



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
July 24, 2013
1:00 p.m.

Members Present

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

Staff

Diane Moore, Executive Assistant
Adam Pennell, Investigator Assistant
Jeffrey Rosa, Executive Director

Guest

Stacy Schumacher

Legal Counsel

Yvonne Tertel, AAG

Call to Order

Jean Halpin, Section Chair called the meeting to order at 1:17 p.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: Beth Ball moved that the minutes from the May 16, 2013 meeting be approved as submitted. Mary Beth Lavey seconded the motion. The motion carried.

Executive Directors Report

- The Executive Director informed that Section that Board filled the vacant clerk position.
- The Executive Director informed the Section that the FY2014 budget is underway, there is some concern with the Board's hearing costs which is higher than normal.
- The Executive Director informed the Section that the budget bill passed with the summary suspension language requested by the Board.

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

Administrative Reports

Continuing Education Report

Action: Mary Beth Lavey moved that the Section approve 74 applications for contact hour approval. Beth 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 May 16, 2013 through July 24, 2013, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting on the occupational therapy assistant examination applications for Heather Adams, Amanda Budd, Cynthia Campbell, Teri Delaney, Cynthia DeSalvio, Dawn Lafferty, Olivia Maag,

and Erica Sichina. The motion carried.

Occupational Therapist – Examination

Allman, Janet
Butherus, Katherine
Coleman, Kathryn
Ellis, Francine
Hirsch, Nicole
Lust, Dianna
Metelko, Caitlin
Nutting, Lisa
Stanko, Brenda
Warner, Sarah
Zarem, Cori

Bartnik, Lindsay
Campbell, Matthew
Deitmen, Lindsey
Gannaway, Alisha
Iott, Michael
Majewski, Chase
Mikina, Yuliya
Perkinson, Kayla
Theiss, Shellie
Weybrecht, Amanda

Bourne, Sarah
Clester, Nicole
DeVore, Ashley
Gorham, Stephanie
Isgrupe, Rebecca
McGilvray, Annabelle
Murray, Colleen
Sines, Tamara
Thompson, Ashlee
Williams, Rachel

Occupational Therapy Assistant – Examination

Ach, Lori
Ballard, Megan
Bowling, Christine
Buening, Amy
Collins, Amanda
Davis, Courtney
Dillon, Kade
Essen, Emily
Gable, Katelyn
Gregg, Maribeth
Henderson, Faith
Hosp, Marissa
Kline, Logan
Lafferty, Dawn
Link, Heidi
Marks, Carly
McGregor, Vincent Madonna
Miller, Amanda
Overmyer, Gina
Rebenock, Stephanie
Robinson, Sarah
Spears, Jennifer
Tridico, Tabitha
Williams, Julie
Williams, Wendy

Adams, Heather
Bondy, Elise
Bruns, Danielle
Campbell, Cynthia
Craddock, Diane
Delaney, Teri
Doyle, Nancy
Foley, Colleen
Geeslin, Ashley
Gyori, Kristen
Herrold, April Lynn
Howard, Lakisha
Knuckles, Gia
Lawson, Heather
Lockwood, Michele
Martin, Linda
McKay, Kathleen
Ochmanski, Dana
Preston, Stephanie
Reed, Naomi
Romey, Danielle
Staton, Rebecca
Walters, Meghan
Williams, Rachel
Yarger, Melanie

Alexander, Christopher
Bowen, Melissa
Budd, Amanda
Carnahan, Angela
Cusma, Alexandra
DeSalvio, Cynthia
Elliott, Christina
Freday, Lisa
Geren, Jaimi
Harrod, Stephanie
Holko, Sharon
Joyce, Daniel
Kohler, Heather
Levering, Courtney
Maag, Olivia
Marzec, Carly
Mickey, Denae
Oliver, Laura
Rasey, Emily
Roberson, Morgan
Sichina, Erica
Stewart, Janeen
Wenig, Alyssa
Williams, Tiana

Occupational Therapist – Endorsement

Adkins, John
Eckerle, Courtney
Hsu, Chih-Ying
Mahilo, Jason
Richards, Amanda
Schuss, Talia
Storme Tricia

Artman, Jessica
Head, Lauren
Hubert, Erika
Neilson, Sundae
Rick, Elizabeth
Silbiger, Lauren

Costello, Amanda
Hofherr, Jennifer
Jones, Danielle
Palminteri, Nicole
Schroeder, Angela
Stepuk-Chadbourne, Melissa

Occupational Therapy Assistant – Endorsement

Burnette, Ivy

Dutton, Patricia

Prater, Amy

Occupational Therapist – Reinstatement

Austermiller, Karen

Bair, Angela

Davis, Tracey

DeBoth, Kelle
Elmore, Kathryn
Frantz, Megan
Hasty, Denise
Lund, Sheryl
Ruberto, Deborah
Turner, Terra

DeCelle, Susan
Enlund, Angela
Grieshop, Theresa
Hatkevich, Beth
Nobis, Michael
Stalnaker, David
Warnock, Mary

DiCristoforo, Michele
Fires, Sarah
Harper, Natalie
Hendry, Maureen
Reis, Marla
Tracy, Christina

Occupational Therapy Assistant – Reinstatement

Dunn, Kenneth

Occupational Therapist – Restoration

Brisker, Gretchen Pelland, Jillian

Limited License Agreements

Jean Halpin reported the Section received zero limited license applications and closed three limited license applications since the May 16, 2013 meeting. There are currently nineteen limited license applications/agreements being monitored.

Jean Halpin reported that Jacalyn Florman complied with all terms and conditions and was released from her limited license agreement.

Assistant Attorney General's Report

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

Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened nine cases and closed eleven cases since the May 16, 2013 meeting. There are currently fifteen cases open. There are ten consent agreement and two adjudication orders being monitored.

Kimberly Lawler reported that the following individuals complied with all terms and conditions and were released from their consent agreements:

Jessica Back, OTA
Rebecca Chapman, OTA
Mark Dietz, OTA

Hema Ghutadaria, OTA
Amber Roberts, OTA
Charles Saffron, OTA

Jamey Sandys, OTA
Danielle Schmidt, OTA
Judith Vrooman, OTA

Enforcement Actions

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-019 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-019 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Whitney Anderson, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-024 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-024 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Mirna Monroy-Cubie, OTA.

Hearing for Case Number OT FY-LD 13-001

The Section held an evidentiary review hearing in the matter of Kenneth Peisecki, case number OT FY-LD-13-001. The hearing began at 2:01 pm and ended at 2:42 pm.

Action: Beth Ball moved that the meeting be recessed to go into private session for the purpose of quasi-judicial deliberation on case number OT FY-LD 13-001, Kenneth Peisecki, and to reconvene the meeting after deliberations are complete. Mary Beth Lavey seconded the motion.

The Executive Director called roll:

Beth Ball	Yes
Rebecca Finni	Yes
Jean Halpin	Yes
Mary Beth Lavey	Yes
Kimberly Lawler	Yes

The Section went into private session at 2:42 pm and reconvened the meeting at 3:25 pm. The Section asked Adam Pennell, Investigator Assistant, to stay in the room during private session.

In the matter of case number OT FY-LD-13-001, Kenneth Peisecki, after review of the evidence, the Board makes the following findings of fact:

1. Peisecki's license to practice as an occupational therapist in the State of Ohio was revoked on January 12, 2012.
2. Peisecki submitted an application to have his occupational therapist license reinstated in the State of Ohio on February 6, 2013.
3. Peisecki was sent a Notice via certified mail on March 18, 2013. The Notice was delivered on April 20, 2013 at 9:39 am per the track and confirm feature of usps.com.
4. The Notice informed Peisecki of the Board's intent to propose to deny his application to have his license to practice as an occupational therapist reinstated in the state of Ohio for the following violation(s)/reason(s):

Section 4755.11(A) of the Ohio Revised Code authorizes the Board to suspend, revoke, or refuse to issue or renew an occupational therapist license, occupational therapy assistant license, occupational therapist limited permit, occupational therapy assistant limited permit, or reprimand, fine, or place a license or limited permit holder on probation, on any of the following grounds:

- (2) Violation of any provision of sections 4755.04 to 4755.13 of the Revised Code;
- (21) Inability to practice according to acceptable and prevailing standards of care because of mental or physical illness, including physical deterioration that adversely affect cognitive, motor, or perception skills;

Count 1

On January 12, 2012, Peisecki's license to practice as an occupational therapist was revoked by the Occupational Therapy Section of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board for the following reasons:

- a. Peisecki practiced in a pattern of negligent conduct with regard to patient safety.
- b. Peisecki demonstrated an inability to set up an environment to minimize patient fall potential and increase patient safety.
- c. Peisecki failed to check physician orders prior to treating a patient.
- d. Peisecki failed to review the patient's chart prior to treating a patient.
- e. Peisecki failed to check for patient precautions prior to treating a patient.
- f. Peisecki failed to recall patient histories, and their specific treatments/precautions.
- g. Peisecki demonstrated an inability to appropriately deal with unexpected issues/events that transpired during treatment sessions.
- h. Peisecki failed to wash hands in between patient treatments.
- i. Peisecki failed to wear gloves when handling patient fluids and soiled linens.

- j. Peisecki produced inaccurate and incomplete patient documentation.
- k. Peisecki submitted billing that was not consistent with patient treatments.
- l. Peisecki required significant coaching/assistance by supervising occupational therapist to complete procedures requiring minimal competence.

Said conduct constituted a violation of Ohio Revised Code sections 4755.11(A)(2), (3), (5), (16), and (17), and Ohio Administrative Code rule 4755-7-08(B)(15)(c) as incorporated by Revised Code section 4755.11(A)(3). (See Exhibit 1: Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, Occupational Therapy Section Adjudication Order Journalized on January 12, 2012).

Peisecki's inability to practice occupational therapy at minimal standards of care resulted from his surgery for a brain tumor in February 2004 that affected his cognitive and perception skills.

Peisecki applied to have his license to practice as an occupational therapist reinstated in the State of Ohio on February 6, 2013. Peisecki has not submitted any evidence or proof of rehabilitation for his medical condition that would substantiate his ability to practice occupational therapy within minimal standards of care.

Statutory basis for reinstatement denial:

In accordance with Chapter 119. and section 4755.11 of the Ohio Revised Code, you are hereby notified that on July 24, 2013, the Occupational Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board (hereinafter, "**Board**") voted to refuse (thereby denying) your application to reinstate your license to practice as an occupational therapist in the state of Ohio for the above stated reasons.

Ohio Administrative Code rule 4755-3-06(B) authorizes the occupational therapy section to deny, suspend, or revoke the license or limited permit of an individual or reprimand, fine, or place a licensee or limited permit holder on probation for violation of any provision of Chapter 4755 of the Revised Code or any lawful order or rule of the section.

Ohio Administrative Code rule 4755-3-07(A) provides: "A person whose license is revoked or denied under the provisions of section 4755.11 of the Revised Code may, after one year from the date of revocation or denial, apply for reinstatement of license or reconsideration of denial of license subject to examination prescribed by the rules of the section."

Ohio Administrative Code rule 4755-3-07(B) authorizes the Board to consider the following when evaluating an application for reinstatement of a license:

- (1) The nature and severity of the acts which resulted in revocation or denial of license;
 - (2) The time elapsed since the commission of the acts;
 - (3) Possible additional violations occurring after the revocation or denial;
 - (4) Compliance with previous orders of the occupational section; and,
 - (5) Any evidence of rehabilitation which the applicant may submit to the section.
5. Peisecki did not request a hearing on the aforementioned charges.
 6. Peisecki did not provide evidence of rehabilitation that would warrant reinstatement of his occupational therapist license.

Action: Jean Halpin moved to issue the Section's findings of fact in the matter of Kenneth Peisecki, case number OT-FY-LD 13-001, as written above. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

In the matter of case number OT FY-LD-13-001, Kenneth Peisecki, after review of the evidence, the Board makes the following conclusions of law:

1. Peisecki was properly served with the notice of opportunity for hearing pursuant to Revised Code section 119.07.
2. Peisecki did not request a hearing within thirty (30) days of the mailing of the Notice, as required by R.C. 119.07.
3. Peisecki's application to have his occupational therapist license reinstated is properly denied based upon count 1 outlined in the March 18, 2013 Notice, Ohio Revised Code section 4755.11 (A)(2) & (A)(21), and Ohio Administrative Code rules 4755-3-06(B) & 4755-3-07(B).

Action: Jean Halpin moved to issue the Section's conclusions of law in the matter of Kenneth Peisecki, case number OT-FY-LD 13-001, as written above. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

The Board makes the following disposition of the case:

Action: Jean Halpin move to deny the occupational therapist reinstatement application for Kenneth J. Peisecki. Beth Ball seconded the motion.

The Executive Director called roll:

Beth Ball	Yes
Rebecca Finni	Yes
Jean Halpin	Yes
Mary Beth Lavey	Yes
Kimberly Lawler	Abstained

The motion carried. The occupational therapist reinstatement application for Kenneth J. Peisecki is hereby denied.

Action: Jean Halpin moved to assess fees pursuant to section 4755.031 of the Revised Code for costs of the hearing. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

The Executive Director is hereby instructed to carry out the mandate of this Board regarding case number OT FY-LD-13-001, Kenneth Peisecki, in the manner prescribed by law.

Affidavit Hearing

Good afternoon. My name is Jean Halpin, Chair of the Occupational Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board. Let the record show that these proceedings were called to order at 3:36 pm on July 24, 2013, at the Vern Riffe Center, 77 South High Street, Columbus, Ohio, 43215. Members of the Board present for the proceedings are:

The Executive Director called roll:

Beth Ball	Present
Rebecca Finni	Present
Jean Halpin	Present
Mary Beth Lavey	Present
Kimberly Lawler	Present

It will be noted for the record that a majority of the members of the Board are present. There will be two adjudication proceedings today. These proceedings are in the matter of case numbers OT-FY13-014, Marilyn L. Ireton, OTA, and OT-FY13-027 Vivian Rae Fields, OTA.

These proceedings shall be affidavit-based adjudications relative to a Notice of Opportunity for Hearing mailed to the respondents in the aforementioned case and believed to have been properly serviced according to the Administrative Procedures Act (Chapter 119. of the Ohio Revised Code).

As the respondents did not properly request a hearing in either case, these proceedings will be held before the Board pursuant to *Goldman v. State Medical Board of Ohio*. The individuals named do not have the ability to present written or oral testimony today, but may be present to hear the proceedings and outcome.

You have already received sworn affidavits from the Board's Enforcement Investigator Assistant, and accompanying exhibits for the Goldman Proceeding are in your board packet. The affidavits contain the evidence and testimony upon which you will deliberate. Please take a few moments to review the evidence and testimony.

In lieu of a stenographic record being made, let the minutes reflect the original sworn affidavits and exhibits shall be kept as the official record of the proceedings in the aforementioned matters in the Board office.

I will now recognize Assistant Attorney General, Yvonne Tertel, for the purpose of providing brief synopses of the cases.

Ms. Tertel presented the cases for the Board.

Having heard Ms. Tertel's synopsis, may I now have motion to admit the sworn affidavits and the accompanying exhibits in the aforementioned cases into evidence?

Action: Rebecca Finni moved to accept the facts and exhibits outlined in the affidavits for case numbers OT-FY13-014, Marilyn L. Ireton, OTA, and OT-FY13-027 Vivian Rae Fields, OTA. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

There being no further evidence to come before the Board, this proceeding is now closed at 3:40 pm.

The procedural and jurisdictional matters having being satisfied, we will now continue with the proceedings by deliberation on the sworn affidavits and exhibits.

Action: Mary Beth Lavey moved to recess the meeting to go into private session for the purpose of quasi-judicial deliberation on case numbers OT-FY13-014, Marilyn L. Ireton, OTA, and OT-FY13-027 Vivian Rae Fields, OTA, and to reconvene the meeting after deliberations are complete. Beth Ball seconded the motion.

The Executive Director called roll:

Beth Ball	Yes
Rebecca Finni	Yes
Jean Halpin	Yes
Mary Beth Lavey	Yes
Kimberly Lawler	Yes

The Section went into private session at 3:41 pm and reconvened the meeting at 3:45 pm. Kimberly Lawler left the room during private session. The Section asked the Executive Director to stay in the room.

In the matter of case number OT-FY13-014, Marilyn L. Ireton, after review of the evidence, the Board makes the following findings of fact:

1. The Board has proper jurisdiction over this matter.
2. Ireton did not meet the continuing education requirements for the 2012 audit.
3. The Board sent the Notice of Opportunity for Hearing on May 7, 2013 via ordinary mail with a certificate of mailing, pursuant to Revised Code section 119.07. This Notice was not returned to the board office by postal authorities. The Notice informed Ireton of the Board's intent to take disciplinary action against her license as an occupational therapy assistant in the state of Ohio for violation of Ohio Revised Code sections 4755.11 (A)(2), (3), & (24), which states:
4. Ireton did not request a hearing on the aforementioned charge.

Action: Jean Halpin moved to issue the Section’s findings of fact in the matter of Marilyn L. Ireton, case number OT-FY13-014, as written above. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

In the matter of case number OT-FY13-014, Marilyn L. Ireton, OTA, after review of the evidence, the Board makes the following conclusions of law:

1. Ireton was properly served with the notice of opportunity for hearing pursuant to Revised Code Section 119.07.
2. Ireton violated Ohio Revised Code sections 4755.11 (A)(2), (3), & (24) and Ohio Administrative Code rule 4755-9-01.

Action: Jean Halpin moved to issue the Section’s conclusions of law in the matter of Marilyn L. Ireton, case number OT-FY13-014, as written above. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

The Board makes the following disposition of the case:

Action: Jean Halpin moved to revoke the license of Marilyn L. Ireton, OTA, effective September 13, 2013. Rebecca Finni seconded the motion.

The Executive Director called roll:

Beth Ball	Yes
Rebecca Finni	Yes
Jean Halpin	Yes
Mary Beth Lavey	Yes
Kimberly Lawler	Abstained

The motion carried. The license of Marilyn L. Ireton, OTA is hereby revoked effective September 13, 2013.

In the matter of case number OT-FY13-027, Vivian Rae Fields, after review of the evidence, the Board makes the following findings of fact:

1. The Board has proper jurisdiction over this matter.
2. Fields did not meet the continuing education requirements for the 2012 audit.
3. The Board sent the Notice of Opportunity for Hearing on March 5, 2013, via certified mail, pursuant to Revised Code section 119.07. This Notice was signed for on March 6, 2013. The Notice informed Fields of the Board’s intent to take disciplinary action against her license as an occupational therapy assistant in the state of Ohio for violation of Ohio Revised Code sections 4755.11 (A)(2), (3), & (24).
4. Fields did not request a hearing on the aforementioned charge.

Action: Jean Halpin moved to issue the Section’s findings of fact in the matter of Vivian Rae Fields, case number OT-FY13-027, as written above. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

In the matter of case number OT-FY13-027, Vivian Rae Fields, after review of the evidence, the Board makes the following conclusions of law:

1. Fields was properly served with the notice of opportunity for hearing pursuant to Revised Code section 119.07.
2. Fields violated Ohio Revised Code sections 4755.11 (A)(2), (3), & (24) and Ohio Administrative Code rule 4755-9-01.

Action: Jean Halpin moved to issue the Section’s conclusions of law in the matter of Vivian Rae Fields, case number OT-FY13-027, as written above. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

The Board makes the following disposition of the case:

Action: Jean Halpin moved to revoke the license of Vivian Rae Fields, OTA, effective September 13, 2013. Rebecca Finni seconded the motion.

The Executive Director called roll:

Beth Ball	Yes
Rebecca Finni	Yes
Jean Halpin	Yes
Mary Beth Lavey	Yes
Kimberly Lawler	Abstained

The motion carried. The license of Vivian Rae Fields, OTA, is hereby revoked effective September 13, 2013.

The Executive Director is hereby instructed to carry out the mandate of this Board regarding case numbers OT-FY13-014, Marilyn L. Ireton, OTA, and OT-FY13-027 Vivian Rae Fields, OTA, in the manner prescribed by law.

This concludes the matters of Marilyn L. Ireton, OTA, and Vivian Rae Fields, OTA.

Correspondence

- 1. Autumn Mack, OTA:** Ms. Mack asked the Section questions regarding which portions of the discharge summary are acceptable for the occupational therapy assistant to complete. **Reply:** It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development, as indicated in rule 4755-7-02 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the client documentation. Pursuant to rule 4755-7-02 (B)(1)(b) of the Administrative Code, the occupational therapy assistant may contribute to and collaborate in the preparation, implementation, and documentation of the treatment/intervention plan and the discharge plan. Pursuant to rule 4755-7-04 (H) of the Administrative Code, any documentation written by an occupational therapy assistant, student occupational therapist, or student occupational therapy assistant for inclusion in the client's official record shall be co-signed by the supervising occupational therapist. Third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.
- 2. Francisco Rivera, OTR/L:** Mr. Rivera asked the Section if there are laws that would prohibit dually credentialed occupational therapist/chiropractor from practicing in one setting. **Reply:** The requirements for provision of occupational therapy services are consistent across practice settings. If you are representing yourself as an occupational therapist and/or your services as related to your skills as an occupational therapist (regardless of payer source), each client would require an evaluation and plan of care. It is the position of the Occupational Therapy Section that an occupational therapist who is also licensed as another healthcare professional would not be governed by the Ohio Occupational Therapy Practice Act during provision of services for the other profession. In providing services other than occupational therapy, the occupational therapist must make it clear to the client or family that the therapist is acting only in this other capacity. That is, communication must be done in such a way that if the client or family is asked, he/she could clearly testify in a legal proceeding as to the role of the individual who was providing treatment. The dually licensed healthcare professional must also not represent this role as being more skilled due to additional education/credentials than required for that job description. You may also wish to note that your professional liability policy (if you have one) may not cover you while acting in any capacity other than as a licensed occupational therapist. If needed, the Section recommends you contact an attorney for further counsel in this area. If you decide to bill for your services through a third party payer, the Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

3. **Sarah Schuck, OTR/L:** Ms. Schuck asked the Section for clarification of determining caseloads for supervising occupational therapist when supervising a Level II student occupational therapist. **Reply:** The Section recommends that you review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of students. You may also want to contact the institution you will be receiving students from and contact the academic field work coordinator to review their guidelines for student placement. Rule 4755-7-04 of the Administrative Code addresses the supervision of occupational therapy assistant 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. (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. The supervising occupational therapist is ultimately responsible for all supervised students and the care they provide. Thus, decisions related to amount of oversight and how and when to transition the caseload from the fieldwork educator to the student should be made based in individual performance and ability of the student, as determined by the supervisor.
4. **Casey Rodak:** Ms. Rodak asked the Section for if an occupational therapist who is licensed out of state, can perform cognitive assessment in Ohio on a temporary basis without obtaining an Ohio license. **Reply:** Pursuant to rule 4755-3-09(A) of the Ohio Administrative Code, only individuals licensed by the Occupational Therapy Section shall practice or offer to practice occupational therapy services within the State of Ohio. Under Ohio law, an occupational therapy practitioner performing a cognitive assessment for individual clients or groups must follow the laws and rules governing occupational therapy practice if the services are represented as occupational therapy, if the provider is identified as an occupational therapist, or if he/she signs "OT" after his/her name. If any of these conditions exists, the occupational therapist must have a valid Ohio license to practice occupational therapy within the state of Ohio.
5. **Sherry Walder:** Ms. Walder asked the Section for whether the occupational therapist supervision requirements for an occupational therapy assistant apply in a home health setting. **Reply:** Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. The occupational therapy assistant is also responsible for making sure the supervising occupational therapist possesses a current license to practice occupational therapy prior to providing supervision of occupational therapy treatment. Supervision/collaboration requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation and collaboration with the occupational therapy assistant at all times. Supervision is an interactive and collaborative process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client's treatment plan without first consulting with the evaluating and/or supervising occupational therapist of record. The evaluating and/or supervising occupational therapist of record must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients served by an occupational therapy assistant. The occupational therapy assistant does not maintain a caseload that is separate from the occupational therapist. The occupational therapist must provide appropriate supervision and assure that treatments are rendered according to safe and ethical standards and in compliance with rule 4755-7-04 of the Administrative Code, which states that "the supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the occupational therapy assistant, student occupational therapist, student occupational therapy assistant and unlicensed personnel." Pursuant to paragraphs (B)(1) to (B)(3) of rule 4755-7-04 of the Administrative Code, when maintaining a separate

caseload, a full-time equivalent occupational therapist may supervise no more than four full-time equivalent occupational therapy assistants. If there are occupational therapy assistants working part-time or PRN, their hours need to be accounted for as part of this four full-time equivalent maximum. If the occupational therapist is only providing client evaluations and supervision and does not have a separate caseload, the occupational therapist may supervise six full-time equivalent occupational therapy assistants. The number of occupational therapy assistants that a part-time or PRN occupational therapist may supervise is proportionate to the number of hours worked by the part-time or PRN occupational therapist. Therefore, if another occupational therapist supervises one of the occupational therapy assistants, you would still be able to provide occupational therapy treatments to the clients. Collaboration between the occupational therapy assistant and the occupational therapist must also 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. As it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice, the Section recommends that you refer to Medicare policies for specific guidelines regarding their documentation and supervision requirements. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

6. **Deanne Kloss, OTR/L:** Ms. Kloss asked the Section for clarification on occupational therapy caseloads. **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 due to the variability of practice settings and clientele. 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.” It is the position of the Occupational Therapy Section that all responsibilities of the OT and OTA, including both direct and indirect service to clients, must be considered when determining an appropriate therapist caseload. The therapist must ensure provision of appropriate services and must not serve and/or supervise service for more clients than he/she can provide skilled care, including informed direction of all aspects of the service provided for clients 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 (OAC 4755-7-08 (B)(9)). 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>) for more information.
7. **Josh Cywinski, OTR/L:** Mr. Cywinski asked the Section questions regarding the timeframe for completing documentation after treating occupational therapy clients. **Reply:** Pursuant to rule 4755-7-08 (B)(3) and (4) of the Administrative Code, 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. In addition, the licensee shall maintain accurate client and/or billing records. Although there is not a specified timeframe for completion of documentation, this may vary with the client population and with the acuity of the client’s condition. Timeliness of occupational therapy documentation is an expectation from both occupational therapists and occupational therapy assistants. The Section recommends you refer to the American Occupational Therapy Association’s *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008). However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Acts.
8. **Megan Percaciante, OTR/L:** Ms. Percaciante asked the Section questions regarding whether occupational therapy assistants can complete progress notes. **Reply:** It is entirely appropriate for an occupational therapy assistant to attend a plan of care meeting and present information concerning client progress and plan of care goals to be addressed by occupational therapy, based on previous collaboration between the

supervising occupational therapist and the occupational therapy assistant. If, at the meeting, the client, family, and/or interdisciplinary 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. Also, the Section would like remind you about correct way to document your professional credentials under the Ohio Occupational Therapy Practice Act. Pursuant to rule 4755-7-10 (A) of the Administrative Code, all occupational therapists shall use the following credential following their signature to indicate licensure as an occupational therapist: “OT/L” if the occupational therapist does not hold current NBCOT certification; or “OTR/L” if the occupational therapist holds current NBCOT certification. Any academic degrees should be listed separately from the regulatory credential. For example, a name tag or signature might read Pat Doe, OTR/L, MA.

9. **Deidre Cox, OTR/L:** Ms. Cox asked the Section questions regarding whether there are specific requirements what documents should be retained in an occupational therapy student file. **Reply:** Pursuant to rule 4755-7-08 (B)(3) and (4) of the Administrative Code, 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. While the Ohio Occupational Therapy Practice Act does not specify retention policies for documentation, it is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the American Occupational Therapy Association’s *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008) when determining documentation of occupational therapy in any setting. Third party payers and facility/district policies may be more restrictive regarding documentation management and retention for students. 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.
10. **Anna Ferrell, OT:** Ms. Ferrell asked the Section questions regarding whether occupational therapy practitioners can perform the assessments described and who can score the assessments (occupational therapist/occupational therapy assistant) if occupational therapy can perform them. **Reply:** Rule 4755-7-02 of the Administrative Code documents the roles and responsibilities of occupational therapy practitioners as follows: (A) Occupational therapist. The occupational therapist shall assume professional responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. (B) Occupational therapy assistant. (1) The occupational therapy assistant may contribute to and collaborate in: (a) The evaluation process by gathering data, administering standardized tests and/or objective measurement tools, and reporting observations. (b) The preparation, implementation, and documentation of the treatment/intervention plan and the discharge plan. (c) Choosing the appropriate treatment interventions. (2) The occupational therapy assistant may independently: (a) Select the daily modality of choice according to the established treatment/intervention plan. (b) Document the progress and outcomes summary. (3) The occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation. The assessments you described would be within the occupational therapy scope of practice, and could be performed by occupational therapy practitioners who have demonstrated and documented competency with those particular assessments. For additional resources regarding discipline-specific assessment tools with strong reliability and validity, the section recommends you contact the Ohio Occupational Therapy Association, or the American Occupational Therapy Association.
11. **Denea Collier, OTR/L, OTD:** Dr. Collier asked the Section questions regarding whether occupational therapist can accept referrals from physician’s assistants. **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.

12. **Jean Wobser:** Ms. Wobser asked the Section questions regarding whether a licensed occupational therapist can cosign for another licensed occupational therapist for billing purposes; if so, are both the occupational therapists required to be onsite. **Reply:** Co-signature typically indicates collaboration and oversight by a supervising occupational therapist of an occupational therapy assistant or student for services provided by that supervised individual. Another occupational therapist could not co-sign documentation unless they were representing themselves as having oversight of that client's treatment and or plan of care for the day of the co-signature. It is the position of the Occupational Therapy Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the client's medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. Electronic signatures are acceptable for occupational therapy practitioners' documentation as long as security and integrity have been maintained. Co-signature of occupational therapy assistant documentation continues to be a requirement.
13. **Tracey Cooper, OTR/L:** Ms. Cooper asked the Section questions regarding electronic record retention policies in Ohio school districts. **Reply:** Pursuant to rule 4755-7-08 (B)(3) and (4) of the Administrative Code, 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. While the Ohio Occupational Therapy Practice Act does not specify retention policies for documentation, it is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008) when determining documentation of occupational therapy in any setting. Third party payers and facility/district policies may be more restrictive regarding documentation management and retention for students. 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.
14. **Monica Plack, OTR/L:** Ms. Plack asked the Section questions regarding whether daily documentation is required for all patient's being treated by a PRN occupational therapist. **Reply:** Pursuant to rule 4755-7-08 (B)(3) and (4) of the Administrative Code, 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. In addition, the licensee shall maintain accurate client and/or billing records. The Practice Act requires timely and accurate documentation, but does not describe specific documentation requirements. The Section recommends that you refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008) for standards of practice related to daily and weekly notes, as well as frequency of progress notes. Please be aware that third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.

OT/PT Joint Correspondence

- JB1. Britney Beatrice, OTA:** Ms. Beatrice asked the Occupational and Physical Therapy Sections if an individual holding dual licensure can treat the same patient using two separate treatments for each license and asked if physical therapist assistants/occupational therapy assistants can perform home assessments. **Reply: In response to your first question;** it is the position of the Physical Therapy Section that a physical therapist/physical therapist assistant who is also licensed as another healthcare professional would not be governed by the Ohio Physical Therapy Practice Act provided that the therapist was not holding himself out as a physical therapist/physical therapist assistant, and so long as the therapist was not billing or being reimbursed for physical therapy services. In providing services other than physical therapy, the physical therapist or physical therapist assistant must make it clear to the client or family that the therapist is acting only in this other capacity. That is, communication must be done in such a way that if the client or family is asked, he/she could clearly testify in a legal proceeding as to the role of the individual who was providing treatment. The facility must also not represent this role as being more skilled due to additional education/credentials than required for that job description. You may also wish to note that your professional liability policy (if you have one) would not cover you while acting in any capacity other than as a licensed physical therapist or physical therapist assistant. It is the position of the Occupational Therapy

Section that services provided as occupational therapy would need to be clearly communicated and documented as separate and distinct from services rendered as physical therapy, as noted above by the Physical Therapy Section. ***In response to your second question;*** when performed as a part of physical therapy services, 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 patient involvement, 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 or may complete an environmental checklist once the patient assessment has been completed. When performed as a part of occupational therapy services, 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 (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.

JB2. Danielle Swejkowski, OTA: Ms. Swejkowski asked the Occupational and Physical Therapy Sections if an individual holding dual licensure can treat the same patient on the same day under both licenses. **Reply:** It is the position of the Physical Therapy Section that a physical therapist/physical therapist assistant who is also licensed as another healthcare professional would not be governed by the Ohio Physical Therapy Practice Act provided that the therapist was not holding himself out as a physical therapist, and so long as the therapist was not billing or being reimbursed for physical therapy services. In providing services other than physical therapy, the physical therapist or physical therapist assistant must make it clear to the client or family that the therapist is acting only in this other capacity. That is, communication must be done in such a way that if the client or family is asked, he/she could clearly testify in a legal proceeding as to the role of the individual who was providing treatment. The facility must also not represent this role as being more skilled due to additional education/credentials than required for that job description. You may also wish to note that your professional liability policy (if you have one) would not cover you while acting in any capacity other than as a licensed physical therapist or physical therapist assistant. It is the position of the Occupational Therapy Section that services provided as occupational therapy would need to be clearly communicated and documented as separate and distinct from services rendered as physical therapy, as noted above by the Physical Therapy Section.

JB3. Primo Betanio: Mr. Betanio asked the Occupational and Physical Therapy Sections whether there is a time limit for an occupational/physical therapist to co-sign their assistant's notes and documentation. **Reply:** Rule 4755-27-03(E)(6) of the Ohio Administrative Code states that "All documentation shall be co-signed by the supervising physical therapist" but does not specify time requirements for co-signing the physical therapist assistant's notes. It is the position of the physical therapy section that the urgency of reviewing and co-signing notes may vary with the patient population and with the acuity of the patient's condition. The physical therapist should be able to demonstrate that effective supervision was provided for the particular patient care delegated to the physical therapist assistant. Rule 4755-7-04(H) of the Ohio Administrative Code states that "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" but does not specify time requirements for co-signing the occupational therapy assistant's notes. 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. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place.

- JB4. Deb Graziani, PTA:** Ms. Graziani asked the Occupational and Physical Therapy Sections whether is it acceptable for physical therapist assistants/occupational therapy assistants to use Point Click Care (PCC) the MDS information and verify the minutes entered into the PCC are correct and accurate by signing off. **Reply:** It is the position of the Physical Therapy Section that when physical therapy personnel are involved in the gathering and documenting of MDS 2.0 data, the physical therapist has ultimate responsibility for the information submitted. The physical therapist must decide what MDS data requires the judgment or decision-making skills of the physical therapist. Other data, including the transfer of information already reported in the patient record, may be gathered by the physical therapist assistant. The physical therapist assistant must be able to identify from where in the patient record the data was transferred. It is the position of the occupational therapy section that data entry of treatment days and minutes into the MDS constitutes an administrative task that does not require interpretation by the occupational therapist. As such, it can be performed by an occupational therapy assistant without additional oversight by the occupational therapist.
- JB5. Megan Bouscher, OT:** Ms. Boucher asked the Section questions regarding billing insurance companies for services provided by an occupational therapy assistant and/or physical therapist assistant. **Reply:** 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. A physical therapist is required to comply with governmental and payer policies in billing procedures. Your question regarding the use of NPI numbers relates to payer policies rather than to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you consult with the payer. As long as it is clear that the physical therapist did not provide the direct patient care, there is nothing in the Physical Therapy Practice Act that prohibits the physical therapist or the therapist's company from using the company's NPI number to bill for services provided by the physical therapist assistant under the physical therapist's supervision. According to section 4755.56 (C) of the Ohio Revised Code; Each physical therapist licensed under this chapter who renders or supervises physical therapy, and each health care professional licensed in this state who renders services in accordance with section 4755.50 of the Revised Code designated as physical therapy, shall provide a patient, when the patient is responsible for submitting a claim to a governmental health care program or third-party payer, with the physical therapist's or health care professional's national provider identifier and a written explanation of the provisions of divisions (B)(1) and (D) of this section. In response to your question, billing is performed in a variety of ways under different practice settings. Therapy services may be coded under a specific therapist, or may be billed under an overarching provider, such as a long term care facility. As mentioned previously, 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.

New Business

Five Year Rule Review

The Section reviewed the five year rules. The Section tabled rule 4755-7-04 for further discussion at the Section retreat. The Section discussed whether the role of an occupational therapy assistant in administrative management should be addressed via rule change or via a frequently asked question.

NBCOT Regulatory Conference

The next NBCOT regulatory conference will be held at the Hyatt Regency in Cincinnati, Ohio on November 8-9, 2013. The Executive Director will review options for Board members attending the conference.

Open Forum

The Section welcomed Stacy Schumacher, OTA.

Ohio Occupational Therapy Association (OOTA) Report

There was no formal report.

Items for Next Meeting

- Five Year Rule Review
- Elections

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, September 12, 2013.

Action: Rebecca Finni moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 4:40 p.m.

Respectfully submitted,
Diane Moore

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

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

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

RF:jmr:dm



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section Retreat
136 East Broad Street, Columbus, Ohio 43215
July 25, 2013
9:00 a.m.

Members Present

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

Staff

Diane Moore, Executive Assistant
Jeffrey Rosa, Executive Director

Legal Counsel

Yvonne Tertel, AAG

Call to Order

Jean Halpin, Chairperson, called the meeting to order at 9:22 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.

Strategic Planning

The Section reviewed the Strategic Planning Schedule. The Section updated the Strategic Planning Schedule for 2013-2014 to include discussions regarding active practice requirements. The Strategic Planning Schedule is attached to the minutes for reference.

Limited License Requirements

The Section discussed the current guidelines for limited license requirements. The Section discussed how to determine if an occupational therapy practitioner is competent to practice safely. Currently, applicants who have not engaged in the practice of occupational therapy for a period of five or more years, voluntarily enter into an agreement with the Section to complete supervised clinical practice and complete an AOTA course which covers occupational therapy practice framework, evaluations, interventions, and outcomes of occupation-centered practice.

The Section revised the guidelines and limited license agreements to include the option to retake the National Board for Certification in Occupational Therapy (NBCOT) certification examination in lieu of completing the supervised clinical practice. Applicants choosing to retake the NBCOT certification examination will be required to take and pass the examination within six months from the date of the agreement. The Section will have further discussions on clarifying the term "out of practice". The Section will obtain additional information from NBCOT on how the Board could utilize the self-assessment tools for individuals returning to active practice.

The Section will review a draft of the updated agreement format at its September 2013 meeting.

Telerehabilitation

Review California OT Board's Telerehab Rules / AOTA Telehealth Position Paper (Mar. 2013)

The Section reviewed the California Occupational Therapy Board's rules on telerehabilitation. The Section also reviewed the AOTA Telehealth position paper from March 2013.

The Section's current position on telerehabilitation has not changed. It is the position of the Ohio Occupational Therapy Section that an occupational therapy practitioner is required to hold a valid, current license in the State of Ohio to serve any clients residing in Ohio. Therefore, out of state occupational therapy personnel must hold a valid Ohio license to treat clients in Ohio via telerehabilitation. The Section recommends that individuals contact the occupational therapy board in any state where the client resides to explore the requirements for practicing via telerehabilitation in that state. In addition, the Section recommends that individuals review the American Occupational Therapy Association's *Position Paper: Telerehabilitation* (AOTA, 2010) for additional guidance on occupational therapy practice via telerehabilitation.

The Section discussed ways to educate occupational therapy practitioners about the use of telerehabilitation in occupational therapy practice. The Section will increase education of telerehabilitation through conversations and Board presentations.

Consultative Role of OT

The consultative role of occupational therapy is an emerging area of practice. The first question would be is the occupational therapy practitioner using their credentials to perform in the consultative role. If so, then the occupational therapists is still under the jurisdiction of the Ohio Occupational Therapy Section. The occupational therapist would be required to establish a plan of care, document services performed, and have oversight of the occupational therapy services provided regardless of the practice setting, and regardless if the service(s) provided are billable/non-billable.

Five Year Rule Review

The Section discussed potential rule changes. The Section discussed clarifying the out of practice definition and establishing an active practice requirement.

Items for Next Regular Meeting

- Discuss establishing criteria for what is "out of practice"
- Draft new limited license letter and update guidance document to reflect new standards for Board review
- Review if other Occupational Therapy Boards have active practice requirements

Action: Kimberly Lawler moved to adjourn the meeting. Beth Ball seconded the motion. The motion carried. The meeting adjourned at 2:27 p.m.

Respectfully submitted,
Diane Moore

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

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

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

RF:jmr:dm