Interpreting the Ohio Occupational Therapy, Physical Therapy, Speech and Hearing Practice Acts and Implications for School-Based Practice

Missy Anthony, Executive Director
Beth Ann Ball, OTR/L, OT Section Member
Gregg Thornton, Esq., Executive Director
Jennifer Wissinger, PT, DPT, PT Section Member
OVERVIEW OF BOARD

- Am. Sub. H.B. 49 created the Ohio Speech and Hearing Professionals Board (SHP), effective January 21, 2018.

- The Ohio Board of Speech-Language Pathology and Audiology and the Ohio Hearing Aid Dealers and Fitters Licensing Board were abolished and combined to create SHP.

- New Board created under ORC Chapter 4744.

- No major changes to ORC and OAC Chapters 4747 and 4753.

- Statutes and rules underwent a review and clean-up for consistency and to remove any discrepancies.
OVERVIEW OF BOARD

Current Board Members

- Three Audiologists
  - Tammy H. Brown, M.A., CCC-A, Board President
    Loveland (Clermont Co.) – Term ending March 22, 2021
  - Carrie L. Spangler, Au.D., CCC-A, Board Secretary
    Uniontown, (Stark Co.) – Term ending March 22, 2022
  - Karen Mitchell, Au.D., CCC-A, FAAA
    Ostrander, (Delaware Co.) – Term ending March 22, 2020

- Two Hearing Aid Fitters
  - Michael R. Pratt, H.A.S.
    Perrysburg, (Wood Co.) – Term ending March 22, 2020
  - Matthew Starner, H.A.S.
    Zanesville, (Muskingum Co.) – Term ending March 22, 2022

- Two Speech-Language Pathologists
  - Ann M. Slone, M.A., CCC-SLP
    Cincinnati, (Hamilton Co.) – Term ending March 22, 2020
  - Barbara L. Prakup, Ph.D., CCC-SLP
    Medina, (Medina Co.) – Term ending March 22, 2022

- Two Public Members
  - Helen L. Mayle
    Pickerington, (Fairfield Co.) – Term ending March 22, 2022
  - Lisa Dodge Burton
    Powell, (Delaware Co.) – Term ending March 22, 2021
OVERVIEW OF BOARD

- Vision – Our vision is for Ohioans to possess maximum communication skills in order to achieve social and vocational independence.

- Mission – The Mission of the Ohio Speech and Hearing Professionals Board is to protect consumers by regulating the practice of audiology, hearing aid dealing, fitting and dispensing, and speech-language pathology by establishing, promoting, and enforcing practice standards and professional competency among licensees pursuant to Chapters 4744, 4747, and 4753 of the Ohio Revised Code and Ohio Administrative Code.

- Values – The Ohio Speech and Hearing Professionals Board and its employees share a set of core values, which are reflected in licensing, investigations, policy-making, and public relations; these values include: accountability, accuracy, fairness, integrity, leadership/role model, professionalism, respect, responsiveness, and transparency.
OVERVIEW OF BOARD

What is the role of the Board?

- Law establishes statutory authority to regulate audiology and speech-language pathology professions

- Focus is consumer protection
  - Assurance that licensure requirements are met
  - Professional competency is maintained
  - Complaints investigated
  - Disciplinary action
Licensure Board Updates

Other Updates

School Caseload – Ohio Department of Education

- ODE revised its Operating Standards for Service Delivery to Students With Disabilities on July 1, 2014
- Third Grade Reading Guarantee – Guidance and Resources: [http://education.ohio.gov/Topics/Early-Learning/Third-Grade-Reading-Guarantee/Third-Grade-Reading-Guarantee-District-Resources/Third-Grade-Reading-Guarantee-Guidance-for-Student](http://education.ohio.gov/Topics/Early-Learning/Third-Grade-Reading-Guarantee/Third-Grade-Reading-Guarantee-District-Resources/Third-Grade-Reading-Guarantee-Guidance-for-Student)
- Workload determination approach to establish appropriate caseload number; ODE issued guidance and resources on Feb. 4, 2016: [http://slpaud.ohio.gov/SBL.stm](http://slpaud.ohio.gov/SBL.stm)
- Medicaid Schools Program – Reimbursement Update
- Share any feedback with board at: board@slpaud.ohio.gov
Role of School-Based Practitioner

Advocacy Initiatives

- Role of the SLP addressed in December 2014
- Role of the educational audiologist was addressed in 2016
- Workgroup (Licensure Board, OSLHA, OSSPEAC, SLP Supervisory Network, Universities) created a bookmark that explains the role of the SLP
- Bookmark is prepared for school administrators, school principals, special ed coordinators, parents, etc.
- Have you followed up on the WDP at your site?
# Licensure Board Statistics

As of June 2019

- Audiology: 1,038
- Audiology Aide: 76
- Dual – Audiology and Speech-Language: 33
- Hearing Aid Dealers: 214
- Hearing Aid Satellites: 363
- Hearing Aid Fitters: 422
- Inactive Audiology: 54
- Inactive Speech-Language Pathology: 313
- Trainee Permit Holders: 59
- Speech-Language Pathology: 7,470
- Speech-Language Pathology Aide: 3
- Speech-Language Pathology Conditional: 333

**TOTAL**: 10,378
## Licensure Board Statistics

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<thead>
<tr>
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<td>6913</td>
<td>7008</td>
<td>6587</td>
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<td>983</td>
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<td>177</td>
<td>183</td>
<td>124</td>
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<td>42</td>
<td>47</td>
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<tr>
<td>SLP-Aide</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>8</td>
<td>10</td>
<td>10</td>
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<td>AUD-Aide</td>
<td>80</td>
<td>66</td>
<td>73</td>
<td>69</td>
<td>72</td>
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<td><strong>TOTAL</strong></td>
<td><strong>9091</strong></td>
<td><strong>8635</strong></td>
<td><strong>8653</strong></td>
<td><strong>8195</strong></td>
<td><strong>8122</strong></td>
<td><strong>7717</strong></td>
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**Percentage Changes:**

- 2016-2015: 456-5.3%
- 2014-2013: 458-5.6%
- 2012-2011: 405-5.2%
Licensure Board Statistics

**Work Setting – AUD**

- Skilled Nursing Facility
- Schools
- Retail
- Research Center
- Rehabilitation Center
- Private Practice
- Other Count
- Medical Office
- Industry
- Hospital
- Government
- Community Center
- College or University

- Work Setting – AUD - 975
- College or University – 49
- Community Center – 8
- Government – 97 (80/17)
- **Hospital** – 266
- Industry – 33
- **Medical Office** – 178
- Other – 53
- **Private Practice** – 216
- Rehabilitation Center – 4
- Retail - 29
- Schools - 67
- Skilled Nursing – 4
**Licensure Board Statistics**

**Years of Practice/Years to Retire - Audiology**

- In 2018 - 14.6% of audiologists plan to retire within next 5 years
- In 2016 - 10.1% of audiologists plan to retire within next 5 years
- In 2014 - 9.8% of audiologists planned to retire within 5 years

**Years of Practice**

- < 1 year
- 1-5 Years
- 6-10 Years
- 11-15 Years
- 16-20 Years
- > 21 Years
- Retired

**Years to Retire**

<table>
<thead>
<tr>
<th>Years of Practice</th>
<th>Licensed to Practice</th>
<th>Years to Retirement</th>
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<tbody>
<tr>
<td>&lt;1 YEAR</td>
<td>41</td>
<td>9</td>
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<tr>
<td>1 TO 5 YEARS</td>
<td>177</td>
<td>139</td>
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<tr>
<td>6 TO 10 YEARS</td>
<td>123</td>
<td>149</td>
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<td>11 TO 15 YEARS</td>
<td>105</td>
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<td>16 TO 20 YEARS</td>
<td>161</td>
<td>190</td>
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<td>&gt;21 YEARS</td>
<td>403</td>
<td>377</td>
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<tr>
<td>RETIRED</td>
<td>4</td>
<td>12</td>
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<td>Totals</td>
<td>1,014</td>
<td>1,014</td>
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</tbody>
</table>
Licensure Board Statistics

Work Setting – SLP

- Work Setting – SLP – 6,793
- College or University – 170
- Community Center – 14
- Government – 168 (20/148)
  Hospital – 1,148
- Industry – 9
- Medical Office – 28
- Other – 336
- Private Practice – 416
- Rehabilitation Center – 245
- Retail – 3
- Schools – 3,372
- Skilled Nursing – 884

Graph showing distribution of work settings for SLPs.

Dimensions: 720.0x540.0

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# Licensure Board Statistics

<table>
<thead>
<tr>
<th>Years of Practice</th>
<th>Licensed to Practice</th>
<th>Years to Retirement</th>
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<tbody>
<tr>
<td>LESS THAN 1 YEAR</td>
<td>169</td>
<td>58</td>
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<tr>
<td>1 TO 5 YEARS</td>
<td>1435</td>
<td>837</td>
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<tr>
<td>6 TO 10 YEARS</td>
<td>1394</td>
<td>775</td>
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<td>11 TO 15 YEARS</td>
<td>892</td>
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<td>16 TO 20 YEARS</td>
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<td>MORE THAN 21 YEARS</td>
<td>2210</td>
<td>2743</td>
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<tr>
<td>RETIRED Count</td>
<td>62</td>
<td>224</td>
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## Years of Practice/Years to Retire – Speech-Language Pathology

- **2018**: 12.5% of speech-language pathologists plan to retire within next 5 years
- **2016**: 11.9% of speech-language pathologists plan to retire within next 5 years
- **2014**: 13.8% of speech-language pathologists plan to retire within next 5 years

![Bar chart showing years of practice and years to retire](chart.png)
Licensure Board Statistics

Years of Practice/Years to Retire – SLP – School Setting

- In 2018 - 15.2% of school based SLPs plan to retire within next 5 years
- In 2016 - 16.0% of school based SLPs plan to retire within next 5 years
- In 2014 - 18.7% of school based SLPs plan to retire within next 5 years

<table>
<thead>
<tr>
<th>Years of Practice</th>
<th>Licensed to Practice</th>
<th>Years to Retirement</th>
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</thead>
<tbody>
<tr>
<td>&lt;1 YEAR</td>
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<td>1 TO 5 YEARS</td>
<td>631</td>
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<tr>
<td>6 TO 10 YEARS</td>
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<tr>
<td>11 TO 15 YEARS</td>
<td>389</td>
<td>459</td>
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<tr>
<td>16 TO 20 YEARS</td>
<td>486</td>
<td>688</td>
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<td>&gt;21 YEARS</td>
<td>1110</td>
<td>1183</td>
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<tr>
<td>RETIRED</td>
<td>41</td>
<td>120</td>
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<td>Totals</td>
<td>2983</td>
<td>3371</td>
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Welcome to the Ohio Speech and Hearing Professionals Board

Annual Renewal Deadline
January 30

- Hearing Aid Dealer
- Hearing Aid Dealer Satellite
- Hearing Aid Fitter

All hearing aid dealer and hearing aid fitter licenses expire annually on January 30.

IMPORTANT! If your professional or business license is not renewed, you will be practicing your profession illegally, or selling hearing aids illegally.

Go to eLicense.Ohio.gov to renew your license.

Inaugural Board Meeting

The Ohio Speech and Hearing Professionals Board held its inaugural board meeting on Monday, January 22, 2018. The meeting was held in the 31st floor Board Room of the Vern Riffe Center for Government and the Arts, 77 South High Street in downtown Columbus.

77 S High St
77 S High St, Columbus, OH 43215

Site Links

- Abbreviations, Acronyms
- Additional Links
- Address, Company, Name Change
- Board Members, Staff
- Business Filing Statement
- Calendar
- Criminal Records Check
- Duplicate License
- eLicense.Ohio.gov
- Examination
- Fees
- Forms
- Laws and Rules
- Military Benefits
- Public Hearings
- Resources for School-Based
Mission of the OTPTAT Board

To actively promote and protect the health of the citizens of Ohio through effective regulation of the professions of occupational therapy, physical therapy, athletic training, orthotics, prosthetics, and pedorthics.
# Number of Active Licenses

<table>
<thead>
<tr>
<th>License Type</th>
<th>Number of Active licenses as of 6/5/19</th>
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<tbody>
<tr>
<td>Athletic Trainer</td>
<td>2,842</td>
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<tr>
<td>Occupational Therapist</td>
<td>6,564</td>
</tr>
<tr>
<td>Occupational Therapy Assistant</td>
<td>4,945</td>
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<tr>
<td>Physical Therapist</td>
<td>10,451</td>
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<tr>
<td>Physical Therapist Assistant</td>
<td>8,460</td>
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<tr>
<td>OPP</td>
<td>347</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>33,609</strong></td>
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Why Regulate?

• To ensure protection of public health, safety, and welfare
• Role of licensing boards is to protect the public, not the license holder
• Laws and rules apply to all practice settings
  – In school-based practice, license holder must also follow IDEA, ODE, and district regulations
  – Follow the most restrictive regulations
Promote Public Safety

• Ensure that individuals practicing OT/PT/AT/OPP meet sufficient standards of education, training, competence, and ethics, as defined in the laws and rules

• Investigate and discipline licensed professionals whose practice falls below the minimal standards of care

• Define and advocate for standards of safe OT/PT/AT/OPP practice
Board Updates

• Consolidation with Orthotics, Prosthetics, and Pedorthics

• Rules Updates:
  – 5 Year Reviews
  – Volunteer Continuing Education
  – PT renewal jurisprudence module requirement
  – OT/PT/OTA/PTA must be 18 to obtain a license. Students must also be 18
  – OT/OTA Escrow elimination
  – Use of eLicense for wall certificates - PT/OT
Board Updates

• “physical therapy goals” rather than “short term and long term goals”
• 2022 for PT and 2023 for PTA renewal, JAM/2 hours of ethics
• ABPTS recertification = 6 hours of CE
• A physical therapist is not required to notify the patient's other healthcare practitioner in accordance with division (A)(2) of section 4755.481 of the ORC if either of the following apply: (1) The physical therapist is seeing the patient for fitness, wellness, or prevention purposes; or (2) The patient previously was diagnosed with chronic, neuromuscular, or developmental conditions and the physical therapist is seeing the patient for problems or symptoms associated with one or more of those previously diagnosed conditions.
Additional Information

• It is the position of the OTPTAT Board that nothing in the Ohio Physical Therapy/Occupational Therapy Practice Acts prohibits a therapist from administering rescue/emergency care (such as seizure medication, epipens, Narcan, etc.). As with any specialized procedure, the individual must have training and demonstrate competency.

• Individual facility policies may vary, follow the most restrictive
More Roles of the Regulatory Board
Act as a resource for:

- Professional organizations
  - Examples: OOTA/OPTA, AOTA/APTA, OSLHA/ASHA
- Legislators
  - Ensure laws and rules reflect current standards
  - Monitor legislation that could impact practice
- Public agencies, including the Ohio Department of Education
Examples of work with ODE

• Coordination of the Board’s rules and ODE regulations
• Recognition of assistants in the ODE Operating Standards
• Medicaid in Schools Program (MSP) Focusing on the ORC
• Caseload Standards
Workload
• ODE rule 3301-51-09

LEAs must determine workload for an individual service provider based on all of the factors established in 3301-51-09 (I)(1) to (I)(3)
Service Provider Workload Determination (Rule 3301-51-09(I))

• All areas of service provided to children w/ & w/o disabilities including:
  – School duties; staff meetings; professional development; supervisions; travel; screening; assessment; evaluation; progress documentation & reporting; secondary transition service planning; conference/consultation pertaining to individual students; documentation for individual students; and 3rd party billing requirements
Service Provider Workload Determination (Rule 3301-51-09(I))

• Level of each child’s need & frequency of services necessary to provide a Free & Appropriate Public Education in the Least Restrictive Environment

• Time needed for planning
Definitions of Caseloads

• OT/PT/AT Board
  – All students for whom the OT/PT has ultimate responsibility
  – Includes all students assigned to an OTA/PTA under the OT/PT laws and rules

• ODE Operating Standards (Rule 3301-51-09 (I)(3)(c))
  – Maximum # of students an individual therapist provides “specially designed instruction”
  – Does not include students assigned to OTA/PTA
How Many?

• OT/PT Laws and Rules of the Ohio Revised Code:
  – An OT/PT must **not provide/supervise** for more students than the licensed practitioner can provide skilled care
  – Includes supervision of all services provided by an OTA/PTA
  – See OAC 4755-7-04

• ODE:
  – OT/PT may provide specially designed instruction services to no more than 50 school age children w/disabilities (or 40 preschool children w/disabilities)
  – No limit on OTA/PTA caseload/workload
Is there a precise maximum therapy caseload?

NO

• Just as there is no “standard” IEP, there is no “standard” therapist caseload
• Dependent on the individual needs of students served and factors that impact delivery of therapy services
• You are all professionals. As such, you know through experience and training what caseload/workload is appropriate
Board’s Position on Therapist Caseload Determination

• All responsibilities of the OT/PT and OTA/PTA must be considered when determining an appropriate therapist caseload/workload
  – Includes both direct and indirect services to students
  – Includes services to regular education students, such as RTI services, IAT meetings, observations, and evaluations
Board’s Position on Therapist Caseload Determination

• # of students to whom a supervising OT/PT provides specially designed instruction should be **reduced** as the # of OTAs/PTAs supervised increases

  – **REMEMBER:** **OT/PT must ensure provision of quality care.** AND it is the OT’s/PT’s professional judgement taking all information into consideration, which determines an individual caseload which factors in supervision of OTA/PTA(s).
Caseload Determination Questions

• Is it reasonable to expect an OT/PT to provide direct services to 50 students and to supervise multiple OTA/PTAs who are providing direct services to additional students?
• Can this be done with expectation that the OT/PT will provide skilled care and required supervision?
• Can an OT/PT provide quality services for all students under the OT/PTs care?
Responsibilities of Educational Agencies

- Educational agencies by rule (3301-51-09 (I)(1)) must bring OT caseloads to a level aligned with the OT’s skilled care standard.
  - This is the standard required in the OT Practice Act
  - Paragraph (I)(1) governs the additional factors that must be considered when determining appropriate caseload
Summary of Factors Impacting Workloads

• IEP minutes alone do not reflect the full responsibilities and time requirements of school-based practice
• All responsibilities including screenings, RTI, assessments, supervision and travel must be considered
• Analyzing time may be one strategy to demonstrate therapy practitioner responsibilities
What Regulations Do I Follow?

- Ohio OT/PT/Speech and Hearing Professionals Practice Acts applies to all practice settings

- IDEA, ODE Operating Standards, District Policies, MSP

- Which is more restrictive?
Services in Practice
Related Services

• Transportation and such developmental, corrective and other support services required to assist a child with a disability to benefit from special education.
• Includes:
  – Speech-language and audiology services
  – Interpreting services
  – Psychology services
  – Physical and occupational therapy services
  – Recreation, including therapeutic recreation
  – Early identification and assessment of disabilities in children . . . . . . .

IDEA 2004 Section 300.34
School-Based Services

• Medical diagnosis itself does not determine eligibility under IDEA
• The disability must “adversely affect the child's educational performance” (Part B)
• Medical necessity is replaced by need for satisfactory educational performance - child has a need for special education and related services to support the special education plan
Order of Services

• Referral
• Evaluation and ETR meeting
• Goal development and IEP meeting
• Write Plan of Care
• Service Provision
• Annual and Periodic Re-evaluation
## Referral and Evaluation

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<th>OT/PT</th>
<th>OTA/PTA</th>
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<tbody>
<tr>
<td>• Interpret referrals to occupational/physical therapy</td>
<td>• Refer all requests for occupational/physical therapy to an OT/PT</td>
</tr>
<tr>
<td>• Complete evaluations &amp; interpret/analyze the evaluation data. Write report/recommendations for ETR</td>
<td>• May contribute to evaluation process by gathering data, administering standardized tests &amp;/or obj. meas. tools, &amp; reporting observations</td>
</tr>
</tbody>
</table>
Transitions Between Programs

- PS to School-age
- Between schools/buildings
- Accepting reports/evaluations/transfers of care
  - Document transfer of care (transferring and receiving)
  - Caution with “record review only” requests
  - May necessitate less formal assessment once you receive the transferring student into your care
Rule 3301-51-06 (Evaluations) (from the Ohio Operating Standards)

(B) (1) Each school district of residence must conduct a **full and individual** initial evaluation

(E) (a) Use a **variety of assessment tools** and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent

(E) (b) Not use any single source of information, such as a **single measure or score**, as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child
(E) (3) (e) Assessments of children with disabilities who transfer from one school district to another school district in the same school year are coordinated with those children's prior and subsequent schools, as necessary and as expeditiously as possible.

(f) In evaluating each child with a disability under paragraphs (E) to (G) of this rule, the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.

(g) Assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided.
A) Licensees shall use the provisions contained in paragraphs (A)(1) to (A)(9) of this rule as guidelines for promoting ethical integrity and professionalism. Failure to comply with paragraphs (A)(1) to (A)(9) of this rule may be grounds for disciplinary action pursuant to section 4755.11 of the Revised Code and in accordance with Chapter 119. of the Revised Code.

(a) Maintain and document competency by participating in professional development, continuing competence, and other educational activities.

(b) Critically examine and keep current with emerging knowledge relevant to the practice of occupational therapy. A licensee shall not perform or attempt to perform techniques and/or procedures in which the licensee is untrained by education or experience.

(4) An individual shall not practice occupational therapy without a valid license, or without holding student status, including:
(a) Practicing occupational therapy while an individual's license is suspended or revoked.
(B) Ethical conduct. includes conforming to the **minimal standards of acceptable and prevailing physical therapy practice**. Conduct may be considered unethical regardless of whether or not actual injury to a patient occurred. 

(5) 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 patient occurred, includes, but is not limited to: (a) **Failing to assess and evaluate a patient's status**;
More Plan of Care/Treatment Considerations
## Goal Writing

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<tr>
<th>OT/PT</th>
<th>OTA/PTA</th>
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</thead>
<tbody>
<tr>
<td>• Collaborate w/ IEP team (may include OTA/PTA), to develop IEP goals/objectives &amp; determine if OT/PT services are required for student to meet IEP goals &amp; access general curriculum</td>
<td>• May collaborate with OT/PT and IEP teams to contribute to development of ideas for IEP goals/objectives</td>
</tr>
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</table>
# Development of Treatment/Intervention Plan

<table>
<thead>
<tr>
<th>OT/PT</th>
<th>OTA/PTA</th>
</tr>
</thead>
</table>
| • Develop, interpret, & modify the OT/PT Treatment/Intervention Plan in collaboration with OTA/PTA  
  o OT/PT to determine which portions of plan OTA/PTA will implement | • Contribute to & collaborate in preparation, implementation, & documentation of OT/PT services  
  o OTA/PTA can select treatment activities within the existing OT/PT plan |
## Supervision

<table>
<thead>
<tr>
<th>OT/PT</th>
<th>OTA/PTA</th>
</tr>
</thead>
</table>
| • Provide initial direction, periodic consultation, collaboration, & in-service training to OTA/PTA & document supervision provided  
• Review & co-sign the treatment/daily notes of the OTA/PTA | • Document intervention/therapy sessions & response to intervention and collaborate w/ OT/PT re: student needs & progress and intervention plan.  
• OTA/PTA must ensure that OT/PT reviews & co-signs treatment/daily notes |
### Progress and Re-Evaluations

<table>
<thead>
<tr>
<th>OT/PT</th>
<th>OTA/PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review student progress with OTA/PTA and co-sign progress reports to indicate review &amp; collaboration w/OTA/PTA</td>
<td>• Provide data for progress reports, assessment, and participate in IEP team collaboration for period review</td>
</tr>
<tr>
<td>• Complete assessment/analysis for periodic review &amp; collaborate w/IEP team to develop new goals &amp; determine if OT/PT services are still needed</td>
<td>• Provide info to the OT/PT for use in discharge summary/plan when OT/PT services are discontinued</td>
</tr>
<tr>
<td>• Write discharge summary/plan when OT/PT services are discontinued</td>
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</table>
What Does OT Supervision of the OTA Require?

• OT must meet with the OTA
  – at least 1x/week for OTA in first year of practice
  – at least 1x/month for OTA beyond first year of practice

• OT must be familiar with the Treatment/Intervention Plan, function, and status for every student to whom the OTA provides direct services
What Does PT Supervision of the PTA Require?

Best Practice Recommendations (APTA HOD 06-77-19-37)

• At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient/client.

• A supervisory visit should include:
  – An on-site reexamination of the patient/client.
  – On-site review of the plan of care with appropriate revision or termination.
  – Evaluation of need and recommendation for utilization of outside resources.
General Responsibilities of Supervising OT/PT

- Review therapy notes and progress reports. Co-sign all of the OTA/PTA’s documentation on a monthly basis.
- Review, re-assess, and change the Treatment/Intervention Plan as child makes progress.
- Every end of year report, plan and daily note must be signed.
General Responsibilities of Supervising OT/PT

- Development of OT/PT Treatment/Intervention Plan of Care and assignment of appropriate elements to the OTA/PTA
- Only the OT/PT may develop the Treatment/Intervention Plan of Care
- Ensure that OTA/PTA understands Treatment/Intervention Plan of Care and implements it as OT/PT intended
- OT/PT must be able to be reached at all times by phone, email, and/or text by OTA/PTA
OTA/PTAs

- OTA/PTAs are licensed professionals who provide skilled and valuable services in all settings, including school-based practice.
- Collaborative relationship between OT/PT and OTA/PTA is crucial.
- Planned time for OT/OTA and PT/PTA collaboration must be considered when determining OT/OTA/PT/PTA responsibilities.
Where Does the OTA/PTA Appear on IEP?

• See ODE guidelines regarding documentation of therapy services

  – Location of where services are described in the IEP does NOT affect the responsibilities of either the OT/PT or OTA/PTA.
Attendance at School Meetings

• OTA/PTA can attend an IEP meeting and present information concerning student progress and IEP goals to be addressed by OT/PT, based on previous collaboration between the supervising OT/PT.

• If, at the IEP meeting, the IEP team requests additions or changes to the goals being addressed by OT/PT, the supervising OT/PT would need to review those recommendations and agree to any changes; the OTA/PTA cannot make that decision alone, without additional collaboration with the supervising therapist.

• If, before the IEP meeting, the OT/PT and OTA/PTA discussed and agreed upon potential changes in goals or amount or type of service, the OTA/PTA may make the changes during the IEP meeting.
Key Takeaways

- OT/PTs and OTA/PTAs must follow OT/PT Practice Acts
- Collaboration between OT/PT and OTA/PTA is crucial
- OT/PT has ultimate responsibility for all students served by an OTA/PTA that they supervise
- OT/PT must not provide supervision for more students than they can provide skilled care
- OT/PT must review & co-sign all progress notes written by the OTA/PTA
- OTA/PTAs do not have their own caseloads separate from that of the supervising OT/PT
- Ensure current active licensure status
Example

• District A has 100 students who have OT (or PT) on their IEPs
• The district employs 1 OT (PT) and 2 OTAs (PTAs)
• How many students are on the supervising therapist’s caseload?
• Could there be additional students the supervising therapist’s serves?
• Could this be a violation of code of ethical conduct?
Ethical Dilemmas?

- Boundaries
- Social Media
- Documentation
- Supervision
- Children’s Services--reporting and anonymity
Potential Violations of Practice Acts

• Regardless of practice setting, an OT/PT must provide adequate supervision to assure that treatments follow safe, ethical, and effectual standards.

• Regardless of practice setting, an OT/PT shall maintain the ability to make independent judgments and strive to effect changes that benefit the client (4755-7-08(B)(9)).

• An therapist must report to the OTPTAT Board, any entity that places the therapist in a position of compromise w/code of ethical conduct (4755-7-08(B)(12)).
Potential Violations of Practice

Acts

• Failing to assess and evaluate a client’s status (4755-7-08 (C)(1)(a))

• Providing substandard care as an OTA by exceeding the authority to perform components of therapy interventions selected by the supervising OT (4755-7-08(C)(1)(c))

• Supervising OT is accountable and responsible at all times for the actions of persons supervised (4755-7-04(A))
What Should Licensees Do?

- What should the OT/PT do when directed by an educational agency to maintain a caseload that is greater than they can safely and effectively serve?
  - Report the situation to the Ohio Department of Education Office of Exceptional Children
  - Report the situation to the Ohio OTPTAT Board for investigation
Working with Your Administrators

• Develop a positive relationship with your administrators
• **Advocate for yourself and the profession**
• Know the ODE and OTPTAT laws and rules
• Know the content of your contract
• Document/quantify how you spend your time
  – Time analysis should include time spent in RTI, IAT, evaluations, ETR/IEP meetings, consultation, etc.
  – Time study should be done over more than 1 week
• Use the OTPTAT Board’s website for valuable resources
• Use the resources of OOTA/AOTA/OPTA/APTA/OSLHA/ASHA
Resources Available

• Comparison of Responsibilities of OT/OTA and PT/PTA Practitioners in School-Based Practice (www.otptat.ohio.gov)
  – Outlines the role of the OT/PT and the OTA/PTA in school-based practice

• Determination of Appropriate Caseload for School-Based OT and PT Practice Position Paper (www.otptat.ohio.gov)
  – Describes factors to be taken into account when determining an appropriate therapy caseload
Resources Available

• Responses to questions concerning appropriate caseloads for school-based OT/PT practice under publications on the Board website
• Frequently Asked Questions
• School-based practice correspondence located in Board meeting minutes
• All of these are available on the Board’s website
Where are the Resources? – http://otptat.ohio.gov
Facebook page:
https://www.facebook.com/OhioSpeechandHearingProfessionalsBoard/
BOARD CONTACT

- Board mailing address:

Ohio Speech and Hearing Professionals Board
77 South High Street, Suite 1659
Columbus, Ohio 43215-6108
Telephone: (614) 466-3145
E-mail: Board@shp.ohio.gov
Website: www.shp.ohio.gov
Contacting the OTPTAT Board

• You may contact the Board by any of the following methods:
  – http://otptat.ohio.gov
  – Phone: 614-466-3774
  – Mail:
    Ohio OTPTAT Board
    77 S. High Street, 16th Floor
    Columbus, OH 43215-6108
• “Like” the Board on Facebook at
  https://www.facebook.com/OhioOTPTATBoard
Discussion

• Any Additional Questions?