



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Occupational Therapy Section*  
*January 17, 2013*  
*9:00 a.m.*

**Members Present**

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

**Staff**

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

**Legal Counsel**

Yvonne Tertel, AAG  
Cheryl Hawkinson, AAG

**Guests**

Jacquelyn Chamberlin, OOTA  
Levi Tkach  
Heidi Funderburk, Court Reporter

**Call to Order**

Jean Halpin, Section Chair called the meeting to order at 9:37 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 November 8, 2012 meeting be approved as submitted. Beth Ball seconded the motion. The motion carried.

**Executive Directors Report**

- The Executive Director informed the Section that the Board's spending is in line with projections. The Governor's FY 14-15 budget will be released at the beginning of February.
- The Executive Director informed the Section that since the last meeting the 129<sup>th</sup> General Assembly adjourned.
- The Executive Director informed the Section that the State of Ohio selected the new licensing system. The Board is one of the pilot boards that will migrate to the new licensing system in February or March of 2013. The goal is to have all agencies on the new licensing system by the end of FY 2014.

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

**Discussion of Law Changes**

The Section is waiting on from the recommendations from the Common Sense Initiative Office prior to filing the proposed 2013 rules changes. Assuming the recommendations are received in a timely manner, the rules hearing will occur at the March meeting.

**Administrative Reports**

**Continuing Education Report**

**Action:** Kimberly Lawler moved that the Section approve 110 applications for contact hour approval. Jean Halpin seconded the motion. The motion carried.

The Section received several questions pertaining to using in-services towards meeting the continuing education. Individuals should submit a formal request for approval of contact hour approval form to the Section to determine if the in-service meets the continuing education requirements for licensure renewal.

Continuing Education Denial Appeal

The Section reviewed the continuing education denial appeal for the course titled *Basic Law for Mental Health Professional*.

Kimberly Lawler recommended that the Section uphold the decision to deny the continuing education request based on the documentation provided. **Action:** Jean Halpin moved to uphold the Section's decision to deny the continuing education request. Beth Ball seconded the motion. Rebecca Finni opposed the motion. Kimberly Lawler abstained from voting. 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 November 8, 2012 through January 17, 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 Mary Krupp, Melissa McCrady, Ashley Schweitzer, and Caylee Severance. The motion carried.

Occupational Therapist – Examination

Darrow, Jill	Dorman, Sara	Elmore, Kathryn
Musick, Jamie	Page, Stephen	Peters, Jaclyn
Rathers, Kathryn	Robison, Eugene	Snyder, Jennifer

Occupational Therapy Assistant – Examination

Azar, Tamiki	Barrera, Shelley	Brown, Lindsay
Bruno, Jennifer	Calder, James	Conrad, Claire
Curtis, Kimberly	Gourley, Penny	Henderson, Jon
Kanney, Nathan	Krupp, Mary	Kubasek, Lauren
Kunkleman, Betsy	Lodge, Jordan	Maxson, Jennifer
McCrady, Melissa	Rusu, Kate	Schnapp, Caitlin
Schweitzer, Ashley	Severance, Caylee	Sheldon, Justin
Shoemaker, Bryan	Smith, Jessica	Smith, Teresa
Svasta, Nicole	Thompson, Cheryl	Tobias, Teauna
Tosh, Amy	Van Doesburg, Kara	Vella, Michelle
Volk, Tammie	Wells, Robert	

Occupational Therapist – Endorsement

Azam, Nadra	Caliguire, Mariesa	Davies, Mary
Fish, Tanya	Hammond, Callie	Hickey, Jessica
Kingery, Fred	Legato, Felicia	Mellenthin, Emily
Nalepka, Courtney	Palicki, Angela	Papakie, Sarah
Ritzie, Brittany	Roessler, Emily	Saum, Sarah
Staudigel, Maria	Troillet, Amanda	Weaver, Katie

Occupational Therapy Assistant – Endorsement

Derby, Jamie	Foxworth, Brandy
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Occupational Therapist – Reinstatement

McMahon, Elinor	Monnin, Debra
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Occupational Therapy Assistant – Reinstatement

Cecil, Susanne	Jones, Andrea	Kunz, Lisa
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In the matter of occupational therapy assistant reinstatement file #5202409, the Section determined that the individual will be required to complete 10 contact hours of continuing education.

#### Limited License Agreements

Jean Halpin reported the Section received one limited license application since the November 8, 2012 meeting. There are currently twenty-one limited license applications/agreements being monitored.

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

Jean Halpin recommended that the Section grant a six month extension for the limited license for file #5068043 and further recommended that if the file remains incomplete after the 6 months, then the applicant would be deemed out of practice for ten years and will be required to complete six hundred hours of supervised clinical practice. **Action:** Kimberly Lawler moved that the Section grant a six month extension for the limited license for file #5068043 and further moved that if the file remains incomplete after the 6 months, then the applicant would be deemed out of practice for ten years and will be required to complete six hundred hours of supervised clinical practice. Rebecca Finni seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a six month extension for Ria Caldwell.

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 #5239805. **Action:** Beth Ball moved that Section grant a limited occupational therapist license agreement to reinstatement applicant #5239805. Mary Lavey seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Lisa Williams.

#### 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 fifteen cases and closed one case since the November 8, 2012 meeting. There are currently twenty cases open. There is one consent agreement and one adjudication order being monitored.

#### Enforcement Actions

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-014 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-014 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-015 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-015 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-016 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-016 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-017 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-017 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-018 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-018 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-019 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-019 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-020 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-020 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-021 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-021 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-022 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-022 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-023 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-023 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-024 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-024 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-025 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-025 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY13-027 for failure to obtain continuing education required for license renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY13-027 for failure to obtain continuing education required for license renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

#### **Hearing for Case OT-FY12-011**

The Section conducted the hearing in the matter of Case Number OT-FY12-011, Melanie J. Rezac, OTA from 10:30 am to 11:10am.

**Action:** Rebecca Finni moved to go into private session for the purpose of quasi-judicial deliberation on this matter. Mary Lavey seconded the motion.

Jeffrey Rosa called roll:

Beth Ball	Yes
Rebecca Finni	Yes

Jean Halpin Yes  
Mary Lavey Yes  
Kimberly Lawler Yes

Kimberly Lawler left the room. The Section asked the Executive Director to stay in the room. The Section went into private session at 11:10 am and came out at 12:05 pm

*In the matter of case number OT-FY12-011, Melanie J. Rezac, OTA*, after review of the evidence, the Board makes the following findings of fact:

1. Melanie Rezac, OTA, was properly served with the Notice of Opportunity for Hearing pursuant to Revised Code section 119.07.
2. Melanie Rezac, OTA, received the Notice of Opportunity for Hearing pursuant to Revised Code section 119.07.
3. The Occupational Therapy Section held a hearing.
4. Melanie Rezac, OTA, presented her testimony in writing in accordance with Chapter 119.07.

*In the matter of case number OT-FY12-011, Melanie J. Rezac, OTA*, after review of the evidence, the Board makes the following conclusions of law:

1. Melanie Rezac, OTA, violated Revised Code sections 4755.11 (A)(2),(3), and (16) and Ohio Administrative Code rule 4755-7-08 (D)(1) and (3) by failing to cooperate with board's investigator by not responding to email or phone call during normal business hours.

**Action:** Jean Halpin moved to discipline the license of Melanie Rezac, OTA, in the following manner:

1. Written reprimand;
2. Suspension of seven (7) business days to start 15 days after date of mailing of the adjudication order; and
3. Monetary fine of one thousand dollars (\$1000.00).

Rebecca Finni seconded the motion.

Jeffrey Rosa called roll:

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

The motion carried. The license of Melanie J. Rezac, OTA is hereby subject to the following discipline:

1. Written reprimand;
2. Suspension of seven (7) business days to start 15 days after date of mailing of the adjudication order; and
3. Monetary fine of one thousand dollars (\$1000.00).

**Correspondence**

1. **Darci Untied, OT/L:** Ms. Untied asked the Section questions regarding documenting changes in the occupational therapy plan of care. **Reply:** It is appropriate to document a client's clinical presentation and results of provocative testing as a part of your occupational therapy evaluation. **However, evaluating the need for or referring a client for further diagnostic testing is not within the scope of practice of an Occupational Therapist.** Any concerns related to the client's presentation should have been immediately communicated to the referring physician overseeing the plan of care for further recommendations and follow-up. Rule 4755-7-08 (B)(4) of the Ohio Administrative Code states that occupational therapy practitioners shall maintain accurate client and/or billing records, and NOT falsify, alter, or destroy client records, medical records or billing records without authorization. In your situation, any changes made to the completed evaluation would need to be made via a therapist addendum statement by the evaluating therapist or via written changes/corrections by the physician signing the plan of care. We recognize the

challenges for billing and reimbursement indicated by your situation. 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 Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. It is recommended that you further address this with your medical records and compliance departments on how to handle the situation and document the response of the physician.

2. **Pauletta Wessel, COTA/L:** Ms. Wessel asked the Section questions regarding supervision requirements for an occupational therapy assistant performing home modifications. **Reply:** If you are representing yourself as an occupational therapy assistant and/or your services as related to your skills as an occupational therapy assistant (regardless of setting), you must be supervised by an occupational therapist. If your services are represented as occupational therapy, each client would require an evaluation and plan of care overseen by an occupational therapist. In response to your scenario, an evaluation for client-specific home modifications, if performed and represented as occupational therapy services, cannot be independently performed by an occupational therapy assistant. A home modifications 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. Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. The occupational therapy assistant is also responsible for making sure the supervising occupational therapist possesses a current license to practice occupational therapy prior to providing supervision of occupational therapy treatment. Supervision is an interactive and collaborative process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client's treatment plan without first consulting with the evaluating and/or supervising occupational therapist of record. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. 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.
3. **Donna Lambert, OTR/L:** Ms. Lambert asked the Section questions regarding occupational therapy practitioners co-signing the IEP. **Reply:** 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. It is entirely appropriate for an occupational therapy assistant to attend an IEP meeting and present information concerning student progress and IEP goals to be addressed by occupational therapy, based on previous collaboration between the supervising occupational therapist and the occupational therapy assistant. If, at the IEP meeting, the IEP team requests additions or changes to the goals being addressed by occupational therapy, the supervising occupational therapist would need to review those recommendations and agree to any changes: the occupational therapy assistant could not make that decision alone, without additional collaboration between the supervising therapist and the assistant. Occupational therapists and occupational therapy assistants are both recognized as service providers within the school setting. If the format of the IEP used allows for both OT and OTA to be listed as providers, this would be appropriate. If the format of the IEP only allows for one provider to be listed for occupational therapy, then the OT would be listed, as they would be ultimately be responsible for provision of occupational therapy services. Signing in the "non-participant" section would be acceptable. In addition, the parent excusal form is not required since occupational therapy is represented by the occupational therapy assistant. The Board's website (<http://optat.ohio.gov/>) contains a variety of resources related to school-based practice. Two items to note include the "Comparison of Responsibilities of School-

Based Occupational Therapy Practitioners,” which is available under the Occupational Therapy Publications page, and the “Frequently Asked Questions” related to school-based practice. The Section also recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at [cathy.csanyi@ode.state.oh.us](mailto:cathy.csanyi@ode.state.oh.us), and the Ohio Occupational Therapy Association’s pediatrics member support group chair at [www.ootat.org](http://www.ootat.org). Both may be able to assist you further with some of your questions regarding school based practice.

4. **William Miller, OTR/L:** Mr. Miller asked the Section if a plan of care is required when an occupational therapist is providing only consultative services. **Reply:** Several factors must be taken into consideration when determining if an occupational therapy treatment/intervention plan (plan of care) is required for occupational therapy services provided under a consultative model. Consultation can be provided on a broad scale, looking at populations (e.g.: classroom accessibility, wheelchair-accessible playground design, etc.). It can also be provided to smaller targeted populations, such as assessing and making recommendations regarding methods to decrease overstimulation in a room of students with sensory processing issues. In cases where generalized statements and recommendations are being made regarding the overall group of individuals being assessed, an individual treatment/intervention plan (plan of care) would not be necessary for each student. However, once the assessment moves towards student-specific recommendations that address individual client factors affecting performance in areas of occupation (including individualized interventions to address areas of concern), an individual treatment/intervention plan (plan of care) would be necessary to document the assessment and intervention for that student, including measurable outcome information. The recommendations could be implemented by the occupational therapist and/or teachers, family, caregivers or staff who are trained in performing the recommended interventions.
5. **Robin Tackett, OTR/L:** Ms. Tackett asked the Section if it is appropriate for the screening occupational therapist to also make a recommendation for the client to have a physical therapy evaluation. **Reply:** There is nothing in the Occupational Therapy Practice Act that prohibits occupational therapist from making direct referrals to another healthcare practitioner. In fact, rule 4755-7-08 (C)(8) states that occupational therapy practitioners shall refer to or consult with other service providers whenever such a referral or consultation would be beneficial to the care of the client. The referral or consultation process should be done in collaboration with the client. A referral in this type of circumstance should be documented by the occupational therapist in the medical record to clearly demonstrate a referral for that service. Such referrals would not constitute a delegation of tasks or duties of occupational therapy. The Section recommends that you refer to your facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician’s referral and/or prescription, which may need to be met for accreditation and/or reimbursement purposes.
6. **Julianne Houska, OTR/L:** Ms. Houska asked the Section for clarification on the role of occupational therapist and 504 plans in school based practice. **Reply:** A 504 plan is a legal document that ensures a free appropriate public education. It identifies *reasonable* accommodations and modifications based on the child's individual needs. Occupational therapists and occupational therapy assistants are both recognized as service providers within the school setting, and are often consulted with during the development of a 504 plan. The occupational therapist’s role related to establishment of a 504 plan would be similar to establishment of an IEP. Education plan goals and objectives are written by the educational team and **do not** constitute the occupational therapy treatment/intervention plan. According to rule 4755-7-02 (A) of the Administrative Code, occupational therapists shall assume professional roles and responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. In addition to identifying the education goals/objectives to be addressed by the occupational therapy practitioner, the separate occupational therapy treatment/intervention plan should include intervention approaches, types of interventions to be used, outcomes, and any additional occupational therapy goals not listed in the education plan. Evaluation for “accommodations” requires the skills of an occupational therapist. This type of assessment provides student-specific recommendations that address individual client factors affecting performance in areas of occupation (including individualized interventions to address areas of concern), including measurable

outcome information. The recommendations could be implemented by the occupational therapist and/or teachers, family, caregivers or staff who are trained in performing the recommended interventions. The Section also recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at [cathy.csanyi@ode.state.oh.us](mailto:cathy.csanyi@ode.state.oh.us), and the Ohio Occupational Therapy Association's pediatrics member support group chair at [www.ootat.org](http://www.ootat.org). Both may be able to assist you further with some of your questions regarding school based practice.

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

**JB1. J. Scott Ridout, COTA/L:** Mr. Ridout asked the Occupational and Physical Therapy Sections for clarification on whether occupational and physical therapy practitioners can change/update the client's medication listing when conducting the client's medication reconciliation. **Reply:** 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/documented 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. There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing a medication reconciliation that includes interviewing a patient about current medications, comparing those to the list of prescribed medications, and implementing a computerized program or referring the lists to other practitioners to identify suspected drug interactions. Even though not part of the physical therapy plan of care, the reconciliation may be performed as an administrative task of any health care professional. Other such administrative tasks that are not part of a physical therapy plan of care but that may be performed by physical therapy personnel include removal of staples, coaguchecks, listening for bowel sounds, and other patient assessments. However, no procedure should be performed by a physical therapist or physical therapist assistant unless the practitioner demonstrates competence in that procedure.

**JB2. Kathy Lumpkins:** Ms. Lumpkins asked the Occupational Therapy and Physical Therapy Sections for clarification on IEP and caseload requirements for therapy assistants. **Reply: *In response to your first***

**question**, yes a plan of care would have to be written. If a student's IEP requires occupational and/or physical therapy services, a therapy plan of care would be required for that student. It is the position of the Occupational Therapy Section that the IEP goals and objectives are written by the educational team and **do not** constitute the occupational therapy treatment/intervention plan. According to rule 4755-7-02 (A) of the Administrative Code, occupational 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. In addition to identifying the IEP goals/objectives to be addressed by the occupational therapy practitioner, the separate occupational therapy treatment/intervention plan should include intervention approaches, types of interventions to be used, outcomes, and any additional occupational therapy goals not listed in the IEP. As in any practice setting, appropriate documentation continues to be a requirement. Please refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008). The Section recommends that you contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator concerning questions regarding school-based issues at [www.oota.org](http://www.oota.org). It is the position of the Physical Therapy Section that the IEP does not meet the requirements of the physical therapy plan of care. The Ohio Physical Therapy Practice Act does not vary with practice setting. Rule 4755-27-03 (C) of the Administrative Code identifies writing the plan of care as a responsibility of the physical therapist that may not be delegated to other individuals. The school-based physical therapist must write a plan of care for his/her records for each student indicating specific physical therapy goals and intervention to achieve those goals, as well as precautions/contraindications. The IEP is an Ohio Department of Education approved document that delineates the student's educational needs, goals, and benchmarks. The duration and frequency of the services that will be provided in order to meet the **educational** goals and benchmarks are stated in the IEP. Although related services, such as physical therapy, are included in the IEP, how the physical therapy services will be implemented and precautions/contraindications are not a part of the IEP. This is the information that must be documented in a separate physical therapy plan of care. **In response to your second question**, at this time the Medicaid Schools Program (MSP) accepts the IEP as a plan of care. This is part of the OMSP regulations and does not change the position of the Occupational and Physical Therapy Sections in regard to the plan of care. When submitting billing under MSP, the school district will use the IEP as the plan of care for Medicaid billing purposes but therapists must still write and maintain an occupational therapy and/or physical therapy plan of care for their records. **In response to your final question**, the Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants (OTA) an occupational therapist (OT) may supervise and **does not** regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education's Operating Standards states that an OT shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the number of students to whom the therapist provides direct service. Paragraph (I)(1) of rule 3301-51-09 also states that determination of the appropriate ratio for an individual therapist must take into consideration the following: The severity of each eligible child's needs; The level and frequency of services necessary for the children to attain IEP goals/objectives; Time required for planning services; Time required for evaluations including classroom observations; Time required for coordination of the IEP services; Time required for staff development; Time required for follow up; and Travel time required for the number of building served. Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending Intervention Assistance Team (IAT) meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs also must be considered when determining the therapist/student ratio. All students served by an OTA are part of the supervising therapist's caseload. In accordance with ODE's Operating Standards, as well as the Ohio Occupational Therapy Practice Act, OTAs do not have their own caseloads separate from that of the supervising therapist. It is the position of the Occupational Therapy Section that all responsibilities of the OT and OTA, including both direct and indirect service to students, must be considered when determining an appropriate therapist caseload. The number of students to whom the supervising therapist provides direct service must be reduced as the number of assistants a therapist supervises expands, since this increases the number of students for whom the therapist is responsible. The therapist must ensure provision of

appropriate services and must not serve and/or supervise service for more students than he/she can provide skilled care, including informed direction of all aspects of the service provided for students by the assistant. The code of ethical conduct requires licensees, regardless of practice setting, to maintain the ability to make independent judgments and strive to effect changes that benefit the client (4755-7-08 (B)(9)). Educational agencies following the requirement of rule 3301-51-09 (I)(1), which states that additional factors must be considered when determining the appropriate caseload for a therapist, would bring therapist caseloads closer to a level that is in alignment with the therapist providing service only to the number of students that they can provide skilled care as required by their respective professional practice acts. It is the duty of the Occupational Therapy Section to protect the consumers of occupational therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensing board any entity that places them in a position of compromise with the code of ethical conduct as stated in rule 4755-7-08 (B)(12) of the Administrative Code. Please refer to the Board's website (<http://otptat.ohio.gov>) to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents. The Ohio Physical Therapy Practice Act is silent on the supervision ratio for physical therapist assistants and does not regulate caseload levels. However, the Section requires the physical therapist to ensure appropriate patient management based on the unique needs of the clients, taking into account the complexity of the patient population. The ultimate responsibility for care of the patient lies with the evaluating physical therapist regardless of whether the therapist or physical therapist assistants provide follow-up treatment. In any given period of time, a physical therapist must not provide or supervise care for a higher number of patients than that for which skilled care by licensed practitioners can be delivered. While any given employer or facility may establish work expectations including productivity standards, the physical therapy practitioner must ensure that the highest priority patient needs are met. If productivity expectations of an employer are such that a physical therapist is unable to meet the above standards, it is the responsibility of the physical therapist to challenge those expectations. The code of ethical conduct for physical therapy practitioners established in rule 4755-27-05 of the Ohio Administrative Code states that "An individual licensed by the physical therapy section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that place the licensee in a position of compromise with this code of ethical conduct." The rule further requires that "Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments." The Sections recommend contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at [cathy.csanyi@ode.state.oh.us](mailto:cathy.csanyi@ode.state.oh.us). The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding school based practice. You can contact the Ohio Occupational Therapy Association at [www.oota.org](http://www.oota.org); the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association; and/or Mark Smith, OMSP Program Coordinator at the Ohio Department of Education at (614) 752-1493 or via email at [mark.smith@ode.state.oh.us](mailto:mark.smith@ode.state.oh.us).

- JB3.** **Lori Phillips, PT:** Ms. Phillips asked the Occupational and Physical Therapy Sections if it is a conflict of interest for the school-based occupational and physical therapist to perform a home assessment for a student. **Reply:** In response to your question, it is the position of the Occupational Therapy Section that a home evaluation to determine equipment and environmental needs for a student's safety and accessibility within his home would be based on his current level of skills and abilities, as assessed by his current occupational therapist of record. This could be done as an adjunct to his occupational therapy treatment/intervention plan (plan of care) at school, or as a separate evaluation. Rule 4755-7-08 (C)(13) states that occupational therapy practitioners shall advocate for clients to obtain needed services through available means. Advocating for necessary modifications to enable a higher level of safety and independence at the request of a student and his mother is acceptable under the Code of Ethical Conduct. In response to your question, it is the position of the Physical Therapy Section that since you are already providing physical therapy services to this student, the home evaluation would be part of his current services. When conducting the home evaluation, it is important that you only provide recommendations of any potential home modifications that the student would actually need to make his current home more accessible. However, if the school district does not feel that the home assessment would address the educational goals identified on the student's IEP, you would need conduct the home evaluation and

establish a separate physical therapy plan of care that addresses any home modifications. You may also wish to consult with the district's special education coordinator.

**JB4. Mindy Griffin, OT:** Ms. Griffin asked the Occupational and Physical Therapy Sections if a physician's order required to apply TENS electrodes and hot/cold packs. **Reply:** Formal certification to provide physical agent modalities is not a requirement in Ohio for occupational therapy practitioners. However, in accordance with section 4755.04 (A)(3) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. If the modality will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques or modality. A referral and/or prescription from a physician is not required for occupational therapy practice in Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines for application of TENS electrodes and hot/cold packs, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services. In response to your questions, all procedures performed by the physical therapist assistant and physical therapist need to be part of the patients established plan of care and therefore have been evaluated by the physical therapist and established in the plan of care. Rule 4755-27-03 (C) of the Administrative Code identifies writing the plan of care as a responsibility of the physical therapist that may not be delegated to other individuals. The evaluating physical therapist must write a plan of care for his/her records for each patient indicating specific physical therapy goals and intervention to achieve those goals, as well as precautions/contraindications.

**JB5. Bridget Fosburg, PT:** Ms. Fosburg asked the Occupational and Physical Therapy Sections questions regarding occupational and physical therapy caseload requirements and completing the Individual Family Services Plan. **Reply:** In response to your first question, the Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants (OTA) an occupational therapist (OT) may supervise and does not regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education's Operating Standards states that an OT shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the number of students to whom the therapist provides direct service. Paragraph (I)(1) of rule 3301-51-09 also states that determination of the appropriate ratio for an individual therapist must take into consideration the following: The severity of each eligible child's needs; The level and frequency of services necessary for the children to attain IEP goals/objectives; Time required for planning services; Time required for evaluations including classroom observations; Time required for coordination of the IEP services; Time required for staff development; Time required for follow up; and Travel time required for the number of building served. Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending Intervention Assistance Team (IAT) meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs also must be considered when determining the therapist/student ratio. All students served by an OTA are part of the supervising therapist's caseload. In accordance with ODE's Operating Standards, as well as the Ohio Occupational Therapy Practice Act, OTAs do not have their own caseloads separate from that of the supervising therapist. It is the position of the Occupational Therapy Section that all responsibilities of the OT and OTA, including both direct and indirect service to students, must be considered when determining an appropriate therapist caseload. The number of students to whom the supervising therapist provides direct service must be reduced as the number of assistants a therapist supervises expands, since this increases the number of students for whom the therapist is responsible. The therapist must ensure provision of appropriate services and must not serve and/or supervise service for more students than he/she can provide skilled care, including informed direction of all aspects of the service provided for students by the assistant. The code of ethical conduct requires licensees, regardless of practice setting, to maintain the ability to make independent judgments and strive to effect changes that benefit the client (4755-7-08 (B)(9)). Educational agencies following the requirement of rule 3301-51-09 (I)(1), which states that additional factors must be considered when

determining the appropriate caseload for a therapist, would bring therapist caseloads closer to a level that is in alignment with the therapist providing service only to the number of students that they can provide skilled care as required by their respective professional practice acts. In response to your second question, rule 4755-7-02(A)(3) of the Ohio Administrative Code states the occupational therapist shall assume professional responsibility for development, interpretation and modification of the treatment/intervention plan and the discharge plan. Rule 4755-07-02(B)(9) states that an occupational therapy practitioner shall exercise sound judgment and act in a trustworthy manner in all aspects of occupational therapy practice, and regardless of practice setting, the occupational therapy practitioner shall maintain the ability to make independent judgments, and strive to effect changes that benefit the client. Determining frequency of treatment provided under the occupational therapy plan of care is the responsibility of the evaluating occupational therapist. Inability to provide services at the frequency established in the plan of care can create issues with billing and reimbursement. While it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice, the Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. It is the duty of the Occupational Therapy Section to protect the consumers of occupational therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensing board any entity that places them in a position of compromise with the code of ethical conduct as stated in rule 4755-7-08 (B)(12) of the Administrative Code. Please refer to the Board's website (<http://otptat.ohio.gov>) to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents. The Section recommends two additional resources: Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at [cathy.csanyi@ode.state.oh.us](mailto:cathy.csanyi@ode.state.oh.us), and the Ohio Occupational Therapy Association's pediatrics member support group chair at [www.oota.org](http://www.oota.org). Both may be able to assist you further with some of your questions regarding school-based practice. There is nothing in the Ohio Physical Therapy Practice Act that regulates the size of caseloads. However, the Section requires that in any given period of time, a physical therapist must not provide or supervise care for a higher number of patients than that for which skilled care by licensed practitioners can be delivered. The physical therapist must ensure appropriate patient management based on the unique needs of the children taking into account the complexity of the patient population, travel time, documentation requirements and supervisory responsibilities. Your questions that reference the Individual Family Service Plan (IFSP) do not relate to the Ohio Physical Therapy Practice Act. You may wish to review the Help Me Grow website at <http://www.ohiohelpmegrow.org/> for the laws and rules that govern early intervention services. The Physical Therapy Section also recommends that you contact Ohio Physical Therapy Association Pediatric Special Interest Group for additional assistance. Contact information is available at [http://associationdatabase.com/aws/OPTA/pt/sp/signs\\_pediatrics](http://associationdatabase.com/aws/OPTA/pt/sp/signs_pediatrics). The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding school based practice. You can contact the Ohio Occupational Therapy Association at [www.oota.org](http://www.oota.org). On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS.

### **Old Business**

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

There are no new updates on the supervision ratios. Based on the feedback, the Section determined that there is no great model in place and there is no benefit to change things at this time. The Section added this topic to its 2013 retreat.

#### **IEP FAQ Update**

The Section reviewed the IEP frequently asked question. The Section requested that this FAQ be posted in the next OOTA Newsbreak.

**New Business**

**Board Member Timesheet**

Board members who choose to request compensation for performing official duties outside a regularly scheduled Board meeting must complete the Board Member timesheet to document the date, time, and description of duties performed. Timesheets must be received in the Board office in the pay period when the official duties occurred.

**Ethics Requirements**

The deadline for Board Members to file the financial disclosure form with the Ohio Ethics Commission is April 15, 2013.

**Open Forum**

The Section updated the Board's liaison positions. Mary Lavey will be the CE Liaison and Beth Ball will work on Correspondence with Rebecca Finni.

**Ohio Occupational Therapy Association (OOTA) Report**

There was no formal report.

**Items for Next Meeting**

- Rules Hearing

**Next Meeting Date**

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, March 7, 2013.

**Action:** Rebecca Finni moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 2:20 p.m.

Respectfully submitted,  
*Diane Moore*

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

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

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

**RF:jmr:dm**