



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
November 21, 2013
9:00 a.m.

Members Present

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

Legal Counsel

Yvonne Tertel, AAG

Staff

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

Guest

Jacquelyn Chamberlin, OOTA
Heather Meredith
Stacy Schumacher
Ashley Miller
Cheryl Paeth
Trevor Hall
Gabrielle Umbs

Call to Order

Jean Halpin, Section Chair called the meeting to order at 9:35 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

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

Approval of Minutes

Action: Rebecca Finni moved that the minutes from the September 12, 2013 meeting be approved as submitted. Beth Ann Ball seconded the motion. The motion carried.

Special Orders

Election of Officers

Action: Kimberly Lawler nominated Rebecca Finni to be Section Chairperson for the period beginning November 21, 2013 and ending immediately following the September 2014 Section meeting. The nominations were closed. All members present voted to elect Rebecca Finni Section Chairperson.

Action: Jean Halpin nominated Beth Ann Ball to be Section Secretary for the period beginning November 21, 2013 and ending immediately following the September 2014 Section meeting. The nominations were closed. All members present voted to elect Beth Ann Ball Section Secretary.

Appointment of Liaisons

The liaison appointments beginning November 21, 2013 and ending September 30, 2014 are:

Enforcement Division Liaison:	Kimberly Lawler
Licensure Liaison:	Jean Halpin
Continuing Education Liaison:	Mary Beth Lavey
Correspondence Liaisons:	Beth Ann Ball and Mary Beth Lavey

Rules Liaison:

Rebecca Finni

Executive Director's Report

- The Executive Director informed the Section that the Board's expenditures are higher due to an increase in the mileage reimbursement rates and administrative hearing costs. The Board may have one more hearing this fiscal year.
- The Executive Director informed the Section that the Board will need to purchase new computers to comply with the state's IT requirements and one-time expenses related to the ergonomic assessment for the Board staff in FY2014. The Board will potentially request an increase in appropriation authority for spending for these unanticipated expenses.
- The Executive Director informed the Section that HB 98, pertaining to occupational licensing for military service and veterans, passed the Senate. HB 98 will require the Section to adopt new administrative rules.

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

Administrative Reports

Continuing Education Report

Mary Beth Lavey recommended that the Section rescind the CE denial for the course titled "Transitional Work Developer Orientation" and approve the course for 5.5 contact hours. **Action:** Jean Halpin moved that the Section rescind the CE denial for the course titled "Transitional Work Developer Orientation" and approve the course for 5.5 contact hours. Beth Ann Ball seconded the motion. The motion carried.

Mary Beth Lavey recommended that the Section approve 108 applications for contact hour approval. **Action:** Rebecca Finni moved that the Section approve 108 applications for contact hour approval. Kimberly Lawler 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 12, 2013 through November 21, 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 Meaghan Holbrook, Jamie Jackson, Kyle Marcum, Patrick Patterson, and Bridgette Vines. The motion carried.

Occupational Therapist – Examination

Blevins, Christina	Bonnett, Brian	Braun, Jennifer
Edwards, Nicole	Godby, Brooke	Hapner, Lindsey
Heinemeier, Jessica	Hooks, Jamieson	Kane, Celsey
Kassay, Justine	Krukenberg, Taylor	Kucmanic, Maria
Kusner, Alysia	Mangold, Megan	Martin, Herzelen
Merhaut, Sarah	Meyers, Natalie	Muchiarone, Julie
Muldoon, Timothy	Nielsen, Ellice	Obarski, Ashley
Trice, Krysten	Wellbaum, Kayla	Weyrauch, Megan

Occupational Therapy Assistant – Examination

Allen, Ebony	Bardall, Lauren	Bauer, Keri
Borders, Elizabeth	Brown, Tracey	Bush, Jessica
Cappitte, Stacy	Cartwright, Brittany	Caskey, Kevin
Clark, Lisa	Collins, Brooke	Compton, Linda
Conley, Madeline	Covey, Jay	Dale, Virginia
Do, Shasta	Ellis, Shannon	Eubanks, Sarah
Fargo, James	Fogle, Katie	Forrest, Carrie
Garber, Sarah	Gessler, Olivia	Gifford, Jennifer
Glover, Juanita	Glueckert, Vernon	Griner, Amber
Haddix, Tracey	Harless, Mariah	Hartings, Nicole

Hesterman, Kelly
Hunt, Tamarah
King, Courtney
Macy, Linda
McLean, Katie
Miller, Adam
Nagel, Kayla
O'Neil, Alexandra
Phillips, Darisa
Rach, Marisa
Rife, Brittany
Scarafile, Christy
Sebuke, Aleksander
Spitler, Amanda
Ulrich, Erin
White, Justin

Holbrook, Meaghan
Jackson, Jamie
Krupp, Lara
Marcum, Kyle
Meade, Amber
Muddiman, Ryan
Newman, Zachary
Palone, Brian
Phillips, Jennifer
Randle, Lafawn
Rollins, Leila
Schneider, Megan
Shields, Barbara
Staugler, Samantha
Vines, Bridgette
Willhite, Stephanie

Hulsmann, Emily
Jones, Jordan
Lantz, Lisa
Maynard, Michelle
Mendenhall, Traci
Mullins, Nicole
Olekas, Tracey
Patterson, Patrick
Raby, Bethany
Riddle, Stephanie
Sanchez, Jose
Schram, Judith
Simon, Danielle
Stuby, Jennifer
Vollmer, Cynthia

Occupational Therapist – Endorsement

Baudendistel, Jody
Goerl, Natalie
Ray, Sandi
Simpson, Tawnia
Wolfe, Anna Lisa

Burke, Heather
Heath, Stephanie
Sanon, Sasha
Snyder, Melissa

Dwyer, Nicole
Mark, Johanna
Shinkle, Rachel
Underwood, Austin

Occupational Therapy Assistant – Endorsement

Champ, Abby
Smith, Brittany

Miller, Jeannette

Piroska, Jenny

Occupational Therapist – Reinstatement

Hampton, Kathryn

White, Carolyn

Occupational Therapy Assistant – Reinstatement

Dawson, Billie

Kimbler, Jessica

Occupational Therapist – Restoration

Donahue, Ann

Limited License Agreements

Jean Halpin reported the Section received zero limited license applications and closed two limited license applications since the September 12, 2013 meeting. There are currently seventeen limited license applications/agreements being monitored.

Jean Halpin reported that Nichole Lammers and Kelly Birnbrich complied with all terms and conditions and were released from their limited license agreements.

Jean Halpin recommended that the Section grant a three month extension for occupational therapy assistant limited license agreement for reinstatement file #5068043 based on the documentation provided. **Action:** Rebecca Finni moved that the Section grant a three month extension for occupational therapy assistant limited license agreement for reinstatement file #5068043 based on the documentation provided. Kimberly Lawler seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a three month extension to Ria Caldwell.

Jean Halpin recommended that the Section grant approval to use staff meetings (*related to the children on the therapist's caseload*) towards the therapist's supervised clinical practice hours as defined in the occupational therapist limited license agreement for endorsement file #5240396 based on the documentation provided. **Action:** Beth Ann Ball moved that the Section grant approval to use staff meetings (*related to the children on the therapists' caseload*) towards the therapists supervised clinical practice hours as defined occupational therapist limited license

agreement for endorsement file #5240396 based on the documentation provided. Kimberly Lawler seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted approval to Joan Mainville-Davis.

Jean Halpin recommended that, pursuant to rule 4755-3-12(D)(2) of the Administrative Code, the Section offer a limited license agreement to occupational therapist reinstatement applicant #5326175. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license agreement to reinstatement applicant #5326175. Rebecca Finni seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Sarah Lynn Lethander.

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 three cases and closed three cases since the September 12, 2013 meeting. There are currently seven cases open. There are one consent agreement and one adjudication order being monitored.

Kimberly Lawler reported that Lisa McDaniel, OTA, complied with all terms and conditions and was released from her consent agreement.

Enforcement Actions

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY14-011 for failure to comply with the terms of a consent agreement and failure to cooperate with the Board. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY14-011 for failure to comply with the terms of a consent agreement and failure to cooperate with the Board. Beth Ann Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-033 in lieu of going to hearing. **Action:** Jean Halpin moved that the Section accept consent agreement OT FY13-033 in lieu of going to hearing. Beth Ann Ball seconded the motion. Kimberly Lawler and Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Renee L. Parker, OTA.

Correspondence

- 1. Mark Dabney, OT:** Mr. Dabney asked the Section questions regarding maintenance of records in school systems. **Reply:** Although the Section does not have a policy for records retention, it is the position of the Occupational Therapy Section that the student records, such as IEPs and MFEs, ultimately belong to the school district. It is recommended that occupational therapists retain a copy of their therapy logs and intervention plans. 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, and the Ohio Occupational Therapy Association's pediatrics member support group chair at www.oota.org. Both may be able to assist you further with some of your questions regarding school-based practice.
- 2. Maureen Gerrity, OT:** Ms. Gerrity asked the Section questions regarding cosigning documentation when assuming a new supervisory role. **Reply:** A new occupational therapist employee cannot retroactively co-sign documentation for services provided by an occupational therapy assistant prior to the therapist assuming the treatment/intervention plan. Co-signing for occupational therapy services provided prior to your assumption of oversight of the plan of care would be in violation of rule 4755-7-08 (B)(15) of the Ohio Administrative Code: A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to: (a) **Documenting or billing for services not actually performed.** In addition, the occupational therapy assistant requesting retroactive co-signature would also be in violation of rule 4755-7-08 (B)(2): **An occupational therapy assistant shall not provide occupational therapy services without a supervising occupational therapist.** It is the position of the Occupational Therapy Section that for any documentation, the supervising occupational therapist must co-sign each entry into the

patient/client medical record with their name, credential, and date. Pursuant to rule 4755-7-01 (F) of the Administrative Code, the “supervising occupational therapist” means the occupational therapist who is available to supervise the occupational therapy assistant, the student occupational therapist, student occupational therapy assistant, or unlicensed personnel. The supervising occupational therapist may be the occupational therapist who performed the initial evaluation or another occupational therapist with whom that occupational therapist has a documented agreement. This refers specifically to the therapist who holds responsibility for oversight of the client’s plan of care. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the client must be transferred by that occupational therapist to another occupational therapist. If the client is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the client, including the supervision of any occupational therapy personnel providing services to that client.

3. **Laura Melgun, OT:** Ms. Melgun asked the Section questions regarding occupational therapy caseloads in a school-based setting. **Reply:** In accordance with rule 4755-7-08 (C)(2) of the Ohio Administrative Code, a licensee shall transfer the care of the client, as appropriate, to another health care provider. 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, (school) 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 prior occupational therapist of record is responsible for the overall care of the client, including the supervision of any occupational therapy personnel providing services to that client. *In response to your first question*, it is best to document a transfer of care from the prior therapist of record to the new therapist to ensure that the student’s record clearly reflects the identity of the student’s occupational therapist. Some districts have moved to an automatic documentation of transfer at the end of the year, enabling the occupational therapist who assumes the student’s intervention plan the next year to merely document their assumption of the plan of care. *In response to your second question*, as noted above, a student not transferred to another therapist would still be the responsibility of the evaluating occupational therapist, including oversight of all occupational therapy services provided to that student. *In response to your third question*, a statement in the student file is sufficient to document termination of care from the prior occupational therapist. As noted above, that transfer of care must be documented in the student’s 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. *In response to your final question*, the supervising occupational therapist maintains responsibility for oversight of a student’s intervention plan and for all occupational therapy services provided under that plan. If the occupational therapist is transferred to another building, and no services are being provided in the prior building, there would not be any active practice occurring requiring occupational therapist oversight. According to rule 4755-7-08 (C)(1)(d) of the Ohio Administrative Code, a licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to abandoning the client by inappropriately terminating the practitioner-client relationship by the licensee. Abandonment is the inappropriate termination of an occupational therapist/client relationship by the occupational therapist. Abandonment generally is alleged when the relationship is severed by the therapist without reasonable notice at a time when there is still the necessity of continuing care. A school district, facility or company refusing to fill a vacant occupational therapy position does not constitute abandonment on the part of the occupational therapist.

4. **Sara Oravec, OTR/L:** Ms. Oravec asked the Section questions regarding clarification on the guidelines for Level II students treating in a NICU setting. **Reply:** According to rule 4755-7-03(B) and (C), the student occupational therapist and occupational therapy assistant shall demonstrate appropriate skill and knowledge in any duties being delegated. The supervising occupational therapist or supervising occupational therapy assistant shall demonstrate knowledge and competency in any procedure or services delegated to a student occupational therapist or occupational therapy assistant. As the NICU is a very specialized practice setting, it is advised that you ensure your students are adequately prepared to safely provide interventions before they are allowed to do so. AOTA may have additional resources regarding

occupational therapy service provision in the NICU environment. The Section also recommends that you review the Accreditation Council for Occupational Therapy Education (ACOTE) and American Occupational Therapy Association (AOTA) standards regarding student provision of services during Level II fieldwork. You may want to contact the institution from which you will be receiving students and review their guidelines for student placement and any concerns over student preparedness for NICU placement with the academic fieldwork coordinator.

5. **Allison Mercurio, OTA/L:** Ms. Mercurio asked the Section whether occupational therapist can perform Tinetti assessments. **Reply:** The Tinetti Assessment is a standardized measure of balance that is not specific to physical or occupational therapy practice. There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist or occupational therapy assistant from performing the Tinetti Assessment as part of the occupational therapy treatment/intervention plan, provided that the occupational therapist and occupational therapy assistant have received training, and demonstrated and documented competence in this assessment.
6. **Monica Harvey, OTA/L:** Ms. Harvey asked the Section whether occupational therapist can sell used DMEs. **Reply:** In accordance with rule 4755-7-08 (C)(6) of the Ohio Administrative Code, a licensee shall not influence a client or the client's family to utilize, purchase, or rent any equipment based on direct or indirect financial interests of the licensee. Recommendations of equipment must be based solely on the therapeutic value of that equipment to the client. A licensee who owns or has a direct financial interest in an equipment or supply company must disclose the financial interest to the client if the licensee sells or rents, or intends to sell or rent, to that client. Although your scenario is not specifically prohibited by the Practice Act, the Occupational Therapy Section cautions you to ensure there is no misperception between a therapeutic recommendation for equipment to a current client; versus assisting with the purchase of or personally providing gently used equipment for sale to a non-client. Please be advised that section 4752.02 of the Ohio Revised Code, which is enforced by the Ohio Respiratory Care Board, requires an HME license to sell or rent home medical equipment as defined in rule 4761:1-3-02 of the Ohio Administrative Code. Individual licensees are exempt from the HME license requirement ONLY if they do not sell or rent the HME. To obtain information on how to obtain an HME license, please review the information available at <http://respiratorycare.ohio.gov/HomeMedicalEquipmentHome.aspx>.
7. **Aimee Fugate, OTA/L:** Ms. Fugate asked the Section whether it is appropriate for an occupational therapy assistant to fill out section of the discharge summary, if the supervising occupational therapist has never seen the client. **Reply:** Regarding your question about writing parts of a discharge summary by an occupational therapy assistant, 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. While the Ohio Occupational Therapy Practice Act is not specific about the components of documentation, it is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008) when determining documentation of occupational therapy in any setting.
8. **Amy Ramsey, OTR/L:** Ms. Ramsey asked the Section whether it is appropriate for occupational therapist to use the CPT code for therapeutic activities (97530). **Reply:** Your question relates to the clarification/interpretation of payer policies and not to the Ohio Occupational Therapy Practice Act. However, rule 4755-7-08(B)(4) of the Administrative Code states that a licensee shall maintain accurate client and/or billing records. This includes accurate representation of any services billed, including use of the appropriate CPT codes. Further guidance may be needed regarding the most appropriate code to use for

this service to ensure compliance with rule 4755-7-08(B)(4) of the Administrative Code. The Section recommends that you refer to Medicare, Medicaid, and/or other payer policies for specific billing and reimbursement requirements for neurofeedback provision in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

9. **Christina Foraker, OTR/L** Ms. Foraker asked the Section for clarification on occupational therapy supervision and caseload requirements. **Reply:** In response to your first scenario regarding your supervision of the equivalent of 3.0 FTE occupational therapy assistants when you are a part-time (0.6 FTE) occupational therapist, this would constitute more than the appropriate amount of occupational therapy assistants supervised according to the Practice Act. A 0.6 FTE therapist should supervise no more than 2.4 assistants based on the ratios set forth in rule 4755-7-04. In response to your other questions, you described your workplace as a setting with multiple occupational therapists collaboratively supervising up to 6 occupational therapy assistants. The best way to avoid exceeding supervisory limits would be to split supervision of the assistants between the therapists so that each therapist is responsible for no more than the ratio permits. However, other practices have divided up supervision based on client, with the occupational therapists providing co-signatures and supervision of the occupational therapy assistants providing treatment to those clients. Dividing supervision based on client caseload would also address your concerns about revision of plans of care, as this would fall under the therapist overseeing that patient. The section noted in your correspondence you listed your credentials as MOTR/L. Rule 4755-7-10 of the Administrative Code lists how to appropriately list your credentials. (A) All occupational therapists shall use the following credential following their signature to indicate licensure as an occupational therapist: (1) "OT/L" if the occupational therapist does not hold current NBCOT certification; or (2) "OTR/L" if the occupational therapist holds current NBCOT certification. The appropriate citing of your credentials should be OTR/L, MOT, or MOT, OTR/L.
10. **Jessica Russell, OTR/L**: Ms. Russell asked the Section questions regarding supervision of occupational therapy assistants in non-traditional roles. **Reply:** Services provided as occupational therapy would require co-signature and supervision by the occupational therapist. If a client has not received evaluation by the occupational therapist with development of an intervention plan, their attendance at the unit-based group run by the occupational therapy assistant would be allowable ONLY if the group is not being represented as occupational therapy. If you are representing your group services as occupational therapy, each client would require an evaluation and plan of care overseen by an occupational therapist. However, the services being provided as "adjunctive" therapy would not require co-signature by the occupational therapist ONLY if the occupational therapy assistant was NOT using their OTA credential in signing documentation for the group. Use of the OTA credential would indicate they are representing themselves as an occupational therapy assistant (within the adjunctive therapy model) and WOULD require co-signature by the occupational therapist.
11. **Virginia Jones OTR/L**: Ms. Jones asked the Section questions whether occupational therapy assistants can participate in the evaluation of a student. **Reply:** An occupational therapy assistant may contribute to evaluation of a student. 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 occupational therapy assistants may gather and summarize objective information (including performance of standardized assessments in which they have demonstrated and documented competency), with or without the occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of plan development. ***In response to your second question***, signing the IEP indicates you were at the IEP meeting. The occupational therapy assistant **may** sign the IEP, but pursuant to rule 4755-7-04 (H) of the Administrative Code, any documentation written by an occupational therapy assistant, student occupational therapist, or student occupational therapy assistant for inclusion in the client's official record shall be co-signed by the supervising occupational therapist. IEP goals and objectives are written by the educational team and **do not** constitute the occupational therapy treatment/intervention plan. Regarding the question about individuals, such as itinerant teachers, working on the goals that the occupational therapist established, if the goals which you are addressing are IEP goals, they may be addressed by any individual designated on the student's IEP. If the goals are the occupational therapy goals that you established to address the IEP goals, only the licensed occupational therapy practitioner may address those goals and objective. In accordance

with rule 4755-7-03 (D) of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of clients, and preparation of work area, assisting with client's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. (1) Unlicensed personnel may only perform specific tasks which are neither evaluative, task selective, nor recommending in nature. The occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant may delegate such tasks only after ensuring that the unlicensed personnel has been appropriately trained for the performance of the tasks. (2) The occupational therapist, occupational therapy assistant, student occupational therapist, and student occupational therapy assistant shall not delegate the following to unlicensed personnel: (a) Performance of occupational therapy evaluative services; (b) Initiation, planning, adjustment, modification, or performance of occupational therapy services; (c) Making occupational therapy entries directly in the client's official records; and (d) Acting on behalf of the occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant in any matter related to occupational therapy treatment that requires decision making. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. Therefore, the occupational therapy practitioner may not delegate the above tasks to professionals such as licensed nurses, physical therapists, physical therapist assistants, speech language pathologists, etc. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-03 (D)(2) of the Ohio Administrative Code to unlicensed personnel. ***In response to your question regarding the plan of care***, while the Ohio Occupational Therapy Practice Act is not specific about the components of documentation, it is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008) when determining documentation of occupational therapy in any setting. This would include the organization of the treatment/intervention plan and required materials. 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, and the Ohio Occupational Therapy Association's pediatrics member support group chair at www.oota.org. Both may be able to assist you further with some of your questions regarding school-based practice.

12. **Rebecca Williams, OTR/L**: Ms. Williams asked the Section questions regarding whether it is appropriate for an occupational therapist to co-sign notes for a client that are not on the therapist's caseload. **Reply:** Pursuant to rule 4755-7-01 (F) of the Administrative Code, the "supervising occupational therapist" means the occupational therapist who is available to supervise the occupational therapy assistant, the student occupational therapist, the student occupational therapy assistant, or unlicensed personnel. The supervising occupational therapist may be the occupational therapist who performed the initial evaluation or another occupational therapist with whom that occupational therapist has a documented agreement. This refers specifically to the therapist who holds responsibility for oversight of the client's plan of care. 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 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. An occupational therapist overseeing a client's plan of care may provide co-signature following the weekend interventions provided by occupational therapy assistants. As this therapist is familiar with the client and their established goals and interventions, they are the best choice for oversight of the services provided under that plan of care. In summary, you may provide oversight of the services provided by occupational therapy assistants during your weekend rotation, and you may want to explore alternate means of communication with both the

assistants and the occupational therapist of record in order to feel confident in your supervision of these services. Conversely, the occupational therapist of record could also co-sign the documentation following the weekend, as described above.

13. **D. Brianna Dezsi, OT:** Ms. Dezsi asked the Section questions regarding billing for occupational therapy services. **Reply:** Rule 4755-7-08(B)(4) of the Ohio Administrative Code states that a licensee shall maintain accurate client and/or billing records. However, it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Reimbursement Chair of the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.
14. **Rachael Shinkle, OT:** Ms. Shinkle asked the Section questions regarding whether occupational therapy assistants can perform joint mobilization and is so, which grades of mobilizations (I-V) can be performed. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist or occupational therapy assistant from performing joint mobilizations as part of the occupational therapy treatment/intervention plan, provided that the occupational therapist and occupational therapy assistant have received training, and demonstrated and documented competence in these interventions. Additionally, if a technique or intervention will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the technique or intervention.
15. **Joan Bitzer:** Ms. Bitzer asked the Section whether it is within the scope of practice for occupational therapists to perform medication review and comprehensive assessments including OASIS-C. **Reply:** There is nothing in the Ohio Revised Code that prohibits the occupational therapist from completing the Outcome and Assessment Information Set (OASIS). However, according to section 4755.11 (A)(9) of the Ohio Revised Code, the occupational therapy practitioner may be subject to disciplinary action for “practicing in an area of occupational therapy for which the individual is untrained or incompetent.” If the occupational therapy practitioner is requested to provide a service for which he/she does not feel competent, it is the therapist’s responsibility to pursue specialized training to ensure competency. If the occupational therapy practitioner is unable to ensure competency, the therapist must refuse to provide that service. There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapy practitioner from completing medication reconciliation provided that the occupational therapy practitioner has received the appropriate training and demonstrated/documentated competence in this activity. This type of reconciliation may be performed as an administrative task by any health care practitioner during the treatment visit. Occupational therapists may also play a role in medication management as discussed by the American Occupational Therapy Association in its September 2008 Scope of Practice Issues Update. In this update, AOTA stated: In general practice, health care professionals have focused on teaching (telling patients what their medications do) and compliance or whether they are taking medications as ordered. But OT practitioners have the skills and knowledge to operationalize medication teaching to ensure that it is integrated into the patient’s daily routine successfully and correctly. A nursing referral should be made if the patient needs to be taught specific information about a medication that is not provided on written instructions. But if the concern is performance or how the client learns to manage taking their medications and handling the effects of them in the context of their daily activities and routines, that is an unmet need for clients and home care agencies which OT practitioners can address. Reviewing medication information sheets with patients and assessing whether they understand them is an expectation for therapists by CMS and is well within the scope of OT. Using that information, OTs can then assist patients in translating the instructions into their daily routines and habits. For example, medications to control high blood pressure are often diuretics and can make patients need to use the bathroom more often. The OT can discuss timed voiding, simplified clothing fasteners, mobility issues related to accessing the bathroom, especially away from home and other strategies to manage or avoid incontinence. This should increase the patient’s compliance with taking the medication as directed. The OT role in medication management can include: Recording medication dosages, routes etc. per agency policy when required as part of an assessment Involving nursing for patient education on new medications if needed Ensuring that patients know how to take their medications and are, in fact taking them as directed. If not, the OT can explore reasons why they are not being taken or are taken incorrectly. During the assessment, identify when the patient takes medications within their daily routine and have there been disruptions to that routine that interfere.

Identifying habits and routines have worked to support appropriate medication management for the patient in the past. How can we work with them vs. changing them? Assessing medication management as part of the patient's overall ADLs so tasks can be accomplished timely, allowing for medications to be taken within the prescribed time frame relative to food, blood sugar etc. Considering how OT skills and knowledge around energy conservation techniques can assist with managing all ADLs. Medication management in home care is a critical part of the patient's ADL, beyond assistance with opening pill bottles and is well within the OT scope of practice.

16. **Sarah King, PT:** Ms. King asked the Section if occupational therapy assistants can complete the monthly re-evaluations and utilize the CPT code 97004. **Reply:** It is the position of the Occupational Therapy Section that the initial plan, long-term goals, and initial short-term goals must be written by the occupational therapist. The occupational therapist may collaborate with the occupational therapy assistant in the development of these items. Once the initial treatment/intervention plan and goals are established, the occupational therapy assistant may update short-term goals in collaboration with the occupational therapist. Advice regarding best practice for coding and billing that plan of care update (using a treatment CPT code versus using the re-evaluation CPT code) is not within the jurisdiction of the Occupational Therapy Section. However, the section recommends you research the specific description of the 97004 CPT code, as it indicates a significant change in status warranting full re-assessment, and is not typically to update a plan of care with status related to goals, etc. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Reimbursement Chair of the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.
17. **LaKisha Howard, OTA/L:** Ms. Howard asked the Section if occupational therapy assistants can use PAMs. **Reply:** Formal certification to provide physical agent modalities is not a requirement in Ohio. In accordance with section 4755.04 (A)(3) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Ohio Administrative Code, and is practicing within the occupational therapy scope of practice. If the modality will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques or modality.

OT/PT Joint Correspondence

- JB1. Danielle Lawrence, PT:** Ms. Lawrence asked the Occupational and Physical Therapy Sections questions regarding whether each written note by an occupational therapy assistant/physical therapist assistant be co-signed by the supervising therapist. **Reply:** Yes, all information completed by the physical therapist assistant must be co-signed by the physical therapist. 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."

Old Business

OT Transfer of Care in School-Based Practice

The Section made revisions to the Section's standard response on occupational therapists transfer of care in school based practice. The transfer of care will revert back to the previous therapist of record rather than the evaluating therapist. The Executive Director will create a FAQ based on the recommended changes for the Board website.

New Business

Ethics Training

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

File 2014 Rule Changes

Action: Kimberly Lawler moved that the Occupational Therapy Section file rules 4755-7-01, 4755-7-02, 4755-7-03, 4755-7-04, 4755-7-08, 4755-8-01, 4755-8-02, 4755-8-03, 4755-8-04, 4755-8-05, and 4755-8-06 as no change rules.

Ms. Lawler, further move that the Occupational Therapy Section file the proposed changes to rules 4755-3-09, 4755-3-11, 4755-5-11, and 4755-7-10. Rebecca Finni seconded the motion. The motion carried.

Display of Wall Certificate

The Section discussed whether the requirement that the wall certificate be displayed at the licensee's principal place of business should be maintained.

Due to the implementation of real-time, online license verifications, the wall certificate has become a ceremonial document. The Section questions whether there is a need to continue requiring licensees to display their wall certificate at the licensee's principal place of employment. The Section will consider removing the requirement that wall certificates must be displayed.

Discussion regarding Art Therapy

The Section is not supportive of the Board regulating art therapy. Art therapy is mental health profession and the current disciplines of the Board pertain to physical medicine.

Update on the Federal Trade Commission v. North Carolina State Board of Dental Examiners

The Board discussed the North Carolina board of Dental Examiners issues with the cease and desist orders. The Section requested to review the Section's Cease/Desist orders and the Board's process for issuing the orders at the next Section meeting.

Recap of NBCOT Regulatory Conference

The Section members provided an updated on the NBCOT State Regulatory Conference, which they attended in November 2013. The Section noted some discussions from the conference, which included license compact agreements and appropriate use of electronic communications without violating HIPAA and licensure laws.

Recap of OOTA Presentation

The Section's presentation, as well as the ethics roundtable moderated by the Executive Director and Rebecca Finni, were well attended and well-received.

Use of OT Credentials in Non-Traditional and Traditional Settings

Cheryl Paeth provided a handout to the Section requesting clarification on Ohio's requirements for how occupational therapy practitioners should use their credentials in non-traditional roles.

The Section continues to embrace the ever-changing environment for providing occupational therapy services. As is the case for all practice settings, the regulatory framework does not allow for occupational therapy assistants to use the OTA credential if there is not an occupational therapist available to provide the legally required supervision to the occupational therapy assistant.

The Section identified two opportunities for Ms. Paeth to further explore her concerns. (1) The Section recommended that Ms. Paeth request that OOTA establish a Non-Traditional Setting Members Support Group. (2) The Section will address this topic at its 2014 retreat and seek input from OOTA, AOTA, and other stakeholders.

2014 Retreat Topics

- Display of Wall License
- Non-Traditional roles/ supervision requirements
- Compact Agreements

Open Forum

None

Ohio Occupational Therapy Association (OOTA) Report

Jacquelyn Chamberlin introduced Heather Meredith, who will be taking over as the OOTA liaison to the Section. OOTA's representatives informed the Section that the association is opposed to adding Art Therapy to the OTPTAT Board. It was further reported that AOTA will release the third Practice Framework in July 2014.

The Section thanked Ms. Chamberlin for her many years of service as the OOTA liaison to the Section.

Items for Next Meeting

- Public Rules Hearing
- Review Board Process on Cease Desist Letter
- H.B. 98 Rules

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, January 16, 2014.

Action: Jean Halpin moved to adjourn the meeting. Beth Ann Ball seconded the motion. The motion carried. The meeting adjourned at 2:05 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