



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
March 8, 2012
9:00 a.m.

Members Present

Rebecca Finni, OTR/L, Secretary
Jean Halpin, OTR/L, Chair
Kimberly Lawler, OTR/L
Nanette Shoemaker, COTA/L
Mary Stover, OTR/L

Staff

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

Legal Counsel

Yvonne Tertel, AAG

Guests

Jacquelyn Chamberlin, OOTA

Call to Order

Jean Halpin, Section Chair called the meeting to order at 9:24 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: Jean Halpin moved that the minutes from the January 12, 2012 meeting be approved as amended. Mary Stover seconded the motion. The motion carried.

Rules

The Section reviewed the Common Sense Initiative Business Impact Analysis for the upcoming 5-Year rule review. The Section will start discussion on the supervisory rules.

Administrative Reports

Continuing Education Report

Action: Nanette Shoemaker moved that the Section approve 87 applications for contact hour approval and denied one application 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 January 12, 2012 through March 8, 2012, taking into account those licenses subject to discipline, surrender, or non-renewal. Nanette Shoemaker seconded the motion. Nanette Shoemaker abstained from voting on the occupational therapy assistant examination applications for Jaque Kemper. Kimberly Lawler abstained from voting on the occupational therapy assistant examination applications for Laurie Veyon. The motion carried.

Occupational Therapist – Examination

Abernathy, Melissa
Bachman, Matthew
Beyer, Myshl

Addis, Cassandra
Barker, Tiffany
Bilaver, Natalie

Andrzejewski, Katie
Batchelder, Carissa
Bradshaw, Rachel

Brandt, Emily
Brown, Kayla
Brzozowski, Dana
Cassidy, Sara
Conetsco, Sarah
Daniel, Leah
Doucher, Jennifer
Gauron, Kathryn
Grodek, Jenna
Hammersmith, Amy
Henning, Kara
Hotle, Alicia
Huey, Katelyn
Johnson, Emily
Julian, Denah
Klan, Jessica
Lutz, Matthew
Menke, Kari
Newburn, Deirdre
Noe, Danielle
Ricchino, Nicholas
Rudduck, Kari
Sedio, Kimberly
Stoltz, Amanda
Wallace, Janelle

Braun, Danielle
Brown, Maria
Burkholder, Kendra
Castro, Amelia
Conway, Colleen
Davis, Alexander
Fiebig, Patricia
Gaydos, Elizabeth
Grothouse, Nichole
Hammond, Jenna
Hiros, Leigh
Howard, Whitney
Hunt, Rachael
Johnson, Robin
Kanawati, Rima
Lang, Jennifer
McAfee, Emilee
Miller, Tiffany
Nichols, Abby
Pontsler, Sarah
Rigsby, Samantha
Salzl, Natasha
Seger, Janelle
Strell, Elayna
Whitman-Rush, Amanda

Brooks, Aaron
Browne, Emma
Burton, Raejean
Christman, Emily
Curby, Anna
Dinan, Laura
Frisbie, Renee
Goebel, Valerie
Hagy, Alyssa
Hazen, Olivia
Holbrook, Jessica
Huber, Deanna
Jelen, Samantha
Jones, Amanda
Kilpatrick, Ann
Leiter, Katherine
McClain Schmitt, Carrie
Morrison, Melissa
Niemeyer, Courtney
Ramey, Erica
Roth, Courtney
Sawayda, Alexi
Stahr, Kevin
Valley, Jason
Worstell, Amanda

Occupational Therapy Assistant – Examination

Albright, Magenta
Brainerd, Megan
Como, Anna
Flower, Holly
Hodge, Luke
Johnson, Paula
Limpach, Agatha
Mottley, Shannon
Pitts, Kelsey
Reynolds, Phyllis
Scott, Barbara
Vaughn, Crystal
Zimmerly, Shannon

Arsham, Heather
Brielmaier, Christen
Dean, Sandra
Gates, Leah
Horton, Jasmine
Kemper, Jacque
McIntire, Karen
Nassr, Jennifer
Remington, Valerie
Roux, Christi
Silvieux, Hope
Veyon, Laurie

Beach, Amanda
Chalfant, Megan
Farrell, Brittney
Hillier, Jennifer
Hughes, Laura
Lieb, Lisa
McKenna, Kelly
Parrish, Brian
Reuther, Melissa
Schaad, Andrew
Starke, Jessica
White, Candace

Occupational Therapist – Endorsement

Chew, Bryanne
Hitchon, Clarissa
Savannah, Rachelle
Wilson, Lauren

Devaul, Catie
Mettler, Jennifer
Spohr, Pamela

Esper, Stacy
Roman, Amanda
Warren, Jacob

Occupational Therapy Assistant – Endorsement

Hammond, Michele
Robinson, Tawnya

Linn, Lauretta

Ringwald, Malinda

Occupational Therapist – Reinstatement

Crowther, Heather

Occupational Therapy Assistant – Reinstatement

Petersen, Toni

Limited License Agreements

Mary Stover reported the Section received four new limited license applications since the January 12, 2012 meeting. There are currently 26 limited license applications/agreements being monitored.

Mary Stover recommended that applicant #5143605 be reinstated with no additional requirements.

Mary Stover recommended that, pursuant to rule 4755-3-05(F) of the Administrative Code, the Section deem the application abandoned for restoration applicant #4972901. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to endorsement applicant #4972901. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-12(D)(2) of the Administrative Code, the Section offer a limited license agreement to occupational therapist reinstatement applicant #5068043. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to endorsement applicant #5068043. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Ria Caldwell

Mary Stover 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 #5155172. **Action:** Jean Halpin moved that the Section grant a limited occupational therapy assistant license agreement to reinstatement applicant #5155172. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Michael Ludwig.

Assistant Attorney General's Report

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

Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened two cases and closed one case since the January 12, 2012 meeting. There are currently six cases open. There are two consent agreements and one adjudication order being monitored.

Enforcement Actions

Kimberly Lawler recommended that the Section issue a notice of opportunity for hearing for case OT-FY12-016 for failure to obtain continuing education requirements. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY12-016 for failure to obtain continuing education requirements. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Correspondence

- 1. Joanne Estes:** Ms. Estes asked the Section questions regarding whether it is legal for a non-Ohio licensed occupational therapist provide consultative services via telecommunication to a client that resides in Ohio. **Reply:** The Section has referred to the American Occupational Therapy Association's *Position Paper: Telerehabilitation* (AOTA, 2010) for guidance on occupational therapy practice via telerehabilitation. It is the position of the Ohio Occupational Therapy Section that an occupational therapy practitioner is required to hold a valid, current license in the State of Ohio to serve any clients residing in Ohio. Therefore, out of state occupational therapy personnel must hold a valid Ohio license to treat clients in Ohio via telerehabilitation. The Section recommends that you contact the occupational therapy board in any state where the client resides to explore the requirements for practicing via telerehabilitation in that state.
- 2. Blythe Isenburg:** Mr. Isenburg asked the Section questions regarding clarification on documenting treatment code(s) for a speech delay on an occupational therapy plan of care. **Reply:** As you stated in your correspondence, there are a large number of therapy oriented ICD-9 codes to choose from. If you are not able to find an appropriate ICD-9 code on your listing, further research is recommended to help you identify the most appropriate treatment diagnosis code. The Section recommends that you contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator concerning questions about the Ohio Medicaid School Program. You can contact the Ohio Occupational Therapy Association at

www.oota.org. You might also contact 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. You may also contact Mark Smith, OMSP Program Coordinator at the Ohio Department of Education at (614) 752-1493 or via email at mark.smith@ode.state.oh.us.

3. **Trey Counts:** Mr. Counts asked the Section whether occupational therapy assistants can enter objective information in the client's electronic medical record under the occupational therapy evaluation prior to the occupational therapists completing the evaluation as described in the scenario provided. **Reply:** It is the position of the Occupational Therapy Section that screening, or identification of candidates for therapy, may be performed by an occupational therapy assistant. The Section interprets a screen to be only demographic, data gathering and non-evaluative in nature. In accordance with rule 4755-7-02 of the Administrative Code, the occupational therapist interprets the data and makes necessary recommendations. All screens must be cosigned by the occupational therapist, and collaboration with the occupational therapist must be documented. While the Ohio Occupational Therapy Practice Act is not specific about the components of documentation, it is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008) when determining documentation of occupational therapy in any setting. In accordance with rule 4755-7-02(B)(3) of the Ohio Administrative Code, the occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation.
4. **Julie Carlson:** Ms. Carlson asked the Section regarding clarification on supervising PRN occupational therapy assistants. **Reply:** 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. The occupational therapy assistant is also responsible for making sure the supervising occupational therapist possesses a current license to practice occupational therapy prior to providing supervision of occupational therapy treatment. 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 and collaboration 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 of record 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. 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 paragraphs (B)(1) to (B)(3) of rule 4755-7-04 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.

5. **Jill Bixler:** Ms. Burton asked the Section questions regarding clarification on what types of activities an occupational therapy assistant can perform prior to occupational therapist's evaluation of the client. **Reply:** To specifically answer your question, if the occupational therapy assistant is going to perform and bill for occupational therapy services, the client must be under an occupational therapy treatment/intervention plan, which is established by an occupational therapist after first completing an occupational therapy evaluation. In accordance with rule 4755-7-02(B) of the Ohio Administrative Code, the roles and responsibilities of an occupational therapist assistant are: (1) 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. (2) 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. (3) The occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation.
6. **Matthew Blake:** Mr. Blake asked the Section questions regarding whether occupational therapy assistant with less than one year experience can perform home assessments. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that would prohibit a newly licensed occupational therapy assistant from performing a home assessment. A home assessment may be performed by an occupational therapy assistant (OTA) with a current client under an established occupational therapy treatment/intervention plan. The OTA can gather objective information and report observations, with or without the client and/or occupational therapist (OT) present. It is the responsibility of the OT to interpret the data gathered by the OTA and collaborate with the OTA to make recommendations. Any collaboration between the OT and OTA must be reflected in client documentation. 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. According to rule 4755-7-08 (B)(15) of the Ohio Administrative Code, 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: (e) Failing to ensure that duties assumed by or assigned to other occupational therapy practitioners match credentials, qualifications, experience, and scope of practice.
7. **Anita Chatterjee:** Ms. Chatterjee asked the Section questions regarding whether occupational therapist can accept a referral from a chiropractor in a private practice setting. **Reply:** There is nothing in the Occupational Therapy Practice Act that prohibits any healthcare practitioner from making direct referrals to occupational therapy. 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. Third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies. The Section recommends that you contact the third party payer directly to determine if they allow a chiropractor to be the certifying physician on an occupational therapy treatment/intervention plan in the cases where the physician certification is required.
8. **William Henry:** Mr. Henry asked the Section questions regarding whether occupational therapist is required to complete an occupational therapy plan of care when providing interventions for a student in a Tier II process of RTI. **Reply:** As in any area of occupational therapy practice, an occupational therapist participating in the RTI process would perform assessments, plan and implement interventions, and collect data on outcomes; appropriate documentation of those steps is a requirement. If you are observing a student on an individual basis and making recommendations, then you need to complete an occupational therapy evaluation and establish an occupational therapy treatment/intervention plan. 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. In addition, the American Occupational Therapy Association (www.aota.org)

can provide resources on the RTI process, including the article “Response to Intervention, Your Questions Answered”, which was published in *OT Practice* on February 20, 2012 (pp. 18-20).

9. **Maxine Haller:** Ms. Haller asked the Section questions regarding clarification on the utilization of other licensed personnel in an occupational therapy setting and supervision requirements. **Reply:** Starting in October 2006, the Section studied this topic extensively and elicited input from various stakeholders through surveys and at conferences. The Section received over 1,000 responses to a SurveyMonkey.com survey that was distributed in early 2008 that helped craft the Section’s decision. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. Therefore, the occupational therapy practitioner may not delegate tasks listed in paragraph (2) below to professionals such as licensed nurses, physical therapists, physical therapist assistants, speech language pathologists, etc. In accordance with rule 4755-7-03 (D) of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of clients, and preparation of work area, assisting with client’s personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. (1) Unlicensed personnel may only perform specific tasks which are neither evaluative, task selective, nor recommending in nature. The occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant may delegate such tasks only after ensuring that the unlicensed personnel has been appropriately trained for the performance of the tasks. (2) The occupational therapist, occupational therapy assistant, student occupational therapist, and student occupational therapy assistant shall not delegate the following to unlicensed personnel: (a) Performance of occupational therapy evaluative services; (b) Initiation, planning, adjustment, modification, or performance of occupational therapy services; (c) Making occupational therapy entries directly in the client’s official records; and (d) Acting on behalf of the occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant in any matter related to occupational therapy treatment that requires decision making. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-03 (D)(2) of the Ohio Administrative Code to unlicensed personnel. There is nothing in the Ohio Occupational Therapy Practice Act that states that a private practitioner cannot employ “other licensed personnel.” It is acceptable for a private practice occupational therapist to employ other licensed personnel if those individuals are practicing and billing in accordance with the rules and regulations governing their professional license.
10. **Pam Raber:** Ms. Raber asked the Section questions regarding whether occupational therapy assistant can write discharge summaries. **Reply:** It is the position of the Occupational Therapy Section that **yes**, occupational therapy assistants may gather and summarize objective information for a discharge summary; 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 4755-7-02 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the 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. 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. Third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.
11. **Email Correspondent:** Email Correspondent asked the Section questions regarding how to address administrative concerns with an employer and questions regarding productivity standards. **Reply:** The situation you are describing is not within ethical guidelines. 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 that the evaluating/supervising occupational therapist possesses a current license to practice occupational therapy prior to providing supervision of occupational therapy treatment. 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 and collaboration 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. The evaluating and/or 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. 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 your employer's Ethics and Compliance Department with your questions and concerns. The Section recommends you review payers/Medicaid policies as they may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act. The Ohio Occupational Therapy Practice Act remains the same in all practice settings where occupational therapy is provided. The Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants and/or limited permit holders an occupational therapist may supervise and does not regulate caseload levels.

12. **Nancy Nebenzahl:** Ms. Nebenzahl asked the Section questions regarding whether occupational therapist can perform dry needling as an occupational therapy procedure. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from completing dry needling (intramuscular manual therapy) as part of the occupational therapy treatment/intervention plan, provided that the occupational therapist has received training, and demonstrated and documented competence in this activity.
13. **Traci Witherspoon:** Ms. Witherspoon asked the Section questions regarding clarification on the roles and responsibilities of PRN occupational therapist related to transfer of care and job sharing. **Reply:** According to rule 4755-7-08 (C)(2) of the Ohio Administrative Code, a licensee shall transfer the care of the client, as appropriate, to another health care provider in either of the following events: (a) Elective termination of occupational therapy services by the client; or (b) Elective termination of the practitioner-client relationship by the licensee. 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. The Section recommends that you review the facility policies for clarification on the term job sharing in your specific working setting.
14. **Julie Carlson:** Ms. Carlson asked the Section questions regarding how to appropriately document that the occupational therapy plan of care was transferred to another occupational therapist/facility manager prior to terminating employment. **Reply:** As you are aware, rule 4755-7-08 (C)(2) of the Ohio Administrative Code requires licensees to transfer the care of a client to another occupational therapist in the event of elective

termination of the practitioner-client relationship by the licensee. You note in your email that your last day of employment with the facility might occur prior to the employment of a new occupational therapist. If the new occupational therapist is known at the time of the transfer of care, you must document the transfer of care in the client's medical record by identifying the new occupational therapist by name. If the new occupational therapist is not known at the time of the transfer, you should document that you are transferring the client to the individual responsible for management of therapy services 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 client is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the client, including the supervision of any occupational therapy personnel providing services to that client.

15. **Patricia Lowenstein:** Ms. Lowenstein asked the Section's opinion on providing occupational therapy services through telerehabilitation. **Reply:** The Section recommends that you review the American Occupational Therapy Association's *Position Paper: Telerehabilitation* (AOTA, 2010) for additional guidance on occupational therapy practice via telerehabilitation. It is the position of the Ohio Occupational Therapy Section that an occupational therapy practitioner is required to hold a valid, current license in the State of Ohio to serve any clients residing in Ohio. Therefore, out of state occupational therapy personnel must hold a valid Ohio license to treat clients in Ohio via telerehabilitation.
16. **Heather Fenton-Campbell:** Ms. Fenton-Campbell asked the Section questions regarding whether it is required to list a specific goal or some reference to the occupational therapy plan of care that the home visit can be completed by an occupational therapy assistant. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03(A) of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather objective information and report observations, with or without the patient and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations. A home assessment may be performed by an occupational therapy assistant (OTA) with a current client under an established occupational therapy treatment/intervention plan. The OTA can gather objective information and report observations, with or without the client and/or occupational therapist (OT) present. It is the responsibility of the OT to interpret the data gathered by the OTA and collaborate with the OTA to make recommendations. Any collaboration between the OT and OTA must be reflected in client documentation. 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.
17. **Mary Jo McGuire:** Ms. McGuire asked the Section if an occupational therapy assistant can represent him/herself as a certified occupational therapy practitioner. **Reply:** The Section reviewed the website and the brochure and will follow up on the issue.
18. **Laurie Dubin:** Ms. Dubin asked the Section if an occupational therapist can supervise a restorative attendant based on the scenario provided. **Reply:** In accordance with the Ohio Occupational Therapy Practice Act, the development of a restorative or maintenance plan that will be carried out by an unskilled person is within the scope of occupational therapy practice. However, the restorative or maintenance activities must not be a part of the occupational therapy treatment/intervention plan and it must be clear that the unskilled person providing the activities or tasks is not providing occupational therapy services. Third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.

OT/PT Joint Correspondence

- JB1. Jean Wendland, PT:** Ms. Wendland asked the Occupational and Physical Therapy Sections whether a physician order is required to receive Medicare reimbursement for occupational and physical 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. 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, specifically this regions Medicare intermediary. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. Section 4755.481 of the Revised Code permits a physical therapist to provider services without a physician order or referral. If a patient is seen under the direct access law, the Physical Therapy Section recommends that the patient be asked to sign a document declining notification of the physician. 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 physical therapy services. The Sections recommend 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, the Ohio Physical Therapy Association, or the Reimbursement Departments of the American Occupational Therapy Association and American Physical Therapy Association. There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing a medication reconciliation that includes interviewing a patient about current medications, comparing those to the list of prescribed medications, and implementing a computerized program or referring the lists to other practitioners to identify suspected drug interactions. Even though not part of the physical therapy plan of care, the reconciliation may be performed as an administrative task of any health care professional. Other such administrative tasks that are not part of a physical therapy plan of care but that may be performed by physical therapy personnel include removal of staples, coaguchecks, listening for bowel sounds, and other patient assessments. However, no procedure should be performed by a physical therapist or physical therapist assistant unless the practitioner demonstrates competence in that procedure. You may also wish to view the APTA's Home Health Section FAQ regarding medication reviews.
- JB2. Lyndi Schwab, PT:** Ms. Schwab asked the Occupational and Physical Therapy Sections whether it is acceptable for occupational and physical therapists to sign the medication sheets in a client's chart. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from completing medication reconciliation provided that the occupational therapist has received training, demonstrated and documented competence in this activity. **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. Thus, any time limits on an occupational therapy order would be up to your facility or payer policy. There is nothing in the Ohio Physical Therapy Practice Act that dictates the length of time that a referral is valid. If you have a case or patient where a referral is required, the Physical Therapy Section recommends that, at a minimum, referrals be renewed annually. The Section recognizes that third party payers may require physical therapists to following more specific requirements.
- JB3. Joy Sims, PT:** Ms. Sims asked the Occupational and Physical Therapy Sections a question regarding how long a prescription for occupational and physical therapy valid. **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. Thus, any time limits on an occupational therapy order would be up to your facility or payer policy. There is nothing in the Ohio Physical Therapy Practice Act that dictates the length of time that a referral is valid. If you have a case or patient where a referral is required, the Physical Therapy Section recommends that, at a minimum, referrals be renewed annually. The Section recognizes that third party payers may require physical therapists to following more specific requirements.

- JB4. Kathy Meyers, OT:** Ms. Meyers asked the Occupational and Physical Therapy Sections whether occupational and physical therapy practitioners in a school-based setting are required to print a hard copy of the results of the license lookup/verification in E-Licensing and file the results at each school where therapy is provided. **Reply:** Rules 4755-3-02 (B) and 4755-23-05 (B) of the Ohio Administrative Code requires all occupational therapy and physical therapy practitioners, respectively, to have available at all locations of service delivery a copy of his/her current license information from the Ohio e-License Center verification page (<https://license.ohio.gov/lookup>). If the verification can be accessed electronically at the school, the licensee is not required to print and file a hard copy of this page at each school. If there is no electronic access at a school, the licensee is permitted to print and file the copy with that school.
- JB5. Mary Stoffiere:** Ms. Stoffiere asked the Occupational and Physical Therapy Sections if occupational and physical therapy practitioners can disconnect/reconnect a feeding tube during transfers if they are trained and can demonstrate competency in this procedure. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from disconnecting/reconnecting a feeding tube for transfers, provided that the occupational therapist has received training, demonstrated and documented competence in this activity. There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from disconnecting/reconnecting a feeding tubes, As you noted in your letter, no procedure should be performed by a physical therapist unless the practitioner demonstrates competence in that procedure.
- JB6. Janelle Gant, PT:** Ms. Gant asked the Occupational and Physical Therapy Sections if there has been communication with the Board and ODE regarding best practices for documenting services provided by the assistants on IEP. **Reply:** This question relates to Ohio Department of Education (ODE) regulations and not to the laws and rules that regulate the practice of occupational therapy and physical therapy. The Sections recommend that you contact Cathy Csanyi, the Occupational Therapy/Physical Therapy Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at cathy.csanyi@ode.state.oh.us to address the situation described in your email. Regarding the position of the Occupational Therapy and Physical Therapy Sections on this issue, representatives from the Occupational Therapy and Physical Therapy Sections met with ODE Office for Exceptional Children administrators, including Kathe Shelby and Ann Guinan, in November 2009 and the issue of how to document therapy providers in Section 7 was discussed. At that time, the Board tried to make it clear that, while an OTA or PTA may be providing the majority of direct services to a student, the supervising therapist will be providing direct service at times as well. Listing the assistant alone on the provider line would not be accurate because the assistant cannot provide services without the supervising therapist. We agreed with ODE that it is important that parents and team members understand who will be providing the majority of direct services and the extent to which the therapist and assistant will be working with the student. In a follow-up letter to ODE sent on February 9, 2010, the Occupational Therapy and Physical Therapy Sections stated: The Board appreciates the concerns that the Department has about parents misinterpreting the information contained on the IEP. For this reason, we recommend that in section 7 of the IEP, when "occupational therapy services" or "physical therapy services" are listed under the "Types of Services" the "Provider Title" be "licensed occupational therapy practitioner" or "licensed physical therapy practitioner" instead of listing out the OT/PT or OTA/PTA. The amount of direct services would be the total amount of time the student is receiving from OT or PT services, ether from the OT/PT or OTA/PTA. 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.
- JB7. Christa Thomas:** Ms. Thomas asked the Section if occupational therapy assistants and physical therapist assistants can write order for therapy in patient charts. **Reply:** Occupational therapists are not required to have a referral and/or prescription to evaluate or treat patients in the State of Ohio. The decision whether an occupational therapy assistant or occupational therapist is permitted to write orders for therapy in patient charts is based on facility policy. 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. Please note that any documentation by an occupational therapist assistant must be co-signed by the supervising occupational therapist. It is the position of the Physical Therapy Section that a physical therapist assistant may enter a referral in the patient records. As with all documentation by a physical therapist assistant, these entries

must be co-signed by the supervising physical therapist. The physical therapist is the individual responsible for receiving, interpreting, and accepting the directive or order as part of the care of the patient.

New Business

Retreat Planning

The Occupational Therapy Section Strategic Planning Retreat is scheduled for August 2, 2012 from 9:30 am to 3:30 pm in Columbus, Ohio. The Section identified the following retreat topics: supervisory ratios, multicultural competence, and brainstorm additional ethics dilemma for presentations.

Open Forum

There were no items discussed.

Ohio Occupational Therapy Association (OOTA) Report

There was no formal report.

Items for Next Meeting

- Rules Renumbering Project
- Executive Director Evaluation

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, May 10, 2012.

Action: Jean Halpin moved to adjourn the meeting. Rebecca Finni seconded the motion. The motion carried. The meeting adjourned at 2:30 p.m.

Respectfully submitted,
Diane Moore

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

Rebecca Finni, OTR/L, Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

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

RF:jmr:dm