



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Occupational Therapy Section*  
*January 15, 2009*  
*9:20 a.m.*

**Members Present**

Rebecca Finni, OTR/L  
Jean Halpin, OTR/L (arrived @ 10:00 am)  
Kimberly Lawler, OTR/L  
Nanette Shoemaker, COTA/L, Chairperson  
Mary Stover, OTR/L, Secretary

**Legal Counsel**

Yvonne Tertel, AAG

**Staff**

H. Jeffery Barker, Investigator  
Jeffrey Rosa, Executive Director  
Andrew Snouffer, Investigator

**Public Member**

Genevieve Dennison

**Guest**

Jacquelyn Chamberlain (OOTA)  
Jeanne Hannum

**Call to Order**

Nanette Shoemaker, Chairperson, called the meeting to order at 9:20 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.

Nanette Shoemaker welcomed the new public member, Genevieve Dennison.

**Approval of Minutes**

**Action:** Nanette Shoemaker moved to approve the November 18, 2008 minutes as corrected. Rebecca Finni seconded the motion. The motion carried.

**Special Orders**

*Section Chairperson*

Mary Stover nominated Kimberly Lawler as Section Chairperson. **Action:** Mary Stover moved to close nominations. Rebecca Finni seconded the motion. The motion carried. **Action:** Mary Stover moved to elect Kimberly Lawler as Section Chairperson by acclamation. Rebecca Finni seconded the motion. Kimberly Lawler was unanimously elected as Section Chairperson for the period beginning January 15, 2009 and ending immediately after the January 2010 Section meeting.

*Section Secretary*

Rebecca Finni nominated Jean Halpin as Section Secretary. **Action:** Rebecca Finni moved to close nominations. Nanette Shoemaker seconded the motion. The motion carried. **Action:** Rebecca Finni moved to elect Jean Halpin as Section Secretary. Nanette Shoemaker seconded the motion. Jean Halpin was unanimously elected as Section Secretary for the period beginning January 15, 2009 and ending immediately after the January 2010 Section meeting.

Appointment of Liaisons

The 2009 liaisons are:

Continuing Education Liaison: Nanette Shoemaker

Enforcement Division Liaison: Rebecca Finni

Licensure Liaison: Mary Stover

**Action:** Kimberly Lawler moved to authorize the Executive Director to accept or reject consent agreements on the Section's behalf for the period beginning January 15, 2009 and ending on December 31, 2009. Rebecca Finni seconded the motion. The motion carried.

**Action:** Kimberly Lawler moved to authorize the use of signature stamps or electronic signatures by the Section Chairperson, Section Secretary, and the Executive Director for the period beginning January 15, 2009 and ending December 31, 2009. Rebecca Finni seconded the motion. The motion carried.

**Action:** Nanette Shoemaker moved to authorize the Executive Director to make editorial changes to motions for the period beginning January 15, 2009 and ending December 31, 2009. Kimberly Lawler seconded the motion. The motion carried.

**Action:** Nanette Shoemaker moved to authorize the use of hearing officers for the period beginning January 15, 2009 and ending December 31, 2009. Kimberly Lawler seconded the motion. The motion carried.

Administrative Reports

Continuing Education Report

Mary Stover recommended that the Section approve 73 applications and deny 1 application for contact hour approval. **Action:** Mary Stover moved to approve 73 applications for contact hour approval and deny 1 application for contact hour approval. Kimberly Lawler seconded the motion. The motion carried.

Licensure Report

**Action:** Kimberly Lawler moved that the Occupational Therapy Section ratify, as submitted, the licenses and limited permits initially issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board November 18, 2008 through January 15, 2009 to occupational therapists and occupational therapy assistants, pending receipt of any outstanding items and passage of the laws and rules examination, taking into account those licenses subject to discipline, surrender, or non-renewal. Nanette Shoemaker seconded the motion. Nanette Shoemaker abstained from voting on the limited permit occupational therapy assistant applications for: Lequitta Fonenot and Pamela Purk. Kimberly Lawler abstained from voting on the occupational therapy assistant applications for licensure by examination for: Lori Bamfield, Tara Hupp, Valerie Madison, Alicia Makin, and Brooke Markel. The motion carried.

Occupational Therapist – Examination

Kosinski, Elizabeth	Pavlis, Pamela	Ransbottom, Deborah
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Occupational Therapy Assistant – Examination

Bamfield, Lori	Bohland, Amberly	Glover, Laurie
Hupp, Tara	Koppenhofer, Kam	Lucius, Mackenzie
Madison, Valerie	Makin, Alicia	Markel, Brooke
Mummert, Ashley	Oard, Erin	Quinn, Brittany
Rand, Jasmen	Thomas, Anita	Vargas, Sandra

Occupational Therapist – Endorsement

Backus, Susan	Joy, Mary	Paffhausen, Marla
Pederson, Adrien	Schmidt, Karen	Sheets Pokea, Sondra
Stango, Amy	Thomas, Marcy	

Occupational Therapy Assistant – Endorsement

Franklin, Sara	Garcia, Laura	Jourdan, Lisa
Lechleidner, Yolanda	Schram, Tina	



lieu of going to a hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Jeanne Hunt, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-09-007 in lieu of going to a hearing. **Action:** Nanette Shoemaker moved that the Section accept the consent agreement for case OT-09-007 in lieu of going to a hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Leigh Charpie, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-09-011 in lieu of going to a hearing. **Action:** Nanette Shoemaker moved that the Section accept the consent agreement for case OT-09-011 in lieu of going to a hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Christopher Banic, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-09-012 in lieu of going to a hearing. **Action:** Nanette Shoemaker moved that the Section accept the consent agreement for case OT-09-012 in lieu of going to a hearing. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Mary Dean, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-09-013 in lieu of going to a hearing. **Action:** Nanette Shoemaker moved that the Section accept the consent agreement for case OT-09-013 in lieu of going to a hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Danielle Albino, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-09-014 in lieu of going to a hearing. **Action:** Kimberly Lawler moved that the Section accept the consent agreement for case OT-09-014 in lieu of going to a hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Ruth Hagemeyer, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-09-016 in lieu of going to a hearing. **Action:** Nanette Shoemaker moved that the Section accept the consent agreement for case OT-09-016 in lieu of going to a hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Melissa Lewis, OTA.

### **Correspondence**

1. **Shelli Staudt:** Ms. Staudt asked the Section if the job description provided falls within in the scope practice for an occupational therapy assistant working in a school setting. **Reply:** It is the opinion of the Occupational Therapy Section that the employee's license to practice occupational therapy would not be in jeopardy with the job description presented as long as the employee is not representing herself as an occupational therapy assistant and is not providing occupational therapy services. She should not sign any documentation as an occupational therapy assistant and should make it very clear to staff and clients that she is not providing occupational therapy services. To maintain her license, the employee would need to follow current licensure requirements such as continuing education.
2. **Jared Cass:** Ms. Cass asked the Section for clarification on discharging a patient from occupational therapy services. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather and summarize objective information for the discharge summary, with or without the patient 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 for the purpose of discharge plan development. If there is collaboration between the occupational therapy assistant and the occupational therapist, the collaboration must be reflected in the patient documentation. It is the opinion of the Occupational Therapy Section that once a patient has been discharged from occupational therapy services, if more services are ordered, a new evaluation should be completed. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.

3. **Stacey Oldt:** Ms. Oldt asked the Section if it is acceptable for an occupational therapist to write a discharge summary on a patient that the occupational therapist has never evaluated or treated. **Reply:** 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 4755-7-03 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. It is the opinion of the Occupational Therapy Section that the occupational therapist and occupational therapy assistant who treated the client and are responsible for the plan of care, should collaborate on the discharge summary.
4. **Erin Henshaw:** Ms. Henshaw asked the Section if it is in the scope of practice for an occupational therapy practitioner to perform suctioning for patients with tracheostomy tubes. **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.
5. **Martin Pfiester:** Mr. Pfiester asked the Section a follow up question regarding wheelchair evaluations performed by a physical therapist and occupational therapy assistant involvement. **Reply:** The occupational therapy assistant's role is to only gather data either from observation or formal standardized testing. The occupational therapist interprets the gathered data and uses her/his clinical judgment to evaluate the data and determine the final evaluation/treatment plan/recommendation. The occupational therapist does not have to be present for the occupational therapy assistant to gather data. If the occupational therapy assistant observes that the client might benefit from occupational therapy services, then the occupational therapy assistant may provide the observed data to the occupational therapist for further discussion. The occupational therapist will determine if a formal occupational therapy assessment is warranted. The occupational therapy assistant's role is to gather data only relevant to the occupational therapy evaluation and plan of care. Therefore, the occupational therapy assistant cannot provide any immediate input into the wheelchair assessment with the physical therapist to contribute to the physical therapy plan of care.
6. **Terri Bissell:** Ms. Bissell asked the Section if parental consent is required prior to an occupational therapist assessment/screening a student in a school setting. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render advice concerning specific requirements for parental consent for student assessment. The Section recommends contacting the Ohio Department of Education, Office for Exceptional Children at <http://ode.ohio.gov>. Also, the Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Bissell with her questions regarding school based practice issues. Ms. Bissell may contact the Ohio Occupational Therapy Association at [www.oota.org](http://www.oota.org). Finally, Ms. Bissell may wish to consult her legal counsel concerning her question.
7. **Suzanne Kirk:** Ms. Kirk asked the Section for clarification on an occupational therapist's responsibilities for contract occupational therapy assistants and documentation. **Reply:** Adequate supervision of an occupational therapy assistant must be provided, as outlined in rule 4755-7-01 of the Ohio Administrative Code. The occupational therapist that is ultimately responsible for the student's plan of care would be responsible for supervising the occupational therapy assistant. Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients/students served by an occupational therapy assistant. The occupational therapy assistant does not maintain a caseload that is separate from the occupational therapist. The occupational therapist must provide appropriate supervision and assure that treatments are rendered according to safe and ethical standards and in compliance with rule 4755-7-08 of the Administrative Code, which states that "occupational therapy practitioners shall provide adequate supervision to individuals for whom the practitioners have supervisory responsibility."
8. **Kimberly Francis:** Ms. Francis asked the Section if an occupational therapy assistant working in school setting can give information/ideas to a non-occupational therapy student. **Reply:** It is the position of the Occupational Therapy Section that the occupational therapy assistant may share general, non-evaluative information and observations with other staff members. If the occupational therapy assistant observes that the student might benefit from occupational therapy services, then the occupational therapy assistant may provide the observed data to the occupational therapist for further discussion. The occupational therapist will determine if a formal occupational therapy assessment is warranted. It is the position of the

Occupational Therapy Section that 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 4755-7-03 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.

9. **Mary Clark:** Ms. Clark asked the Section questions regarding the continuing education requirements for occupational therapy practitioners. **Reply:** The regulation of occupational therapy and physical therapy is handled by two separate entities. The number of hours of continuing education that a physical therapist assistant must complete is determined by the Physical Therapy Section. The fact that occupational therapy assistants must complete the same number of hours of continuing education as occupational therapists was a policy decision made by the members of the Occupational Therapy Section. Ms. Clark's third question implies that all occupational therapy practitioners need to complete more continuing education than physical therapists. This is not an accurate statement. Although physical therapist assistants are only required to complete 12 contact hours of continuing education in a two-year period to renew their Ohio licenses, physical therapists are required to complete 24 contact hours of continuing education in a two-year period to renew their Ohio licenses.
10. **Christina Engelhart:** Ms. Engelhart asked the Section questions regarding referrals and documentation for occupational therapy services. **Reply:** Occupational therapists are not required to have a referral and/or prescription to evaluate or treat patients 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. It is the opinion of the Occupational Therapy Section that if two or more occupational therapists are participating in a job-sharing caseload, and if they are assuming collective responsibility for a patient's care each day, then their working would not require a transfer of care since they are not terminating the occupational therapist/patient relationship. Pursuant to rule 4755-7-01 of the Administrative Code, when maintaining a separate caseload, a full-time occupational therapist may supervise no more than four full-time limited permit holders and/or occupational therapy assistants. If the occupational therapist is only providing client evaluations and supervision and does not have a separate caseload, the occupational therapist may supervise six full-time limited permit holders and/or occupational therapy assistants. The number of limited permit holders and/or occupational therapy assistants that a part-time occupational therapist may supervise is proportionate to the number of hours worked by the part-time occupational therapist. 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. Supervision 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 with the occupational therapy assistant at all times. Supervision is an interactive 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 supervising occupational therapist. The supervising occupational therapist 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.
11. **Veronica Crites:** Ms. Crites asked the Section if an occupational therapy assistant can complete the last visit with home care patient. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather and summarize objective information for the discharge summary, with or without the patient 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 for the purpose of discharge plan development. If there is collaboration between the occupational therapy assistant and the occupational therapist, the collaboration 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.

12. **Naomi Maletz:** Ms. Maletz asked if it is within the scope of practice for an occupational therapist to perform consulting services for designing a workspace. **Reply:** Ms. Maletz may wish to review the Occupational Therapy Practice Framework available from the American Occupational Therapy Association (AOTA) concerning this topic. Ms. Maletz may contact Yvonne Tertel, Assistant Attorney General for the State of Ohio at (614) 466-8600 with her questions concerning consultation practice for occupational therapists.
13. **Tammy Przynosch:** Ms. Przynosch asked questions regarding documenting collaboration between an occupational therapist and occupational therapy assistant and supervision requirements for an occupational therapy assistant. **Reply:** Supervision is an interactive 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 supervising occupational therapist. Supervision 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 with the occupational therapy assistant at all times. The supervising occupational therapist 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. Ms. Przynosch may refer to the Board website at <http://otptat.ohio.gov> for examples of supervision documentation for occupational therapy practitioners. Ohio's law and rules on supervision do not vary with practice setting. However, Medicare and other insurance carriers do. They may be more restrictive than Ohio law regarding supervision and take precedence over state law for reimbursement. The Section encourages Ms. Przynosch to contact her payers to ensure she is compliant with their requirements. Effective January 1, 2008, the Ohio Department of Job and Family Services (JFS) adopted new rules governing Medicaid reimbursement for occupational therapy services. Rule 5101:3-8-03 (B) states that occupational therapy services described in this rule may be billed by occupational therapists in independent practice who are currently licensed and working within the occupational therapy scope of practice. Rule 5101:3-34-01.2 (B)(1) states that Medicaid providers authorized to be reimbursed for skilled therapy include a licensed occupational therapist and a licensed occupational therapy assistant under the direct supervision of a licensed occupational therapist employed by or under contract with the physician. JFS defines direct supervision to mean that the occupational therapist must be present throughout the time the occupational therapy assistant is providing the service and immediately available to provide assistance and direction throughout the time the occupational therapy assistant is performing services.
14. **Donna Schweitzer:** Ms. Schweitzer asked if an occupational therapist is required to obtain a certificate from the Ohio Department of Education to practice in the school system. **Reply:** An occupational therapist is required to obtain a pupil services license with the Ohio Department of Education (ODE) in order to work in an Ohio school system. Please contact the Office of Educator Licensure at (614) 466-3593 or [Educator.Licensure@ode.state.oh.us](mailto:Educator.Licensure@ode.state.oh.us) for additional information.
15. **Jennie Brown:** Ms. Brown asked the for clarification on an occupational therapist documenting discharge with a new system which only allows access to the patient record for two hours post discharge. (*November OT Correspondence 9*) **Reply:** Development of a discharge plan and appropriate documentation by the occupational therapist continue to be a requirement, whether or not there is an electronic documentation system. The Section discussed Ms. Brown's question and wondered if she discussed this problem with her IT department or considered any other method of documenting discharge beyond the statement she suggested. That is the additional information that the Section is seeking.

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

- JB1. Jennifer Buchanan:** Ms. Buchanan asked questions regarding occupational therapists and physical therapists co-treating and billing for services provided at the same segmented time. **Reply:** There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits occupational therapists or

physical therapists from providing services at the same segmented time. However, the Sections recommend that Ms Buchanan communicate with the facility and payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts. Please refer to Medicare rules or other payer policies to answer her specific questions. Frequently asked questions that were published by the Centers for Medicare and Medicaid Services (CMS) have clearly stated that a patient cannot be charged for two separate one-on-one services during the same segment of time, regardless of skill level required. Joint evaluations between occupational therapy and physical therapy may be done; however, the physical therapist and physical therapist assistant may only treat pursuant to the physical therapy evaluation and plan of care and the occupational therapist and occupational therapy assistant may only treat pursuant to the occupational therapy evaluation and plan of care. Occupational therapy and physical therapy practitioners may not treat pursuant to an evaluation and plan of care established by the other discipline.

- JB2.** **Chris Chirumbolo:** Mr. Chirumbolo asked if there are any limitations that would limit an occupational therapy assistant or a physical therapist assistant's ability to treat a Medicaid patient in the State of Ohio. **Reply:** Mr. Chirumbolo is correct in identifying the Ohio Physical Therapy Association (OPTA) as a potential resource for information on Medicaid policies in Ohio. However, his message was sent to the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, which enforces the Ohio Occupational Therapy and Physical Therapy Practice Acts, not payment policies. Mr. Chirumbolo can contact the Ohio Physical Therapy Association at (614) 855-4109 or [opt@ohiopt.org](mailto:opt@ohiopt.org). There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that would limit occupational therapy assistants or physical therapist assistants' ability to treat a Medicaid patient. However, the Sections recommend that he pursue communication with Medicaid to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts for the setting in which he is interested. 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, only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a name tag or signature might read Pat Doe, PT, MS, OCS. Effective January 1, 2008, the Ohio Department of Job and Family Services (JFS) adopted new rules governing Medicaid reimbursement for occupational therapy services. Rule 5101:3-8-03 (B) states that occupational therapy services described in this rule may be billed by occupational therapists in independent practice who are currently licensed and working within the occupational therapy scope of practice. Rule 5101:3-34-01.2 (B)(1) states that Medicaid providers authorized to be reimbursed for skilled therapy include a licensed occupational therapist and a licensed occupational therapy assistant under the direct supervision of a licensed occupational therapist employed by or under contract with the physician. JFS defines direct supervision to mean that the occupational therapist must be present throughout the time the occupational therapy assistant is providing the service and immediately available to provide assistance and direction throughout the time the occupational therapy assistant is performing services.
- JB3.** **Constance Schitoskey:** Ms. Schitoskey asked if an occupational therapy practitioner can perform a screen for physical therapy services and if an occupational therapy assistant can perform a screen for occupational therapy rehab services. **Reply:** It is the position of the Physical Therapy Section that screens are data gathering and non-evaluative in nature. A screen may include a review of the patient's medical information and/or verbal contact with other health care practitioners, family, or the patient to review the patient's medical history and past functional ability to determine the need for an evaluation by the physical therapist. There is nothing in the Physical Therapy Practice Act that prohibits an occupational therapist or occupational therapy assistant (under supervision by an occupational therapist) from sharing such information with a physical therapist; however, it is the responsibility of the physical therapist to determine if a physical therapy evaluation is appropriate. It is the position of the Occupational Therapy Section that 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 4755-7-03 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.
- JB4.** **Dawn Betts:** Ms. Betts asked the Sections if occupational therapy and physical therapy practitioners are required to create a plan of care for all of their students when working in a school setting. **Reply:** Pursuant

to rule 4755-7-03 of the Ohio Administrative Code, (A) occupational therapists shall assume professional responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (3) development, interpretation, and modification of the treatment/intervention plan and the discharge plan. What constitutes a plan of care is not specifically defined by the Occupational Therapy Section. The Section recommends that Ms. Betts contact the American Occupational Therapy Association (AOTA) and/or the Ohio Occupational Therapy Association (OOTA) for additional information on documentation guidelines. Ohio laws and rules for physical therapy do not vary with practice setting. The physical therapist must write a plan of care for his/her records for each patient (i.e. student) indicating specific physical therapy goals and interventions to achieve those goals. On the IEP the student's educational needs, goals, and benchmarks are delineated with the duration and frequency of the services that will be provided in order to meet the goals and benchmarks. Related services such as physical therapy are included but how the physical therapy services will be implemented is not a part of the IEP and must be documented in a separate physical therapy plan of care.

- JB5. Dawn Stinson:** Ms. Stinson asked if an occupational therapy assistant can make recommendations for occupational therapy services while shadowing a physical therapist conducting a new w/c evaluation. **Reply:** The occupational therapy assistant's role is to only gather data either from observation or formal standardized testing. The occupational therapist does not have to be present for the occupational therapy assistant to gather data. In accordance with rule 4755-7-03 of the Administrative Code, the occupational therapist interprets the gathered data and uses her/his clinical judgment to evaluate the data and determine the final evaluation/treatment plan/recommendation. Specific wheelchair recommendations are evaluative and must be performed by the occupational therapist. Following collaboration with the occupational therapist, the occupational therapy assistant can relay the occupational therapist's recommendations to the vendor without the occupational therapist being present. The occupational therapy assistant's role is to gather data only relevant to the occupational therapy evaluation and plan of care. However, if the occupational therapy assistant is knowledgeable about a client, the occupational therapy assistant can provide non-evaluative observations and information about a patient's current functional status to any treatment team member. Joint evaluations between occupational therapy and physical therapy may be done; however, the physical therapist and physical therapist assistant may only treat pursuant to the physical therapy evaluation and plan of care and the occupational therapist and occupational therapy assistant may only treat pursuant to the occupational therapy evaluation and plan of care. Occupational therapy and physical therapy practitioners may not treat pursuant to an evaluation and plan of care established by the other discipline. From the physical therapy perspective, a physical therapist may utilize input from any resources, including the patient, family, or other personnel to gather information or examine the patient as long as the physical therapist is competent to incorporate that information into the wheelchair evaluation and in designing a plan of care for the patient. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.
- JB6. Valerie McCaleb:** Ms. McCaleb asked if an occupational therapist/physical therapist can establish an exercise program for patients in an ECF or ALF if the initial assessment is not completed by these individuals and asked questions regarding occupational therapy assistant/physical therapist assistant performing screens and co-signature requirements. **Reply:** If the group exercise is represented as occupational therapy or physical therapy, then the occupational therapist or physical therapist must perform an appropriate evaluation and develop an appropriate plan of care prior to beginning the group exercise sessions. If it's not represented as occupational therapy or physical therapy and if the occupational or physical therapy practitioner happens to be qualified as a group exercise instructor, then the Sections recommend that the practitioner ensures that appropriate medical screenings and disclosure are in place to ensure the safety of the participants. Under Ohio law, although an occupational or physical therapy practitioner can practice without a physician order, the individual should be aware of any facility policies that might be more restrictive than the Ohio Occupational Therapy and Physical Therapy Practice Acts. It is the position of the Occupational Therapy Section that 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 4755-7-03 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. In accordance with rule 4755-27-02 (C), the physical therapist assistant may conduct screenings by gathering data that is non-evaluative in nature. This could include review of medical

information and the patient's medical history and or review of past functional ability through verbal contact with medical persons, family or the patient. The physical therapist then interprets the information to determine the need for a patient evaluation. Any screen conducted by the physical therapist assistant must be co-signed by the physical therapist. 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.

- JB7. Rushina Patel:** Ms. Patel asked if a physical therapist assistant can attend a home assessment with an evaluating occupational therapist. **Reply:** Since a physical therapist assistant cannot be supervised by an occupational therapist, the presence of an occupational therapist in the home has no bearing on the role of the physical therapist assistant. It has been the position of the Physical Therapy Section that a physical therapist assistant may go into the patient's home, without the patient, to perform an environmental survey (i.e. architectural barriers, floor plan of home, etc.). If the patient is going into his/her home environment and his/her function in the home is being observed and assessed, this assessment must be performed by a physical therapist. Therefore, in the situation Ms. Patel described, the physical therapist assistant may accompany the occupational therapist and patient to collect environmental information for use by the supervising physical therapist but may not evaluate the patient's ability to function in the home. The ultimate responsibility for care of the patient and for performing the final evaluation determining discharge lies with the physical therapist. Relying solely on information gathered by the physical therapist assistant does not constitute a reassessment, and may not fulfill the physical therapist's obligation to provide the appropriate 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, only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a name tag or signature might read Pat Doe, PT, DPT, OCS.
- JB8. Shelly Grisik:** Ms. Grisik asked Sections what is their position on the use of restraints in a nursing home setting. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that addresses the use of restraints in any setting. However, as stated in the Code of Ethical Conduct established in rule 4755-27-05 (A)(1)(b) of the Ohio Administrative Code, a licensee shall respect the rights and dignity of all patients and provide compassionate care as described in paragraphs (A)(1)(a) and (A)(1)(b) of this rule, which state that a licensee shall recognize individual differences with patients and shall respect and be responsive to those differences and shall be guided by concern for the physical, psychosocial, and socioeconomic welfare of patients. There is nothing in the Ohio Occupational Therapy Practice Act that addresses the use of restraints in any setting. However, as stated in the Code of Ethical Conduct established in rule 4755-7-08 of the Ohio Administrative Code, occupational therapy practitioners shall demonstrate a concern for the well-being of the recipients of their services; shall take reasonable precautions to avoid imposing or inflicting harm upon the recipients of services; and shall respect the recipient as well as the recipient's rights. The Occupational and Physical Therapy Sections recommend other resources for evidence on the benefits of restraint reduction, including the Section on Geriatrics of the APTA and AOTA, the Ohio Department of Health, and the Joint Commission on Accreditation of Health Care Organizations.
- JB9. Sheri Tomlinson:** Ms. Tomlinson asked the Sections questions regarding supervision ratios for occupational and physical therapy practitioners, use of electronic signatures, and whether an occupational therapist limited permit holder can initiate a plan of care. **Reply:** It is the position of the Occupational Therapy Section that pursuant to rule 4755-7-01 of the Administrative Code, when maintaining a separate caseload, a full-time occupational therapist may supervise no more than four full-time limited permit holders and/or occupational therapy assistants. If the occupational therapist is only providing client evaluations and supervision and does not have a separate caseload, the occupational therapist may supervise six full-time limited permit holders and/or occupational therapy assistants. The number of limited permit holders and/or occupational therapy assistants that a part-time occupational therapist may supervise is proportionate to the number of hours worked by the part-time occupational therapist. In accordance with rule 4755-7-03 of the Administrative Code, the occupational therapist assumes professional responsibility for, any may not wholly delegate, any of the following: (1) interpretation of referrals for occupational

therapy service; (2) interpretation and analysis for evaluation purposes; (3) and development, interpretation, and modification of the treatment/intervention plan and discharge plan. The occupational therapy assistant may contribute to and collaborate in the following: (1) the evaluation process by gathering data, administering standardized tests, and reporting observations; (2) establishing and documenting the intervention and discharge plan; and (3) choosing treatment interventions. The occupational therapy assistant may independently select treatment activities according to the intervention plan and document progress and outcomes. In response to Ms. Tomlinson's questions regarding the use of occupational therapy limited permit holder, pursuant to rule 4755-7-01 of the Administrative Code, the occupational therapist limited permit holder and occupational therapy assistant limited permit holder must be supervised by an occupational therapist. The supervising occupational therapist must determine that the limited permit holder possesses a current limited permit to practice occupational therapy prior to allowing him or her to practice. Supervision is an interactive 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 limited permit holder may not initiate or modify a client's treatment plan without first consulting with the supervising occupational therapist. The supervisor need not be on-site, but must be available for consultation at all times. The supervisor and limited permit holder must meet in person at least once per week, and establish evidence, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. The Ohio Physical Therapy Practice Act is silent on the supervision ratio for physical therapist assistants. However, the ultimate responsibility for the care of the patient lies with the physical therapist and all supervisory responsibilities must be met. 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 care, the patient must be transferred by that physical therapist to another physical therapist. This includes the situation where a physical therapist is providing temporary coverage and might only evaluate a patient and then delegate responsibility to a physical therapist assistant. The physical therapist is terminating any further professional relationship with that patient and must transfer responsibility to another physical therapist. 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. In all practice settings, the physical therapist should re-evaluate a patient in accordance with the needs of the patient/client. The frequency of re-evaluation of a patient must be individualized and based upon that patient's impairments and response to treatment. 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. In order to meet acceptable standards of care, the physical therapist assistant has a legal obligation in the overall care of the patient to ensure the supervising physical therapist performs the review and assessment. It is the position of the Occupational Therapy Section that electronic signatures are acceptable for occupational therapy practitioners' documentation as long as security and integrity have been maintained. Co-signature of occupational therapy assistant and limit permit holders' documentation continues to be a requirement. It is the position of the Occupational Therapy Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. When using an electronic signature, a copy of the individual's name, handwritten signature, and electronic signature must be on file at the location where the electronic signature is used. It is the position of the Physical Therapy Section that an electronic signature is acceptable by a physical therapist or physical therapist assistant. When using an electronic signature, a hard copy of the individual's printed name and handwritten signature must be kept on file at the practice location, and the physical therapist or physical therapist assistant must assure that the electronic signature can be tracked to a unique logon code used only by that individual.

Should her computer system or program not permit counter-signature by the physical therapist for notes entered by a physical therapist assistant, then she need to make arrangements with her vendor for the computer system to be revised or improved to permit such counter-signature. Should Ms. Tomlinson not electronically be capable of dual signatures, she may enter a separate note within the same documentation system, referencing the date of the note(s) being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan or she may produce a hard paper copy that is co-signed by the physical therapist. The Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board investigators shall have access to all documentation related to occupational and physical therapy practice, written or electronic.

**JB10. Tracey Farace:** Ms. Farace asked the Sections who can perform the home assessment and the home visit for occupational and physical therapy services. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 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 patient 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. It is the position of the Physical Therapy Section that a physical therapist is the practitioner of choice to do both home assessments and home visits. Only the physical therapist can accompany a patient into his/her home environment to assess the patient's function in the home. A physical therapist assistant may go into the patient's home, without the patient, to perform an environmental survey (i.e. architectural barriers, floor plan of home, etc.) The ultimate responsibility for care of the patient lies with the evaluating physical therapist. Relying solely on information gathered by the physical therapist assistant does not constitute a reassessment, and may not fulfill the physical therapist's obligation to provide 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.

**JB11. Naomia Shanklin:** Ms. Shanklin asked the Sections if there are licensure limitations and liabilities when performing medication reconciliations. **Reply:** It is the position of the Physical Therapy Section that auscultation of breath sounds traditionally falls within the scope of practice of physical therapy. While there is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from listening for bowel sounds, it is the position of the Physical Therapy Section that no procedure should be performed by a physical therapist or physical therapist assistant unless the practitioner demonstrates competence in that procedure. There is also nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing a medication reconciliation that includes interviewing a patient about current medications, comparing those to the list of prescribed medications, and implementing a computerized program or referring the lists to other practitioners to identify potential drug interactions. Even though not part of the physical therapy plan of care, the reconciliation may be performed as an administrative task of any health care professional. It is the position of the Occupational Therapy Section that medication reconciliation does not fall under the scope of practice for occupational therapy. Pursuant to rule 4755-7-08 (A)(4) of the Administrative Code, occupational therapy practitioners shall achieve and continually maintain high standards of competence. However, the Occupational Therapy Section has been discussing this topic and will be able to give Ms. Shanklin further information following the Section meeting on March 10, 2009.

## **Old Business**

### **Consumer Education**

The Section has posted the consumer education materials on the Board website.

### **Administrative Rule Review**

**Action:** Nanette Shoemaker moved that the Occupational Therapy Section file rules 4755-7-01, 4755-7-02, 4755-7-03, 4755-7-04, 4755-7-05, 4755-7-06, 4755-7-07, 4755-7-09, and 4755-8-01 as No Change rules in accordance with section 119.032 of the Revised code. Mary Stover seconded the motion. The motion carried.

**Action:** Nanette Shoemaker moved that the Occupational Therapy Section file proposed changes to rules 4755-3-05, 4755-3-14, 4755-7-08, 4755-9-01, and file new rule 4755-7-10. Mary Stover seconded the motion. The motion carried.

### Supervision and Delegation Rules Restructuring

Kimberly Lawler and Rebecca Finni reported to the Section that they are making progress. They will continue to work on this project. An updated draft will be presented at the March Section meeting.

### **New Business**

#### Occupational Therapy Jurisprudence Examination Revisions

The Executive Director email the Section a draft of the jurisprudence examination for comments. The Section will review the comments at the March Section meeting.

#### Discount for Early Occupational Therapy Renewals

The Section tabled this discussion until the July 2009.

#### Standard Response for Supervisory Ratios

The Section accepted the response for supervisory ratios and will add it to the standard responses.

#### Medication Reconciliation

Jean Halpin reported to the Section that according to AOTA, medication reconciliation would fall under the instrumental activities of daily living for health care. Ms. Halpin will provide additional information and resources for the Section to review at the March Section meeting.

The Section will invite representatives from the Cleveland Clinic to attend the March Section meeting to discuss their correspondence regarding the Section's position on whether it is in the scope of practice for an occupational therapy practitioner to perform medication reconciliation.

#### Limits on the Number of Hours That May Be Earned in the Self-Study CE Category

The Section reviewed the self-study category for continuing education and made no recommendations for change.

### **Open Forum**

Jean Hannum, OTA, asked the Section to discuss the Section's response to correspondence number one from Shelli Staudt.

### **OTA Report**

Jacquelyn Chamberlain had no formal report for the Section.

### **Items for Next Meeting**

- Ohio Jurisprudence Exam Revisions
- Rule Hearing
- Medication Reconciliation
- Supervision and Delegation Rules Restructuring

### **Next Meeting Date**

The next meeting date of the Occupational Therapy Section is scheduled for Tuesday, March 10, 2009.

**Action:** Nanette Shoemaker moved to adjourn the meeting. Rebecca Finni seconded the motion. The motion carried. The meeting adjourned at 4:05 p.m.

Respectfully submitted,  
*Diane Moore*

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Nanette Shoemaker COTA/L, Chairperson  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, OT Section

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Mary Stover, 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

NS:jmr:dm