

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Occupational Therapy Section Meeting
March 5, 2015
9:00 am. Roll Call
77 South High Street, 31st Floor, East B
Columbus, Ohio 43215

Occupational Therapy Section 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.

1. Administrative Matters

1.1 Agenda Review

1.2 [Approval of Minutes](#)

Action Required

1.3 Executive Director Report

1.4 Executive Session

1.4.1 To discuss pending and imminent court action (*ORC 121.22 (G)(3)*)

1.4.2 To discuss personnel matters related to:

- Appointment; Employment; Dismissal; Discipline; Promotion; Demotion; Compensation (*ORC 121.22 (G)(1)*) (*see Item 8.1*)
- Investigation of charges/complaints against a public employee, licensee, or regulated individual in lieu of a public hearing (*ORC 121.22 (G)(1)*)

1.4.3 To discuss matters required to be kept confidential by federal law, federal rules, or state statutes (*ORC 121.22 (G)(5)*)

1.5 Discussion of Law and Rule Changes

2. Licensure Applications (50 Minutes)

2.1 Application Review Liaison Report (5 Minutes)

Action Required

2.2 Releases from Limited License Agreement(s)

2.3 License Application Waiver Requests

2.4 [Occupational Therapist/Occupational Therapy Assistant Examination Applications](#)

Action Required

2.5 [Occupational Therapist/Occupational Therapy Assistant Endorsement Applications](#)

Action Required

2.6 [Occupational Therapist/Occupational Therapy Assistant Reinstatement Applications](#)

Action Required

2.7 [Occupational Therapist/Occupational Therapy Assistant Restoration Applications](#)

Action Required

- 2.8 CE Request(s) for Approval
 - Action Required**
 - 2.8.1 CE Denial Appeal
 - Action Required**
- 2.9 Licensure Renewal Report
- 3. Enforcement Division (50 Minutes)**
 - 3.1 Assistant Attorney General Report (5 Minutes)
 - 3.2 [Case Review Liaison Report \(10 Minutes\)](#)
 - 3.3 Releases from Consent Agreement(s)
 - 3.4 Notice(s) of Opportunity for Hearing
 - 3.5 Consent Agreement(s)
 - 3.6 Affidavit Consideration(s)
 - 3.7 Hearing Officer Report(s)
 - 3.8 Summary Suspension(s)
 - 3.9 To discuss proposed disciplinary action against a licensee pursuant to ORC 121.22 (G)(1) and pursuant to 121.22 (G)(5) that involve matters required to be kept confidential under ORC sections 149.43 (A)(2) and 4755.02 (E)(1)
- 4. Correspondence (30 Minutes)**
 - [Joint Correspondence](#)**
- 5. OOTA Report (5Minutes)**
- 6. Open Forum (5 Minutes)**
- 7. Old Business (10 Minutes)**
 - 7.1 Review Aging Limited License Agreements
 - 7.2 [Review Consultative Model FAQ](#)
 - 7.3 Retreat Planning
- 8. New Business (20 Minutes)**
 - 8.1 [Review Other OT Boards' Responses to Consultative Model in OT practice](#)
- 9. Next Meeting Preparation**
 - 9.1 Agenda Items
 - 9.2 Executive Director Assignments
- 10. Adjournment**



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

*Occupational Therapy Section
January 15, 2015
9:00 a.m.*

Members Present

Beth Ann Ball, OTR/L, Secretary
Rebecca Finni, OTR/L, Chair
Jean Halpin, OTR/L
Mary Beth Lavey, COTA/L
Kimberly Lawler, OTR/L
Trevor Vessels, Public Member

Staff

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

Legal Counsel

Melissa Wilburn, AAG

Guests

Heather Meredith, OOTA
Stacy Schumacher

Call to Order

Rebecca Finni, Section Chair called the meeting to order at 9:24 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 November 13, 2014 meeting be approved as submitted. Jean Halpin seconded the motion. Kimberly Lawler was absent for the vote due to the Enforcement Review Panel.. The motion carried.

Executive Director's Report

- The Executive Director informed that Section that the Governor's Executive Budget will be released in February 2015.
- The Executive Director informed the Section that he testified before the Ohio Youth Sports Concussion and Head Injury Return to Play Guidelines Committee regarding the scopes of practice for athletic trainers and physical therapists.
- The Executive Director informed the Section that the State is still exploring alternate solutions for the new licensing system.

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

Discussion of Law and Rule Changes

The Section reviewed the 2015 Five Year no change rules and proposed rule changes.

Action: Rebecca Finni moved that the Occupational Therapy Section file rules 4755-7-02, 4755-7-08, and 4755-7-10 as no change rules. Ms. Finni further moved that the Occupational Therapy Section file proposed changes to rules 4755-3-10, 4755-7-01, 4755-7-03, 4755-7-04, and 4755-9-01. Jean Halpin seconded the motion. The motion carried.

Action: Rebecca Finni moved that the Occupational Therapy Section file proposed changes to rule 4755-7-04 to eliminate supervisory ratios and include amended AOTA language as discussed. Jean Halpin seconded the motion. The motion carried.

The Section will hold a public rules hearing at the March 2015 meeting pending the feedback from the Common Sense Initiative Office.

Administrative Reports

Licensure Report

Action: Rebecca Finni moved that the Occupational Therapy Section ratify, as submitted, the occupational therapist and occupational therapy assistant licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from November 13, 2014 through January 15, 2015, taking into account those licenses subject to discipline, surrender, or non-renewal. Beth Ann Ball seconded the motion. Kimberly Lawler was absent for the vote due to the Enforcement Review Panel. Jean Halpin was absent for the vote. The motion carried.

Occupational Therapist – Examination

Brown, Sarah	Gauntner, Margaret	Hamel, Brady
Lavach, Samantha	Meeks, Kari	Palay, Brianne
Parisey, Emily	Shores, Brooke	Sohail, Sharay
Terry-Jones, Blake	Weinert-Stein, Kristyn	Yarbrough, Shannon

Occupational Therapy Assistant – Examination

Benner, Monica	Blake, Jessica	Brown, Linda
Bucher, Sherry	Carpenter, Stacie	Corcodel, Adina
Erney, Andrea	Fazenbaker, Jessica	Griffin, Hillary
Haught, Jessica	Johnson, Eldridge	Jones, Julie
Levline, Jessica	McKenzie, Tenisha	Peterson, Kathryn
Pfeffer, Marlie	Propst, Pamela	Putman, Roman
Ratliff-Gatliff, Katelyn	Ries, Brianne	Schultz, Angela
Sherman, Matthew	Sorrells, Sheila	Treffe, David
Wilson, Nicole	Wort, Brittany	

Occupational Therapist – Endorsement

Burde, Joel	Calko, Laura	Graham, Aubrey
Ingersoll, Lindsay	Kirk, Jayme	McAllister, Kaitlin
Mickle, Joshua	Pellerito, Joseph	Pennington, Kristen
Schramm, Kathleen	Spinks, Audrey	

Occupational Therapy Assistant – Endorsement

Askin, Emily	Carlson, Lesley	Gonzales, Kimberly
Kramer, Randi	Oswald, James	Slaght, Lisa
Soucek, Lisa	White, Abigail	

Occupational Therapist – Reinstatement

Goddard, Virginia	Mundwiler, Jennifer	Thorman, Tricia
Yost, Laura		

Occupational Therapy Assistant – Reinstatement

Cook, Jillian	Harr, Ashley	Manos, Lisa
Sopher, Douglas	Thompson, Patricia	

Occupational Therapist – Restoration

Weiser, Beth

Occupational Therapy Assistant Restoration

Highfield, Jessica

Limited License Agreements

Jean Halpin recommended that, pursuant to rule 4755-3-12 (D)(2) of the Administrative Code, the Section offer a limited license agreement to occupational therapist reinstatement applicant #5409015 based on the documentation provided. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to occupational therapist restoration applicant #5409015 based on the documentation provided. Kimberly Lawler seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Marla Zingales.

Continuing Education Report

Action: Mary Beth Lavey moved that the Section approve 62 applications for contact hour approval. Rebecca Finni seconded the motion. Kimberly Lawler was absent for the vote due to the Enforcement Review Panel. Jean Halpin was absent for the vote. The motion carried.

Assistant Attorney General's Report

Melissa Wilburn, AAG, gave a brief report.

Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened twelve cases and closed five cases since the November 13, 2014 meeting. There are currently twenty-two cases open. There are zero consent agreements and one adjudication order being monitored.

Enforcement Actions

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT- FY12-014 for felony conviction. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY12-014 for felony conviction. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT- FY15-022 for failure meet the continuing education requirements for the 2014 licensure renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY15-022 for failure meet the continuing education requirements for the 2014 licensure renewal. Beth Ann Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT- FY15-023 for failure meet the continuing education requirements for the 2014 licensure renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY15-023 for failure meet the continuing education requirements for the 2014 licensure renewal. Beth Ann Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT- FY15-024 for failure meet the continuing education requirements for the 2014 licensure renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY15-024 for failure meet the continuing education requirements for the 2014 licensure renewal. Beth Ann Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case OT- FY15-025 for failure meet the continuing education requirements for the 2014 licensure renewal. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case OT-FY15-025 for failure meet the continuing education requirements for the 2014 licensure renewal. Beth Ann Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that a notice of opportunity for hearing be issued for case LD OT-15-002 for proposing to deny application for insufficient evidence of rehabilitation and past disciplinary action. **Action:** Jean Halpin moved that the Section issue a notice of opportunity for hearing for case LD OT-15-002 for proposing to deny application for insufficient evidence of rehabilitation and past disciplinary action. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Kimberly Lawler recommended that the Section accept consent agreement OT FY15-005 in lieu of going to hearing. **Action:** Jean Halpin moved that the Section accept consent agreement OT FY15-005 in lieu of going to hearing. Beth Ann Ball seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for Amanda Farin, OT.

Affidavit Hearing

Good afternoon. My name is Rebecca Finni, Chairperson of the Occupational Therapy Section of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board. Let the record show that these proceedings were called to order at 10:39 am on January 15, 2015, at the Vern Riffe Center, 77 South High Street, Columbus, Ohio, 43215. Members of the Board present for the proceedings are:

The Executive Director called roll:

Beth Ann Ball	Present
Rebecca Finni	Present
Jean Halpin	Present
Mary Beth Lavey	Present
Kimberly Lawler	Present

It will be noted for the record that a majority of the members of the Board are present. There will be one adjudication proceeding today. The proceeding is in the matter of case number OT-LD-15-001, Sarah L. Endicott.

This proceeding shall be an affidavit-based adjudication relative to a Notice of Opportunity for Hearing mailed to the respondent in the aforementioned cases and believed to have been properly serviced according to the Administrative Procedures Act (Chapter 119. of the Ohio Revised Code).

As the respondent did not properly request a hearing in the case, this proceeding will be held before the board pursuant to *Goldman v. State Medical Board of Ohio*. The individual named does not have the ability to present written or oral testimony today, but may be present to hear the proceedings and outcome.

You have already received sworn affidavit from the Board's Enforcement Division Supervisor and accompanying exhibits for the Goldman Proceeding in your board packet. The affidavit contains the evidence and testimony upon which you will deliberate. Please take a few moments to review the evidence and testimony.

In lieu of a stenographic record being made, let the minutes reflect the original sworn affidavit and exhibits shall be kept as the official record of the proceedings in the aforementioned matter in the Board office.

I will now recognize Assistant Attorney General, Melissa Wilburn, for the purpose of providing a brief synopsis of the case.

Ms. Wilburn reviewed the case for the Board.

Having heard Ms. Wilburn's synopsis, may I now have motion to admit the facts and exhibits outlined in the sworn affidavit in the aforementioned case into evidence?

Action: Mary Beth Lavey moved to admit the facts and exhibits outlined in the sworn affidavit for case number OT-LD-15-001, Sarah L. Endicott. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

There being no further evidence to come before the board, this proceeding is now closed at 10:47 am.

The procedural and jurisdictional matters having being satisfied, we will now continue with the proceeding by deliberation on the sworn affidavit and exhibits.

At this time, is there a motion to recess the meeting in order to go into private session for the purpose of quasi-judicial deliberation on case number OT-LD-15-001, Sarah L. Endicott, and to reconvene the meeting after deliberations are complete?

Action: Jean Halpin moved to recess the meeting to go into private session for the purpose of quasi-judicial deliberation on the matter. Mary Beth Lavey seconded the motion.

The Executive Director called roll:

Beth Ann Ball	Yes
Rebecca Finni	Yes
Jean Halpin	Yes
Mary Beth Lavey	Yes
Kimberly Lawler	Yes

The Section went into private session at 10:47 a.m. and came out at 11:12 a.m. Kimberly Lawler left the room during private session and did not participate in the deliberations.

After review of the evidence the Board makes the following findings:

1. Endicott's license to practice as an occupational therapist in the State of Ohio was revoked on March 7, 2013.
2. Endicott submitted an application to have her occupational therapist license reinstated in the State of Ohio on August 18, 2014.
3. Endicott was sent a Notice of Opportunity for a Hearing via certified mail on October 8, 2014. The Notice was delivered, and signed for on an unknown date.
4. The Notice informed Endicott of the Board's intent to deny her application to have her license to practice as an occupational therapist reinstated in the state of Ohio for the following violation(s)/reason(s):

Section 4755.11(A) of the Ohio Revised Code authorizes the Board to suspend, revoke, or refuse to issue or renew an occupational therapist license, occupational therapy assistant license, occupational therapist limited permit, occupational therapy assistant limited permit, or reprimand, fine, or place a license or limited permit holder on probation, on any of the following grounds:

- (1) Conviction of an offense involving moral turpitude or a felony, regardless of the state or country in which the conviction occurred;
- (2) Violation of any provision of sections 4755.04 to 4755.13 of the Revised Code;
- (3) Violation of any lawful order or rule of the occupational therapy section;
- (12) Denial, revocation, suspension, or restriction of authority to practice a health care occupation, including occupational therapy, for any reason other than a failure to renew, in Ohio or another state of jurisdiction.

Count 1

On November 23, 2009, in Muskingum County, Ohio, Court of Common Pleas, you were convicted of two (2) counts of illegal processing of drug documents, felonies of the fourth and fifth degree, and three (3)

counts of possession of drugs, felonies in the third and fourth degrees. Said conduct constitutes a violation of Ohio Revised Code section 4755.11(A)(1) & (2).

Count 2

As a result of your felony convictions, you entered into a consent agreement with the Board on November 16, 2010, agreeing to submit to random drug screenings. On October 24, 2012 you were contacted by a member of the Enforcement Division and advised to report to your approved facility for a drug screening pursuant to the consent agreement you entered into with the Board, which went into effect on November 16, 2010. You failed to submit to a screening. Said conduct constitutes a violation of Ohio Revised Code section 4755.11(A)(3).

Count 3

As a result of your felony convictions, you entered into a consent agreement with the Board on November 16, 2010, agreeing to submit to random drug screenings. On October 31, 2012 you were contacted by a member of the Enforcement Division and advised to report to your approved facility for a drug screening pursuant to the consent agreement you entered into with the Board, which went into effect on November 16, 2010. You failed to complete the screening. Said conduct constitutes a violation of Ohio Revised Code section 4755.11(A)(3).

Count 4

As a result of your felony convictions, you entered into a consent agreement with the Board on November 16, 2010, agreeing to submit to random drug screenings. On November 1, 2012 you were contacted by a member of the Enforcement Division and advised to report to your approved facility for a drug screening pursuant to the consent agreement you entered into with the Board, which went into effect on November 16, 2010. You failed to complete the screening. Said conduct constitutes a violation of Ohio Revised Code section 4755.11(A)(3).

Count 5

As a result of your felony convictions, you entered into a consent agreement with the Board on November 16, 2010, agreeing to submit to random drug screenings. On November 8, 2012 you were contacted by a member of the Enforcement Division and advised to report to your approved facility for a drug screening pursuant to the consent agreement you entered into with the Board, which went into effect on November 16, 2010. You failed to complete the screening. Said conduct constitutes a violation of Ohio Revised Code section 4755.11(A)(3).

Count 6

On November 1, 2012 you emailed a member of the Enforcement Division regarding another matter and mentioned that you had to wait one month to get a paycheck after starting employment with Select Rehab and you indicated that you would get paid on November 5, 2012. Pursuant to your consent agreement you entered into with the Board, which went into effect on November 16, 2010, you failed to notify the Enforcement Division, in writing via fax, of your change of place of employment within 24 hours. Said conduct constitutes a violation of Ohio Revised Code section 4755.11(A)(3).

Count 7

On November 1, 2012 you emailed a member of the Enforcement Division regarding another matter and mentioned that had to wait one month to get a paycheck after starting employment with Select Rehab and you indicated that you would get paid on November 5, 2012. Pursuant to your consent agreement you entered into with the Board, which went into effect on November 16, 2010, you failed to have your new employer submit written notification indicating that they were provided with a copy of your consent agreement within 30 days of your start date. Said conduct constitutes a violation of Ohio Revised Code section 4755.11(A)(3).

Count 8

On March 7, 2013, you entered into a Consent Agreement with the Occupational Therapy Section of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board, in which you agreed to voluntarily surrender and the Board simultaneously revoked your license to practice as an occupational

therapist in the State of Ohio for Counts 2 through 7 listed above. Said conduct constitutes a violation of Ohio Revised Code section 4755.11(A)(3).

Endicott applied to have her license to practice as an occupational therapist reinstated in the State of Ohio on August 18, 2014. Endicott has not submitted any evidence or proof of rehabilitation for her prior disciplinary action.

Statutory basis for reinstatement denial:

In accordance with Chapter 119. and section 4755.11 of the Ohio Revised Code, you are hereby notified that on January 15, 2015, the Occupational Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board (hereinafter, "**Board**") voted to refuse (thereby denying) your application to reinstate your license to practice as an occupational therapist in the state of Ohio for the above stated reasons.

Ohio Administrative Code rule 4755-3-06(B) authorizes the occupational therapy section to deny, suspend, or revoke the license or limited permit of an individual or reprimand, fine, or place a licensee or limited permit holder on probation for violation of any provision of Chapter 4755 of the Revised Code or any lawful order or rule of the section.

Ohio Administrative Code rule 4755-3-07(A) provides: "A person whose license is revoked or denied under the provisions of section 4755.11 of the Revised Code may, after one year from the date of revocation or denial, apply for reinstatement of license or reconsideration of denial of license subject to examination prescribed by the rules of the section."

Ohio Administrative Code rule 4755-3-07(B) authorizes the Board to consider the following when evaluating an application for reinstatement of a license:

- (1) The nature and severity of the acts which resulted in revocation or denial of license;
 - (2) The time elapsed since the commission of the acts;
 - (3) Possible additional violations occurring after the revocation or denial;
 - (4) Compliance with previous orders of the occupational section; and,
 - (5) Any evidence of rehabilitation which the applicant may submit to the section.
5. Endicott did not request a hearing on the aforementioned charges.
 6. Endicott did not provide evidence of rehabilitation that would warrant reinstatement of her occupational therapist license.

After review of the evidence, the Board makes the following conclusions of law:

1. Endicott was properly served with the notice of opportunity for hearing pursuant to Revised Code section 119.07.
2. Endicott did not request a hearing within thirty (30) days of the mailing of the Notice, as required by R.C. 119.07.
3. Endicott's application to have her occupational therapist license reinstated is properly denied based upon counts 1-8 outlined in the October 8, 2014 Notice, Ohio Revised Code section 4755.11 (A)(2) & (A)(21), and Ohio Administrative Code rules 4755-3-06(B) & 4755-3-07(B).

Action: Rebecca Finni moved that the Section deny the application of Sarah L. Endicott. Jean Halpin seconded the motion.

The Executive Director called roll:

Beth Ann Ball	Present
Rebecca Finni	Present
Jean Halpin	Present
Mary Beth Lavey	Present
Kimberly Lawler	Abstained

The motion carried. The application of Sarah L. Endicott, is hereby denied.

The Executive Director is hereby instructed to prepare an adjudication order to carry out the mandates of this Board and serve the order on OT-LD-15-001, Sarah L. Endicott, in the manner prescribed by law.

This concludes the Matter of OT-LD-15-001, Sarah L. Endicott.

Correspondence

- 1. Josee Bouliane:** Ms. Bouliane asked the Section questions regarding online therapy. **Reply:** The American Occupational Therapy Association (AOTA) and the National Board for Certification in Occupational Therapy (NBCOT) use the term telerehabilitation in reference to therapy services provided on line. It is the position of the Ohio Occupational Therapy Section that an occupational therapy practitioner is required to hold a valid, current license in the State of Ohio to serve any clients residing in Ohio. Therefore, out of state occupational therapy personnel must hold a valid Ohio license to treat clients in Ohio via telerehabilitation. If your client resides outside the state of Ohio, the Section recommends you contact the occupational therapy board in that state to explore their specific requirements related to licensure and practice via telerehabilitation. You may also wish to have your therapists check with their liability insurance provider to determine if they would be covered in this situation. Telerehabilitation is an emerging area of practice. The Section suggests that you review the American Occupational Therapy Association's *Position Paper: Telerehabilitation* (AOTA, 2010) for additional guidance and resources regarding process and best practice for provision of occupational therapy remotely. Provision of these services to students of virtual schools with established IEPs may also involve regulatory requirements from the Ohio Department of Education.
- 2. Leanne Ramos, OTR/L:** Ms. Ramos asked the Section if an occupational therapist can supervise a family member. **Reply:** As long as both you and your husband follow the code of ethical conduct established in rule 4755-7-08 of the Administrative Code, there is nothing in the Ohio Occupational Therapy Practice Act that directly addresses personal relationships between a supervisor and supervisee. Although the Ohio Occupational Therapy Practice Act does not expressly prohibit supervision of family members, scenarios may arise that make it difficult to remain objective within the supervisory relationship. In addition, please be aware that employers may have more stringent guidelines in place regarding supervision of family members. Hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines. You should follow the most restrictive policies. You also may wish to discuss your question with your legal counsel and your malpractice provider.
- 3. Jennifer Sekela, OT/L:** Ms. Sekela asked the Section questions regarding starting a private practice. **Reply:** The Ohio Occupational Therapy Practice Act does not address requirements for establishing private occupational therapy practices. Regarding your question about billing insurance, this question relates to the clarification/interpretation of payer policies and not to the Ohio Occupational Therapy Practice Act. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association Third Party Reimbursement Chair, or the Reimbursement Department of the American Occupational Therapy Association. AOTA has resources available for guidance for private practice.
- 4. Amanda Papav, OTR/L:** Ms. Papav asked the Section questions regarding supervision of occupational therapy assistants in a home health setting. **Reply:** As you noted in your correspondence, 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. The Ohio Occupational Therapy Practice Act does not specify where the supervision must take place. The supervision referenced in the rules is supervision of the occupational therapy assistant and not of each client. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting regarding supervision and/or client interaction. 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 requirements regarding the occupational therapist's interaction with the client are documented in rule 4755-7-02, which states: (A) Occupational therapist. The occupational therapist shall assume professional responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan.

5. **Beth Lacy, OT/L:** Ms. Lacy asked the Section questions regarding cosigning therapy notes provided by an occupational therapy assistant. **Reply:** Your question asks whether "treatment encounter notes" need to be cosigned in addition to the "therapy addendum notes," which are cosigned in the "esign box." It is the position of the Section that for **any** electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the client's medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan.
6. **Pam Berry, OT/L:** Ms. Berry asked the Section if occupational therapy services can stand alone on an IEP for a student who has fine motor deficits. **Reply:** If the student qualifies for an IEP in the school setting, occupational therapy may be the only service necessary for the student to achieve in the school setting. The IEP team determines the necessary services for the student. It is the responsibility of the occupational therapy practitioner to advocate for and act in the best interest of the student. The Occupational Therapy Section does not determine policy regarding how children qualify for occupational therapy services in a school setting. 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@ode.state.oh.us 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.
7. **Jeffrey Reeder:** Mr. Reeder asked the Section if occupational therapists can perform the Wechsler Memory Scale. **Reply:** The Ohio Occupational Therapy Practice Act does not address specific evaluative tools. If an occupational therapy practitioner demonstrates and documents competency in administration and interpretation of this assessment, in accordance with rule 4755-7-08 of the Administrative Code, it is the position of the Section that it is within the scope of occupational therapy practice to utilize this tool. The Ohio Occupational Therapy Association or AOTA may also be able to assist you with your questions regarding practice. You can contact the Ohio Occupational Therapy Association at www.oota.org or AOTA at www.aota.org.
8. **Kathleen Riley, OTR/L:** Ms. Riley asked the Section questions requesting clarification on supervision of occupational therapy assistants in a school-based setting. **Reply:** The situation you describe may be addressed by looking at the code of ethical conduct established in rule 4755-7-08 of the Administrative Code. Your reference to your role as supervisor is correct. Paragraph (A) of this rule states: Supervision must ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients/students and is accountable and responsible at all times for the actions of persons supervised. The occupational therapist shall assume professional responsibility for the following activities, **which shall NOT be wholly delegated**, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. Paragraph (C) of this rule states: (1) A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to: (a) Failing to assess and evaluate a client's status or establishing an occupational therapy intervention plan prior to commencing treatment/intervention of an individual client. (b) Providing treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client. (c) **Providing substandard care**

as an occupational therapy assistant by exceeding the authority to perform components of interventions selected by the supervising occupational therapist. The occupational therapy assistant should be working under your supervision and your recommendations should be followed. You do not need to communicate “through” your occupational therapy assistant regarding occupational therapy services since the students are on your caseload. Collaborating with the occupational therapy assistant and the teacher together as you described would be best practice. In accordance with Ohio Department of Education’s Operating Standards, as well as the Ohio Occupational Therapy Practice Act, occupational therapy assistants do not have their own caseloads separate from that of the supervising therapist. Rule 4755-7-02 of the Administrative Code outlines the roles and responsibilities of both the occupational therapist and the occupational therapy assistant. (A) Occupational therapist. The occupational therapist shall assume professional responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. (B) Occupational therapy assistant. (1) The occupational therapy assistant may contribute to and collaborate in: (a) The evaluation process by gathering data, administering standardized tests and /or objective measurement tools, and reporting observations. (b) The preparation, implementation, and documentation of the treatment/intervention plan and the discharge plan. (2) The occupational therapy assistant may independently: (a) Select the daily modality of choice according to the established treatment/intervention plan. (b) Document the progress and outcomes summary. (3) The occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation. The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. The Section also recommends that you contact the Ohio Occupational Therapy Association’s pediatrics member support group coordinator who may have further suggestions regarding school-based issues at www.oota.org.

9. **Holly Wendling OT/L:** Ms. Wendling asked the Section a question regarding caseload numbers when the occupational therapist is treating preschool, school aged, and early intervention students. **Reply:** Your reference to the caseload numbers provided by the Ohio Department of Education is correct. Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education’s Operating Standards states that an occupational therapist shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the number of students to whom the therapist provides direct service. However, the following factors also should be used in this determination. Paragraph (I)(1) of rule 3301-51-09 also states that determination of the appropriate ratio for an individual therapist must take into consideration the following: The severity of each eligible child’s needs; The level and frequency of services necessary for the children to attain IEP goals/objectives; Time required for planning services; Time required for evaluations including classroom observations; Time required for coordination of the IEP services; Time required for staff development; Time required for follow up; and Travel time required for the number of building served. Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending Intervention Assistance Team (IAT) meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs also must be considered when determining the therapist/student ratio. The Ohio Occupational Therapy Practice Act does not determine caseload number limits. You would be well served to take into consideration the time needed during each week or month to provide services for each level of student that qualifies for service, along with the considerations named above that impact your time, and collaborate with your supervisor/district/employer to understand the limits of your time and the ethical practice you are expected to accomplish.
10. **Brandy Heistand, OTR/L:** Ms. Heistand asked the Section questions regarding SNF documentation of functional decline before referral for occupational therapy. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that requires nursing to document a functional decline before making a referral to occupational therapy. 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, and may include the requirement of documenting the functional decline before making the referral. In any situation, licensees should follow the more restrictive

policies. On another topic, the Occupational Therapy Section is working to educate licensees on the correct credentials to use in professional signatures. Rule 4755-7-10 of the Administrative Code states that licensees who are currently certified by NBCOT must use the credential OTR/L to indicate licensure. Academic degree must be listed separately from the regulatory designation. For example, a licensee should use Jane Doe, MS, OTR/L and not Jane Doe, MOTR/L.

Joint Correspondence

- JB1. Cathy Bookser-Feister, PT:** Ms. Bookser-Feister asked the Occupational and Physical Therapy Sections questions regarding whether occupational and physical therapists are required to write discharge summaries for deceased hospice patients. **Reply:** Yes, a physical therapy discharge summary still needs to be written in this scenario. Best practice would be to provide a brief physical therapy discharge summary including the diagnosis, problem list that was being addressed during the period of active treatment, summary of treatment provided, and the reason for discharge. In the example you provide, the reason for ending physical therapy services would be because the patient expired during the plan of care. Occupational therapists are not required to have a specific note to discharge clients in the State of Ohio. A discharge summary would document final discharge date and disposition, as well as the reason for discharge. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may be more restrictive than the Ohio Occupational and Physical Therapy Practice Acts. They may have other requirements and guidelines which need to be met for accreditation and/or reimbursement of occupational therapy services. In any situation, licensees should follow the more restrictive policies. You may also want to review the AOTA position paper that highlights recommendations for this specific scenario.
- JB2. Janet Cimino, OT:** Ms. Cimino asked the Occupational and Physical Therapy Sections questions regarding occupational and physical therapists' roles in transdisciplinary teams. **Reply:** It is the position of the Physical Therapy Section that if you are providing physical therapy services, then this is physical therapy and all rules and laws apply, regardless of setting in which the services are provided. **Only a physical therapist or physical therapist assistant can provide physical therapy services. However, any service provided by a physical therapist or physical therapist assistant may be documented as physical therapy.** It is the opinion of the Occupational Therapy Section that collaborative teamwork, including multidisciplinary, interdisciplinary, and transdisciplinary approaches are appropriate forms of service delivery. Please refer to the AOTA Practice Advisory on Occupational Therapy in Early Intervention (AOTA, 2010) at <http://www.aota.org> for discussion of this topic. The occupational therapist determines the aspects of the occupational therapy intervention plan that may be carried out by other team members. Instructing team and family members on ways to implement appropriate activities may be part of the intervention plan. When working with other service providers and following suggestions provided for specific clients, the occupational therapist continues to use their professional judgment during this service. **Only services provided by an occupational therapist or occupational therapy assistant may be called occupational therapy. However, any service provided by an occupational therapist or occupational therapy assistant may be documented as occupational therapy.**
- JB3. Jean Howard, PT:** Ms. Howard asked the Occupational and Physical Therapy Sections questions regarding electronic co-signatures for occupational therapy assistant and physical therapist assistant documentation. **Reply:** Yes, a physical therapist's co-signature would be required according to rule 4755-27-03(E)(6) of the Ohio Administrative Code, which states that "All documentation shall be co-signed by the supervising physical therapist". The physical therapist's co-signature should be entered into an electronic medical record prior to the time established by the facility to close the record to further entries. It is the position of the Occupational Therapy Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. If needed, the occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. In accordance with rule 4755-7-04 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content, which may document the absence of the client or therapy assistant.

Old Business

Review Aging Limited License Agreements

The Section tabled this item until the next Section meeting.

Review RTI FAQ

The Section made revisions to the RTI FAQ. The Section will review the revised document at the March 2015 section meeting.

New Business

Review Supervisory Ratio Survey Results

The Section reviewed the results of the supervisory ratio survey. The Section received approximately 1300 responses. The majority of the respondents' stated that the proposed change to eliminate supervisory ratios would have no impact on the practice. The Section noted that American Occupational Therapy Association is not supportive of supervisory ratios.

Open Forum

The Executive Director informed the Section that Adam Pennell, Investigator Assistant, accepted a new position with the Attorney General's office. The Section thanked Adam Pennell for his service to the Board.

Ohio Occupational Therapy Association (OOTA) Report

Heather Meredith gave a brief report to the Section.

Items for Next Meeting

- Rules Hearing
- Retreat Planning
- Review Other Regulatory Board's responses to consultative model in OT practice
- Review RTI FAQ

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, March 5, 2015.

Action: Jean Halpin moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 12:24 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

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

BB:jmr:dm

**Occupational Therapy Section
Limited License Report
March 5, 2015**

Limited License Applications	Quantity
Released	0
Closed	0
New	1
Appls being monitored	16

OT Applicant - Examination	ABELE CATHERINE	COMPLETED
OT Applicant - Examination	BARNETT COURTNEY	COMPLETED
OT Applicant - Examination	BERTHOLD MEGAN	COMPLETED
OT Applicant - Examination	BEYER BRIANNE	COMPLETED
OT Applicant - Examination	BOCKMORE JULIE	COMPLETED
OT Applicant - Examination	BOCKMORE TRISHA	COMPLETED
OT Applicant - Examination	BRUSKOTTER DANA	COMPLETED
OT Applicant - Examination	BURKS SHARDAE	COMPLETED
OT Applicant - Examination	CECYS JULIE	COMPLETED
OT Applicant - Examination	CENTERS NATALIE	COMPLETED
OT Applicant - Examination	CHAPPELL JOSHUA	COMPLETED
OT Applicant - Examination	CLARK RACHEL	COMPLETED
OT Applicant - Examination	CROFFORD JESSICA	COMPLETED
OT Applicant - Examination	DEATON EMILY	COMPLETED
OT Applicant - Examination	DEGEN RACHEL	COMPLETED
OT Applicant - Examination	DEHNE SHANNON	COMPLETED
OT Applicant - Examination	DILIBERTO ROSALIA	COMPLETED
OT Applicant - Examination	DIMARINO DOROTHY	COMPLETED
OT Applicant - Examination	DITTGEN EMILY	COMPLETED
OT Applicant - Examination	FARRA ABIGAIL	COMPLETED
OT Applicant - Examination	FREYTAG EMILY	COMPLETED
OT Applicant - Examination	FRIES JENNIFER	COMPLETED
OT Applicant - Examination	GARDNER JORDAN	COMPLETED
OT Applicant - Examination	GIPSON NICOLE	COMPLETED
OT Applicant - Examination	GOETZ MONICA	COMPLETED
OT Applicant - Examination	GOOD ELIZABETH	COMPLETED
OT Applicant - Examination	GOODWIN MEREDITH	COMPLETED
OT Applicant - Examination	GRIFFITH KRISTEN	COMPLETED
OT Applicant - Examination	HAMMERSMITH MEGAN	COMPLETED
OT Applicant - Examination	HANOOD CORI	COMPLETED
OT Applicant - Examination	HAUSER KEVIN	COMPLETED
OT Applicant - Examination	HILL ROSS	COMPLETED
OT Applicant - Examination	HOLUBECK ANN	COMPLETED
OT Applicant - Examination	HOLZHEIMER SHANNON	COMPLETED
OT Applicant - Examination	HWODEKY NICOLE	COMPLETED
OT Applicant - Examination	IANNARELLI PAOLO	COMPLETED
OT Applicant - Examination	JODZIO JOHN	COMPLETED
OT Applicant - Examination	JOHNSON ALYSSA	COMPLETED
OT Applicant - Examination	KAUFMAN BROOKE	COMPLETED
OT Applicant - Examination	KESLAR KATIE	COMPLETED
OT Applicant - Examination	KISH KERRY	COMPLETED
OT Applicant - Examination	KRECHTING JULIE	COMPLETED
OT Applicant - Examination	KRUSE NICOLE	COMPLETED
OT Applicant - Examination	KWIATKOWSKI LAUREN	COMPLETED
OT Applicant - Examination	LEIGHTY ERICKA	COMPLETED
OT Applicant - Examination	LEIST BRADEN	COMPLETED
OT Applicant - Examination	LONG MICHELLE	COMPLETED
OT Applicant - Examination	LOUTZENHISER JO	COMPLETED
OT Applicant - Examination	MACK EMILY	COMPLETED
OT Applicant - Examination	MAZIARZ ASHLEY	COMPLETED
OT Applicant - Examination	MCALISTER KATIE	COMPLETED
OT Applicant - Examination	MCKIM MEGAN	COMPLETED
OT Applicant - Examination	MCPHIE KELSEY	COMPLETED
OT Applicant - Examination	MILBURN AMANDA	COMPLETED
OT Applicant - Examination	MILLER JENNA	COMPLETED
OT Applicant - Examination	MINICH BETHANY	COMPLETED
OT Applicant - Examination	MOUNT KATHERINE	COMPLETED
OT Applicant - Examination	MUELLER ERIN	COMPLETED
OT Applicant - Examination	MURPHY EMILY	COMPLETED

OT Applicant - Examination	OGONEK CLARE	COMPLETED
OT Applicant - Examination	PEACOCK MORGAN	COMPLETED
OT Applicant - Examination	PETERS HEATHER	COMPLETED
OT Applicant - Examination	PHELPS ALLISON	COMPLETED
OT Applicant - Examination	PILEKIC TOMISLAV	COMPLETED
OT Applicant - Examination	POPPE ABIGAIL	COMPLETED
OT Applicant - Examination	REESE CHELSEA	COMPLETED
OT Applicant - Examination	RICHARDSON SARAH	COMPLETED
OT Applicant - Examination	RODAK EMILY	COMPLETED
OT Applicant - Examination	ROST HEIDI	COMPLETED
OT Applicant - Examination	ROZEN FAY	COMPLETED
OT Applicant - Examination	RUPP RACHEL	COMPLETED
OT Applicant - Examination	SANDERSON SAMANTHA	COMPLETED
OT Applicant - Examination	SAYRE PENIX BETHANY	COMPLETED
OT Applicant - Examination	SMITH BRITTANY	COMPLETED
OT Applicant - Examination	SNYDER ADAM	COMPLETED
OT Applicant - Examination	SOLOMON ANNA	COMPLETED
OT Applicant - Examination	STACY LAUREN	COMPLETED
OT Applicant - Examination	STADELMAN ANDREA	COMPLETED
OT Applicant - Examination	STEWART STEVEN	COMPLETED
OT Applicant - Examination	STOLARSKY HALLE	COMPLETED
OT Applicant - Examination	TEAGUE KAYLA	COMPLETED
OT Applicant - Examination	TURNER KELLY	COMPLETED
OT Applicant - Examination	VORHERR STEPHANIE	COMPLETED
OT Applicant - Examination	WAECHTER ARIN	COMPLETED
OT Applicant - Examination	WAITS CRAIG	COMPLETED
OT Applicant - Examination	WALDEN KRISTIN	COMPLETED
OT Applicant - Examination	WALTON RACHEL	COMPLETED
OT Applicant - Examination	WEAVER ALYSSA	COMPLETED
OT Applicant - Examination	WEBER MEAGAN	COMPLETED
OT Applicant - Examination	WEINFURTNER SUZANNE	COMPLETED
OT Applicant - Examination	WESTFALL KATHERINE	COMPLETED
OT Applicant - Examination	WISWELL ALISON	COMPLETED
OT Applicant - Examination	YOUNG REBECCA	COMPLETED
OT Applicant - Examination Count		93
OT Applicant - Endorsement	BURKHARDT BRIANNE	COMPLETED
OT Applicant - Endorsement	COLAVINCENZO ANNE	COMPLETED
OT Applicant - Endorsement	GARCIA LINA-MARIA	COMPLETED
OT Applicant - Endorsement	KING SHELLY	COMPLETED
OT Applicant - Endorsement	LANE STEPHANIE	COMPLETED
OT Applicant - Endorsement	MASSIMIANI MICHELLE	COMPLETED
OT Applicant - Endorsement	MCCRACKEN CHRISTINA	COMPLETED
OT Applicant - Endorsement	POREMBA AMANDA	COMPLETED
OT Applicant - Endorsement	SCHOTT COURTNEY	COMPLETED
OT Applicant - Endorsement	STEWART HANNAH	COMPLETED
OT Applicant - Endorsement	WALL MONICA	COMPLETED
OT Applicant - Endorsement Count		11
OT Applicant - Escrow Restoration	MOCKBEE JOY	COMPLETED
OT Applicant - Escrow Restoration Count		1
OTA Applicant - Examination	ACKWORTH ASHLEY	COMPLETED
OTA Applicant - Examination	BEARD CYNTHIA	COMPLETED
OTA Applicant - Examination	BECHTEL ERICKA	COMPLETED
OTA Applicant - Examination	BISHOP KATELYN	COMPLETED
OTA Applicant - Examination	BOWMAN MICHELLE	COMPLETED
OTA Applicant - Examination	BOYCE RACHEAL	COMPLETED
OTA Applicant - Examination	BRENTS RENEE	COMPLETED
OTA Applicant - Examination	BROWN ERICA	COMPLETED
OTA Applicant - Examination	CALTRIDER CASSONDRA	COMPLETED
OTA Applicant - Examination	CLARK ARTHUR	COMPLETED

OTA Applicant - Examination	CLARK YELENA	COMPLETED
OTA Applicant - Examination	COY LACE	COMPLETED
OTA Applicant - Examination	CRISP ASHLEY	COMPLETED
OTA Applicant - Examination	CURRIE AMANDA	COMPLETED
OTA Applicant - Examination	DENNISON JENNIFER	COMPLETED
OTA Applicant - Examination	EBERSOLE WILLIAM	COMPLETED
OTA Applicant - Examination	ELY ALEXANDER	COMPLETED
OTA Applicant - Examination	FORD ALISHA	COMPLETED
OTA Applicant - Examination	HAMBLIN KAYLEE	COMPLETED
OTA Applicant - Examination	HEIDT BRANDI	COMPLETED
OTA Applicant - Examination	HERBERT ANGELA	COMPLETED
OTA Applicant - Examination	KROUSE HANNAH	COMPLETED
OTA Applicant - Examination	LACEY MARVIN	COMPLETED
OTA Applicant - Examination	LANGE PAMELA	COMPLETED
OTA Applicant - Examination	MCCARTNEY KAREN	COMPLETED
OTA Applicant - Examination	OARD JENNA	COMPLETED
OTA Applicant - Examination	PARK CYNTHIA	COMPLETED
OTA Applicant - Examination	PECKENS MEKALA	COMPLETED
OTA Applicant - Examination	PHELPS JOSHUA	COMPLETED
OTA Applicant - Examination	WHITAKER SHANNON	COMPLETED
OTA Applicant - Examination	WRIGHT HEATHER	COMPLETED
OTA Applicant - Examination Count		31
OTA Applicant - Endorsement	DERICKSON KAREN	COMPLETED
OTA Applicant - Endorsement	DIMERLING SUMMER	COMPLETED
OTA Applicant - Endorsement	PARRISH DETRI	COMPLETED
OTA Applicant - Endorsement Count		3
OTA Applicant - Reinstatement	CLARK TARA	COMPLETED
OTA Applicant - Reinstatement Count		1

OT CEs Approved

03/05/2015

course name	hours app	approval #	date approved
1 Foundations in Myofascial Release I Seminar	18.75	150261	1/26/2015
contact first, last	Walt	Fritz	
2 Ninth Annual Northern KY Traumatic Brain Injury Conference: TBI and Sports - Keeping Our Heads in	6	150262	1/26/2015
contact first, last	Mindy	Ortlieb	
3 PTRS-767 Foundations in Hand Therapy	23	150263	1/26/2015
contact first, last	Bridgette	St. Clair	
4 Fascial Highway Systems	7	150264	1/26/2015
contact first, last	Anja	Dean	
5 Neuromuscular Electrical Stimulation for Upper Limb Rehabilitation after Stroke	1	150265	1/26/2015
contact first, last	Krissy	Hansen	
6 Splinting the Patient with SCI, lecture and lab	1.5	150266	1/26/2015
contact first, last	Jennifer	Baker	
7 Sugar Tong Split Inservice in Acute Care Setting	1	150267	1/26/2015
contact first, last	Jennifer	Baker	
8 Making Personal Care More Person Driven: Bathing, Grooming, and Hygiene	2.75	150268	1/26/2015
contact first, last	Vicki	Holmes	
9 Shoulder Pain in Hemiplegia and Electrical Stimulation	1	150269	1/26/2015
contact first, last	Krissy	Hansen	
10 Healthcare Ethics & Litigation	2.5	150270ETH	1/26/2015
contact first, last	Marjorie	Walker	

course name

hours app

approval #

date approved

11	19th Annual Geriatric Medicine Symposium: Palliative Care and the Older Adult	6.5	150271	1/26/2015
contact first, last	Elizabeth Russell			
12	FES treatments for Upper Limb Rehab after Stroke	1	150272	1/26/2015
contact first, last	Cara Padin			
13	Mental Health Diagnoses & Considerations in Traditional Adult OT & PT Settings	1.5	150273	1/26/2015
contact first, last	Lynn Groves			
14	Hippotherapy Treatment Principles Level II	27	150274	1/26/2015
contact first, last	Holly Couch			
15	Occupational Therapy Inside the Arena	3	150275	1/26/2015
contact first, last	Debra DeHoff			
16	Management of Patients Who "Push"	6.5	150276	1/26/2015
contact first, last	Heather Adaway			
17	Therapeutic Ultrasound & Electrical Stimulation	16	150277	1/26/2015
contact first, last	Todd Birmingham			
18	Promoting Foundational Skills in the Elementary Classroom: Sensory Motor, Social-Emotional, and	6.5	150278	2/23/2015
contact first, last	Eric Myers			
19	Early Reflexes, The Pediatric Brain	2	150279	2/23/2015
contact first, last	Nancy Batlerson			
20	Aaron W. Perlman Memorial Symposium, Cerebral Palsy 2015	7.25	150280	2/23/2015
contact first, last	Lisa Zimmermann			

	course name	hours app	approval #	date approved
21	Swallowing and Oral Motor Skills: Function, Evaluation, & Intervention	2	150281	2/23/2015
	contact first, last	Sue	Gara-Mastro	
22	The Annual Beverly A. Chiron Education Symposium	6	150282ETH	2/23/2015
	contact first, last	Kaylene	Way	
23	UDSMR WeeFIM webinar series: Perfecting your WeeFIM accuracy	5	150283	2/23/2015
	contact first, last	Cynthia	Iske	
24	Cardiovascular Symposium '15	6.25	150284	2/23/2015
	contact first, last	Vicki	Reindel	
25	Reducing Psychiatric Medication in Senior Care	6	150286	2/23/2015
	contact first, last	James	Collins	
26	Introduction to ICD-10	6.5	150287	2/23/2015
	contact first, last	Garry	Moon	
27	Treatment and Program Development of Upper Extremity Lymphedema	7.75	150288	2/23/2015
	contact first, last	Barbara	Haase	
28	Documentation That Supports the Medical Necessity of Therapy	4	150289	2/23/2015
	contact first, last	Barbara	Haase	
29	Hands-On Aquatic Therapy Techniques for the Ortho-Neuro Therapist	16	150290	2/23/2015
	contact first, last	Lee	Salzman	
30	Home Care 101	6.5	150291	2/23/2015
	contact first, last	Garry	Moon	

course name

hours app

approval #

date approved

31	Professional Boundaries	1	150292	2/23/2015
contact first, last	Cynthia Browning			
32	Electrotherapy: Improving Clinical Outcomes	4	150293	2/23/2015
contact first, last	Kim Cassady			
33	Stroke Rehabilitation: Orthotic Management of Upper and Lower Extremity Impairments	7	150294	2/23/2015
contact first, last	Melissa Lombardi			
34	Ohio State's Lymphedema Symposium: Updates and Recent Research	2	150295	2/23/2015
contact first, last	Karen Hock			
35	Understanding & Treating Hoarding Disorder	12	150296	2/23/2015
contact first, last	Cynthia Huey			
36	Stroke Rehabilitation: Preparing the Upper Extremity for Reach	10	150297	2/23/2015
contact first, last	Lynn Groves			
37	Developing Movement Strategies for Function in Adults with Hemiplegia - An Introduction to the NDT	12	150298	2/23/2015
contact first, last	Lynn Groves			
38	Selecting & Implementing Therapeutic Tricycles for Children & Adults with Disabilities: Evidence	3.5	150299	2/23/2015
contact first, last	Patricia Tietz			
39	Knowledge Translation for Occupational Therapists	6.25	150300	2/23/2015
contact first, last	Jan Roth			
40	Cincinnati Clinical Exercise Testing and Therapeutics Symposium 2015	6.25	150301	2/23/2015
contact first, last	Jan Roth			

course name	hours app	approval #	date approved
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41	Bathroom Access and Safety equipment, home access products and current funding trends	2	150302	2/27/2015
contact first, last	Nancy Batlerson			
42	Autism, Beyond Awareness: A workshop for clinicians, educators, and parents	4	150303	2/27/2015
contact first, last	Karen L. Keune			
43	Maximizing Treatment Outcomes with Geriatric Clients: Special Considerations & Approaches for	5	150304	2/27/2015
contact first, last	Karen Lance			
44	Rehabilitation Symposium	6	150305	2/27/2015
contact first, last	Trina Owings			
45	Neonatal Touch & Massage Certification Phase III - Hands on Training	14.5	150307	2/27/2015
contact first, last	Kara Ann Waitzman			
46	2015 OHCA/OCAL/OCID Annual Convention	17	150308ETH	2/27/2015
contact first, last	Kathy Chapman			
47	Trauma Quarterly Case Review: "There are some things you just can't put a band aid on" Traumatic	2	150309	2/27/2015
contact first, last	Pam McCabe			
48	9th Annual Principles of Limb Reconstruction: Evaluation & Management of Fragility Fractures	5.25	150310	3/3/2015
contact first, last	Jill Lynch			
49	Neonatal Touch & Massage Certification Phase II On-line Education	15	150311	3/3/2015
contact first, last	Kara Ann Waitzman			
50	Holistic Techniques for Sensory Challenged Individuals	5	150312	3/3/2015
contact first, last	Darla J. Riska			

Course name and Contact

1 The Leadership Challenge

Sara Oravec

Board Action Approved - #CE Awarded _____ Denied Request More Info

2 2015 Film Series: Autism, Communication, and Work

Audrey Todd

Board Action Approved - #CE Awarded _____ Denied Request More Info

3 2013 CARF Surveyor Training

Jacqueline Knowles

Board Action Approved - #CE Awarded _____ Denied Request More Info

Course name and Contact

1

Level One Yoga Instructor Certification Course

Kate Barbaglia

CE Date Denied

1/21/2015

Board Action

Approved - #CE Awarded _____ Denied Request More Info

OCCUPATIONAL THERAPY SECTION ENFORCEMENT REVIEW PANEL MEETING

Date: March 5, 2015
Meeting Time: TBD d/t amount to review
Board Office Conference Room-16th Floor

“New” cases opened since the January meeting: 3

Cases “closed” at the January meeting: 4

Cases “currently open”: 21

Active consent agreements: 1

Adjudication orders being monitored: 1

Physical Therapy Section

New cases opened since the January meeting: 5

Cases closed at the January meeting: 4

Cases currently open: 22

Active consent agreements: 14

Adjudication orders being monitored: 1

Athletic Trainers Section

New cases opened since the January meeting: 1

Cases closed at the January meeting: 5

Cases currently open: 2

Active consent agreements: 0

***Statistics as of 2/24/15**



Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

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Governor
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Executive Director
Jeffrey M. Rosa

OT Correspondence – March 2015

No.	Correspondent Name and Subject
1.	<u>Shelly Boldman, OTR/L:</u> Ms. Boldman asked the Section for guidance on supervising occupational therapy assistants and caseloads in a skilled nursing facility.
2.	<u>Cindy Hudson, OTR/L:</u> Ms. Hudson asked the Section if occupational therapy assistants can write down a verbal order from a physician.
3.	<u>Kate McCausland, OTR/L:</u> Ms. McCausland asked the Section questions regarding documentation and signature requirements for group therapy performed by occupational therapy practitioners.
4.	<u>Donna Koshiba, OTR/L:</u> Ms. Koshiba asked the Section if occupational therapy practitioners can perform suctioning, change tubing, and provide patient education on use of suctioning device.
5.	<u>Julie White, OTR/L:</u> Ms. White asked the Section if occupational therapists can read and interpret EKG monitor to assess patient function during cardiac rehabilitation/intervention.
6.	<u>Kristy Pegg, OTR/L:</u> Ms. Pegg asked the Section questions regarding occupational therapy continuing education eligibility and approval process.
7.	<u>Leora Smalley, OTA/L:</u> Ms. Smalley asked the Section if occupational therapy assistants can make a splint and bill for it without an occupational therapist in the facility.
8.	<u>Deborah Taylor:</u> Ms. Taylor asked the Section if occupational therapist in a home health stand alone once nursing and physical therapy have pulled out.

OTR questions

shelly boldman [shelly_rae_ot@hotmail.com]

Sent: Tuesday, January 13, 2015 11:14 AM**To:** OPTAT Board**Categories:** Blue CategoryOT Correspondence # 1Page 1

Meeting Date: MAR 5 2015

License #: OT.006789

Hello,

I am a contract OTR with some questions regarding the situation I am working in. I am working a 13 week contract in SNF. there are 2 OTR's (including myself) and I need verification on how to supervise COTA's and the caseload.

Please see the following questions.

1. I work 5x/week I supervise 2 COTA's and the other OTR works 3x/s and supervises 3 COTAs week when there are 2 OTR's how is it determined who supervises the residents.
2. I was completing a recert for a resident and changed the order from 7x/week to 3x/week. the DOR PT told a PRN OTR to change it back to 7x/week without consulting me. I did not originally do that pt eval however I was the last one updating the Recert. In this example who is the supervision therapist?
3. I am only co-signing the notes that my 2 COTA's are writing however I may not be the supervision OT over that resident care... is that the correct way to do this. I do not know if I am comfortable with this practice as I am co-signing for residents I may have not seen or see infrequently.

I have never worked in a building with multipul OT's and I want to make sure I am doing everything correctly.

Please let me know about the above or call me with questions.

Shelly Boldman OTR/L 740-821-5021 shelly_rae_ot@hotmail.com

thanks

shelly boldman



Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

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OT1
March 2015

Shelly Boldman, OTR/L
shelly_rae_ot@hotmail.com

OT.006789

Dear Ms. Boldman:

This letter is in response to your correspondence requesting guidance on supervising occupational therapy assistants and caseloads in a skilled nursing facility.

It is the position of the Occupational Therapy Section that the occupational therapy treatment/intervention plan, which includes frequency of treatment, cannot be changed by the Director of Rehabilitation. As the therapist of record on the recertification, you would be the therapist who would determine the needed services for this client and the supervising therapist. To correct this error, an addendum note should clarify your initial determination regarding the needed times of service and/or a clarification telephone order.

If, for any reason, you as the evaluating occupational therapist were no longer available to provide and supervise the occupational therapy care, the client must be transferred by you as the occupational therapist of record to another occupational therapist. If you transferred care to the PRN therapist who changed the time, the sole supervisory responsibility is theirs. In this understanding of the scenario, you, as the occupational therapist of record, terminated any further professional relationship with that client and transferred your responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Job sharing benefits from a facility specific plan which delineates roles and responsibilities.

Also, several points can be made regarding ethical provision of occupational therapy services within any practice setting. As stated in rule 4755-7-08 (C) of the Ohio Administrative Code:

- (1) A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, includes, but is not limited to:
 - (b) **Providing treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client.** This would include frequency of treatment.

Your second question appears to address co-signing notes for occupational therapy assistants without direct knowledge of the client.

Supervision/collaboration requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation and collaboration with the occupational therapy assistant at all times.

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.



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However, the Section recommends that you review the facility and payer policies, as they may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.

The Section thanks you for your correspondence. Please visit the Board's website (<http://otptat.ohio.gov>) to review the Occupational Therapy Practice Act and other information related to the regulation of occupational therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy Section

Jeffrey M. Rosa
Executive Director

JMR:dm

DRAFT

OTA and MD orders

Cindy Hudson [cindyh@arborrehab.com]

Sent: Tuesday, February 03, 2015 2:07 PM**To:** OTPTAT Board**Categories:** Blue CategoryOT Correspondence # 2Page 1

Meeting Date:

MAR 5 2015

License #:

OT. 001772

The laws clearly state that OTs cannot delegate interpretation of MD orders, however, if the OTR is not available, is it acceptable for the OTA to clerically note the verbal order if an MD should call back with clarifying information? Of course the OTR would need to interpret and provide any adjustments to the POC as appropriate. This may apply for outpatient and SNF settings. Thank you for your input on this question.

Cindy Hudson OTR/L**Arbor Rehabilitation and Healthcare Services Inc.****Director of Corporate Compliance****Phone: 440-708-8715****Fax: 440-564-1039**

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OT2
March 2015

Cindy Hudson, OTR/L
cindyh@arborrehab.com

OT.001772

Dear Ms. Hudson:

This letter is in response to your correspondence regarding whether occupational therapy assistants can write down a verbal order from a physician.

It is the position of the Occupational Therapy Section that an occupational therapist is not prohibited from receiving verbal or telephone orders, but those orders, prescriptions, or referrals must be followed up in writing with the referring practitioner's signature for inclusion in the patient's official record.

Pursuant to section 4755.04 (C) of the Revised Code and rule 4755-7-03 (A) of the Administrative Code, it is the position of the Occupational Therapy Section that occupational therapy assistants may gather objective information which would include information provided by the physician. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations.

The Section thanks you for your correspondence. Please visit the Board's website (<http://otptat.ohio.gov>) to review the Occupational Therapy Practice Act and other information related to the regulation of occupational therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy Section

Jeffrey M. Rosa
Executive Director

JMR:dm

For Jean Halpin Please

McCausland, Catherine [MCCAUSC@ccf.org]

Sent: Monday, February 02, 2015 2:39 PM

To: OTPTAT Board

Categories: Blue Category

OT Correspondence # 3

Page 1

Meeting Date: MAR 5 2015

License #: OT.005337

Dear Jean,

I am writing to clarify information we discussed as a group via conference call back in July 2014 regarding Mental Health Global Groups at Lutheran Hospital. It was our (OT) understanding that if we do a global group, we cannot sign the note as an occupational therapist, but rather our name as a general programmer, without our credentials.

After talking with our IT dept, it seems we cannot have an option of signing with title vs. no title. What I am wondering is could we write in the note or at the bottom, note written as programmer, or something about not practicing OT at the time, despite the fact it would then have our credentials automatically attached and associated with all our documentation. Of course we don't want to have the only option of it removed, as most of the time we will be practicing as OT's/COTA's.... I hope this makes sense.

Thank you again for your time and support.

Kate McCausland, OTR/L
Occupational Therapist
Lutheran Hospital
Mood Disorder Unit
(216)363-5727

=====

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OT3
March 2015

Kate McCausland, OTR/L
MCCAUSC@ccf.org

OT.005337

Dear Ms. McCausland:

This letter is in response to your correspondence regarding documentation and signature requirements for group therapy performed by occupational therapy practitioners

Insert response

The Section thanks you for your correspondence. Please visit the Board's website (<http://otptat.ohio.gov>) to review the Occupational Therapy Practice Act and other information related to the regulation of occupational therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy Section

Jeffrey M. Rosa
Executive Director

JMR:dm

trach/vent patients

Donna Koshiba [donna_ot@yahoo.com]

Sent: Tuesday, February 03, 2015 4:28 PM

To: OTPTAT Board

Categories: Blue Category

OT Correspondence # 4

Page 1

Meeting Date: MAR 5 2015

License #: OT.001941

Our skilled nursing facility is preparing to take trach/vent patients.

Are OT/OTA allowed to do deep suction? Oral suction?

Can we change any of the tubing (ie a mucus-clogged filter in the hose)?

Would we be able to do above after some type of certification training?

If we are CPR certified, can we manually bag a patient in the event of vent failure during an OT session?

can we train the patient on using passe-muir valve? Are we allowed to put it on/off of the trach site?

Thank you,
Donna Koshiba, OTR/L
OT 001941



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OT4
March 2015

Donna Koshiba, OTR/L
Donna_ot@yahoo.com

OT.001941

Dear Ms. Koshiba:

This letter is in response to your correspondence regarding whether occupational therapy practitioners can perform suctioning, change tubing, and provide patient education on use of suctioning device

There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapist from performing suctioning for patients with tracheostomy tubes. The occupational therapist must document and demonstrate competency in the technique being administered, and must be practicing within the occupational therapy scope of practice. If these services will be administered by an occupational therapy assistant, both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques. This would also apply to any of the procedures which were referenced in your letter.

However, third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.

The Section thanks you for your correspondence. Please visit the Board's website (<http://otptat.ohio.gov>) to review the Occupational Therapy Practice Act and other information related to the regulation of occupational therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy Section

Jeffrey M. Rosa
Executive Director

JMR:dm

Question

White, Julie [Julie.White@cchmc.org]

Sent: Wednesday, February 11, 2015 9:38 AM

To: OTPTAT Board

Categories: Blue Category

OT Correspondence # 5

Page 1

Meeting Date: MAR 5 2015

License #: OT, 006027

This message was sent securely using ZixCorp.

OTPTAT board:

Are there any rules/laws/opinions from the OTPTAT board about Occupational Therapist's reading an EKG monitor/interpreting rhythm's to assess patient function during cardiac rehabilitation/intervention?
Thank you for your guidance

Julie A White, OTR/L, LMT
Children's Hospital Medical Center
Inpatient Occupational Therapy
Cincinnati, Ohio
513 478--4561-cell
513 636-2972

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OT5
March 2015

Julie White, OTR/L
Julie.2hite@cchmc.org

OT.006027

Dear Ms. White:

This letter is in response to your correspondence regarding whether occupational therapists can read and interpret EKG monitor to assess patient function during cardiac rehabilitation/intervention.

There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapist from reading an EKG monitor and interpreting the results. The occupational therapist must document and demonstrate competency in the technique being administered and must be practicing within the occupational therapy scope of practice. If the service will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques.

However, third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.

The Section thanks you for your correspondence. Please visit the Board's website (<http://otptat.ohio.gov>) to review the Occupational Therapy Practice Act and other information related to the regulation of occupational therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy Section

Jeffrey M. Rosa
Executive Director

JMR:dm

From OTPTAT Board Website

Kristy Pegg [kkpegg@gmail.com]

Sent: Monday, February 09, 2015 12:50 PM

To: OTPTAT Board

Categories: Blue Category

OT Correspondence # 6

Page 1

Meeting Date: **MAR 5 2015**

License #: OT.004019

Hello,

My name is Kristy Pegg. I am an OTR/L, CHT in Akron, Ohio. I run a hand study group 3x a week for 1 hour on various hand topics for both OTRs and COTAs. I have 2 questions:

1. Would this be considered a workshop/ presentation of ot program on the ceu tracking form?
2. Do we need to all for approval if it is directly related to our practice of OT?

Thank you for your time.

Sincerely,

Kristy Pegg, OTR/L



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OT6
March 2015

Kristy Pegg, OTR/L
kkpegg@gmail.com

OT.004019

Dear Ms. Pegg:

This letter is in response to your correspondence regarding occupational therapy continuing education eligibility and approval process.

It appears that your hour of hand study would qualify for CE under 4755-9-01 Continuing education as it meets the criteria under (B)(i) It contributes directly to professional competency; (ii) It relates directly to the clinical practice, management, or education of occupational therapy practitioners; and (iii) It is conducted by individuals who have demonstrated expertise in the subject matter of the program. (b) Prior approval from the section is not required if paragraphs (B)(1)(a)(i) to (B)(1)(a)(iii) of this rule have been met. (c) Proof of content shall be demonstrated by the original workshop or conference brochure, agenda, notes, or materials given to participants during the presentations.

The Section thanks you for your correspondence. Please visit the Board's website (<http://otptat.ohio.gov>) to review the Occupational Therapy Practice Act and other information related to the regulation of occupational therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy Section

Jeffrey M. Rosa
Executive Director

JMR:dm

From OTPTAT Board Website

Leora Smalley [leora93@icloud.com]

Sent: Friday, February 20, 2015 6:19 PM

To: OTPTAT Board

Categories: Blue Category

OT Correspondence # 7

Page 1

Meeting Date: **MAR 5 2015**

License #: OTA, 02010

I work at a small rural hospital as a COTA. We have a DME department. My questions is, if a customer comes in with a prescription for a splint & it needs to be fabricated. Can I, as an assistant, make the splint & bill for it without an OTR in the facility? Or does the OTR need to obtain an order for OT eval & fabricate the splint? Thank you for your time!

Leora Smalley

Sent from my iPhone



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OT7
March 2015

Leora Smalley, OTA/L
Leora93@icloud.com

OTA. 02010

Dear Ms. Smalley:

This letter is in response to your correspondence regarding whether occupational therapy assistants can make a splint and bill for it without an occupational therapist in the facility.

The supervising licensed occupational therapist need not be on-site, but must be available for consultation and collaboration with the occupational therapy assistant at all times. As long as the occupational therapist has recommended that the prescription for the splint be filled and collaborated with the assistant on the determination of need, the assistant may fabricate and apply the splint provided that the occupational therapy practitioners demonstrate and document competency in splint fabrication.

The Section thanks you for your correspondence. Please visit the Board's website (<http://otptat.ohio.gov>) to review the Occupational Therapy Practice Act and other information related to the regulation of occupational therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy Section

Jeffrey M. Rosa
Executive Director

JMR:dm

OT Correspondence # 8

Page 1

Meeting Date:

MAR 5 2015

License #:

From OTPTAT Board Website

Debi Tyler [dtyler@cedarvillage.org]

Sent: Tuesday, February 24, 2015 12:30 PM

To: OTPTAT Board

Categories: Blue Category

A question came up in our department today that we have had a difference of opinion on. I did not see it in the FAQ on the website. Can an OT in Home Health stand alone once nursing and PT have pulled out? I understand that only PT or nursing can open the case. Also, what about Speech Therapy opening or standing alone? We have an OT discharge Oasis so if not allowed, what would that be for?!

Thanks!

Deborah Tyler

Deborah Tyler

Director of Rehabilitation

Cedar Village

513-336-3122



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OT8
March 2015

Deborah Taylor
dtyler@cedarvilllevillage.org

Dear Ms. Taylor:

This letter is in response to your correspondence regarding whether occupational therapists in a home health can stand alone once nursing and physical therapy have pulled out.

There is nothing in the Ohio Occupational Therapy Practice Act that prohibits occupational therapy from being the sole service provided in any setting. However, third party payer policies, other regulatory agencies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. In any situation, licensees should follow the more restrictive policies. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. For further specific guidelines, contact the Ohio Occupational Therapy Association (<http://www.oota.org>) or the Reimbursement Department of the American Occupational Therapy Association (<http://www.aota.org>).

For information regarding speech therapy, you will need to contact the Ohio Board of Speech-Language Pathology and Audiology at <http://slpaud.ohio.gov>.

The Section thanks you for your correspondence. Please visit the Board's website (<http://otptat.ohio.gov>) to review the Occupational Therapy Practice Act and other information related to the regulation of occupational therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy Section

Jeffrey M. Rosa
Executive Director

JMR:dm



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Joint Board Correspondence- March 2015

No.	Correspondent Name and Subject
1.	<u>Jennifer Bluck, PT:</u> Ms. Bluck asked the Occupational and Physical Therapy Sections questions regarding supervision requirements for occupational therapy assistants and physical therapist assistants.
2.	<u>Katie Russell, PTA:</u> Ms. Russell asked the Occupational and Physical Therapy Sections questions regarding occupational and physical therapists releasing professional liability from a caseload.
3.	<u>James Boylen, OTR/L:</u> Mr. Boylen asked the Occupational and Physical Therapy Sections questions regarding transferring occupational and physical therapy plan of care.
4.	<u>Robin Pearce, OTA:</u> Ms. Pearce asked the Occupational and Physical Therapy Sections for clarification on when to discharge a client, if the client is reached maximum potential and the payor source wants to continue treatment.
5.	<u>Sue Salamido:</u> Ms. Salamido asked the Occupational and Physical Therapy Sections if only licensed occupational and physical therapists can perform range of motion exercises on medically fragile students.
6.	<u>Rebecca Sparks, PT:</u> Ms. Sparks asked the Occupational and Physical Therapy Sections if occupational and physical therapy practitioners required to obtain a NPI number.

DRAFT

JB Correspondence # 1

Page 1

Meeting Date: **MAR 5 2015**

License #: **PT. 006405**

From OTPTAT Board Website

Jennifer Bluck [jennifer.bluck@CCMH.com]

Sent: Friday, January 09, 2015 2:59 PM

To: OTPTAT Board

Categories: Blue Category

Good afternoon.

My question for the board is dealing with satellite Hospital based clinics and therapy services. Our hospital is in the process of branching out to create a satellite clinic for physical therapy and occupational therapy off campus. Is there any legal ramifications to have a physical therapy assistant or COTA treating patients without the supervising therapist being present on location? The respective therapists would be available via phone to answer any questions that may arise. The physical therapist and occupational therapist we also be working in the clinics but some days there may possibly only be the assistants. Thank you for your consideration.

Sincerely

Jennifer L. Bluck, PT

Director of Rehab

Coshocton County Memorial Hospital

311 South 15th Street
Lower Level of Building
Coshocton, Ohio 43812

740.623.4093 -- office

740.610-3265- mobile

740.623.4064 -- fax

jennifer.bluck@ccmh.com



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Jeffrey M. Rosa

JB1
March 2015

Jennifer Bluck, PT
jennifer.bluck@ccmh.com

PT.006405

Dear Ms. Bluck:

This letter is in response to your correspondence regarding supervision requirements for occupational therapy assistants and physical therapist assistants. Please be aware that the regulation of these professions is undertaken by two separate entities.

This letter is in response to your correspondence regarding supervision requirements for occupational therapy assistants and physical therapist assistants. Please be aware that the regulation of these professions is undertaken by two separate entities.

In accordance with rule 4755-27-04 (C)(2) of the Administrative Code, supervision of the physical therapist assistant does not require that the supervising physical therapist be physically on-site. The supervising physical therapist must be available by telecommunication at all times and able to respond appropriately to the needs of the patient. Third party payer policies may be more or less restrictive than the Ohio Physical Therapy Practice Act. You should always follow the more restrictive requirements when they differ.

In all practice settings, the performance of selected interventions by the physical therapist assistant must be consistent with safe and legal physical therapy practice. In addition, the following factors must be taken into account:

- Complexity and acuity of the patient's/client's needs
- Proximity and accessibility to the physical therapist
- Supervision available in the event of emergencies or critical events
- Type of setting in which the service is provided

Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. The occupational therapy assistant is also responsible for making sure the supervising occupational therapist possesses a current license to practice occupational therapy prior to providing supervision of occupational therapy treatment.

Supervision/collaboration requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation and collaboration with the occupational therapy assistant at all times.

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 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



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Jeffrey M. Rosa

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.

Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.

The Sections thank you for your correspondence and appreciate your understanding that it is your professional responsibility to remain current with professional standards. Please visit the Board's website (www.otptat.ohio.gov) to review the Occupational Therapy and Physical Therapy Practice Acts and other information related to the regulation of occupational and physical therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy and Physical Therapy Sections

Jeffrey M. Rosa
Executive Director

JMR:dm

JB Correspondence # 2

Page 1

Meeting Date: MAR 5 2015

License #: PTA. 05909

Releasing professional liability

Katie Russell [kzamow82@gmail.com]

Sent: Tuesday, January 20, 2015 1:43 PM

To: OTPTAT Board

Categories: Blue Category

Regarding skilled nursing facilities, what is the proper way for PTs and OTs to release their professional liability from a caseload when the therapy company is changing? I have heard they have to discharge however the new therapy company says they do not have to discharge they just have to write an order to transfer the plan of care?

Please advise!

Thank you,

Katie Russell, PTA



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JB2
March 2015

Katie Russell, PTA
kzamow82@gmail.com

PTA.05909

Dear Ms. Russell:

This letter is in response to your correspondence regarding occupational and physical therapists releasing professional liability from a caseload. Please be aware that the regulation of these professions is undertaken by two separate entities.

Pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Ohio Administrative Code.

Paragraph (B)(5)(h) of this rule cites “Abandoning the patient by inappropriately terminating the patient practitioner relationship by the licensee” as a “failure to adhere to the minimal standards of acceptable prevailing practice.” It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services, the evaluating physical therapist must transfer the patient to another physical therapist. This includes situations where a physical therapist’s sole responsibility is to evaluate a patient either due to temporary coverage or as terms of their employment. The evaluating physical therapist in this instance must complete and document the transfer of their responsibilities to another physical therapist to provide and supervise the physical therapy services for the patient. Termination of care does not include a physical therapist taking regularly scheduled days off or job sharing.

Each physical therapy practice should determine a system that will allow for this transfer of care in situations where a physical therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient’s medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are delegated to physical therapy personnel, including co-signing physical therapist assistant documentation. If the patient is not transferred to another physical therapist, the evaluating physical therapist is responsible for the overall care of the patient including the supervision of any physical therapy personnel providing services to that patient.

INSERT OT SECTION RESPONSE

The Sections thank you for your correspondence and appreciate your understanding that it is your professional responsibility to remain current with professional standards. Please visit the Board’s website (www.otptat.ohio.gov) to review the Occupational Therapy and Physical Therapy Practice Acts and other information related to the regulation of occupational and physical therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy and Physical Therapy Sections



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Executive Director

JMR:dm

DRAFT

OT and PT POC Transfer

Jim Boylen [Jim.Boylen@saberhealth.com]

Sent: Tuesday, January 27, 2015 12:05 PM

To: OTPTAT Board

Categories: Blue Category

JB Correspondence # 3

Page 1

Meeting Date: MAR 5 2015

License #: OT, 000567

Good Afternoon,

If a certain provider will no longer be providing said services in a facility, is it sufficient for the transfer of POC to be written utilizing the new providers company name, or must they identify a specific therapists name to transfer the POC?

Thank you,

James Boylen, MOT, OTR/L
Manager of Rehab. Services
Saber Healthcare Group
26691 Richmond Road
Bedford Heights, Ohio 44164
Jim.boylen@saberhealth.com
P 330-714-0200
F 216-504-9066

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JB3
March 2015

James Boylen, OTR/L
Jim.boylen@saberhealth.com

OT.006567

Dear Ms. Boylen:

This letter is in response to your correspondence regarding transferring occupational and physical therapy plan of care. Please be aware that the regulation of these professions is undertaken by two separate entities.

Pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Ohio Administrative Code.

Paragraph (B)(5)(h) of this rule cites “Abandoning the patient by inappropriately terminating the patient practitioner relationship by the licensee” as a “failure to adhere to the minimal standards of acceptable prevailing practice.” It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services, the evaluating physical therapist must transfer the patient to another physical therapist. This includes situations where a physical therapist’s sole responsibility is to evaluate a patient either due to temporary coverage or as terms of their employment. The evaluating physical therapist in this instance must complete and document the transfer of their responsibilities to another physical therapist to provide and supervise the physical therapy services for the patient. Termination of care does not include a physical therapist taking regularly scheduled days off or job sharing.

Each physical therapy practice should determine a system that will allow for this transfer of care in situations where a physical therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient’s medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are delegated to physical therapy personnel, including co-signing physical therapist assistant documentation. If the patient is not transferred to another physical therapist, the evaluating physical therapist is responsible for the overall care of the patient including the supervision of any physical therapy personnel providing services to that patient.

INSERT OT SECTION RESPONSE

The Sections thank you for your correspondence and appreciate your understanding that it is your professional responsibility to remain current with professional standards. Please visit the Board’s website (www.otptat.ohio.gov) to review the Occupational Therapy and Physical Therapy Practice Acts and other information related to the regulation of occupational and physical therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy and Physical Therapy Sections



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JMR:dm

DRAFT

RE: question

Robin L. Pearce [rpearce@athena-therapy.net]

Sent: Wednesday, February 04, 2015 10:08 AM

To: OTPTAT Board

Categories: Blue Category

JB Correspondence # 4

Page 1

Meeting Date: MAR 5 2015

License #: OTA. 02149

X can the question also be for medicare A and keypro for payors not only insurance?
robin

From: OTPTAT Board [OTPTAT.Board@otptat.ohio.gov]

Sent: Wednesday, February 04, 2015 9:45 AM

To: Robin L. Pearce

Subject: RE: question

Robin,

Your question will be forwarded to the Occupational and Physical Therapy Sections for review at the March 5, 2015 meetings. You should receive a reply approximately 2 weeks after the meeting date.

-Diane Moore, Executive Assistant
Ohio OTPTAT Board

From: Robin L. Pearce [mailto:rpearce@athena-therapy.net]

Sent: Wednesday, February 04, 2015 9:34 AM

To: OTPTAT Board

Subject: question

X What is the board requirements on when to discharge a patient approp if a payorsource is encouraging further treatment and the patient has met max potential?
Robin Pearce

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JB4
March 2015

Robin Pearce, OTA
rpearce@atena-therapy.net

OTA.02149

Dear Ms. Pearce:

This letter is in response to your correspondence requesting clarification on when to discharge a client, if the client is reached maximum potential and the payor source wants to continue treatment.

It is the position of the Physical Therapy Section that physical therapists have a legal and ethical obligation to make every effort to follow through with the plan of care established for the patients. Pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Administrative Code. The physical therapist's professional judgment determines the patient's readiness for discharge.

You may also wish to review the *Jimmo v Sebelius* lawsuit. at cms.gov regarding this issue.

INSERT OT SECTION RESPONSE

The Sections thank you for your correspondence and appreciate your understanding that it is your professional responsibility to remain current with professional standards. Please visit the Board's website (www.otptat.ohio.gov) to review the Occupational Therapy and Physical Therapy Practice Acts and other information related to the regulation of occupational and physical therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy and Physical Therapy Sections

Jeffrey M. Rosa
Executive Director

JMR:dm

performing physical therapy in schools

Sue Salamido [ssalamido@cloppertlaw.com]

Sent: Tuesday, February 10, 2015 11:29 AM**To:** OTPTAT Board**Importance:** High**Categories:** Blue CategoryJB Correspondence # 5Page 1Meeting Date: **MAR 5 2015**

License #:

Good morning,

I represent a teachers' union members. A school district in Ohio has instituted a new policy where it is directing teachers to perform "range of motion" exercises on medically fragile students. These exercises are to be performed at regular intervals by the teachers. The teachers are concerned since they are not licensed in physical and/or occupational therapy and fear that this lack of license and education could result in injury to the medically fragile students. From my review of the applicable statutes, it does appear that engaging in range of motion exercises on a regular basis with students amounts to "physical therapy." So, unless the teacher is a licensed physical and/or occupation therapist, the teacher cannot perform the exercises.

Is it your Board's position that only licensed physical and/or occupation therapists can perform, at regular intervals, range of motion exercises on medically fragile students?

Sue

Sue Salamido

Cloppert, Latanick, Sauter & Washburn

225 East Broad Street

Columbus, Ohio 43215

Telephone: (614) 461-4455, Ext. 122

Facsimile: (614) 621-6293

E-mail: ssalamido@cloppertlaw.com

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JB5
March 2015

Sue Salamido
ssalamido@cloppertlaw.com

Dear Ms. Salamido:

This letter is in response to your correspondence regarding whether only licensed occupational and physical therapists can perform range of motion exercises on medically fragile students. Please be aware that the regulation of these professions is undertaken by two separate entities.

Yes, you are correct that performing range of motion exercises on medically fragile students **may constitute physical therapy**. All the laws and rules governing the practice of physical therapy would apply. However, the activities that teachers and educational personnel complete during the school day are not physical therapy services and must not be represented as such. These activities may include range of motion if the supervising physical therapist feels the unlicensed individual has demonstrated competency to perform this activity.

Rule 4755-27-03(C) of the Ohio Administrative Code identifies writing the plan of care as a responsibility that the physical therapist performs and that cannot be delegated to others. Physical therapists who work in a school setting must write a plan of care that is separate from the IEP indicating how services will be provided to support the goals and benchmarks that the IEP team has determined require physical therapy services for successful completion. Part of this plan of care may be to instruct the teacher and educational aides or attendants in activities to be completed on a daily basis much as a home program would be designed for the parents.

In accordance with rule 4755-7-03 (D) of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of clients, and preparation of work area, assisting with client's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions.

- (1) Unlicensed personnel may only perform specific tasks which are neither evaluative, task selective, nor recommending in nature. The occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant may delegate such tasks only after ensuring that the unlicensed personnel has been appropriately trained for the performance of the tasks.

As ROM is not in the specified limited list above, it may be performed by unlicensed personnel after appropriate training.

The Sections thank you for your correspondence and appreciate your understanding that it is your professional responsibility to remain current with professional standards. Please visit the Board's website (www.otptat.ohio.gov) to review the Occupational Therapy and Physical Therapy Practice Acts and other information related to the regulation of occupational and physical therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBd>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.

Sincerely,
The Occupational Therapy and Physical Therapy Sections



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Jeffrey M. Rosa
Executive Director

JMR:dm

DRAFT

From OTPTAT Board Website

Rebecca Sparks [BSparks@lutherhome.org]

Sent: Tuesday, February 10, 2015 4:07 PM

To: OTPTAT Board

Categories: Blue Category

JB Correspondence # 6

Page 1

Meeting Date: **MAR 5 2015**

License #: PT. 010567

Hello!

I have received some information from a speech therapist, who learned at a conference yesterday, that all therapists are to register for a NPI number. I have not heard of any requirement for this up to this point.

I am currently a PT at an intermediate care facility outside of Toledo, and our services are paid for from the per diem that the facility receives for care of the residents. We do not do any billing of any insurance.

Our OT and PT department consists of PT, OT, LPTA, and COTA/L.

Could you please clarify this? If I need to do this as a PT, do the assistants also need to register?

Thank you for your time and attention.

Becky Sparks, PT

Luther Home of Mercy
5810 North Main Street
Williston, Ohio 43468
419-972-4423
419-704-2884 (cell)



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JB6
March 2015

Rebecca Sparks, PT
BSparks@lutherhome.org

PT.010567

Dear Ms. Sparks:

This letter is in response to your correspondence regarding whether occupational and physical therapy practitioners required to obtain a NPI number. Please be aware that the regulation of these professions is undertaken by two separate entities.

It is the position of the Ohio Occupational Therapy Section that an occupational therapy practitioner is required to hold a valid, current license in the State of Ohio to serve any clients residing in Ohio. The Occupational Therapy Section does not have a requirement for licensees to obtain a National Provider Identifier. However, other agencies, accrediting bodies, and/or reimbursement agencies may have additional requirements and guidelines that need to be met for accreditation and/or reimbursement of occupational therapy services. A requirement to obtain an NPI would appear to fall into this category.

A physical therapist is required to comply with governmental and payer policies in billing procedures. Your question regarding the use of NPI numbers relates to payer policies rather than to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you consult with the payer.

According to section 4755.56 (C) of the Ohio Revised Code; Each physical therapist licensed under this chapter who renders or supervises physical therapy, and each health care professional licensed in this state who renders services in accordance with section 4755.50 of the Revised Code designated as physical therapy, shall provide a patient, when the patient is responsible for submitting a claim to a governmental health care program or third-party payer, with the physical therapist's or health care professional's national provider identifier and a written explanation of the provisions of divisions (B)(1) and (D) of this section.

You can obtain additional information about the NPI at: <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html?redirect=/NationalProvIdentStand/>. You can submit an online application for the NPI at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

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 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.

"L" should not be used in front of "PT" or "PTA" since no one may use the "PT" or "PTA" credential in Ohio without a valid license.

The Sections thank you for your correspondence and appreciate your understanding that it is your professional responsibility to remain current with professional standards. Please visit the Board's website (www.otptat.ohio.gov) to review the Occupational Therapy and Physical Therapy Practice Acts and other information related to the regulation of occupational and physical therapy in Ohio. You can also obtain updates from the Board at our Facebook (<http://www.facebook.com/OhioOTPTATBoard>) and Twitter (<http://www.twitter.com/OhioOTPTATBD>) pages. Should you have any additional questions, please contact the Board at (614) 466-3774 or via e-mail at board@otptat.ohio.gov.



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Sincerely,
The Occupational Therapy and Physical Therapy Sections

Jeffrey M. Rosa
Executive Director

JMR:dm

DRAFT

Consultative Model FAQ

Q) Can an occupational therapist provide direct service without an evaluation or establishment of an OT treatment/intervention plan to clients within a consultative model of practice?

A) If an occupational therapist is providing services within a consultative model and not direct treatment to an individual, an individual treatment/intervention plan is not needed. However, if direct services are provided to an individual, the requirements of rules 4755-7-02 (A) and 4755-7-08 (C)(1)(a) apply. As a result, direct service requires an occupational therapy evaluation, interpretation of the results, and development of a treatment/intervention plan by the occupational therapist.

DRAFT

Rosa, Jeff

From: Rosa, Jeff
Sent: Wednesday, January 21, 2015 11:10 AM
To: tina.kelley@nh.gov; lea@ptot.texas.gov; camille.skubik-peplaski@eku.edu; fgrainer@aota.org; dlibsdotp@mt.gov; felicia.m.holgate@state.or.us
Cc: Rosa, Jeff
Subject: Occupational Therapy in Non-Traditional Settings

Thank you for responding to my survey in December regarding occupational therapy practice in non-traditional settings. Each of you indicated that your board has addressed issues related to practice in non-traditional settings.

As I mentioned in the survey, my Board has received many questions from licensees, especially OTA's, regarding practice in non-traditional settings, especially with the consultative model of practice. The two main areas of questions revolve around:

- 1) Can I use my occupational therapy credential if the services are not considered as part of occupational therapy?
- 2) When working with communities/populations, do I need to do an evaluation and establish a treatment/intervention plan?

The position of my Board is currently that if you are providing a consultative model for a group and not direct treatments to individual clients, an individual treatment/intervention plan is not needed. If direct services are provided, the evaluation and plan of care by the OT is required.

We've also stated that if a licensee (esp. an OTA) is using their occupational therapy knowledge to provide the consultation, they can't refer to it as occupational therapy or hold themselves out as an OTA unless they follow the requirements of the OT Practice Act, which would require the collaboration with the supervising occupational therapist.

Could you please let me know the kinds of issues your board has dealt with and how you addressed these issues/concerns. We plan to have additional discussion at our annual retreat later this year. Thanks in advance for your assistance.

Jeff Rosa

Jeffrey M. Rosa, Executive Director
 Ohio Occupational Therapy, Physical Therapy, & Athletic Trainers Board
 77 S. High Street, 16th Floor
 Columbus, OH 43215-6108
 (Ph.) 614-466-3474 (Fax) 614-995-0816
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jeff.rosa@otptat.ohio.gov

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Rosa, Jeff

From: Kelley, Tina <Tina.Kelley@nh.gov>
Sent: Monday, January 26, 2015 12:27 PM
To: Rosa, Jeff
Subject: RE: Occupational Therapy in Non-Traditional Settings

Good Afternoon Jeff,

At the Occupational Therapy Governing Board's meeting today the Board answered you questions as noted in red. I hope these answers help.

Tina Kelley
Administrator

From: Rosa, Jeff [<mailto:Jeff.Rosa@otptat.ohio.gov>]
Sent: Wednesday, January 21, 2015 11:10 AM
To: Kelley, Tina; lea@ptot.texas.gov; camille.skubik-peplaski@eku.edu; fgrainer@aota.org; dlibsdotp@mt.gov; felicia.m.holgate@state.or.us
Cc: Rosa, Jeff
Subject: Occupational Therapy in Non-Traditional Settings

Thank you for responding to my survey in December regarding occupational therapy practice in non-traditional settings. Each of you indicated that your board has addressed issues related to practice in non-traditional settings.

As I mentioned in the survey, my Board has received many questions from licensees, especially OTA's, regarding practice in non-traditional settings, especially with the consultative model of practice. The two main areas of questions revolve around:

- 1) Can I use my occupational therapy credential if the services are not considered as part of occupational therapy?
No ←
- 2) When working with communities/populations, do I need to do an evaluation and establish a treatment/intervention plan? When providing an intervention there must be a treatment plan established and then there would be a need for an evaluation otherwise no. ←

The position of my Board is currently that if you are providing a consultative model for a group and not direct treatments to individual clients, an individual treatment/intervention plan is not needed. If direct services are provided, the evaluation and plan of care by the OT is required.

We've also stated that if a licensee (esp. an OTA) is using their occupational therapy knowledge to provide the consultation, they can't refer to it as occupational therapy or hold themselves out as an OTA unless they follow the requirements of the OT Practice Act, which would require the collaboration with the supervising occupational therapist. In New Hampshire this statement is the same. An individual can use their experience and knowledge but not call themselves an OTA. ←

Could you please let me know the kinds of issues your board has dealt with and how you addressed these issues/concerns. We plan to have additional discussion at our annual retreat later this year. Thanks in advance for your assistance.

Jeff Rosa

Rosa, Jeff

From: Lea Weiss <lea@ptot.texas.gov>
Sent: Wednesday, January 21, 2015 11:42 AM
To: Rosa, Jeff
Subject: RE: Occupational Therapy in Non-Traditional Settings

Good morning,

Thank you for contacting us.

We will be discussing some of these issues as a board at an upcoming meeting; I will send more information as it becomes available.

Thank you and be well,
Lea Weiss, OT Coordinator
Texas Board of Occupational Therapy Examiners
333 Guadalupe, Suite 2-510
Austin, Texas 78701-3942
(512) 305-6900 (phone)
(512) 305-6970 (fax)

From: Rosa, Jeff [mailto:Jeff.Rosa@otptat.ohio.gov]
Sent: Wednesday, January 21, 2015 10:10 AM
To: tina.kelley@nh.gov; lea@ptot.texas.gov; camille.skubik-peplaski@eku.edu; fgrainer@aota.org; dlibsdotp@mt.gov; felicia.m.holgate@state.or.us
Cc: Rosa, Jeff
Subject: Occupational Therapy in Non-Traditional Settings

Thank you for responding to my survey in December regarding occupational therapy practice in non-traditional settings. Each of you indicated that your board has addressed issues related to practice in non-traditional settings.

As I mentioned in the survey, my Board has received many questions from licensees, especially OTA's, regarding practice in non-traditional settings, especially with the consultative model of practice. The two main areas of questions revolve around:

- 1) Can I use my occupational therapy credential if the services are not considered as part of occupational therapy?
- 2) When working with communities/populations, do I need to do an evaluation and establish a treatment/intervention plan?

The position of my Board is currently that if you are providing a consultative model for a group and not direct treatments to individual clients, an individual treatment/intervention plan is not needed. If direct services are provided, the evaluation and plan of care by the OT is required.

We've also stated that if a licensee (esp. an OTA) is using their occupational therapy knowledge to provide the consultation, they can't refer to it as occupational therapy or hold themselves out as an OTA unless they follow the requirements of the OT Practice Act, which would require the collaboration with the supervising occupational therapist.

Rosa, Jeff

From: Skubik-Peplaski, Camille <Camille.Skubik-Peplaski@eku.edu>
Sent: Friday, February 20, 2015 1:49 PM
To: Rosa, Jeff
Subject: occupational therapy in non-traditional settings

Hello Jeff- I took your question to the board about the issues we are seeing regarding occupational therapy assistants. Our biggest concern is if OTA's are receiving the required supervision by the OTR. We address this issue by randomly auditing both the OTA and the OT in regards to supervision. I hope this helps, camille
Camille Skubik-Peplaski PhD OTR/L BCP FAOTA
Associate Professor
Eastern Kentucky University
Department of Occupational Therapy
(859) 622-6325

Rosa, Jeff

From: Frank E. Gainer <fgainer@aota.org>
Sent: Sunday, January 25, 2015 11:29 AM
To: Rosa, Jeff
Subject: RE: Occupational Therapy in Non-Traditional Settings

These issues have not come before our Board. We have very few OTAs in the District of Columbia. However, I am going to bring this up at our next meeting.

Frank

From: Rosa, Jeff [mailto:Jeff.Rosa@otptat.ohio.gov]
Sent: Wednesday, January 21, 2015 11:10 AM
To: tina.kelley@nh.gov; lea@ptot.texas.gov; camille.skubik-peplaski@eku.edu; fgainer@aota.org; dlibsdotp@mt.gov; felicia.m.holgate@state.or.us
Cc: Rosa, Jeff
Subject: Occupational Therapy in Non-Traditional Settings

Thank you for responding to my survey in December regarding occupational therapy practice in non-traditional settings. Each of you indicated that your board has addressed issues related to practice in non-traditional settings.

As I mentioned in the survey, my Board has received many questions from licensees, especially OTA's, regarding practice in non-traditional settings, especially with the consultative model of practice. The two main areas of questions revolve around:

- 1) Can I use my occupational therapy credential if the services are not considered as part of occupational therapy?
- 2) When working with communities/populations, do I need to do an evaluation and establish a treatment/intervention plan?

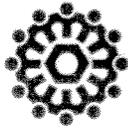
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Could you please let me know the kinds of issues your board has dealt with and how you addressed these issues/concerns. We plan to have additional discussion at our annual retreat later this year. Thanks in advance for your assistance.

Jeff Rosa

Jeffrey M. Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy, & Athletic Trainers Board
77 S. High Street, 16th Floor
Columbus, OH 43215-6108
(Ph.) 614-466-3474 (Fax) 614-995-0816
<http://otptat.ohio.gov>



Montana Board of Occupational Therapy Practice

February 11, 2015

RECEIVED

FEB 17 2015

Mr Jeffrey Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy & Athletic Trainers Board
77 S. High Street, 16th Floor
Columbus, OH 43215-6108

Subject: Occupational Therapy in Non-Traditional Settings

Mr. Rosa,

The Montana Board of Occupational Therapy will review your modality application at its meeting on February 17, 2015 at 301 S. Park Ave, 4th Floor Large Conference Room, Helena, MT. The Board meeting will begin at 11:00 a.m. Your request is scheduled to be reviewed during the public portion of the meeting.

While the board does not require your attendance at the upcoming meeting, you may join the meeting by phone or in person so the board can discuss your request with you.

If you would like to be connected by telephone, please contact the board office prior to the meeting to facilitate your attendance. You are not allowed to participate in the deliberations of the board unless addressed by the board.

If you have any questions, please feel free to contact the Board office at 406-841-2300.

Best regards,

L'Joy Griebenow

L'Joy Griebenow
Board Management

Email: dlibsdotp@mt.gov

Website: www.ot.mt.gov

Rosa, Jeff

From: Felicia M Holgate <felicia.m.holgate@state.or.us>
Sent: Thursday, January 29, 2015 2:38 PM
To: Rosa, Jeff
Subject: OTLB: Occupational Therapy in Non-Traditional Settings

Sorry for the delay in getting back to you Jeff.

Your response to questions about both questions below make a lot of sense and are what the Oregon board would answer. The issue of OT Assistants who want to work as an OT Assistant but not under an Oregon licensed OT comes up and the answer always is the same – they cannot work on their own. If any therapist is not providing OT services they should not use their credentials as an OT because it is misleading to the public.

Thanks, Felicia

Please fill out a short confidential customer satisfaction survey: <http://otlb.oregonsurveys.com>

Felicia Holgate, Director, Oregon OT Licensing Board, 800 NE Oregon St. Suite 407,
Portland, Oregon 97232 Tel: 971-673-0198 Fax: 971-673-0226 Web site www.oregon.gov/otlb

Mission Statement: To protect the public by supervising Occupational Therapy practice; To assure safe and ethical delivery of Occupational Therapy services

From: Rosa, Jeff [<mailto:Jeff.Rosa@otptat.ohio.gov>] **Sent:** Wednesday, January 21, 2015 8:10 AM
To: tina.kelley@nh.gov; lea@ptot.texas.gov; camille.skubik-peplaski@eku.edu; fgrainer@aota.org; dlibsdotp@mt.gov;
Felicia M Holgate **Cc:** Rosa, Jeff
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