



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Occupational Therapy Section*  
*March 5, 2015*  
*9:00 a.m.*

**Members Present**

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

**Staff**

Jason Bash, Investigator Assistant  
Lisa Ratinaud, Enforcement Division Supervisor  
Jeffrey Rosa, Executive Director

**Members Absent**

Rebecca Finni, OTR/L

**Legal Counsel**

Melissa Wilburn, AAG

**Guests**

Heather Meredith, OOTA

**Call to Order**

Jean Halpin, Acting Section Chair, called the meeting to order at 9:28 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:** Beth Ann Ball moved that the minutes from the January 15, 2015, meeting be approved as submitted. Kimberly Lawler seconded the motion. The motion carried.

**Discussion of Law and Rule Changes**

The Executive Director informed the Section that the public rules hearing will be held at the May 2015 Section meeting

**Administrative Reports**

**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 January 15, 2015, through March 5, 2015, taking into account those licenses subject to discipline, surrender, or non-renewal. Beth Ann Ball seconded the motion. The motion carried.

**Occupational Therapist – Examination**

Abele, Catherine  
Beyer, Brianne  
Bruskotter, Dana  
Centers, Natalie  
Crofford, Jessica  
Dehne, Shannon

Barnett, Courtney  
Bockmore, Julie  
Burks, Sharda  
Chappell, Joshua  
Deaton, Emily  
DiLiberto, Rosalia

Berthold, Megan  
Bockmore, Trisha  
Cecys, Julie  
Clark, Rachel  
Degen, Rachel  
DiMarino, Dorothy

Dittgen, Emily  
Fries, Jennifer  
Goetz, Monica  
Griffith, Kristen  
Hauser, Kevin  
Holzheimer, Shannon  
Jodzio, John  
Keslar, Katie  
Kruse, Nicole  
Leist, Braden  
Mack, Emily  
McKim, Megan  
Miller, Jenna  
Mueller, Erin  
Peacock, Morgan  
Pilekic, Tomislav  
Richardson, Sarah  
Rozen, Fay  
Sayre Penix, Bethany  
Solomon, Anna  
Stewart, Steven  
Turner, Kelly  
Waits, Craig  
Weaver, Alyssa  
Westfall, Katherine

Farra, Abigail  
Gardner, Jordan  
Good, Elizabeth  
Hammersmith, Megan  
Hill, Ross  
Hwodeky, Nicole  
Johnson, Alyssa  
Kish, Kerry  
Kwiatkowski, Lauren  
Long, Michelle  
Maziarz, Ashley  
McPhie, Kelsey  
Minich, Bethany  
Murphy, Emily  
Peters, Heather  
Poppe, Abigail  
Rodak, Emily  
Rupp, Rachel  
Smith, Brittany  
Stacy, Lauren  
Stolarsky, Halle  
Vorherr, Stephanie  
Walden, Kristin  
Weber, Meagan  
Wiswell, Alison

Freytag, Emily  
Gipson, Nicole  
Goodwin, Meredith  
Hanood, Cori  
Holubeck, Ann  
Iannarelli, Paolo  
Kaufman, Brooke  
Krechting, Julie  
Leighty, Ericka  
Loutzenhiser, Jo  
McAlister, Katie  
Milburn, Amanda  
Mount, Katherine  
Ogonek, Clare  
Phelps, Allison  
Reese, Chelsea  
Rost, Heidi  
Sanderson, Samantha  
Snyder, Adam  
Stadelman, Andrea  
Teague, Kayla  
Waechter, Arin  
Walton, Rachel  
Weinfurtner, Suzanne  
Young, Rebecca

Occupational Therapy Assistant – Examination

Ackworth, Ashley  
Bishop, Katelyn  
Brents, Renee  
Clark, Arthur  
Crisp, Ashley  
Ebersole, William  
Hamblin, Kaylee  
Krouse, Hannah  
McCartney, Karen  
Peckens, Mekala  
Wright, Heather

Beard, Cynthia  
Bowman, Michelle  
Brown, Erica  
Clark, Yelena  
Currie, Amanda  
Ely, Alexander  
Heidt, Brandi  
Lacey, Marvin  
Oard, Jenna  
Phelps, Joshua

Bechtel, Ericka  
Boyce, Racheal  
Caltrider, Cassondra  
Coy, Lace  
Dennison, Jennifer  
Ford, Alisha  
Herbert, Angela  
Lange, Pamela  
Park, Cynthia  
Whitaker, Shannon

Occupational Therapist – Endorsement

Burkhardt, Brianne  
King, Shelly  
McCracken, Christina  
Stewart, Hannah

Colavincenzo, Anne  
Lane, Stephanie  
Poremba, Amanda  
Wall, Monica

Garcia, Lina-Maria  
Massimiani, Michelle  
Schott, Courtney

Occupational Therapy Assistant – Endorsement

Derickson, Karen

Dimerling, Summer

Parrish, Detri

Occupational Therapy Assistant – Reinstatement

Clark, Tara

Occupational Therapist – Restoration

Mockbee, Joy

### Limited License Agreements

Jean Halpin reported that the Section received one limited license application and closed zero limited license applications since the January 15, 2015, meeting. There are currently sixteen limited license applications/agreements being monitored.

Jean Halpin reported that Nadia Monti Dos Santos and Leah Hall complied with all terms and conditions and were released from their limited license agreements.

Jean Halpin recommended that the Section approve the request to modify the limited license agreement for occupational therapy assistant restoration applicant #5348393 to retake the NBCOT certification examination in lieu of completing supervised clinical practice. **Action:** Mary Beth Lavey moved that the Section grant the modification of the limited license agreement for occupational therapy assistant restoration applicant #5348393 to retake the NBCOT certification examination in lieu of completing supervised clinical practice. Kimberly Lawler seconded the motion. Jean Halpin abstained from voting. The motion carried.

Jean Halpin recommended that, pursuant to rule 4755-3-05 (D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant restoration applicant #5445176. **Action:** Beth Ann Ball moved that Section grant a limited occupational therapy assistant license agreement to occupational therapy assistant restoration applicant #5445176. Kimberly Lawler seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Bonnie Binzley.

Jean Halpin recommended that the Section grant a three month extension of the limited license agreement for occupational therapist restoration applicant #5272844 based on the documentation provided. **Action:** Kimberly Lawler moved that Section grant a three month extension of the limited license agreement for occupational therapist restoration applicant #5272844 based on the documentation provided. Mary Beth Lavey seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a three month extension for Julie Lufkin. The new deadline to complete the terms of the limited license agreement is June 30, 2015.

### Continuing Education Report

**Action:** Mary Beth Lavey moved that the Section approve 52 applications and denied 2 applications for contact hour approval. Jean Halpin seconded the motion. The motion carried.

### Assistant Attorney General's Report

Melissa Wilburn, AAG, gave a brief report regarding future guidance that the Attorney General's Office will provide to boards and commissions regarding potential impact from the Supreme Court's decision in FTC vs. North Carolina Dental Board.

### Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened three cases and closed four cases since the January 15, 2015, meeting. There are currently twenty-one cases open. There is one consent agreement and one adjudication order being monitored.

Kimberly Lawler reported that Amanda Baron complied with all terms and conditions and was released from her consent agreement.

### Enforcement Actions

Kimberly Lawler recommended that the Section accept consent agreement OT FY12-014 in lieu of going to hearing. **Action:** Jean Halpin moved that the Section accept consent agreement OT FY12-014 in lieu of going to hearing. Mary Beth Lavey seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Deborah Kendig, OT.

Kimberly Lawler recommended that the Section accept consent agreement OT FY14-022 in lieu of going to hearing. **Action:** Jean Halpin moved that the Section accept consent agreement OT FY14-022 in lieu of going to hearing. Mary Beth Lavey seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Kathleen Fox, OT.

Kimberly Lawler recommended that the Section accept consent agreement OT FY15-022 in lieu of going to hearing. **Action:** Jean Halpin moved that the Section accept consent agreement OT FY15-022 in lieu of going to hearing. Mary Beth Lavey seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Craig Sabo, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY15-023 in lieu of going to hearing. **Action:** Mary Beth Lavey moved that the Section accept consent agreement OT FY15-023 in lieu of going to hearing. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Jack Griner, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY15-024 in lieu of going to hearing. **Action:** Jean Halpin moved that the Section accept consent agreement OT FY15-024 in lieu of going to hearing. Mary Beth Lavey seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Heidi James, OTA.

Kimberly Lawler recommended that the Section accept consent agreement OT FY15-025 in lieu of going to hearing. **Action:** Mary Beth Lavey moved that the Section accept consent agreement OT FY15-025 in lieu of going to hearing. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Melinda Morrison, OTA.

### **Correspondence**

- 1. Shelly Boldman, OTR/L:** Ms. Boldman asked the Section for guidance on supervising occupational therapy assistants and caseloads in a skilled nursing facility. **Reply:** It is the position of the Occupational Therapy Section that unless the occupational therapy treatment/intervention plan, which includes frequency of treatment, was transferred to the PRN occupational therapist, changes should not be made by anyone except the supervising occupational therapist. As the therapist of record on the recertification, you would be the therapist who would determine the needed services for this client and the supervising therapist. To correct this error, an addendum note should clarify your initial determination regarding the needed times of service and/or a clarification telephone order. Facility specific protocols regarding role delineations and supervision may help prevent future issues on these matters. If, for any reason, you as the evaluating occupational therapist were no longer available to provide and supervise the occupational therapy care, the client must be transferred by you as the occupational therapist of record to another occupational therapist. If you transferred care to the PRN therapist who changed the time, the sole supervisory responsibility is theirs. In this understanding of the scenario, you, as the occupational therapist of record, terminated any further professional relationship with that client and transferred your responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Job sharing benefits from a facility specific plan which delineates roles and responsibilities. Your next question appears to address co-signing notes for occupational therapy assistants without direct knowledge of the client. 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. However, the Section recommends that you review the facility and payer policies, as they may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act. Also, for further guidelines, please contact Tina Young, Older Adult SIS Coordinator at the Ohio Occupational Therapy Association (<http://www.oota.org>).
- 2. Cindy Hudson, OTR/L:** Ms. Hudson asked the Section if occupational therapy assistants can write down a verbal order from a physician. **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 occupational therapy assistants may gather objective information which would include information

provided by the physician. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret, evaluate, make recommendations and write the treatment/intervention plan. The orders, prescriptions, or referrals must be followed up in writing with the referring practitioner's signature for inclusion in the patient's official record.

3. **Kate McCausland, OTR/L:** Ms. McCausland asked the Section questions regarding documentation and signature requirements for group therapy performed by occupational therapy practitioners. **Reply:** Because there is no billing issue in this situation, attendance and group response are the only documented data. Therefore, the system issue of titles being included in this data should not be a problem. The words, "this interaction was not part of a Plan of Care" could be included in the documentation.
4. **Donna Koshiba, OTR/L:** Ms. Koshiba asked the Section if occupational therapy practitioners can perform suctioning, change tubing, and provide patient education on use of suctioning device. **Reply:** There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapist from performing suctioning for patients with tracheostomy tubes. The occupational therapist must document and demonstrate competency in the technique being administered, and must be practicing within the occupational therapy scope of practice. If these services 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. This would also apply to any of the procedures which were referenced in your letter. However, third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.
5. **Julie White, OTR/L:** Ms. White asked the Section if occupational therapists can read and interpret an EKG monitor to assess patient function during cardiac rehabilitation/intervention. **Reply:** There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapist from reading an EKG monitor and interpreting the results. The occupational therapist must document and demonstrate competency in the technique being administered and must be practicing within the occupational therapy scope of practice. If the service 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. However, third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.
6. **Kristy Pegg, OTR/L:** Ms. Pegg asked the Section questions regarding occupational therapy continuing education eligibility and approval process. **Reply:** It appears that your hour of hand study would qualify for continuing education under rule 4755-9-01 since it meets the criteria established in paragraph (B) of the rule, since it contributes directly to professional competency, relates directly to the clinical practice, management, or education of occupational therapy practitioners, and is conducted by individuals who have demonstrated expertise in the subject matter of the program. The rule goes on to state that prior approval from the Occupational Therapy Section is not required if the standard listed above has been met. Proof of content shall be demonstrated by the original workshop or conference brochure, agenda, notes, or materials given to participants during the presentations.
7. **Leora Smalley, OTA/L:** Ms. Smalley asked the Section if occupational therapy assistants can make a splint and bill for it without an occupational therapist in the facility. **Reply:** As long as the occupational therapist has recommended that the prescription for the splint be filled following an occupational therapy evaluation and collaborated with the assistant on the determination of need, the assistant may fabricate and apply the splint following the development of the treatment/intervention plan. The occupational therapy practitioners should be able to demonstrate and document competency in splint fabrication. 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.
8. **Deborah Taylor:** Ms. Taylor asked the Section if occupational therapist in a home health stand alone once nursing and physical therapy have pulled out. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits occupational therapy from being the sole service provided in any setting. However, third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies. It is not within the jurisdiction of the Occupational Therapy Section to render

billing and reimbursement advice. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. For further specific guidelines, contact the Ohio Occupational Therapy Association, 3<sup>rd</sup> Party Member (<http://www.oota.org>) or the Reimbursement Department of the American Occupational Therapy Association (<http://www.aota.org>). For information regarding speech therapy, you will need to contact the Ohio Board of Speech-Language Pathology and Audiology at <http://slpaud.ohio.gov>.

### **Joint Correspondence**

**JB1. Jennifer Bluck, PT:** Ms. Bluck asked the Occupational and Physical Therapy Sections questions regarding supervision requirements for occupational therapy assistants and physical therapist assistants. **Reply:** This letter is in response to your correspondence regarding supervision requirements for occupational therapy assistants and physical therapist assistants. Please be aware that the regulation of these professions is undertaken by two separate entities. In accordance with rule 4755-27-04 (C)(2) of the Administrative Code, supervision of the physical therapist assistant does not require that the supervising physical therapist be physically on-site. The supervising physical therapist must be available by telecommunication at all times and able to respond appropriately to the needs of the patient. Third party payer policies may be more or less restrictive than the Ohio Physical Therapy Practice Act. You should always follow the more restrictive requirements when they differ. In all practice settings, the performance of selected interventions by the physical therapist assistant must be consistent with safe and legal physical therapy practice. In addition, the following factors must be taken into account: Complexity and acuity of the patient's/client's needs; Proximity and accessibility to the physical therapist; Supervision available in the event of emergencies or critical events; Type of setting in which the service is provided. 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. Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.

**JB2. Katie Russell, PTA:** Ms. Russell asked the Occupational and Physical Therapy Sections questions regarding occupational and physical therapists releasing professional liability from a caseload. **Reply:** Pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Ohio Administrative Code. Paragraph (B)(5)(h) of this rule cites "Abandoning the patient by inappropriately terminating the patient practitioner relationship by the licensee" as a "failure to adhere to the minimal standards of acceptable prevailing practice." It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services, the evaluating physical therapist must transfer the patient to another physical therapist. This includes situations where a physical therapist's sole responsibility is to evaluate a patient either due to temporary coverage or as terms of their employment. The evaluating physical therapist in this instance must complete and document the transfer of their responsibilities to another physical therapist to provide and supervise the physical therapy services for the patient. Termination of care does not include a physical therapist taking regularly scheduled days off or job sharing. Each physical therapy practice should determine a system that will allow for this transfer of care in situations where a physical therapist is

terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are delegated to physical therapy personnel, including co-signing physical therapist assistant documentation. If the patient is not transferred to another physical therapist, the evaluating physical therapist is responsible for the overall care of the patient including the supervision of any physical therapy personnel providing services to that patient. For occupational therapists, the law is similar. In accordance with rule 4755-7-08 (C)(2) of the Ohio Administrative Code, a licensee shall transfer the care of the client, as appropriate, to another health care provider in either of the following events: (a) Elective termination of occupational therapy services by the client; or (b) Elective termination of the practitioner-client relationship by the licensee. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the client must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a client and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that client and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the client/therapist relationship. That transfer of care must be documented in the client's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the client is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the client, including the supervision of any occupational therapy personnel providing services to that client.

**JB3. James Boylen, OTR/L:** Mr. Boylen asked the Occupational and Physical Therapy Sections questions regarding transferring occupational and physical therapy plan of care. **Reply:** Pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Ohio Administrative Code. Paragraph (B)(5)(h) of this rule cites "Abandoning the patient by inappropriately terminating the patient practitioner relationship by the licensee" as a "failure to adhere to the minimal standards of acceptable prevailing practice." It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services, the evaluating physical therapist must transfer the patient to another physical therapist. This includes situations where a physical therapist's sole responsibility is to evaluate a patient either due to temporary coverage or as terms of their employment. The evaluating physical therapist in this instance must complete and document the transfer of their responsibilities to another physical therapist to provide and supervise the physical therapy services for the patient. Termination of care does not include a physical therapist taking regularly scheduled days off or job sharing. Each physical therapy practice should determine a system that will allow for this transfer of care in situations where a physical therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are delegated to physical therapy personnel, including co-signing physical therapist assistant documentation. If the patient is not transferred to another physical therapist, the evaluating physical therapist is responsible for the overall care of the patient including the supervision of any physical therapy personnel providing services to that patient. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the client/therapist relationship. That transfer of care must be documented in the client's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the

transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the client is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the client, including the supervision of any occupational therapy personnel providing services to that client.

- JB4. Robin Pearce, OTA:** Ms. Pearce asked the Occupational and Physical Therapy Sections for clarification on when to discharge a client, if the client is reached maximum potential and the payor source wants to continue treatment. **Reply:** The physical therapist's professional judgement determines the patient's readiness for discharge. It is the position of the Physical Therapy Section that physical therapists have a legal and ethical obligation to make every effort to follow through with the plan of care established for the patients. Pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Administrative Code. Paragraph (B)(9) of rule 4755-7-08 of the Administrative Code states that an occupational therapy practitioner shall exercise sound judgment and act in a trustworthy manner in all aspects of occupational therapy practice. Regardless of practice setting, the occupational therapy practitioner shall maintain the ability to make independent judgments. A licensee shall strive to effect changes that benefit the client. Paragraph (C)(16) of this rule states that a licensee shall safeguard the public from underutilization or overutilization of occupational therapy services. You may also wish to review information about the *Jimmo v Sebelius* settlement agreement at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/Jimmo-FactSheet.pdf>. 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) of the Administrative Code.
- JB5. Sue Salamido:** Ms. Salamido asked the Occupational and Physical Therapy Sections if only licensed occupational and physical therapists can perform range of motion exercises on medically fragile students. **Reply:** Yes, you are correct that performing range of motion exercises on medically fragile students *may constitute physical therapy*. All the laws and rules governing the practice of physical therapy would apply. However, the activities that teachers and educational personnel complete during the school day are not physical therapy services and must not be represented as such. These activities may include range of motion if the supervising physical therapist feels the unlicensed individual has demonstrated competency to perform this activity. Rule 4755-27-03(C) of the Ohio Administrative Code identifies writing the plan of care as a responsibility that the physical therapist performs and that cannot be delegated to others. Physical therapists who work in a school setting must write a plan of care that is separate from the IEP indicating how services will be provided to support the goals and benchmarks that the IEP team has determined require physical therapy services for successful completion. Part of this plan of care may be to instruct the teacher and educational aides or attendants in activities to be completed on a daily basis such as a home program would be designed for the parents. In accordance with rule 4755-7-03 (D) of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of clients, and preparation of work area, assisting with client's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. (1) Unlicensed personnel may only perform specific tasks which are neither evaluative, task selective, nor recommending in nature. The occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant may delegate such tasks only after ensuring that the unlicensed personnel has been appropriately trained for the performance of the tasks. As range of motion is not in the specified limited list above, it may be performed by unlicensed personnel after appropriate training.
- JB6. Rebecca Sparks, PT:** Ms. Sparks asked the Occupational and Physical Therapy Sections if occupational and physical therapy practitioners required to obtain a NPI number. **Reply:** It is the position of the Ohio Occupational Therapy Section that an occupational therapy practitioner is required to hold a valid, current

license in the State of Ohio to serve any clients residing in Ohio. The Occupational Therapy Section does not have a requirement for licensees to obtain a National Provider Identifier. However, other agencies, accrediting bodies, and/or reimbursement agencies may have additional requirements and guidelines that need to be met for accreditation and/or reimbursement of occupational therapy services. A requirement to obtain an NPI would appear to fall into this category. A physical therapist is required to comply with governmental and payer policies in billing procedures. Your question regarding the use of NPI numbers relates to payer policies rather than to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you consult with the payer. According to section 4755.56 (C) of the Ohio Revised Code; Each physical therapist licensed under this chapter who renders or supervises physical therapy, and each health care professional licensed in this state who renders services in accordance with section 4755.50 of the Revised Code designated as physical therapy, shall provide a patient, when the patient is responsible for submitting a claim to a governmental health care program or third-party payer, with the physical therapist's or health care professional's national provider identifier and a written explanation of the provisions of divisions (B)(1) and (D) of this section. You can obtain additional information about the NPI at: <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html?redirect=/NationalProvIdentStand/>. You can submit an online application for the NPI at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. 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. "L" should not be used in front of "PT" or "PTA" since no one may use the "PT" or "PTA" credential in Ohio without a valid license.

### **Old Business**

#### **Review Aging Limited License Agreements**

The Section tabled this item until the July 2015 Section meeting.

#### **Review Consultative Model FAQ**

The Section made revisions to the consultative model FAQ.

#### **Retreat Planning**

The Section will hold the Section retreat on June 3, 2015. The retreat will be held at the OhioHealth Westerville Medical Campus, 300 Polaris Parkway, 2<sup>nd</sup> Floor Conference Room, Westerville, Ohio. The retreat will begin at 10:00am.

### **New Business**

#### **Review Other OT Boards' Responses to Consultative Model in OT Practice**

The Section reviewed other OT Boards' responses to consultative model in occupational therapy practice.

### **Open Forum**

There were no items discussed.

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

Heather Meredith had no formal report for the Section.

### **Items for Next Meeting**

- Public Rules Hearing
- Retreat Planning
- Executive Director's Evaluation

**Next Meeting Date**

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, May 14, 2015.

**Action:** There being no objection, Jean Halpin adjourned the meeting at 11:22 a.m.

Respectfully submitted,  
*Diane Moore*

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

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Beth Ann Ball, 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

**BB:jmr:dm**