



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

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

**Members Present**

Rebecca Finni, OTR/L, Secretary  
Jean Halpin, OTR/L, Chair  
Mary Beth Lavey, COTA/L  
Beth Ann Ball, OTR/L

**Members Absent**

Kimberly Lawler, OTR/L

**Legal Counsel**

Yvonne Tertel, AAG

**Staff**

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

**Guests**

Jacquelyn Chamberlin, OOTA

**Call to Order**

Jean Halpin, Section Chair called the meeting to order at 9:18 a.m. Ms. Halpin welcomed the two new Board members, Beth Ann Ball and Mary Beth Lavey.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

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

**Approval of Minutes**

**Action:** Rebecca Finni moved that the minutes from the September 6, 2012 meeting be approved as submitted. Jean Halpin seconded the motion. The motion carried.

**Executive Directors Report**

- The Executive Director informed the Section that the Board is doing well fiscally.
- The Executive Director reported that he is working on evaluating the Board's fees and will work on long range forecasting to present to the Joint Board in March 2013.

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

**Discussion of Law Changes**

The Section reviewed the comments on the proposed rules changes. The comments do not impact the proposed language submitted.

**Action:** Jean Halpin moved that the Section file the proposed changes to rules 4755-5-01, 4755-5-06, and 4755-9-01. Jean Halpin further moved that the Section file rules 4755-5-03, 4755-5-04, 4755-5-05, 4755-5-07, 4755-5-08, 4755-5-09, 4755-5-10, and 4755-9-02 as no change rules in accordance with section 119.032 of the Ohio Revised Code. Rebecca Finni seconded the motion. The motion carried.

**Administrative Reports**

**Continuing Education Report**

**Action:** Jean Halpin moved that the Section approve 116 applications for contact hour approval and deny one

application for contact hour approval. Beth Ann Ball seconded the motion. The motion carried.

Licensure Report

**Action:** Jean Halpin moved that the Occupational Therapy Section ratify, as submitted, the occupational therapist and occupational therapy assistant licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from September 6, 2012 through November 8, 2012, taking into account those licenses subject to discipline, surrender, or non-renewal. Beth Ann Ball seconded the motion. The motion carried.

Occupational Therapist – Examination

Adkins, Judith	Allard, Hannah	Boutton, Pamela
Buehler, Stephanie	Domer, Ryan	Edmonds, Linda
Eickholt, Laura	Enochs, Erica	Ferrando, Laura
Fetzer, Jennifer	Karpel, Alicia	Laskowitz, Robin
Minor, Lauren	Ricard, Alissa	Riste, Karla
Rosengarten, Kelli	Stoner, Karrie	Weeks, Caitlin
Williams, Terry	Zink, Courtney	

Occupational Therapy Assistant – Examination

Armbruster, Katherine	Bailey, Abby	Bailey, Nicole
Beaver, Cindy	Block, Carolyn	Bloemhard, Maaike
Brandenburg, Stephany	Browning, Stephanie	Butler, Irma
Canter, Heather	Condron, Loren	Conkel, Hannah
Cooper, Jeffrey	Couchman, Staci	Crawley, Cindi
Davis, Erin	Dayton, Karla	Dembroski, Renee
Diaz, Rick	Dosreis, Tiara	Drapp, Katherine
Evans, Emily	Everman, Kirstie	Fox, Stephanie
Ghiloni, Amanda	Halbisen, Leslie	Hardcastle, Russell
Hardesty, Stephanie	Hay, Leslie	Hoffman, Jacqueline
Hoffman, Sarah	Hurley, Sharon	Jones, Katie
Justinger, Amber	Kremer, Kimberly	Lahey, Rebekah
Laird, Julianne	Lalone, Allison	Lamey, Jennifer
Land, Amanda	Lantz, Brittany	Leconte, Jeannie
Lersch, David	Leslie, Stephanie	Lewis, Dustin
Lodge, Chelsea	Martinez, Ardella	Mattix, Teresa
McCartney, Kacy	McKenzie, Stephanie	Meece, Joyce
Michel, Lorraine	Miller, Lisa	Minotti, Tammy
Moore, Kelly	Moore, Michelle	Murrey, James
Nelson, Catherine	Nieset, Renee	Norris, Jamie
Radcliffe, Joshua	Reed, Bryan	Richards, Karen
Russell, Erin	Schafer, Kimberly	Shear, Amber
Sheba, Kathryn	Skaggs, Matthew	Slone, Nathan
Slotwinski, Carly	Smith, Sarah	Steinbugl, Vanessa
Stone, Michelle	Stukenborg, Amy	Tews, Alisa
Tovey, Penny	Turner, Kristine	Ullman, Brooke
Ute, Andrea	Vogt, Sirena	Weis, Sarah
Wellbaum, Alexis	Wilkinson, Katherine	Wu, Yuhan
York, Victoria		

Occupational Therapist – Endorsement

Anderson, Jessica	Beckett, Rebecca	Cosby, Taquila
Doss-Haskell, Nicole	Dyer, Betty	Hall, Amanda
Hetrick, Meribeth	Krahnke, Gina	Linn, Kellie
Majocha, Audra	Mizikowski, Kari	Modert, Sabrina
Nelsen, Marjorie	Qualls, Denise	Sanders, Ariel
Smith, Debra	Wright, Anne	Yost, Tracey

Occupational Therapy Assistant – Endorsement

Bowers, Michelle	Forrester, James	Gibbs-Golder, Brenda
Gronwall, Kathleen	Ketter, Jeremy	Krupa, Laura
Padgett, Cassie	Patrick, Michael	Vanderpool, Carrie
Wilson, Hannah		

Occupational Therapist – Reinstatement

Gasti, John	Gentry, Kerry	Pierce, Carolyn
Stockhoff, Eric		

Occupational Therapy Assistant – Reinstatement

Caldwell, Ria	French, Nalena	Hausfeld, Stephanie
Schill, Karen	Stedman, Amy	Yoder, Sarah
Zink, Randy		

Occupational Therapy Assistant – Restoration

Ruhl, Margaret Gail

Limited License Agreements

Jean Halpin reported the Section received zero limited license applications since the September 6, 2012 meeting. There are currently twenty-three limited license applications/agreements being monitored.

Jean Halpin reported that Michael Ludwig and Traci Raiff complied with all terms and conditions and were released from their limited license agreements.

Assistant Attorney General’s Report

Yvonne Tertel, AAG, informed the Section that the September 2012 hearing was rescheduled for the January 2013 meeting since the licensee requested a continuance.

Case Review Liaison Report

Lisa Ratinaud reported on behalf of Kimberly Lawler that the Enforcement Division opened one case and closed two cases since the September 6, 2012 meeting. There are currently five cases open. There are two consent agreements and one adjudication order being monitored.

Lisa Ratinaud reported on behalf of Kimberly Lawler that Erica Boarman complied with all terms and conditions and was released from her consent agreement.

**Enforcement Actions**

Lisa Ratinaud reported that Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY12-013 for failure to comply with the required drug testing and failure to provide employment notification as required in the individual’s consent agreement. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY12-013 for failure to comply with the required drug testing and failure to provide employment notification as required in the individual’s consent agreement. Rebecca Finni seconded the motion. The motion carried.

**Correspondence**

1. **Angie Toland:** Ms. Toland asked the Section questions regarding whether occupational therapy assistants can present information at the IEP meetings. **Reply:** It is entirely appropriate for an occupational therapy assistant to attend an IEP meeting and present information concerning student progress and IEP goals to be addressed by occupational therapy, based on previous collaboration between the supervising occupational therapist and the occupational therapy assistant. If, at the IEP meeting, the IEP team requests additions or changes to the goals being addressed by occupational therapy, the supervising occupational therapist would need to review those recommendations and agree to any changes: the occupational therapy assistant could not make that decision alone, without additional collaboration between the supervising therapist and the assistant. Occupational therapists and occupational therapy assistants are both recognized as service

providers within the school setting. If the format of the IEP used allows for both OT and OTA to be listed as providers, this would be appropriate. If the format of the IEP only allows for one provider to be listed for occupational therapy, then the OT would be listed, as they would be ultimately be responsible for provision of occupational therapy services. The Board's website (<http://otptat.ohio.gov/>) contains a variety of resources related to school-based practice. Two items to note include the "Comparison of Responsibilities of School-Based Occupational Therapy Practitioners," which is available under the Occupational Therapy Publications page, and the "Frequently Asked Questions" related to school-based practice. The Section also 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](mailto:cathy.csanyi@ode.state.oh.us), and the Ohio Occupational Therapy Association's pediatrics member support group chair at [www.ootat.org](http://www.ootat.org). Both may be able to assist you further with some of your questions regarding school based practice.

2. **Ann Davies, OT:** Ms. Davies asked the Section for clarification on transferring the care of occupational therapy services and occupational therapy assistant role in completion of a home assessment. **Reply:** In response to your first question, rule 4755-7-08 (C)(2) of the Ohio Administrative Code states that 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. 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. 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. In response to your second question, and 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 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.
3. **Robyn Ramsever, OT:** Ms. Ramseyer asked the Section if occupational therapists can take a client's blood pressure without a physician's prescription. **Reply:** In accordance with section 4755.04 (A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may perform tasks such as taking a client's blood pressure (with or without a physician's order) within the provision of occupational therapy services if the occupational therapy practitioner has demonstrated and has documented competency in the knowledge, skills and ability of the assessment being performed. 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 legal counsel or your malpractice provider.

4. **Pam Raber, OTA:** Ms. Raber asked the Section questions regarding occupational therapy assistants signing weekly progress notes. **Reply:** Rule 4755-7-08 (B)(4) of the Ohio Administrative Code states that occupational therapy practitioners shall maintain accurate client and/or billing records. As you complete progress note documentation, documenting the client's status from your visit that day would be acceptable. If there are areas you do not feel confident that you can provide accurate information, those areas could be marked "not assessed." In addition, rule 4755-7-08 (C)(8) of the Ohio Administrative Code states occupational therapy practitioners should consult with other service providers whenever such a consultation would be beneficial to the care of the client. You may want to collaborate with other occupational therapy personnel for progress note information so the most accurate and up-to-date client information will be documented within the weekly note.
5. **Lynn Adkins:** Ms. Adkins asked the Section if occupational therapists are required to have a physician's prescription to evaluate and treat a student in school based practice. **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 legal counsel or your malpractice provider.
6. **Elinor McMahon:** Ms. McMahon asked the Section if it is legal for occupational therapy practitioners to provide prescribed medications to a client and asked questions regarding occupational therapy assistant's supervision ratios and caseloads in a school based setting. **Reply:** In response to your first question, there is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapy practitioner from assisting a parent with administration of a physician-prescribed medication as a part of the provision of occupational therapy services, provided the practitioner has demonstrated and documented competency with this task. Please be aware that there may be more stringent guidelines in place from your employer and/or the school district that restrict your ability to assist with medication administration. However, delegation of nursing services (including medication administration in the absence of a parent or guardian) would NOT be within the occupational therapy scope of practice. In response to your second question, 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 also 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](mailto:cathy.csanyi@ode.state.oh.us), and the Ohio Occupational Therapy Association's pediatrics member support group chair at [www.oota.org](http://www.oota.org). Both may be able to assist you further with some of your questions regarding school-based practice.

7. **Susan LaCroix:** Ms. LaCroix asked the Section for clarification on supervising a Level II occupational therapy student. **Reply:** Rule 4755-7-08 (B)(13) of the Ohio Administrative Code states that a licensee shall provide appropriate supervision to individuals for whom the practitioner has supervisory responsibility. Rule 4755-7-04 of the Administrative Code addresses the supervision of occupational therapy students: Supervision must ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the: (1) Occupational therapy assistant; (2) Student occupational therapist; (3) Student occupational therapy assistant; and (4) Unlicensed personnel. (D) Student occupational therapist. (1) A student occupational therapist shall be supervised by an occupational therapist who has completed at least one year of clinical practice as a fully licensed occupational therapist. (2) The student occupational therapist, who is being supervised in accordance with the laws and rules governing the practice of occupational therapy, may supervise unlicensed personnel. (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. The Section recommends that you review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of students. As the supervising occupational therapist is ultimately responsible for all care provided by the supervised occupational therapy students, the decision whether to accept a student when you are only available for supervision part-time is one to be made in collaboration with the school's academic fieldwork coordinator.
8. **Jeremiah Bodi:** Mr. Bodi asked the Section questions regarding the legality of an occupation therapist supervising an occupational therapy assistant that is a family member. **Reply:** Rule 4755-7-08 (B)(13) of the Ohio Administrative Code states that a licensee shall provide appropriate supervision to individuals for whom the practitioner has supervisory responsibility. According to rule 4755-7-08 (C)(5) of the Ohio Administrative Code, a licensee shall disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom the licensee may establish a professional, contractual, or other working relationship. Although the Ohio Occupational Therapy Practice Act does not expressly prohibit supervision of family members, scenarios may arise that make it difficult to remain objective within the supervisory relationship. In addition, please be aware that employers may have more stringent guidelines in place regarding supervision of family members. 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."

9. **Donna Lambert:** Ms. Lambert asked the Section whether both the occupational therapist and occupational therapy assistant can be listed as the provider on an individualized education plan. **Reply:** Occupational therapists and occupational therapy assistants are both recognized as service providers within the school setting. If the format of the IEP used allows for both OT and OTA to be listed as providers, this would be appropriate. If the format of the IEP only allows for one provider to be listed for occupational therapy, then the OT would be listed, as they would be ultimately be responsible for provision of occupational therapy services. The Board's website (<http://otptat.ohio.gov/>) contains a variety of resources related to school-based practice. Two items to note include the "Comparison of Responsibilities of School-Based Occupational Therapy Practitioners," which is available under the Occupational Therapy Publications page, and the "Frequently Asked Questions" related to school-based practice. The Section also 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](mailto:cathy.csanyi@ode.state.oh.us), and the Ohio Occupational Therapy Association's pediatrics member support group chair at [www.oota.org](http://www.oota.org). Both may be able to assist you further with some of your questions regarding school-based practice.

#### **OT/PT Joint Correspondence**

- JB1. Shawntel Beal:** Ms. Beal asked the Occupational and Physical Therapy Sections for clarification on accepting therapy orders in a school-based system. **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 compliance or billing department. There is nothing in the Ohio Physical Therapy Practice Act that dictates how frequently a referral for physical therapy should be **renewed**. However, since the children are growing and maturing, best practice does suggest that a minimum of **an annual renewal of the prescription or physician notification** should be done to ensure that changes in the child's medical status are documented in the physical therapy records. Also, section 4755.481 (A)(1) of the Ohio Revised Code states in part that, upon the consent of the patient, the physical therapist shall inform the patient's physician of the evaluation no later than 5 business days after the evaluation is made. In accordance with the laws governing the provision of physical therapy services under direct access, a physical therapist may see a patient who does not wish to have a physician or other practitioner notified. The Physical Therapy Section recommends that the patient be asked to sign a document declining notification of the physician.
- JB2. Carrie Gallo:** Ms. Gallo asked the Sections for clarification on supervisory ratios for physical therapists and who is permitted to perform a performance evaluation of an occupational and physical therapist for employment/competency purposes. **Reply:** In response to your first question, the Ohio Physical Therapy Practice Act does not stipulate a specific number of physical therapist assistants a physical therapist can supervise. In response to your second question, the Ohio Physical Therapy Practice Act is silent on the requirements of who can provide a performance evaluation. However, best practice, would be for physical therapists to be evaluated by a professional who has a similar or higher level of training. The minimal requirements are to be in good standing with an active license, with continuing education requirements met on a two year (biennial) cycle. In response to your second question, the Ohio Occupational Therapy Practice Act is silent as to the requirements for individuals who perform employee competency evaluations. As noted above, best practice would dictate that the individuals performing the competency evaluations be in good standing with an active license, and have demonstrated and documented personal competency in the areas they are assessing.
- JB3. Casey Siefker, PT:** Ms. Siefker asked the Occupational and Physical Therapy Sections if an occupational therapy or physical therapy discharge summary required if the client was discharged by a physician in an acute care setting. **Reply:** Rule 4755-7-02 (A)(3) of the Ohio Administrative Code indicates that development, interpretation, and modification of the discharge plan is a professional responsibility of the occupational therapist. Rule 4755-7-08 (B)(4) of the Ohio Administrative Code states that occupational therapy practitioners shall maintain accurate client and/or billing records. However, there may be situations where a discharge treatment visit is not possible due to the physician discharging the client early. As you complete discharge documentation for these clients, if there are areas you do not feel confident that you can provide current information, those areas should be marked "not assessed" or "not assessed at discharge." Documenting the client's status from your most recent visit (as it pertains to those areas) would be

acceptable, as well, provided that documentation identifies the date that information was obtained. Please be aware that employers, reimbursement agencies and third party payers may have more stringent guidelines for documentation completion. Yes, a physical therapy discharge is required to be completed in any physical therapy setting. Rule 4755-27-03 of the Ohio Administrative Code states that physical therapists are responsible to perform the discharge evaluation and complete the final discharge summary. Discharge planning and the completion of the discharge evaluation are the responsibility of the physical therapist and may be performed and documented by the physical therapist in a reasonable timeframe prior to discharge. It is the responsibility of the physical therapist to interpret and make recommendations for the purpose of discharge development and then the physical therapist must then complete the final discharge evaluation. 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 evaluation may refer to the last treatment note for patient status.

### **Old Business**

#### **Online Jurisprudence Examination Update**

The Section reviewed questions that scored below eighty percent. The Section made no revisions to the examination.

#### **OT/OTA Supervision Ratio Update**

The Section tabled this until the January 2013 meeting.

#### **Cultural Competence Update**

The cultural competence comments were included in the proposed rules.

#### **OTA Pediatric Support Information Update**

Mary Stover provided a written report outlining her discussion with Brenda George. Based on the information provided by Ms. Stover, the Section feels that it has answered Ms. George's questions and no further follow up is needed on this subject.

### **New Business**

#### **OTA Presentation Recap**

The Section's presentation at the OOTA conference went well. The Section will continue to work on the delivery of the ethical scenarios presented.

#### **NBCOT Conference Recap**

Jean Halpin and Rebecca Finni provided an updated on the NBCOT State Regulatory Conference, which they attended in October 2012.

The Section noted that NBCOT offers unlimited access to evidence-based research through ProQuest to certified occupational therapy practitioners who are in good standing with NBCOT. The Section discussed using NBCOT as an additional resource to obtain information on occupational therapy practice.

#### **Review AOTA's Response to PAMs**

The Section reviewed the AOTA's response to the Section's inquiry on Physical Agent Modalities (PAMs).

#### **Customer Service Standards**

The Section reviewed the Board's customer service standards. The Executive Director will post this document on the Board's website.

#### **Human Trafficking Task Force Recommendations**

The Section reviewed the Human Trafficking Taskforce recommendations. The Executive Director informed the Section that the recommendations will likely require the Section to adopt a rule dealing with continuing education requirements.

Ethics Training

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

Open Forum

The Section discussed sending out a formal invitation to occupational therapy schools to have students attend the Board meeting.

Ohio Occupational Therapy Association (OTA) Report

There was no formal report.

Items for Next Meeting

- OT/OTA Supervision Ratio Update
- Executive Director Evaluation

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, January 17, 2013.

Action: Rebecca Finni moved to adjourn the meeting. Mary Beth Lavey seconded the motion. The motion carried. The meeting adjourned at 1:03 p.m.

Respectfully submitted,  
*Diane Moore*

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

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

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

RF:jmr:dm