



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

*Occupational Therapy Section
November 17, 2011
9:00 a.m.*

Members Present

Jean Halpin, OTR/L, Chair (arrived @ 9:45 am)
Kimberly Lawler, OTR/L
Nanette Shoemaker, COTA/L
Mary Stover, OTR/L Acting Secretary

Staff

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

Members Absent

Rebecca Finni, OTR/L

Guests

Jacquelyn Chamberlin, OOTA

Legal Counsel

Yvonne Tertel, AAG

Call to Order

Mary Stover, Acting Secretary called the meeting to order at 9:38 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: Kimberly Lawler moved that the minutes from the September 8, 2011 meeting be approved as submitted. Nanette Shoemaker seconded the motion. Jean Halpin was absent for the vote. The motion carried.

Executive Director's Report

- The Executive Director informed the Section that Governor reappointed Jean Halpin to the Board.
- The Executive Director informed the Section that the Board is still in the process of getting the investigator assistant position description approved.
- The Executive Director reported that the Board is doing well fiscally. He also, informed the Board that the Board's laptops are outdated and would like to replace them by the end of the fiscal year.

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

Administrative Reports

Continuing Education Report

Action: Nanette Shoemaker moved that the Section approve 69 applications and deny 6 applications for contact hour approval. Mary Stover seconded the motion. The motion carried.

Licensure Report

Action: Mary Stover 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 September 8, 2011 through November 17, 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 Katherine Barnes, Chelsi Bingamon, Tia Burns, Donnie Bush Philip Calhoun, Kelli Christie, Megan Colletti, Joelle Franks, Amiee Koerner, Jennifer Smith, Paulette Thomas, and Amanda York. Kimberly Lawler abstained from voting on the occupational therapy assistant examination applications for Jordan Alexander, Jennifer Campbell, Karri Cronin, Cheri Gray, Angela Grimm, Ryan Guthrie, Matthias Haller, Jacob Kline, Kelly Magnani, Emily Powell, Richard Steele, Amanda Tucker, and Stephanie Wilhite. The motion carried.

Occupational Therapist – Examination

Althausen, Jane	Benson, Sheena	Berry, Pamela
Bienenfeld, Sarah	Bolen, Kelly	Chapman, Kristen
Cox, Deirdre	Crowell, Chelsea	Devore, Wendy
Graves, Heidi	Jurecki, Briana	Kopowski-Limber, Kimberly
Patrick, Kathleen	Sandhu, Divya	Shultz, Rachel
Swope, Elizabeth	Thomas, Sarah	Wladyka, John

Occupational Therapy Assistant – Examination

Alexander, Jordan	Barbara, Tama	Barnes, Katherine
Beechler, Linda	Beneker, Katherine	Bingamon, Chelsi
Brock, Mary	Burns, Tia	Bush, Donnie
Calhoun, Philip	Campbell, Jennifer	Chongris, Bethany
Christie, Kelli	Colletti, Megan	Cronin, Karri
Delaney, Robert	Dumas, Danielle	Erickson, Jennifer
Evanish, Rachelle	Favor, Stephen	Fazekas, James
Franks, Joelle	Gonda, Sarah	Goodin, Kimberly
Gray, Cheri	Grimm, Angela	Guthrie, Ryan
Haller, Matthias	Hill, Christine	Klein, Jaime
Kline, Jacob	Koerner, Amiee	Lipp, Rebecca
Lippert, Sara	Long, Joshua	Magnani, Kelly
Martin, Joseph	Mason, Melissa	McKee, Chelsea
Mercurio, Allison	Milne, Maggie	Moffett, Molly
Murray, Kristen	Nelson, Susan	O'Connor, Zachary
Oakes, Kari	Patterson, Alexandra	Piero, Amber
Pintagro, Susan	Powell, Emily	Presley, Claire
Rollins, Tara	Ross, Joyce	Rudolph, Lisa
Russell, Kimberly	Schumann, Tiffany	Smith, Jennifer
Steele, Richard	Stewart, Darreo	Sturm, Kristen
Thomas, Christa	Thomas, Paulette	Torda, Jessica
Tucker, Amanda	Voelker, Kaitlin	Wallace, Amy
Weiner, Amy	Weingart, Amy	Wilhite, Stephanie
York, Amanda		

Occupational Therapist – Endorsement

Aldridge, Sarah	Bayless, Stephanie	Craig, John
Criste, Jennifer	Faulkner, Debra	Gulick, Patricia
Higuchi, Amy	Holley, Rahsaan	Kaleal, Marygrace
Lageman, Elaine	Lieb, Karis	Macknin, Sara
Mahoney, Rory	Milhauser, Nicole	Miller, Tabatha
Persch, Andrew	Rife, Lauren	Sharr, Diane
Stevenot, Angela		

Occupational Therapy Assistant – Endorsement

Cox, Lori	Durrett, Alexandra	Hinzman, Brittany
Long, Sharon	Six, Holly	Zellers, Sharee

Occupational Therapist – Reinstatement

Bayuk, Kathryn	Gurney, Sara	Mortellaro, Alan
Pronty, Larkin	Thomas, Jennifer	

Occupational Therapy Assistant – Reinstatement

Dougherty, Melissa

Griffin, Sonnette

Occupational Therapist – Restoration

Sanders, Angela

Occupational Therapy Assistant – Restoration

Gillette, Emily

Limited License Agreements

Mary Stover reported that there are thirty-two limited license agreements being monitored since the September 8, 2011 meeting. Currently, there are twenty-five open cases, eight cases closed, and one application withdrawal.

Mary Stover reported that Sheryl Masanotti complied with all terms and conditions and was released from her limited license agreement.

Mary Stover recommended that the Section propose to deny the occupational therapy assistant restoration application for file #4972592 for noncompliance with conditions, limitations, or agreements placed by the occupational therapy section on a license to practice. **Action:** Nanette Shoemaker moved that the Section propose to deny the occupational therapy assistant restoration application for file #4972592 for noncompliance with conditions, limitations, or agreements placed by the occupational therapy section on a license to practice. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that the Section propose to deny the occupational therapist reinstatement application for file #4880345 for noncompliance with conditions, limitations, or agreements placed by the occupational therapy section on a license to practice. **Action:** Nanette Shoemaker moved that the Section propose to deny the occupational therapist reinstatement application for file #4880345 for noncompliance with conditions, limitations, or agreements placed by the occupational therapy section on a license to practice. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that the Section propose to deny the occupational therapist reinstatement application for file #4902661 for noncompliance with conditions, limitations, or agreements placed by the occupational therapy section on a license to practice. **Action:** Nanette Shoemaker moved that the Section propose to deny the occupational therapist reinstatement application for file #4902661 for noncompliance with conditions, limitations, or agreements placed by the occupational therapy section on a license to practice. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that the Section propose to deny the occupational therapy assistant restoration application for file #5054339 for noncompliance with conditions, limitations, or agreements placed by the occupational therapy section on a license to practice. **Action:** Nanette Shoemaker moved that the Section propose to deny the occupational therapy assistant restoration application for file #5054339 for noncompliance with conditions, limitations, or agreements placed by the occupational therapy section on a license to practice. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that the Section grant an extension for the limited license agreement for occupational therapist restoration file #4995720. The Section agreed to extend the deadline to complete the coursework and supervised clinical practice for file #4995720. The deadline to complete the terms of the limited license agreement is April 30, 2012. The Section requested that individual also be notified that, if the terms of the limited license agreement have not been met by the prescribed deadline, then the individual would be required to complete 600 hours of supervised clinical practice as the individual would be out of practice for 10 years.

Mary Stover informed the Section that file #4876682 requested that the Section waive the requirement that the applicant retake the NBCOT certification examination. The Section determined that the limited license agreement will remain as written for file #4876682 and the requirement to retake the NBCOT certification examination will not be waived.

Mary Stover informed the Section that supervisor for file #4940018 requested that the individual be released early from the limited license agreement. The Section determined that the limited license agreement will remain as written for file #4940018. The deadline to complete all terms of the agreement is April 21, 2012.

Assistant Attorney General's Report

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

Case Review Liaison Report

The Enforcement Division opened zero cases and closed one case since the September 8, 2011 meeting. There are currently seven cases open. There are three consent agreements and one adjudication order being monitored.

Kimberly Lawler informed the Section that Tiffany VanMatre complied with all terms and conditions and was released from her disciplinary consent agreement.

Enforcement Actions

Kimberly Lawler recommended that the Section rescind the notice of opportunity for hearing for case OT-FY12-007 as the Panel was able to verify that the supervising occupational therapist followed appropriate protocol to verify the license of an occupational therapy assistant being supervised by this individual. **Action:** Nanette Shoemaker moved that the Section rescind the notice of opportunity for hearing for case OT-FY12-007 as the Panel was able to verify that the supervising occupational therapist followed appropriate protocol to verify the license of an occupational therapy assistant being supervised by this individual. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that the Section rescind the notice of opportunity for hearing for case OT-FY12-008 as the Panel was able to verify that the supervising occupational therapist followed appropriate protocol to verify the license of an occupational therapy assistant being supervised by this individual. **Action:** Nanette Shoemaker moved that the Section rescind the notice of opportunity for hearing for case OT-FY12-008 as the Panel was able to verify that the supervising occupational therapist followed appropriate protocol to verify license of an occupational therapy assistant being supervised by this individual. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that the Section rescind the notice of opportunity for hearing for case OT-FY12-009 as the Panel was able to verify that the supervising occupational therapist followed protocol appropriate to verify license of an occupational therapy assistant being supervised by this individual. **Action:** Nanette Shoemaker moved that the Section rescind the notice of opportunity for hearing for case OT-FY12-009 as the Panel was able to verify that the individual followed appropriate protocol to verify license of an occupational therapy assistant being supervised by this individual. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Correspondence

1. **Sheri Branum:** Ms. Branum asked the Section questions regarding supervision requirements for an occupational therapy assistant in a home health setting. **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 4755-7-01 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. You may wish to refer to Medicare and other third party payer policies to determine what they require. Insurer policies and/or federal regulations may be more or less restrictive than the Ohio Occupational Therapy Practice Act. 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. However, the Section recommends that you review the facility and payer policies, as they may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.

2. **Elise Dew:** Ms. Dew asked the Section if occupational therapists are required to perform a client treatment and progress note on the tenth day treatment for clients participating in a SNF setting. **Reply:** Nothing in the Ohio Occupational Therapy Practice Act refers to requirements for any specific visit or progress notes, and your question relates to payer policies and not to the Ohio Occupational Therapy Practice Act. The Occupational Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Occupational Therapy Association. If your situation involves billing Medicare Part B for long-term-care patients, there is a requirement for the supervising occupational therapist to provide intervention and document progress every 10th visit or every 30 days, whichever comes first.
3. **Terri Bendele:** Ms. Bendele asked the Section for clarification on supervision and billing requirements in a school-based setting. **Reply:** All students served by an occupational therapy assistant are part of the supervising therapist's caseload. In accordance with the Ohio Department of Education's Operating Standards, as well as the Ohio Occupational Therapy Practice Act, occupational therapy assistants do not have their own caseloads separate from that of the supervising therapists. In the situation you describe, working as an occupational therapy assistant in a charter school, it would be essential to determine if adequate supervision would be provided to you in the work setting. 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. In addition, the occupational therapy assistant has an equal responsibility to determine the evaluating/supervising occupational therapist possesses a current license to practice occupational therapy. Supervision/collaboration 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 and collaborative 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 evaluating and/or supervising occupational therapist of record. The evaluating and/or supervising occupational therapist must provide supervision at least once per month for all occupational therapy assistants who are beyond their first year of practice. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. In all practice settings, the occupational therapist has ultimate responsibility for the students served by occupational therapy assistants under his/her supervision and must not provide supervision for more students than they can provide skilled care. This responsibility includes the initial evaluation, goal and objective development for the plan of care or intervention plan, communication with the occupational therapy assistant, including any special needs of the students, and

ensuring that the occupational therapy assistant is skilled in the services provided. The therapist is also responsible for re-evaluations, timely reviews of student progress, with frequency of review dependent on the severity of the student's disability, and discharge planning/summaries. The therapist must review and co-sign all progress notes written by the occupational therapy assistant. This responsibility requires collaboration between the occupational therapist and the occupational therapy assistant to ensure that services are being provided as intended and that the student is progressing as anticipated. Under Ohio law, only the therapist may delegate appropriate portions of the student's plan of care to the assistant, and must, at all times, have current knowledge of the services provided and progress made by each student under the therapist's care. Both the occupational therapist and the occupational therapy assistant have the responsibility as professionals to ensure that the supervision meets these requirements. Relying solely on information gathered and documented by the assistant during treatment or simply signing the daily progress notes without review does not fulfill the therapist's obligation to provide the appropriate standard of care. Occupational therapy assistants provide skilled and valuable services in all settings including school-based practice. The collaborative relationship between the therapist and assistant enhances care and ensures that students receive quality services. Time for collaboration must be considered when determining responsibilities of therapists and assistants. It is the duty of the Occupational Therapy Section to protect the consumers of occupational therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensing board any entity that places them in a position of compromise with the code of ethical conduct as stated in Ohio Administrative Code rule 4755-7-08 (B)(12). Please refer to the Board's website to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents. The Section does not determine policy regarding how children qualify for occupational therapy services in a school setting. The Section recommends contacting Cathy Csanyi, OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. It is also not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding school based Individualized Education Program (IEP) issues, as well as questions regarding funding. You can contact the Ohio Occupational Therapy Association at www.oota.org.

4. **Debbie Ellis:** Ms. Ellis asked the Section if it is acceptable for an occupational therapist to determine the annual ongoing medical necessity for the student, based on the information gathered by the occupational therapist assistant. **Reply:** It is the opinion of the Occupational Therapy Section that it would be difficult for an occupational therapist to effectively evaluate a client's medical necessity and base the treatment/intervention plan solely on the non-evaluating observations made by the occupational therapy assistant without direct observation and interaction by the occupational therapist. Additionally, third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. 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 related to the treatment/intervention plan, 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 documentation. According to rule 4755-7-02 (A) of the Administrative Code, the occupational therapist shall assume professional responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. Paragraph (B)(1) of rule 4755-7-02 states that the occupational therapy assistant may contribute to and collaborate in: (a) The evaluation process by gathering data, administering standardized tests and /or objective measurement tools, and reporting observations. (b) The preparation, implementation, and documentation of the treatment/intervention plan and the discharge plan. (c) Choosing the appropriate treatment interventions. Paragraph (B)(2) of this rule states that the occupational therapy assistant may independently: (a) Select the daily modality of choice according to the established treatment/intervention plan. (b) Document the progress and outcomes summary. Finally, paragraph (B)(3) of rule 4755-7-02 states that the occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist

performs an evaluation. It is the position of the Occupational Therapy Section that the initial plan, long-term goals, and initial short-term goals must be written by the occupational therapist. The occupational therapist may collaborate with the occupational therapy assistant in the development of these items. Once the initial plan of care and goals are established, the occupational therapy assistant may update short-term goals in collaboration with the occupational therapist. Please review rule 4755-7-03 (B) of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant. Please refer to the Ohio Occupational Therapy Association's pediatrics member support group for additional information regarding the OMSP form.

5. **Theresa Grieshop:** Ms. Grieshop asked the Section for clarification on the supervision ratios in a school-based setting. **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) of the Ohio Department of Education's Operating Standards states that an occupational therapist 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: The severity of each eligible child's needs; The level and frequency of services necessary for the children to attain IEP goals/objectives; Time required for planning services; Time required for evaluations including classroom observations; Time required for coordination of the IEP services; Time required for staff development; Time required for follow up; and 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 an occupational therapy assistant are part of the supervising therapist's caseload. In accordance with ODE's Operating Standards, as well as the Ohio Occupational Therapy Practice Act, Occupational therapy assistants do not have their own caseloads separate from that of the supervising therapists. It is the position of the Occupational Therapy Section that all responsibilities of the occupational therapist and occupational therapy assistant, 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)). 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 Section to protect the consumers of occupational therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensing board any entity that places them in a position of compromise with the code of ethical conduct as stated in Ohio Administrative Code rule 4755-7-08 (B)(12). Please refer to the Board's website to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents for further information on this topic. The Section does not determine policy regarding how children qualify for occupational therapy services in a school setting. The Section recommends contacting Cathy Csanyi, OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions

regarding school based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org.

6. **Laurie Murphy:** Ms. Murphy asked the Section questions regarding determination of medical necessity and billing questions. **Reply:** The code of ethical conduct established in rule 4755-7-08 (B) of the Administrative Code states: (4) A licensee shall not falsify, alter, or destroy client records, medical records, or billing records without authorization. The licensee shall maintain accurate client and/or billing records. (14) 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. (15) A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to: (a) Documenting or billing for services not actually performed. (b) Performing techniques/procedures in which the licensee cannot demonstrate and document competency, either by experience or education. The Section does not render billing advice, however, the Section recommends that you review the facility and payer policies, as they may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act. Billing for occupational therapy services under the Medicaid School Program is an established practice. The Section recommends contacting Cathy Csanyi, OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. The Section recommends contacting the MSP Program Coordinator, Ohio Department of Education, Office for Exceptional Children at www.ode.state.oh.us regarding your questions about the "Ohio Medicaid School Program" (keyword search - Medicaid), including interpretation of "medical necessity" as it related to occupational therapy services and billing questions. The Ohio Occupational Therapy Association's pediatrics member support group chair may also be able to assist you with many of your questions regarding the Ohio Medicaid School Program. You can contact the Ohio Occupational Therapy Association at www.oota.org.
7. **Roberta Keenan:** Ms. Keenan asked the Section whether occupational therapist can accept verbal or telephone orders. **Reply:** It is the position of the Occupational Therapy Section that 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 facility and payer policies, as they may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.
8. **Wendy Drake-Kline:** Ms. Drake-Kline asked the Section for feedback on solutions to remedy the misuse of occupational therapy assistants in local school districts. **Reply:** The Section recommends you forward your letter to, and request a waiver from, to Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist your ongoing efforts to support OT practitioners facing the current challenges of school based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org.
9. **Patricia Richardson:** Ms. Richardson asked the Section questions regarding establishing fees for occupational therapy services. **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 questions with legal counsel and/or your malpractice provider. The Ohio Occupational Therapy Association's rehabilitation member support group chair may be able to assist you with many of your questions regarding setting up a private lymphedema management practice. Regarding setting of appropriate fees for your services, the code of ethical conduct established in rule 4755-7-08 of the Administrative Code states that: (B)(14) 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. (C)(6) A licensee shall not influence a client or the client's family to utilize, purchase, or rent any equipment based on direct or indirect financial interests of the licensee. Recommendations of equipment

must be based solely on the therapeutic value of that equipment to the client. A licensee who owns or has a direct financial interest in an equipment or supply company must disclose the financial interest to the client if the licensee sells or rents, or intends to sell or rent, to that client. (C)(7) A licensee shall not intentionally or knowingly offer to pay or agree to accept any compensation, directly or indirectly, overtly or covertly, in case or in kind, to or from any person or entity for receiving or soliciting clients or patronage, regardless of the source of the compensation. The Section also recommends that you refer to the American Occupational Therapy Association's Occupational Therapy Code of Ethics and Ethics Standards at www.aota.org. AOTA also has resources about setting up a private practice.

10. **Britney Noffsinger**: Ms. Noffsinger asked the Section questions regarding the occupational therapy assistant supervision 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/re-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. For example, if you are working full-time and providing only evaluations/re-evaluations (recerts) and supervision of the occupational therapy assistants, you would be allowed to supervise up to five full-time occupational therapy assistants and the PRN occupational therapy assistant. Supervision of 6 full-time occupational therapy assistants would place you over the supervisory ratio if you added the PRN occupational therapy assistant to those six. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice related to billing of specific CPT codes. However, if treatment is provided as part of the initial evaluation visit, it would be included as part of the "evaluation" portion of the supervisory guidelines. 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. The section noted in your correspondence you listed your credentials as MOTR/L. Rule 4755-7-10 of the Administrative Code lists how to appropriately list your credentials. (A) All occupational therapists shall use the following credential following their signature to indicate licensure as an occupational therapist: (1) "OT/L" if the occupational therapist does not hold current NBCOT certification; or (2) "OTR/L" if the occupational therapist holds current NBCOT certification. The appropriate citing of your credentials should be OTR/L, MOT.
11. **Megan Ferri**: Ms. Ferri asked the Section for clarification on how to make up calamity days for occupational therapy services under an IEP. **Reply**: The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. You may also contact the Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding school based Individualized Education Program (IEP) issues. You can contact the Ohio Occupational Therapy Association at www.oota.org.
12. **Megan Junod**: Ms. Junod asked the Section where are restrictions for a newly licensed occupational therapist to supervise occupational therapy assistant students. **Reply**: Rule 4755-7-04 (E) of the Administrative Code outlines the supervision requirements for Level II occupational therapy assistant students. Under this rule, the supervising occupational therapy practitioner must have completed at least one year of clinical practice to be eligible to supervise a student. If a former occupational therapy assistant (with experience) is now licensed and working as an occupational therapist, they would not meet this

requirement when supervising under their new occupational therapist license. If they are practicing as an occupational therapy assistant, they would meet the requirements. The Section recommends that you review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of students. The standards adopted by ACOTE, and the facility's policies, may be more restrictive than the Ohio Occupational Therapy Practice Act.

13. **Christine Skujins:** Ms. Skujins asked the Section for clarification of the occupational therapy assistant role in the evaluation team report. **Reply:** An occupational therapy assistant (OTA) may gather and summarize objective information; however they may not interpret the data. It is the occupational therapist's (OT) responsibility to interpret the data gathered by the OTA and make the recommendations for changes to the treatment/intervention plan. The collaboration between the OT and OTA must be reflected in client documentation. Pursuant to rule 4755-7-02 (B)(1)(b) of the Administrative Code, the occupational therapy assistant may contribute to and collaborate in the preparation, implementation, and documentation of the treatment/intervention plan and the discharge plan. 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. Pursuant to rule 4755-7-04 (H) of the Administrative Code, 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. However, third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. The Evaluation Team Report (ETR) is an evaluation of student status, even if no formal standardized assessment is completed for the report. The occupational therapy assistant providing services to the student may contribute to the evaluation process by gathering data, administering standardized tests and/or objective measurement tools, and reporting observations. It is the responsibility of the supervising occupational therapist to interpret the data contributed by the occupational therapy assistant and to write the assessment report for the ETR, in collaboration with the occupational therapy assistant. Regarding your question about the listing of "OT" (versus "OT/OTA") under the "related service providers" category, the supervising occupational therapist is ultimately responsible for the provision of OT services, regardless of whether they are provided by an occupational therapist or an occupational therapy assistant. Therefore, the listing of "OT" would be sufficient. Please refer to the Board's website to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents for further information on this topic. The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us for answers to your questions about the Individualized Education Program. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding school based Individualized Education Program (IEP) issues. You can contact the Ohio Occupational Therapy Association at www.oota.org.
14. **Donna Lambert:** Ms. Lambert asked the Section questions regarding whether it is acceptable to use the IEP as the occupational therapy treatment/intervention plan. **Reply:** The IEP is an educational record. IEP goals and objectives are written by the educational team and **do not** constitute the occupational therapy treatment/intervention plan. According to 4755-7-02 (A) of the Administrative Code, occupational therapist shall assume professional roles and responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. In addition to identifying the IEP goals/objectives to be addressed by the occupational therapy practitioner, the separate occupational therapy treatment/intervention plan is required and should include intervention approaches, types of interventions to be used, outcomes, and any additional occupational therapy goals not listed in the IEP. As in any practice setting, appropriate documentation continues to be a requirement. Please refer to the AOTA *Guidelines for Documentation of Occupational Therapy* (AJOT November/December 2008). The Section recommends that you contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator concerning questions regarding school-based issues at www.oota.org.

15. **Laura Dorsey:** Ms. Dorsey asked the Section questions regarding occupational therapy assistant caseloads for children with autism. **Reply:** The Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants (OTAs) an occupational therapist (OT) 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 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: The severity of each eligible child's needs; The level and frequency of services necessary for the children to attain IEP goals/objectives; Time required for planning services; Time required for evaluations including classroom observations; Time required for coordination of the IEP services; Time required for staff development; Time required for follow up; and 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 an OTA 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 do not have their own caseloads separate from that of the supervising therapists. It is the position of the Occupational Therapy Section that all responsibilities of the OT and OTA, 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 (4755-7-08 (B)(9)). Educational agencies following the requirement of rule 3301-51-09 (I)(1), 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 to protect the consumers of occupational 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 rule 4755-7-08 (B)(12). Please refer to the Board's website to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents for further information on this topic. The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding school based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org.
16. **Amy Hoffman-Ruffner:** Ms. Hoffman-Ruffner asked the Section questions regarding the use occupational therapy practitioners in the scenario described. **Reply:** The Section asked for additional information.

OT/PT Joint Correspondence

- JB1. Greg Treece:** Mr. Treece asked for the questions regarding whether any healthcare practitioner or staff can write and sign a medical necessity letter. **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. Your questions relate 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.

JB2. **Jacque Brown:** Ms. Brown asked the Section questions regarding whether occupational and physical therapy practitioners can sign documentation with/without the therapist license number and requested clarification on supervision requirements for athletic trainers working in an outpatient clinic. **Reply:** It is the position of the Ohio Occupational Therapy Section that licensure designation be documented at a minimum by the appropriate regulatory credential. The therapist's signature sequence should be the therapist's name, followed by the regulatory professional credential that allows the therapist to practice occupational therapy. For example: Jane Doe, OT/L. The Ohio Occupational Therapy Practice Act is silent on the education credential and the order in which it is placed. In addition, there is nothing in the Occupational Therapy Practice Act that requires a licensee to include the licensee's license number as part of the signature. The Section noticed in your correspondence you signed your name MOTR/L. The appropriate way to cite your credentials is OTR/L, MOT. There is nothing in the Physical Therapy Practice Act that requires a licensee to include the licensee's license number as part of the signature. The Physical Therapy Section recommends that you consult with your facility and third party payers to determine if they require this. Regarding your second question, 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, licensed athletic trainers are considered other licensed personnel. In accordance with rule 4755-27-04 of the Administrative Code, the supervising physical therapist or physical therapist assistant is accountable and responsible at all times for the direction of the actions of the persons supervised, including other licensed personnel. A physical therapist assistant can provide direct supervision of other licensed personnel even if the physical therapist is not on-site but is available by telecommunication at all times and able to respond appropriately to the needs of the patient. However, only a physical therapist can determine that a patient may be delegated to other licensed personnel. Other licensed personnel cannot be assigned their own physical therapy caseload without the supervising physical therapist or physical therapist assistant having direct contact with each patient during each visit. It is the responsibility of the physical therapist to determine and document the extent of contact necessary to assure safe patient care. Pursuant to rule 4755-27-03 (F) of the Ohio Administrative Code, "Delegation of tasks related to the operation and delivery of physical therapy to other licensed personnel must be done in accordance with the scope of practice of the other licensed personnel's professional license, education and training, the level of competence as determined by the supervising physical therapist, and in consideration of the patient's overall needs and medical status." The patient contact by the delegating physical therapist or supervising physical therapist assistant may be to provide portions of treatment or to assess the patient's progress within the existing plan of care. When needed, only the physical therapist may make adjustments to the plan of care. In accordance with rule 4755-27-03 (D) of the Ohio Administrative Code, a physical therapist may choose to refer a patient to another discipline, including physicians, for services. This referral shall be documented by the physical therapist in the medical record to clearly demonstrate a referral for that service. Such referral will not be a delegation of tasks or duties of physical therapy. In response to your question regarding supervision of athletic trainers in a clinical setting, according to the Athletic Trainers Section, under section 4755.60 (A) of the Revised Code and rule 4755-42-02 of the Administrative Code, athletic trainers must practice upon the referral of an individual licensed in Ohio to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, chiropractic, dentistry, or physical therapy. Athletic trainers may not accept direct referrals from physician assistants or practitioners of the limited branches of medicine. A referral relationship between a team physician and an athletic trainer should be one consisting of a protocol of care communicated between a team physician and the athletic trainer. This agreement should include procedures for prevention, recognition, assessment, management

and treatment of athletic injuries. Clinic-based athletic trainers may provide athletic training services upon physician referral for athletic training evaluation and treatment. The prescription by the referring medical practitioner must state the referral is for athletic training. Under an athletic training referral, the athletic trainer functions independently and is responsible for documentation. Pursuant to rule 4755-46-01 of the Administrative Code, unlicensed individuals functioning under the supervision of a licensed athletic trainer may perform designated routine tasks related to the operation of athletic training provided that the supervising athletic trainer is on-site to supervise the delegated tasks. If the patient receives a prescription for physical therapy and during care the physical therapist determines he/she may benefit from athletic training services, i.e. a patient's condition is an athletic injury, then, the physical therapist may refer that particular patient to an athletic trainer. This transfer of care from a physical therapist must be documented in the patient's medical record. In addition, the athletic trainer must now obtain physician approval and prescription for an athletic training evaluation and treatment as described above. If this procedure is followed, the athletic trainer must perform an injury assessment and determine the athletic training plan of care. The patient is no longer under the care of the physical therapist. The physical therapist may also refer the patient to the care of the athletic trainer but have the patient still remain under the care of the physical therapist. In this non-transfer scenario, a physician prescription for athletic training is not required. However, please refer to facility and/or third-party payer policies as their policies may be more restrictive than the Occupational Therapy, Physical Therapy and Athletic Trainers Practice Acts. Regarding your final question about physical therapists accepting referrals from physician assistants, 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.

JB3. Lindsey Brown, OTD, OTR/L: Dr. Brown asked the Sections questions regarding signature requirements for a change in frequency of treatment and if occupational therapy assistants and physical therapist assistants can write a physician order without the co-signature of the occupational therapist or physical therapist. **Reply:** It is the position of the Occupational Therapy Section that the initial plan, long-term goals, and initial short-term goals must be written by the occupational therapist. The occupational therapist may collaborate with the occupational therapy assistant in the development of these items. Once the initial plan of care and goals are established, the occupational therapy assistant may update short-term goals in collaboration with the occupational therapist. Please review rule 4755-7-03 (B) of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant. It is the position of the Occupational Therapy Section that individuals other than an occupational therapist are 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. The occupational therapist is ultimately responsible for receiving and accepting the directive or order. In accordance with rule 4755-7-04 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. 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. The therapist assuming the plan of care cannot retroactively co-sign documentation prior to assuming the plan of care. 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. 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. The Section noticed in your correspondence you signed your name OTD, OTR/L. The appropriate way to cite your credentials is OTR/L, OTD. A physical therapist assistant, according to section 4755.40 (C) of the Ohio Revised Code, may only work under the direction of a physical therapist. Physical therapist assistants may not initiate treatment without a completed physical therapist evaluation and plan of care that delegates all or a portion of the physical therapy services to the physical therapist assistant. In accordance with rule 4755-27-02 (A) of the Ohio Administrative Code, the physical therapist assistant is a skilled, technical person who assists in physical therapy treatment as assigned by the physical therapist. These duties are carried out under the supervision, as defined in division (D) of section 4755.40 of the Revised Code and rule 4755-27-04 of the Administrative Code, of the physical therapist to whom the assistant is responsible. In accordance with rule 4755-27-02 (B) of the Ohio Administrative Code, physical therapist assistants are not qualified to: (1) interpret physician referrals, (2) conduct initial patient evaluations, (3) write initial or ongoing patient treatment plans, (4) conduct re-evaluations of the patient or adjust patient treatment plans or (5) perform the discharge evaluation and complete the final discharge summary. Therefore in response to your specific questions, the physical therapist assistance cannot write a physician order and cannot change the frequency of the treatment. It is the responsibility of the physical therapist to write the order or make changes to the plan of care. However, the Section recommends that you communicate with the facility and payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.

Old Business

Escrow Status Update

The Section discussed how the escrow status would be implemented if the proposed rules were adopted. The Section recommended that the rule go into effect on July 1, 2012 and that all licensees currently in escrow status as of that date would still be permitted to renew up to two additional times in escrow status.

Retired Status

The Executive Director reported that there were not many other boards in Ohio that had a retired status. The Section will table this discussion until further inquiry is requested.

Standard Responses Update

The Section accepted the standard responses as amended. The Executive Director will review the final edits before it is distributed to the Board members.

Limited License Agreements Process Update

Mary Stover, the Section's Licensure Liaison will continue to work with the Executive Assistant on tracking the status of agreements and will provide status updates at each Section meeting. The Section's Licensure Liaison will continue to review and make recommendations to the Section as cases are presented.

ODE OT/PT Consultant

Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children, gave the Section a brief introduction. Per Ms. Csanyi's request, the Section will recommend that individuals contact Ms. Csanyi, when appropriate, if they contact the Board with school-based practice questions. In addition, the Section will include Ms. Csanyi's contact information on correspondence related to school-base practice issues.

New Business

Ethics Training

Jeffrey Rosa, Executive Director facilitated an ethics presentation and discussion to the members of the Occupational Therapy Section.

File 2012 Rules Changes

Action: Kimberly Lawler moved the Occupational Therapy Section file rules 4755-3-02, 4755-3-03, 4755-3-04, 4755-3-07, 4755-3-08, 4755-3-09, 4755-3-10, 4755-3-13, 4755-3-14, and 455-7-04 as no change rules. Ms. Lawler further that the Occupational Therapy Section file the proposed changes to rules 4755-3-01, 4755-3-05, 4755-3-06, 4755-3-12, 4755-5-08, and 4755-9-01. Nanette Shoemaker seconded the motion. The motion carried.

NBCOT Conference Update

Kimberly Lawler and Jeffrey Rosa attended the NBCOT Conference on October 21-22, 2011 in Alexandria, Virginia. Mr. Rosa served on a panel discussing the potential impacts of the health care reform legislation on state regulation of occupational therapy.

OTA Presentation Recap

The Section and the Executive Director attended the OOTA Conference on October 14-15, 2011 in Cuyahoga Falls, Ohio.

Strategic Retreat Planning

The Section is looking to hold a strategic planning retreat in early August 2012. The suggested start time is 9:30 am. The Section identified the following retreat topics: supervisor ratios, cultural diversity awareness, review emerging areas of practice and core areas of the AOTA Practice Framework to see how it relates to the Ohio Occupational Therapy Practice Act. The Section discussed adding a cultural diversity case study to the presentation slides.

Open Forum

There were no items discussed.

Ohio Occupational Therapy Association (OOTA) Report

Jacquelyn Chamberlin reported that the OOTA did not have any concerns with the proposed changes to the rules.

Items for Next Meeting

- Public Rules Hearing
- Formalize Strategic Planning

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, January 12, 2012.

Action: Mary Stover moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 3:19 p.m.

Respectfully submitted,
Diane Moore

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

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

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MS:jmr:dm