



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

*Occupational Therapy Section
July 7, 2009
9:00 a.m.*

Members Present

Jean Halpin, OTR/L, Secretary (arrived @ 10:47am)
Kimberly Lawler, OTR/L, Chairperson
Nanette Shoemaker, COTA/L (arrived @ 11:05 am)
Mary Stover, OTR/L

Members Absent

Rebecca Finni, OTR/L

Legal Counsel

Yvonne Tertel, AAG

Call to Order

Kimberly Lawler, Chairperson, called the meeting to order at 10:47 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

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

Approval of Minutes

Action: Jean Halpin moved to approve the May 7, 2009 minutes as amended. Nanette Shoemaker seconded the motion. The motion carried.

Executive Director Report

- The Executive Director reported that the State may shut down on July 14, 2009 if the budget bill is not passed.
- The Executive Director informed the Section that the agency is trying to cut costs by reducing printing for the meeting materials for the board binders. The Board is also looking into eliminating the issuance of pocket identification cards for licensees.
- The Executive Director reported that the Board shared services provisions were removed from House Bill 1.
- The Executive Director reported that the E-Licensing system shut down the weekend prior to the June 30th OT/OTA renewal deadline. As a result, all licensees with a June 30, 2009 expiration date who had not yet renewed their license were required to submit a paper renewal application.
 - The Executive Director notified licensees of this situation via listserv and posted instruction on the Board website.
 - As a standard process, anyone whose license is not renewed by June 30, even if they meet the June 30 postmark deadline, must stop working until the Board processes the renewal application. Due to the malfunction with the online renewal system, the Executive Director, in consultation with the Assistant Attorney General and Chairperson of the Occupational Therapy Section, made the decision to temporarily suspend this policy.

- To give staff time to process approximately 800 renewal applications that had not yet been submitted, the Board gave licensees until close of business on Tuesday, July 7, 2009 to have the renewals processed before the licensees must cease practicing. Nonetheless, the IT Department fixed the problem on June 30, 2009.
- The Board will draft a policy and procedure to address how to respond in the future if there are outages in the e-licensing system.
- The Executive Director reported that during this time the Board staff worked collectively to process approximately 430 renewal applications in this short timeframe.

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

Administrative Reports

Continuing Education Report

Kimberly Lawler recommended that the Section approve 74 applications for contact hour approval. **Action:** Mary Stover moved to approve 74 applications for contact hour approval for contact hour approval. Kimberly Lawler seconded the motion. The motion carried.

Licensure Report

Action: Mary Stover 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 May 8, 2009 through July 7, 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. Kimberly Lawler seconded the motion. Kimberly Lawler abstained from voting on the examination occupational therapy assistant applications for Tracie Copley. The motion carried.

Occupational Therapist – Examination

Barton, Kelli	Reiss, Stephanie	Shopmyer, Marissa
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Occupational Therapy Assistant – Examination

Clark, Kyla	Clemens, Kari	Copley, Tracie
Duling, Cheryl	Duvall, Karla	Gore, Bambi

Occupational Therapist – Endorsement

Adams, Daniela	Benedict, Mary	Brod, Kevin
Cox, Nancy	Gruber, Jennifer	Johnson, William
Lielbriedis, Indra	Morgan, Gwynne	Norin, Margaret
Raypole, Amanda	Rumage, Grace	West, Melinda

Occupational Therapy Assistant – Endorsement

Eick, Susan	Hurley, Scott	Lavine, Harold
Martin, Achsah	Powell, Lindsey	Pulizzi, Melissa

Occupational Therapist – Reinstatement

Anand, Animesh	McLaughlin, Amanda	Routenberg, Holly
Santiago, Maritza	Schroeder, Kathy	Swirsding, Stephen

Occupational Therapy Assistant – Reinstatement

Wolfe, Jamie

Occupational Therapist – Limited Permit

Anderson, Kristin	Gelske, Kelly	Grimes, Lindsay
Hall, Denise	Harris, Diandra	Karsonovich, Aleah
Meyer, Jennifer	Millette, Megan	Minich, Carli
Tooman, Lauren	Walker, Kevin	Wehrkamp, Rachel

Occupational Therapy Assistant – Limited Permit

Albers, Diane
Bennett, Tera
Dodds, Elizabeth
Hemmelgarn, Elizabeth
Lum, Michele
Mullins, Casey
Reynolds, Lisa

Applegate, Ashley
Biery, Jenna
Fair, Megan
Kerr, Ashley
Malmsberry, Kacie
Murray, Stephanie
Watson, Jessica

Becker, Kelly
Corbin, Taylor
Harp, Julie
Lloyd, Sally
McLaughlin, Aaron
Nehls, Sheri

Occupational Therapy – Escrow Restoration

Gingerich, Kathrine
Yacobucci, Karen

Murphy, Kellie
Zink, Kathleen

Patel, Minesh

Mary Stover recommended that the Section rescind the motion to waive the examination requirement for application file 4860070 from May 7, 2009, as the Section was not able to determine from the World Federation of Occupational Therapists the equivalence of the Canadian Association of Occupational Therapist (CAOT) Certification Examination for occupational therapists to the National Board for Certification of Occupational Therapy (NBCOT) Examination for occupational therapists. **Action:** Nanette Shoemaker moved to rescind the motion to waive the examination requirement for application file 4860070 from May 7, 2009 based on the fact that World Federation of Occupational Therapists was not able to determine the equivalence of the Canadian Association of Occupational Therapist (CAOT) Certification Examination for occupational therapists to the National Board for Certification of Occupational Therapy (NBCOT) Examination for occupational therapists. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that applicant file #4860070 be required to submit proof of passage of the NBCOT Certification Examination to the Section by December 31, 2009. **Action:** Jean Halpin moved that application file 4860070 be required to submit proof of passage of the NBCOT Certification Examination to the Section by December 31, 2009. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried.

Limited License Agreements

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist applicant 4880345. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license to applicant 4880345. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist applicant 4875919. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license to applicant 4875919. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist applicant 4877732. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license to applicant 4877732. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist applicant 4880261. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license to applicant 4880261. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant applicant 4880587. **Action:** Jean Halpin moved that Section grant a limited occupational therapy assistant license to applicant 4880587. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant applicant 4876682. **Action:** Kimberly Lawler moved that

Section grant a limited occupational therapy assistant license to applicant 4876682. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant applicant 4193220. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapy assistant license to applicant 4193220. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried.

The Section discussed adding an additional requirement for the limited license agreements for any applicant who hasn't practiced since 2000. Under this requirement, applicants would be required to complete the AOTA course "Exploring the Domain and Process of Occupational Therapy Using the Occupational Therapy Practice Framework, 2nd Edition" prior to receiving the limited license.

Assistant Attorney General's Report

Yvonne Tertel, AAG, had no formal report for the Section.

Case Review Liaison report

The Enforcement Division opened four new cases and closed two cases since the May 7, 2009 meeting. There are currently nine cases open. There are five disciplinary consent agreements and one adjudication order being monitored.

Enforcement Actions

The Enforcement Division Supervisor reported that Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY09-020 in lieu of hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY09-020 be accepted in lieu of going to hearing. Mary Stover seconded the motion. The motion carried. The Section accepted the consent agreement for Cynthia Sorensen, OTA.

The Enforcement Division Supervisor reported that Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY09-021 in lieu of hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY09-021 be accepted in lieu of going to hearing. Mary Stover seconded the motion. The motion carried. The Section accepted the consent agreement for Alison Lipinski, OTA.

The Enforcement Division Supervisor reported that Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY09-024 for practicing prior to being issued a license. **Action:** Mary Stover moved that a notice of opportunity for hearing be issued for case OT-FY09-024 for practicing prior to being issued a license. Kimberly Lawler seconded the motion. The motion carried.

Correspondence

1. **Lisa Sweeney:** Ms. Sweeney asked the Section whether it is in the scope of practice for an occupational therapy assistant to assist a client with taking daily prescribed medications. **Reply:** The Ohio Occupational Therapy Practice Act remains the same in all practice settings where occupational therapy is provided. Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. 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. If an occupational therapy practitioner is required to anticipate potential drug interactions based solely on a list of medications, it would not be within the scope of occupational therapy

practice. However, medication reconciliation that consists of an occupational therapist observing and gathering information from the client regarding any negative drug interactions, noting the client's prescriptions and a count of the remaining pills in each prescription, reporting back to the appropriate source, and collaborating with the interdisciplinary team, is a part of the scope of occupational therapy practice. The American Occupational Therapy Association discussed the issue of medication reconciliation in its September 2008 Scope of Practice Issues Update (<http://www.aota.org/Pubs/Enews/ScopeNews/Sept08.aspx>). In this update, AOTA stated: In general practice, health care professionals have focused on teaching (telling patients what their medications do) and compliance or whether they are taking medications as ordered. But OT practitioners have the skills and knowledge to operationalize medication teaching to ensure that it is integrated into the patient's daily routine successfully and correctly. A nursing referral should be made if the patient needs to be taught specific information about a medication that is not provided on written instructions. But if the concern is performance or how the client learns to manage taking their medications and handling the effects of them in the context of their daily activities and routines, that is an unmet need for clients and home care agencies which OT practitioners can address. Reviewing medication information sheets with patients and assessing whether they understand them is an expectation for therapists by CMS and is well within the scope of OT. Using that information, OTs can then assist patients in translating the instructions into their daily routines and habits. For example, medications to control high blood pressure are often diuretics and can make patients need to use the bathroom more often. The OT can discuss timed voiding, simplified clothing fasteners, mobility issues related to accessing the bathroom, especially away from home and other strategies to manage or avoid incontinence. This should increase the patient's compliance with taking the medication as directed. The OT role in medication management can include: Recording medication dosages, routes etc. per agency policy when required as part of an assessment; Involving nursing for patient education on new medications if needed; Ensuring that patients know how to take their medications and are, in fact taking them as directed. If not, the OT can explore reasons why they are not being taken or are taken incorrectly.; During the assessment, identify when the patient takes medications within their daily routine and have there been disruptions to that routine that interfere; Identifying habits and routines have worked to support appropriate medication management for the patient in the past. How can we work with them vs. changing them? Assessing medication management as part of the patient's overall ADLs so tasks can be accomplished timely, allowing for medications to be taken within the prescribed time frame relative to food, blood sugar etc.; Considering how OT skills and knowledge around energy conservation techniques can assist with managing all ADLs. Medication management in home care is a critical part of the patient's ADL, beyond assistance with opening pill bottles and is well within the OT scope of practice.

2. **Patricia Cairns:** Ms. Cairns asked the Section whether occupational therapy assistants can perform screens, manual muscle tests, and asked questions regarding occupational therapy assistant co-signature requirements. **Reply:** 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 response to Ms. Cairns question regarding whether an occupational therapy assistant can perform manual muscle test. There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapy assistant from performing a manual muscle test. The occupational therapy assistant must document and demonstrate competency in the technique being administered. In response to Ms. Cairns question regarding whether an occupational therapy assistant note stating that occupational therapy services were refused/ rescheduled need to be co-signed. In accordance with rule 4755-7-01 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. It is the position of the Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. It is the position of the 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. If needed, 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.

3. **Lois Bokman:** Ms. Bokman asked the Section to comment on the proposed rules from CMS for PPS and Consolidated Billing for Skilled Nursing Facilities for fiscal year 2010. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to comment on CMS rules and regulations. The Section recommends that Ms. Bokman contact the American Occupational Therapy Association (AOTA) for information regarding reimbursement.
4. **Wanda Yarnell:** Ms. Yarnell asked the Section whether a supervision log is required for occupational therapy assistants that are supervised by PRN occupational therapists. **Reply:** It is the position of the Occupational Therapy Section that supervision follows the patient, not the facility. Pursuant to rule 4755-7-03 of the Administrative Code, the occupational therapist shall assume professional responsibility for the supervision for each client's plan of treatment/intervention. This supervision must be provided within the setting that the treatment is provided and is not simply supervision of the individual occupational therapy assistant. 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. In accordance with rule 4755-7-01 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. It is the position of the Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. It is the position of the 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. If needed, 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. Also, the Section would like to remind Ms. Yarnell about correct way to document her professional credentials. Pursuant to rule 4755-7-10 (A) of the Administrative Code, all occupational therapists who hold current NBCOT certification shall use the credential "OTR/L" to indicate licensure. Any academic degrees should be listed separately from the regulatory credential. For example, a name tag or signature might read Pat Doe, OTR/L, MA.
5. **Kim Grizzell:** Ms. Grizzell asked the Section if the OT/OTA collaboration log should be kept at facility or by the occupational therapist when changing employers. **Reply:** The collaboration log contains confidential patient information; therefore, the collaboration log should remain at the facility.
6. **Roger Kundtz:** Mr. Kundtz asked the Section to consider notifying the licensee of the missed questions on the Ohio Law Examination. **Reply:** The Occupational Therapy Section appreciates Mr. Kundtz's feedback and will take his comments under advisement.
7. **Claire Heffron:** Ms. Heffron asked the Section how to provide stand alone occupational therapy services in the school setting without the prerequisite of qualifying for special education or speech language services. **Reply:** The Section does not determine policy regarding how children qualify for occupational therapy services in a school setting. The Section recommends contacting the Ohio Department of Education, Office for Exceptional Children at www.ode.state.oh.us. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Heffron with many of her

questions regarding school based Individualized Education Program (IEP) issues. Ms. Heffron can contact the Ohio Occupational Therapy Association at www.oota.org.

8. **Shelby Barnes:** Ms. Barnes asked the Section whether occupational therapy assistants can physical therapist assistants can use electronic signatures on billing. **Reply:** 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. The Occupational Therapy, Physical Therapy, and Athletic Trainers Board investigators shall have access to **all** documentation related to occupational therapy practice, written or electronic. It is the position of the 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. The Section will refer this letter to the Physical Therapy Section for their position regarding the use of electronic signatures.
9. **Jason Hayes:** Mr. Hayes asked the Section questions regarding student supervision requirements and asked for clarification on the exemptions requirements outlined in Section 4755.13 (A)(2) of the Revised Code. **Reply:** In the scenario Mr. Hayes described, the student is working under the contract as a student. The student occupational therapist is no longer working as an occupational therapist assistant. Therefore the student would need to follow the student contract. The student occupational therapist would require appropriate supervision. Another option for Mr. Hayes to consider is to assign the student to another occupational therapist. Pursuant to rule 4755-7-09 of the Ohio Administrative Code, the supervising occupational therapy practitioner shall only assign duties or functions to the occupational therapist student or occupational therapy assistant student that are commensurate with the student's education or training. The Section reminded Mr. Hayes that supervision requires an interactive process between the supervising occupational therapist and the occupational therapy student. The interactive process must include, but is not limited to, review of the following: client assessment, reassessment, treatment plan, intervention and the discontinuation of intervention, and/or treatment plan. Co-signing client documentation alone does not meet the minimum level of supervision. Pursuant to rule 4755-7-03 (A) (3) of the Ohio Administrative Code, any documentation written by an occupational therapy assistant or a limited permit holder for inclusion in the client's official record shall be co-signed by the supervising occupational therapist. The Section recommends that Mr. Hayes review the Accreditation Council for Occupational Therapy Education (ACOTE) standards regarding supervision of students. The standards adopted by ACOTE, third party payers, and the facility's policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In response to Mr. Hayes questions regarding the exemptions listed in section 4755.13 (A)(2) of the Revised Code, the Occupational Therapy Section has no position on Mr. Hayes questions at this time. The Section encourages Mr. Hayes work within the parameters of his license.
10. **Julie King:** Ms. King asked the Section questions regarding PRN occupational therapists transferring care and asked for clarification for what is considered job share for occupational therapists working in a hospital setting. **Reply:** If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for

supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient. The Section recommends that Ms. King contact the facility policies for clarification on the term job sharing in her specific working setting.

11. **Lori Holmes:** Ms. Holmes asked the Section if an occupational therapist can assign additional ICD codes on a physician order for occupational therapy. **Reply:** It is the position of the Occupational Therapy Section that establishing a treatment code to describe the condition the occupational therapy plan of care 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-9 codes to choose from. If Ms. Holmes doesn't find an appropriate ICD-9 code on the listing, further research is recommended to identify a more appropriate code. The Section recommends that Ms. Holmes contact Brenda George Brodbeck, the Ohio Occupational Therapy Association's pediatrics member support group representative concerning questions about the Ohio Medicaid School Program.
12. **Karen Fisher:** Ms. Fisher asked the Section whether it is legal/ethical for an occupational therapist to write a note stating that occupational therapy services were provided to students by an occupational therapy assistant who is unable to provide documentation that the services were rendered. **Reply:** In the scenario provided, it would be unethical to provide this documentation. Rule 4755-7-08 (A) of the Administrative Code states: (5) Occupational therapy practitioners shall comply with the laws and rules governing the practice of occupational therapy. (c) Occupational therapy practitioners shall maintain accurate and timely documentation of occupational therapy services. (d) Occupational therapy practitioners shall not document or bill for services not actually provided. (6) Occupational therapy practitioners shall provide accurate information about occupational therapy services (b) Occupational therapy practitioners shall refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, or unfair statements or claims.
13. **Kelly Moberly:** Ms. Moberly asked the Section if it is acceptable to transfer care to a facility occupational therapist and whether it is acceptable to use check boxes on evaluation forms to demonstration collaboration with an occupational therapist or occupational therapy assistant and/or transfer of care to a facility occupational therapist. **Reply:** Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. A checkbox can be used if there is a line that specifically names the therapists. However, the facility determines what qualifies as acceptable documentation to show collaboration.
14. **Kristy Eastridge:** Ms. Eastridge asked the Section whether a continuing education course could be used towards the next renewal period for occupational therapists and occupational therapy assistants. **Reply:** The Occupational Therapy Section commends Ms. Eastridge on furthering her knowledge in occupational therapy practice. However, this course does not fall in the continuing education reporting period for

occupational therapists and occupational therapy assistants whose license expiration date of June 30, 2011 and June 30, 2010, respectively.

15. **Becky Amstutz:** Ms. Amstutz asked the Section questions regarding discharge summaries and signature designation for occupational therapist with a master's degree. **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 position of the Ohio Occupational Therapy Section that licensure designation be documented at a minimum by the appropriate regulatory credential. The therapist's signature sequence should be the therapist's name, followed by the regulatory professional credential that allows the therapist to practice occupational therapy. For example: Jane Doe, OT/L. The Ohio Practice Act is silent on the education credential and the order in which it is placed. Ohio law does not require individuals to maintain certification by NBCOT or membership in AOTA to renew a license to practice occupational therapy in the State of Ohio. Therefore, NBCOT recertification is not necessary for Ohio licensure, nor is membership in AOTA. Those occupational therapy practitioners choosing not to be recertified by NBCOT should use the following designations: OT/L for occupational therapists and OTA/L for occupational therapy assistants. However, accrediting bodies and/or reimbursement agencies may require NBCOT certification for reimbursement of services. Individuals holding current NBCOT certification should use OTR/L.
16. **Kelly Fullenkamp:** Ms. Fullenkamp asked the Section questions regarding occupational therapy assistant co-signatures, discharge summaries, documentation, and asked whether there are guidelines for re-evaluating a patient. **Reply:** It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information for a discharge summary; 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. Collaboration between the occupational therapy assistant and the occupational therapist, the collaboration must be reflected in the patient documentation. Documenting progress follows the same regulations: the occupational therapy assistant may gather and summarize information and document response to treatment, but it is the responsibility of the occupational therapist to interpret the information. The Occupational Therapy Section does not have specific requirements for frequency of re-evaluation; however, Ms. Fullenkamp's agency, accrediting bodies and reimbursement agencies may have other requirements and guidelines that need to be met for reimbursement of occupational therapy services.
17. **Jeanne Winger:** Ms. Winger asked the Section questions regarding occupational therapist liability requirements when working under grants. **Reply:** The Occupational Therapy Section cannot comment on your question since it deals with personal liability issues, not licensure issues. However, the Section recommends that you contact your legal counsel regarding liabilities issues. Please be aware that if she is providing occupational therapy services, even if those services are coded as CSP-TO, Ms. Winger must adhere to the Ohio Occupational Therapy Practice Act. The occupational therapist must adhere to the licensure law regarding providing supervision to students. The Section recommends that you contact your payer source regarding policy reimbursement issues.

OT/PT Joint Correspondence

- JB1. **Sherry Fleming:** Ms. Fleming asked the Sections questions regarding whether administering oxygen is within the scope of practice for occupational and physical therapy. **Reply:** There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits the administration of oxygen by an occupational or physical therapy practitioner when ordered by a physician. However, the therapist or assistant must demonstrate and document competence with this activity.
- JB2. **Tim McIntire:** Mr. McIntire asked the Sections a question regarding what is the appropriate and legal/ethical way to transition residents receiving services from one provider to another. **Reply:** Pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Ohio Administrative Code. Rule 4755-27-05 (B)(5)(h) cites "Abandoning the patient by inappropriately

terminating the patient practitioner relationship by the licensee” as a “failure to adhere to the minimal standards of acceptable prevailing practice.” It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services, the evaluating physical therapist must transfer the patient to another physical therapist. 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. In this situation Mr McIntire’s firm will need to make the arrangements with the facility to transfer the care to therapists who will be taking over the patient care at the facility or to the physical therapist supervisor. 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 who accepts the transfer of care is then responsible to supervise all aspects of the physical therapy program including delegation to physical therapist assistants. If Mr. McIntire as an individual is not confident that the care of his patients has been transferred to other physical therapists, the Physical Therapy Section suggests that Mr. McIntire write a letter to the facility expressing his expectation that physical therapists will take responsibility for his patients as required by Ohio laws and rules. Mr. McIntire should then retain a copy of that letter. Abandonment is the inappropriate termination of an occupational therapist/client relationship by the occupational therapist. Abandonment generally is alleged when the relationship is severed by the therapist without reasonable notice at a time when there is still the necessity of continuing care. A facility or company refusing to fill a vacant occupational therapy position does not constitute abandonment on the part of the occupational therapist. It is the position of the Occupational Therapy Section that occupational therapists have a legal and ethical obligation to ensure follow through with the plan of care established for any given patient. According to rule 4755-7-08 of the Ohio Administrative Code, “(A) The standard of ethical conduct in the practice of occupational therapy will be as follows: (1) Occupational therapy practitioner shall demonstrate a concern for the well-being of the recipients of their services. (c) Occupational therapy practitioners shall make every effort to advocate for recipients to obtain needed services through available means.” Furthermore, section 4755.11 (A) of the Ohio Revised Code states, “In accordance with Chapter 119. of the Revised Code, the occupational therapy section of the Ohio occupational therapy, physical therapy, and athletic trainers board may suspend, revoke, or refuse to issue or renew an occupational therapist or occupational therapy assistant license, or reprimand or place a license holder on probation, for any of the following: (5) Negligence or gross misconduct in the pursuit of the profession of occupational therapy.” If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient’s medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there’s not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient.

JB3. Katari Sweargin: Ms. Sweargin asked the Section question regarding whether a physical therapist assistant can do a home visit with an occupational therapy assistant. **Reply:** Since a physical therapist assistant cannot be supervised by an occupational therapist/occupational therapy assistant the presence of an occupational therapist/occupational therapy assistant in the home has no bearing on the role of the physical therapist assistant. It is 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. A physical therapist assistant may not initiate physical therapy in the home without a physical therapist having evaluated the patient's function in the home. Therefore, in the situation Ms. Sweargin described, the physical therapist assistant may accompany the occupational therapy assistant and patient to collect environmental information for use by the supervising physical therapist but may not treat the patient since that would involve evaluating the patient's ability to function in the home. 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. In addition, an occupational therapy assistant cannot be supervised by a physical therapist/physical therapist assistant. The presence of a physical therapist/physical therapist assistant in the home has no bearing on the role of the occupational therapy assistant. However, the Sections recommend that Ms. Sweargin communicate with the third party payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.

JB4. Shelby Barnes: Ms. Barnes asked the Section whether occupational therapy assistants and physical therapist assistants can use electronic signatures on billing. **Reply:** 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. The Occupational Therapy, Physical Therapy, and Athletic Trainers Board investigators shall have access to **all** documentation related to occupational therapy practice, written or electronic. It is the position of the 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 in accordance with rule 4755-27-07 of the Administrative Code, a handwritten or 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 the computer system or program not permit counter-signature by the physical therapist for notes entered by a physical therapist assistant, then you need to make arrangements with the vendor for the computer system to be revised or improved to permit such counter-signature. Should you not electronically be capable of dual signatures, you 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 Ms. Barnes may produce a hard paper copy that is co-signed by the physical therapist.

Old Business

Occupational Therapy Jurisprudence Examination Revisions

Nanette Shoemaker will work with the Executive Director on writing new items for the Jurisprudence Examination. Ms. Shoemaker will provide updates during this process.

Supervision and Delegation Rules Restructuring

The Section made additional edits to the draft and will forward the restructured document to the listserv for comments. Mary Stover commended Rebecca Finni and Kimberly Lawler for their work on restructuring Rule 4755-7.

OTA Presentation Planning

The Executive Director will forward the 2008 OTA presentation to the members for review and comment. The Section will review edits at the September Section meeting.

Review Policy and Procedure Manual

The Section discussed making changes to Policy 2.2. The Section recommends that the Joint Board consider changing elections from January to September. The Section also recommended that the Board remove the restriction on a Board member serving in a liaison position during their last year of their term. The Section also discussed creating an emergency policy for processing renewal applications if the system goes down unexpectedly.

Licensure Exemption Due to Emergency Situations

The Section is in favor of adding a provision in the law to allow licensure exemptions due to emergency situations. The Executive Director will work on the specific language for all Sections of the Board.

PRN Therapist Resources

The Section will prepare a document of frequently asked questions to post on the Board website. The Section will address supervision and documentation for PRN therapists. Kimberly Lawler and Mary Stover will work on this document.

New Business

Escrow Restoration Application Guidelines

The Executive Director asked the Section to clarify the application processing deadline for individuals who request to restore their escrowed license to active status during the licensure renewal period. The Section determined to restore an escrowed license to active status, the applicant would be required to submit the restoration application no later than April 30th of the licensure expiration year. Otherwise, the licensee would be required to renew the license in escrow and then submit the restoration application to return to active practice. The restoration application is available on the Board website at <http://otptat.ohio.gov>.

Deadline to Submit Ohio Law Exam for Ethics Credit

Action: Kimberly Lawler moved that the Laws and Rules Examination for ethics credit must be received in the Board office no later than May 1st of the renewal year. Mary Stover seconded the motion. The motion carried.

NBCOT Annual Meeting

The NBCOT Annual Conference on Occupation Therapy State Regulation will be hosted in Baltimore, Maryland on October 23-24, 2009. Nanette Shoemaker and Kimberly Lawler expressed interest in attending the conference on behalf of the Section.

Proposed Rules Changes

The Section was in favor of the proposed rules changes to eliminate the issuance of limited permits and pocket identification cards. The Executive Director will send the proposed rules out to the listserv for comments.

OOTA Report

Jacquelyn Chamberlain reported that the OOTA submitted a letter recommending to the Governor in support of reappointing of Mary Stover and Nanette Shoemaker to serve on the Occupational Therapy Section of the Ohio OTPTAT Board.

Items for Next Meeting

- Strategic Plan Benchmark review
- Jurisprudence Examination Update
- OOTA Presentation
- Escrow Restoration Deadline
- Impact of HB1 language on late renewal fee
- Frequently Asked Questions
- Collaboration/Supervision Log and HIPAA

Next Meeting Date

The next meeting date of the Occupational Therapy Section is scheduled for Thursday, September 17, 2009.

Action: Nanette Shoemaker moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 4:10 p.m.

Respectfully submitted,
Diane Moore

Kimberly Lawler, OTR/L, Chairperson
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

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

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

JH:jmr:dm