



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

*Occupational Therapy Section
September 9, 2010
9:00 a.m.*

Members Present

Rebecca Finni, OTR/L
Jean Halpin, OTR/L, Secretary
Kimberly Lawler, OTR/L, Chairperson
Nanette Shoemaker, COTA/L
Mary Stover, OTR/L

Legal Counsel

Yvonne Tertel, AAG

Staff

Lisa Ratinaud, Enforcement Division Supervisor
Jeffrey Rosa, Executive Director
Andrew Snouffer, Investigator

Guests

Jacquelyn Chamberlin, OOTA
Mollie Verdier

Call to Order

Kimberly Lawler, Chairperson called the meeting to order at 9:17 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 July 20, 2010 meeting be approved as amended. Kimberly Lawler seconded the motion. The motion carried.

Special Orders

Election of Officers

Action: Nanette Shoemaker nominated Mary Stover to be Section Chairperson for the period beginning September 9, 2010 and ending immediately following the September 2011 Section meeting. Kimberly Lawler seconded the nomination. All members present voted to elect Mary Stover as Section Chairperson.

Action: Nanette Shoemaker nominated Jean Halpin to be Section Secretary for the period beginning September 9, 2010 and ending immediately following the September 2011 Section meeting. Mary Stover seconded the nomination. All members present voted to elect Jean Halpin as Section Secretary.

Appointment of Liaisons

The liaison appointments beginning September 9, 2010 and ending September 30, 2011 are:

Enforcement Division Liaison: Rebecca Finni

Licensure Liaison: Kimberly Lawler

Continuing Education Liaison: Nanette Shoemaker

Correspondence Liaison: Jean Halpin and Mary Stover

Action: Nanette Shoemaker moved to authorize the Executive Director to accept or reject consent agreements on the Section's behalf for the period beginning September 9, 2010 and ending on September 30, 2011. Rebecca Finni seconded the motion. The motion carried.

Action: Mary Stover moved to authorize the use of signature stamps or electronic signatures by the Section Chairperson, Section Secretary, and the Executive Director for the period beginning September 9, 2010 and ending on September 30, 2011. Rebecca Finni seconded the motion. The motion carried.

Action: Nanette Shoemaker moved to authorize the Executive Director to make editorial changes to motions for the period beginning September 9, 2010 and ending on September 30, 2011. Rebecca Finni seconded the motion. The motion carried.

Action: Mary Stover moved to authorize the use of hearing officers for the period beginning September 9, 2010 and ending on September 30, 2011. Nanette Shoemaker seconded the motion. The motion carried.

Action: Rebecca Finni moved to authorize the staff to issue licenses to applicants with completed applications and that the Section ratify the licenses issued by the staff at the Section meeting following issuance of license officers for the period beginning September 9, 2010 and ending September 30, 2011. Nanette Shoemaker seconded the motion. The motion carried.

Discussion of Law Changes

The Section discussed proposed amendments for rules 4755-1-01, 4755-3-01, 4755-3-05, 4755-3-10, 4755-3-12, 4755-5-02, 4755-7-11, and 4755-9-01. The Occupational Therapy Section rules scheduled for five year review are 4755-1-01, 4755-1-02, 4755-01-03, 4755-3-02, 4755-3-03, 4755-3-04, 4755-3-05, 4755-3-07, 4755-3-10, 4755-3-12, and 4755-7-11.

Administrative Reports

Continuing Education Report

Nanette Shoemaker recommended that the Section approve 57 applications for contact hour approval. **Action:** Rebecca Finni moved that the Section approve 57 applications for contact hour approval. Mary Stover 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 July 20, 2010 through September 9, 2010, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca Finni seconded the motion. Nanette Shoemaker abstained from voting on the occupational therapy assistant limited permit applications for Julia Ramsey and Jerry Shields. The motion carried.

Occupational Therapist – Examination

Cochran, Michelle	Cropenbaker, Lauren	Egan, Katherine
Eiland, Shanae	Feeley, Michael	Frisch, Farah
Herold, Jennifer	Hightower, Robyn	Jordan, Allison
Knepley, Molly	Lassel, Krista	Lemaster, Daniel
Mullins, Krista	Reagan, Abby	Schinasi, Erin
Tramontana, Lisa	Wise, Megan	

Occupational Therapy Assistant – Examination

Anido, Maria	Augustein, Virginia	Baird, Lindsey
Bates, Robin	Beasley, Stephanie	Bock, Jodie
Buehler, Maria	Cardinale, Pamela	Coleman, Kimberly
Dehner, Esther	Dysert, Jessica	Ferlaino, Stephanie
Fuller, Aubree	Gallagher, Stephanie	Glenn, Tasha
Goodwin, Ashlee	Griner, Jack	Hill, Sarah
Jones, Andrea	Kleman, Brittany	Light, Emily
Maas, Amanda	McCreery, Jackie	Merritte, Gail
Michaels, Devon	Owen, Stephanie	Riffe, Jeremy
Shaffer, Lisa	Shaner, Amanda	Shaw, Melissa
Shepard, Dennis	Steiner, Ashley	Steiner, Jodie

Stephens, Ashley
Wenning, Jill

Stucke, Jamie
Wiswell, Kaye

Trulock, Ashley

Occupational Therapist – Endorsement

Anderson, Cynthia
Gonzalez, Julie
Kirkland, Douglas
Sanders, Angela
Wittenberg, Megan

Burzynski, Maranda
Grimes, Erin
Lawrie, Anne
Turner, Krystin

Gargas, Ashley
Kamath, Shwetha
Ratchford-Simms, Heather
Wafula, Sabina

Occupational Therapy Assistant – Endorsement

Alicea, Ingrid
Miller, Pamela

Byers, James
Reese, James

Johnson, Olivia

Occupational Therapist – Reinstatement

Leedy, Deborah

Pape, Jennifer

Remark, Giorgia

Occupational Therapy Assistant – Reinstatement

Bostian, Jill
Ryan, Stacie

Jansen, Tina

Loutzenhiser, Jo

Occupational Therapist – Escrow Restoration

Bauman, Sandra

Kroszkewicz, Ceil

Occupational Therapist – Limited Permit

Armstrong, Paula
Gore, Rachel
Jones, Rebecca
Matlack, Wendy

Carey, Nancy
Gossett, Carol
Laukhuf, Katie
Nelson, Danielle

Carothers, Kelly
Hoots, Lauren
Limner, Samantha
Rooney, Kaitlin

Occupational Therapy Assistant – Limited Permit

Cozza, Miriam
Gadelsayed, Paul
Lamb, Carrie
Shields, Jerry

Davidson, Rebekah
Harr, Ashley
Melena, Jill
Urban, Linda

Gadelsayed, Barbara
Hinton, Tarah
Ramsey, Julia
Vasilevich, Thomas

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 therapy assistant reinstatement applicant #5005492. **Action:** Jean Halpin moved that Section grant a limited occupational therapy assistant license agreement to reinstatement applicant #5005492. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Stephanie Hausfeld.

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 reinstatement applicant #4995034. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license agreement to reinstatement applicant #4995034. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Sara Overway Gurney.

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 restoration applicant #4995720. **Action:** Rebecca Finni moved that Section grant a limited occupational therapy assistant license agreement to restoration applicant #4995720. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Laurie Ryan.

Nanette Shoemaker recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5002463. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to restoration applicant #5002463. Jean Halpin seconded the motion. Mary Stover and Nanette Shoemaker abstained from voting. The motion carried. The Section granted a limited license agreement to Donna Laubenthal.

The Section reviewed the correspondence requesting clarification on the terms of his limited license agreement from limited license agreement for occupational therapist reinstatement file #4848054. **Reply:** In response to the individual's question regarding whether co-signature is required, no, co-signature is not required. The supervising occupational therapist will complete the supervision log and will note your skills on the FWPE. Supervision is collaborative process and should be an on-going within the work setting.

The Section discussed the requested extension to complete the supervised practice hours for occupational therapist restoration file #4979501. The Section instructed Mary Stover to modify the limited license agreement for occupational therapy assistant restoration file #4979501 to allow extended time for the individual to complete the limited licensure agreement.

Assistant Attorney General's Report

Yvonne Tertel had no formal report.

Case Review Liaison Report

The Enforcement Division opened one new case and closed two cases since the July 20, 2010 meeting. There are currently eleven cases open. There are six disciplinary consent agreements and one adjudication order being monitored.

Rebecca Finni informed the Section that Cynthia Sorensen and Ifeoma Okeke complied with all terms and conditions and were released from their disciplinary consent agreements.

Enforcement Actions

Rebecca Finni recommended that a notice for opportunity for a hearing be issued for case OT-FY 11-003 for multiple felony convictions. **Action:** Mary Stover moved that a notice of opportunity for hearing be issued for case OT-FY11-003 for multiple felony convictions. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY11-001 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY11-001 be accepted in lieu of going to hearing. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Nancy DiPaolo, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY11-002 in lieu of going to hearing. **Action:** Kimberly Lawler moved that the consent agreement for case OT-FY11-002 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Katrina McWilliams, OTA.

Correspondence

1. **Heather Guthrie:** Ms. Guthrie asked the Section whether occupational therapy assistants can complete the discharge summary and discharge visit in a home care setting. **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 4755-7-02 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation.
2. **Kristi Eickman:** Ms. Eickman asked the Section if the plan of care can be included in the daily documentation form and asked in a school based setting, when should the occupational therapist complete the plan of care. **Reply:** The Ohio Occupational Therapy Practice Act does not address frequency of

documentation or the specific format. It is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the AOTA Guidelines for Documentation of Occupational Therapy (AJOT November/December 2008) when determining documentation of occupational therapy in any setting. It would be appropriate to complete the plan of care at the time the evaluation is completed and new Individual Education Plan (IEP) goals/objectives are established. Third party payer policies and/or federal regulations may be more or less restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.

3. **Bonnve Klein:** Ms. Klein asked the Section if occupational therapy assistants can write discharge summaries with co-signature from the supervising occupational therapist and asked if occupational therapist are required to complete a mid-visit with a home care patient. **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 ultimately the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development, as indicated in rule 4755-7-02 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. There is nothing in the Ohio Revised Code that prohibits the occupational therapist/occupational therapy assistant from completing the Outcome and Assessment Information Set (OASIS). However, according to section 4755.11 (A)(9) of the Ohio Revised Code, the occupational therapy practitioner may be subject to disciplinary action for “practicing in an area of occupational therapy for which the individual is clearly untrained or incompetent.” If the occupational therapy practitioner is requested to provide a service for which he/she does not feel competent, it is the therapist’s responsibility to pursue specialized training to ensure competency. If the occupational therapy practitioner is unable to ensure competency, the therapist must refuse to provide that service. The Ohio Occupational Therapy Practice Act remains the same in all practice settings where occupational therapy is provided. The Occupational Therapy Section does not address frequency of documentation. There is nothing in the Ohio Occupational Therapy Practice Act that states the occupational therapist is required to do a mid-visit with a home care patient; however, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.
4. **Christina Koelh:** Ms. Koehl asked the Section if the advertisement provided potentially violates the Ohio Occupational Therapy Practice Act. **Reply:** The advertisement does not violate the Ohio Occupational Therapy Practice Act. The Section thanks you for your continued interest in consumer protection. The Section encourages you to be involved in the Ohio Occupational Therapy Association and the American Occupational Therapy Association for professional advocacy.
5. **Denise Shaffer:** Ms. Shaffer asked the Section if it is within the scope of practice for an occupational therapist to develop a Home Health Aide care plan. **Reply:** In accordance with the Ohio Occupational Therapy Practice Act, it is within the scope of practice for an occupational therapist to develop a restorative or maintenance plan to be carried out by an unskilled person. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.
6. **Jessica Hayes:** Ms. Hayes asked the Section if an occupational therapist can supervise an occupational therapy assistant from another company. **Reply:** It is the position of the Occupational Therapy Section that nothing in the Ohio Occupational Therapy Practice Act prohibits an occupational therapist employed by one agency from supervising an occupational therapy assistant employed by a different agency; however, third party payer policies, malpractice and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. The Section is not statutorily authorized to provide specific legal advice and suggests that you consult your legal counsel. Regardless of employers, the occupational therapist must have the authority to direct and correct client care services provided by an occupational therapy assistant. The occupational therapist has the ultimate responsibility for the client care and must assure that the care is provided in accordance with rules 4755-7-01 to 4755-7-10 of the Ohio Administrative Code, that treatments are rendered according to safe and ethical standards, and are of a type and quality to be effectual to the client’s needs. 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.

7. **Mollie Verdier:** Ms. Verdier asked the Section if the description of services provided potentially violates the Ohio Occupational Therapy Practice Act. **Reply:** As stated in your letter, even though you are an occupational therapy assistant, you will not be providing occupational therapy services as the administrator. There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapy assistant from being an administrator of a website. Although occupational therapy assistants providing such services may include their educational degrees in published materials, they should not use the credentials OTA, OTA/L, or COTA/L, and should not state that the activities provided through the website are led by occupational therapy practitioners.
8. **William Henry:** Mr. Henry asked the Section questions regarding the maximum number of full time occupational therapy assistants that an occupational therapist can supervise in a school based setting. **Reply:** As you note in your letter, the Department of Education's operating standards state than an occupational therapist cannot provide direct services to more than 50 school aged children. In addition, the Ohio Occupational Therapy Practice Act outlines the number of occupational therapy assistants that an occupational therapist may supervise. However, the maximum occupational therapist to occupational therapy assistant ratio may not be acceptable in the school setting. To address the concerns about the appropriate role and use of occupational therapy assistants, the Occupational Therapy (and Physical Therapy) Section developed a *Comparison of Responsibilities of Occupational Therapy Practitioners in School Based Practice* document, which is available on the Board's website. The following paragraphs are taken from that document. The supervising occupational therapist has ultimate responsibility for all students served by the occupational therapy assistant. The frequency and nature of the occupational therapist's treatment or direct, onsite supervision/observation of students delegated to occupational therapy assistants is individualized and determined by such factors as the needs and clinical complexity of the student, the experience of the occupational therapy assistant, and whether continual reassessment of the student's status is needed during intervention. The 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 that the supervision took place. The supervising 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 documentation does not meet the minimal level of supervision. Supervision must include a review of student assessment, reassessment, intervention plan, interventions, and discontinuation of the intervention. The Ohio Occupational Therapy Practice Act does not specifically regulate caseload levels. However, occupational therapists are required to ensure that they accept no more students than they can provide appropriate management for, based on the unique needs of the students, taking into account the complexity of the population being served. 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. In any given period of time, an occupational therapist must not provide or supervise care for a higher number of students than that for which skilled care by licensed practitioners can be delivered. The occupational therapist must assure that treatments are provided according to safe and ethical standards.
9. **Brenda George:** Ms. George asked the Section questions regarding the timelines of documentation by the occupational therapy assistant and whether it is the occupational therapists responsibility for making sure that the occupational therapy assistant records the notes in a timely fashion. **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. Per administrative code 4755-7-08 (A)(5)(c), If there is no proof of documentation (electronic or printed) the supervising Occupational Therapist needs to be able to review the Occupational Therapy Assistants documentation in a timely manner. If the electronic system administrator does not allow the review of the documentation in a timely manner, the Occupational Therapy Assistant should print off or hand write the documentation for review in a timely manner by the Occupational Therapist. 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. Rule 4755-7-01 (C)(4) of the Administrative Code does not specify which occupational therapy practitioner (i.e.: the occupational therapist or the occupational therapy assistant) is responsible for the completing the documentation. Pursuant to rule 4755-7-08 (A)(2)(e) of the Ohio Administrative Code, occupational therapy practitioners shall protect the public by reporting any conduct that they consider unethical, illegal or incompetent relating to the practice of occupational therapy to the occupational therapy section of the Ohio occupational therapy, physical therapy and athletic trainers board.

10. **Brenda George:** Ms. George asked the Section what is the life expectation of the POT and maintaining confidentiality when caseloads change or therapists change. **Reply:** The Occupational Therapy Section requests further clarification before it can respond to your question.
11. **Brenda George:** Ms. George asked the Section questions regarding the supervision requirements for occupational therapy assistants working in school based settings. **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.
12. **Brenda George:** Ms. George asked the Section questions regarding supervision and caseload requirements for occupational therapy assistants and if billing codes is required for the plan of care. **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. To address the concerns about the appropriate role and use of occupational therapy assistants, the Occupational Therapy (and Physical Therapy) Section developed a *Comparison of Responsibilities of Occupational Therapy Practitioners in School Based Practice* document, which is available on the Board's website. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to Medicare/Medicaid or payer policies for any specific billing and reimbursement requirements in your setting.

13. **Lauren Rawlins:** Ms. Rawlins asked the Section for clarification on tele-occupational therapy services via video and whether this is an effective method of therapy for consumers. **Reply:** The Section recommends that you research the American Occupational Therapy Association's Telerehabilitation Position Paper, which was published in the *American Journal of Occupational Therapy* in 2005 (59, 656-660). 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 you contact the occupational therapy board in any state where the client resides to explore the requirements for practicing via telerehabilitation in that state.

OT/PT Joint Correspondence

- JB1. **Jim Reulbach:** Mr. Reulbach asked the Sections whether the occupational and physical therapy termination notification letters, as shown by the attached forms, are required by the occupational and physical therapist practice acts to address issues related to abandonment. **Reply:** As described in section 4755.47(B)(5)(h) of the Ohio Revised Code, abandonment is the inappropriate termination of a physical therapist/patient relationship by the physical therapist and is generally alleged when the relationship is severed without reasonable notice at a time when the patient continues to require care. It is the position of the Physical Therapy Section that physical therapists have a legal and ethical obligation to make every effort to follow through with the plan of care established for the patients or to refer physical therapy patients elsewhere when he/she can no longer continue to treat a patient whom he/she evaluated and/or has an ongoing plan of care. The issue of abandonment often arises when a facility replaces a physical therapist or when a physical therapist moves, is transferred, or sells his/her practice. The physical therapist has a responsibility to refer physical therapy patients elsewhere when he/she can no longer continue to treat a patient whom he/she evaluated and/or for whom he/she set up a plan of care. A physical therapist should make every attempt to transfer his/her patients to eligible providers. It is the position of the Occupational Therapy Section, that abandonment is the inappropriate termination of an occupational therapist/patient 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 (A) of the Ohio Administrative Code: "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." There is nothing in the Ohio Occupational or Physical Therapy Practice Acts that stipulates how the notification is to be made. It appears that the notification you describe satisfies the responsibility of the occupational and physical therapist as set forth in the Ohio Revised Code. The Occupational and Physical Therapy Sections recommend that notification be completed within the

guidelines of the agency responsible for providing the services. The Sections also recommend that you obtain legal advice about the consequences of notifying agency clients without allowing the agency to make their own notification prior to termination of services. While it appears that the notifications you describe satisfy the responsibility of the occupational and physical therapists as set forth in the Ohio Revised Code, the Occupational and Physical Therapy Sections advise that it will be in the clients' best interest to coordinate these notifications with the Stark County Board of Developmental Disabilities.

JB2. Diana Lashley: Ms. Lashley asked the Sections for clarification on the occupational and physical therapists' responsibility to their clients during the described policy change in services and asked for input on the county board's notification plan for implementing the new procedures. **Reply:** As described in section 4755.47(B)(5)(h) of the Ohio Revised Code, abandonment is the inappropriate termination of a physical therapist/patient relationship by the physical therapist. Abandonment is generally alleged when the relationship is severed without reasonable notice at a time when the patient continues to require care. It is the position of the Physical Therapy Section that physical therapists have a legal and ethical obligation to make every effort to follow through with the plan of care established for the patients or to refer physical therapy patients elsewhere when he/she can no longer continue to treat a patient whom he/she evaluated and/or has an ongoing plan of care. The issue of abandonment often arises when a facility replaces a physical therapist or when a physical therapist moves, is transferred, or sells his/her practice. The physical therapist has a responsibility to refer physical therapy patients elsewhere when he/she can no longer continue to treat a patient whom he/she evaluated and/or for whom he/she set up a plan of care. A physical therapist should make every attempt to transfer his/her patients to eligible providers. It is the position of the Occupational Therapy Section, that abandonment is the inappropriate termination of an occupational therapist/patient 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 (A) of the Ohio Administrative Code, "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." It is the position of the Occupational and Physical Therapy Sections that the therapist is responsible for ensuring that notification of the termination of care is provided, regardless of whether services are deemed "medically necessary" by insurance companies. This may be provided by the therapists themselves or through the Board of Developmental Disabilities. The Occupational and Physical Therapy Sections advise that it will be in the patients' best interest for the Stark County Board of Developmental Disabilities and the occupational and physical therapists from Blue Skies of Ohio, Inc. to coordinate these notifications.

JB3. Brenda George and Adrienne Nagy: Ms. George and Ms. Nagy separately asked the Sections if occupational and physical therapists are required to have a written evaluation and plan of care under early intervention services provided in natural environments by transdisciplinary teams. **Reply:** The practice of physical therapy is not affected by the setting in which the physical therapist provides services. The physical therapist, in all cases, must conduct the initial patient evaluation and develop the physical therapy plan of care regardless of the manner in which services will be provided. The practice of physical therapy is not affected by the setting in which the physical therapist provides services. The physical therapist, in all cases, must conduct the initial patient evaluation and develop the physical therapy plan of care regardless of the manner in which services will be provided.: preparation of referrals; Initial patient evaluation; Initial and ongoing treatment planning; Periodic re-evaluation of the patient; Adjustment of the treatment plan; Identifying channels of communication; Assessing the competence of physical therapist assistants or other licensed personnel; and Discharge evaluations and follow-up plans of care. The physical therapist shall select the appropriate portions of the program to be delegated and provide instruction in the delegated

functions to the Primary Service Provider or Adult Coach. Such direction shall include precautions, special problems, contraindications, goals and anticipated progress, plans for re-evaluation, and actual re-evaluation of the patient and adjustment of the treatment plan. Only services provided by a physical therapists or physical therapist assistant may be called physical therapy. Activities implemented by other members of the transdisciplinary team may not be called physical therapy. The physical therapy plan of care may be solely to establish and educate others in a maintenance or home program to be provided by non-physical therapy providers. If the physical therapist determines that services require the skills of a physical therapist or physical therapist assistant, then those interventions cannot be delegated to other providers. There is nothing in the Physical Therapy Practice Act that would prohibit a physical therapist or physical therapist assistant from providing an integrated service plan that includes interventions established by other professionals such as early intervention specialists, occupational therapists or speech language pathologists as long as those portions of the services are not represented as such. The physical therapist and/or physical therapist assistant must use their professional judgment to determine when training is not adequate for them to provide requested interventions. It is the opinion of the Occupational Therapy Section that collaborative teamwork, including multidisciplinary, interdisciplinary, and transdisciplinary approaches are appropriate forms of service delivery. Please refer to the *AOTA Practice Advisory on Occupational Therapy in Early Intervention* at <http://www.aota.org> for discussion of this topic. As in any work setting, an occupational therapist working in Early Intervention would be required to assume the professional responsibilities outlined in rule 4755-7-02 (A) of the Ohio Administrative Code. For example, as a part of the transdisciplinary team, the occupational therapist performs evaluations and analysis of the client and environment; identifies issues and inputs into the development of the ISFP goals and objectives; plans appropriate interventions; and assesses outcomes. An intervention plan (plan of care) is required in the Early Intervention setting. As in any practice setting, appropriate documentation continues to be a requirement. Please refer to the *AOTA Guidelines for Documentation of Occupational Therapy* (2007). An intervention plan might include identification of the IFSP goals and objectives targeted by the occupational therapy practitioner, intervention approaches and types of interventions, and outcomes. The occupational therapist determines the aspects of the occupational therapy intervention plan that may be carried out by other team members. Instructing team and family members on ways to implement appropriate activities may be part of the intervention plan. Only services provided by an occupational therapist or occupational therapy assistant may be called occupational therapy. If the occupational therapist determines that services require the skills of an occupational therapist or occupational therapy assistant, then those interventions cannot be delegated to other providers. There is nothing in the Ohio Occupational Therapy Practice Act that would prohibit an occupational therapist or occupational therapy assistant from providing an integrated service plan that includes interventions established by other professionals, such as early intervention specialists, physical therapists, or speech language pathologists, as long as those portions of the services are not represented as occupational therapy. The occupational therapy practitioner must use professional judgment to determine when training is not adequate to provide requested interventions.

JB4. Karen Felty: Ms. Felty asked if a physical therapist assistant can do a home visit with an occupational therapist. **Reply:** Since a physical therapist assistant cannot be supervised by an occupational therapist, the presence of an occupational therapist in the home has no bearing on the role of the physical therapist assistant. It 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 transitioning 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 you described, the physical therapist assistant may accompany the occupational therapist and patient to collect environmental information for use by the supervising physical therapist but may not treat the patient since that would involve evaluating the patient's ability to function in the home. In addition, the presence of a physical therapist assistant in the home has no bearing on the role of the occupational therapist. Also, the Sections recommend that you 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.

JB5. Sarah Schuck: Ms. Schuck asked whether occupational therapy practitioners can perform wound care and asked if a physical therapist can train an occupational therapy assistant in mist therapy and other wound care treatments. **Reply:** In accordance with section 4755.04(A) of the Ohio Revised Code and rule 4755-7-

08 of the Ohio Administrative Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may perform wound care, dressing treatment, and/or suture removal provided the occupational therapy practitioner demonstrates and documents the appropriate knowledge, skills and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice. There is nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist from training other personnel in wound care or other skills. However, those personnel not licensed as physical therapists or physical therapist assistants cannot provide services under a physical therapy plan of care. The Sections recommend that you contact your third party payers as they may have policies that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.

- JB6. Barrie Galvin:** Ms. Galvin asked the Sections questions regarding the appropriate use of treatment codes and diagnosis codes for occupational and physical therapy reimbursement. **Reply:** It is the position of the Physical Therapy Section that any service should be billed under the most descriptive intervention and diagnostic codes available. However, there is nothing in the Ohio Physical Therapy Practice Act that prohibits an insurance company from selecting specific codes for reimbursement to a particular provider. Also, if an insurance company assigns particular codes to therapy services, the clinician is advised to follow those instructions for that payer. While the physical therapist's scope of practice in Ohio does not include the diagnosis of medical conditions, the physical therapy evaluation should identify impairments (i.e. rehab or physical therapy diagnoses) requiring physical therapy. Please check with Medicare, third-party payers and, and insurance policies to see if they have rules that are more restrictive. You may also get information from the Reimbursement Department or Ohio chapter of the APTA. It is the position of the Occupational Therapy Section that establishing a treatment code to describe the condition the occupational therapy intervention/treatment plan is addressing does fall within the responsibility of an occupational therapy practitioner as described in rule 4755-7-3 (A)(3) of the Ohio Administrative Code. Please be advised that there are a large number of therapy oriented ICD-9 codes to choose from. If you are not able to find an appropriate ICD-9 code on your listing, further research is recommended to identify a more appropriate code. 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. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.
- JB7. Darcy Gronberg:** Ms. Gronberg asked the Section for clarification on the signature designation for occupational and physical therapist practitioners. **Reply:** 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 Occupational Therapy Practice Act is silent on the education credential and the order in which it is placed. There is nothing in the Ohio Physical Therapy Practice Act that requires inclusion of the license number with the signature. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS. Therefore, "L" should not be used in front of "PT" or "PTA" since no one may use the "PT" or "PTA" credential in Ohio without a valid license.
- JB8. Julie McKinney:** Ms. McKinney asked the Sections for clarification on the occupational and physical therapist to student ratios for preschool and school-age children. **Reply:** The Ohio Physical Therapy Practice Act is silent on the ratio of physical therapist to patients/students and does not regulate caseload levels. However, the Section requires the physical therapist to ensure appropriate patient management based on the unique needs of the clients, taking into account the complexity of the population being served. The ultimate responsibility for care of the patient lies with the evaluating physical therapist regardless of whether the therapist or physical therapist assistants provide follow-up treatment. In any given period of time, a physical therapist must not provide or supervise care for a higher number of patients than that for which skilled care by licensed practitioners can be delivered. The Physical Therapy Section suggests that you reference the Ohio Department of Education Operating Standards Rule 3301-51-09(I) which provides guidelines for the determination of the appropriate caseload for physical therapists and occupational therapists. This rule states that in order to establish the appropriate caseload a variety of factors must be

taken into account including severity of each child's needs, all areas of service including screening, assessments/evaluations, consultation, intervention design, coordination of program, staff development and travel time. Rule and 3301-51-09(I)(3)(e) states that a physical therapist shall provide services to no more than 50 school age children or 40 preschool age children. The Operating Standards can be found on the Ohio Department Education website: www.ode.state.oh.us. While a school district or other educational facility may establish work expectations including productivity standards, the physical therapy practitioner must ensure that all students' needs are met. If productivity expectations of school district are such that a physical therapist is unable to meet the above standards, it is the responsibility of the physical therapist to challenge those expectations. The code of ethical conduct for physical therapy practitioners established in rule 4755-27-05 of the Ohio Administrative Code states that "An individual licensed by the physical therapy section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that place the licensee in a position of compromise with this code of ethical conduct." The rule further requires that "Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments." As you note in your letter, the Department of Education's operating standards state that an occupational therapist cannot provide direct services to more than 50 school aged children. In addition, the Ohio Occupational Therapy Practice Act outlines the number of occupational therapy assistants that an occupational therapist may supervise. However, the maximum occupational therapist to occupational therapy assistant ratio may not be acceptable in the school setting. To address the concerns about the appropriate role and use of occupational therapy assistants, the Occupational Therapy (and Physical Therapy) Section developed a *Comparison of Responsibilities of Occupational Therapy Practitioners in School Based Practice* document, which is available on the Board's website. The following paragraphs are taken from that document. The supervising occupational therapist has ultimate responsibility for all students served by the occupational therapy assistant. The frequency and nature of the occupational therapist's treatment or direct, onsite supervision/observation of students delegated to occupational therapy assistants is individualized and determined by such factors as the needs and clinical complexity of the student, the experience of the occupational therapy assistant, and whether continual reassessment of the student's status is needed during intervention. The 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 that the supervision took place. The supervising 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 documentation does not meet the minimal level of supervision. Supervision must include a review of student assessment, reassessment, intervention plan, interventions, and discontinuation of the intervention. The Ohio Occupational Therapy Practice Act does not specifically regulate caseload levels. However, occupational therapists are required to ensure that they accept no more students than they can provide appropriate management for, based on the unique needs of the students, taking into account the complexity of the population being served. 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. In any given period of time, an occupational therapist must not provide or supervise care for a higher number of students than that for which skilled care by licensed practitioners can be delivered. The occupational therapist must assure that treatments are provided according to safe and ethical standards.

JB9. Jacqueline Burns: Ms. Burns asked the Sections whether there is anything in the Ohio Occupational and Physical Therapy Practice Acts that would prohibit occupational and physical therapy practitioners from supervising or reporting to family members. **Reply:** There is nothing in the laws and rules governing the practice of physical therapy that prohibits family members from working together. However, section 4755-27-05(A)(2) of the Ohio Administrative Code, the Code of ethical conduct for physical therapists and physical therapist assistants, does require that a licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of physical therapy practice. A licensee shall strive to effect changes that benefit the patient. Pursuant to rule 4755-7-08 (A)(6)(c) of the Ohio Administrative Code, occupational therapy practitioners shall disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom they may establish a professional, contractual, or other working relationship. However, please refer to facility and/or third-party payer policies regarding family members supervising other family members.

Old Business

Occupational Therapy Jurisprudence Examination Revisions Update

Rebecca Finni will forward the pilot jurisprudence examination to the following proctors Nanette Shoemaker, Kimberly Lawler and Jacqueline Chamberlin by October 1, 2010. The proctors will administer the pilot jurisprudence examination to occupational therapy students. The pilot examinations will be returned to the Board for scoring and item analysis. The Section will review the results for the pilot jurisprudence examination at the January 2011 Section meeting.

Proposed Changes to the Code of Ethics

The Section tabled this item until the November Section meeting.

Discussion on Escrow Status

The Section tabled this discussion until the November Section meeting.

New Business

2011 Meeting Calendar Review

The Section made no revisions to the proposed 2011 Section meeting schedule.

OTA Presentation

The Section discussed the OTA presentation schedule and made edits to the presentation slides. The deadline to turn in the presentation slides for the conference is September 15, 2010.

Open Forum

Jean Halpin and Rebecca Finni will attend the NBCOT Conference on October 22-23, 2010, in Indianapolis, IN.

Ohio Occupational Therapy Association (OTA) Report

Ms. Chamberlin reported that she will discuss escrow status at the October OTA Board meeting. Ms. Chamberlain reported that the next Ohio Occupational Therapy Association Conference is scheduled for October 14-15, 2011 in Cuyahoga Falls, Ohio.

Items for Next Meeting

- Records Retention Schedule for Enforcement Files
- Proposed changes to the Code of Ethics
- OTA Report on Escrow Status

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Tuesday, November 16, 2010.

Action: Nanette Shoemaker moved to adjourn the meeting. Rebecca Finni 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,
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JH:jmr:dm