



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

***Occupational Therapy Section***  
***March 3, 2016***  
***9:15 a.m.***

**Members Present**

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

**Staff**

Tony Tanner, Deputy Director  
Diane Moore, Executive Assistant  
Lisa Ratinaud, Enforcement Division Supervisor  
Shannon Gorey, Investigator  
Jennifer Adams, Investigator Assistant

**Legal Counsel**

Melissa Wilburn, AAG

**Guests**

Jacquelyn Chamberlin, OOTA  
Aya Mukasa

**Call to Order**

Jean Halpin, Section Chair, called the meeting to order at 9:52 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:** Kimberly Lawler moved that the minutes from the January 14, 2015, meeting be approved as amended. Rebecca Finni seconded the motion. The motion carried.

**Executive Director's Report**

- The Executive Director informed the Section that occupational therapy assistant renewal will open earlier to allow time for licensees to renew prior to going live in the new elicense portal in mid-June 2016.
- The Executive Director discussed additional topics that may impact the new elicense system such as the escrow licensure, electronic issuance of wall certificate, and wall certificate display.

**Discussion of Law and Rule Changes**

None

**Administrative Reports**

**Licensure Report**

**Action:** Kimberly Lawler 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 14, 2016, through March 3 2016, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca Finni seconded the motion. The motion carried.

Occupational Therapist – Examination

Ayers, Allyson	Burke, Kathryn	Burns, Alyssa
Celian, Courtney	Comianos, Angela	Coyne, Jessica
Dufresne, Caroline	Peifer, Valerie	Prosser, Jennifer
Puckett, Carrie	Reed, Shannon	Regan, Mallory
Reitter, Holly	Robertson, Linda	Scheid, Kaitlyn
Sherwood, Rebekah	Sritalapat, Danielle	Strelnik, Stephanie
Thomas, Matthew	Vaughn, Taelor	Vorst, Mackenzie
West, James	Wisniewski, Stephanie	

Occupational Therapy Assistant – Examination

Angelo, Pattie	Coomer, Hayley	Notch, Amy
Piatak, Dina	Primes, Sharmekia	Scheiman, Ashly
Scheiman, Kathleen	Schnipke, Tatum	Shilling, Bridget
Simmons, Ashley	Skeels, Darlene	Skinner, Ashley
Sommers, Sandra	Staley, Christine	Steiger, Samantha
Wharton, Mindea	Whitesel, Thomas	Whitt, Blair
Zepp, Lynn		

Occupational Therapist – Endorsement

Petras, Angel	Preston, Beth	Puccio, Alicia
Raina, Ketki	Rittler, Angela	Roffe, Anne
Spangler, Alexandria	Stepanian, Lauren	Viggiano, Michelle

Occupational Therapy Assistant – Endorsement

Pipchok, Lauren	Tucker, Holly	Wilson, Dustin
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Occupational Therapist – Reinstatement

Schroeder, Angela

Occupational Therapy Assistant – Reinstatement

Shepard, Dennis

Occupational Therapist – Restoration

McNutt, Latoya

Kimberly Lawler recommended that the Section grant an extension of the occupational therapist limited license agreement for restoration file 5445176 based on the documentation provided. Action: Rebecca Finni moved that the Section grant an extension of the occupational therapist limited license agreement for restoration file 5445176 based on the documentation provided. Kimberly Lawler abstained from voting. The motion carried. The Section granted an extension for Bonnie Binzley. The deadline to complete the limited license agreement is December 2016.

Continuing Education Report

**Action:** Rebecca Finni moved that the Section approve 47 applications and deny 1 application for contact hour approval. Kimberly Lawler seconded the motion. The motion carried.

**Action:** Rebecca Finni moved that the Section approve the continuing education denial appeal based on new information provided for the course titled *Evidence Based Approach to Human Movement Dysfunction*. Jean Halpin seconded the motion. The motion carried.

Assistant Attorney General's Report

Melissa Wilburn, AAG had no formal report for the Section.

### Case Review Liaison Report

Beth Ann Ball reported that the Enforcement Division opened three cases and closed one case since the January 14, 2016, meeting. There are currently eight cases open. There is one consent agreement and one adjudication order being monitored.

Beth Ann Ball informed the Section that Teresa Sprayberry, OT complied with all terms and conditions and will be release from her disciplinary consent agreement.

### Enforcement Actions

Beth Ann Ball recommended that the Section issue a notice of opportunity for a hearing for case number OT FY16-009 for felony conviction that was not disclosed on the initial application. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for a hearing for case number OT FY16-009 for felony conviction that was not disclosed on the initial application. Kimberly Lawler seconded the motion. Beth Ann Ball abstained from voting. The motion carried.

Beth Ann Ball recommended that the Section issue a notice of opportunity for a hearing for case number OT FY16-011 for falsifying continuing education certificates. **Action:** Kimberly Lawler moved that the Section issue a notice of opportunity for a hearing for case number OT FY16-011 for falsifying continuing education certificates. Rebecca Finni seconded the motion. Beth Ann Ball abstained from voting. The motion carried.

Beth Ann Ball recommended that the Section issue a notice of opportunity for a hearing for case number OT LD16-001 for proposal to deny occupational therapy assistant examination application for revocation of a license to practice in a health care occupation. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for a hearing for case number OT LD16-001 for proposal to deny occupational therapy assistant examination application for revocation of a license to practice in a health care occupation. Mary Beth Lavey seconded the motion. Beth Ann Ball abstained from voting. The motion carried.

The Enforcement Case Review Liaison briefly discussed whether occupational therapy practitioner's licensure requirements pertaining to teaching occupational therapy in an academic program. The Section will review the current rule language for physical therapy and athletic trainer's regarding teaching prior to obtaining licensure.

The Section discussed whether there is a mechanism to remove prior discipline from a licensure record and still have record of the disciplinary action and reporting to the National Practitioner Data Bank. Currently there is no provision that will allow a disciplinary action to be removed from a licensure record. The Section will explore whether the current process is too strict that it impacts the licensee long term. Jean Halpin informed the Section that physicians have a process that will allow the discipline to be cleared but still remain on the license. Jean Halpin will follow up on this topic and how this done with some medical licenses.

### Correspondence

1. **Alex Andrich, OTR/L:** Ms. Andrich asked the Section questions regarding whether an occupational therapist can do a finger stick diabetes test/blood stick in Ohio. **Reply:** It is the position of occupational therapy section that an occupational therapy practitioner who demonstrates and documents the appropriate knowledge, skills and ability to perform finger sticks is practicing within the occupational therapy scope of practice.
2. **Lisa Huckins:** Ms. Huckins asked the Section questions regarding occupational therapy documentation requirements. **Reply:** 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, 2013) when determining documentation of occupational therapy in any setting. 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. 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) 747-2802 or via email at [cathy.csanyi@education.ohio.gov](mailto:cathy.csanyi@education.ohio.gov), 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.

3. **Pete Duff, COTA/L:** Ms. Duff asked the Section questions regarding whether occupational therapy assistants can transfer newly admitted clients prior to being evaluated by an occupational therapist. **Reply:** It is the position of the Occupation Therapy Section that the services you are describing are non-skilled as you are working as an extra set of hands. If the services are being represented as occupational therapy then Rule 4755-7-02 (B) (3) of the Ohio Administrative Code apply; The occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation.
4. **Rita Bushelman, OTR/L:** Ms. Buschelman asked the Section questions regarding re-evaluation requirements for students three year evaluation team report. **Reply:** The Section also recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2802 or via email at [cathy.csanyi@education.ohio.gov](mailto:cathy.csanyi@education.ohio.gov). The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with questions regarding school based concerns. Occupational therapists are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services.
5. **Kathy Armentrout:** Ms. Armentrout asked the Section questions regarding whether occupational therapy practitioners can remove oxygen tubing from a wall unit to a portable tank prior to transporting a patient. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Acts that prohibits occupational therapy practitioners from administering oxygen, changing oxygen tanks, or making the change between a tank and a concentrator provided that the occupational therapy practitioners received training and demonstrate competence in this activity. Please refer to your facility guidelines regarding administering oxygen as they may be more restrictive than the Ohio Occupational Therapy Practice Act.
6. **Stephanie Brenner, PT, DPT:** Dr. Brenner asked the Section questions requesting clarification occupational therapy supervision ratios. **Reply:** As of July 1, 2015 there is no longer ratios for the number of occupational therapy assistant's an occupational therapist can supervise. Thank you for bringing forth the out dated information about the FAQ to our attention. It is important for the occupational therapist to consider the following when determining the number of occupational therapy assistant's to supervise: In accordance with rule 4755-7-03 of the Ohio Administrative Code regarding delegation; the supervising occupational therapist shall consider the following when delegating to the occupational therapy assistant: (1) The clinical complexity of the client; (2) The competency of the occupational therapy assistant; (3) The occupational therapy assistant's level of training in the treatment/intervention technique; and (4) Whether continual reassessment of the client's status is needed during treatment/intervention. (5) Notwithstanding paragraphs (A)(1) to (A)(4) of this rule, the occupational therapy assistant may respond to acute changes in the client's condition that warrant immediate action. Pursuant to rule 4755-7-04 of the Ohio Administrative Code, the occupational therapist must provide appropriate supervision and assure that treatments are rendered according to safe and ethical standards.
7. **Kevin Bergeron:** Mr. Bergeron asked the Section questions regarding whether wound care would fall under the scope of occupational therapy practice. **Reply:** It is the position of the Occupational Therapy Section that occupational therapy practitioners may perform wound care, dressing treatment, and/or suture removal provided the occupational therapy practitioner demonstrates and documents the appropriate knowledge, skills and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice. Please refer to *The American Journal of Occupational Therapy* article on *The Role of Occupational Therapy in Wound Management (Nov/Dec 2013, Volume 67, Number 6 (Supplement))*.
8. **Alisa Hanneman, OTR/L:** Ms. Hanneman asked the Section questions regarding occupational therapy caseload and supervision requirements in school based setting. **Reply:** In response to your first question: As of July 1, 2015, there are no longer a specified number of occupational therapy assistants that an occupational therapist may supervise. It is up the judgment of the occupational therapist on how many assistants they feel qualified to supervise keeping in mind the following; 4755-7-03: Delegation; the supervising occupational therapist shall consider the following when delegating to the occupational therapy assistant: (1) The clinical

complexity of the client; (2) The competency of the occupational therapy assistant; (3) The occupational therapy assistant's level of training in the treatment/intervention technique; and (4) Whether continual reassessment of the client's status is needed during treatment/intervention. (5) Notwithstanding paragraphs (A)(1) to (A)(4) of this rule, the occupational therapy assistant may respond to acute changes in the client's condition that warrant immediate action. Pursuant to rule 4755-7-04 of the Ohio Administrative Code, the occupational therapist must provide appropriate supervision and assure that treatments are rendered according to safe and ethical standards. In regards to your second question: The Ohio Occupational Therapy Practice Act does not regulate caseload levels 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 occupational therapy assistant are part of the supervising therapist's caseload. In accordance with ODE's Operating Standards, as well as the Ohio Occupational Therapy Practice Act, occupational therapy assistants 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.

9. **Kathleen Kristoff, OTR/L:** Ms. Kristoff asked the Section questions requesting clarification on occupational therapist co-signing screens performed by occupational therapy assistants. **Reply:** It is the position of the Occupational Therapy Section that screens, informal screens, or identification of candidates for therapy, may be performed by an occupational therapy assistant. The Section interprets a screen to be only data gathering and non-evaluative in nature. In accordance with rule 4755-7-02 of the Administrative Code, the occupational therapist interprets the data and makes necessary recommendations. All screens must be cosigned by the occupational therapist, and collaboration with the occupational therapist must be documented. Pursuant to rule 4755-7-04 Supervision, (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.
10. **Patricia Cairns, OTR/L:** Ms. Cairns asked the Section questions regarding whether occupational therapist can treat a client based on the physician's documentation in the scenario provided. **Reply:** Occupational

therapists are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services.

11. **Mark Dabney, OT/L:** Mr. Dabney asked the Section questions regarding providing occupational therapy services because of a previous ruling, to a student that does not have occupational therapy as a related service on their IEP. **Reply:** There is nothing in The Ohio Practice Act that addresses this situation directly, however, it is the position of the occupational Therapy Section of the Board that if the occupational therapist is providing services to a student it must be reflected in the IEP. So if OT has not been designated on the active current IEP as a related service, OT may not be provided. Further information would be helpful. If the previous ruling that "missed OT services must be made up", has been released by the parents, they may write/sign a letter to that effect which should be included in the student's permanent record. If the previous ruling was ordered by an outside the district agency such as ODE, it might be best to check with them as to how to proceed. 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) 747-2802 or via email at [cathy.csanyi@education.ohio.gov](mailto:cathy.csanyi@education.ohio.gov), 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.
12. **Rachel Russen, COTA/L:** Ms. Russen asked the Section questions regarding oxygen use in occupational therapy practice. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Acts that prohibits occupational therapy practitioners from administering oxygen, changing oxygen tanks, or making the change between a tank and a concentrator provided that the occupational therapy practitioners received training and demonstrate competence in this activity. Please refer to your facility guidelines regarding administering oxygen as they may be more restrictive than the Ohio Occupational Therapy Practice Act.
13. **Jessica Stinson, COTA/L:** Ms. Stinson asked the Section questions regarding supervision requirements for a newly licensed occupational therapy assistant. **Reply:** 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. 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, intervention plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client's intervention plan without first consulting with the evaluating and/or supervising occupational therapist of record.
14. **Angela Eby, OTR/L:** Ms. Eby asked the Section questions requesting whether occupational therapists can provide wound care in a home care setting. **Reply:** In accordance with section 4755.04 (A) of the Ohio Revised Code and rule 4755-7-08 of the Ohio Administrative Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may perform wound care, dressing treatment, and/or suture removal provided the occupational therapy practitioner demonstrates and documents the appropriate knowledge, skills and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice.
15. **Lisa March, OTR/L, OTD:** Ms. March asked the Section questions requesting clarification on wound care requirements in occupational therapy practice. **Reply:** In accordance with section 4755.04 (A) of the Ohio Revised Code and rule 4755-7-08 of the Ohio Administrative Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may perform wound care, dressing treatment, and/or

suture removal provided the occupational therapy practitioner demonstrates and documents the appropriate knowledge, skills and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice.

16. **Anjanette Pitcock, OTR/L:** Ms. Pitcock asked the Section questions requesting whether an occupational therapist can diagnose a student with dyspraxia. **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 4755-7-3 (A)(3) of the Ohio Administrative Code. Please be advised that there are a large number of therapy oriented ICD-10 codes to choose from. If you are not able to find an appropriate ICD-10 code on your listing, further research is recommended to identify a more appropriate code. The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2802 or via email at [cathy.csanyi@education.ohio.gov](mailto:cathy.csanyi@education.ohio.gov). The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with questions regarding school based issues.
17. **Adam Miller, OT/L:** Mr. Miller asked the Section questions requesting guidance on how an occupational therapist can advocate on continuing occupational therapy services when a client has exhausted insurance coverage. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render billing, reimbursement advice or how advocate continuing occupational therapy services when a client has exhausted insurance coverage. 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.
18. **Brandon Cordes, PT, DPT:** Dr. Cordes asked the Section questions regarding supervision guidelines for newly licensed occupational therapists/occupational therapy assistants working in PRN positions. **Reply:** It is the position of the OT section that it would be advisable to collaborate and/or make arrangements to allow for some overlap of time for a facility to facilitate supervision. Adjusting hours may allow for the supervision to occur in a legitimate manner. The supervising occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. (1) The supervising occupational therapist must provide supervision at least one time per week for all occupational therapy assistants who are in their first year of practice. (2) The supervising occupational therapist must provide supervision at least one time per month (*the weeks she works*) for all occupational therapy assistants beyond their first year of practice.

#### Joint Correspondence

- JB1. **Kellie Murphy:** Ms. Murphy asked the Occupational Trainers and Physical Therapy Sections questions regarding benchmark data on the average number of therapy visits for a patient following a total knee replacement. **Reply:** There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that addresses this topic. You may wish to contact the American Physical Therapy Association, the Ohio Chapter of the APTA, the Centers for Medicare and Medicaid Services and the Joint Commissions.
- JB2. **Cathleen Scheffter:** Ms. Scheffter asked the Occupational and Physical Therapy Sections Athletic questions regarding whether occupational therapy assistants and physical therapist assistants can change the discharge recommendations from SNF to home. **Reply:** It is the position of the Physical Therapy Section that only the physical therapist may make changes to the plan of care including discharge planning. A physical therapist is to see the patient/client upon request of the physical therapist assistant for re-examination, when a change in treatment plan of care is needed, prior to any planned discharge, or in response to a change in the patient/client's medical status. The physical therapist assistant may assess responses to treatments rendered and make statements about progress toward goals as outlined in the plan of care and document this in the assessment portion of the daily or progress note in the medical record. The ultimate responsibility for care of the patient lies with the physical therapist. Relying solely on information gathered by the physical therapist assistant during treatment does not constitute a reassessment, and may not fulfill the physical therapist's obligation to the appropriate standard of care. Likewise, the physical therapist assistant has a legal obligation in the overall care of the patient to make sure the review and assessment is performed by the physical therapist to meet the same standard of care. 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. No, an occupational therapy assistant may not change the discharge recommendations from SNF to home. It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development, as indicated in rule 4755-7-02 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the client documentation. Pursuant to rule 4755-7-02 (B)(1)(b) of the Administrative Code, the occupational therapy assistant may contribute to and collaborate in the preparation, implementation, and documentation of the treatment/intervention plan and the discharge plan. Pursuant to rule 4755-7-04 (H) of the Administrative Code, any documentation written by an occupational therapy assistant, student occupational therapist, or student occupational therapy assistant for inclusion in the client's official record shall be co-signed by the supervising occupational therapist. Third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.

**JB3. Corissa Schroder:** Ms. Schroder asked the Occupational and Physical Therapy Sections questions regarding occupational and physical therapy billing time. **Reply:** There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that addresses this topic. Your question relates to payor policies. The Sections recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association.

### **Old Business**

#### *Continuing Education Credit for Level II fieldwork*

The Section will review how to break down the hours for supervising level two fieldwork.

### **New Business**

#### *2016 OTA Renewals*

The Executive Director informed the Section that the occupational therapy assistant renewal notices will go out early to allow additional time for licensees to renew prior to changing over to the new eLicensing system.

#### *NBCOT Conference*

The NBCOT Conference will be held on May 11-13, 2016 in New Orleans, LA. The Section discussed moving the OT Section meeting to another date to allow Board representatives to attend the conference. The Section agreed to have Beth Ann Ball to attend in lieu of the Section Chair. The Executive Director will also attend the conference.

#### *Retreat Planning*

The Section discussed possible dates for the Section retreat. The Executive Assistant will send out a doodle request for potential dates in June through August 2016.

### **Open Forum**

The Section discussed changing the dates of the May and July 2016 Section meetings. The proposed dates are May 19, 2016 and July 7, 2016.

Rebecca Finni reported that she presented at the Cincinnati State clinical educator's meeting. Rebecca Finni recommended that one of the Board's clinical educators attend this session.

The Section discussed attending the AOTA Conference in April 2016.

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

There was no formal report for the Section

### **Items for Next Meeting**

- Jurisprudence Examination

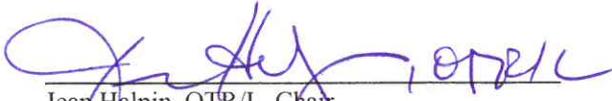
- Retreat Planning

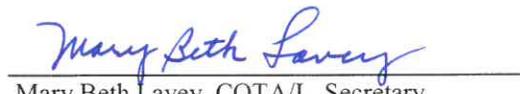
**Next Meeting Date**

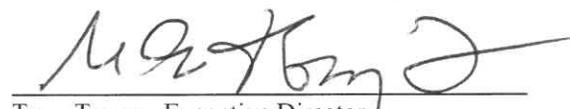
The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, May 5, 2016.

**Action:** There being no further business and no objections, Jean Halpin adjourned the meeting at 11:06 a.m.

Respectfully submitted,  
*Diane Moore*

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

  
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Mary Beth Lavey, COTA/L, Secretary  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, OT Section

  
\_\_\_\_\_  
Tony Tanner, Executive Director  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

MBL:dm