



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Occupational Therapy Section  
January 16, 2014  
9:00 a.m.*

**Members Present**

Beth Ann Ball, OTR/L, Secretary  
Rebecca Finni, OTR/L, Chair  
Jean Halpin, OTR/L (left @ 11:07 am)  
Mary Beth Lavey, COTA/L  
Kimberly Lawler, OTR/L (arrived @) 9:40 am)

**Staff**

H. Jeff Barker, Investigator  
Diane Moore, Executive Assistant  
Adam Pennell, Investigator Assistant  
Lisa Ratinaud, Enforcement Division Supervisor  
Jeffrey Rosa, Executive Director

**Legal Counsel**

Yvonne Tertel, AAG

**Guest**

Bill Behrendt, JCARR  
Heather Meredith, OOTA  
Mary Jo McGuire  
Elizabeth McGuire

**Call to Order**

Rebecca Finni, Section Chair called the meeting to order at 9:23 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

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

**Approval of Minutes**

**Action:** Jean Halpin moved that the minutes from the November 21, 2013 meeting be approved as submitted. Mary Beth Lavey seconded the motion. Kimberly Lawler was absent for the vote due to the Enforcement Review Panel. The motion carried.

**Executive Director's Report**

- The Executive Director informed the Section that the Board received a quote for the purchase of new computers.
- The Executive Director gave a brief legislative update.

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

**Administrative Reports**

**Continuing Education Report**

**Action:** Mary Beth Lavey moved that the Section approve 69 applications for contact hour approval. Kimberly Lawler seconded the motion. The motion carried.

**Licensure Report**

**Action:** Jean Halpin moved that the Occupational Therapy Section ratify, as submitted, the occupational therapist and occupational therapy assistant licenses issued by examination, endorsement, reinstatement, and restoration by

the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from November 21, 2013 through January 16, 2014, taking into account those licenses subject to discipline, surrender, or non-renewal. Kimberly Lawler seconded the motion. The motion carried.

Occupational Therapist – Examination

Cohn, Jamie	Drouhard, Kari	Herman, Alissa
Hrouda, Kevin	Marshall, Aireal	Pasculle, Renee
Tetirick, Jennifer	VanDeilen, Cynthia	

Occupational Therapy Assistant – Examination

Borsini, Jill	Elmore, Jessica	Hettich, William
Huff, Michael	Johnson, Charlene	Klinger, Joshua
Kyne, Jessica	McCleese, Steven	Miller, Justina
Moore, Kris	Nichols, Brittany	O'Brien, Stephanie
Parsons, Kimberly	Peloquin, Melissa	Proski, Angela
Swoboda, Sarah		

Occupational Therapist – Endorsement

Breitenstein, Tracy	Brown, Gretchen	Harmon, Melanie
Helgert, Jessica	Janikis, Emily	Lilly, Mark
Murrell, Teresa	Ruckriegel, Todd	Severhof, Edward

Occupational Therapy Assistant – Endorsement

Hanlin, Jamie	Steinbrunner, Casey
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Occupational Therapist – Reinstatement

Lethander, Sarah

Occupational Therapy Assistant – Reinstatement

Collins, Susan	Hesson, Robin	Rush, Tony
Ryan, Stacie	Wheeler, Corrine	

Occupational Therapist – Restoration

Lawson, Ann

Limited License Agreements

Jean Halpin reported the Section received two limited license applications and closed zero limited license applications since the November 21, 2013 meeting. There are currently eighteen limited license applications/agreements being monitored.

Jean Halpin 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 #5333945. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to restoration applicant #5333945. Mary Beth Lavey seconded the motion. Kimberly Lawler was absent for the vote due to the Enforcement Review Panel. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Lora C. Rhone.

The Section reviewed occupational therapist reinstatement file #5335332 and determined that the applicant is not “out of practice” based on the documentation provided. The occupational therapist reinstatement file #5335332 shall be processed as a standard reinstatement application.

Assistant Attorney General’s Report

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

### Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened nine cases and closed two cases since the November 21, 2013 meeting. There are currently fourteen cases open. There are one consent agreement and one adjudication order being monitored.

### Enforcement Actions

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY14-008 for falsifying and altering client records in regards to billing. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY14-008 for falsifying and altering client records in regards to billing. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY14-013 for failure to complete the continuing education required for the 2013 licensure renewal. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY14-013 for failure to complete the continuing education required for the 2013 licensure renewal. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY14-014 for failure to complete the continuing education required for the 2013 licensure renewal. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY14-014 for failure to complete the continuing education required for the 2013 licensure renewal. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY14-015 for failure to complete the continuing education required for the 2013 licensure renewal. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY14-015 for failure to complete the continuing education required for the 2013 licensure renewal. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY14-016 for failure to complete the continuing education required for the 2013 licensure renewal. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY14-016 for failure to complete the continuing education required for the 2013 licensure renewal. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY14-017 for failure to complete the continuing education required for the 2013 licensure renewal. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY14-017 for failure to complete the continuing education required for the 2013 licensure renewal. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY14-018 for failure to complete the continuing education required for the 2013 licensure renewal. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY14-018 for failure to complete the continuing education required for the 2013 licensure renewal. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY14-019 for failure to complete the continuing education required for the 2013 licensure renewal. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY14-019 for failure to complete the continuing education required for the 2013 licensure renewal. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT-FY14-020 for failure to complete the continuing education required for the 2013 licensure renewal. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case OT-FY14-020 for failure to complete the continuing education required for the 2013 licensure renewal. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

### **Correspondence**

1. **Jasmine Nagl:** Ms. Nagl asked the Section questions regarding what occupational therapy concepts for school-based practice can be used to compare international best practice examples. **Reply:** The Occupational Therapy Section suggests that you review the American Occupational Therapy Association's school-based practice resources for additional information and resources regarding best practice for provision of occupational therapy in the school setting. These documents are available at: <http://www.aota.org/en/Practice/Children-Youth/School-based.aspx>. Individual Education Program (IEP) goals and objectives are written by the educational team and do not constitute the occupational therapy treatment/intervention plan. According to rule 4755-7-02 (A) of the Administrative Code, occupational therapist shall assume professional responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. In addition to identifying the IEP goals/objectives to be addressed by the occupational therapy practitioner, the separate occupational therapy treatment/intervention plan should include intervention approaches, types of interventions to be used, outcomes, and any additional occupational therapy goals not listed in the IEP. As in any practice setting, appropriate documentation continues to be a requirement. Please refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008). The Section recommends that you contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator concerning questions regarding school-based issues at [www.oota.org](http://www.oota.org). In Ohio, occupational therapists serve qualified students in the school setting and in their least restrictive environment, i.e.: in their home. In Ohio, occupational therapy services may be paid for by the school district or Medicaid, a program funding medical services for qualified students with disabilities. It is the position of the 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.
2. **Sheri Branum, OTR/L:** Ms. Branum asked the Section for clarification on the minimum supervision requirements for an occupational therapy assistant in a home health setting. **Reply:** The level of supervision that you described in your letter appears to meet the needed supervisory coverage by an occupational therapist for a home health setting. Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. The occupational therapy assistant is also responsible for making sure the supervising occupational therapist possesses a current license to practice occupational therapy prior to providing supervision of occupational therapy treatment. Supervision/collaboration requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation and collaboration with the occupational therapy assistant at all times. The evaluating and/or supervising occupational therapist of record must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. Therefore, the "as needed" consultation which you refer to in your correspondence is best practice if it means *more* than the weekly consultation when there is less than one year experience or *more* than monthly when the occupational therapy assistant has more than one year experience.
3. **Miranda Markley, PTA:** Ms. Markley asked the Section questions regarding the frequency of face-to-face supervision for student occupational therapist. **Reply:** The Occupational Therapy Section recommends that you review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of students. ACOTE supervision standards shift from direct to indirect supervision over the course of a student's time at a facility. For billing purposes, it is recommended that the facility refer to

Medicare/Medicaid guidelines. Building good communication between the student and supervisor is a two-way street – if as a student, you are uncomfortable with the amount of supervision that you are receiving, you should communicate with your fieldwork supervisor and the school’s academic fieldwork coordinator to review the objectives that need to be met.

4. **Jen Tobias, OTR/L:** Ms. Tobias asked the Section for clarification on splinting contraindications. **Reply:** In response to your scenario, occupational therapy practitioners may encounter situations in which they feel a client would not benefit from an intervention but other interdisciplinary team members, including the physician, disagree. According to rule 4755-7-08 (C)(1)(b) of the Ohio Administrative Code, an occupational therapist shall not provide treatment interventions that are not warranted by the client’s condition or continue treatment beyond the point of reasonable benefit to the client. Occupational therapy practitioners must clearly document and communicate with the interdisciplinary team. It is acceptable to refuse to provide a specific service if, in your professional opinion per your clinical judgment, the proposed treatment may pose risk of harm or detriment to the client. The justification for this decision, as stated before, must be clearly documented and communicated with the physician requesting the service and your employer.
5. **LaKisha Howard, COTA/L:** Ms. Howard asked the Section regarding whether there are restrictions for a newly licensed occupational therapy assistant to work in a home health setting. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that would prohibit a newly licensed occupational therapy assistant from working in a home health setting. 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. According to rule 4755-7-08 (B)(15) of the Ohio Administrative Code, a licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to: (b) Performing techniques/procedures in which the licensee cannot demonstrate and document competency, either by experience or education. (e) Failing to ensure that duties assumed by or assigned to other occupational therapy practitioners match credentials, qualifications, experience, and scope of practice.
6. **Patricia Cairns, OTR/L:** Ms. Cairns asked the Section whether occupational therapy assistants can take activity orders from a physician’s order over the phone. **Reply:** The occupational therapy assistant may write the telephone order, but collaboration must be demonstrated and documented and the order must be co-signed by the occupational therapist. There is nothing in the Occupational Therapy Practice Act that prohibits any healthcare practitioner from making direct referrals to occupational therapy. In addition, occupational therapists are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician’s referral and/or prescription, which need to be met for accreditation and/or reimbursement purposes. Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist shall assume professional responsibility for interpretation of referrals or prescriptions for occupational therapy services. This includes the development, interpretation, and modification of the treatment/intervention plan and the discharge plan. Rule 4755-7-02 of the Administrative Code outlines the roles and responsibilities of the occupational therapy assistant. Paragraph (B)(3) of this rule specifies that the supervising occupational therapist must initiate all services. (B) Occupational therapy assistant. (1) The occupational therapy assistant may contribute to and collaborate in: (a) The evaluation process by gathering data, administering standardized tests and /or objective measurement tools, and reporting observations. (b) The preparation, implementation, and documentation of the treatment/intervention plan and the discharge plan. (c) Choosing the appropriate treatment interventions. (2) The occupational therapy assistant may independently: (a) Select the daily modality of choice according to the established treatment/intervention plan. (b) Document the progress and outcomes summary. (3) The occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation.
7. **Jean Howard, PT:** Ms. Dean asked the Section questions regarding occupational therapy assistants performing lymphedema bandaging in a home environment and frequency of supervision requirements. **Reply:** In accordance with section 4755.04 (A)(3) of the Ohio Revised Code, it is the

position of the Occupational Therapy Section that occupational therapy practitioners may use treatment modalities, including advanced lymphedema management techniques, 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. If the modality will be administered by an occupational therapy assistant, both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques or modality.

8. **Kathy Laughner, OTR/L**: Ms. Laughner asked the Section how many occupational therapy assistants can a PRN occupational therapist supervise. **Reply:** Pursuant to paragraphs (B)(1) to (B)(3) of rule 4755-7-04 of the Administrative Code, when maintaining a separate caseload, a full-time equivalent (FTE) occupational therapist may supervise no more than four full-time equivalent occupational therapy assistants. If there are occupational therapy assistants working part-time or PRN, their hours need to be accounted for as part of this four full-time equivalent maximum. If the occupational therapist is only providing client evaluations and supervision with no direct client treatment responsibilities, the occupational therapist may supervise six full-time equivalent occupational therapy assistants. The number of occupational therapy assistants that a part-time or PRN occupational therapist may supervise is proportionate to the number of hours worked by the part-time or PRN occupational therapist. The percentage of FTE (full-time-equivalent) hours that are worked can be used to determine the number of assistants that may be supervised. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice in regards to supervision of occupational therapy assistants and the amount of hours an occupational therapist is working with full time and PRN hours. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting in regards. For further specific guidelines, contact the Ohio Occupational Therapy Association (<http://www.oota.org>) or the Reimbursement Department of the American Occupational Therapy Association (<http://www.aota.org>).
9. **Christina Foraker, OTR/L**: Ms. Foraker asked the Section questions regarding calculating supervision ratios. **Reply:** If the evaluating occupational therapist (OT) will no longer be available to provide and supervise occupational therapy care, the client must be transferred to another OT and this transfer must be documented in client records. An OT going on vacation or taking regularly scheduled days off, however, does not change responsibility for the treatment/intervention plan. In those situations, although another OT would be providing coverage, the evaluating OT would still co-sign the documentation and would not need to transfer the client. As noted in the December 18 response from the Board, if your workplace setting has multiple occupational therapists collaboratively supervising up to six occupational therapy assistants, the best way to avoid exceeding supervisory limits would be to split supervision of the assistants between the therapists so that each therapist is responsible for no more than the supervisory ratio permits. However, other occupational therapy practices have divided up supervision based on the client, with the occupational therapists providing co-signatures and supervision of the occupational therapy assistants providing treatment to those clients. Dividing supervision based on client caseload would also address your concerns about revisions of treatment/intervention plans, as this would fall under the therapist overseeing that client.
10. **Crystal Cline, OTA/L**: Ms. Cline asked the Section questions regarding caseloads for students and occupational therapy assistants. **Reply:** The Section recommends that you review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of students. ACOTE supervision standards shift from direct to indirect supervision over the course of a student's time at a facility. For billing purposes, it is recommended that the facility refer to Medicare/Medicaid guidelines. You may also want to contact the institution you will be receiving students from and contact the academic fieldwork coordinator to review their guidelines for student placement. Rule 4755-7-04 of the Administrative Code addresses the supervision of occupational therapy assistant students: (A) Supervision must ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the: (1) Occupational therapy assistant; (2) Student occupational therapist; (3) Student occupational therapy assistant; and (4) Unlicensed personnel. (E) Student occupational therapy assistant. (1) A student occupational therapy assistant shall be supervised by an occupational therapist or occupational therapy assistant who has completed at least one year of clinical practice as a fully licensed occupational therapist or occupational therapy assistant. (H) Any documentation written by an occupational therapy assistant,

student occupational therapist, or student occupational therapy assistant for inclusion in the client's official record shall be co-signed by the supervising occupational therapist. As the supervising occupational therapist is ultimately responsible for all supervised occupational therapy assistants and their students, the decision of how many is acceptable should protect the consumer.

11. **Judi Jeska:** Ms. Jeska asked the Section questions regarding using occupational therapy on the lower extremities. **Reply:** Section 4755.04 of the Ohio Revised Code defines occupational therapy to include methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, modification, or adaptation of activity or environment to enhance performance. **In addition, as you can see from the rest of section 4755.04 of the Revised Code, included below, there is nothing in the law that limits the practice of occupational therapy to certain parts of the human body. As long as the occupational therapy practitioner has been trained in the techniques being used and is competent, they may provide occupational therapy services to the entire body. ORC 4755.04 – Definitions** As used in sections 4755.04 to 4755.13 and section 4755.99 of the Revised Code: (A) “Occupational therapy” means the therapeutic use of everyday life activities or occupations with individuals or groups for the purpose of participation in roles and situations in the home, school, workplace, community, and other settings. The practice of occupational therapy includes all of the following: (1) Methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, modification, or adaptation of activity or environment to enhance performance; (2) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, sensory motor abilities, vision, perception, cognition, psychosocial, and communication and interaction skills; (3) Interventions and procedures to promote or enhance safety and performance in activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, application of physical agent modalities, use of a range of specific therapeutic procedures to enhance performance skills, rehabilitation of driving skills to facilitate community mobility, and management of feeding, eating, and swallowing to enable eating and feeding performance; (4) Consultative services, case management, and education of patients, clients, or other individuals to promote self-management, home management, and community and work reintegration; (5) Designing, fabricating, applying, recommending, and instructing in the use of selected orthotic or prosthetic devices and other equipment which assists the individual to adapt to the individual's potential or actual impairment; (6) Administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code.
12. **Wendy Heinzman-Johnson, OTR/L:** Ms. Heinzman-Johnson asked the Section questions regarding whether an occupational therapist can submit G-Codes for clients that reside in another Ohio Nursing Home facility where the occupational therapist did not provide the services. **Reply:** Your question relates to the clarification/interpretation of payer policies and not to the Ohio Occupational Therapy Practice Act. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. It is clear from a professional/ethical point of view that G Codes should not be assigned if you have not seen the client. In accordance with rule 4755-7-08 (B)(15)(a) of the Administrative Code, a licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to documenting or billing for services not actually performed. As part of the Middle Class Tax Relief Act of 2012, CMS committed to collect data on beneficiaries' functional outcomes from therapy services provided. This Act requires G Codes be assigned to functional data. This five (5) year project is intended to support payment reform with outcome based data. This is strictly a data collection effort and no other uses beyond analysis have been published. The Section recommends you refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008). AOTA has additional resources for occupational therapists on the new reporting requirements that became effective July 1, 2013. Practitioners billing for outpatient therapy services under Medicare Part B must now report functional data on their claims in order to be reimbursed. Functional data reporting takes the form of new G codes, which identify the primary issue being addressed by therapy, and modifiers that reflect the patient's impairment/limitation/restriction. If the occupational therapist has not seen the client on the 10<sup>th</sup> visit, the occupational therapist should not assign G-codes for a client that the therapist has not

seen. All Medicare outpatient billing must include this new functional data, which will be used to track patient achievement of goals over time. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

13. **Heather Betke, OTR/L:** Ms. Betke asked the Section questions regarding whether it is legal to discharge a client from services at skilled nursing facility and reevaluate and bill under a different payor source the next day for the same client. **Reply:** The Section recommends you refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008). However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Acts. Your question relates to the clarification/interpretation of payer policies and not to the Ohio Occupational Therapy Practice Act. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. This evaluation could be classified as an evaluation with no change in status.
14. **Michelle McKenzie, OTR/L:** Ms. McKenzie asked the Section various questions regarding whether an occupational therapist dually licensed as an occupational therapy assistant can work under both licenses under separate jobs for the same period of time, how to reinstate an expired occupational therapy assistant license, and would working as an occupational therapist allow an individual to keep her occupational therapy assistant license in escrow. **Reply:** In response to your question regarding functioning as an occupational therapist in one job and as an occupational therapy assistant in a separate job in the same time period, if a clinician is dually certified, when providing occupational therapy services they must follow the provision of the Ohio Occupational Therapy Practice Act. In providing services, the occupational therapist or occupational therapy assistant must make it clear to the client or family that the individual is acting only in this other capacity. That is, communication must be done in such a way that if the client or family is asked, he/she could clearly testify in a legal proceeding as to the role of the individual who was providing treatment. One individual may not provide services of two different professions during the same time period, i.e. 2:00-3:00 PM. You may also wish to check your professional liability policy (if you have one), since it may not cover you while acting the capacity of a licensed occupational therapist or occupational therapy assistant and you may need dual coverage. Please refer to Medicare rules or other payer policies to answer specific billing and reimbursement questions. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. In response to your question regarding reinstating an expired or restoring an escrowed occupational therapy assistant license, if you have actively practiced occupational therapy under your occupational therapist license, you would not be required to meet the additional reinstatement/restoration requirements for applicants who have been out of practice for more than five years. In addition to submitting the reinstatement application and fee, the application requires proof of completion of twenty hours of continuing education within the two year period immediately preceding the application for reinstatement, passage of the Ohio Jurisprudence Exam, and official verifications of any out of state healthcare licenses.
15. **Shawna Weber:** Ms. Weber asked the Section questions regarding whether occupational therapy assistants can assist a registered nurse and/or licensed practical nurse in wound care assessments and wound dressings. **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. In the case of an occupational therapy assistant providing this service, the supervising occupational therapist must also have appropriate knowledge, skills and ability in this area, and the activity should be included in the occupational therapy treatment/intervention plan

#### Joint Correspondence

- JB1. **Randi Moore:** Ms. Moore asked the Occupational and Physical Therapy Sections for clarification on conducting screens in a skilled nursing facility. **Reply:** Screens include a review of the patient's medical information and/or verbal contact with other health care practitioners, family, or the patient to review the

patient's medical history and past functional ability but do not include physical contact with the patient, if the physical therapist assistant is performing the screen. However, if the physical therapist is performing the screen, he/she may physically examine the patient, if needed. Interpretation of this information, including the need for a physical therapy evaluation, is the responsibility of the physical therapist. Under the Ohio Physical Therapy Practice Act, physical therapists and/or physical therapist assistants may perform screens without a physician's referral and without notification of a health care professional under direct access rules. Any screen conducted by a physical therapist assistant must be cosigned by the physical therapist. Since a screen, or identification of candidates for occupational therapy, is only data gathering and non-evaluative in nature, a screen may be performed by both the occupational therapist and the occupational therapy assistant. Screens rely on written data, verbal information and clinical observation. In accordance with rule 4755-7-02 of the Administrative Code, the occupational therapist interprets the data and makes necessary recommendations. All screens performed by an occupational therapy assistant must be cosigned by the occupational therapist, and collaboration with the occupational therapist must be documented.

- JB2. Marji Blankenship, PTA:** Ms. Blankenship asked the Occupational and Physical Therapy Sections questions regarding how many years of experience is required for occupational therapy assistants and physical therapist assistants to become clinical instructors. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act dictating the number of years of experience a physical therapist assistant is required to have before becoming a clinical instructor. The American Physical Therapy Association's guidelines for clinical instructors do state that one year of clinical experience is preferred for clinical instructors. You may also wish to contact the Commission on Accreditation of Physical Therapy Education (CAPTE) in regards to clinical instructor training. Rule 4755-7-04 of the Administrative Code addresses the supervision of occupational therapy assistant students: (A) Supervision must ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the: (1) Occupational therapy assistant; (2) Student occupational therapist; (3) Student occupational therapy assistant; and (4) Unlicensed personnel. (E) Student occupational therapy assistant. (1) A student occupational therapy assistant shall be supervised by an occupational therapist or occupational therapy assistant who has completed at least one year of clinical practice as a fully licensed occupational therapist or occupational therapy assistant. The Occupational Therapy Section recommends that you contact the Accreditation Council for Occupational Therapy Education (ACOTE) regarding requirements to become a fieldwork coordinator.
- JB3. Jillian Frede, OTR/L:** Ms. Frede asked the Occupational and Physical Therapy Sections regarding displaying occupational and physical therapy wall certificates in the primary place of employment. **Reply:** In accordance with rule 4755-3-02(B) of the Ohio Administrative Code, the occupational therapist and the occupational therapy assistant shall display the original license certificate at their principal place of business. Yes, in accordance with section 4755.48(D) of the Ohio Revised Code, the certificate of license shall be conspicuously displayed in the primary clinic/office where the therapist practices. Since all licensure information can be located online, both Sections have started preliminary discussions on whether it would be appropriate to eliminate the requirements that the wall certificate be displayed.
- JB4. Kendra Reeder, OTR/L:** Ms. Reeder asked the Occupational and Physical Therapy Sections questions regarding billing for acute care occupational and physical therapy evaluations. **Reply:** Your questions relate to interpretation/clarification of payer policies and not to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association. There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits occupational therapists or physical therapists from providing services at the same segmented time. However, the Sections recommend that you communicate with the facility and payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts. Please refer to Medicare rules or other payer policies to answer your specific questions. Frequently asked questions that were published by the Centers for Medicare and Medicaid Services (CMS) have clearly stated that a patient cannot be charged for two separate one-on-one services during the same segment of time, regardless of skill level required. Joint evaluations between occupational therapy and physical therapy may be done; however, the physical therapist and physical therapist assistant may only treat pursuant to the physical therapy evaluation and plan of care and the occupational therapist and occupational therapy assistant may only treat pursuant to the

occupational therapy evaluation and plan of care. Occupational therapy and physical therapy practitioners may not treat pursuant to an evaluation and plan of care established by the other discipline.

### **Old Business**

#### *School-Based Practice Transfer of Care Standard Response*

The Section approved the draft standard response on occupational therapists transfer of care in school based practice as presented. The Executive Director will post the FAQ to the Board website.

#### *Review OT/OTA Limited License Reference Guide*

The Section reviewed OT/OTA limited license reference guide and had no additional changes. The Section requested that the document be made available on the Board website.

### **New Business**

#### *Public Rules Hearing*

The Section held a public rules hearing from 10:15 am to 10:46 am.

Mary Jo McGuire gave a presentation proposing that the Section add the OTTP (occupational therapist in private practice) specialty credential to rule 4755-7-10.

The Section determined that this rule is not the right avenue to educate consumers and other stakeholders about this specialty certification issued by Medicaid. Therefore, the proposed rule 4755-7-10, as filed, remains unchanged. The Section recommended that Ms. McGuire work with the Ohio Occupational Therapy Association to further educate consumers and stakeholders about the Medicaid specialty certification for occupational therapists in private practice.

#### *H.B. 98 Rules*

HB 98, which was recently signed into law by the Governor, requires all licensing agencies to adopt rules pertaining to occupational licensing for military members, spouses, and veterans by June 30, 2014. The Executive Director is working on modifying the draft language.

#### *New Licensing System Update*

The Executive Director informed the Section of the revised timelines for implementing the new licensing system. The new go live date for the new system is scheduled for December 9, 2014.

#### *Review Cease/Desist Letter and Board Process (Yvonne Tertel AAG)*

The Section tabled this item until the March 2014 Section meeting.

#### *Customer Service Satisfaction Survey Results*

The Executive Director reviewed the results of the customer service satisfaction survey for responses submitted between August and December 2013.

### **Open Forum**

None

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

Heather Meredith had no formal report for the Section.

#### *2014 Retreat Topics*

- Display of Wall License
- Non-Traditional roles/supervision requirements
- Compact Agreements

### **Items for Next Meeting**

- Review the Board Process of Issuing Cease Desist Letters
- Review Retreat Agenda
- Discussion on offering CE Credit for Supervision of a Level I student

**Next Meeting Date**

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, March 6, 2014.

**Action:** Kimberly Lawler moved to adjourn the meeting. Rebecca Finni seconded the motion. The motion carried. The meeting adjourned at 12:50 p.m.

Respectfully submitted,  
*Diane Moore*

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Rebecca Finni, OTR/L, Chairperson  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, OT Section

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Beth Ann Ball, OTR/L, Secretary  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, OT Section

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

**BB:jmr:dm**