



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

*Occupational Therapy Section
September 10, 2015
9:00 a.m.*

Members Present

Beth Ann Ball, OTR/L, Secretary
Rebecca Finni, OTR/L, Chair
Jean Halpin, OTR/L
Kimberly Lawler, OTR/L (via phone)

Legal Counsel

Melissa Wilburn, AAG

Staff

Diane Moore, Interim Executive Director

Members Absent

Mary Beth Lavey, COTA/L

Guests

Jacquelyn Chamberlin

Call to Order

Rebecca Finni, Section Chair, called the meeting to order at 9:40 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: Rebecca Finni moved that the minutes from the July 23, 2015, meeting be approved as amended. Beth Ann Ball seconded the motion. The motion carried.

Special Order

Election of Officers

Action: Rebecca Finni nominated Jean Halpin to be Section Chairperson for the period beginning September 10, 2015 and ending immediately following the September 2016 Section meeting. The nominations were closed. All members present voted to elect Jean Halpin Section Chairperson.

Action: Rebecca Finni nominated Mary Beth Lavey to be Section Secretary for the period beginning September 10, 2015 and ending immediately following the September 2016 Section meeting. The nominations were closed. All members present voted to elect Mary Beth Lavey Section Secretary.

Appointment of Liaisons

The liaison appointments beginning September 10, 2015 and ending September 30, 2016 are:

Enforcement Division Liaison:	Beth Ann Ball
Licensure Liaison:	Kimberly Lawler
Continuing Education Liaison:	Rebecca Finni
Correspondence Liaisons:	Mary Beth Lavey
Rules Liaison:	Jean Halpin

Action: Rebecca Finni moved to authorize the Executive Director to accept or reject consent agreements on the Section's behalf for the period beginning September 10, 2015 and ending on September 30, 2016. Kimberly Lawler seconded the motion. The motion carried.

Action: Rebecca Finni 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 10, 2015 and ending on September 30, 2016. Kimberly Lawler seconded the motion. The motion carried.

Action: Rebecca Finni moved to authorize the Executive Director to make editorial changes to motions for the period beginning September 10, 2015 and ending on September 30, 2015. Beth Ann Ball seconded the motion. The motion carried.

Action: Rebecca Finni moved to authorize the use of hearing officers for the period beginning September 10, 2015 and ending on September 30, 2016. Jean Halpin 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 the license for the period beginning September 10, 2015 and ending on September 30, 2016. Beth Ann Ball seconded the motion. The motion carried.

Discussion of Law and Rule Changes

The concussion rules were approved through the CSI process. The Section can proceed with filing the concussion rules. The Section will begin to review rules for the renumbering project.

Administrative Reports

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 July 23, 2015, through September 10, 2015, taking into account those licenses subject to discipline, surrender, or non-renewal. Kimberly Lawler abstained from voting on occupational therapy assistant examination applications for Shirley Ash, Debora Cleeton, and Emily Cotter-McClain. Rebecca Finni seconded the motion. The motion carried.

Occupational Therapist – Examination

Annibale, Mary	Brunner, Rebecca	Buchheit, Ryan
DeLong, Sarah	Devito, Mary	Eling, Allison
Ely, Laura	Fintel, Emily	Fritz, Kelly
Gilson, Caraline	Greco, Taylor	Grieger, Anna
Groudle, Hannah	Hank, Jon	Hellman, Kari
Jackson, Heather	Kaminski, Chelsea	Kittle, Amy
Kollat, Kellie	Kreuz, Bridgette	Kunkel, Brigitte
McCrea, Emma	McIntosh, Kelly	Meek, Chelsey
Nosin, Cori	Paparone, Maria	Speck, Latoya
Spitler, Kelly	Stout, Brittany	Vargo, Abbie
Worsdall, Annalise	Zukas, Suzanne	

Occupational Therapy Assistant – Examination

Abney, Courtney	Adams, Bailee	Adkins, Jessica
Alford, Ami	Arnold, Rebecca	Ash, Shirley
Beach, Rochelle	Brown, Carrie	Bruno, Kelly
Buchanan, Samantha	Butts, Monica	Calcei, Maria
Cleeton, Debora	Cotter-McClain, Emily	Crawford-Bacorn, Gail
D'amato, Audra	Deak, Adrienne	Eastman, Jason
Forberg, Cynthia	Herring, Katrena	Homan, Michelle
Johnson, Eleanor	Luich, Cory	Magenau, Damon
Malone, Shalonda	Maurer, Peter	McGuire, Jennifer
Mullenix-Jones, Amelia	Owens, Breann	Page, Jessica
Paul, Dion	Pifer, Tiffany	Pollock, Lauren
Puckett, Allison	Reser, Joshua	Rex, Jordan

Rockhold, Jocelyn
Schnipke, Kelsey
Simmons, Melissa
Stormer,, Lisa
Triplett, Alexandra
Verhoff, Tiffany
Wiley, Helena

Roeder, Brittney
Schott, Lindsay
St. Clair, Chelsey
Stowers, Shelley
Tucker, Erin
Westgerdes, Andrea
Yenser, Amber

Sanchez, Dana
Sherman, Dawn
Stawiarski, Michelle
Tate, Carson
Varner, Elisabeth
White, Tina
Young, Tracy

Occupational Therapist – Endorsement

Casey, Kelly
Elchert, Kendra
Hoffman, Cynthia
Keith, Taylor
Pizio, Dawn

Davis-Cheshire, Michael
Forrest, Adam
Hogue, Reyne
Mitchell, Heather
Printz, Elizabeth

Davis-Cheshire, Rhonda
Hilley, Christal
Holiga, Valerie
Osten, Daniel
Vallejos, Olga

Occupational Therapy Assistant – Endorsement

Dunn, Sarah
Nibert, Todd
Singer, Brittany

Goda, Blake
Sanchez, Heather
Thoroman, Jennifer

Harshman, Rosetta
Sandy, Jackie

Occupational Therapist – Reinstatement

Carpenter, Amber
Mash, Christy

Godby, Brooke

Keating, Ingrid

Occupational Therapy Assistant – Reinstatement

Weber, Amber

Occupational Therapist – Restoration

Kaminski, Joyce

Occupational Therapy Assistant– Restoration

Throckmorton, Lucy

Limited License Agreements

Jean Halpin recommended that the Section grant an extension of the limited license agreement for occupational therapist restoration file #5403868, until June 30, 2016, based on the documentation provided. **Action:** Rebecca Finni moved that Section grant an extension of the limited license agreement for occupational therapist restoration file #5403868, until June 30, 2016, based on the documentation provided. Kimberly Lawler seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted an extension for Lisa Williams. The new deadline to complete the terms of the limited license agreement is June 30, 2016.

Continuing Education Report

Action: Rebecca Finni moved that the Section approve 80 applications and denied one applications for contact hour approval. Jean Halpin seconded the motion. The motion carried.

Assistant Attorney General's Report

Melissa Wilburn, AAG has no formal report for the Section.

Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened seven cases and closed two cases since the July 23, 2015, meeting. There are currently fifteen cases open. There is one consent agreement and one adjudication order being monitored.

Enforcement Actions

None

Correspondence

- 1. Michael Doe:** Mr. Doe asked the Section questions regarding ethical therapy practice by referring services to other practitioners and changing plans of care. **Reply:** In response to your first question, there is nothing in the Occupational Therapy Practice Act that prohibits an occupational therapist from making direct referrals to another healthcare practitioner. In fact, rule 4755-7-08 (C)(8) of the Ohio Administrative Code states that occupational therapy practitioners shall refer to or consult with other service providers whenever such a referral or consultation would be beneficial to the care of the client. The referral or consultation process should be done in collaboration with the client. A referral in this type of circumstance should be documented by the occupational therapist in the medical record to clearly demonstrate a referral for that service. Such referrals would not constitute a delegation of tasks or duties of occupational therapy. In response to your second question, section 4755.05 of the Ohio Administrative Code, states that “No person who does not hold a current license or limited permit under sections 4755.04 to 4755.13 of the Ohio Revised Code shall practice or offer to practice occupational therapy, or use in connection with the person’s name, or otherwise assume, use, or advertise, any title, initials, or description tending to convey the impression that the person is an occupational therapist or an occupational therapy assistant. No partnership, association, or corporation shall advertise or otherwise offer to provide or convey the impression that it is providing occupational therapy unless an individual holding a current license or limited permit under section 4755.04 to 4755.13 of the Revised Code is or will at the appropriate time be rendering the occupational therapy services to which reference is made.” Clearly, one who is not licensed as an occupational therapist should not change the POC that has been written by a licensed occupational therapist. Even the occupational therapy assistant may not initiate or modify a client’s treatment plan without first consulting with the evaluating and/or supervising occupational therapist of record.
- 2. Jerry Shields, Jr, OTA/L:** Mr. Shields asked the Section questions regarding whether an occupational therapy assistant can shower a client and perform the FIM score without the client’s evaluation. **Reply:** The occupational therapy assistant (OTA) can gather objective information and report observations, with or without the occupational therapist (OT) present. It is the responsibility of the OT to interpret the data gathered by the OTA and collaborate with the OTA to make recommendations for the purpose of plan development. Any collaboration between the OT and OTA must be reflected in client documentation as indicated in rule 4755-7-02 of the Ohio Administrative Code. However, you may wish to refer to Medicare and other third party payer policies to determine what they require. Insurer 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. Duany De La Cruz, PT** Mr. De La Cruz asked the Section questions whether occupational therapy assistants can perform the Allen Cognitive Scale and summarize and perform weekly progress reports. **Reply:** The occupational therapy assistant (OTA) can gather objective information and report observations, with or without the client and/or occupational therapist (OT) present. It is the responsibility of the OT to interpret the data gathered by the OTA and collaborate with the OTA to make recommendations. Any collaboration between the OT and OTA must be reflected in client documentation. However, you may wish to refer to Medicare and other third party payer policies to determine what they require. Insurer 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. Regarding your second question, the OTA should be documenting the objective data and observations from treatment session in their progress notes. Documentation of progress would be within the scope of an occupational therapy assistant. However, you may wish to refer to Medicare and other third party payer policies to determine what they require. Insurer 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. 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.
- 4. Houman Babai:** Mr. Babai asked the Section regarding PRN occupational therapists completing weekly progress notes. **Reply:** Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients served by an occupational therapy assistant. The occupational therapy

assistant does not maintain a caseload that is separate from the occupational therapist. The occupational therapist must provide appropriate supervision and assure that treatments are rendered according to safe and ethical standards and in compliance with rule 4755-7-04 of the Ohio Administrative Code, which states that “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 occupational therapy assistant, student occupational therapist, student occupational therapy assistant and unlicensed personnel.” However, you may wish to refer to Medicare and other third party payer policies to determine what they require. Insurer 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. While the Ohio Occupational Therapy Practice Act is not specific about the components of documentation, it is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the American Occupational Therapy Association’s *Guidelines for Documentation of Occupational Therapy* (AOTA, 2013) when determining documentation of occupational therapy in any setting.

5. **Martha Philippon, OTR/L** Ms. Philippon asked the Section questions regarding occupational therapy assistant supervision caseloads in a school based setting. **Reply:** Regarding your response #9 in your email, as to the number of occupational therapy assistants being supervised by an occupational therapist: The Section removed this language in the rules as of July 1, 2015. The Ohio Occupational Therapy Practice Act no longer regulates supervision numbers. However, it is the position of the Occupational Therapy Section that all responsibilities of the OT and OTA, including both direct and indirect service to students, must be considered when determining an appropriate therapist caseload. The number of students to whom the supervising therapist provides direct service must be reduced as the number of assistants a therapist supervises expands, since this increases the number of students for whom the therapist is responsible. The therapist must ensure provision of appropriate services and must not serve and/or supervise service for more students than he/she can provide skilled care, including informed direction of all aspects of the service provided for students by the assistant. The code of ethical conduct requires licensees, regardless of practice setting, to maintain the ability to make independent judgments and strive to effect changes that benefit the client (4755-7-08 (B)(9)). Regarding the last question referring to the timing of supervision: Supervision of the occupational therapy assistant, as defined in division (C) of section 4755.04 of the Revised Code, requires initial direction and periodic inspection of the service delivery and relevant in-service training. The supervising occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The 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. **Supervision is an interactive and collaborative 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 evaluating and/or supervising occupational therapist of record. The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office of Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@education.ohio.gov for answers to your specific questions. The Ohio Occupational Therapy Association's pediatrics member support group may also be able to assist you with your questions regarding school-based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org.

6. **Deborah Wolke, OT/L**: Ms. Wolke asked the Section questions regarding whether the changing speech only IEPs to 504 plans would impact the practice of occupational therapy. **Reply:** The Occupational Therapy Section does not determine policy regarding how children qualify for occupational therapy services in a school setting. However, it is clear the service of occupational therapy can be independent of the IEP system in the schools. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against individuals with disabilities who seek access to programs and activities provided by entities that receive financial assistance from the federal government, including organizations that receive U.S. Department of Education funding. In the public school setting, children with disabilities protected by Section 504 have the right to the aids and services required to meet their educational needs to the same extent as other children. In collaboration with the Ohio Department of Education, LEAs determine the

appropriate process to provide services for students who need adaptations to access their education. Each agency, along with the parents and service providers define the needs and appropriate services. Occupational therapy may be one of the needed services.

7. **Shanara Doe:** Ms. Doe asked the Section questions regarding having the national certification examination be created for every learning style. **Reply:** According to section 4755.07 of the Ohio Revised Code, License qualifications, no person shall qualify for licensure as an occupational therapist or as an occupational therapy assistant unless the person has shown to the satisfaction of the occupational therapy section of the Ohio occupational therapy, physical therapy, and athletic trainers board that the person: (A) Is of good moral character; (B) Has successfully completed the academic requirements of an educational program recognized by the section, including a concentration of instruction in basic human sciences, the human development process, occupational tasks and activities, the health-illness-health continuum, and occupational therapy theory and practice; (C) Has successfully completed a period of supervised fieldwork experience at a recognized educational institution of a training program approved by the educational institution where the person met the academic requirements. For an occupational therapist, a minimum of six months of supervised fieldwork experience is required. For an occupational therapy assistant, a minimum of two months of supervised fieldwork experience is required. **(D) Has successfully passed a written examination testing the person's knowledge of the basic and clinical sciences relating to occupational therapy, and occupational therapy theory and practice,** including the applicant's professional skills and judgment in the utilization of occupational therapy techniques and methods, and such other subjects as the section may consider useful to determine the applicant's fitness to practice. The section may require separate examinations of applicants for licensure as occupational therapy assistants and applicants for licensure as occupational therapists. Applicants for licensure shall be examined at a time and place and under such supervision as the section determines.
8. **Heidi McGohan, OTR/L:** Ms. McGohan asked the Section questions regarding whether occupational therapists have direct access in the State of Ohio. **Reply:** 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 of occupational therapy services. We also recommend that the agency and/or provider discuss specific questions with their legal counsel or their malpractice provider.
9. **Becky Ford:** Ms. Ford asked the Section questions regarding whether how long a prescription for occupational therapy is valid. **Reply:** 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 of occupational therapy services.
10. **Amy Spence, OTR/L:** Ms. Spence asked the Section regarding clarification on the occupational therapy practice in a school based setting and the client refuses to sign the re-evaluation. **Reply:** In the scenario you described, the assumption is that the current IEP expired. Your description is accurate as far as providing for access to the curriculum under FAPE **if you are providing the same to the group of students.** Consultation can be provided on a broad scale, looking at populations (e.g. classroom accessibility, wheelchair-accessible playground design, etc). It can also be provided to smaller targeted populations, such as assessing and making recommendations regarding methods to decrease overstimulation in a room of students with sensory processing issues. In cases where generalized statements and recommendations are being made regarding the overall group of individuals being assessed, an individual plan of care would not be necessary for each student. The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office of Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@education.ohio.gov for answers to your specific questions. The Ohio Occupational Therapy Association's pediatrics member support group may also be able to assist you with your questions regarding school-based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org.

Joint Correspondence

- JB1. Adam Dawson, PT:** Mr. Garrett asked the Athletic Trainers and Physical Therapy Sections questions regarding occupational and physical therapy services to neonatal intensive care unit patients. **Reply:** In regards to your first question on therapy orders, the Physical Therapy Practice Act is silent on how a physical therapy order should be written. 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 of occupational therapy services. In regards to your following questions: 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 Medicaid/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. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Ohio 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.
- JB2. Linda Imondi, OT/L:** Ms. Imondi asked the Occupational and Physical Therapy Sections questions regarding the frequency for cosigning notes for occupational therapy assistants and physical therapist assistants in a home care setting. **Reply:** In accordance with the Ohio Physical Therapy Practice Act, rule 4755-27-03(E)(6) of the Ohio Administrative Code states that "All documentation shall be co-signed by the supervising physical therapist" but does not specify time requirements for co-signing the physical therapist assistant's notes. It is the position of the physical therapy section that the urgency of reviewing and co-signing notes may vary with the patient population and with the acuity of the patient's condition. The physical therapist should be able to demonstrate that effective supervision was provided for the particular patient care delegated to the physical therapist assistant. In accordance with the Ohio Occupational Therapy Practice Act, rule 4755-7-04 of the Ohio Administrative Code, 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. It is the Occupational Therapy Section's position that supervision is an interactive and collaborative 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. You may wish to refer to Medicare and other third party payer policies to determine what they require. Insurer 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.
- JB3. Mindy Wood, OTR/L:** Ms. Wood asked the Occupational and Physical Therapy Sections questions regarding the occupational and physical therapy plan of care. **Reply:** In response to your physical therapy questions: The Ohio Physical Therapy Practice Act does not vary with practice setting. Rule 4755-27-03 (C) of the Ohio Administrative Code identifies writing the plan of care as a responsibility of the physical therapist that may not be delegated to other individuals. The school-based physical therapist must write a plan of care for his/her records for each student indicating specific physical therapy goals and intervention to achieve those goals, as well as precautions/contraindications. The IEP is an Ohio Department of Education approved document that delineates the student's educational needs, goals, and benchmarks. The duration and frequency of the services that will be provided in order to meet the **educational** goals and

benchmarks are stated in the IEP. Although related services, such as physical therapy, are included in the IEP, how the physical therapy services will be implemented and precautions/contraindications are not a part of the IEP. This is the information that must be documented in a separate physical therapy plan of care. The school-based physical therapist must write a plan of care for his/her records for each student indicating specific physical therapy goals and intervention to achieve those goals as well as precautions/contraindications. You may wish to view the American Physical Therapy Association's, The Guide to Physical Therapy Practice, as this outlines what a physical therapy plan of care should include. In response to your occupational therapy questions: Regarding the content of the Plan of Care, there is no specific language in the Administrative code that addresses this aspect of practice. The occupational therapist of record determines the aspects of the occupational therapy intervention plan. Please refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2013). Regarding record keeping, as the Plan of Care is an Occupational Therapy document, it is not a part of the IEP or special education process and therefore does not need to be attached to that education documentation. Regarding preschool practice, it is the position of the Occupational Therapy Section that as in any work setting, an occupational therapist working in Preschool would be required to assume the professional responsibilities outlined in rule 4755-7-02 (A) of the Ohio Administrative Code.

Old Business

None

New Business

None

Open Forum

There were no items discussed.

Ohio Occupational Therapy Association (OOTA) Report

Jacqueline Chamberlin gave a brief report to the Section.

Items for Next Meeting

None

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, November 12, 2015.

Action: There being no further business and no objections, Rebecca Finni adjourned the meeting at 12:19 p.m.

Respectfully submitted,
Diane Moore

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

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

Diane Moore, Interim Executive Director
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

BB:dm