Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
September 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

Public Member
Genevieve Dennison

Legal Counsel
Yvonne Tertel, AAG

Staff
H. Jeffery Barker, Investigator
Jeffrey Rosa, Executive Director
Lisa Ratinaud, Enforcement Division Supervisor

Guest
Jacquelyn Chamberlin, OOTA

Call to Order
Kimberly Lawler, Chairperson, called the meeting to order at 9:13 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 June 24, 2009 retreat and the July 7, 2009 meeting be approved as amended. Nanette Shoemaker seconded the motion. Rebecca Finni was not present for the vote. The motion carried.

Action: Mary Stover moved that the Section allow the staff to issue licenses to applicants with completed applications and that the Section ratify all licenses issued by the staff at the Section meeting following the issuance of the license. Kimberly Lawler seconded the motion. The motion carried.

Administrative Reports
Continuing Education Report
Action: Nanette Shoemaker moved to approve 109 applications for contact hour approval. Rebecca Finni seconded the motion. The motion carried.

Licensure Report
Action: Mary Stover moved that the Occupational Therapy Section ratify, as submitted, occupational therapists and occupational therapy assistants limited permits and licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from July 7, 2009 through September 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 limited permit applications for Mollie Albaugh, Kelsey Bond, Rachel Bridgman, and Peggy Holsclaw. Kimberly Lawler abstained from voting on the reinstatement occupational therapy assistant application for Mirna Monroy-Cubie. Nanette Shoemaker abstained from voting on the occupational therapy assistant examination applications for Taylor See and Dawn Selby. Nanette Shoemaker abstained from voting on the occupational therapy assistant limited permit

applications for Lori Breidenbach, Elaine Brown, Amy Bullion, India Cooper, Hazel Derriso, Cynthia Hunter, Tonya Martin, Jaynita Patel, and Kristin Watson. The motion carried.

Occupational Therapist – Examination

Abel, Angela	Asbrock, Christina	Boarman, Phillip
Bosse, Kimberly	Cramer, Brittany	Edwards, Gregory
Eyink, Julia	Glenbocki, Jessica	Koval, Jennifer
Lohrer, Kristen	Marconi, John	Pitzen, Kristin
Quinn, Maureen	Ries, Sandra	Schwendeman, Joseph
Shatto, Sarah	Soos, Angela	Stanger, Nicole
Stone, Cara	Wagner, Jennifer	Walker, Kevin
Wallen, Jessica		

Occupational Therapy Assistant – Examination

Adams, Jennifer	Boatwright, Angel	Boldman, Larin
Budde, Lisa	Clayton, Crystal	Cox, Joshua
Easter, Cassandra	Froehlich, Amanda	Grate, Jessica
Haueter, Milissa	Hughes, Jennifer	Jacobs, Adam
Kuemerle, Nicole	Lagrou, Yvonne	Masello, Michael
McCullough, Sonya	McDorman, Jennifer	Metcalf, Abigail
Meyer, Krista	Miller, Jan	Pisano, Terry
Rank, Beverly	Riethman, Brittany	Roessler, Meghan
Ruble, Frances	See, Taylor	Selby, Dawn
Smith, Sarah	Taylor, Terrell	Trumbull, Heather
Zychowicz, Jessica		

Occupational Therapist – Endorsement

Ernst, Annette	Feenaughty, Jolynn	Gaia, Ashley
Jacobs, Barbara	King, Amy	Makosky, Stacey
Pilon, Ila	Ross, Shaun	Torres, Nicole
Yoskey, Kristy		

Occupational Therapy Assistant – Endorsement

Ahl, Teresa	Kuritzky, Beth	Miller, Rachel
Mims, Genesia	Sims, Katie	Weflen, Marcia
Wright, Leslie		

Occupational Therapist – Reinstatement

Bach, Kristen	Barhorst, Lori	Criss, Melanie
Deweese, Amber	Fador, Michael	Gilbert, Billie Jo
Hausser, Joann	Ioffe, Zhanna	Ladyga, Lea
Langhorne, Amy	Monroy-Cubie, Mirna	Pirro, Rita
Reed, Kristi	Schmidt, Carol	Sinkey, Jean
Stockhoff, Eric	Stover, Amy	Vernier, Terri
Wagner, Patricia	Walker, Tara	Warman, Harold
Wechter, Douglas		

Occupational Therapy Assistant – Reinstatement

Chipman, Brandy	Dorsey, Laura	Graves, Nadja
Marshall, Vannak	Maurice, Billie	Nixon, Angela
Richter, Stephanie	Ruhl, Margaret-Gail	Wilson, Holly

Occupational Therapist – Limited Permit

Badanjek, Gina	Duncan, Megan	Garrett, Shaundra
Hoffman, Kelly	Huntz, Valerie	Jacoby, Shannon
Jordan, Allison	Lemley, Angela	Lovey, Edward

Mayer, Janet	Rabinowicz, Karen	Rabinowicz, Karen
Sloan, Jennifer	Thomas, Christine	Zechiel, Sarah

Occupational Therapy Assistant – Limited Permit

Albaugh, Mollie	Baker, Crystal	Bond, Kelsey
Breidenbach, Lori	Bridgman, Rachel	Brown, Elaine
Bullion, Amy	Chirdon, Rebecca	Cooper, India
D'Avello, Christina	Davis, Michelle	Derriso, Hazel
Diehl, Katherine	Getsy, Stephanie	Grieser, Punney
Henderson, David	Holsclaw, Peggy	Howard, Charlene
Howell, Jessica	Hunter, Cynthia	Komorowski, Elizabeth
Louis, Julie	Martin, Tonya	McElrath, Staci
McGuire, Krista	Mellon, Melissa	Mershon, Amanda
Miller, Stephanie	Moore, Jessica	Patel, Jaynita
Ream, Laura	Reimann, Helen	Sexton, Christine
Watson, Kristin	Weiss, Kimberlee	Wiener, Scott
Wilson, Cheryl		

Occupational Therapy Assistant – Escrow Restoration

Tirey, Kimberly	Woods, Maudeline

Mary Stover recommended that the Section propose to deny the occupational therapist endorsement applicant #4860070 as the applicant does not meet the licensure requirements established in state law. **Action:** Kimberly Lawler moved that the Section propose to deny the occupational therapist endorsement applicant #4860070 for failure to meet the licensure requirements established in state law. Rebecca Finni seconded the motion. Mary Stover abstained from voting. The motion carried.

The Section is in the process of reviewing the competency assessment for occupational therapist reinstatement file #4869735. The Section will make a recommendation at the November 2009 Section meeting.

Limited License Agreements

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 #4900974. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license to applicant #4900974. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist applicant #4886701. **Action:** Jean Halpin moved that Section grant a limited occupational therapist license to applicant #4886701. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant applicant #4883173. **Action:** Jean Halpin moved that Section grant a limited occupational therapy assistant license to applicant #4883173. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. 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 fifteen new cases and closed three cases since the July 7, 2009 meeting. There are currently twenty-one cases open. There are seven disciplinary consent agreements and one adjudication order being monitored.

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

Enforcement Actions

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY09-024 in lieu of going to hearing. **Action:** Mary Stover moved that the consent agreement for case OT-FY09-024 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 Stephanie Jeffrey, OTA.

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-004 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-004 for practicing with an expired license. Mary Stover 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-FY10-005 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-005 for practicing with an expired license. Mary Stover 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-FY10-006 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-006 for practicing with an expired license. Mary Stover 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-FY10-007 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-007 for practicing with an expired license. Mary Stover 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-FY10-008 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-008 for practicing with an expired license. Mary Stover 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-FY10-011 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-011 for practicing with an expired license. Mary Stover 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-FY10-013 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-013 for practicing with an expired license. Mary Stover 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-FY10-014 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-014 for practicing with an expired license. Mary Stover 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-FY10-015 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-015 for practicing with an expired license. Mary Stover 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-FY10-016 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-016 for practicing with an expired license. Mary Stover 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-FY10-010 for practicing prior to being issued a license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-010 for practicing prior to being issued a license. Mary Stover 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-FY10-012 for practicing prior to being issued a license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY10-012 for practicing prior to being issued a license. Mary Stover 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 reinstatement applicant #3489578 for proposing to deny the reinstatement application for violation of a previous consent agreement, falsifying information on a reinstatement application, and practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for hearing for reinstatement applicant #3489578 for proposing to deny the reinstatement application for violation of a previous consent agreement, falsifying information on a reinstatement application, and practicing with an expired license. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Correspondence

1. **Maxine Heller:** Ms. Heller asked the Section whether an occupational therapist can consult/evaluate a client who is located in another state over the phone or internet. **Reply:** The Section is requesting additional information on the evaluation and treatment. Please clarify if the occupational therapist will provide both evaluation and treatment? Will another therapist carryout the treatment plan or is this a one time consultation evaluation? Will treatment be totally in written form or will occupational therapist visually observe via webcam and be able to see the patient?

2. **Laurie Sheehy:** Ms. Sheehy asked the Section if it is acceptable practice for a speech-language pathologist graduate student to address occupational therapy goals in a school setting. **Reply:** Please note that the IEP goals and objectives are written by the educational team and do not constitute the occupational therapy treatment plan. The IEP goals are team goals and are not specifically designed for only one discipline or team member. The occupational therapy student shall document student progress/objectives address in the intervention documentation (i.e. weekly log). Other disciplines may also document on the IEP goals and objectives as well. Please refer to the Ohio Occupational Therapy Association's pediatrics member support group for school based Individualized Education Program (IEP) issues.

3. **Emily Pursifull:** Ms. Pursifull asked the Section if it is in the scope of practice for an occupational therapist to perform intermittent straight catheterization. **Reply:** There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapist from performing intermittent straight catheterization. The occupational therapist must document and demonstrate competency in the technique being administered.

4. **Jennifer Janszen:** Ms. Janszen asked the Section if an occupational therapy assistant can receive Physical Agent Modalities Practitioner Credentialing Agency (PAMPCA) physical agent modalities credentialing. **Reply:** There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapy assistant from obtaining PAMPCA physical agent modalities credentialing. The occupational therapy assistant must document and demonstrate competency in the technique being administered. In addition the supervising occupational therapist must document and demonstrate competency in the techniques being supervised. Pursuant to 4755-9-01(B)(1)(a) of the Ohio Administrative Code the section will recognize continuing education credits obtained by attending presentations that have either been sponsored or approved by the occupational therapy section, the American occupational therapy association (AOTA), the Ohio occupational therapy association, or offered by an AOTA approved provider.

5. **Brittany Kurz:** Ms. Kurz asked the Section for clarification on the use of unlicensed personnel 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: Delegating evaluative procedures; Delegating treatment procedures; Documenting in the client's official record; 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. The Occupational Therapy Section is currently reviewing its rules related to the role of unlicensed personnel. Please visit the Board's website for additional information regarding these proposed changes.

6. **Nicole Rico:** Ms. Rico asked the Section whether there is anything in the Occupational Therapy Practice Act that would prohibit an occupational therapist from supervising or writing a home health aide plan of care if the occupational therapist is not the case manager. **Reply:** As a collaborate approach to the client plan of care, the occupational therapist can contribute to the home health aide plan. The home health aide cannot perform occupational therapy services. The Section recommends that Ms. Rico review her home health regulations and the facility policies for more clarification.

7. **Robert Alford:** Mr. Alford asked the Section for clarification on the Medicare PAM guidelines when treating a mod-server contracture. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that Mr. Alford refer to Medicare rules or other payer policies to answer his specific questions.

8. **Lauren Powers:** Ms. Powers asked the Section if occupational therapy assistants can assess and document on an Ashworth Scale. **Reply:** It is the position of the Occupational Therapy Section that an occupational therapy assistant may contribute to and collaborate in the following: (1) the evaluation process by gathering data, administering standardized tests, and reporting observations; (2) establishing and documenting the intervention and discharge plan; and (3) choosing treatment interventions. The occupational therapy assistant may independently select treatment activities according to the intervention plan and document progress and outcomes. In addition, the occupational therapy assistant must document and demonstrate competency in the technique being performed.

9. **Lindsay Davidson:** Ms. Davidson asked the Section if an occupational therapy assistant can document assessments and the use of electronic signatures. **Reply:** In the situation Ms. Davidson described, if the occupational therapist wants to edit or interpret the information electronically recorded by the occupational therapy assistant, the occupational therapist should make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. In accordance with rule 4755-7-03 of the Administrative Code, the occupational therapist interprets the data and makes necessary recommendations. When using an electronic signature, a copy of the individual's name, handwritten signature, and electronic signature must be on file at the location where the electronic signature is used.

10. **Michael Arrasmith: Mr. Arrasmith asked the Section** whether an occupational therapist is required to have a physician's prescription for the medication used during iontophoresis. **Reply:** According to section 4755.13(A) of the Revised Code, any person employed as an occupational therapist or occupational therapy assistant by the government of the United States is solely under the direction or control of the organization by which the person is employed.

11. **Shannon Jacoby:** Ms. Jacoby asked the Section if an occupational therapist limited permit holder can supervise and cosign notes for an occupational therapy assistant. **Reply:** No, an occupational therapist limited permit holder cannot supervise an occupational therapy assistant. In accordance with rule 4755-7-01(B)(1) of the Administrative Code, the occupational therapist limited permit holder must be supervised by an occupational therapist. The Occupational Therapy Section is currently reviewing its rules related to supervision and delegation. Please visit the Board's website for additional information regarding these proposed changes. Please note that in accordance with rule 4755-7-10(C) of the Administrative Code, all limited permit holders shall use the following credential following their signature to indicate a current

limited permit: (1) "LP/OT" for occupational therapist limited permit holders. (2) "LP/OTA" for occupational therapy assistant limited permit holders.

12. **Pamela Malcolm:** Ms. Malcolm asked the Section if a school based occupational therapist required to sign the IEP progress report. **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. IEP goals and objectives are written by the educational team and do not constitute the occupational therapy treatment/intervention plan. The IEP progress note is an educational document. Therefore, the occupational therapist signature is not governed. The Section recommends that Ms. Malcolm contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator concerning questions about the Ohio Medicaid School Program. However, third party payers, and the facility's policies may be more restrictive that the Ohio Occupational Therapy Practice Act.

13. **Karen Hallgren:** Ms. Hallgren asked the Section if a physician prescription is required to obtain reimbursement for occupational therapy services. **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.

14. **Diane Keller:** Ms. Keller asked the Section for clarification on delegating tasks to unlicensed personnel. **Reply:** Training staff on techniques described in Ms. Keller's correspondence is similar to establishing and instructing the family in a home program. The staff is not carrying out the occupational therapy services. 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 Occupational Therapy Section is currently reviewing its rules related to the role of unlicensed personnel. Please visit the Board's website for additional information regarding these proposed changes. 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 Section recommends that Ms. Keller contact the Ohio Department of Education with her questions or review the Ohio Department of Education laws and regulations to discern the maximum number of students an occupational therapist in a school based setting may have on their caseload. The Section is currently working with the Ohio Occupational Therapy Association and the Ohio Department of Education to address this issue as many professionals are raising similar concerns. If an individual feels that a school district is not in compliance with the Ohio Department of Education regulations, that person should file a complaint with the Ohio Department of Education Office for Exceptional Children against the school district. Ms. Keller may also contact the contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator concerning questions about the Ohio Medicaid School Program. However, third party payers, and the facility's policies may be more restrictive that the Ohio Occupational Therapy Practice Act.

15. **Donna Lambert:** Ms. Lambert asked the Section if a student is receiving occupational therapy services in the school based setting and the school district is not billing Medicaid for services does the plan of care

need to be completed in addition to the IEP goals and intervention. **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 plan of care. 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: Interpretation of referrals or prescriptions for occupational therapy services; Interpretation and analysis for evaluation purposes; 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 plan of care 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. The Ohio Occupational Therapy Association's pediatrics member support group coordinator may be able to assist Ms. Lambert with many of her questions regarding school based Individualized Education Program (IEP) issues. Ms. Lambert can contact the Ohio Occupational Therapy Association at www.oota.org.

16. **Terri Bendele:** Ms. Bendele asked the Section if an occupational therapy assistant can fabricate a splint based on a physician prescription and does this activity require supervision from an occupational therapist. **Reply:** The occupational therapy assistant may not evaluate independently or initiate treatment/intervention, including splint fabrication, before the supervising occupational therapist performs an evaluation/assessment. However, if the splint is in the original occupational therapy plan of care, the occupational therapy assistant can fabricate the splint provided that the occupational therapy assistant demonstrates competency in splint fabrication. An occupational therapy assistant must work under the supervision of an 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, that the supervision took place.

17. **Harry Siskind:** Mr. Siskind asked the Section for guidance on writing an occupational therapy plan of care for 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 plan of care. 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: Interpretation of referrals or prescriptions for occupational therapy services; Interpretation and analysis for evaluation purposes; 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 plan of care 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. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Mr. Siskind with many of his questions regarding school based Individualized Education Program (IEP) issues. Mr. Siskind can contact the Ohio Occupational Therapy Association at www.oota.org.

OT/PT Joint Correspondence

JB1. **Daniel Beck:** Mr. Beck asked the Section if there are state regulations for establishing occupational and physical therapy outpatient clinics in the State of Ohio. **Reply:** The Ohio Revised Code empowers the Occupational and Physical Therapy Sections to regulate and license the professions of occupational and physical therapy. The Sections are not statutorily authorized to regulate business practices or to provide specific legal advice and suggest that Mr. Beck consult his legal counsel as well as payer policies.

JB2. **Derek Boerner:** Mr. Boerner asked the Sections whether occupational therapists and physical therapists can discharge a patient from therapy services based on a verbal order from a physician and whether therapists can discontinue occupational and physical therapy when therapy is not appropriate. **Reply:** It is the position of the Physical Therapy Section that physical therapy services may be initiated or discontinued by a telephone referral, electronic mail, or verbal order. Verbal orders may be received by physical therapists, physical therapist assistants, or other individuals. All verbal or telephone orders, prescriptions, or referrals must be followed up in writing with the referring practitioner's signature, written or electronic, for inclusion in the patient's official record. Ultimately the physical therapist is the individual responsible for receiving, interpreting, and accepting the directive or order as part of the care of the patient. The Physical Therapy Section recommends that Mr. Boerner consult with his employer regarding any facility policies on accepting verbal orders. In response to his later question about discontinuing a patient, yes a physical therapist may discontinue physical therapy but should notify the referring physician and provide an explanation of why physical therapy is not appropriate. It is the position of the Occupational Therapy Section that occupational therapy services may be initiated or discontinued by a telephone referral, electronic mail, or verbal order. Verbal orders may be received by occupational therapists, occupational therapy assistants, or other individuals. All verbal or telephone orders, prescriptions, or referrals must be followed up in writing with the referring practitioner's signature, written or electronic, for inclusion in the patient's official record. It is the occupational therapist's responsibility to complete the consult or evaluation per the physician order and then make recommendations for a plan of care or indicate that occupational therapy services are not appropriate at this time.

JB3. **Brittany Kurz:** Ms. Kurz asked the Sections whether occupational therapy assistant and physical therapists assistants can prepare, implement, and document the treatment and discharge plans. **Reply:** 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 for the purpose of discharge plan development, as indicated in rule 4755-7-03 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. Rule 4755-27-03 (B)(5) of the Ohio Administrative Code states that physical therapist assistants are not qualified to write initial or ongoing treatment plans, perform the discharge evaluation and complete the final discharge summary. Discharge planning and the completion of the discharge evaluation are the responsibility of the supervising physical therapist. It is the position of the Physical Therapy Section that physical therapist assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the physical therapist to interpret and make recommendations for the purpose of discharge development. If there is collaboration between the physical therapist and the physical therapist assistant, the collaboration must be reflected in the patient documentation, but only the physical therapist may document the discharge evaluation and recommendations in the discharge summary. Even if the discharge evaluation and recommendations for follow-up care are included in the initial evaluation, a discharge summary must still be completed to document final discharge date and disposition. The discharge summary may refer to the last treatment note for patient status.

JB4. **Lavonne Elston:** Ms. Elston asked the Sections questions regarding transferring the care for PRN occupational and physical therapists and when a therapist is on vacation. **Reply:** It is the position of the Physical Therapy Section, that each physical therapy practice should determine a system that will allow for transfer of care to assure that patients are scheduled appropriately and that a physical therapist is always assigned to supervise each patient's care whenever the patient is seen. If the team of physical therapists has such a system, the PRN physical therapist is not required to make an extra visit to document the transfer. However, in a situation where the PRN therapist is not confident that another physical therapist on the team is assuming responsibility for each patient's care, the PRN therapist should arrange with the employer for

the opportunity to confirm and document the transfer of care. The description that Ms. Elston provided, does appear to be a correct interpretation of a job-sharing group that has a physical therapist assigned responsibility for patient care at all times. According to the Occupational Therapy Section, 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. If the client will be seen by a team of therapists, it should be documented in the plan of care. Each occupational therapy practice should determine a system that will allow for this transfer of care in situations 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. The Sections recommends that Ms. Elston contact the facility policies for clarification on the term job sharing in her specific working setting.

JB5. **Mary Jenkins:** Ms. Jenkins asked the Sections whether a physical therapist assistant can do home assessments and if the service is billable if the physical therapist assistant accompany an occupational therapy practitioner for the home visit. **Reply:** Since a physical therapist assistant cannot be supervised by an occupational therapist, the presence of an occupational therapist in the home has no bearing on the role of the physical therapist assistant. It has been the position of the Physical Therapy Section that a physical therapist assistant may go into the patient's home, without the patient, to perform an environmental survey (i.e. architectural barriers, floor plan of home, etc.). If the patient is going into his/her home environment and his/her function in the home is being observed and assessed, this assessment must be performed by a physical therapist. Therefore, in the situation Ms. Jenkins described, the physical therapist assistant may accompany the occupational therapist, occupational therapy assistant and patient to collect environmental information for use by the supervising physical therapist but may not evaluate the patient's ability to function in the home. The ultimate responsibility for care of the patient and for performing the final evaluation determining discharge lies with the physical therapist. Relying solely on information gathered by the physical therapist assistant does not constitute a reassessment, and may not fulfill the physical therapist's obligation to provide the appropriate standard of care. While billing questions should be referred to payers, in this case since it is not legal for the physical therapist assistant to provide patient care without a previous home assessment by a physical therapist, there is no service to be billed.

JB6. **Teresa Gueth:** Ms. Gueth asked the Sections whether is it is acceptable for an occupational and physical therapist to determine the need for therapy based on another healthcare professional's screen and assessment without ever seeing the patient. **Reply:** It is the opinion of the Physical Therapy section that a physical therapist may utilize information from many sources to screen a patient for the need for a physical therapy evaluation. 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. There is nothing in the Occupational Therapy Practice Act that prohibits any healthcare practitioner from making direct referrals to occupational therapy. It is the position of the Occupational Therapy Section that screens, or identification of candidates for therapy, may be performed by another healthcare professional. 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. 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. **Roberta Riesterer:** Ms. Riesterer asked the Sections for clarification on the Medicare guidelines for treating and billing Part A and B patients. **Reply:** Ms. Riesterer's questions relate to payer policies more than to the Ohio Physical Therapy Practice Act. However, since Ohio law does require physical therapists to comply with payer policies and CPT definitions when billing, Ms. Riesterer is wise to seek answers to her questions prior to agreeing to an employment arrangement that would seem to encourage treating more than one patient at a time. The Physical Therapy Section recommends that Ms. Riesterer contact the appropriate insurance companies or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association. Third party payer policies may be more restrictive that the Ohio Physical Therapy Practice Act, particularly since the CPT definition of one-on-one treatment prohibits treating more than one patient at a time. Ms. Riesterer may also want to read Medicare's 2010 final rules for skilled nursing facilities since concurrent treatment of patients will become more restrictive. The Ohio Physical Therapy Practice Act does not regulate caseload levels. However, the Section requires the physical therapist to ensure appropriate patient management based on the unique needs of the clients, taking into account the complexity of the patient population. The ultimate responsibility for care of the patient lies with the evaluating physical therapist regardless of whether the therapist or physical therapist assistants provide follow-up treatment. In any given period of time, a physical therapist must not provide or supervise care for a higher number of patients than that for which skilled care by licensed practitioners can be delivered. The code of ethical conduct for physical therapy practitioners established in rule 4755-27-05 of the Ohio Administrative Code states that "An individual licensed by the physical therapy section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that places the licensee in a position of compromise with this code of ethical conduct." The rule further requires that "Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments." It is each physical therapist's responsibility to have knowledge of the employer's billing practices and whether they are in compliance with regulations. It is the occupational therapists responsibility to assure that treatments are rendered according to safe and ethical standards and in compliance with occupational therapy code of ethical conduct established in rule 4755-7-08(A) of the Administrative Code, which states: (1)(a) Occupational therapy practitioners shall provide services in a fair and equitable manner. They shall recognize and appreciate the cultural components of economics, geography, race, ethnicity, religious and political factors, marital status, sexual orientation, and disability of all recipients of their services. Occupational therapy practitioners should strive to understand culture and its impact on human performance and context while recognizing the strengths that exist in all cultures. (1)(b) Occupational therapy practitioners shall strive to ensure that fees are fair, reasonable, and commensurate with services performed. (2)(d) Occupational therapy practitioners shall not provide occupational therapy services to a client while under the influence of a substance that impairs his or her ability to do so safely. (2)(e) Occupational therapy practitioners shall protect the public by reporting any conduct that they consider unethical, illegal or incompetent relating to the practice of occupational therapy to the occupational therapy section of the Ohio occupational therapy, physical therapy and athletic trainers board. It is not within the jurisdiction of the Occupational Therapy Sections to render billing and reimbursement advice, her correspondence will be forwarded to the Centers for Medicare and Medicaid Services (CMS).

JB8. **Diana Cue:** Ms. Cue asked the Section if occupational and physical practitioners are permitted by law to complete paperwork/documentation. **Reply:** The Ohio Occupational and Physical Therapy Practice Acts are silent on the subject of transmittal of physical therapy reports via locked briefcase, and the Sections do not have the authority to enforce HIPAA regulations. Ms. Cue may wish to review HIPAA regulations to determine if there are any restrictions on transmission of medical records in order to ensure privacy. The Sections recommend that Ms. Cue seek legal advice or consult with the American Physical Therapy Association or American Occupational Therapy Association for further expertise.

JB9. **Cindy Gensamer:** Ms. Gensamer asked the Sections if the daily treatment note needs to be co-signed daily by an occupational therapist/physical therapist. **Reply:** According to the Occupational Therapy Section, 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. According to the Physical Therapy Section, all information completed by the physical therapist assistant must be co-signed by the physical therapist regardless of payer policies.

JB10. **Chad Parrett:** Mr. Parrett asked the Sections questions regarding occupational and physical therapy accepting/declining orders and billing requirements. **Reply:** According to the Occupational Therapy Section, 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. It is in the scope of practice for an occupational therapist to assist a client with stair mobility when assessing functioning ability within the ADL/IADL context. The Occupational Therapy Section recommends that Mr. Parrett review the Occupational Therapy Practice Framework available from the American Occupational Therapy Association (AOTA) concerning his questions. The Ohio Physical Therapy Practice Act does not vary according to practice setting. According to the Physical Therapy Section, there is nothing in the law prohibiting a physical therapist from accepting a stamped signature, or a referral that arrives via electronic mail, from a person who is licensed in Ohio or another state to practice medicine and surgery, chiropractic, dentistry, osteopathic medicine and surgery, podiatric medicine and surgery, or to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, within the scope of such practices, and whose license is in good standing. However, the physical therapist always has the discretion to require original signatures for documentation, prescriptions, orders, or referral needs. A registered nurse may record a telephone order from a physician, but the physician must follow up by co-signing the order. Please keep in mind that accrediting bodies, third party payers, or facility may have requirements that prohibit Mr. Parrett from accepting a stamped signature. When working under a physician referral, the physical therapist does need to stay within the parameters of the referral. The Physical Therapy Section would expect the physical therapist to contact the physician regarding treatment procedures that the therapist considers inappropriate for that patient and to recommend alternative treatment. If the physician continues to insist on the disputed treatment, the therapist's only recourse may be to decline to treat the patient. The physician may refer to other care providers. Within a facility where the patient has no choice in selecting the physician or therapy team, the physical therapist may be able to present the dilemma to facility or medical administrators to explain the rationale for not providing the requested treatment. In no circumstance should a physical therapist include in a plan of care treatment that is not supported by the evidence or that is contraindicated for a particular patient. While there are a number of situations in which passive range of motion may be recognized by payers as needing the skills of a physical therapist, in many cases that procedure is considered a maintenance service. Not meeting the criteria for skilled care, however, would not be considered a contraindication to treatment. Facility policies may determine whether physical therapists or another category of personnel should perform maintenance procedures that do not require the skills of a physical therapist. If not performed by physical therapists or physical therapist assistants, the procedures must not be documented or billed as physical therapy. Nothing in the Ohio Physical Therapy Practice Act requires a specific activity order. However, a physical therapist should be aware of any special precautions or contraindications to treatment and should document those in the plan of care. It is in the scope of practice for a physical therapist to perform stair training and functional activity training as long as they are within the physical therapy plan of care. Be aware that payers may not reimburse for both physical and occupational therapy for the same specific goal and intervention, e.g. regarding ADL's. There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits occupational therapists or physical therapists from providing services at the same segmented time. However, the Sections recommend that Mr. Parrett 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. Since occupational and physical therapy evaluations are not timed codes, there is generally no restriction on both billing for co-evaluations. Please refer to Medicare rules or other payer policies to answer his specific billing questions, e.g. regarding 30-day recertification and whether non-treatment time with a patient is billable. The Sections do not understand his question regarding number of units billed for an evaluation. The CPT codes for occupational therapy and physical therapy evaluations are global codes that can be billed only once; they are not in timed units. Be aware that most payers do not reimburse for chart review or documentation time but only for time spent directly providing patient treatment. Joint evaluations between occupational therapy and physical

therapy may be done; however, the physical therapist and physical therapist assistant may only treat pursuant to the physical therapy evaluation and plan of care and 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.

JB11. **Brittney Harner:** Ms. Harner asked the Sections questions regarding productivity standards. **Reply:** According to the Occupational Therapy Section, 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. It is the occupational therapists responsibility to assure that treatments are rendered according to safe and ethical standards and in compliance with occupational therapy code of ethical conduct established in rule 4755-7-08(A) of the Administrative Code, which states: (1)(a) Occupational therapy practitioners shall provide services in a fair and equitable manner. They shall recognize and appreciate the cultural components of economics, geography, race, ethnicity, religious and political factors, marital status, sexual orientation, and disability of all recipients of their services. Occupational therapy practitioners should strive to understand culture and its impact on human performance and context while recognizing the strengths that exist in all cultures. (1)(b) Occupational therapy practitioners shall strive to ensure that fees are fair, reasonable, and commensurate with services performed. (2)(d) Occupational therapy practitioners shall not provide occupational therapy services to a client while under the influence of a substance that impairs his or her ability to do so safely. (2)(e) Occupational therapy practitioners shall protect the public by reporting any conduct that they consider unethical, illegal or incompetent relating to the practice of occupational therapy to the occupational therapy section of the Ohio occupational therapy, physical therapy and athletic trainers board. The Ohio Physical Therapy Practice Act does not regulate caseload levels and does not differentiate among practice settings. However, the Section requires the physical therapist to ensure appropriate patient management based on the unique needs of the clients, taking into account the complexity of the patient population. The ultimate responsibility for care of the patient lies with the evaluating physical therapist regardless of whether the therapist or physical therapist assistants provide follow-up treatment. In any given period of time, a physical therapist must not provide or supervise care for a higher number of patients than that for which skilled care by licensed practitioners can be delivered. If productivity expectations of an employer are such that a physical therapist is unable to meet the above standards, it is the responsibility of the physical therapist to challenge those expectations. The code of ethical conduct for physical therapy practitioners established in rule 4755-27-05 of the Ohio Administrative Code states that "An individual licensed by the physical therapy section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that places the licensee in a position of compromise with this code of ethical conduct." The rule further requires that "Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments". Third party payer policies may be more restrictive that the Ohio Physical Therapy Practice Act. The therapist must comply with payer policies, such as not billing for one-on-one procedures for more than one patient at a time being treated by any one practitioner.

Old Business

Occupational Therapy Jurisprudence Examination Revisions Update

Nanette Shoemaker had no formal report for the Section.

Website Resources for PRN Licensees

The Section will continue to work in on this document and will provide an update at the November 2009 meeting.

OOTA Presentation Planning

The Section will cover the following topics: continuing education audit, renewing licenses on time, supervision/collaboration, proposed rules changes, enforcement, and frequently asked questions. The Executive Director will email the 2008 OOTA Presentation to all Section members for review. The Section will forward edits to the Executive Director by October 1, 2009. The deadline to submit the presentation to OOTA is October 15, 2009.

Strategic Plan Benchmark Review
The Section will identify and implement strategies to encourage licensees to renew in a timely manner through education. The Executive Director will forward the revised strategic plan to the Board Members.

Escrow Restoration Deadline
The Section modified the proposed language on the escrow restoration instructions. The Executive Director will forward the updated instructions to the Board Members.

New Business
Impact of HB1 Language (ORC 4755.061) on Late Renewal Fee
The Executive Director spoke with JCARR Executive Director regarding adopting rules establishing a reduced renewal fee if the fee was paid early. Director Hills informed the Executive Director that the proposed concept might be in conflict with newly enacted R.C. 4755.061.

Frequently Asked Questions
The Section identified the following topics for the frequently asked questions document: transfer of care, PRN therapists and supervision, occupational therapy assistant scope for practice relating to home assessment, screens, and discharge summary, supervision log, school based occupational therapy practice, and continuing education audit process.

Collaboration/Supervision Log and HIPAA
It is the position of the Occupational Therapy Section that collaboration/supervision logs shall remain at the facility because they include confidential patient information.

Discussion on Granting CE for Mentoring OT Student Capstone Experience
The Section will review these requests on a case by case basis. The Section recommends that individuals complete an occupational therapy request for contact hour approval form. This form is available on the Board website. In this case the Section is requesting additional information on how mentoring program at the University of Toledo is documenting the occupational therapy student capstone experience.

Changes to the Standard Disciplinary Actions
The Case Review Liaison informed the Section of the increasing number of cases where individuals are engaging in practice prior to holding licensure. The Section will change the standard disciplinary actions by treating these cases in the same manner as those practicing on an expired license

In addition, the Section will change the standard disciplinary actions for occupational therapists who are co-signing documentation for individuals who are practicing on an expired license or who have engaged in practice prior to being issued a license. The Section will begin issuing a written reprimand to the supervising occupational therapist instead of issuing a warning letter. The written reprimand will be placed in the permanent licensee record and will be reported to the Healthcare Integrity and Protection Data Bank (HIPDB).

Consumer Education
The Section will review the existing consumer education and will compare it to the template provided at the November 2009 Section meeting.

Clarification the Share Point Information
Board members and staff can view meeting materials on the Share Point website. The Board can email the meeting materials to individuals upon request.

Ohio Occupational Therapy Association (OOTA) Report
Jacquelyn Chamberlin reported that OOTA:

- Expressed concerned regarding eliminating the limited permit status, as it may pressure students to rushing 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 whether the role of unlicensed aides will be addressed in the new supervision rules.

- Did not have a lot of feedback on eliminating the pocket identification card. Ms. Chamberlin further reported that OOTA was split on the idea of removing the references to the Ohio Occupational Therapy Practice Act on the Ohio Jurisprudence Examination.

Items for Next Meeting

- Jurisprudence Examination Update
- Discussion on Granting CE for Mentoring OT Student Capstone Experience
- Frequently Asked Questions
- Consumer Education
- Update on Proposed changes to the Code of Ethics
- Discussion on Public Comment on Proposed Rules Changes

Next Meeting Date

The next meeting date of the Occupational Therapy Section is scheduled for Tuesday, November 17, 2009.

Action: Nanette Shoemaker moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 3:49 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