



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
March 4, 2010
9:00 a.m.

Members Present

Rebecca Finni, OTR/L
Jean Halpin, OTR/L, Secretary (*arrived @ 11:10 am*)
Kimberly Lawler, OTR/L, Chairperson
Mary Stover, OTR/L

Staff

H. Jeffery Barker, Investigator
Diane Moore, Executive Assistant
Jeffrey Rosa, Executive Director

Members Absent

Nanette Shoemaker, COTA/L

Guests

Jacquelyn Chamberlin, OOTA
Anita Prins

Legal Counsel

Elizabeth Hartnett, AAG

Call to Order

Kimberly Lawler, Chairperson, called the meeting to order at 9:35 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: Mary Stover moved that the minutes from the January 5, 2010 meeting be approved as amended. Rebecca Finni seconded the motion. Jean Halpin was absent for the vote. The motion carried.

Action: Rebecca Finni moved to go into executive session to discuss personnel matters. Kimberly Lawler seconded the motion.

The Executive Director called the Roll:

Roll Call

Rebecca Finni	Yes
Jean Halpin	Yes
Kimberly Lawler	Yes
Nanette Shoemaker	Absent
Mary Stover	Yes

The section went into executive session at 3:37 pm and came out at 4:01 pm. There was no action taken.

Administrative Reports

Continuing Education Report

Mary Stover recommended that the Section approve 130 applications, deny 3 applications, and request additional information for 1 application for contact hour approval. **Action:** Jean Halpin moved that the Section approve 130

applications and deny 3 applications for contact hour approval. Rebecca Finni seconded the motion. The motion carried.

Licensure Report

Action: Mary Stover moved that the Occupational Therapy Section ratify, as submitted, the occupational therapist and occupational therapy assistant limited permits and licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from January 5, 2010 through March 4, 2010, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting on the occupational therapy assistant examination application for Vanessa Williams. The motion carried.

Occupational Therapist – Examination

Barczewski, Cassie	Bobinski, Daniel	Brown, Sara
Burnworth, Tori	Campbell, Melissa	Cavender, Emily
Clague, Julie	Davidson, Lindsay	Davis, Amanda
Ehni, Andrea	Elsesser, Elizabeth	Hansen, Jessica
Hart, Leanna	Hoover, Laurie	Jaber, Jihad
Jenkins, Kelly	Juckett, Lisa	Kher, Anjali
Kopp, Andrea	Mertz, Emily	Mitchell, Laura
Nelson, Amanda	Newman, Gillian	Plautz, Dana
Ramskugler, Stacey	Reynolds, Jocelyn	Schlabach, Jeremy
Schwiebert, Krista	Selzer, Jennifer	Tippie, Miranda
Wireman, Jessica		

Occupational Therapy Assistant – Examination

Breier, Rick	Brooker, Karen	Erdman, Emily
Layman, Natalia	Long, Kirsten	Silbaugh, Ronald
Smith, Angela	Wagner, Katie	Weaver, Lamar
Williams, Vanessa	Zetlaw, Katie	

Occupational Therapist – Endorsement

Abdon, Angela	Bishop, James	Bott, Anne
Halerz-Incardona, Donnett	Heinsch, Carla	Kruse, Summer
Kurelko, Denise	Lipnicky, Patricia	Pangburn, Jeanne
Phelan, Mary		

Occupational Therapy Assistant – Endorsement

Olson, Carl	Phillips, Abbie	
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Occupational Therapist – Reinstatement

Brumley, Jason	Irwin, Robert	Waye, Deborah
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Occupational Therapy Assistant – Reinstatement

Fields, Mary	Fraunfelter, Jennifer	
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Occupational Therapist – Escrow Restoration

Whitacre, Mark

Occupational Therapist – Limited Permit

Andrea, Kimberley	Arkenau, Aimee	Atterholt, Amy
Bauer, Alison	Beckelheimer, Sarah	Bolick, Jennifer
Boling, Erin	Boyce, Amanda	Capella, Regan
Cisco, Abigail	Collins-Chlebina, Jennifer	Dalton, Ann
Davis, Ronald	Demarco, Elizabeth	Deringer, Anne
Doerschuk, Linda	Farrell, Pamela	Fix, Rachel
Force, Jennifer	Gittinger, Kimberly	Goodwin, Rylie

Harmon, Allyson
Johnson, Mary
Lautar, Kathleen
McTernan, Kaitlin
Myers, Catherine
Nzeogu, Adannaya
Phillips, Steffanie
Schulte, Alissa
Sweeny, Julianne
Tropiano, Abigail
Yahna, April

Hildebrandt, Laura
Kovach, Laura
Luckner, Leigh
Menze, Laura
Nickras, Sophia
O'Brien, Kimberly
Podolan, Maria
Shoemaker, Stacy
Szlag, Colby
Washock, Joshua
Zimmerman, Mary

Hindall, Alicia
Kundrach, Jennifer
Mayer, Nichole
Miller, Michelle
Nobis, Michael
Perkins, Heidi
Rund, Emily
Simpson, Heather
Tedrick, Stephanie
Wolford, Amanda

Occupational Therapy Assistant – Limited Permit

Dehner, Esther
Marzano, Penny
Myers, Christopher
Shindledecker, Clarissa
Welch, Aaron

Hale, Nathan
McTernan, Matthew
Sanderson, Kristina
Thompson, Andrew
Winger, Amy

Lillis Jaimie
Murphy, Stephanie
Scott, Tammy
Tobergta, Erin
Wolfe, Debra

Occupational Therapy Assistant Limited License Reinstatement Applicant

Anita Prins, an occupational therapy assistant reinstatement applicant, asked the Section questions regarding the supervision requirements contained in the limited license agreement.

The Section informed Ms. Prins that supervised practice is defined as on-site supervision by an Ohio licensed occupational therapist, who is immediately available to respond to take over the component of the treatment in which the supervisee is engaged. The Section further clarified that “on-site” supervision means in the same building and not “line of sight.”

Limited License Agreements

Mary Stover informed the Section that Cynthia Craddock, OTA complied with all terms and conditions and was released from her limited license agreement.

Mary Stover recommended that the Section keep the occupational therapist application file#4875425 open until May 2011 in order for the applicant to complete the NBCOT re-certification. **Action:** Kimberly Lawler moved that Section keep the occupational therapist application file#4875425 open until May 2011 in order for the applicant to complete the NBCOT re-certification. Rebecca Finni 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 therapy assistant applicant #4925196. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapy assistant license to applicant #4925196. Rebecca Finni seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license to Anita Prins.

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant applicant #4926228. **Action:** Jean Halpin moved that Section grant a limited occupational therapy assistant license to applicant #4926228. Rebecca Finni seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license to Jill Bostian.

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 #4922480. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapy assistant license to applicant #4922480. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license to Alisa Lajiness.

Case Review Liaison Report

The Enforcement Division opened five new cases and closed eleven cases since the January 5, 2010 meeting. There are currently nineteen cases open. There are sixteen disciplinary consent agreements and one adjudication order being monitored.

Rebecca Finni informed the Section that Maureen Hendry, Douglas Wechter, Mirna Monroy-Cubie, Patricia Kauffman, Laura Glasscock, Leanne Pitcher, Gina Schmitmeyer, Sandra Soresso, and Debra Thompson complied with all terms and conditions and were released from their disciplinary consent agreements.

Enforcement Actions

Rebecca Finni recommended that the Section rescind the notice of opportunity for hearing for case number OT-FY10-044 based on review of new evidence. **Action:** Kimberly Lawler moved that the Section rescind the notice of opportunity for hearing for case number OT-FY10-044 based on review of new evidence. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-022 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-022 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Emily Dickerson, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-023 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-023 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Judy Domsic, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-025 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-025 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Cheryl Reibold, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-030 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-030 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Michael Spear, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-031 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-031 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Julia Powers, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-033 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-033 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Uretta Russell, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-035 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-035 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Mary Klei, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-036 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-036 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Courtney Weiker, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-041 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-041 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Sue Grotty, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-042 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-042 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Heather Greene, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-043 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY10-043 be accepted in lieu of going to hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Jennifer Stretavaski, OT.

Affidavit Hearings

Good afternoon. My name is Kimberly Lawler, Chairwoman of the Occupational Therapy Section of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board. Let the record show that these proceedings were called to order at 11:14 am on March 4, 2010, at the Vern Riffe Center, 77 South High Street, Columbus, Ohio, 43215. Members of the Board present for the proceedings are:

Kimberly Lawler called roll:

Rebecca Finni	Present
Jean Halpin	Present
Kimberly Lawler	Present
Nanette Shoemaker	Absent
Mary Stover	Present

It will be noted for the record that a majority of the members of the Board are present. There will be two adjudication proceedings today. The proceedings are in the matter of case number OT FY10-038, Mary K. Maestas, OTA.03349, and OT FY 10-039, Ifeoma D. Okeke, OT.006621,

These proceedings shall be an affidavit-based adjudication relative to a Notice of Opportunity for Hearing mailed to the respondent in the aforementioned case and believed to have been properly serviced according to the Administrative Procedures Act (Chapter 119. of the Ohio Revised Code).

As the respondents did not properly request a hearing in the case, these proceedings will be held before the board pursuant to *Goldman v. State Medical Board of Ohio*. The individual named does not have the ability to present written or oral testimony today, but may be present to hear the proceedings and outcome.

You have already received sworn affidavits from the Board Investigator and accompanying exhibits for the Goldman Proceedings in your board packet. The affidavits contain the evidence and testimony upon which you will deliberate. I trust that each of you has had the opportunity to review the affidavit and accompanying exhibits. If not, you may review them now.

In lieu of a stenographic record being made, let the minutes reflect the sworn affidavits and exhibits shall be kept as the official record of the proceedings in the aforementioned matters in the Board office.

I will now recognize Assistant Attorney General Elizabeth Hartnett for the purpose of providing a brief synopsis of each case.

Ms. Hartnett's reviewed the cases for the Board.

Having heard Ms. Hartnett's synopses, may I now have motion to admit the sworn affidavits and the accompanying exhibits in the aforementioned cases into evidence?

Action: Jean Halpin moved to accept the facts and exhibits outlined in the affidavit for of case number OT FY10-038, Mary K. Maestas, OTA.03349. Mary Stover seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Action: Jean Halpin moved to accept the facts and exhibits outlined in the affidavit for of case number OT FY 10-039, Ifeoma D. Okeke, OT.006621, Mary Stover seconded the motion. Rebecca Finni abstained from voting. The motion carried.

There being no further evidence to come before the board, these proceedings are now closed at 11:16 am.

The procedural and jurisdictional matters having being satisfied, we will now continue with the proceeding by deliberation on the sworn affidavits and exhibits. A written copy of the board's decision will be mailed to the respondents.

At this time, is there a motion to go into private session for the purpose of quasi-judicial deliberation on these matters?

Action: Jean Halpin moved to go into private session for the purpose of quasi-judicial deliberation on these this matter. Mary Stover seconded the motion.

Kimberly Lawler called roll:

Rebecca Finni	Yes
Jean Halpin	Yes
Kimberly Lawler	Yes
Nanette Shoemaker	Absent
Mary Stover	Yes

The Section went into private session at 11:25 a.m. and came out at 11:31 a.m. Rebecca Finni left the room during private session and did not participate in the deliberations.

Action: Kimberly Lawler moved to revoke the license of Mary K. Maestas, OTA.03349, based on the affidavit and information before us. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Action: Kimberly Lawler moved to revoke the license of Ifeoma D. Okeke, OT.006621, based on the affidavit and information before us. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Correspondence

- 1. Cara Dues:** Ms. Dues asked the Section whether an occupational therapy assistant can write physician verbal orders and asked if an occupational therapy assistant can work as a community liaison. **Reply:** It is the position of the Occupational Therapy Section that individuals other than an occupational therapist are not prohibited from receiving verbal or telephone orders, but those orders, prescriptions, or referrals must be followed up in writing with the referring practitioners' signature for inclusion in the patient's official record. The occupational therapist is ultimately responsible for receiving and accepting the directive or order. It is the opinion of the Occupational Therapy Section that Ms. Dues license to practice occupational therapy would not be in jeopardy by working as a "community liaison" as long as she is not representing herself as an occupational therapy assistant and is not providing occupational therapy services. Ms. Dues 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, Ms. Dues would need to follow current licensure requirements, such as continuing education. However, the Section recommends that Ms. Dues communicate with the facility and payer to determine if they have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.
- 2. Dennis Cleary:** Mr. Cleary asked the Section for clarification on the purpose of occupational therapy practitioners taking continuing education activities in ethics for each renewal period and asked for

suggestions on ethical topics to include in a continuing education workshop. **Reply:** As of July 1, 2004, Ohio occupational therapy practitioners are required to complete at least one contact hour of ethics education per renewal cycle. The ethics requirement was enacted for occupational therapy practitioners to refresh their knowledge on the ethical laws governing the practice of occupational therapy and to enhance the licensee's ability to maintain an ethical conscience to preserve the integrity of profession. In addition, the ethics requirement strengthens the occupational therapy community by maintaining consumer confidence in the occupational therapy services being provided. The Section encourages Mr. Cleary's participants to periodically visit the Board's website (<http://optat.ohio.gov>) to review the Occupational Therapy Practice Act, Frequently Asked Questions, newsletters, and other publications from the Section.

3. **Jill Shemory:** Ms. Shemory asked the Section if an occupational therapy assistant can perform myofascial release (MFR) and asked if MFR needs to be listed specifically in the plan of care. **Reply:** In accordance with section 4755.04(A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may perform myofascial release in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the treatment being performed, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. In response to Ms. Shemory's second question, myofascial release does not need to be specifically listed in the plan of care. However, third party payers, and the facility's policies may be more restrictive than the Ohio Occupational Therapy Practice Act.
4. **Christa McComas:** Ms. McComas asked the Section whether it is necessary to write a goal for modalities or can it just be included in the plan. **Reply:** In accordance with rule 4755-3-01 of the Administrative Code, the supervising occupational therapist shall determine the occupational therapy treatment/intervention plan that the occupational therapy assistants may implement. In accordance with section 4755.04(A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. The Section recommends that Ms. McComas refer to the AOTA Practice Framework for information on what constitutes a intervention plan. The Section recommends that Ms. McComas contact her payer source regarding policy regarding billing for modalities.
5. **Martin Pfiester:** Mr. Pfiester asked the Section whether an occupational therapist can earn continuing education credit by collaborating with the faculty tutor and providing consultative services for students conducting research involving developmental disabled population. **Reply:** It is the position of the Section that providing mentorship to a student completing a graduate level research/capstone project at an ACOTE accredited entry-level program or post-professional occupational therapist education program could qualify for continuing education credit. The Section recommends that mentor submit an individual request for continuing education approval for review to the Section. The Section is currently working on drafting rule language for continuing education activity in mentorship. Please look forward to providing feedback on the upcoming proposed rule changes.
6. **Karla Duvall:** Ms. Duvall asked the Section whether there is anything in the occupational therapy practice act that would prohibit an occupational therapy assistant from working as an independent contractor. **Reply:** Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. 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. The Ohio Revised Code empowers the Occupational Therapy Section to regulate and license the profession of occupational therapy. The Section is not statutorily authorized to provide specific legal advice and suggests that Ms. Duvall consult her legal counsel.

7. **Stephan Sexton:** Mr. Sexton asked the Section if an occupational therapy assistant can complete the client's recertification paperwork for Medicare, Medicare, and private insurance carriers. **Reply:** It is the position of the Occupational Therapy Section that occupational therapy assistants can report objective information on forms related to recertification. However, the occupational therapy assistant may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of development, modification of the treatment/intervention plan and the discharge plan, 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.
8. **Maxine Haller:** Ms. Haller asked the Section whether an occupational therapist can consult/evaluate a client who is located in another state over the phone or internet. **Reply:** It is the position of the Ohio Occupational Therapy Section that an occupational therapy practitioner is required to hold a valid, current license in the State of Ohio to serve any clients residing in Ohio. Therefore, out of state occupational therapy personnel must hold a valid Ohio license to treat clients in Ohio via telerehabilitation. The Section recommends that Ms. Haller contact the occupational therapy board in any state where the client resides to explore the requirements for practicing via telerehabilitation in that state.
9. **Laura Thompson:** Ms. Thompson asked the Section questions regarding whether it is acceptable for a physical therapist who is a rehabilitation director or clinical coordinator (registered nurse), to sign a printout of an electronic telephone order for physical therapy, by writing the receiving therapist's name and then signing the director or coordinator's name as the transcriber. **Reply:** It appears that Ms. Thompson's question refers to telephone orders from a physician that the receiving therapist enters into the computer. As long as the online record retains the entering therapist's electronic signature, there is nothing in the Physical Therapy Practice Act that would prohibit another individual from documenting that clinician's name on the printed record, indicating that the official signature was recorded by the receiving clinician. The Physical Therapy Section recommends that the software be revised if necessary to have the electronic signature print with the order so that a second signature from the receiving therapist is not required. 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 must assure that the electronic signature can be tracked to a unique logon code used only by that individual. If the above scenario is not correct, please provide clarification to the Physical Therapy Section. If Ms. Thompson has a direct question regarding the occupational therapy scope of practice, please submit her specific questions to the Occupational Therapy Section.
10. **Cindy Rupe:** Ms. Rupe asked the Section if it acceptable for an occupational therapy assistant to fill out an Ohio Medicaid School Program form while providing group therapy to students. **Reply:** There is nothing in the Occupational Therapy Practice Act that would prevent or prohibit an occupational therapist from completing the point of service documentation while providing client services. In accordance with the code of ethics established in rule 4755-7-08(A)(5)(c) of the Administrative Code, occupational therapy practitioners shall maintain accurate and timely documentation of occupational therapy services. Please refer to the Ohio Occupational Therapy Association's pediatrics member support group for additional information regarding the OMSP form.
11. **Brenda Brodbeck:** Ms. Brodbeck asked the Section question regarding the supervision and caseload requirements for an occupational therapy assistant. **Reply:** In item 3 of the email Ms. Brodbeck forwarded, the writer states that the occupational therapist has not seen a student because they are on the occupational therapy assistant's caseload. The occupational therapy assistant may only serve clients under the supervision of an occupational therapist. The occupational therapy assistant does not have a caseload that is separate from the occupational therapist. The ultimate responsibility for care of the student lies with the supervising occupational therapist, regardless of whether the occupational therapist or occupational therapy assistant provides follow-up treatment. Pursuant to rule 4755-7-01 (C) of the Administrative Code, supervision of the occupational therapy assistant, as defined in division (C) of section 4755.04 of the Revised Code, requires initial direction and periodic inspection of the service delivery and relevant in-

service training. The supervising 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 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 response to the question regarding whether an occupational therapy assistant can provide screens as part of the IAT process, 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. The occupational therapy assistant could provide intervention strategies to teachers only after collaboration between the occupational therapy assistant and occupational therapist.

OT/PT Joint Correspondence

JB1. **Shari Smith:** Ms. Smith asked the Sections for clarification on the use of unlicensed personnel in occupational and physical therapy practice. **Reply:** The laws and rules that govern the practice of physical therapy in Ohio restrict the duties that may be assigned to unlicensed personnel. Aides as Ms. Smith describes are defined as unlicensed personnel in rule 4755-27-01 of the Administrative Code as any person who is on the job trained and supports the delivery of physical therapy services. In accordance with rule 4755-27-03 of the Administrative Code, unlicensed personnel may be assigned only those routine duties that assist in the delivery of physical therapy care and operations. These routine duties include maintenance and care of equipment, preparation and cleaning of treatment areas, transportation of patients, office and clerical functions, assisting patients with change of clothes, transfers and altering position and personally assisting the physical therapy professional during concurrent treatment of the patient. This rule on delegation to unlicensed personnel limits the involvement of unlicensed personnel in direct patient care to assisting the physical therapist or physical therapist assistant as "a second pair of hands on the same patient." For example, the unlicensed aide may assist a physical therapist or physical therapist assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may guard a patient while the therapist steps back to assess the patient's gait pattern. It is NOT intended that unlicensed personnel provide a component of physical therapy treatment to patient A while the physical therapist or physical therapist assistant treats patient B or performs other activities, e.g. documentation. As stated in rule 4755-7-02 of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of patients, preparation of work area, assisting with patient's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. The following all violate the Ohio Occupational Therapy Practice Act: (1) Delegating evaluative procedures; (2) Delegating treatment procedures; (3) Documenting in the client's official record; (4) Acting on behalf of the licensed occupational therapy practitioner in any matter related to occupational therapy that requires decision making. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. Therefore, the occupational therapy practitioner may not delegate the above tasks to professionals such as licensed nurses, physical therapists, physical therapist assistants, speech language pathologists, etc. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-02 (B) of the Ohio Administrative Code to unlicensed personnel. It is also not within the jurisdiction of the Occupational Therapy Section to

render billing and reimbursement advice. The Occupational Therapy Section recommends that Ms. Smith consult specific payer policies for information regarding reimbursement.

- JB2.** **Marv Kay Prall:** Ms. Prall asked the Sections specific questions regarding the level of assessment an occupational and physical therapist can perform when completing the OASIS form for a Medicare/Medicaid client. **Reply:** There is nothing in the Ohio Revised Code that prohibits the occupational therapist from completing the Outcome and Assessment Information Set (OASIS). In accordance with section 4755.04 (A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may perform tasks such as blood pressure and using a stethoscope to listen to lung and bowel sounds within the provision of occupational therapy services if the occupational therapy practitioner has demonstrated and has documented competency in the knowledge, skills and ability of the assessment being performed. While Ohio law does not specifically refer to whether or not a physical therapist may listen to and evaluate heart and lung sounds, it is the position of the Physical Therapy Section that these activities are consistent with the knowledge and skills of licensed physical therapists. In addition, there is nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist from listening to bowel sounds and determining their presence if the therapist has received training and demonstrated competence in this skill.
- JB3.** **Johanna Forgac:** Ms. Forgac asked the Sections if an occupational and physical therapist can modify a physician order. **Reply:** Section 4755.481 of the Revised Code authorizes physical therapists to evaluate and treat without a physician's referral. Therefore, in the situation Ms. Forgac described, the physical therapist may evaluate the patient and initiate treatment under direct access rules. Then, upon consent of the patient, the physical therapist is to inform the patient's medical health professional of the physical therapy evaluation within five (5) business days of the evaluation having taken place. These laws and rules apply to all settings. If the patient's insurance requires a physician's referral specifically for physical therapy, this could be requested at the time of the notification. For Medicare patients, a signature on the plan of care could also be requested at this time. Although the occupational therapist and physical therapist may both be Certified Lymphedema Therapists (CLT), each individual must follow the laws and rules governing the individual's Ohio license. As a result, if a patient was initially evaluated by a CLT that was a physical therapist, that patient must be treated pursuant to the established physical therapy plan of care, and the laws and rules governing the practice of physical therapy would prevail. The same holds true if the initial evaluation is performed by the occupational therapist, except now the occupational therapy laws govern the care of that patient. Occupational therapy and physical therapy practitioners may not treat pursuant to an evaluation and plan of care established by the other discipline. Therefore, a therapist of one discipline may not cover for a therapist of the other discipline. 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.
- JB4.** **Paula Melson:** Ms. Melson asked the Sections for clarification on the practice guidelines regarding the use of musculoskeletal ultrasound imaging by an occupational or physical therapist. **Reply:** It is the position of the Physical Therapy Section that musculoskeletal ultrasound imaging is well established as a modality within the scope of physical therapy. Performance and interpretation of this imaging technique is consistent with the knowledge and skills of licensed physical therapists. As with any specialized procedure, the physical therapist must have training and demonstrate competency in the modality. While a physical therapist may use the results of ultrasound imaging to identify a focus for physical therapy treatment, as a means of biofeedback to the patient, or as an objective outcome measure to track the effectiveness of treatment, the imaging results would need to be referred to a physician for the establishment of a medical diagnosis. In accordance with section 4755.04 (A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use musculoskeletal ultrasound imaging as a modality within the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice.
- JB5.** **Tim McIntire:** Mr. McIntire asked the Sections for clarification on the physical therapist assistant and occupational therapy assistant involvement in home assessments. **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. According to the Physical Therapy Section, a home assessment is the sole responsibility of the physical therapist. However, prior to the completion of a home assessment, the physical therapist assistant may go into the home, without the patient being present, to perform an environmental survey (architectural barriers, floor plan, etc.). If the patient is going into his/her home environment and his/her function in the home is being assessed, this assessment must be performed by a physical therapist. A physical therapist assistant may continue an established treatment plan of functional activities in the home or other non-clinical environment once the home assessment has been completed.

- JB6.** **Liz Maus:** Ms. Maus asked the Sections whether a formal progress summary is required under the occupational and physical therapy practice acts and asked if there is a specific time requirement to perform a re-evaluation. **Reply:** According to rule 4755-7-08 (A)(5)(c) of the Administrative Code, occupational therapy practitioners shall maintain accurate and timely documentation of occupational therapy services. However, the Occupational Therapy Section does not have specific requirements for frequency of re-evaluation. Please be aware that Ms. Maus agency, accrediting bodies and reimbursement agencies may have other requirements and guidelines that need to be met for reimbursement of occupational therapy services. It is the position of the Physical Therapy Section that the frequency of re-evaluation of a patient must be individualized and based upon that patient's impairments and response to treatment, regardless of the setting in which the patient receives physical therapy services. There is nothing in the laws and rules governing physical therapy that dictates the form or content of daily documentation or timing of progress summaries. Please refer to the payer since payer policies may have specific rules on frequency of progress notes or re-evaluation and on the use of the re-evaluation code.

Old Business

Occupational Therapy Jurisprudence Examination Revisions Update

The Section reviewed the draft occupational therapy jurisprudence examination content and content outline. The Section will table this until the May 2010 Section Meeting.

Proposed Changes to the Code of Ethics

The Section reviewed the matrix of the content for the code of ethics that compares the occupational therapy code of ethics with the physical therapy code of ethical conduct. The Executive Director will revise the document to include the Section's input on which content areas need to be added or deleted. The Section will forward their responses to the Executive Director for review and discussion at the May Section meeting.

Discussion on the Use of Telehealth Technologies in Occupational Therapy Practice

The Section reviewed the draft statement on the use of telerehabilitation in occupational therapy practice. The Executive Director will make the appropriate changes and will post the response on the Board website.

Draft Letter to NBCOT Regarding Exam Score Reporting

The Section reviewed the draft letter to NBCOT that asks NBCOT to explore ways to streamline the examination reporting process. The Executive Director will send the revised the letter to NBCOT.

Rule Revisions Update/ Draft Rule for Mentoring CE Credit

The Section reviewed the draft revisions for rules 4755-7-11, 4755-3-11, and 4755-9-01. The Section also discussed the comments regarding the definition of student occupational therapist contained in the revised rule 4755-7-01.

Action: Jean Halpin moved that the Section file the proposed changes to rules 4755-7-11, 4755-3-11, and 4755-9-01. The Section also moved to direct the Executive Director to modify the definition of student occupational therapist in rule 4755-7-01 and file that rule. Rebecca Finni seconded the motion. The motion carried.

Ohio Department of Education (ODE) Related Service Provider Caseloads Update

The Occupational and Physical Therapy Sections sent a joint clarification letter to ODE regarding the related service provider caseloads. The Comparison of Responsibilities of School-Based Occupational and Physical Therapy Practitioners was posted on the Board's website under the publications section. The Executive Director, Mary

Stover, and Mary Kay Eastman will present to the Ohio Association of Pupil Services Administrators to discuss the roles and responsibilities of occupational therapists and occupational therapist assistants and physical therapists and physical therapist assistants, and to inform the administrators of the benefits of maintaining occupational therapy assistant and physical therapist assistant roles in to school based practice.

New Business

Doctoral Level Coursework

The Section reviewed the definition of student occupational therapist contained in rule 4755-7-01.

OT/PT School Based Institute

The Occupational Therapy Section will present at the OT/PT School Based Institute on August 10, 2010 from 10:15 am to 12:15 pm at the Hilton Easton in Columbus. The Section will not host a booth this year.

Ohio Occupational Therapy Association (OOTA) Report

Jacquelyn Chamberlin reported that the OOTA will draft a letter to NBCOT to address streamlining the examination reporting process to decrease delays in examination score reporting. OOTA will request a conference call with NBCOT and Jeffrey Rosa to discuss these issues. Ms. Chamberlin also informed the Section that OOTA will work with the academic programs to share information regarding the elimination of the limited permit.

Items for Next Meeting

- Jurisprudence examination update
- Proposed changes to code of ethics
- Public rules hearing
- Presentation planning for OT/PT School Based Institute
- Retreat planning

Next Meeting Date

The next meeting date of the Occupational Therapy Section is scheduled for Thursday, May 18, 2010.

Action: Rebecca Finni moved to adjourn the meeting. Mary Stover seconded the motion. The motion carried. The meeting adjourned at 4:06 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