assistant (PTA) to be part of the supervising occupational or physical therapist's caseload. In response to the meetings, Dr. Shelby stated in a letter to the OTPTAT Board, dated February 1, 2010, that there are no ratios for OTAs and PTAs in the ODE Operating Standards because an OTA or PTA cannot have a caseload that is not supervised by an OT or PT. Dr. Shelby also stated that OTs and PTs who supervise OTAs and PTAs must use their professional judgment to determine what is a reasonable caseload given the fact that the OTAs and PTAs assist in providing therapy to students. Factors impacting caseload outlined in the Operating Standards must be considered when determining an appropriate caseload. It is the position of the Occupational Therapy Section that if an educational facility interpreting the ODE caseload rules only considers paragraph (I)(3) of rule 3301-51-09, which establishes the maximum number of students to whom an individual may provide direct services, and ignores paragraphs (H) and (I)(1) of rule 3301-51-09, which establishes the factors to be considered when establishing service provider ratios, including supervision of assistants, a potential conflict exists between that interpretation of ODE rules and the occupational therapy licensure rules. Under Chapter 4755. of the Revised Code, the occupational therapist ***must not*** provide/supervise care for a higher number of students than that for which skilled care by licensed practitioners can be delivered. Potentially, any licensee who violates the provisions of the Ohio Occupational Therapy Practice Act could be disciplined by the Ohio OTPTAT Board. The Section encourages you to formally contact ODE with your questions and concerns. The Section recommends you review payer/Medicaid policies, as they may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act. The Section recommends that you contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator concerning questions regarding school based issues. You can contact the Ohio Occupational Therapy Association at www.oota.org.

15. **Jennifer Dickson:** Ms. Dickson asked the Section for clarification on the training and competency requirements for occupational therapy practitioners performing e-stim and ultrasound 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. Competency is not specifically defined by the Occupational Therapy Section. Your address lists your employer to be the Cincinnati VA Medical Center in Ft. Thomas, KY. The State of Kentucky, VA, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, which need to be met for accreditation and/or reimbursement of occupational therapy services.
16. **Elizabeth Streett Cassella:** Ms. Cassella asked the Section whether the use of occupational therapist credentials for individuals in escrow status. **Reply:** In accordance with section 4755.05 of the Revised Code, it is the position of the Occupational Therapy Section that no person who does not hold a current license or limited permit under sections 4755.04 to 4755.13 of the Revised Code shall practice or offer to practice occupational therapy, or use in connection with the person's name, or otherwise assume, use, or advertise, any title, initials, or description tending to convey the impression that the person is an occupational therapist or an occupational therapy assistant. No partnership, association, or corporation shall advertise or otherwise offer to provide or convey the impression that it is providing occupational therapy unless an individual holding a current license or limited permit under section 4755.04 to 4755.13 of the Revised Code is or will at the appropriate time be rendering the occupational therapy services to which reference is made. As stated in your letter, you will be renewing your license as an Occupational Therapist in escrow status, thus you are not licensed to perform occupational therapy services. In your position as a board member, you may include your educational degree in published materials, but should not use the credentials OT or OT/L.
17. **Cindy Hudson:** Ms. Hudson asked the Section questions regarding documenting a change in supervision for assistants and patients. **Reply:** The response emailed on April 20, 2011 remains the same. If for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care situation where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational program that are delegated to occupational therapy personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the patient including the supervision of any occupational therapy personnel providing services to that patient.
18. **Shelly Boldman:** Ms. Boldman asked the Section whether it is ethical to provide occupational therapy to a patient that cannot give full consent to treatment because the power of attorney does not want the patient to know the full prognosis of the condition. **Reply:** In accordance with rule 4755-7-08 (B)(9) of the Administrative Code, a licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of occupational therapy practice. Regardless of practice setting, the occupational therapy practitioner shall maintain the ability to make independent judgments. A licensee shall strive to effect changes that benefit the client. In accordance with section 4755-7-08 (C) of the Ohio Administrative Code, it is the position of the Occupational Therapy Section the licensee shall demonstrate concern for the well-being of the client. (3) A licensee shall ensure the client's rights to participate fully in the client's care, including the client's right to select the occupational therapy provider, regardless of the practice setting. (8)

A licensee shall refer to or consult with other service providers whenever such a referral or consultation would be beneficial to care of the client. The referral or consultation process should be done in collaboration with the client. (15) A licensee shall obtain informed consent from the client. (a) A licensee, unless otherwise allowed by law, shall not provide care without disclosing to the client or the client's representative, the benefits, substantial risks, if any, or alternatives to the recommended evaluation or intervention. The section recommends you work with your facility's nursing services, the physician (s), and power of attorney to discuss your concerns and recommended plan of care during a care coordination conference.

19. **Amy Burns:** Ms. Burns asked the Section questions regarding whether occupational therapy assistants can write letters of medical necessity. **Reply:** There is nothing the Occupational Therapy Practice act that prohibits occupational therapists or occupational therapy assistants from writing letters of medical necessity. It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development, as indicated in rule 4755-7-03 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. However, the Section recommends that you review your facility's policies and procedures, to see if this is an acceptable practice. In addition, payers may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.
20. **Katie Sigafos:** Ms. Sigafos asked the Section questions regarding whether the occupational therapist needs to fill out the section titled "evaluation/summary" in your facility's electronic medical record. **Reply:** Based on the information provided, the Section recommends that the occupational therapist fill out this section, as it is interpreting data. It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development, as indicated in rule 4755-7-03 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. However, payers may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.

OT/PT Joint Correspondence

- JB1. Teresa Podracky:** Ms. Podracky asked whether occupational and physical therapists can accept a referral from a physician assistant. **Reply:** There is nothing in the Occupational Therapy Practice Act that prohibits any healthcare practitioner from making direct referrals to occupational therapy. In addition, the Ohio Occupational Therapy Practice Act does not require an occupational therapist to receive a referral prior to evaluating and treating an occupational therapy client. However, hospital or 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 purposes. It is the Physical Therapy Section's position that physician assistants may refer patients to physical therapy provided that a physician has given them the authority to do so. However, physician assistants may not independently refer to physical therapy. Should a physician extend his/her authority to the physician assistant to refer for physical therapy, then, in fact, the physician assistant has become a conduit or facilitator of the physician's actual order. Please note that the referral is initiated by the physician who is utilizing the physician assistant to extend that information to the physical therapist. The physical therapist may request verification that the physician has granted his/her authority to the physician assistant on a global basis and is not required to do that for each specific patient. If you have any questions about the extension of authority by the physician, you should contact that physician. You may want to contact the State Medical Board of Ohio regarding specific definitions that pertain to physician assistants. If a patient is seen for physical therapy without such physician authorization, the rules for practice without referral under section 4755.481 of the Ohio Revised Code must be followed.
- JB2. Lauren Mathot, PT:** Dr. Mathot asked for the Sections' positions on retrograde co-signature of occupational and physical therapist's documentation of a plan of care that was assumed by a second therapist. **Reply:** It is the position of the Occupational Therapy Section that for any documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their

name, credential, and date. You cannot retroactively co-sign documentation prior to assuming the plan of care for the client. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient. In the event that the occupational therapist has abandoned the client (termination, leaving the employer without notice) meaning the relationship is severed by the therapist without reasonable notice at a time when there is still the necessity of continuing care, it is the position of the Occupational Therapy Section that occupational therapists have a legal and ethical obligation to ensure follow through with the plan of care established for any given patient. The therapist assuming the plan of care cannot retroactively co-sign documentation prior to assuming the plan of care. According to rule 4755-7-08 of the Ohio Administrative Code, "(A) The standard of ethical conduct in the practice of occupational therapy will be as follows: (1) Occupational therapy practitioner shall demonstrate a concern for the well-being of the recipients of their services. (c) Occupational therapy practitioners shall make every effort to advocate for recipients to obtain needed services through available means." Furthermore, section 4755.11 (A) of the Ohio Revised Code states, "In accordance with Chapter 119. of the Revised Code, the occupational therapy section of the Ohio occupational therapy, physical therapy, and athletic trainers board may suspend, revoke, or refuse to issue or renew an occupational therapist or occupational therapy assistant license, or reprimand or place a license holder on probation, for any of the following: (5) Negligence or gross misconduct in the pursuit of the profession of occupational therapy." The Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board met on May 12, 2011 and determined that no response can be issued until clarification of what is meant by "retrograde co-signature" is received. Once the Section receives this clarification, an addition response will be sent.

JB3. **Kara Farris:** Ms. Farris asked the Sections whether it is appropriate for an occupational therapist who is a part of an interdisciplinary team to provide services that appear to be out of the scope of occupational therapy practice. **Reply:** The practice of physical therapy is not affected by the setting in which the physical therapist provides services. The physical therapist, in all cases, must conduct the initial patient evaluation and develop the physical therapy plan of care regardless of the manner in which services will be provided. As part of the evaluation and writing the plan of care, the physical therapist must select the appropriate portions of the program that may be delegated to another professional and provide instruction in the delegated functions to the Primary Service Provider. It is the position of the Physical Therapy Section that when early intervention services are provided under the primary service provider model, only services provided by the physical therapist and that are within in the scope of the practice of physical therapy may be called and billed as physical therapy. If the service requires the skill of a physical therapist or physical therapist assistant then this service may not be delegated to other professionals. This is the decision of the evaluating physical therapist. As an integral member of the early intervention team, the parent may request a review of service provision to better meet their child's needs. You will find further information about your question in the correspondence responses in the September 9, 2010 (JB Correspondence response #JB3) and January 20, 2011 (PT Correspondence response #6) minutes on the OT/PT/AT Board web site. Information about the Primary Service Provider model may also be found on the OPTA Pediatric SIG web site. Under Resources on the Pediatric SIG web site, the Looks Like/Doesn't

Look Like (document describing PSP model) may give you additional information about the Primary Service Provider model. It is the opinion of the Occupational Therapy Section that collaborative teamwork, including multidisciplinary, interdisciplinary, and transdisciplinary approaches are appropriate forms of service delivery. Please refer to the *AOTA Practice Advisory on Occupational Therapy in Early Intervention* at <http://www.aota.org> for discussion of this topic. As in any work setting, an occupational therapist working in Early Intervention would be required to assume the professional responsibilities outlined in rule 4755-7-02 (A) of the Ohio Administrative Code. For example, as a part of the transdisciplinary team, the occupational therapist performs evaluations and analysis of the client and environment; identifies issues and inputs into the development of the ISFP goals and objectives; plans appropriate interventions; and assesses outcomes. An intervention plan (plan of care) is required in the Early Intervention setting. As in any practice setting, appropriate documentation continues to be a requirement. Please refer to the *AOTA Guidelines for Documentation of Occupational Therapy* (2007). An intervention plan might include identification of the IFSP goals and objectives targeted by the occupational therapy practitioner, intervention approaches and types of interventions, and outcomes. The occupational therapist determines the aspects of the occupational therapy intervention plan that may be carried out by other team members. Instructing team and family members on ways to implement appropriate activities may be part of the intervention plan. Only services provided by an occupational therapist or occupational therapy assistant may be called occupational therapy. If the occupational therapist determines that services require the skills of an occupational therapist or occupational therapy assistant, then those interventions cannot be delegated to other providers. There is nothing in the Ohio Occupational Therapy Practice Act that would prohibit an occupational therapist or occupational therapy assistant from providing an integrated service plan that includes interventions established by other professionals, such as early intervention specialists, physical therapists, or speech language pathologists, as long as those portions of the services are not represented as occupational therapy. The occupational therapy practitioner must use professional judgment to determine when training is not adequate to provide requested interventions.

JB4. Sarah Dalton Ortlieb: Ms. Dalton Ortlieb asked the Sections questions regarding the frequency of cosigning occupational therapy assistant and physical therapist assistant documentation. **Reply:** In accordance with rule 4755-7-01 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. It is the position of the Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. 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. If needed, 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 Ohio Occupational Therapy Practice Act does not address frequency of documentation or the specific 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, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. According to rule 4755-27-03(E)(6) of the Ohio Administrative Code “All documentation shall be co-signed by the supervising physical therapist.” This rule, however, 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. 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 Ohio Physical Therapy Practice Act does not dictate the format or frequency of documentation. The Physical Therapy Section recommends that you consult payer policies, facility or agency policies, or the American Physical Therapy Association for information on documentation.

JB5. Bonni Buchanan: Ms. Buchanan asked the Sections whether it is legal for occupational and physical therapy practitioners to provide fine and gross motor activities to students that would benefit from the sessions and not call it a therapy camp. **Reply:** As stated in your letter, even though you are an

occupational therapy assistant working in the school system, your week long day camp will not be providing occupational therapy services. There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapy assistant from designing, participating, or charging for a day camp that focuses on fine and gross motor activities. Although occupational therapy assistants providing such services may include their educational degrees in published materials, they should not use the credentials OTA or OTA/L or COTA/L, and not indicate that the activities done through the camp as occupational therapy. However, school/facility policies or malpractice coverage may have other requirements. It is the position of the Physical Therapy Section that if the summer camp and the activities provided are not represented as physical therapy, then the services do not fall under the Ohio Physical Therapy Practice Act. While physical therapists or physical therapist assistants providing such services may include their educational degrees in published materials, they should not use the credentials "PT" or "PTA" and should not state that the program is led by a physical therapist or physical therapist assistant. The Physical Therapy Section recommends that the appropriate medical screenings and emergency medical information should be in place prior to the camp to ensure the safety of the participants. As long as it is not billed or represented as physical therapy, there is nothing to prevent charging a fee to cover expenses. You may also wish to check with your liability insurance provider to determine if you would be covered in this situation when not acting as a physical therapist.

JB6. Meg Justice: Ms. Justice asked the Sections for clarification on the Board's position paper for determining caseloads for school-based occupational and physical therapy. **Reply:** The caseloads contained in rule 3301-51-09 of the Administrative Code that limit an occupational and physical therapist from providing services to no more than 50 school-age students or no more than 40 preschool students is adopted and enforced by the Ohio Department of Education. Only the Department of Education can answer your question regarding how to calculate the caseloads under this section of the Administrative Code. Regarding the assertion that the draft paper takes a position that therapy services would best be met by therapists, the Board respectfully disagrees. The position paper merely outlines the legal roles and responsibilities for both the therapists and the assistants under the Ohio Occupational Therapy and Physical Therapy Practice Acts. Under the law, there are certain activities that an occupational therapy assistant and physical therapist assistant are legally prohibited from performing (e.g.: evaluations). Your letter states "*we cannot offer cost effective therapy service by forcing a district who services 100 students requiring physical therapy to hire three physical therapists versus one physical therapist and two physical therapist assistants.*" This is a misunderstanding of the information provided in the position paper. Under Chapter 4755. of the Revised Code, an occupational therapist (OT) and a physical therapist (PT) are responsible for the care provided by any individual whom they supervise, including occupational therapy assistants (OTAs) and physical therapist assistants (PTAs). As a result, even if the district hired one PT and two PTAs, the one PT would still be responsible for all 100 students. The number of students a therapist has responsibility for increases as each additional assistant is assigned to the therapist. A therapist caseload of 100 students or greater, with all of the responsibilities to ensure quality care for these students, as well as for any additional students who need to be evaluated throughout the school year, could easily be in violation of the occupational and physical therapy codes of ethical conduct. The Occupational Therapy and Physical Therapy Sections must also respectfully state that occupational therapy assistants and physical therapist assistants are licensed professionals who serve important roles in the provision of services in all settings. Providing inadequate supervision of these professionals is a violation of the Occupational Therapy and Physical Therapy Practice Acts and does not serve the assistants or the students they treat with the respect and guidance the law requires. The purpose of the Occupational Therapy and Physical Therapy Sections is not to address fiscal operations but rather to protect the consumer of therapy services.

JB7. Monica Heine: Ms. Heine asked the Sections if occupational and physical therapist need to be certified in order to perform incontinence therapy/rehabilitation. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that prohibits physical therapists from performing incontinence therapy/rehabilitation provided that the physical therapist has received training and demonstrated competence in this procedure. There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapist from performing incontinence therapy/rehabilitation. The occupational therapist must document and demonstrate competency in the technique being administered. For additional information on the role of occupational therapy practitioners in urinary incontinence treatments, you might want to review the 2008 AOTA publication titled *Managing and Treating Urinary Incontinence, 2nd Edition*. Please contact the Ohio

Occupational Therapy Association (OTA) at www.oota.org, with your question concerning therapists practicing in this area.

Old Business

Jurisprudence Examination

The Section approved the changes to the revised jurisprudence examination to go into effect immediately. The Executive Director will proceed with posting the new jurisprudence examination on the Board website.

Newsletter Update

The Executive Director informed the Section that the Occupational Therapy Section Newsletter has been posted on the Board website. A Tweet and an email to the listserv was sent out to inform licensees.

School-Based Position Paper Update

The Section made some revisions to the position paper on *Determination of Appropriate Caseload for School-Based Occupational Therapy Practitioners*. The Section was in agreement of the proposed language. Mary Stover, Jeffrey Rosa, and Mary Kay Eastman will continue work on additional edits to further clarify the position of the Occupational and Physical Therapy Sections.

OTA Presentation

The majority of the Section will participate in both sessions for the OTA Conference which will begin on October 15, 2011. Jeffrey Rosa will forward the updated presentation to Jean Halpin.

OTA Short Term Goals FAQ

The Section was in agreement to the changes to the frequently asked questions for OTA short term goals. The Executive Director will update the response on the Board website.

New Business

Records Retention Schedule for Enforcement Files

The Section tabled this until the July 2011 meeting.

Escrow Survey Results

The Section reviewed the escrow survey results. The Section discussed limiting the number of times an individual can be in escrow status. The Section also discussed offering a retired status or an emeritus status, both of which would require a law change. The Section discussed lowering the reinstatement application fee from \$150 to \$100, which would require a rule change. The Section will research if other states offer a “retired” status. The Section will forward some of the escrow survey questions to OTA to get feedback from association members if they would have concerns if the escrow status would be eliminated. Jacqueline Chamberlin will work with Section to get the survey out to the association members.

Retreat Agenda

The Occupational Therapy Section Strategic Planning Retreat is scheduled for June 21, 2011 from 9:30 am to 3:00 pm in Columbus, Ohio. The Section identified the following retreat topics: update the standard responses, review the disciplinary guidelines, supervisory ratios, continuing competency verses continuing education; review and update the strategic plan, and succession planning for board member liaisons.

Review Disciplinary Guidelines

The Section will review the proposed changes to the Disciplinary Guidelines at the Section retreat in June 2011.

Ohio Occupational Therapy Association (OTA) Report

There was no formal report.

Items for Next Meeting

- Records Retention Schedule for Enforcement Files
- Escrow Status
- School-Based Position Paper Update
- OTA Presentation

- Liaison Appointments
- Review Chapter 3 for Five Year Rule Review in 2012

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, July 21, 2011.

Action: Jean Halpin moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 3:01 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,
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JH:jmr:dm