



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

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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
- ▶ Operating Standards – Guidance and Resources:
<http://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/Operational-Standards-and-Guidance>
- ▶ 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>
- ▶ Workload determination approach to establish appropriate caseload number; ODE issued guidance and resources on Feb. 4, 2016:
<http://slpaud.ohio.gov/SBL.stm>
- ▶ Medicaid Schools Program – Reimbursement Update
- ▶ Share any feedback with board at: board@slpaud.ohio.gov

what can your EDUCATIONAL AUDIOLOGIST do for you?

Perform comprehensive, educationally relevant hearing evaluations and make recommendations to enhance communication across and learning.

Provide training about hearing, hearing loss, and other auditory disorders for school personnel, students, and parents to facilitate a better understanding of the impact of auditory impairments on language, learning, literacy, and social development.

Assist with development and implementation of school hearing screening programs.

Evaluate, make recommendations and/or referrals for students' hearing assistive technology needs, which may include the use of hearing aids, cochlear implants, and other hearing access and assistive technology.

Learned to ensure proper fit and functioning of hearing aids, cochlear implants, and hearing assistive technology in order to access the educational environment.

Monitor classroom noise, evaluate acoustics and make recommendations for improving the classroom learning environment.

Assist in program placement decisions and make specific recommendations to address hearing and communication needs.

Evaluate programs for hearing and auditory training, communication strategies, and self-advocacy skills for students with auditory needs.

Administer relevant assessments to measure central auditory processing function and make appropriate educational recommendations.

Collaborate with school, parents, support personnel, and relevant community agencies and professionals to ensure delivery of appropriate services.

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?

what can your SPEECH-LANGUAGE PATHOLOGIST do for you?

Offer a unique perspective as an expert in language development and disorders.

Promote students' access to the academic curriculum by targeting the language processes of reading, writing, speaking, and listening and learning.

Use evidence and research-based intervention strategies.

Provide students services and support within a diverse range of service delivery models including direct instruction and collaborative models.

Serve on intervention teams and Response to Intervention (RtI) teams to collaborate in the development of intervention and accommodation plans.

Address a wide range of communication and learning disabilities from speech sound disorders to written expression and reading comprehension disabilities.

Support students from pre-K to 12th grade.

Serve as a school-wide consultant and resource for teachers, parents and students regarding communication disorders and language-based learning disabilities.

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

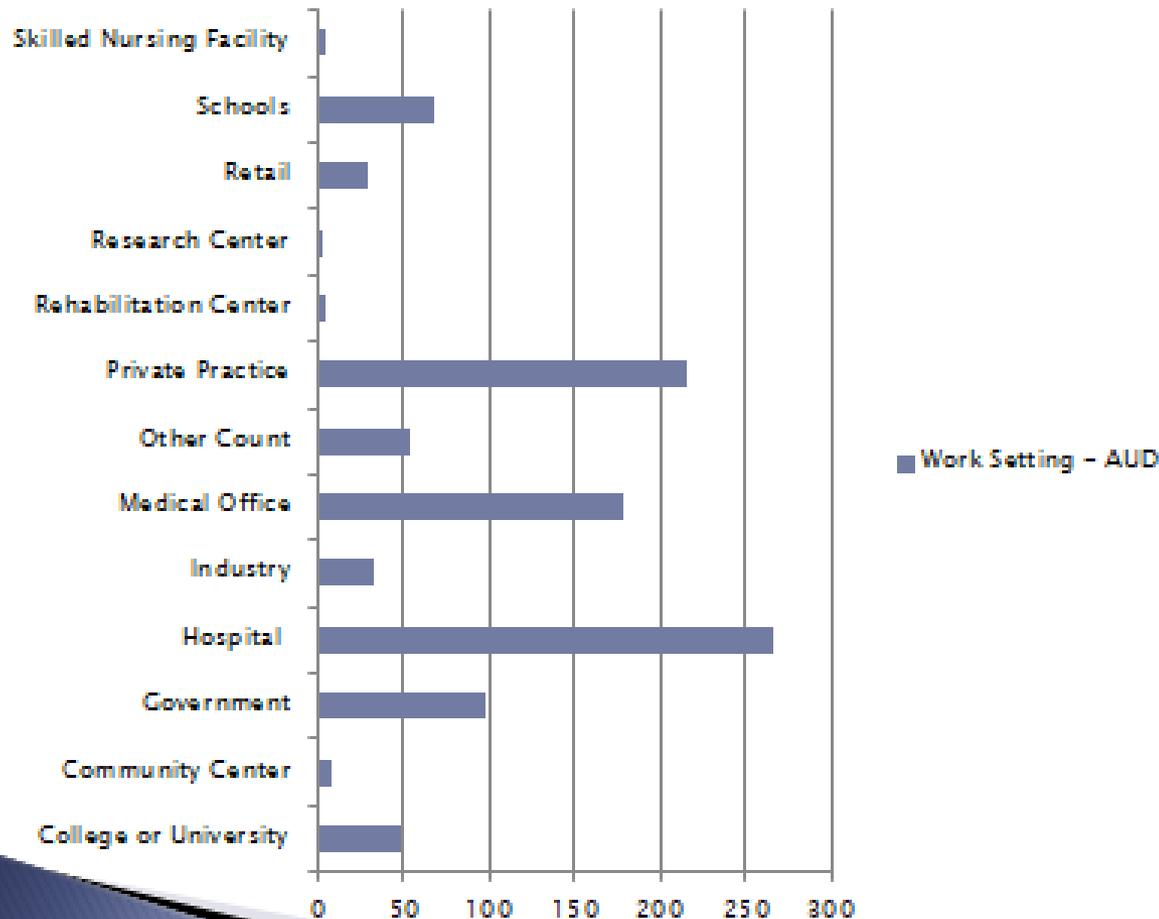


	2016	2015	2014	2013	2012	2011
	<u>Dec.</u>	<u>Dec.</u>	<u>Dec.</u>	<u>Dec.</u>	<u>Dec.</u>	<u>Dec.</u>
Speech-Language Path.	7318	6913	7008	6587	6578	6205
Audiologist	1032	983	988	969	972	937
Inactive	258	243	177	183	124	132
Conditional SLP	395	374	357	379	324	323
Permit Holders	0	0	0	0	42	47
SLP-Aide	8	9	10	8	10	10
AUD-Aide	80	66	73	69	72	63
TOTAL	9091	8635	8653	8195	8122	7717
	456-5.3%		458-5.6%		405-5.2%	



Licensure Board Statistics

Work Setting – AUD



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

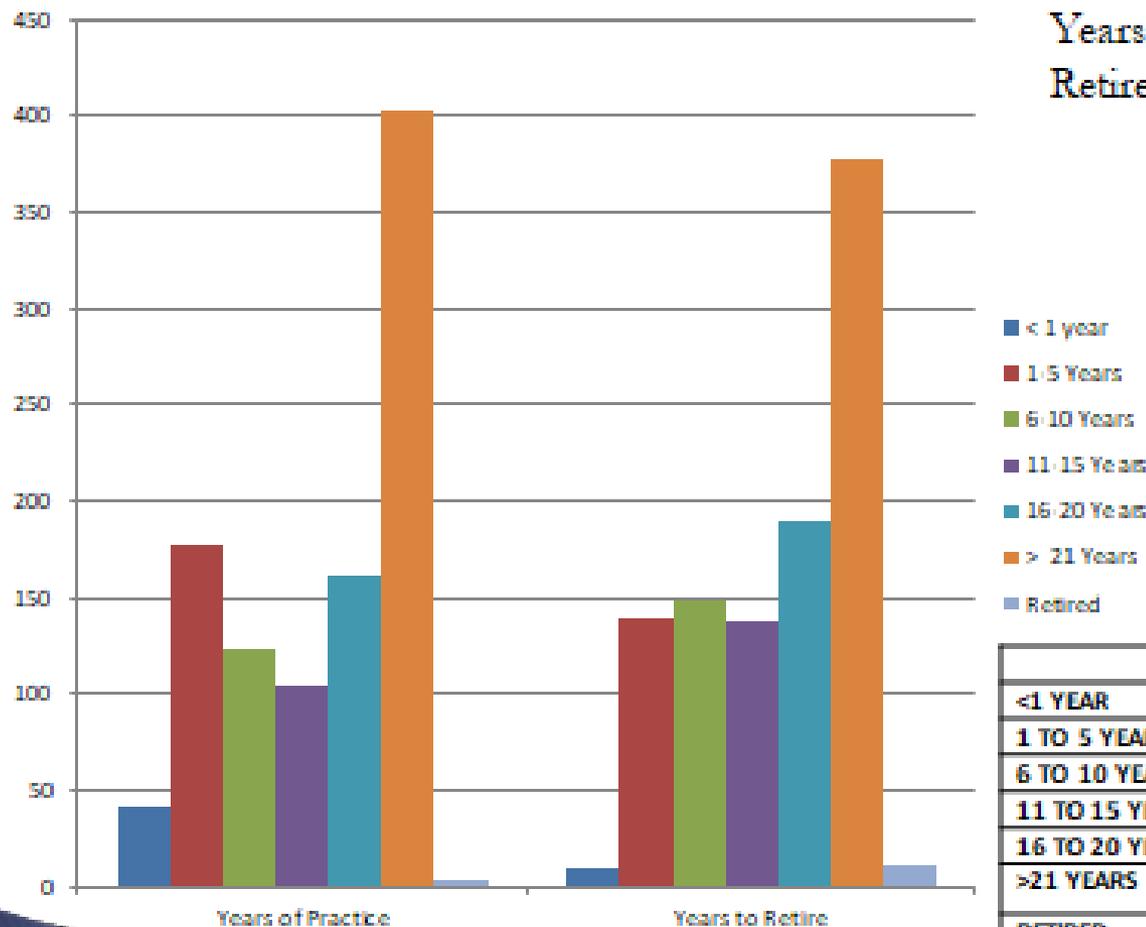
Retail - 29

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

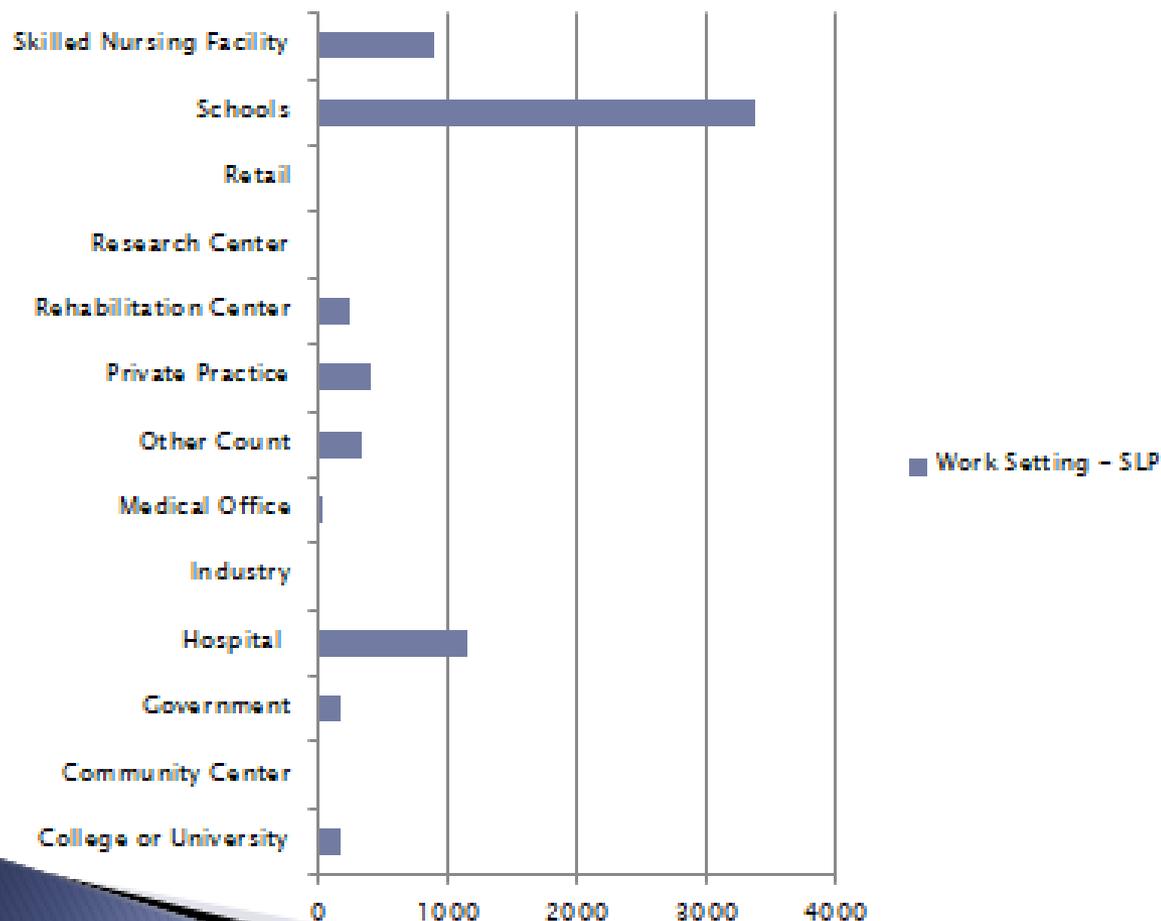
In 2016 - 10.1% of audiologists plan to retire within next 5 years

In 2014 - 9.8% of audiologists planned to retire within 5 years

	Licensed to Practice	Years to Retirement
<1 YEAR	41	9
1 TO 5 YEARS	177	139
6 TO 10 YEARS	123	149
11 TO 15 YEARS	105	138
16 TO 20 YEARS	161	190
>21 YEARS	403	377
RETIRED	4	12
Totals	1,014	1,014

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

Licensure Board Statistics

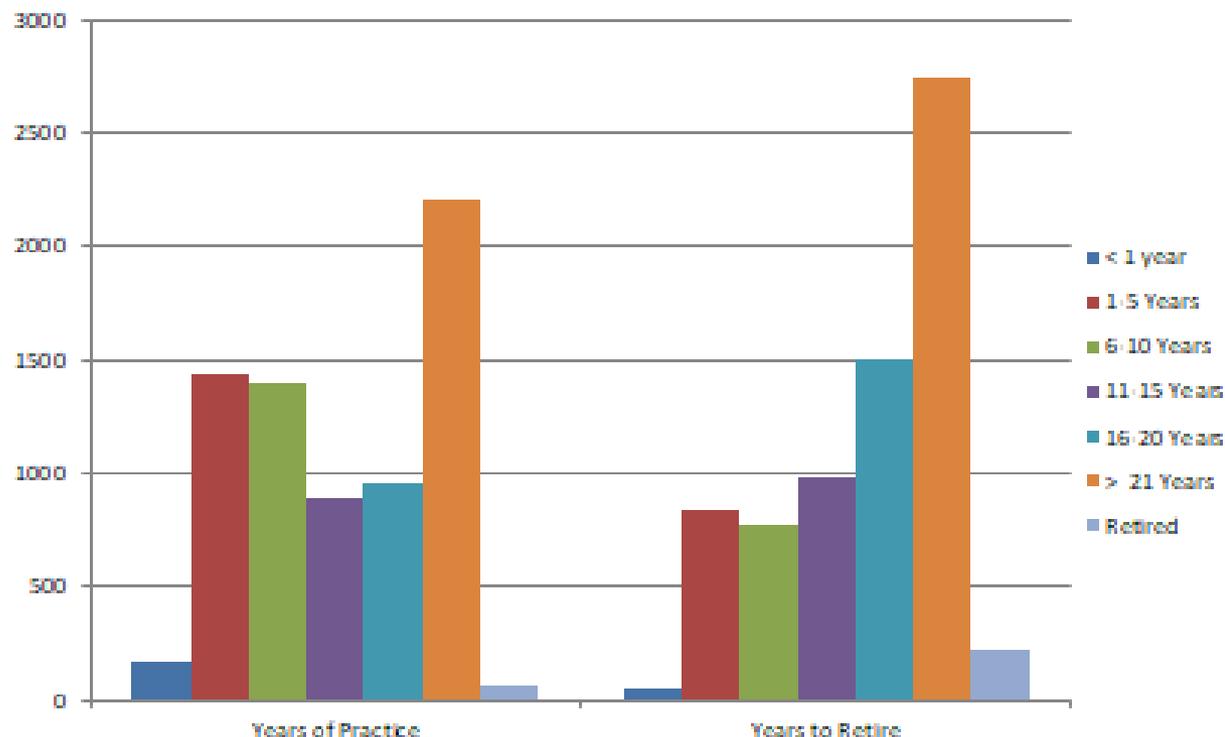
	Licensed to Practice - 7116	Years to Retirement - 7116
LESS THAN 1 YEAR	169	58
1 TO 5 YEARS	1435	837
6 TO 10 YEARS	1394	775
11 TO 15 YEARS	892	975
16 TO 20 YEARS	954	1504
MORE THAN 21 YEARS	2210	2743
RETIRED Count	62	224

Years of Practice/Years to Retire – Speech-Language Pathology

2018: 12.5% of speech-language pathologists plan to retire within next 5 years

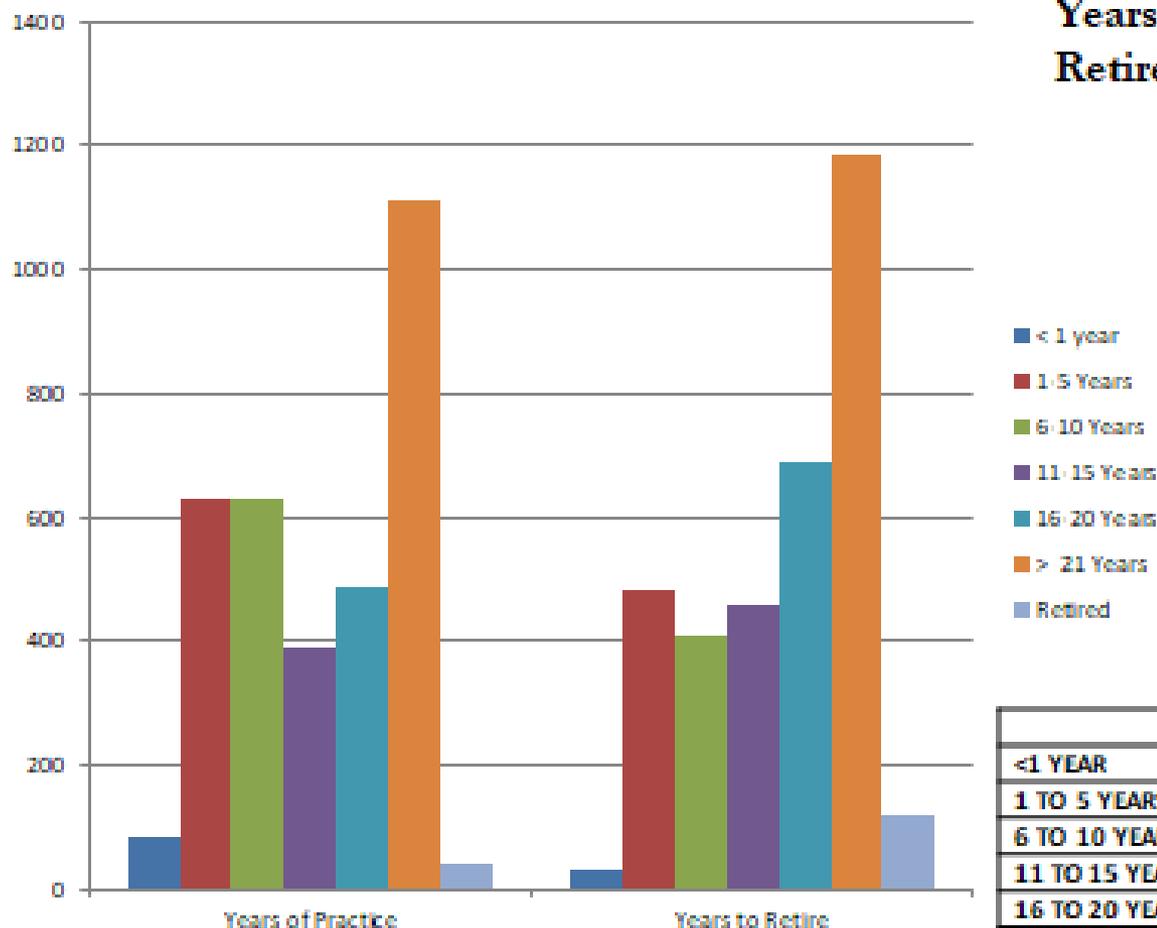
2016: 11.9% of speech-language pathologists plan to retire within next 5 years

2014: 13.8% of speech-language pathologists plan to retire within next 5 years



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

	Licensed to Practice	Years to Retirement
<1 YEAR	85	31
1 TO 5 YEARS	631	482
6 TO 10 YEARS	630	408
11 TO 15 YEARS	389	459
16 TO 20 YEARS	486	688
>21 YEARS	1110	1183
RETIRED	41	120
Totals	2983	3371

Welcome to the Ohio Speech and Hearing Professionals Board

Annual Renewal Deadline January 30

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

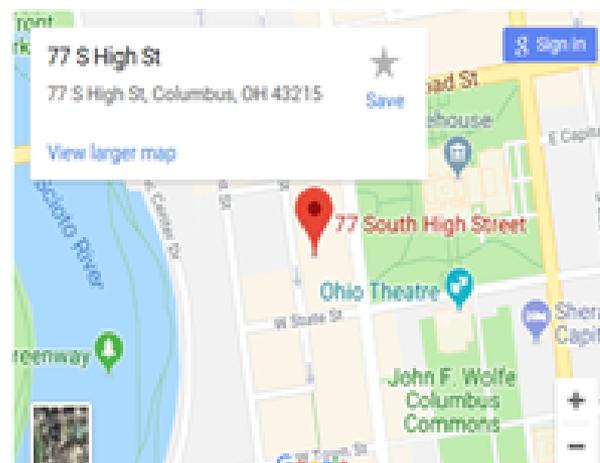
All hearing aid dealer and hearing aid fitter licenses expire annually on January 30.

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.



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

License Type	Number of Active licenses as of 6/5/19
Athletic Trainer	2,842
Occupational Therapist	6,564
Occupational Therapy Assistant	4,945
Physical Therapist	10,451
Physical Therapist Assistant	8,460
OPP	347
Total	33,609



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 Operating Standards

- 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

OT/PT

- Interpret referrals to occupational/physical therapy
- Complete evaluations & interpret/analyze the evaluation data. Write report/recommendations for ETR

OTA/PTA

- Refer all requests for occupational/physical therapy to an OT/PT
- May contribute to evaluation process by gathering data, administering standardized tests &/or obj. meas. tools, & reporting observations



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



Rule 3301-51-06 (Evaluations)

(from the Ohio Operating Standards)

(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.



Occupational Therapists and Occupational Therapy Assistants 4755-7-08 Code of ethical conduct

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.



4755-27-05 Code of Ethical Conduct for Physical Therapists and Physical Therapist Assistants.

(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

OT/PT

- Collaborate w/ IEP team (may include OTA/PTA), to develop IEP goals/objectives & determine if OT/PT services are required for student to meet IEP goals & access general curriculum

OTA/PTA

- May collaborate with OT/PT and IEP teams to contribute to development of ideas for IEP goals/objectives



Development of Treatment/Intervention Plan

OT/PT

- Develop, interpret, & modify the OT/PT Treatment/Intervention Plan in collaboration with OTA/PTA
 - OT/PT to determine which portions of plan OTA/PTA will implement

OTA/PTA

- Contribute to & collaborate in preparation, implementation, & documentation of OT/PT services
 - OTA/PTA can select treatment activities within the existing OT/PT plan



Supervision

OT/PT

- 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

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

OT/PT

- Review student progress with OTA/PTA and co-sign progress reports to indicate review & collaboration w/OTA/PTA
- Complete assessment/analysis for periodic review & collaborate w/IEP team to develop new goals & determine if OT/PT services are still needed
 - Write discharge summary/plan when OT/PT services are discontinued

OTA/PTA

- Provide data for progress reports, assessment, and participate in IEP team collaboration for period review
 - Provide info to the OT/PT for use in discharge summary/plan when OT/PT services are discontinued



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 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>

Ohio.gov | State Agencies | Online Services



Occupational Therapy, Physical Therapy, and Athletic Trainers Board

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Facebook page:

<https://www.facebook.com/OhioSpeechandHearingProfessionalsBoard/>

The screenshot shows the Facebook profile page for the Ohio Speech and Hearing Professionals Board. At the top, the Facebook logo is on the left, and login fields for 'Email or Phone' and 'Password' are on the right, with a 'Log In' button and a 'Forgot account?' link. Below the login area is a large cover photo of a city skyline at dusk reflected in water. To the left of the cover photo is the profile picture, which is a circular logo featuring a sun, a river, and two people, with the text 'SPEECH AND HEARING PROFESSIONALS BOARD' and 'STATE OF OHIO'. Below the profile picture, the page name 'Ohio Speech and Hearing Professionals Board' is displayed, along with the handle '@OhioSpeechandHearingProfessionalsBoard'. A navigation menu on the left includes 'Home', 'About', 'Photos', 'Posts', 'Events', and 'Community'. Below the cover photo, there are buttons for 'Like', 'Share', 'Suggest Edit', 'Contact Us', and 'Send Message'. The 'Photos' section shows a large version of the board's logo. On the right side, there are sections for 'Government Organization', 'Community' (with 1,053 likes and 1,055 followers), and 'About' (listing the address: 'Vern Riffe Center 77 South High Street Suite 1009, 43215-6138').



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?

