



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Occupational Therapy Section*  
*May 16, 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

**Call to Order**

Jean Halpin, Section Chair called the meeting to order at 9:25 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

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

**Approval of Minutes**

**Action:** Jean Halpin moved that the minutes from the March 7, 2013 meeting be approved as submitted. Rebecca Finni seconded the motion. The motion carried.

**Executive Directors Report**

- The Executive Director informed that Section that OBM approved the Board's request to fill the vacant clerk position. The revised position description was approved by DAS. The position should be posted by the end of June.
- The Executive Director informed the Section that the Board received a copy of the summary suspension amendment sponsored by Senator Burke. The amendment accurately reflects the Board's requested language.
- The Executive Director informed the Section that the new licensing system should be ready to test in December 2013.

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

**Discussion of Law Changes**

None

**Administrative Reports**

**Continuing Education Report**

**Action:** Mary Beth Lavey moved that the Section approve 92 applications and denied one application 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 March 7, 2013 through May 16, 2013, taking into account those licenses subject to discipline, surrender, or non-renewal. Beth Ball seconded the motion. Kimberly Lawler abstained from voting on the occupational therapy assistant examination applications for Lyndsey Bigham, Daneille Brown, Shaun Crisp, Perry Fletcher, Betsy Geddis, Sean Goldsmith, Joann McDaniel, and Adina Roberts. The motion carried.

Occupational Therapist – Examination

Allen, Ann	Anderson, Kira	Antill, Kayla
Barker, Lindsay	Becker, Jeremy	Becker, Polly
Bova, Daniela	Boyd, Samantha	Chung, Nakia
Collier, Emily	Cunnington, Jill	Dougherty, Sarah
Dynes, Laurie	Elrich, Patricia	German, Laura
Grimm, Caroline	Hoffmann, Holly	Holdman, Nathen
Holloran, Rachel	Homan, Betsy	Homan, Jason
Horan, Ashley	Journey, Tiffany	Kagarlitskaya, Susanna
Kaple, Jacob	Kippins, Jonathan	Lawler, Brittany
Lukasko, Chelsea	McCabe, Erica	Mencsik, Angela
Miley, Jena	Natal, Alexandria	Nealon, Rebecca
Parkhurst, Bethany	Paulus, Kendra	Payne, Thomas
Peck, Erin	Pesch, Aaron	Peterfish, Justin
Pierpoint, Kira	Podach, Morgan	Prenger, Renee
Roush, Patrick	Schaier, Rachael	Shehane, David
Sherman, Megen	Smaltz, Courtney	Sprague, Kathryn
Spurlock, Casey	Tavernelli, Joanne	Tingler, Laura
Tuente, Lindsey	Vlasenko, Alena	Votino, Maria
Westgerdes, Steven	Yurichak, Kristine	

Occupational Therapy Assistant – Examination

Adams, Lauren	Bartlett, Beth	Benninghoff, Nicole
Bernas, Kamila	Bigham, Lyndsey	Blanton, Jason
Boudreau, Hannah	Brown, Danielle	Brown, Shirley
Caley, Dean	Camp, Carroll	Carosello, Kristen
Chittenden, Nichole	Clifton, Chelsea	Cline, Roxanne
Cowan, Brandy	Crisp, Shaun	Crum, Victoria
Dalessandro, Karissa	DeJesus, Andrea	Drennen, Shawn
Echnat, Erin	Ellefsen, Lynn	Fletcher, Perry
Geddis, Betsy	Gintert, Andrea	Goldsmith, Sean
Hafner, April	Halpern, Rachel	Hill, Robert
Householder, Jenna	Jirka, Kirsten	Kaman, Kathleen
Kelley, Stephanie	Kirby, Allison	Krieg, Mark
Lamarca, Raymond	Lambert, Elizabeth	Lehman, Lisa
Lietzow, Doreen	Litschel, Julia	Machovina, Susan
Marten, Izabela	McDaniel, Joann	Millis, Kimberly
Moffat, Paula	Mooney, Christy	Nichols, Vickey
Nocero, Nicole	Novelli, Janesa	O'Callaghan, Sean
O'Conner, John	Olenik, Tracey	Osburn, Brenda
Parry, Nicole	Peck, Kelsey	Perez, Andrea
Reeder, Timothy	Rehage, Amanda	Rhodes, Amanda
Roberts, Adina	Schulay, Rayann	Sexton, Sarah
Shultz, Susanna	Sigler, Sarah	Stewart, Lisa
Stoper, Jacqueline	Sword, Dora	Toth, Sabrina
Treglia, Tina	Wagner, Christopher	Wahl, Sara
Walder, Sherry	Walter, Ashlee	Williams, Irma

Williams, Nicholas

Occupational Therapist – Endorsement

Anstett, Nicole	Brockbank, Sara	Brodegard, Lydia
Dessler, Esther	Lingg, Kelly	Mainville-Davis, Joan
Morman, Emily	Piccirilli, Michael	Sell, Heather
Smith, Debra	Snyder, Diane	Stuppard, Yvette
Theriault, Carolyn	Thomas, Christine	Verrusio, Barbara
Womack, Jami		

Occupational Therapy Assistant – Endorsement

Dulovich, Tania	Grubic, Gabrielle	Haddon, Natascha
Hanlin, Lori	Huff, Kathleen	

Occupational Therapist – Reinstatement

Wylie, Nancy

Occupational Therapy Assistant – Reinstatement

Abersold, Paula	Miranda, Tonya	Monroe, Jennifer
Morrow, Lori	Villani, Courtney	

Occupational Therapist – Restoration

Retzinger, Deborah	Salmons, Kristin	Sloan, Christa
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Limited License Agreements

Jean Halpin reported the Section received one limited license application since the March 7, 2013 meeting. There are currently twenty-five limited license applications/agreements being monitored.

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 #5243170. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to reinstatement applicant #5243170. Kimberly Lawler seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Catherine Huffer.

Jean Halpin recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5264854. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to restoration applicant #5264854. Kimberly Lawler seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Jennifer Thompson.

Jean Halpin recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5272844. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to restoration applicant #5272844. Kimberly Lawler seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Julie Lufkin.

Jean Halpin recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5272799. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to restoration applicant #5272799. Kimberly Lawler seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Jillian Pelland.

Jean Halpin recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5278026. **Action:** Beth Ball moved that Section grant a limited occupational therapist license agreement to restoration applicant #5278026. Kimberly Lawler

seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Mary Jo Fleishman.

Jean Halpin recommended that the Section deny the request for an extension for occupational therapist limited license agreement for reinstatement file #4903383 based on the documentation provided. **Action:** Kimberly Lawler moved that the Section deny the request for an extension for occupational therapist limited license agreement for reinstatement file #4903383 based on the documentation provided. Beth Ball seconded the motion. Jean Halpin abstained from voting. The motion carried.

Jean Halpin recommended that the Section grant the request for an extension for occupational therapist limited license agreement for endorsement file #5055128 based on the documentation provided. In lieu of completing the supervised clinical practice, the individual has an option to retake the NBCOT certification examination. **Action:** Kimberly Lawler moved that the Section grant the request for an extension for occupational therapist limited license agreement for endorsement file #5055128 based on the documentation provided. In lieu of completing the supervised clinical practice the individual has an option to retake the NBCOT certification examination. Beth Ball seconded the motion. Jean Halpin abstained from voting. The motion carried.

Jean Halpin recommended that the Section grant the request for an extension for occupational therapy assistant limited license agreement for reinstatement file #5068043 based on the documentation provided. In lieu of completing the supervised clinical practice the individual has an option to retake the NBCOT certification examination. **Action:** Kimberly Lawler moved that the Section grant the request for an extension for occupational therapy assistant limited license agreement reinstatement file #5068043 based on the documentation provided. In lieu of completing the supervised clinical practice, the individual has an option to retake the NBCOT certification examination. Beth Ball seconded the motion. Jean Halpin and Mary Lavey abstained from voting. The motion carried.

#### Assistant Attorney General's Report

Yvonne Tertel, AAG, reported that the Section is doing great with deliberations. Ms. Tertel informed the Section that in order to protect the attorney/client privilege, she will provide the Section with written communications regarding legal strategies for certain types of cases/issues.

#### Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened four cases and closed three cases since the March 7, 2013 meeting. There are currently seventeen cases open. There is one consent agreement and two adjudication orders being monitored.

#### Enforcement Actions

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-015 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-015 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for, Jamey Sandys, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-016 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-016 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for, Mark Dietz, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-017 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-017 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for, Hema Ghutadaria, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-018 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-018 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for, Jessica Beck, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-020 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-020 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for, Charles Saffron, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-021 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-021 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for, Amber Roberts, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-022 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-022 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for, Rebecca Chapman, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-023 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-023 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for, Danielle Schmidt, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY13-025 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY13-025 in lieu of going to hearing. Beth Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for, Judith Vrooman, OTA.

### **Correspondence**

- Kate Sigafos, OTR/L:** Ms. Sigafos asked the Section what constitutes an occupational therapy evaluation. **Reply:** The scenario you describe includes initial screening by the occupational therapist as to whether a newly admitted client would be appropriate for and warrant further evaluation by occupational therapy. A screen can be performed by anyone, and does not require the skills of a licensed occupational therapy practitioner. As you described it, the screen being provided upon admission does not constitute an evaluation. An individualized occupational therapy treatment/intervention plan should include client-specific goals, intervention approaches, types of interventions to be used, and outcome measures. The occupational therapy assistant may not initiate treatment prior to establishment of an intervention plan by the occupational therapist. 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. Rule 4755-7-08 (C) of the Ohio Administrative Code states that: (1) A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to: (a) Failing to assess and evaluate a client's status or establishing an occupational therapy intervention plan prior to commencing treatment/intervention of an individual client. (b) Providing treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client. (c) Providing substandard care as an occupational therapy assistant by exceeding the authority to perform components of interventions selected by the supervising occupational therapist. 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.
- Brian Comminos, OTA:** Mr. Comminos asked the Section if occupational therapy assistants can supervise two level two occupational therapy students at the same time. **Reply:** Although there is not a specified limit for how many Level II student occupational therapy assistants an occupational therapy assistant may

supervise at one time, rule 4755-7-08 (B)(13) of the Ohio Administrative Code states that a licensee shall provide appropriate supervision to individuals for whom the practitioner has supervisory responsibility. Rule 4755-7-04 of the Administrative Code addresses the supervision of occupational therapy assistant students: Supervision must ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the: (1) Occupational therapy assistant; (2) Student occupational therapist; (3) Student occupational therapy assistant; and (4) Unlicensed personnel. (E) Student occupational therapy assistant. (1) A student occupational therapy assistant shall be supervised by an occupational therapist or occupational therapy assistant who has completed at least one year of clinical practice as a fully licensed occupational therapist or occupational therapy assistant. (H) Any documentation written by an occupational therapy assistant, student occupational therapist, or student occupational therapy assistant for inclusion in the client's official record shall be co-signed by the supervising occupational therapist. As the supervising occupational therapist is ultimately responsible for all supervised occupational therapy assistants **and** their students, the decision of how many is acceptable should be a collaborative one with your supervising occupational therapist. The Section recommends that you review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of students. You may also want to contact the institution you will be receiving students from and contact the academic fieldwork coordinator to review their guidelines for student placement.

3. **Rhonda Johnson, OTR/L:** Ms. Johnson asked the Section for clarification on documenting treatment orders for Medicare B patients. **Reply:** Development of the client's intervention plan following evaluation includes establishment of appropriate frequency and duration of treatment. Rule 4755-7-08 (C) of the Ohio Administrative Code states that: (1) A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to: (b) Providing treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client. While the Ohio Occupational Therapy Practice Act is not specific about the components of the intervention plan related to frequency and duration, 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. The Section recommends that you refer to Medicare policies for specific guidelines regarding this requirement. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.
4. **Kristen Price, OTA:** Ms. Price asked the Section what rules relates to occupational therapy/occupational therapy assistant collaboration and to documents collaboration. **Reply:** Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. The occupational therapy assistant is also responsible for making sure the supervising occupational therapist possesses a current license to practice occupational therapy prior to providing supervision of occupational therapy treatment. Supervision/collaboration requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation and collaboration with the occupational therapy assistant at all times. Supervision is an interactive and collaborative process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client's treatment plan without first consulting with the evaluating and/or supervising occupational therapist of record. The evaluating and/or supervising occupational therapist of record must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place.
5. **Alex Andrich, O.D.:** Dr. Andrich asked the Section whether occupational therapists can evaluate and assign diagnosis/diagnosis codes. **Reply:** It is the position of the Occupational Therapy Section that establishing a treatment code to describe the condition the occupational therapy intervention/treatment plan

is addressing does fall within the responsibility of an occupational therapy practitioner as described in rule 4755-7-02 (A)(3) of the Ohio Administrative Code. Please be advised that there are a large number of therapy oriented ICD-9 codes to choose from. If you are not able to find an appropriate ICD-9 code on your listing, further research is recommended to identify a more appropriate code. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Acts.

6. **Susan Hey, OT:** Ms. Hey asked the Section whether it is acceptable for an occupational therapist to write IEP recommendations based on the scenario provided. **Reply:** The initial response from May 1, 2013, remains the same. You are correct that it would be unacceptable practice under current licensure law to provide an intervention plan for a student you have never seen based on outdated information. Rule 4755-7-08 (C) of the Ohio Administrative Code states that: (1) A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to: (a) **Failing to assess and evaluate a client's status or establishing an occupational therapy intervention plan prior to commencing treatment/intervention of an individual client.** (b) Providing treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client. (14) A licensee shall provide accurate and relevant information to clients about the clients' care and to the public about occupational therapy services. The Section also recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at [cathy.csanyi@ode.state.oh.us](mailto:cathy.csanyi@ode.state.oh.us), and the Ohio Occupational Therapy Association's pediatrics member support group chair at [www.oota.org](http://www.oota.org). Both may be able to assist you further with some of your questions regarding school-based practice.
7. **Kevin Hershberger, PT:** Mr. Hershberger asked the Section whether occupational therapy assistants can complete progress notes. **Reply:** As you referenced in rule 4755-7-02 of the Ohio Administrative Code, the roles and responsibilities of the occupational therapist and occupational therapy assistant are as follows: (B) Occupational therapy assistant. (2) The occupational therapy assistant may independently: (a) Select the daily modality of choice according to the established treatment/intervention plan. (b) Document the progress and outcomes summary. (3) The occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation. Documentation of progress would be within the scope of an occupational therapy assistant. Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. However, you may wish to refer to Medicare and other third party payer policies to determine what they require. Insurer policies and/or federal regulations may be more or less restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies. 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. **Michelle Howard:** Ms. Howard asked the Section whether there are specific requirements for providing therapy/tutoring services privately. **Reply:** The requirements for provision of occupational therapy services are consistent across practice settings. If you are representing yourself as an occupational therapist and/or your services as related to your skills as an occupational therapist (regardless of payer source), each client would require an evaluation and plan of care. 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. Additionally, rules 4755-7-08 (C)(13) and (15)(a) of the Ohio Administrative Code require a licensee to advocate for clients to obtain needed services through available means, and that licensees shall obtain informed consent from clients. If you decide to bill for your services through a third party payer, the Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

9. **Robin Kirschenbaum, OTR/L:** Ms. Kirschenbaum asked the Section questions regarding occupational therapy productivity expectations. **Reply:** The Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants (OTA) an occupational therapist (OT) may supervise and does not regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. 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. Potentially, any licensee who violates the provisions of the Ohio Occupational Therapy Practice Act could be disciplined by the Ohio OTPTAT Board. The Section encourages you to formally contact your employer's Ethics and Compliance Department with your questions and concerns. The Section also recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at [cathy.csanyi@ode.state.oh.us](mailto:cathy.csanyi@ode.state.oh.us), and the Ohio Occupational Therapy Association's pediatrics member support group chair at [www.oota.org](http://www.oota.org). Both may be able to assist you further with some of your questions regarding school-based practice.
10. **Christine Grubbs, OTA:** Ms. Grubbs asked the Section whether it is ethical for occupational therapists to bill for functional maintenance program, if the long term care resident was at the maximum function level. **Reply:** Medicare regulations currently state that the restoration potential of a patient is not the deciding factor in determining whether skilled services are needed. Even if full recovery or medical improvement is not possible, a patient may need skilled services to prevent further deterioration or preserve current capabilities (42 C.F.R. § 409.32(c)). A recent settlement agreement of a nationwide class-action lawsuit (*Glenda Jimmo et al vs. Kathleen Sebelius*) states that skilled nursing and therapy coverage does not turn on the "presence or absence of an individual's potential for improvement from the nursing care, but rather on the beneficiary's need for skilled care." Some providers interpret this to include functional maintenance program provision (as a part of skilled occupational therapy services) after the point at which the client is

no longer requiring services. Any coverage changes from a Medicare standpoint would be considered a payer issue, not a licensure issue, and therefore outside the jurisdiction of this board. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. *However*, in response to your practice questions, several points can be made regarding ethical provision of occupational therapy services within any practice setting. As stated in rule 4755-7-08 (C) of the Ohio Administrative Code: (1) A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to: (b) Providing treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client. (13) A licensee shall advocate for clients to obtain needed services through available means. (16) A licensee shall safeguard the public from underutilization or overutilization of occupational therapy services. Provision of services under a third party payer that do not require the skills of an occupational therapy professional (such as a maintenance program) would not be supported by rule 4755-7-08 (C)(1)(b). If, in his/her professional opinion, the occupational therapist does not expect the client to further benefit from continuing occupational therapy services, the occupational therapist must clearly document and communicate to the interdisciplinary team that the therapist disagrees with continuing occupational therapy services. If the manager, interdisciplinary team, and/or client/client's family decides to continue occupational therapy services after such communication, the occupational therapist may continue to provide services after the client is made aware that no further benefit is expected. In this situation, the occupational therapist would not be in violation of rule 4755-7-08 (C)(1)(b).

11. **Brooke Coriell, OT:** Ms. Coriell asked the Section whether it is appropriate for occupational therapists to sign off on a preadmission screening for inpatient rehab using the therapist's OT credentials. **Reply:** In the scenario you describe, your completion of the pre-assessment form requires your credentials, despite the fact that you are not providing or billing direct occupational therapy services to the client. This type of service provision is more consultative in nature. It is recommended that you continue to use your credentials as long as the assessment you are providing requires completion by a licensed professional.
12. **Jeff Perrier:** Mr. Perrier asked the Section whether occupational therapists from Canada can perform occupational therapy functional assessment in Ohio. **Reply:** Pursuant to rule 4755-3-09(A) of the Ohio Administrative Code, only individuals licensed by the Occupational Therapy Section of the board shall practice or offer to practice occupational therapy services within the State of Ohio. Under Ohio law, an occupational therapy practitioner performing a functional assessment for individual clients or groups must follow the laws and rules governing occupational therapy practice if the services are represented as occupational therapy, if the provider is identified as an occupational therapist, or if he/she signs "OT" after his/her name. If any of these conditions exists, the occupational therapist must have a valid Ohio license to practice occupational therapy within the state of Ohio.

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

- JB1. **Shannon Dunn, PT:** Ms. Dunn asked the Occupational and Physical Therapy Sections if occupational and physical therapists can flush a clients' feeding tube. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from disconnecting/reconnecting feeding tubes as part of the occupational therapy treatment/intervention plan, provided that the occupational therapist has received training, and demonstrated and documented competence in this activity. There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from disconnecting/reconnecting feeding tubes. As with any procedure, the physical therapist must have training and demonstrate competency in the modality. The manner in which the training is obtained and competency demonstrated are not addressed in the Practice Act.
- JB2. **Lori Horvath:** Ms. Horvath asked the Occupational and Physical Therapy Sections if occupational therapy assistants and physical therapists assistants can identify the need for a home modification. **Reply:** Pursuant to section 4755.04 (C) of the Revised Code and rule 4755-7-03 (A) of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather objective information and report observations, with or without the client and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations. A home assessment may be performed by

an occupational therapy assistant (OTA) with a current client under an established occupational therapy treatment/intervention plan. The OTA can gather objective information and report observations, with or without the client and/or occupational therapist (OT) present. It is the responsibility of the OT to interpret the data gathered by the OTA and collaborate with the OTA to make recommendations. Any collaboration between the OT and OTA must be reflected in client documentation. A home assessment is an assessment typically performed prior to discharge home from an inpatient or skilled nursing rehabilitation setting. It is primarily performed to determine equipment and environmental needs for the client's safety at home. It is not an evaluation performed within home health services. A home assessment may be performed by an occupational therapy assistant with a current client under an established occupational therapy treatment/intervention plan. The occupational therapy assistant can gather objective information and report observations, with or without the client and/or occupational therapist present. It is the responsibility of the occupational therapist to interpret the data gathered by the occupational therapy assistant and collaborate with the occupational therapy assistant to make recommendations. Any collaboration between the occupational therapist and occupational therapy assistant must be reflected in client documentation. A home modification assessment is the sole responsibility of the physical therapist. However, prior to the completion of a home modification assessment, the physical therapist assistant may go into the home, without patient involvement, to perform an environmental survey (architectural barriers, floor plan, etc.). If the patient is going into his/her home environment and his/her function in the home is being assessed, this assessment must be performed by a physical therapist. A physical therapist assistant may continue an established treatment plan of functional activities in the home or other non-clinical environment or may complete an environmental checklist once the patient assessment has been completed.

**JB3.** **Sara Erwin, OT:** Ms. Erwin asked the Occupational and Physical Therapy Sections whether occupational and physical therapists can serve as department supervisors. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that dictates if a physical therapist can serve as a supervisor of a therapy department. However, it is the position of the Physical Therapy Section that the physical therapist has ultimate responsibility for all care and services delivered as physical therapy. If the recipient of services is under the understanding that the treatment, care, or education is physical therapy, the physical therapist rendering such care or supervising such care is the responsible provider. The physical therapist then must assure that the care is provided according to sections 4755-27-01 through 4755-27-05 of the Ohio Administrative Code, that treatments are rendered according to safe and ethical standards, and are of a type and quality to be effectual to the client's needs. There is nothing in the Ohio Occupational Therapy Practice Act that speaks to specific requirements for an occupational therapy practitioner in a managerial role. Your employer would ensure that you meet the necessary requirements from an employment perspective to manage the department. Many occupational therapy practitioners successfully serve in this capacity. You may wish to contact 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/or 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 serving in a managerial capacity in school-based practice.

### **Old Business**

#### **Retreat Planning**

The Section retreat agenda will include discussions regarding the limited license requirements, telerehabilitation, telesupervision, consultative role of occupational therapy, and updates to the strategic plan.

### **New Business**

#### **Types of CE Activities that Meet the Jurisprudence Standard**

The Section discussed types of activities that could meet the jurisprudence standards. Examples given were, changes in the Ohio Department of Education operational standards, changes in Medicare regulations, and billing requirements tied to regulations. Continuing education activities that pertain to regulatory compliance in nature and training competencies that applies to compliance in occupational therapy practice would meet the jurisprudence standards.

### **Open Forum**

None.

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

There was no formal report.

**Items for Next Meeting**

- Five Year Rule Review

**Next Meeting Date**

The next regular meeting date of the Occupational Therapy Section is scheduled for Wednesday, July 24, 2013.

**Action:** Kimberly Lawler moved to adjourn the meeting. Mary Beth Lavey seconded the motion. The motion carried. The meeting adjourned at 1:10 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**