



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
March 10, 2009
9:35 a.m.

Members Present

Rebecca Finni, OTR/L
Jean Halpin, OTR/L, Secretary
Kimberly Lawler, OTR/L, Chairperson
Mary Stover, OTR/L

Member Absent

Nanette Shoemaker, COTA/L

Legal Counsel

Yvonne Tertel, AAG

Staff

Harold Jeffery Barker, Investigator
Diane Moore, Executive Assistant
Lisa Ratinaud, Enforcement Division Supervisor
Jeffrey Rosa, Executive Director
Andrew Snouffer, Investigator

Guest

Jacquelyn Chamberlain, OOTA
Marti Blumling
David Rupp
Bill Hills, JCARR
Shahin Afnan
Renee Coughlin
Lisa Ferguson-Ramos, Nursing Board
Tim Benedict, Pharmacy Board
Lise Rubin

Call to Order

Kimberly Lawler, Chairperson, called the meeting to order at 9:35a.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: Mary Stover moved to approve the January 15 2009 minutes as submitted. Jean Halpin seconded the motion. The motion carried.

Executive Director Report

- The Executive Director reported on the consolidation issue contained in the budget bill. The proposal is to consolidate the back office operations of the 28 regulatory boards. The Executive Director expressed his concerns with the language in the As Introduced version of the bill, which appears to allow for potential front office consolidation. The Boards proposed new language to address the concerns and the Governor's office was receptive to the changes, stating intent to partner with boards to achieve efficiencies and cost reductions while ensuring the boards retain their autonomy.
- The Executive Director reported that the budget also contains a proposal to transfer 30 million dollars from the 4K90 fund to the general fund.

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

Administrative Reports

Continuing Education Report

Mary Stover recommended that the Section approve 95 applications and deny 8 applications for contact hour approval. **Action:** Rebecca Finni moved to approve 95 applications for contact hour approval and deny 8 applications for contact hour approval. Jean Halpin seconded the motion. The motion carried.

CE Denial Appeal

Mary Stover recommended that the Section uphold its previous decision to deny approval for occupational therapy continuing education for the course titled “Professional and Ethics in Rehabilitation” sponsored by P.T. Services Rehabilitation, Inc. **Action:** Rebecca Finni moved to uphold the Occupational Therapy Sections’ previous decision to deny approval for occupational therapy continuing education for the course titled “Professional and Ethics in Rehabilitation” sponsored by P.T. Services Rehabilitation, Inc. Jean Halpin seconded the motion. The motion carried.

Licensure Report

Action: Mary Stover moved that the Occupational Therapy Section ratify, as submitted, the licenses and limited permits initially issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board January 15, 2009 through March 10, 2009 to occupational therapists and occupational therapy assistants, pending receipt of any outstanding items and passage of the laws and rules examination, taking into account those licenses subject to discipline, surrender, or non-renewal. Kimberly Lawler seconded the motion. Kimberly Lawler abstained from voting on the limited permit occupational therapy assistant applications for Amber Weber. The motion carried.

Occupational Therapist – Examination

Bolger, Erin	Cantrell, Melisa	Chellinsky, Teresa
Davis, Roxanna	Dennis, Sally	Durbin, Melissa
Farmer, Haley	Farver, Jordyn	Gauger, Emily
Gill, Justin	Hayes, Elizabeth	Holt, Jeremy
Kelso, Stacey	Lang, Carrie	Miller, Stephanie
Morris, Jessica	Ritsema, Julie	Shon, Rachel
Stone, Mikel	Whetstone, Amy	Zybura, Jennifer

Occupational Therapy Assistant – Examination

DeGroot, Beth	Gillum, Andy	Kritharakis, Esther
Macke, Maria	Peabody, Jennifer	Thompson, Megan

Occupational Therapist – Endorsement

Hawkins, Alyssa	Rice, Stephenie	Saks, Carrie
Wiseman, Lynsey		

Occupational Therapy Assistant – Endorsement

Bucci, Jennifer	Uptgraft, Ryan
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Occupational Therapist – Reinstatement

Alford, Robert	Baer, Donna	Scheinbach, Judy
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Occupational Therapy Assistant – Reinstatement

Adkins, Craig	Dyer, Betty	Greene, Kellie
Lipinski, Alison	Zehendner, Julie	

Occupational Therapist – Limited Permit

Abel, Angela	Buirley, Kara	Connors, Karen
Dennis, Sally	Dixon, Erin	Eingle, Katherine
Fires, Sarah	Garrett, Ellen	Hardy, Kathleen
Hivick, Marla	Howlett, Beth	Jones, Hillary
Kelly, Ann	Kriegel, Braden	Martin, Stefanie
Miller, Lindy	Parsons, Jessica	Reibold, Cheryl

Rivera, Marimily
Sheehan, Amber
Tharp, Lindsey

Schuck, Sarah
Suever, Kacia
Weber, Jessica

Schwendeman, Joseph
Teneyck, Emily
Williams, Brooke

Occupational Therapy Assistant – Limited Permit

Buenavides, Dominique
Fuentes, Lindsay
King, Dawn
Poyer-Baker, Sheri

Carothers, Anna
Gromley, Mallory
McRobie, Carrie
Weber, Amber

Frazier, Kristen
Hare, Lori
Moravcik, Holly
Whitesell, Monica

Occupational Therapy Assistant – Escrow Restoration

Lawyer, Kelli

Limited License Agreements

Mary Stover reported that pursuant to rule 4755-3-12 (D) of the Administrative Code, the Section will offer a limited license agreement to occupational therapist reinstatement applicant 4848054.

Kimberly Lawler reported that, the Section received a request to extend a limited license agreement for credential file number 4190724. The Section determined that that licensee is bound to the terms of the agreement as long as the license remains current. The Section will send a written response clarifying the Section's position regarding the limited license agreement.

Assistant Attorney General's Report

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

Case Review Liaison report

The Enforcement Division opened two new cases and closed eight cases since the January 15, 2009 meeting. There are currently nine cases open. There are thirteen disciplinary consent agreements and one adjudication order being monitored.

Rebecca Finni informed the Section that the following licensees complied with all terms and conditions and was released from his/her non-disciplinary consent agreement:

Danielle Ablino, OTA
Ruth Hagemeyer, OTA

Christopher Banic, OTA
Shelah Hughes, OT

Mary Dean, OT
Melissa Lewis, OTA

Enforcement Actions

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY09-015 in lieu of going to a hearing. **Action:** Mary Stover moved that the Section accept the surrender consent agreement for case OT-FY09-005 in lieu of going to a hearing. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Ginger Harr, OTA.

Affidavit Hearings

Good afternoon. My name is Kimberly Lawler, Chairman 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 11:00 am on March 10, 2009, at the Vern Riffe Center, 77 South High Street, Columbus, Ohio, 43215. Member of the Board present for the proceedings are:

Jeffrey Rosa called roll:

Rebecca Finni	Present
Jean Halpin	Present
Kimberly Lawler	Present
Nanette Shoemaker	Absent
Mary Stover	Present

It will be noted for the record that a majority of the members of the Board are present. There will be three adjudication proceedings today. The proceedings are in the matter of case number OT-FY09-008, Emilie I. Clark, OTA.01904, case number OT-FY09-009, Jamie M. Gatz, OTA.00102, and case number OT-FY09-010, Melissa B. Browning, OTA.02533.

These proceedings shall be an affidavit-based jurisdiction relative to a Notice of Opportunity for Hearing mailed to the respondents 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 respondents did not properly request a hearing in the case, these proceedings will be held before the board pursuant to *Goldman v. State Medical Board of Ohio*. The individuals named do 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 affidavits from the Board Investigator and accompanying exhibits for the Goldman Proceedings in your board packet.

The affidavits contain the evidence and testimony upon which you will deliberate. I trust that each of you has had the opportunity to review the affidavits and accompanying exhibits. If not, you may review them now.

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

I will now recognize Assistant Attorney General, Yvonne Tertel, for the purpose of providing a brief synopsis of each case.

Ms. Tertel reviewed the three cases for the Board.

Having heard Ms. Tertel's synopses, may I now have motion to admit the sworn affidavits and the accompanying exhibits in the aforementioned cases into evidence?

Action: Mary Stover moved to accept the facts and exhibits outlined in the affidavit for Emilie I. Clark, case OT-FY09-008, Jamie M. Gatz, case number OT-FY09-009, and Melissa B. Browning, case number OT-FY09-010. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried.

There being no further evidence to come before the board, these proceedings are now closed at 11:15 am.

The procedural and jurisdictional matters having being satisfied, we will now continue with the proceeding by deliberation on the sworn affidavits and exhibits. A written copy of the board's decision will be mailed to the respondents.

At this time, is there a motion to go into private session for the purpose of quasi-judicial deliberation on these matters?

Action: Mary Stover moved to go into private session for the purpose of quasi-judicial deliberation on these three matters. Jean Halpin seconded the motion.

Jeffrey Rosa called roll:

Rebecca Finni	Yes
Jean Halpin	Yes
Kimberly Lawler	Yes
Nanette Shoemaker	Absent
Mary Stover	Yes

The Section went into private session at 11:16 a.m. and came out at 11:27 a.m. Rebecca Finni left the room during private session and did not participate in the deliberations.

Action: Kimberly Lawler moved to revoke the license of Emilie I. Clark, OTA.01904, based on the affidavit and information before us. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Action: Kimberly Lawler moved to revoke the license of Melissa B. Browning, OTA.02533, based on the affidavit and information before us. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Action: Kimberly Lawler moved to suspend the license of Jamie M. Gatz, OTA.00102, until the Board receives proof of completion of deficient continuing education based on the affidavit and information before us. Mary Stover seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Correspondence

1. **Elisabeth Wharton:** Ms. Wharton asked the Section questions regarding the supervision requirements for a level II occupational therapy assistant student. **Reply:** Pursuant to rule 4755-7-09 of the Ohio Administrative Code, the supervising occupational therapy practitioner shall only assign duties or functions to the student occupational therapist or student occupational therapy assistant that are commensurate with the student's education or training. Rule 4755-7-01 (D) of the Administrative Code outlines the supervision requirements for Level II students. Under this rule, the supervising occupational therapy practitioner must have completed at least one year of clinical practice to be eligible to supervise a student. The Occupational Therapy Practice Act is silent on the issue of on-site supervision for students. However, the Occupational Therapy Section encourages occupational therapy practitioners to provide on-site supervision for students. Rule 4755-7-01(C)(3) of the Administrative Code states that supervision requires an interactive process between the supervising occupational therapist and the occupational therapy assistant. The interactive process must include, but is not limited to, review of the following: client assessment, reassessment, treatment plan, intervention and the discontinuation of intervention, and/or treatment plan. Co-signing client documentation alone does not meet the minimum level of supervision. This interactive process would apply to the relationship between the student and the supervisor. The Section recommended that Mrs. Wharton review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of students. The standards adopted by ACOTE, and the facility's policies, may be more restrictive than the Ohio Occupational Therapy Practice Act.
2. **Jill Shemory** Ms. Shemory asked the Section questions regarding the scope of practice and supervision requirements for an occupational therapy assistant working in a private practice setting. **Reply:** The laws and rules governing occupational therapy assistant practice in the State of Ohio are not setting specific. The Ohio Occupational Therapy Practice Act remains the same in all practice settings where occupational therapy services are 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. Supervision 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 with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. Supervision is an interactive 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 supervising occupational therapist.
3. **Lori McGonagle:** Ms. McGonagle asked the Section questions regarding Medicare billing rules for occupational therapy services. **Reply:** It is not within the jurisdiction of the Occupational Therapy Board to render billing and reimbursement advice. The Section recommended that Ms. McGonagle refer to Medicare rules or other payer policies to answer her specific questions.

4. **Marina Krivonos:** Ms. Krivonos asked the Section to clarify the training and competency requirements for occupational therapy practitioners performing e-stim and US modalities. **Reply:** In accordance with section 4755.04(A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. Competency is not specifically defined by the Occupational Therapy Section. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, which need to be met for accreditation and/or reimbursement of occupational therapy services.
5. **Jeanne Hannum:** Ms. Hannum asked the Section a follow up question regarding an occupational therapy assistant working as a behavioral support coordinator and whether is it acceptable to remove her licensure information from her employee file. **Reply:** It is the opinion of the Occupational Therapy Section that Ms. Hannum's license to practice occupational therapy would not be in jeopardy with the job description presented as long as she are not representing herself as an occupational therapy assistant and are not providing occupational therapy services. Ms. Hannum should not sign any documentation as an occupational therapy assistant and should make it very clear to staff and clients that she is not providing occupational therapy services. Ms. Hannum may also choose to remove the copy of her occupational therapy assistant license from the school files, because she is not practicing occupational therapy at this facility. To maintain her license, she would need to follow current licensure requirements such as continuing education.
6. **Gina Armstrong:** Ms. Armstrong asked the Section whether an occupational therapy assistant can write orders to increase the frequency or add modalities to the plan of care. **Reply:** In accordance with rule 4755-7-03 of the Ohio Administrative Code, it is the position of the Occupational Therapy Section that regardless of the practice setting in which services are provided the occupational therapist shall assume professional responsibility for development, interpretation, and modification of the treatment/intervention plan and the discharge plan. It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations, as indicated in rule 4755-7-03 of the Ohio Administrative Code. Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. Rule 4755-7-03 of the Ohio Administrative Code states in part that "the supervising occupational therapist shall determine the occupational therapy treatments that the occupational therapy assistant may perform. In making this determination, the supervising occupational therapist shall consider the following: the clinical complexity of the patient/client, competency of the occupational therapy assistant, the occupational therapy assistant's level of training in the treatment technique, and whether continual reassessment of the patient/client's status is needed during treatment. This rule shall not preclude the occupational therapy assistant from responding to acute changes in the patient/client's condition that warrant immediate action." Based on this, the occupational therapy assistant may not write orders to increase frequencies and/or add modalities without first collaborating with the supervising occupational therapist. Any documentation signed by the occupational therapy assistant must be co-signed by the occupational therapist. Please be aware, however, that facilities and/or third party payers may have policies that are more restrictive than the Ohio Occupational Therapy Practice Act.
7. **Marissa Rote:** Ms. Rote asked the Section for clarification the signature designation for occupational therapy students. **Reply:** Although the current Ohio Occupational Therapy Practice Act is silent on the credentials that students should use to indicate student status, the Occupational Therapy Section is currently proposing a new rule to address this issue. Under the proposed rule 4755-7-10, which will tentatively go into effect on May 1, 2009, one of the following credentials must be used by students. (1) Student occupational therapist – Student occupational therapy assistant; (2) Student OT – Student OTA; or (3) S/OT – S/OTA.
8. **Christy Bowers:** Ms. Bowers asked the Section for clarification on role and responsibility of an occupational therapist consulting for a short term rehabilitation activity program. **Reply:** The Section requested that Ms. Bowers contact the persons taking over the position and clarify how they intend to utilize the occupational therapist in this setting.

9. **Jennifer Smith:** Ms. Clark asked the Section for clarification on what constitutes an evaluation vs. treatment in accordance with the Ohio Occupational Therapy Practice Act. **Reply:** The Ohio Occupational Therapy Practice Act is silent on whether an occupational therapist can evaluate and treat during the same treatment session. However, the facility, third party payers policies which may be more restrictive than the Ohio Occupational Therapy Practice Act. Evaluation and treatment can happen on the same day, responsibility of the occupational therapist to determine what is evaluation and what is treatment.
10. **Heather Foreman:** Ms. Foreman asked the Section questions regarding whether it is in the scope of practice for an occupational therapist to identify potential billing codes for students under the new Ohio Medicaid School Program (MSP). **Reply:** It is the position of the Occupational Therapy Section that establishing a treatment code to describe the condition the occupational therapy plan of care is addressing does fall within the responsibility of an occupational therapy practitioner as described in rule 4755-7-3(A)(3) of the Ohio Administrative Code. Please be advised that there are a large number of therapy oriented ICD-9 codes to choose from. If she doesn't find an appropriate ICD-9 code on her listing, further research is recommended to identify a more appropriate code. The Section recommended that Ms. Foreman contact Brenda George Brodbeck, the Ohio Occupational Therapy Association's pediatrics member support group representative concerning questions about the Ohio Medicaid School Program.
11. **Ms. Nicole:** Ms. Nicole asked the Section to clarify the utilization of therapy aides in an occupational therapy setting. **Reply:** As stated in rule 4755-7-02 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 patients, preparation of work area, assisting with patient's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. The following all violate the Ohio Occupational Therapy Practice Act: (1) Delegating evaluative procedures; (2) Delegating treatment procedures; (3) Documenting in the client's official record; (4) Acting on behalf of the licensed occupational therapy practitioner in any matter related to occupational therapy that requires decision making. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. Therefore, the occupational therapy practitioner may not delegate the above tasks to professionals such as licensed nurses, physical therapists, physical therapist assistants, speech language pathologists, etc. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-02 (B) of the Ohio Administrative Code to unlicensed personnel.
12. **Elizabeth Merrell:** Ms. Merrell asked the Section for clarification on occupational therapy assistant supervision, documentation, and proof of collaboration. **Reply:** Supervision is an interactive 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 supervising occupational therapist. Supervision 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 with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. Ms Merrell may refer to the Board website at <http://otptat.ohio.gov> for examples of supervision documentation for occupational therapy practitioners. Ohio's law and rules on supervision do not vary with practice setting. However, Medicare and other insurance carriers do. They may be more restrictive than Ohio law regarding supervision and take precedence over state law for reimbursement. The Section encouraged Ms. Merrell to contact her payers to ensure she is compliant with their requirements. Effective January 1, 2008, the Ohio Department of Job and Family Services (JFS) adopted new rules governing Medicaid reimbursement for occupational therapy services. Rule 5101:3-8-03 (B) states that occupational therapy services described in this rule may be billed by occupational therapists in independent practice who are currently licensed and working within the occupational therapy scope of practice. Rule 5101:3-34-01.2 (B)(1) states that Medicaid providers authorized to be reimbursed for skilled therapy include a licensed occupational therapist and a licensed

occupational therapy assistant under the direct supervision of a licensed occupational therapist employed by or under contract with the physician. JFS defines direct supervision to mean that the occupational therapist must be present throughout the time the occupational therapy assistant is providing the service and immediately available to provide assistance and direction throughout the time the occupational therapy assistant is performing services.

13. **Brenda Brodbeck:** Ms. Brodbeck asked the Section questions regarding school based occupational therapy practitioners' documentation, co-signature requirements, and whether an occupational therapy assistant can write goals. **Reply:** The Ohio Occupational Therapy Practice Act remains the same in all practice settings where occupational therapy is provided. The Occupational Therapy Section does not address frequency of documentation. In accordance with paragraph (A)(5)(c) of the Code of Ethics, established in rule 4755-7-08 of the Administrative Code, occupational therapy practitioners shall maintain accurate and timely documentation of occupational therapy services. School records are not the same as medical records, but school based occupational therapy practitioners still need to follow same the basic guidelines. Accurate and timely documentation should be maintained. Written documentation, such as assessment protocols and weekly therapy logs, should be signed. Regarding supervision of occupational therapy assistants, in accordance with rule 4755-7-01 of the Administrative Code, "any documentation written by an occupational therapy assistant ... for inclusion in the client's official record shall be co-signed by the supervising occupational therapist." The intent of co-signature is to ensure adequate supervision and collaboration and to make it clear that the occupational therapist has read and agreed with the documentation written by the occupational therapy assistant. It is the position of the Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. In accordance with rule 4755-7-01 of the Administrative Code, it is the position of the Occupational Therapy Section that if the client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. An example of a treatment grid in school-based documentation would be the occupational therapy assistant's weekly therapy log. Co-signature verifies that the supervisor has reviewed the document and agrees with its contents. It is the position of the Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of entries into the client's record. If the electronic program does not allow for electronic signature, the supervising therapist shall make a separate record referencing the date of review of the record. An example of electronic documentation in school-based practice would be completion of IEP progress notes on an electronic IEP program. After the occupational therapy assistant completes progress note documentation, the notes should be reviewed by the supervising therapist, and the date of the review should be indicated, such as in the supervision log. When the occupational therapy assistant and occupational therapist collaborate on formal assessments and reports, such as the multi-factored evaluation, the reports should be signed by both practitioners. If both the occupational therapy assistant and occupational therapist attend an IEP meeting, both should sign the document. If the occupational therapy assistant attends the meeting without the occupational therapist present, only the occupational therapy assistant signs the IEP since the signature page indicates participation at the meeting. Co-signature is not necessary since the supervising therapist was not in attendance. It is the responsibility of the occupational therapy practitioner to establish evidence that supervision has occurred. In school-based practice, the supervision log is generally the best place to document collaboration between the occupational therapy assistant and occupational therapist. It is the position of the Occupational Therapy Section that the initial plan of care and long-term goals must be written by the occupational therapist in collaboration with the occupational therapy assistant. Once the initial plan of care and long-term goals are established, the occupational therapy assistant may establish and modify short-term goals in collaboration with the supervising occupational therapist. Please review rule 4755-7-03 (B) of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant.
14. **Dana Hendrix:** Ms. Hendrix asked the Section whether it is in the scope of practice for an occupation therapist to administer iontophoresis. **Reply:** Pursuant to section 4755.04 (A)(6) of the Revised Code, occupational therapy includes the "administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs." Since iontophoresis is a topical drug, it falls within the scope of practice of an occupational therapist.

15. **Terry Kyser:** Ms. Kyser asked the Section whether or not occupational therapy services can “stand alone” in the school setting. **Reply:** The Section does not determine policy regarding how children qualify for occupational therapy services in a school setting. The Section recommends contacting the Ohio Department of Education, Office for Exceptional Children at www.ode.state.oh.us. The Ohio Occupational Therapy Association’s pediatrics member support group chair may be able to assist Ms. Kyser with many of her questions regarding school based practice. Ms. Kyser can contact the Ohio Occupational Therapy Association at www.oota.org.
16. **Karen Linser:** Ms. Linser asked the Section questions on whether a written parental consent is specifically required for occupational therapy services for a client participating in an early intervention program and whether a physician’s order is required prior to the occupational therapy evaluation and treatment. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render advice concerning specific requirements for parental consent for student assessment. The Section recommends contacting the Ohio Department of Education, Office for Exceptional Children at <http://ode.ohio.gov>. Also, the Ohio Occupational Therapy Association’s pediatrics member support group chair may be able to assist Ms. Linser with her questions regarding school based practice issues. Ms. Linser may contact the Ohio Occupational Therapy Association at www.oota.org. Finally, Ms. Linser may wish to consult her legal counsel concerning her question. Occupational therapists are not required to have a referral and/or prescription to evaluate or treat patients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician’s referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services.
17. **Timothy Banish:** Mr. Banish asked the Section for clarification on treatment schedule for RUG’s. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that Mr. Banish consult specific payer polices and the American Occupational Therapy Association (AOTA), or the Ohio chapter of this organization, for information regarding reimbursement and treatment schedules.
18. **Ruth Ann Castellana:** Ms. Castellana asked the Section questions regarding occupational therapy assistant supervision requirements in a school setting. **Reply:** 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. Supervision 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 with the occupational therapy assistant at all times. Supervision is an interactive 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 supervising occupational therapist. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place.
19. **Lisa Perry:** Ms. Perry asked the Section to consider adding cardiopulmonary resuscitation (CPR) certification as an acceptable form of continuing education for licensure renewal. **Reply:** It is the position of the Ohio Occupational Therapy Section that CPR certification is a company requirement and does not contribute to the professional competency as an occupational therapy practitioner.
20. **Jennifer Janszen:** Ms. Janszen asked the Section questions regarding how long she may continue to treat a client if the occupational therapist does not update or revise short term goals in a timely manner. **Reply:** It is the position of the Occupational Therapy Section that the occupational therapy assistant may establish and modify short-term goals in collaboration with the supervising occupational therapist. Please review rule 4755-7-03 (B) of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant. Please refer to the Section’s original response to the frequency of supervisory contact.

21. **Debbie Senter:** Ms. Senter asked the Section for clarification regarding the on the roles and responsibility of the physical therapist when writing/initiating a physician order and changing the plan of care frequency for physical and occupational therapy services. **Reply:** Ms. Senter is correct that individuals other than physical therapists are 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. The physical therapist is ultimately responsible for receiving and accepting the directive or order, which may include "putting their signature on a physician's order." While the physical therapist may give direction via telephone to a physical therapist assistant to revise a plan of care based on a verbal or telephone order from a referring practitioner, it is the position of the Physical Therapy Section that a supervising physical therapist should be available to document physical therapist-directed adjustments in the plan of care. Only the physical therapist may initiate or write clarification orders that describe a plan of care or extend/discharge therapy services. It is the position of the Physical Therapy Section that discharge planning and the completion of the discharge evaluation are the responsibility of the supervising physical therapist. Rule 4755-27-02 of the Ohio Administrative Code states: "The physical therapist shall perform personally the following activities, which may not be delegated, regardless of the setting in which the service is given: interpretation of physician referrals, initial patient evaluation; initial and ongoing treatment plan of care development, periodic re-evaluation of the patient and adjustment of the plan of care and discharge evaluation." Furthermore, rule 4755-27-03 (B)(5) of the Ohio Administrative Code states that physical therapist assistants are not qualified to perform the discharge evaluation and complete the final discharge summary. It is the position of the Occupational Therapy Section that individuals other than an occupational therapist are not prohibited from receiving verbal or telephone orders, but those orders, prescriptions, or referrals must be followed up in writing with the referring practitioners' signature for inclusion in the patient's official record. The occupational therapist is ultimately responsible for receiving and accepting the directive or order. The physical therapist may communicate the physician's recommendation to change the frequency of services to the occupational therapist. However, it is the responsibility of the occupational therapist to determine and document the occupational therapy plan of care, including frequency of treatment. However, the Sections recommended that Ms. Senter communicate with the facility and payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.
22. **Marietjie Todd:** Ms. Todd asked the Section to clarify the term "client treatment responsibilities" in rule 4755-7-01 of the Administrative Code. **Reply:** Pursuant to rule 4755-7-01 of the Administrative Code, when maintaining a separate caseload, a full-time equivalent occupational therapist may supervise no more than four full-time equivalent limited permit holders and/or occupational therapy assistants. If the occupational therapist is only providing client evaluations and supervision and does not have a separate caseload, the occupational therapist may supervise six full-time equivalent limited permit holders and/or occupational therapy assistants. The number of limited permit holders and/or occupational therapy assistants that a part-time occupational therapist may supervise is proportionate to the number of hours worked by the part-time occupational therapist. The full-time equivalent is identified by the employer. In considering caseload rules related to supervision of occupational therapy assistants, "client treatment responsibilities" would be direct patient treatment, beyond (or in addition to) client evaluation and supervision of the occupational therapy assistant treating the client.
23. **Jackie Seiler:** Ms. Seiler asked the Section for clarification on the supervision requirements for occupational therapy assistants and the use of PRN occupational therapists. **Reply:** Pursuant to rule 4755-7-01 of the Administrative Code, when maintaining a separate caseload, a full-time equivalent occupational therapist may supervise no more than four full-time equivalent limited permit holders and/or occupational therapy assistants. If the occupational therapist is only providing client evaluations and supervision and does not have a separate caseload, the occupational therapist may supervise six full-time equivalent limited permit holders and/or occupational therapy assistants. The number of limited permit holders and/or occupational therapy assistants that a part-time occupational therapist may supervise is proportionate to the number of hours worked by the part-time occupational therapist. The full-time equivalent is identified by the employer. 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. Supervision 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 with the occupational

therapy assistant at all times. Supervision is an interactive 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 supervising occupational therapist. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place.

24. **Jimmy Bowen:** Mr. Bowen asked the Section whether a two-step TB test is required for licensure as an occupational therapist assistant in the State of Ohio. **Reply:** Under the Ohio Occupational Therapy Practice Act, a two-step TB test is not a requirement for licensure as an occupational therapy assistant. The Section recommended that Mr. Bowen check the facility policies to see if they have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act.

OT/PT Joint Correspondence

- JB1. **Theresa Chambers:** Ms. Chambers asked the Sections if a therapist dually licensed as a physical therapist and occupational therapist could function in both positions within the same company. **Reply:** There is no law or rule prohibiting an individual from working as both an occupational therapist and a physical therapist for one employer. The individual would be required to document very clearly that the appropriate plan of care was being followed when working under either license. The occupational therapist may only practice pursuant to the occupational therapy plan of care, and the physical therapist may only practice pursuant to the physical therapy plan of care. In addition, the person would be required to inform patients and other practitioners at each encounter which role was being filled.

- JB2. **Chris Garvin:** Mr. Garvin asked the Sections questions regarding whether it is in the scope of practice for occupational and physical therapy practitioners to assess and measure patients for pre-fabricated orthotics, functional braces, and diabetic shoes. **Reply:** There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapist from ordering and fitting pre-fabricated orthotics, functional braces and diabetic shoes. The occupational therapist must demonstrate and document the appropriate knowledge, skills, and ability in the treatment(s) being performed and be practicing within the occupational therapy scope of practice. Please refer to rule 4755-7-03 of the Ohio Administrative Code, which deals with the delineation of the responsibilities of the occupational therapist and occupational therapy assistant, and rule 4755-7-01, which outlines supervision of occupational therapy assistants. The occupational therapy assistant may gather data either from observations or formal standardized testing. It is the responsibility of the occupational therapist to interpret the data and determine the final evaluation/treatment plan and recommendations. The services Mr. Garvin described of recommending equipment are evaluative in nature and is the responsibility of the occupational therapist. The occupational therapy assistant may gather patient data, with or without the occupational therapist present, and share the data with the supervising occupational therapist. The occupational therapist would then evaluate the data and make equipment recommendations. Under section 4755.40 of the Revised Code, physical therapy includes "the design, fabrication, revision, education, and instruction in the use of various assistive devices including braces, splints, ambulatory or locomotion devices, wheelchairs, prosthetics, and orthotics." Only if the physical therapist is practicing without a referral as described in section 4755.481(A) of the Ohio Revised Code does the limited list of specific orthotic devices apply. If a referral is received, there is nothing in the Ohio Physical Therapy Practice Act that would prevent a physical therapist from providing knee, hip, or ankle braces as long as the physical therapist is able to demonstrate competency in those specific procedures. Per rule 4755-27-05 (B)(5) of the Ohio Administrative Code, a physical therapist shall adhere to the minimal standards of acceptable prevailing practice, which include a requirement "to assess and evaluate a patient's status." It is, therefore, the position of the Physical Therapy Section that an evaluation is required as an integral part of any physical therapy services. As for Mr. Garvin's question about physical therapist assistants' role in providing braces, only the physical therapist may determine the appropriate treatment for a patient. The physical therapist may then delegate that treatment to a physical therapist assistant as long as both the physical therapist and physical therapist assistant have demonstrated knowledge and competency in the procedure. The supervising physical therapist may not delegate

treatments, procedures, or services to a physical therapist assistant if the supervising physical therapist cannot demonstrate knowledge and competency in the procedure, even if the physical therapist assistant can demonstrate knowledge and competency in the procedure.

JB3. Angela Ramsey: Ms. Ramsey asked the Sections a question regarding how the laws and rules governing occupational and physical therapy practice cover dovetailing with Medicare patients. **Reply:** As a more appropriate resource for Ms. Ramsey's questions, please refer to Medicare and Medicaid rules or other payer policies to answer your specific questions. Frequently asked questions that were published by the Centers for Medicare and Medicaid Services (CMS) have clearly stated that a patient in a Part B episode cannot be charged for two separate one-on-one services during the same segment of time, regardless of skill level required. Nor can two patients be charged for one-on-one services during overlapping time segments. However, at this time in a Part A skilled nursing episode, Medicare does allow concurrent treatment of patients. Ms. Ramsey may also obtain information from the Reimbursement Departments or the Ohio chapters of the American Physical Therapy Association (APTA) or the American Occupational Therapy Association (AOTA).

JB4. Diane Jahnes: Ms. Jahnes asked the Sections questions regarding occupational and physical therapy guidelines for parental consent, IEP and the Plan of Care in a school setting. **Reply:** Occupational therapists are not required to have a referral and/or prescription to evaluate or treat patients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services. If the occupational therapy assistant attends the IEP meeting without the occupational therapist present, only the occupational therapy assistant signs the IEP because the signature page indicates participation at the meeting. Co-signature is not necessary since the supervising therapist was not in attendance. It is the responsibility of the occupational therapy practitioner to establish evidence that supervision has occurred. In school-based practice, the supervision log is generally the best place to document collaboration between the occupational therapy assistant and occupational therapist. It is the position of the Occupational Therapy Section that the initial plan of care and long-term goals must be written by the occupational therapist in collaboration with the occupational therapy assistant. Once the initial plan of care and long-term goals are established, the occupational therapy assistant may establish and modify short-term goals in collaboration with the supervising occupational therapist. Please review rule 4755-7-03 (B) of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant. It is not within the jurisdiction of the Occupational Therapy Section to render advice concerning specific requirements for parental consent for student assessment. The Occupational Therapy Section recommends contacting the Ohio Department of Education, Office for Exceptional Children at <http://ode.ohio.gov> concerning requirements for parental consent for evaluation. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Jahnes with many of her questions regarding school based practice issues. Ms. Jahnes can contact the Ohio Occupational Therapy Association at www.oota.org. While Ohio laws and rules do not directly address obtaining patient, parent, or legal guardian permission for physical therapy services, the Physical Therapy Section recommends that unless the permission to evaluate form or planning document specifically states that physical therapy is one of the services that will be completing an evaluation, a separate form should be signed by the parents or legal guardian giving permission for the physical therapist to complete the evaluation. Since this is primarily an early intervention and preschool issue, Ms. Jahnes may also wish to contact the Ohio Department of Education, Office for Exceptional Children and Help Me Grow about their policies for parental/guardian permission. In response to Ms. Jahnes question about whether physical therapist must always act as a physical therapist, since the physical therapy credential is not essential to administering the evaluation tool or to the Early Intervention setting, the physical therapist may act as a general Early Intervention staff member without using her physical therapy credential if the evaluation is not represented as a physical therapy evaluation and she do not represent herself as a physical therapist. If the intent of administering the evaluation tool is to qualify the child for services under motor needs, it is recommended that she administer the evaluation tool as a physical therapist. Section 4755.481 of the Revised Code authorizes physical therapists to perform evaluations without a physician's referral. The physical therapist must, upon consent of the patient, parent, or legal guardian, inform the patient's medical health professional of the physical therapy evaluation within five (5) business days of the evaluation having taken place. These laws and rules apply to all settings. As for Ms. Jahnes's question regarding plans of

care, Ohio laws and rules for physical therapy do not vary with practice setting. Rule 4755-27-03(C) of the Ohio Administrative Code identifies writing the plan of care as a responsibility of the physical therapist that cannot be delegated to others. While the Ohio Medicaid for Schools Program may accept the IEP as a plan of care, it is the position of the physical therapy section that the IEP is an educational document and is not a plan of care. The school-based physical therapist must write a plan of care for each student that is placed in the physical therapy records and guides the implementation of physical therapy services. The specific physical therapy goals and intervention to achieve those goals as well as precautions/contraindications should be included in this plan of care. The initiation date, frequency and duration are as stated in the IEP.

- JB5. Tonya Morrison:** Ms. Morrison asked the Sections whether CPR Certification is required for skilled home care therapy services/ outpatient setting for occupational and physical therapy practitioners. **Reply:** Although the Sections encourage Basic Life Support certification, there is nothing in the Ohio Occupational or Physical Therapy Practice Acts that requires this credential for occupational and physical therapy licensure. Ms. Morrison should check with her facility policies to see if they have a requirement for CPR certification. 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, only those letters should immediately follow the person's name. Using "L" is unnecessary since only licensed physical therapist assistants may use the credential "PTA."
- JB6. Randy Reese:** Mr. Reese asked the Section questions regarding multi-media continuing education activities and eligibility requirements for occupational and physical therapy continuing education approval. **Reply:** Live webinar conferences are considered the same as in-person continuing education seminars, so the number of CEU's awarded would be determined by the number of interactive instructional hours. If one facility registers for a number of participants, each site will need a coordinator to verify attendance of the participants, to distribute certificates of attendance from the sponsor, and to maintain the sign-in sheets for a two-year period. Pre-recorded webinars are considered distance education or home study, since the individual retrieves the information on his/her own schedule. All continuing education for physical therapy practitioners is reviewed by the Ohio Physical Therapy Association (OPTA) utilizing policies and procedures developed by the Association and approved by the Physical Therapy Section. These policies include guidelines for determining the number of CEU's awarded for distance education. You can view the OPTA Policies and Procedures for continuing education approval and download the sponsor approval request form from the Association's website (<http://www.ohiopt.org>). The Physical Therapy Section suggests that Ms. Reese send her specific course design questions to the OPTA. Ms. Reese might then follow up by telephone with one of the OPTA Continuing Education reviewers at (614) 855-5029. Occupational therapy continuing education is reviewed by the Occupational Therapy Section. Ms. Reese can review the continuing education categories in rule 4755-9-01 (B) of the Administrative Code and download the sponsor approval request form from the Board's website (<http://otptat.ohio.gov>).
- JB7. Robin Snopik:** Ms. Snopik asked the Sections questions regarding occupational and physical therapy practice in a school based settings and Medicaid billing. **Reply:** Occupational therapists are not required to have a referral and/or prescription to evaluate or treat patients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services. The Section does not determine policy regarding how children qualify for occupational therapy services in a school setting. The Section recommends contacting the Ohio Department of Education, Office for Exceptional Children at www.ode.state.oh.us. It is also not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Snopik with many of her questions regarding school based Individualized Education Program (IEP) issues, as well as questions regarding funding. You can contact the Ohio Occupational Therapy Association at www.oota.org. In response to Ms. Snopik's question about withholding services to students who do not have a medical referral, the Ohio Physical Therapy Practice Act does not vary with practice setting. Section 4755.481 of the Revised Code authorizes physical therapists to evaluate and treat patients without a physician's referral. Section 4755.481 also stipulates that the physical therapist must, upon consent of the patient, parent, or legal guardian, inform the patient's

medical health professional of the physical therapy evaluation within five (5) business days of the evaluation having taken place. If this consent to notify the appropriate health care provider has been requested but is refused by the parent or legal guardian, services may be provided if in the professional judgment of the physical therapist the services will benefit the student and there are no contraindications. These laws and rules apply to all settings, including the educational setting. Therefore, services do not have to be withheld due to a lack of a prescription. However, if at any time the physical therapist has reason to believe that the patient has symptoms or conditions that require treatment or services beyond the scope of practice of a physical therapist, the physical therapist shall refer the patient to a licensed health care practitioner acting within the practitioner's scope of practice. In addition, there is nothing in the law that requires the physical therapist to see a patient without a physician's referral. The physical therapist does have the discretion to request a prescription. Rule 4755-27-03(C) of the Ohio Administrative Code identifies writing the plan of care as a responsibility of the physical therapist that cannot be delegated to others. It is the position of the Physical Therapy Section that the IEP is an educational document and not the plan of care. The school-based physical therapist must write a plan of care for his/her records for each student indicating specific physical therapy goals and interventions to achieve those goals as well as precautions/contraindications. At this time the Ohio Medicaid Schools Program accepts the IEP as a plan of care. This is part of the OMSP regulations and does not change the position of the Physical Therapy Section in regard to the plan of care. When submitting billing under OMSP, the school district will use the IEP as the plan of care for Medicaid billing purposes but therapists must still write and maintain a physical therapy plan of care for their records. The current draft of the Ohio Medicaid for Schools Program states that it will only pay for services that are medically necessary. This does not prohibit provision of educationally necessary services but limits billing Medicaid only for those services that are also medically necessary. Therefore, therapists must be cautious about what services they document for Medicaid billing. If in her professional judgment the services she is providing a student are educationally necessary but not medically necessary, she is not required to bill for these services and doing so may be considered Medicaid fraud. Representatives from the Ohio Occupational Therapy and Physical Therapy Associations are working closely with Ohio Department of Job and Family Services and the Ohio Department of Education to clarify and improve the program. Ms. Snopik's may obtain updates from the Ohio Occupational Therapy Association and the Ohio Physical Therapy Association.

JB8. Jayson Rogers: Mr. Rogers asked the Sections whether it is in the scope of practice for occupational and physical therapists to administer oxygen. **Reply:** There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits occupational and physical therapy practitioners from administering oxygen, changing oxygen tanks, or making the change between a tank and a concentrator provided that the occupational and physical therapy practitioners received training and demonstrate competence in this activity. Since oxygen is a medication, an occupational therapist or physical therapist require a prescription prior to administering oxygen.

Old Business

Administrative Rule Review

The Section held a public rules hearing from 1:33 p.m. to 1:39 p.m. to receive input on the proposed changes to rules 4755-3-05, 4755-3-14, 4755-7-08, 4755-7-10 and 4755-9-01.

Supervision and Delegation Rules Restructuring

Kimberly Lawler and Rebecca Finni submitted a draft of the supervision and delegation rule changes. The Section members will continue to work on the draft and will review further updates at the May Section meeting.

Occupational Therapy Jurisprudence Examination Revisions

The Section tabled this discussion until May 2009.

Medication Reconciliation

Renee Coughlin and Shahin Afnan from Cleveland Clinic Home Care (CCHC) presented on the process CCHC uses related to medication reconciliation by occupational therapy practitioners.

Lise Rubin presented her opposition on occupational therapists performing medication reconciliation. Ms. Rubin stated that her past employer mandated that all of their occupational therapists perform medication reconciliations. Ms. Rubin is concerned about occupational therapists' liability for any potential adverse medication interactions.

Ms. Rubin further expressed that in her opinion medical reconciliations is a time consuming task that takes away from the occupational therapist practice and would be more appropriately performed by a nurse.

The Section thanked the presenters for sharing their viewpoints on medication reconciliation and stated that it will provide a written response to the presenters clarifying the Section's position on medication reconciliation.

The Section discussed this topic further and agreed with its original position on medication reconciliation that if an occupational therapy practitioner is required to anticipate potential drug interactions based solely on a list of medications, it is not within the scope of occupational therapy practice. However, an occupational therapist observing and gathering information from the patient regarding any negative drug interactions and reporting back to the appropriate source, and simply noting the client's prescriptions and a count of the remaining pills in each prescription, is a part of the scope of occupational therapy practice.

New Business

Medical Diagnosis

In the practice of occupational therapy, the assignment of the ICD-9 code is something that is done by either the occupational therapist or by a coding professional based on the treatment codes identified by way of a problem association.

It is the position of the Occupational Therapy Section that establishing a treatment code to describe the condition the occupational therapy plan of care is addressing does fall within the responsibility of an occupational therapy practitioner as described in rule 4755-7-3(A)(3) of the Ohio Administrative Code. Since there are a large number of therapy oriented ICD-9 codes to choose from, if an occupational therapist does not find an appropriate ICD-9 code on a listing provided by an employer, further research is recommended to identify a more appropriate code.

The Section will discuss ways to educate the occupational therapy practitioners on how to address assigning treatment codes when treating patients for medically necessary vs. educational relevant occupational therapy services.

Open Forum

The Section discussed whether a student would be violating section 4755.13 of the Ohio Revised Code if a student from a World Federation of Occupational Therapy (WFOT) accredited program completed their Level II clinical affiliation in Ohio. The Section determined that a WFOT accredited program is considered an accredited or approved education program. Therefore, the student would not be in violation of section 4755.13 of the Ohio Revised Code.

OTA Report

Jacquelyn Chamberlain had no formal report for the Section.

Items for Next Meeting

- Ohio Jurisprudence Exam Revisions
- Supervision and Delegation Rules Restructuring
- Retreat Planning
- Medical Diagnosis

Next Meeting Date

The next meeting date of the Occupational Therapy Section is scheduled for Thursday, May 7, 2009.

Action: Rebecca Finni moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 4:55 p.m.

Respectfully submitted,
Diane Moore

Kimberly Lawler, OTR/L, Chairperson
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Jean Halpin, 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

JH:jmr:dm