Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
May 10, 2012
9:00 a.m.

Members Present
Rebecca Finni, OTR/L, Secretary
Jean Halpin, OTR/L, Chair
Kimberly Lawler, OTR/L (left @ 11:30am)
Nanette Shoemaker, COTA/L
Mary Stover, OTR/L

Staff
H. Jeffery Barker, Investigator
Diane Moore, Executive Assistant
Adam Pennell, Investigator Assistant
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 9:14 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 March 8, 2012 meeting be approved as submitted. Mary Stover seconded the motion. The motion carried.

Executive Directors Report

- The Executive Director reported to the Section that the Fiscal Year 2013 budget is looking good.
- The Executive Director reported that the Board purchased a new laptop with FY 2012 monies.
- The Executive Director introduced the Board's new investigator assistant, Adam Pennell.
- The Executive Director informed the Section that the online OT Jurisprudence Examination will go live next week.

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

Discussion of Law Changes
The Executive Director informed the Section that the sponsor for the Joint Board Bill is Representative Rex Damschroder. The drafted bill will be reviewed by the associations and board members prior to the bill being introduced.

Action: Jean Halpin moved to go into Executive Session to discuss personnel matters pursuant to ORC 121.22 (G)(1). Mary Stover seconded the motion.

The Executive Director called the roll:

Rebecca Finni	Yes
Jean Halpin	Yes
Kimberly Lawler	Yes

Nanette Shoemaker	Yes
Mary Stover	Yes

The Section went into executive session at 9:25 am and came out at 9:44 am. There was no action taken.

Administrative Reports

Continuing Education Report

Action: Nanette Shoemaker moved that the Section approve 112 applications for contact hour approval and deny five applications for contact hour approval. Kimberly Lawler 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 March 8, 2012 through May 10, 2012, 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 Sarah Birt, Niccolynn Cross, Stephanie Motley, Sharita Person, and Caitlin Zekas. The motion carried.

Occupational Therapist – Examination

Bork, Maria	Chen, Hsuanyi	Craig, Joanna
Dague, Nicole	Davison, Dustin	Demboski, Jean
Eggeman, Renee	Glockne,r Kelsey	Gray, Heather
Grissett, Ian	Henning, Stephanie	Holstein, Molly
Hoying, Hannah	Jerwer,s Kent	Kraft, Jessica
Le, Tien	Lemon, Lindsay	Llapa, Diana
Loechler, Adam	Marshall, Katelyn	Niedermeier, Lindsay
Pinkerton, Ashley	Randazzo, Debra	Shaffer, Dana
Tanne,r Kelly	Titus, Ashley	Trace, Kaitlyn
Varckette, Stephanie	Wagner, Ashley	Wolf, Brittany
Woods, Stacey	Zagar, Sheena	

Occupational Therapy Assistant – Examination

Adams, Jennifer	Anello, Steve	Aquila, Angela
Baloun, Matthew	Barker, Amy	Barnett, Julie
Birt, Sarah	Chalfin, Rebecca	Charlton, Connie
Childress, Ashley	Cross, Niccolynn	Davis, Diana
Douglas, Lauran	Eddy, Melissa	Elchert, Linda
Fleshman, Jeanette	Flinn, Kory	Flint, Andrea
Fuentes, Christopher	Garber, Steven	Gaynor, Alicia
Hamilton, Jamie	Jackson, Elizabeth	Jones, Christopher
Jones, Ladonna	Juergens, Angela	Landies, Brittany
Laneville, Lauren	Manders, Jennifer	Marmaduke, Katrina
Maxwell-Bright, Brittany	McCartney, Meredith	McSwiney, Stephanie
Meier, Philip	Mohler, Angela	Moore, Rebecca
Morgan, Taffy	Motley, Stephanie	Person, Sharita
Plum, Laura	Ralstin, Laura	Scheidt, Stevi
Schussler, Caleb	Shore, Jennifer	Shrider, Hannah
Sleinsky, Christina	Smalley, Kacey	Smith, Vicki
Thomas, Jose	Torres, Jessica	Totten, Amy
Treadway, Amelia	Wetzel, Kelleen	Wyatt, Margaret
Zekas, Caitlin		

Occupational Therapist – Endorsement

Barton, Megan	Doll, Renee	Ellenberg, Dale
Hill, Amanda	Larue, Nicole	McMasters, Dennis

Rutledge, Cheryl	Strandbergh, Jennifer	Weber, Kristi

Occupational Therapy Assistant – Endorsement

Edgell, Ann	Ferguson, Lynn	Heilshorn, Joshua
Parker, Ashley	Perzanowski, Breanna	

Occupational Therapist – Reinstatement

Hogan, Catherine	Kasnik, Bruce	Trenka, Tiffny
Wise, Megan		

Occupational Therapy Assistant – Reinstatement

Babcock, Denise	Grubbs, Christine	Lothamer, Thomas

Occupational Therapist – Restoration

Lawson, Ann	Ludwig, Michael

Occupational Therapy Assistant – Restoration
Moore, Christine

The Section awarded 4 contact hours of independent studies for continuing education activity provided for occupational therapy reinstatement file # 5167835.

Limited License Agreements
Mary Stover reported the Section received six new limited license applications since the March 8, 2012 meeting. There are currently 29 limited license applications/agreements being monitored.

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

Mary Stover informed the Section that a limited license holder reported to the Section that the individual's current position is an occupational therapy management role and the individual will not be able to meet the supervised clinical practice requirement.

Mary Stover recommended that the Section amend the limited license agreement for occupational therapy restoration file #5155172 to reflect the following:

> ***Option A:*** The individual is required to complete the 600 hours of supervised clinical practice as outlined in the original limited license agreement OR
>
> ***Option B:*** Retake and pass the NBCOT certification examination by November 30, 2012.

Action: Rebecca Finni moved that Section amend the limited license agreement for occupational therapy restoration file #5155172 to reflect the following options: Option A: The individual is required to complete the 600 hours of supervised practice as outlined in the original limited license agreement; OR Option B: The individual must retake and pass the NBCOT certification examination by November 30, 2012. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried. The Section amended the limited license agreement for Michael Ludwig.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5158234. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license agreement to occupational therapy restoration applicant #5158234. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Kelly Birbrich.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5166212. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to occupational therapist restoration applicant #5166212. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Jill Broyles.

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 #5172575. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license agreement to occupational therapy assistant restoration applicant #5172575. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Jacalyn Florman.

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 #5169986. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license agreement to reinstatement applicant #5169986. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to William Marshall.

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 therapy assistant reinstatement applicant #5161398. **Action:** Rebecca Finni moved that Section grant a limited occupational therapy assistant license agreement to reinstatement applicant #5161398. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Cheryl Swanger.

Mary Stover recommended that, pursuant to rule 4755-3-01(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant examination applicant #5160916. **Action:** Jean Halpin moved that Section grant a limited occupational therapy assistant license agreement to examination applicant #5160916. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Karen Shmerler.

Mary Stover recommended that the Section rescind the notice for opportunity for hearing for case # LD-OT-12-002 as the individual requested to withdraw the application. **Action:** Jean Halpin moved that the Section rescind the notice for opportunity for hearing for case # LD-OT-12-002 as the individual requested to withdraw the application. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that the Section rescind the notice for opportunity for hearing for case # LD-OT-12-005 as the individual requested to withdraw the application. **Action:** Jean Halpin moved that the Section rescind the notice for opportunity for hearing for case # LD-OT-12-005 as the individual requested to withdraw the application. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that the Section rescind the notice for opportunity for hearing for case # LD-OT-12-006 as the individual requested to withdraw the application. **Action:** Jean Halpin moved that the Section rescind the notice for opportunity for hearing for case # LD-OT-12-006 as the individual requested to withdraw the application. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that the Section the notice for opportunity for hearing for case #LD-OT-12-004 be rescinded, as this application is deemed abandoned pursuant to OAC 4755-3-12 (F). **Action:** Jean Halpin moved that the Section the notice for opportunity for hearing for case # LD-OT-12-004 be rescinded, as this application is deemed abandoned pursuant to OAC 4755-3-12 (F). Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Occupational Therapy Assistant Renewal Report
The Executive Director gave an update on the current status of the occupational therapy assistant renewal.

Assistant Attorney General's Report

Yvonne Tertel, AAG, gave a brief report regarding the July 2012 meeting, at which the Section will conduct a hearing on a case. Ms. Tertel informed the Section that a Hearing Examiner's Report and Recommendation will also be reviewed at the next Section meeting.

Case Review Liaison Report
Kimberly Lawler reported that the Enforcement Division opened one case and closed two cases since the March 8, 2012 meeting. There are currently five cases open. There are two consent agreements and one adjudication order being monitored.

Enforcement Actions
Kimberly Lawler recommended that the Section accept consent agreement OT FY12-013 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY12-013 in lieu of going to hearing. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Sharon Speigle, OT.

Correspondence

1. **Kellie Barbe:** Ms. Barbe asked the Section questions regarding clarification on the supervision requirements for level two occupational therapy assistant students. **Reply:** As a new graduate with less than one year of experience as an occupational therapist, you are correct that you cannot yet supervise a student conducting his/her Level II fieldwork. The occupational therapy assistant is responsible for supervising the student occupational therapy assistant's Level II fieldwork experience and learning process. However, the experienced occupational therapist, who works with the occupational therapy assistant two days per week, would be the therapist that is responsible for the ultimate supervision of client care and the required collaborative process for any clients treated by the student. It is that occupational therapist that must supervise and co-sign all the documentation for the student assigned to the occupational therapy assistant. Therefore, the student may treat any of the clients on the experienced occupational therapist's caseload and any of the clients on your caseload, provided that the experienced therapist is willing to provide oversight and co-signature for those specific treatments. Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients served by an occupational therapy assistant and the student 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." This does not mean that the supervising occupational therapist must be on site but needs to have a method for communication between the occupational therapist, occupational therapy assistant and the student occupational therapy assistant.

2. **April Crawford:** Ms. Crawford asked the Section questions regarding whether an occupational therapist can work on cognition. **Reply:** Yes, an occupational therapy practitioner may address cognition as part of their evaluation and plan of care. In accordance to section 4755.04(A) of the Ohio Revised Code, occupational therapy means the therapeutic use of everyday life activities or occupations with individuals or groups for the purpose of participation in roles and situations in the home, school, workplace, community, and other settings. The practice of occupational therapy includes all of the following: (1) Methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, modification, or adaptation of activity or environment to enhance performance; (2) evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, sensory motor abilities, vision, perception, cognition, psychosocial, and communication and interaction skills; and (3) Interventions and procedures to promote or enhance safety and performance in activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, application of physical agent modalities, use of a range of specific therapeutic procedures to enhance performance skills, rehabilitation of driving skills to facilitate community mobility, and management of feeding, eating, and swallowing to enable eating and feeding performance.

3. **Nancy Barron:** Ms. Barron asked the Section for clarification on the occupational therapists role and responsibilities when writing plan of care. **Reply:** The plan of care may or may not be written by the evaluating therapist/team and is based on the facility policy. According to rule 4755-7-02 (A) of the Administrative Code, occupational therapists 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 should include intervention approaches, types of interventions to be used, outcomes, and any additional occupational therapy goals not listed in the IEP. In the scenario you describe, what needs to be clear is that when there is a transfer of client care for any reason and the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy plan of care, the client 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 client and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that client and must transfer 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. The Section recommends contacting the Ohio Occupational Therapy Association's pediatrics member support group chair to assist you with your questions regarding school-based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org.

4. **Kathryn Bayuk:** Ms. Bayuk asked the Section for examples of writing appropriate goals for an IEP. **Reply:** Policies and procedures for appropriate IEP goals are under the jurisdiction of the Ohio Department of Education and not the OTPTAT Board. IEP goals and objectives are written by the educational team and **do not** constitute the occupational therapy treatment/intervention plan. According to rule 4755-7-02 (A) of the Administrative Code, occupational therapists 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 should include intervention approaches, types of interventions to be used, outcomes, and any additional occupational therapy goals not listed in the IEP. 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.

5. **Stephan Sammon:** Mr Sammon asked the Section questions regarding clarification on the supervision requirements for occupational therapy assistants treating clients in an acute hospital setting. **Reply:** Pursuant to rule 4755-7-04 (C) of the Administrative Code, 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. 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 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.

6. **Bethany Savage:** Ms. Savage asked the Section questions regarding whether PRN occupational therapist can co-sign documentation that were completed prior to the PRN therapists start date. **Reply:** It is unacceptable to retroactively co-sign documentation. In the scenario you describe, you can only co-sign documentation and assume responsibility of the plan of care from your start date forward. In accordance with 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. 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. In any situation, licensees should follow the more restrictive policies. The Section recommends that you address this situation with your management team.

7. **Rhonda Rivas:** Ms. Rivas asked the Section questions regarding whether an occupational therapy assistant can continue to treat a student if the 3 year school evaluation form is deferred. **Reply:** To appropriately update an existing plan of care, the supervising therapist must gather adequate up-to-date information on present levels of performance and complete any assessments (formal or informal) needed to plan the student's occupational therapy program. This can be done as part of the development of annual IEP goals and objectives and the OT plan of care/intervention plan, and is not dependent on the three-year re-evaluation, which is part of the educational process. 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 should include intervention approaches, types of interventions to be used, outcomes, and any additional occupational therapy goals not listed in the IEP. IEP goals and objectives are written by the educational team and **do not** constitute the occupational therapy treatment/intervention plan.

8. **Stephanie Nowak:** Ms. Nowak asked the Section for clarification on regarding the collaboration of occupational therapy services on an IEP. **Reply:** Although development of collaborative goals is considered best practice, there are instances when, for a variety of reasons, development of collaborative goals is not possible. In those instances the occupational therapist must use his/her best judgment to develop educationally appropriate goals and objectives for the IEP, and attempt to develop collaborative teamwork in other ways. To discharge a student who is in need of occupational therapy services because of

lack of collaboration by a teacher would be in violation of ethical standards of practice. According to rule 4755-7-08 of the Administrative Code of ethical conduct for licensee and client interactions, The licensee shall demonstrate concern for the well-being of the client. (1) 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) Failing to assess and evaluate a client's status or establishing an occupational therapy intervention plan prior to commencing treatment/intervention of an individual client. (b) Providing treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client. (c) Providing substandard care as an occupational therapy assistant by exceeding the authority to perform components of interventions selected by the supervising occupational therapist. (d) Abandoning the client by inappropriately terminating the practitioner-client relationship by the licensee. (e) Causing, or permitting another person to cause, physical or emotional injury to the client, or depriving the client of the individual's dignity. (13) licensee shall advocate for clients to obtain needed services through available means. 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.

9. **Reginald Fentress:** Mr. Fentress asked the Section whether there are consequences for an occupational therapy practitioner that is assigned by the District a caseload that exceeds 100 studs and fail to deliver quality care due to the excessive caseload. **Reply:** The Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants (OTA) 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 Practice Act, OTAs do not have their own caseloads separate from that of the supervising therapist. 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 client (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 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 rule 4755-7-08 (B)(12) of the Administrative Code. Please refer to the Board's website (http://otptat.ohio.gov) 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 recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education (ODE), Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us concerning ODE caseload standards and the complaint process.

10. **William Miller:** Mr. Miller asked the Section questions regarding whether the code of ethical conduct applies to all practice settings, including, students under an IEP that shows a maximum potential from occupational therapy services should be discharged. **Reply:** In response to your first question, the Code of Ethical Conduct *does* apply across all practice settings. In response to your second question, school-based occupational therapy practitioners may encounter situations in which they feel a student is ready to be dismissed from occupational therapy services but other team members and/or the student's family disagree. According to rule 4755-7-06 of the Ohio Administrative Code, "An occupational therapist or occupational therapy assistant shall not exploit persons served professionally by (A) accepting individuals for treatment if benefit cannot reasonably be expected to occur or (B) continuing treatment without reasonable expectation of further benefits." Communication between the team of professionals working with the student and the student's family is important as the IEP decision is a team decision. If, in his/her professional opinion, the occupational therapist does not expect the student to further benefit from continuing occupational therapy services, the occupational therapist must make it clear to the IEP team, including the family, that the therapist disagrees with continuing occupational therapy services. If the team of professionals developing the IEP decides to continue occupational therapy services after such communication, the occupational therapist may continue to provide services after the family is made aware that no further benefit is expected. In this situation, the occupational therapist would not be in violation of rule 4755-7-06. In accordance with rule 4755-7-08 (C)(1)(b)of the Administrative Code, an occupational therapist or occupational therapy assistant shall not provide treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client. If, the occupational therapist does not expect the client to further benefit from continuing occupational therapy services, the occupational therapist must make it clear to the client/client's family that the therapist disagrees with continuing occupational therapy services. If the client/client's family decides to continue occupational therapy services after such communication, the occupational therapist may continue to provide services after the client/client's family is made aware that no further benefit is expected. In this situation, the occupational therapist would not be in violation of rule 4755-7-08(C)(1)(b). It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

11. **Allison LaLone:** Ms. LaLone asked the Section questions regarding whether a student occupational therapy assistant can provide make suggestions and show a client how to do a task without having hands on a client and when should an occupational therapists perform occupational therapy services in a home health setting. **Reply:** As a student, you should always discuss concerns with your faculty advisor or fieldwork supervisor. The scenario you describe is a volunteer service to provide assistance with household tasks. You describe how you use your occupational therapy skills to make the environment more "user friendly" for the client, but are not providing occupational therapy services. The point this scenario changes to an occupational therapy intervention is when the situation is identified that the client's functional status could be improved with occupational therapy evaluation and intervention. At this point, a referral to occupational therapy should be discussed with your teachers, the client, and the client's physician. 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. 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 client 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. Please remember as a student occupational therapy assistant, you would never independently be providing occupational therapy intervention without the supervision of your fieldwork supervisor.

12. **Kevin Brod:** Mr. Brod asked the Section questions regarding whether it is appropriate for an occupational therapist to co-sign documentation for clients that the therapist did not evaluate or treat. **Reply:** It is the position of the Occupational Therapy Section that for any documentation, the **SUPERVISING** occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. Pursuant to rule 4755-7-01 (F) of the Administrative Code, the "supervising occupational therapist" means the occupational therapist who is available to supervise the occupational therapy assistant, the student occupational therapist, student occupational therapy assistant, or unlicensed personnel. The supervising occupational therapist may be the occupational therapist who performed the initial evaluation or another occupational therapist with whom that occupational therapist has a documented agreement. This refers specifically to the therapist who holds responsibility for oversight of the client's plan of care. The therapist assuming the treatment/intervention plan cannot retroactively co-sign documentation prior to assuming the treatment/intervention plan. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the client must be transferred by that occupational therapist to another occupational therapist. 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. To specifically answer your question, under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients served by an occupational therapy assistant and the student 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." This does not mean that the supervising occupational therapist must be on site but needs to have a method for communication between the occupational therapist, occupational therapy assistant and the student occupational therapy assistant. The supervising occupational therapy assistant must make sure the student meets all of their educational objectives as supervision is an interactive process. In addition, rule 4755-7-04 of the Administrative Code addresses the supervision of occupational therapy assistant students: (E) Student occupational therapy assistant. (1) A student occupational therapy assistant shall be supervised by an occupational therapist or occupational therapy assistant who has completed at least one year of clinical practice as a fully licensed occupational therapist or occupational therapy assistant. (H) Any documentation written by an occupational therapy assistant, student occupational therapist, or student occupational therapy assistant for inclusion in the client's official record shall be co-signed by the supervising occupational therapist. Therefore, the occupational therapy assistant could be responsible for supervising the student occupational therapy assistant's Level II fieldwork experience and learning process, but the occupational

therapist would be responsible for the supervision of client care and the collaborative process required. 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 that the Ohio Occupational Therapy Practice Act. You may also want to contact the institution you will be receiving students from and contact the academic field work coordinator to review the objectives that need to be met.

13. **Anna Greenspan:** Ms. Greenspan asked the Section questions regarding the roles and responsibilities of occupational therapy practitioners evaluating, writing and signing documentation for autism clients in a school based setting. **Reply:** In response to your first question, pursuant to rule 4755-7-02 (B)(1)(a) and (b) of the Administrative Code, the occupational therapy assistant may contribute to and collaborate the evaluation process by gathering data, administering standardized tests and/or objective measure tools, and reporting observations; and in the preparation, implementation, and documentation of the treatment/intervention plan and the discharge plan. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of intervention plan development, as indicated in rule 4755-7-03 of the Ohio Administrative Code. However, the occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation. In response to your second question, signing the IEP indicates you were at the IEP meeting. The occupational therapy assistant **may** sign the IEP, but 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. IEP goals and objectives are written by the educational team and **do not** constitute the occupational therapy treatment/intervention plan. In addition, please refer to the Board's web site (http://otptat.ohio.gov) to review *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents. In response to your third question, the Occupational Therapy Section is not statutorily authorized to provide specific legal advice and suggests that you consult your legal counsel. In response to your fourth question the IEP goals/objectives to be addressed by the occupational therapy practitioner are required to have a separate occupational therapy treatment/intervention plan should include intervention approaches, types of interventions to be used, outcomes, and any additional occupational therapy goals not listed in the IEP. Please refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008). 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.

14. **Jennifer Shamy:** Ms. Shamy asked the Section questions regarding clarification on documenting a transfer of care. **Reply:** Since there is no formal relationship between your organization and the first evaluating therapist, there cannot be a transfer of care. The client-therapist relationship was terminated after the evaluation. In accordance with 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. You were correct to evaluate and bill appropriately for the services you provided. Pursuant to the code of ethical conduct established in rule 4755-7-01 (B) of the Administrative Code: (3) All occupational therapy documentation, including, but not limited to, evaluations, assessments, intervention plans, treatment notes, discharge summaries, and transfers of care must be in written or electronic format. (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. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

15. **Alisa Hanneman:** Ms. Hanneman asked the Section questions regarding whether an Ohio licensed occupational therapist can accept a referral from a physician licensed in another state. **Reply:** Occupational therapists are not required to have a referral and/or prescription to evaluate or treat clients 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 may also wish to discuss your question with your registration or billing department.

16. **Amelia Castro:** Ms. Castro asked the Section for information on where an occupational therapist can find the requirements for becoming certified in physical agent modalities in Ohio. **Reply:** Formal certification to provide physical agent modalities is not a requirement in Ohio. However, in accordance with section 4755.04(A)(3) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. If the modality will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques or modality.

17. **Renee Brinker:** Ms. Brinker asked the Section whether dry needling is permitted under the Ohio Occupational Therapy Practice Act. **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.

18. **Joanne Avenmarg:** Ms. Avenmarg asked the Section if occupational therapists can perform PT/INR with a protime monitor. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from performing a PT/INR with a protime monitor. Even though not part of the occupational therapy treatment/intervention plan, finger sticks may be performed as an administrative task by any health care professional. However, no procedure should be performed by an occupational therapist or occupational therapy assistant unless the practitioner demonstrates competence in that procedure. However, it is not within the scope of occupational therapy practice to interpret the results or recommend medication changes based on the results of the test. The Occupational Therapy Section recommends that your agency have in place a mechanism that ensures physician notification of the results when the occupational therapist or assistant is performing this activity.

19. **Jerelyn Moore-Denkins:** Ms. Moore-Denkins asked the Section why supervision of Level I fieldwork students does not count for continuing education credit. **Reply:** First, the Section thanks you for your leadership and commitment to students. While we recognize that much time and effort goes into supervision of both Level I and Level II fieldwork students, there are added complexities with supervising Level II students, who are often actively evaluating and/or treating clients, versus Level I students, who are primarily observing evaluation and treatment. As such, pursuant to rule 4755-9-01 (B)(6) of the Administrative Code, continuing education credit is only awarded for supervising level II students.

20. **Deborah Abramson:** Ms. Abramson asked the Section if is it legal for the supervising occupational therapist to sign medical billing record instead of the occupational therapy assistant if the assistant performed the client treatment. **Reply:** If the scenario you describe is a cosignature on a billing log for treatment by an occupational therapy assistant you are supervising, this is appropriate. 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 must provide supervision at least once per

week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. The Section recommends contacting the Ohio Department of Education, Office for Exceptional Children at www.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. 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.

21. **James Taylor:** Mr. Taylor asked the Section for clarification on the administrative and clinical supervision requirements for occupational therapy practitioners working in the State of Ohio public school system. **Reply:** Individuals administratively managing occupational therapy practitioners do not require an Ohio license. However, if the occupational therapist also performs a clinical supervision role, in addition to the administrative role, the therapist would be required to have a valid Ohio occupational therapy license. For clinical supervision, 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.

22. **Shawna Carter:** Ms. Carter asked the Section for clarification on the supervision guidelines for occupational therapy assistants. **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 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. 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.

OT/PT Joint Correspondence

JB1. **Beverly Arredondo, OTA:** Ms. Arredondo asked the Occupational and Physical Therapy Sections whether occupational therapy assistants / physical therapist assistants can complete the final visit in a home health setting. **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 and summarize objective information for the discharge summary, 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 for the purpose of discharge plan development. Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. According to rule 4755-27-03 (C)(9) of the Ohio Administrative Code, discharge planning and the completion of the discharge evaluation are the responsibility of the supervising physical therapist and cannot be delegated to others. This evaluation and planning must be performed and documented by the physical therapist in a reasonable timeframe prior to discharge. The physical therapist assistant may provide care per that discharge assessment and plan and may document objective information about that care, but the physical therapist must then complete the final discharge summary. It is the position of the Physical Therapy Section that physical therapist assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the physical therapist to interpret and make recommendations for the purpose of discharge development. If there is collaboration between the physical therapist and the physical therapist assistant, the collaboration must be reflected in the patient documentation, but only the physical therapist may document the discharge evaluation and recommendations in the discharge summary. Even if the discharge evaluation and recommendations for follow-up care are included in the initial evaluation, a discharge summary must still be completed to document final discharge date and disposition. The discharge summary may refer to the last treatment note for patient status. The ultimate responsibility for care of the patient lies with the evaluating physical therapist. Relying solely on information gathered by the physical therapist assistant during treatment does not constitute a reassessment, and may not fulfill the physical therapist's obligation to provide the appropriate standard of care. Likewise, the physical therapist assistant has a legal obligation, in the overall care of the patient, to make sure the review and assessment is performed by the physical therapist to meet the same standard of care. Be aware that payer policies may have specific requirements for final visits to be completed by the physical therapist.

JB2. **Tandra Adams, PT:** Ms. Adams asked the Occupational and Physical Therapy Sections whether occupational and physical therapists are required to perform a reassessment when the client is moved from a hospital to hospice in order to continue therapy services in the hospice location. **Reply:** The scenario you describe is related to hospital/facility policies, accrediting bodies, and/or reimbursement agencies which 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. These requirements may be more restrictive than the Occupational Therapy Practice Act. In addition to a change in payer, this scenario also reflects a possible need to reevaluate appropriateness of the prior plan of care and goals. Pursuant to the code of ethical conduct established in rule 4755-7-08 (C)(1)(b) of the Ohio Administrative Code, licensees should NOT provide treatment interventions that are not warranted by the client's condition or continue treatment beyond the point of reasonable benefit to the client. 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. In addition, we recommend you talk with your billing and coding department since the patient is issued a new patient number when transferred, this may be considered a new admission on a different unit which would require a re-evaluation similar to when a patient is transferred from a regular hospital floor to a rehabilitation unit in the hospital.

JB3. **William Henry, OT:** Mr. Henry asked the Occupational and Physical Therapy Sections questions regarding assigning occupational therapy caseloads, transferring occupational therapy plan of care, and whether it is legal for occupational and physical therapists to complete evaluations and have no contact

with the therapy assistants after the evaluation is completed. **Reply:** ***In response to question one,*** a school administrator cannot assign students to an occupational therapy assistant. 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." The occupational therapist and occupational therapy assistant need not be assigned to the same building, but the supervising therapist must provide adequate supervision to the assistant. See response to question 3 for supervision requirements. It is the responsibility of the occupational therapist to determine which students are treated by an occupational therapy assistant. Please 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, which are available on the Board's website (http://otptat.ohio.gov). ***In response to question two***, the Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants (OTA) 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 Practice Act, OTAs do not have their own caseloads separate from that of the supervising therapist. 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 client (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 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 rule 4755-7-08 (B)(12) of the Administrative Code. Please refer to the Board's website (http://otptat.ohio.gov) 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 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 response to question three,*** 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. ***Your third question also addresses Ohio Physical Therapy Rules and Laws.*** No, a physical therapist must be available via telecommunications with the physical therapist assistant once the initial evaluation and plan of care are completed. As stated in rule 4755-27-02 (B) of the 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 treatment plans; and (5) Perform the discharge evaluation, and complete the final discharge summary. Supervision of the physical therapist assistant requires that a supervising physical therapist need not be physically on-site, but must be available by telecommunication at all times and able to respond appropriately to the needs of the patient. In all practice settings, the performance of selected interventions by the physical therapist assistant must be consistent with safe and legal physical therapy practice. In addition, the following factors must be taken into account: Complexity and acuity of the patient's/client's needs; Proximity and accessibility to the physical therapist; Supervision available in the event of emergencies or critical events; Type of setting in which the service is provided. The Ohio Physical Therapy Practice Act is silent on how often the supervising physical therapist must treat or re-evaluate patients delegated to physical therapist assistants. In all practice settings, the physical therapist should re-evaluate a patient in accordance with the needs of the patent/client. The frequency of re-evaluation of a patient must be individualized and based upon that patient's impairments and response to treatment. A physical therapist is to see the patient/client upon request of the physical therapist assistant for re-examination, when a change in treatment plan of care is needed, prior to any planned discharge, or in response to a change in the patient/client's medical status. The Physical Therapy Section also recommends that you consult your payer policies as Medicare and other insurance companies may have specific rules regarding the frequency of interventions provided by a supervising physical therapist. In order to meet acceptable standards of care, the physical therapist assistant has a legal obligation in the overall care of the patient to ensure the supervising physical therapist performs the review and assessment.

JB4. **Juanita Almond-Davis, OT:** Ms. Almond-Davis asked the Occupational and Physical Therapy Sections questions regarding discharging clients, signing documentation, writing orders, upgrading goals; home assessments verses evaluation, how long a resident can be on hold until they have to be re-evaluated. **Reply:** ***In response to your first question,*** it is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information for the 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 4755-7-03 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. ***In response to your second***

question, 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. ***In response to your third question,*** 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. ***In response to your fourth question,*** a home assessment is the sole responsibility of the physical therapist. However, prior to the completion of a home assessment, the physical therapist assistant may go into the home, without the patient being present, to perform an environmental survey (architectural barriers, floor plan, etc.). If the patient is going into his/her home environment and his/her function in the home is being assessed, this assessment must be performed by a physical therapist. A physical therapist assistant may continue an established treatment plan of functional activities in the home or other non-clinical environment once the home assessment has been completed. 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. ***Your fifth question*** is related to payor policy and not to Ohio Occupational Therapy or Physical Therapy Practice Acts. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association. ***In response to your sixth question,*** it is the position of the Occupational Therapy Section that for any documentation, the supervising occupational therapist must cosign 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.

JB5. **Donna Davidson, OT:** Ms. Davidson asked the Section whether there are state laws prohibiting an occupational and physical therapist from performing a co-treatment with the same client, if the therapists are related. **Reply:** There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits occupational therapists or physical therapists from providing services at the same segmented time. However, the Sections recommend that you communicate with the facility and payer to determine if they

have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts. Pursuant to the code of ethical conduct established in rule 4755-7-08 (B) of the Ohio Administrative Code, professionalism of the occupational therapy licensee includes conforming to the minimal standards of acceptable and prevailing occupational therapy practice, including practicing in a manner that is moral and honorable. (9) A licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of occupational therapy practice. Regardless of practice setting, the occupational therapy practitioner shall maintain the ability to make independent judgments. A licensee shall strive to effect changes that benefit the client. (10) A licensee shall accurately represent the qualifications, views, contributions, and findings of colleagues and students. (11) A licensee shall not misrepresent the credential, title, qualifications, education, experience, training, and/or specialty certifications held by the licensee. There is nothing in the laws and rules governing the practice of physical therapy that prohibits relatives from working together with the physical therapist co-signing the notes of the other relative who is a physical therapist assistant. However, section 4755-27-05(A)(2) of the Ohio Administrative Code, the Code of ethical conduct for physical therapists and physical therapist assistants, does require that a licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of physical therapy practice. Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments. A licensee shall strive to effect changes that benefit the patient. At any time when compliance with this or any other portion of the code of ethical conduct is compromised or could appear to be compromised by the relationship, the supervision of the physical therapist assistant and, therefore, care of the patient, should be transferred to a different therapist.

JB6. **Jose Reyes:** Mr. Reyes asked the Sections whether occupational and physical therapists can perform massage therapy on clients. **Reply:** In accordance with section 4755.04(A)(3) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use massage in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. If massage will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice related to use of the massage CPT code. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. Yes, performing massage is within the scope of practice of the physical therapist and physical therapist assistant.

JB7. **Christine Faler, PT:** Ms. Faler asked the Sections for clarification on how occupational and physica therapy practitioners should appropriately document pulse oximetry readings. **Reply:** In accordance with section 4755.04(A) of the Ohio Revised Code and rule 4755-7-08 of the Ohio Administrative Code, it is the position of the Occupational Therapy Section that documentation of pulse oximetry by occupational therapy practitioners is allowed provided the occupational therapy practitioner demonstrates and documents the appropriate knowledge, skills and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines. The Ohio Physical Therapy Practice Act does not dictate the format of documentation, to meet best practice standards the treatment/intervention must include measurable objectives performed, which then must be documented in the medical record The Physical Therapy Section recommends that you consult payer policies, facility or agency policies, or the American Physical Therapy Association for information on documentation. The Physical Therapy Section also suggests that you review "Defensible Documentation for Patient/Client Management" on the American Physical Therapy Association website (http://www.apta.org). It is based on APTA's *Guidelines: Physical Therapy Documentation of Patient/Client Management.* On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS. "L" should not be used in front of "PT" or "PTA" since no one may use the "PT" or "PTA" credential in Ohio without a valid license.

JB8. **Valerie Mickles, OTA:** Ms. Mickels asked the Sections for clarification whether the evaluating PRN occupational and physical therapist are required to transfer the plan of care to the full time staff and clarify if the evaluating therapist is responsible for co-signing the plan of care for the assistant. **Reply:** In accordance with 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 client 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 client and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that client 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 client/therapist relationship. That transfer of care must be documented in the client'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 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. Pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Ohio Administrative Code. Paragraph (B)(5)(h) of this rule cites "Abandoning the patient by inappropriately terminating the patient practitioner relationship by the licensee" as a "failure to adhere to the minimal standards of acceptable prevailing practice." It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services, the evaluating physical therapist must transfer the patient to another physical therapist. This includes situations where a physical therapist's sole responsibility is to evaluate a patient either due to temporary coverage or as terms of their employment. The evaluating physical therapist in this instance must complete and document the transfer of their responsibilities to another physical therapist to provide and supervise the physical therapy services for the patient. Termination of care does not include a physical therapist taking regularly scheduled days off or job sharing. Each physical therapy practice should determine a system that will allow for this transfer of care in situations where a physical therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are delegated to physical therapy personnel, including co-signing physical therapist assistant documentation. If the patient is not transferred to another physical therapist, the evaluating physical therapist is responsible for the overall care of the patient including the supervision of any physical therapy personnel providing services to that patient. If a team of physical therapists has a system that allows for transfer of care to assure that patients are scheduled appropriately and that a physical therapist is always assigned to supervise each patient's care whenever the patient is seen, the PRN physical therapist is not required to make an extra visit to document the transfer. However, in a situation where the PRN therapist is not confident that another physical therapist on the team is assuming responsibility for each patient's care, the PRN therapist should arrange with the employer for the opportunity to arrange and document the transfer of care.

JB9. **Margaret Magovich, PT, DPT:** Dr. Magovich asked the Sections if it is legal to copy previous occupational and physical therapy notes into a new note by the therapists. **Reply:** The Sections would caution you from repeatedly utilizing the *cut and paste option* to ensure the documentation reflects the specific services provided to each individual client. Your daily documentation should accurately reflect what has occurred with the patient at the time of service and who has provided that service. It is the

responsibility of the occupational therapist to provide accurate documentation. Pursuant to 4755-7-08 (B) of the Administrative Code, professionalism of the licensee includes conforming to the minimal standards of acceptable and prevailing occupational therapy practice, including practicing in a manner that is moral and honorable. Conduct may be considered unethical regardless of whether or not actual injury to a client occurred. (3) All occupational therapy documentation, including, but not limited to, evaluations, assessments, intervention plans, treatment notes, discharge summaries, and transfers of care must be in written or electronic format. (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. (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. (17) A licensee shall not use or participate in the use of any form of communication that contains false, fraudulent, deceptive, or unfair statements or claims. While there is nothing in the Ohio Physical Therapy Practice Act that dictates how a physical therapist or physical therapist assistant documents, the scenario you indicated may be an ethical concern. According to rule 4755-27-05 of the Ohio Administrative Code, an individual licensed by the Physical Therapy Section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that places the licensee in a position of compromise with this code of ethical conduct. (A) Ethical integrity. Licensees shall use the provisions contained in paragraphs (A)(1) to (A)(10) of this rule as guidelines for promoting ethical integrity and professionalism. Failure to comply with paragraphs (A)(1) to (A)(10) of this rule may be grounds for disciplinary action pursuant to section 4755.47 of the Revised Code and in accordance with Chapter 119. of the Revised Code. (2) A licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of physical therapy practice. Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments. A licensee shall strive to effect changes that benefit the patient. (7) A licensee shall respect the rights, knowledge, and skills of colleagues and other health care professionals. (9) A licensee shall provide accurate and relevant information to patients about the patients' care and to the public about physical therapy services. (B) Ethical conduct. Ethical conduct includes conforming to the minimal standards of acceptable and prevailing physical therapy practice. Conduct may be considered unethical regardless of whether or not actual injury to a patient occurred. Failure to comply with paragraphs (B)(1) to (B)(15) of this rule may be grounds for disciplinary action pursuant to section 4755.47 of the Revised Code and in accordance with Chapter 119. of the Revised Code. (1) A licensee shall adhere to the standards of ethical practice by practicing in a manner that is moral and honorable. A licensee may be disciplined for violating any provision contained in division (A) of section 4755.47 of the Revised Code. (5) 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 patient occurred, includes, but is not limited to: (i) Documenting or billing for services not actually provided. (9) A licensee shall not falsify, alter, or destroy patient/client records, medical records, or billing records without authorization. The licensee shall maintain accurate patient and/or billing records. The Physical Therapy Section also suggests that you review "Defensible Documentation for Patient/Client Management" on the American Physical Therapy Association website (http://www.apta.org) for further guidance in this matter.

Old Business

Supervision Ratio Survey

The Executive Director and Rebecca Finni will work on the survey questions for review at the July Section meeting.

New Business

Rules Renumbering Project

The Executive Director gave an overview of the next steps in the rules renumbering project. Jean Halpin and the Executive Director will work with stakeholders to get feedback on potential changes for the rules in August/November 2012.

OOTA Pediatrics Support Information Request

Occupational therapy as a profession is expanding beyond basic direct care service delivery. The role of occupational therapy to promote occupational health extends beyond working with individual clients to working with entire *populations* (e.g. group home residents, social skills groups, older adults at a community center, work settings, etc.). As this consultative role emerges as a formal practice area, the Board may need to review how it

interprets the requirements for documentation (specifically the plan of intervention) as it pertains to these emerging roles.

Open Forum
There were no items discussed.

Ohio Occupational Therapy Association (OOTA) Report
There was no formal report.

Items for Next Meeting
- Supervision Ratio Survey
- Executive Director Evaluation

Next Meeting Date
The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, July 26, 2012.

Action: Mary Stover moved to adjourn the meeting. Nanette Shoemaker seconded the motion. The motion carried. The meeting adjourned at 2:13p.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,
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Jeffrey M. Rosa, Executive Director
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RF:jmr:dm