



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Occupational Therapy Section*  
*November 17, 2009*  
*9:00 a.m.*

**Members Present**

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

**Staff**

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

**Legal Counsel**

Yvonne Tertel, AAG

**Guest**

Jacquelyn Chamberlin, OOTA

**Call to Order**

Kimberly Lawler, Chairperson, called the meeting to order at 9:16 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:** Jean Halpin moved that the minutes from the September 17, 2009 meeting be approved as amended. Nanette Shoemaker seconded the motion. Rebecca Finni was not present for the vote due to the Investigative Review Panel. The motion carried.

**Executive Director Report**

- The Executive Director reported that the Board continues to monitor spending and reported that Board is following the budget projections as planned.
- The Executive Director reported that he has been working on the new web site design and anticipates that the Board's new website will go live in January 2010.
- The Executive Director reported the Board is closely monitoring HB127, which would require boards to adopt rules identifying each criminal offense that is substantially related to the profession.

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

**Administrative Reports**

**Continuing Education Report**

Nanette Shoemaker recommended that the Section approve 95 and deny 9 applications for contact hour approval.

**Action:** Kimberly Lawler moved that the Section approve 95 and deny 9 applications for contact hour approval. Mary Stover seconded the motion. Rebecca Finni was not present for the vote due to the Investigative Review Panel. The motion carried.

Licensure Report

**Action:** Kimberly Lawler moved that the Occupational Therapy Section ratify, as submitted, the occupational therapist and occupational therapy assistant limited permits and licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from September 18, 2009 through November 17, 2009, taking into account those licenses subject to discipline, surrender, or non-renewal. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting on the occupational therapy assistant examination applications for Susan Bryan, Annette Deitrick, Andrea Horn, Hannah Rich, Alisha Shook, and Deborah Werner. Kimberly Lawler abstained from voting on the occupational therapy assistant limited permit applications for Shirley Barbour, Pete Duff, Laurie Eceleberry, Wendy Hill, and Laurel Lagneaux. Nanette Shoemaker abstained from voting on the occupational therapy assistant examination applications for James Adams, Kathryn Lake, Tara Laudick, Sarah Melton, and Heather Miller. Rebecca Finni was not present for the vote due to the Investigative Review Panel. The motion carried.

Occupational Therapist – Examination

Breon, Susan	England, Casey	Ferrel, Bre
Fretz, Anna	Holderbaum, Leah	Kraus, Sara
Martin, Penny	Millette, Megan	Pousson, Sarah
Suever, Lindsay		

Occupational Therapy Assistant – Examination

Adams, James	Barron, Amy	Boyce, Stephanie
Bryan, Susan	Buenavides, Dominique	Deitrick, Annette
Eilerman, Helene	Guidera, Heather	Harp, Julie
Herles, Alice	Horn, Andrea	Jefferson, Nicole
Johnson, Julie	Lake, Kathryn	Laudick, Tara
Lowe, Diane	Mabrey, Malikah	Melton, Sarah
Miller, Heather	Mullins, Casey	Onley, Stacie
Pak, Christina	Reuther, Sheri	Rich, Hannah
Shook, Alisha	Simpson, Laci	Werner, Deborah

Occupational Therapist – Endorsement

Elliott, Evelyn	Farrington, Jennifer	Haimann, Julie
Hill, Julia	Johnson, Lina	Mason, Amy
Meredith, Heather	Robertson, Panagiota	Russell, Jessica
St. John, Karlynn	Tucker, Rebecca	Wulff, Sara

Occupational Therapy Assistant – Endorsement

Casterlow, Ronica	Conley, Linda	Decker, Kyle
Hill, Sara	Holdren, Melecia	

Occupational Therapist – Reinstatement

Adams, Monica	Cox, Julie	Frantz, Megan
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Occupational Therapist – Limited Permit

Bach, Julie	Harmon, Whitney	Pileggi, Nicole
Speicher, Sarah	Wendt, Katherine	

Occupational Therapy Assistant – Limited Permit

Barbour, Shirley	Duff, Pete	Eceleberry, Laurie
Gorman, Sarah	Hayes, Brenda	Hill, Wendy
Lagneaux, Laurel	Lyons, Denise	Opfer, Richard
Weaver, Lamar	Yurcik, Andrea	

Mary Stover recommended that the Section approve the occupational therapist reinstatement application for file #4869735 since the applicant complied with all terms and conditions of his consent agreement in case OT-FY07-035. **Action:** Rebecca Finni moved that the Section approve the occupational therapist reinstatement application

file#4869735. Jean Halpin seconded the motion. Mary Stover and Kimberly Lawler abstained from voting. The motion carried. The Section reinstated the license for Kenneth Peisecki, OT.

#### Limited License Agreements

Mary Stover recommended that, pursuant to rule 4755-3-01(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist examination applicant #4911443. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license to applicant #4911443. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. Rebecca Finni was not present for the vote due to the Investigative Review Panel. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-01(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist examination applicant #4906379. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license to applicant #4906379. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. Rebecca Finni was not present for the vote due to the Investigative Review Panel. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist applicant #4902661. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license to applicant #4902661. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. Rebecca Finni was not present for the vote due to the Investigative Review Panel. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist applicant #4903383. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license to applicant #4903383. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. Rebecca Finni was not present for the vote due to the Investigative Review Panel. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist applicant #4910528. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license to applicant #4910528. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. Rebecca Finni was not present for the vote due to the Investigative Review Panel. The motion carried.

#### Assistant Attorney General's Report

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

#### Case Review Liaison Report

The Enforcement Division opened twenty new cases and closed five cases since the September 17, 2009 meeting. There are currently thirty-six cases open. There are six disciplinary consent agreements and one adjudication order being monitored.

Rebecca Finni informed the Section that Stephanie Jeffrey complied with all terms and conditions and was released from her disciplinary consent agreement.

#### Enforcement Actions

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-001 for felony convictions. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-001 for felony convictions. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-020 for failure to respond to the continuing education audit. **Action:** Mary Stover moved that a notice of opportunity for hearing be issued for case OT-FY10-020 for failure to respond to the continuing education audit. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.



Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-033 for failure to complete the continuing education hours required for the licensure renewal. **Action:** Mary Stover moved that a notice of opportunity for hearing be issued for case OT-FY10-033 for failure to complete the continuing education hours required for the licensure renewal. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-034 for failure to complete the continuing education hours required for the licensure renewal. **Action:** Mary Stover moved that a notice of opportunity for hearing be issued for case OT-FY10-034 for failure to complete the continuing education hours required for the licensure renewal. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-035 for failure to complete the continuing education hours required for the licensure renewal. **Action:** Mary Stover moved that a notice of opportunity for hearing be issued for case OT-FY10-035 for failure to complete the continuing education hours required for the licensure renewal. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-036 for failure to complete the continuing education hours required for the licensure renewal. **Action:** Mary Stover moved that a notice of opportunity for hearing be issued for case OT-FY10-036 for failure to complete the continuing education hours required for the licensure renewal. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-037 for failure to complete the continuing education hours required for the licensure renewal. **Action:** Mary Stover moved that a notice of opportunity for hearing be issued for case OT-FY10-037 for failure to complete the continuing education hours required for the licensure renewal. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-038 for failure to respond to the continuing education audit. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-038 for failure to respond to the continuing education audit. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-039 for failure to respond to the continuing education audit. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-039 for failure to respond to the continuing education audit. Jean Halpin seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section accept the consent agreement for application file#3489578 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for application file#3489578 be accepted in lieu of going to hearing. Mary Stover seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Leigh Charpie, OT Reinstatement Applicant.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-004 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-004 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Douglas Wechter, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-005 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-005 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Patricia Wagner, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-006 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-006 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Amber DeWeese, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-007 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-007 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Billie Jo Gilbert, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-008 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-008 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Michael Fador II, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-010 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-010 be accepted in lieu of going to hearing. Mary Stover seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Angela Abel, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-011 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-011 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Amy Stover, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-012 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-012 be accepted in lieu of going to hearing. Mary Stover seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Abigail Metcalf, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-013 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-013 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Jennifer Lenczyk, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-014 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-014 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Joann Hausser, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-015 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-015 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Mirna Monroy-Cubie, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-016 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-016 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Billie Jo Maurice, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-019 in lieu of going to hearing. **Action:** Jean Halpin moved that the consent agreement for case OT-FY10-019 be accepted in lieu of going to hearing. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Eileen Hume, OT.

## **Correspondence**

1. **Regina Thompson:** Ms. Thompson asked the Section whether an occupational therapist can supervise an occupational therapy assistant from another company. **Reply:** The laws and rules governing occupational therapy assistant practice in the State of Ohio are not setting/employer specific. The Ohio Occupational Therapy Practice Acts 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. However, third party payers, and the facility's policies may be more restrictive than the Ohio Occupational Therapy Practice Act.
  
2. **Kay Constable:** Ms. Constable asked the Section whether there are specific requirements an occupational therapy plan of care in school based practice. **Reply:** Documentation of occupational therapy services in any setting, including school based practice, should follow established professional standards, such as the AOTA Guidelines for Documentation of Occupational Therapy (AJOT November/December 2008). Please refer to those guidelines when determining documentation requirements. Development and documentation of the plan of intervention and discharge plan are included in the responsibilities of the occupational therapy practitioner. The rules governing the practice of occupational therapy in Ohio do not stipulate a specific format that must be used for the intervention/treatment plan. However, rule 4755-7-03(A) of the Ohio Administrative Code states that 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. It is, therefore, the position of the Occupational Therapy Section that the intervention/treatment plan should include the goals and objectives, precautions, special problems, contraindications, general intervention strategies, who will implement the required interventions and the plans for periodic assessment of progress. Much of the information may be taken from the IEP with the addition of intervention strategies, special problems, contraindications and who will implement the interventions. Goals and objectives addressed by occupational therapy but not listed on the IEP would also be included in the intervention/treatment plan. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Constable with many of your questions regarding school based issues. Ms. Constable can contact the Ohio Occupational Therapy Association at [www.oota.org](http://www.oota.org).
  
3. **William Henry:** Mr. Henry asked the Section if an occupational therapist can assign an ICD-9 treatment code on a Medicaid School Program billing form. **Reply:** It is the position of the Occupational Therapy Section that establishing a treatment code to describe the condition the occupational therapy intervention/treatment plan 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 the therapists are not able to find an appropriate ICD-9 code on their listing, further research is recommended to identify a more appropriate code. The Section recommends that Mr. Henry contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator concerning questions about the Ohio Medicaid School Program. Mr. Henry can contact the Ohio Occupational Therapy Association at [www.oota.org](http://www.oota.org).
  
4. **Nathan Wagner:** Mr. Wagner asked the Section if there are regulations that prohibit an occupational therapist from using telehealth technologies in occupational therapy practice. **Reply:** The laws and rules

governing occupational therapy practice in the State of Ohio are not setting specific. The Ohio Occupational Therapy Practice Act is silent on the use of telehealth technologies in occupational therapy practice. The Section recommends that you research the AOTA Telerehabilitation Position Paper (2005). In addition, the Section recommends that Mr. Wagner review third party payer and facility policies, as they may not reimburse for telehealth services that are provided in addition to the occupational therapy plan of care. The Section also recommends that Mr. Wagner research other states' law and licensure requirements if the client is not based in the State of Ohio.

5. **Bridget Burke:** Ms. Burke asked the Section whether an occupational therapist is required to complete a new evaluation when transitioning clients receiving services from one facility to another. **Reply:** Transfer of care needs to occur when the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, and the patient must be transferred by that occupational therapist to another occupational therapist. If the evaluating therapist continues to provide occupational therapy services to the client, there is no transfer of care. However, it is the opinion of the Occupational Therapy Section that transfer of the occupational therapy practitioner and the client to another facility should be documented in the client's records. The client has the choice of provider as stated in accordance with the code of ethics established in rule 4755-7-08(A)(3) of the Administrative Code, (a) Occupational therapy practitioners shall collaborate with service recipients or their surrogate(s) in setting goals and priorities throughout the intervention process. (d) Occupational therapy practitioners shall respect the individual's right to refuse professional services or involvement in research or educational activities. If the scenario Ms. Burke provided, results in a change of provider, then the Section recommends that Ms. Burke refer to the payer policies.
6. **Heather Greutman:** Ms. Greutman asked the Section for clarification on the maximum caseload requirement for school base practice. **Reply:** The Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants and/or limited permit holders an occupational therapist may supervise and does not regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09(I) of the Ohio Administrative Code states: (3) Related service providers for preschool and school-age children with disabilities shall provide direct services in accordance with the following ratios. Additionally, consideration shall be given to paragraph (I)(1) of this rule. Indirect and direct services shall be provided in accordance with each child's Individualized Education Program (IEP). (c) An occupational therapist shall provide services to no more than fifty school-age children with disabilities or no more than forty preschool children with disabilities. An occupational therapy assistant who provides occupational therapy techniques must do so under the general supervision of an occupational therapist as required by rules 4755-7-01 and 4755-7-03 of the Administrative Code. This rule only specifies ratios for occupational therapists and is silent on caseload maximums for occupational therapy assistants. The occupational therapy assistant does not carry a caseload that is separate from the supervising occupational therapist. Under the Occupational Therapy Practice Act, the occupational therapist has ultimate responsibility for all clients/students served by an occupational therapy assistant. The occupational therapist must provide adequate supervision and assure that treatments are rendered according to safe and ethical standards and in compliance with the Occupational Therapy Practice Act. The Section recommends that Ms. Greutman contact the Ohio Department of Education, Office for Exceptional Children at <http://education.ohio.gov> with your questions. Also, the Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Greutman with her questions regarding school based practice issues.
7. **Erin Henshaw:** Ms. Henshaw asked the Section questions regarding whether an occupational therapist can refuse an assignment and asked if a client has the right to request to work with a different occupational therapist. **Reply:** In accordance with the code of ethics established in rule 4755-7-08(A)(1)(c) of the Administrative Code, occupational therapy practitioners shall make every effort to advocate for clients to obtain needed services through available means. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their 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. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient. In accordance with the code of ethics established in rule 4755-7-08(A) of the Administrative Code, (3) Occupational therapy practitioners shall respect the client and/or the client's surrogate(s) as well as the recipient's rights. (d) Occupational therapy practitioners shall respect the individual's right to refuse professional services or involvement in research or educational activities. (4)(e) Occupational therapy practitioners shall refer to or consult with other service providers whenever such a referral or consultation would be helpful to the care of the client. The referral or consultation process should be done in collaboration with the client. The Section recommends that Dr. Henshaw review the current facility policy as it may be more restrictive than the Ohio Occupational Therapy Practice Act.

8. **Wendy Albright:** Ms. Albright asked the Section the questions regarding pocket licenses and supervision of occupational therapy assistants. **Reply:** Even with the proposed rules regarding eliminating the pocket identification cards, the Section's rules will still require that the wall certificate be displayed at the licensee's primary place of employment. The licensee would be required to have available at all locations of service delivery a copy of his/her license information from the Ohio e-License center verification page (<https://license.ohio.gov/lookup>). An employer may keep a copy of the online verification as part of the employee record. In response to your question regarding supervising a newly licensed occupational therapy assistant, in accordance with rule 4755-7-01(C) of the Ohio Administrative Code states: (1) The supervising occupational therapist must provide supervision, a minimum of once per week, to all occupational therapy assistants who are in their first year of practice. (2) The supervising occupational therapist must provide supervision, a minimum of one per month, to all occupational therapy assistants beyond their first year of practice. Evidence of supervision must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. Please visit the Board website for sample collaboration/supervision logs. The collaboration is not required to be face to face. Documentation of the date and content of the meeting is sufficient. Ms. Albright does not need to record the start/end time of the meetings.
9. **Gail Moore:** Ms. Moore asked the Section if occupational therapy assistants can perform home evaluations without the supervision of an occupational therapist. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather objective information and report observations, with or without the patient and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations.
10. **Cecilia Troll:** Ms. Troll asked the Section whether newly graduated occupational therapy assistants are required to practice a certain number of years prior to working in a home health setting. **Reply:** The Ohio Occupational Therapy Practice Act remains the same in all practice settings where occupational therapy is provided. Therefore, there is no requirement that an individual be licensed for a period of time before that person could work in home health. 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 must demonstrate competency in the area of practice. Rule 4755-7-08 of the Administrative Code states that, "Occupational therapy practitioners shall accurately represent their credentials, qualifications, education(al) experience, training, and competence for those to whom the practitioners provide service or with whom the practitioners have a professional relationship." Rule 4755-7-03 of the Administrative Code

states that “The supervising occupational therapist shall determine the occupational therapy treatment/intervention plan that the occupational therapy assistants may implement. 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 assistant’s level of training in the treatment/intervention technique, and whether continual reassessment of the patient/client’s status is needed during treatment/intervention. This rule shall not preclude the occupational therapy assistant from responding to acute changes in the patient/client’s condition that warrant immediate action.” If the supervising occupational therapist determines that the occupational therapy assistant is not competent to manage any particular patient, then the occupational therapist should not delegate care of that patient to that occupational therapy assistant. 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. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.

11. **Jennifer Riesbeck-Lee:** Ms. Riesbeck-Lee asked the Section if an occupational therapist can perform cognitive behavior therapy. **Reply:** It is the position of the Ohio Occupational Therapy Section that the use of cognitive frame of reference falls under the occupational therapist educational background and can be used in the occupational therapy plan of care. In addition, it is the individual occupational therapist’s responsibility to demonstrate knowledge and competency in the delivery of and contraindications for any procedure, treatment, or service. Please contact the Board if Ms. Riesbeck-Lee is interested in specific resources documenting the use of cognitive frame of reference in occupational therapy practice. The Occupational Therapy Section recommends that Ms. Riesbeck-Lee refer to payer policies for billing and reimbursement advice.
12. **Lisa Melville:** Ms. Melville asked the Section if an occupational therapy practitioner was granted a work accommodation would it impact the licensure status of that practitioner. **Reply:** In the scenario you provided, the work accommodation would not impact the licensure status of the occupational therapy practitioner. However, it would affect the number of occupational therapy assistants you can supervise. 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.
13. **Jessica Zychowicz:** Ms. Zychowicz asked the Section questions regarding traveling occupational therapists transferring care and patient abandonment. **Reply:** The evaluating occupational therapist is ultimately responsible for the overall care of the client, including the supervision of any occupational therapy personnel providing services to that client. According to rule 4755-7-08 of the Ohio Administrative Code, “(A) The standard of ethical conduct in the practice of occupational therapy will be as follows: (1) Occupational therapy practitioner shall demonstrate a concern for the well-being of the recipients of their services. (c) Occupational therapy practitioners shall make every effort to advocate for recipients to obtain needed services through available means.” Furthermore, section 4755.11 (A) of the Ohio Revised Code states, “In accordance with Chapter 119. of the Revised Code, the occupational therapy section of the Ohio occupational therapy, physical therapy, and athletic trainers board may suspend, revoke, or refuse to issue or renew an occupational therapist or occupational therapy assistant license, or reprimand or place a license

holder on probation, for any of the following: (5) Negligence or gross misconduct in the pursuit of the profession of occupational therapy.”

### **OT/PT Joint Correspondence**

- JB1. Jennifer Parks:** Ms. Parks asked the Sections for clarification on the scope of occupational and physical therapy practice acts pertaining to wound care. **Reply:** It is the position of the Physical Therapy Section that physical therapy includes wound and burn care with appropriate dressing and administration of topical drugs. Physical therapy also includes sharp wound debridement providing the physical therapist has been trained in the procedure. The physical therapist may delegate this component of care to a physical therapist assistant provided that both the physical therapist and the physical therapist assistant have demonstrated competency in these procedures. 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 perform wound care, dressing treatment, and/or suture removal provided the occupational therapy practitioner demonstrates and documents the appropriate knowledge, skills and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice. The Sections recommend that Ms. Parks contact her third party payers as they may have policies that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.
- JB2. Marka Gehrig:** Ms. Gehrig asked the Sections for clarification on billing for occupational and physical therapy services. **Reply:** Ms. Gehrig’s questions relate to payer policies and not to the Ohio Occupational and Physical Therapy Practice Acts. The Sections recommend that you contact the appropriate insurance company. Ms. Gehrig 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). Speech therapy practice does not fall under the jurisdiction of the Ohio Occupational Therapy, Physical Therapy, and Athletic Training Board. Ms. Gehrig can contact the Ohio Board of Speech-Language Pathology and Audiology at [board@slpaud.ohio.gov](mailto:board@slpaud.ohio.gov).
- JB3. Michael Mazak:** Mr. Mazak asked the Sections for clarification on joint referrals for occupational and physical therapy services. **Reply:** If referrals are received for both physical and occupational therapy, the physical therapist and physical therapist assistant may only respond to the physical therapy referral and may only treat pursuant to the physical therapy evaluation and plan of care. The physical therapy plan of care may include upper extremity treatment and functional mobility tasks often performed by occupational therapists but also within the physical therapy scope of practice, but cannot include treatment represented as occupational therapy. The occupational therapist and occupational therapy assistant may only treat pursuant to the occupational therapy evaluation and plan of care. Occupational therapy and physical therapy practitioners may not treat pursuant to an evaluation and plan of care established by the other discipline. In accordance with section 4755.05 of the Revised Code, only licensed occupational therapists and occupational therapy assistants shall practice or offer to practice occupational therapy. As a result, a physical therapist stating that they are “incorporating OT” into their treatment would be in violation of R.C. 4755.05.
- JB4. Bill Wisell:** Mr. Wisell asked the Sections if there are state regulations for allowing or prohibiting the use of laser in occupational and physical therapy practice. **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. It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from the use of laser as a physical agent. Laser modalities are consistent with the knowledge and skills of licensed physical therapists. As with any specialized procedure, the physical therapist must have training and demonstrate competency in the modality. The Physical Therapy Section recommends that the practitioner refer to payer policies regarding reimbursement for laser therapy by a physical therapist. The practice of respiratory therapy does not fall under the jurisdiction of the Ohio Occupational Therapy, Physical Therapy, and Athletic Training Board.
- JB5. Christi O’Neill:** Ms. O’Neill asked the Sections whether occupational therapy assistants and physical therapist assistants can perform home assessments in the absence of an occupational therapist or physical

therapist. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants may gather objective information and report observations, with or without the patient and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations. According to the Physical Therapy Section, a home assessment is the sole responsibility of the physical therapist. However, prior to the completion of a home assessment, the physical therapist assistant may go into the home, without the patient being present, to perform an environmental survey (architectural barriers, floor plan, etc.). If the patient is going into his/her home environment and his/her function in the home is being assessed, this assessment must be performed by a physical therapist. A physical therapist assistant may continue an established treatment plan of functional activities in the home or other non-clinical environment once the home assessment has been completed.

**JB6. Lynn Hess:** Ms. Hess asked the Section whether an occupational therapist can perform a screen for physical therapy to determine if a child should be referred for gross motor testing by a physical therapist.

**Reply:** There is nothing in the Occupational Therapy Practice Act that prohibits an occupational therapist from observing a client to gather data that is non-evaluative in nature and making a direct referral to another healthcare practitioner. In the scenario you described, the occupational therapist is performing a developmental screening, not a physical therapy screening. It is within the scope of practice for an occupational therapist to perform a developmental screening of the child and make an appropriate determination of potential services. If you need further clarification, please contact the Board. It is the opinion of the Physical Therapy section that a physical therapist may utilize information from many sources when screening a patient to determine if a physical therapy evaluation is warranted. Sources may include the medical record and observations from other individuals. However, only the physical therapist may interpret the information to determine the need for a physical therapy evaluation, and only the physical therapist may perform the evaluation required to develop a physical therapy plan of care. 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 purposes.

**JB7. Melinda Reames:** Ms. Reames asked the Section if the IEP can be used as the plan of care for school-based occupational and physical therapists. **Reply:** Ohio's 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. It is the position of the Physical Therapy Section that the IEP is an educational document and is not a physical therapy plan of care. The school-based physical therapist must write a plan of care for his/her records for each student indicating specific physical therapy goals and intervention to achieve those goals as well as precautions/contraindications. If the IEP documents the student's educational needs, goals, and objectives with the duration and frequency of the services that will be provided in order to meet the goals and benchmarks. Related services such as physical therapy are included but how the physical therapy services will be implemented and precautions/contraindications are not a part of the IEP and must be documented in a separate physical therapy plan of care. Documentation of occupational therapy services in any setting, including school based practice, should follow established professional standards, such as the AOTA Guidelines for Documentation of Occupational Therapy (AJOT November/December 2008). Please refer to those guidelines when determining documentation requirements. Development and documentation of the plan of intervention and discharge plan are included in the responsibilities of the occupational therapy practitioner. The rules governing the practice of occupational therapy in Ohio do not stipulate a specific format that must be used for the intervention/treatment plan. However, rule 4755-7-03(A) of the Ohio Administrative Code states that 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. It is, therefore, the position of the Occupational Therapy Section that the intervention/treatment plan should include the goals and objectives, precautions, special problems, contraindications, general intervention strategies, who will implement the required interventions and the plans for periodic assessment of progress. Much of the information may be taken from the IEP with the addition of intervention strategies, special problems, contraindications and who will implement the

interventions. Goals and objectives addressed by occupational therapy but not listed on the IEP would also be included in the intervention/treatment plan. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Reames with many of her questions regarding school based issues. Ms. Reames can contact the Ohio Occupational Therapy Association at [www.oota.org](http://www.oota.org). The Ohio Physical Therapy Section recommends that you contact the American Physical Therapy Association (APTA) and/or the Ohio Physical Therapy Association (OPTA) pediatric support group for additional information regarding the IEP.

**JB8. Arik Kashner:** Mr. Kashner asked the Sections whether occupational therapy assistants and physical therapist assistant can perform screens. **Reply:** According to rule 4755-27-03 (E)(5) of the Ohio Administrative Code, a physical therapist assistant may gather data about a patient to perform a screening that is non-evaluative in nature. Screens include a review of the patient's medical information and/or verbal contact with other health care practitioners, family, or the patient to review the patient's medical history and past functional ability but do not include physical contact with the patient. Interpretation of this information, including the need for a physical therapy evaluation, is the responsibility of the physical therapist. Also, only the physical therapist may perform the evaluation and develop a plan of care. It is the position of the Occupational Therapy Section that screens, or identification of candidates for therapy, may be performed by an occupational therapy assistant. The Section interprets a screen to be only data gathering and non-evaluative in nature. In accordance with rule 4755-7-03 of the Administrative Code, the occupational therapist interprets the data and makes necessary recommendations. All screens must be cosigned by the occupational therapist, and collaboration with the occupational therapist must be documented. Ms. Kashner may wish to check hospital or facility policies, accrediting bodies and/or reimbursement agencies as these entities may have additional requirements and guidelines, including requiring a physician's referral and/or prescription, which must be met for accreditation and/or reimbursement purposes.

### **Old Business**

#### Occupational Therapy Jurisprudence Examination Revisions Update

Nanette Shoemaker provided a rough draft of the jurisprudence examination. Ms. Shoemaker asked the Section for clarification on the layout for the exam. The Section agreed to have a combination of multiple choice and true/false questions on the jurisprudence examination. Ms. Shoemaker will forward a draft to the Executive Director to distribute to the Section members for comments at the January 2010 Section meeting.

#### Website Resources for PRN Licensees

The commonly asked PRN questions have been included in the frequently asked questions which will be posted on the new Board website.

#### Frequently Asked Questions

The Section reviewed the draft of the frequently asked questions and will incorporate questions pertaining to the continuing education audit process, supervision log, caseload ratios, productivity standards and treatment codes.

#### Escrow Restoration Deadline

The Section accepted the proposed changes to the escrow restoration application instructions. The Executive Director will update the escrow restoration application instructions and post the revised instructions on the Board website.

#### Consumer Education

The Section made revisions to the consumer education draft. The Section members will forward updated graphics for the consumer education draft.

#### Proposed Changes to the Code of Ethics

The Section will table this item until the January 2010 Section meeting.

#### Discussion on Granting CE for Mentoring OT Student Capstone Experience

The Section recommended that the mentor document the amount of time spent on mentoring the capstone student. The site mentors can submit an individual request continuing education approval to the Section for review and

consideration. The Executive Director will provide draft rule language for review at the January 2010 Section meeting.

### **New Business**

#### **Review Proposed Rules and Comments**

The Section reviewed the comments to the proposed rules changes. **Action:** Jean Halpin moved that the Occupational Therapy Section file the proposed changes to rules 4755-3-02, 475-3-06, 4755-5-04, 4755-7-01, 4755-7-02, 4755-7-03, 4755-7-04, 475-7-08, and 4755-7-10 and rescind existing rules 4755-7-04 and 4755-7-09. Nanette Shoemaker seconded the motion. The motion carried.

#### **Review FY 2009 Annual Report**

The Section made no edits to the annual report.

#### **School Based Practice Issues**

The Executive Director presented the Section with a draft of a joint response from the Occupational and Physical Therapy Sections to the Ohio Department of Education to clarify that the students receives direct services from the occupational therapy assistant/physical therapist assistant are also part of the caseload of the supervising occupational therapist/physical therapist, respectively. The Section further clarified that the therapist of record must be listed as the occupational/physical therapist or both the occupational therapist/occupational therapy assistant or the physical therapist/physical therapist assistant.

### **Ohio Occupational Therapy Association (OOTA) Report**

Jacquelyn Chamberlin reported that OOTA:

- Expressed concerns regarding eliminating the limited permit, as it may pressure students to rush to take the NBCOT examination to get licensed in the State of Ohio. In addition, Ms. Chamberlin stated that it is the position of OOTA that the supervising therapist provides the appropriate level of protection for the consumer.
- Asked for clarification on the proposed rule 4755-7-02(D)(7) pertaining to unlicensed personnel. The Section clarified that under this proposed language, the rule on delegation to unlicensed personnel is intended to limit the involvement of unlicensed personnel in direct patient care to assisting the occupational therapist or occupational therapy assistant as “a second pair of hands on the same patient.” For example, the unlicensed aide may assist an occupational therapist or occupational therapy assistant in transferring a patient who requires the support of two people for a safe transfer. It is not intended that unlicensed personnel provide a component of occupational therapy treatment to patients.

### **Items for Next Meeting**

- Jurisprudence Examination Update
- Review Draft Rule Language for Granting CE for Mentoring OT Student Capstone Experience
- Frequently Asked Questions
- Election of Officers
- Public Rules Hearing
- NBCOT Conference Update
- Discussion on the Use of Telehealth Technologies in Occupational Therapy Practice
- Proposed Changes to Code of Ethics

**Next Meeting Date**

The next meeting date of the Occupational Therapy Section is scheduled for Tuesday, January 5, 2009.

**Action:** Rebecca Finni moved to adjourn the meeting. Mary Stover seconded the motion. The motion carried. The meeting adjourned at 4:25 p.m.

Respectfully submitted,  
*Diane Moore*

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

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Jean Halpin, OTR/L, Secretary  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, OT Section

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

**JH:jmr:dm**