



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Occupational Therapy Section  
January 5, 2010  
9:00 a.m.*

**Members Present**

Rebecca Finni, OTR/L  
Jean Halpin, OTR/L, Secretary  
Kimberly Lawler, OTR/L, Chairperson  
Nanette Shoemaker, COTA/L (arrived @10:10am)  
Mary Stover, OTR/L

**Legal Counsel**

Yvonne Tertel, AAG

**Staff**

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

**Guests**

Jacquelyn Chamberlin, OOTA  
Carrie Kuruc, JCARR  
Sheryl A. Bennett, Court Reporter  
Sonja Leroux  
Robert Brower  
Tracy Intihar, OOTA  
Joe Wells, OOTA

**Call to Order**

Kimberly Lawler, Chairperson, called the meeting to order at 9:34 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:** Mary Stover moved that the minutes from the November 17, 2009 meeting be approved as amended. Jean Halpin seconded the motion. Rebecca Finni was not present for the vote due to the Enforcement Review Panel. Nanette Shoemaker was absent for the vote. 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 the physical therapist renewal is moving at a steady pace. Approximately eighty percent of licensees have renewed to date.
- The Executive Director, Mary Stover, OT, and Mary Kay Eastman, PT, met with the Ohio Department of Education, Office of Exceptional Children to discuss school-based occupational and physical therapy issues.
- The Executive Director reported that HB62 passed out of the House. The bill would require academic programs to consider relevant military experience towards the academic requirements for veterans who are within six months of separation from active military duty.

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



Occupational Therapy Assistant – Endorsement

Downs, Winter Power, Beth

Occupational Therapist – Reinstatement

Falls, Lynne Kottapalli, Satyasree

Occupational Therapy Assistant – Reinstatement

Strall, Marcia

Occupational Therapist – Limited Permit

Hager, Jan

Occupational Therapy Assistant – Limited Permit

Charlton, Scott Jackson, Megan Price, Valerie  
Roth, Jill Van Winkle, Jessica

Limited License Agreements

Mary Stover informed the Section that Cynthia Craddock, OTA complied with all terms and conditions and was released from her limited license agreement.

Mary Stover recommended that the Section grant extended time to complete the supervised clinical practice requirements for limited license agreement for occupational therapist applicant #4910528. **Action:** Kimberly Lawler moved that Section grant extended time to complete the supervised clinical practice requirements for limited license agreement for occupational therapist applicant #4910528. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried.

Mary Stover recommended that the Section grant extended time to complete the supervised clinical practice requirements for limited license agreement for occupational therapist applicant #4911443. **Action:** Kimberly Lawler moved that Section grant extended time to complete the supervised clinical practice requirements for limited license agreement for occupational therapist applicant #4911443. 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 five new cases and closed thirteen cases since the November 17, 2009 meeting. There are currently twenty-nine cases open. There are eighteen disciplinary consent agreements and one adjudication order being monitored.

Rebecca Finni informed the Section that Amy Stover, Billie Jo Maurice, Joann Hausser, Amber DeWeese, Michael Fador, Eileen Hume, Patricia Wagner, Jennifer Lenczyk, and Abigail Jo Metcalf complied with all terms and conditions and were released from their disciplinary consent agreements.

**Enforcement Actions**

Rebecca Finni recommended that the Section issue a notice of opportunity for hearing for case OT-FY10-041 for failure to obtain the continuing education hours required for the 2009 licensure renewal. **Action:** Mary Stover moved that a notice of opportunity for hearing be issued for case OT-FY10-041 for failure to obtain the continuing education hours required for the 2009 licensure renewal. 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-FY10-042 for failure to obtain the continuing education hours required for the 2009 licensure renewal. **Action:** Mary Stover moved that a notice of opportunity for hearing be issued for case OT-FY10-042 for failure to obtain the continuing education hours required for the 2009 licensure renewal. 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-FY10-043 for failure to obtain the continuing education hours required for the 2009 licensure renewal. **Action:** Nanette Shoemaker moved that a notice of opportunity for hearing be issued for case OT-FY10-043 for failure to obtain the continuing education hours required for the 2009 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-FY10-044 for failure to obtain the continuing education hours required for the 2009 licensure renewal. **Action:** Nanette Shoemaker moved that a notice of opportunity for hearing be issued for case OT-FY10-044 for failure to obtain the continuing education hours required for the 2009 licensure renewal. Kimberly Lawler seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-024 in lieu of going to hearing. **Action:** Kimberly Lawler moved that the consent agreement for case OT-FY10-024 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 Maureen Hendry, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-027 in lieu of going to hearing. **Action:** Kimberly Lawler moved that the consent agreement for case OT-FY10-027 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 Sandra Soresso, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-028 in lieu of going to hearing. **Action:** Kimberly Lawler moved that the consent agreement for case OT-FY10-028 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 Gina Schmitmeyer, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-029 in lieu of going to hearing. **Action:** Kimberly Lawler moved that the consent agreement for case OT-FY10-029 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 Leanne Pitcher, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-032 in lieu of going to hearing. **Action:** Kimberly Lawler moved that the consent agreement for case OT-FY10-032 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 Patricia Kauffman, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-034 in lieu of going to hearing. **Action:** Kimberly Lawler moved that the consent agreement for case OT-FY10-034 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 Debra Thompson, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-037 in lieu of going to hearing. **Action:** Kimberly Lawler moved that the consent agreement for case OT-FY10-037 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 Laura Glasscock, OT.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-FY10-020 in lieu of going to hearing. **Action:** Kimberly Lawler moved that the consent agreement for case OT-FY10-020 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 Judy Wysenski, OTA.

#### **Affidavit Hearings**

Good afternoon. My name is Kimberly Lawler, Chairwoman of the Occupational Therapy Section of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board. Let the record show that these proceedings

were called to order at 11:05 am on January 5, 2010, at the Vern Riffe Center, 77 South High Street, Columbus, Ohio, 43215. Yvonne Tertel, AAG looked in the hallway and around the 31<sup>st</sup> floor for Sonja R. Leroux prior to the start of the hearing and did not see her. Member of the Board present for the proceedings are:

Jeffrey Rosa called roll:

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

It will be noted for the record that a majority of the members of the Board are present. There will be one adjudication proceeding today. The proceeding is in the matter of the eligibility of Sonja R. Leroux to be licensed as an Occupational Therapist by Endorsement in the State of Ohio (OT-LD-FY10-001).

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

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

You have already received sworn affidavit from the Executive Director and accompanying exhibits for the Goldman Proceedings in your board packet. The affidavit contains the evidence and testimony upon which you will deliberate. I trust that each of you has had the opportunity to review the affidavit and accompanying exhibits. If not, you may review them now.

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

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

Ms. Tertel reviewed the case for the Board.

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

**Action:** Jean Halpin moved to accept the facts and exhibits outlined in the affidavit for Sonja R. Leroux, case number OT-LD-FY10-001. Rebecca Finni seconded the motion. Mary Stover abstained from voting. The motion carried.

There being no further evidence to come before the board, these proceedings are now closed at 11:16 am.

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

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

**Action:** Rebecca Finni moved to go into private session for the purpose of quasi-judicial deliberation on these this matter. Jean Halpin seconded the motion.

Jeffrey Rosa called roll:

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

The Section went into private session at 11:17 a.m. and came out at 11:23 a.m. Mary Stover left the room during private session and did not participate in the deliberations.

**Action:** Rebecca Finni moved to deny the application for occupational therapist licensure by endorsement for Sonja R. Leroux, OT-LD-FY10-001, based on the affidavit and information before us. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried.

Sonja R. Leroux arrived after the Affidavit Hearing. The Section gave Ms. Leroux an opportunity to speak with Section.

### **Correspondence**

- 1. Terri Vernier:** Ms. Vernier asked the Section whether there are legal/ethical practice guidelines for an occupational therapist to follow when determining when to change a client's treatment frequency and whether to continue treatment or discharge a client. **Reply:** The Occupational Therapy Section does not have specific requirements for frequency of re-evaluation; however, your agency, accrediting bodies and reimbursement agencies may have other requirements and guidelines that need to be met for reimbursement of occupational therapy services. In accordance with rule 4755-7-06 of the Administrative Code, an occupational therapist or occupational therapy assistant shall not exploit persons served professionally by: (A) Accepting individuals for treatment if benefit cannot reasonably be expected to occur. (B) Continuing treatment without reasonable expectation of further benefits. (C) Providing inaccurate information to consumers of occupational therapy services. (D) Charging fees which are excessive. (E) Delegating occupational therapy treatment to unlicensed persons.
- 2. Joshua Cox:** Mr. Cox asked the Section for clarification on who should write the documentation on an OT/OTA supervision log. **Reply:** Supervision is an interactive process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client's treatment plan without first consulting with the supervising occupational therapist. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. Rule 4755-7-01 (C)(4) of the Administrative Code does not specify which occupational therapy practitioner (i.e.: the occupational therapist or the occupational therapy assistant) is responsible for the completing the documentation. Mr. Cox may refer to the Board website at <http://otptat.ohio.gov> for examples of supervision documentation for occupational therapy practitioners.
- 3. Jennifer Lee:** Ms. Lee asked the Section if an occupational therapist is performing cognitive behavior therapy and did not reference the cognitive behavior therapy in the occupational therapy plan of care, would the occupational therapist be in violation of the code of ethics. **Reply: (working on response)**
- 4. Paula Jones:** Ms. Jones asked the Section for clarification on the caseload ratios for occupational therapist and occupational therapy assistants and the benefits of employing occupational therapy assistants in the schools. **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 Ohio Department of Education rule 3301-51-09 (H) and (I) of the Administrative Code. Paragraph (H) of this rule describes personnel qualifications and includes licensure and supervision requirements for occupational therapists and occupational therapy assistants. Paragraph (I)(1) specifically outlines factors that must be considered when "determining ratios for an individual service provider." (1) The school district, county board of mental retardation and developmental disabilities (county board of MR/DD), and other educational agencies shall determine ratios for an individual service provider by considering scheduling and time demands of preschool or school-age service providers, including but not limited to the following: (a) All areas of service provided to children with and without disabilities, including screening, assessment, consultation, counseling, training, and related duties in the school setting, intervention design, and educational interventions. (b) The severity of each eligible child's need, and the level and frequency of services necessary for children to attain IEP goals and objectives. (c) Time needed for planning in accordance with paragraph (A)(9) of rule 3301-35-05 of the Administrative Code. (d) Additional time for diagnostic testing and classroom observation; coordination of the program; parent, staff and agency conferences concerning individual children; staff development activities; and follow-up; and the demands of an itinerant schedule, including the number of buildings, the distance between the buildings, and travel. Paragraph (I)(3) indicates the maximum number of students who can be served directly by the occupational therapist, noting consideration shall be given to paragraph (I)(1) of the rule, which is included above. (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) [emphasis added] 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. The supervising occupational therapist has ultimate responsibility for all students served by the occupational therapy assistant. The occupational therapy assistant does not have a caseload that is separate from the occupational therapist. Calculation of the caseload of 50 school age or 40 preschool children per occupational therapist in accordance with rule 3301-51-09(I)(3) is based on direct service to students. However, school districts and other educational facilities must take into consideration the variables delineated in rule 3301-51-09(I)(1). The ultimate responsibility for care of the student lies with the supervising occupational therapist, regardless of whether the occupational therapist or occupational therapy assistant provides follow-up treatment. The frequency and nature of the occupational therapist's treatment or direct, onsite supervision/observation of students delegated to occupational therapy assistants is individualized and determined by such factors as the needs and clinical complexity of the student, the experience of the occupational therapy assistant, and whether continual reassessment of the student's status is needed during intervention. In any given period of time, an occupational therapist must not provide or supervise care for a higher number of students than that for which skilled care by licensed practitioners can be delivered. These factors must be considered when determining the caseload of an occupational therapist, working with or without the assistance of an occupational therapy assistant. You asked about the benefit of having occupational therapy assistants as part of the educational team. Occupational therapy assistants are knowledgeable and highly qualified in providing occupational therapy techniques. They have the expertise and skills to be effective team members and providers of effective occupational therapy services within the school setting. The use of occupational therapy assistants in collaboration with occupational therapists can be an efficient, cost effective way to provide quality direct services to students. The number of students the occupational therapist and occupational therapy assistant can serve together must be determined by such factors as the needs and complexity of the students, need for re-assessment, time spent in supervision, travel time, etc, as outlined above. The time required to provide those services must be considered when assigning responsibilities to the occupational therapist. The Occupational Therapy Section continues to work with the Ohio Department of Education to clarify the caseload issue.

5. **Wanna Smith:** Ms. Smith asked the Section if rule 4755-7-01 includes the supervision guidelines for a Level I occupational therapy student. **Reply:** Rule 4755-7-01 of the Administrative Code does not pertain to the supervision requirements for Level I students. The Section recommends that Ms. Smith review the Accreditation Council for Occupational Therapy Education (ACOTE) Standards regarding supervision of

students. The standards adopted by ACOTE, and the facility's policies, may be more restrictive than the Ohio Occupational Therapy Practice Act.

6. **Barbara Johnson:** Ms. Johnson asked the Section if occupational therapy practitioners are required to have his/her wall certificate reflect the therapists' current name. **Reply:** In accordance with rule 4755-3-08(A) of the Administrative Code, a licensee or limited permit holder shall notify the occupational therapy section of any change of name, place of business or employment, or mailing address within thirty days after the change. It is the position of the Occupational Therapy Section that the name of record on file with the Board must be consistent with the name used when signing documentation. If a licensee changes his/her name with the Board, the licensee is not required to order a new wall certificate in the new last name. Please refer to facility requirements which may be more restrictive than the Ohio Occupational Therapy Practice Act.
7. **Kim Reber:** Ms. Reber asked the Section questions regarding clarification on the appropriate way to document interventions for students who do not qualify for occupational therapy services in a school-base setting. **Reply:** Please refer to Ohio Department of Education (ODE) and the Ohio Occupational Therapy Association (OOTA) pediatric chair concerning how a child may qualify for occupational therapy services outside of the IEP process. Caseload requirements are established by ODE and not by the Occupational Therapy Section. If the occupational therapist is providing occupational therapy services, through consultation and/or direct intervention, those services should be documented in a client record. The time spent in providing these interventions should be considered when determining work loads.
8. **Brenda Brodbeck:** Ms. Brodbeck asked the Section for clarification regarding patient abandonment and whether it applies to occupational therapy assistants. **Reply:** According to rule 4755-7-08 of the 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 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." If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the client 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 client and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that client 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 client/therapist relationship. That transfer of care must be documented in the client'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 client is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the client, including the supervision of any occupational therapy personnel providing services to that client. It does not constitute abandonment on the part of the occupational therapists if the therapist's position was terminated. It would then be the responsibility of the supervisor of the occupational therapy services for the school district to assure that the occupational therapy intervention plan and IEP services continue to be provided to the student. Documentation may be handled differently in schools than in a medical setting, but transfer of care should be documented in the student record. If the occupational therapist transferring care is unable/has not documented the student's transfer of care, the occupational therapist who accepts the student's intervention plan would be responsible for documenting the transfer of care in the student record. Because the ultimate

responsibility for the student's care lies with the occupational therapist, abandonment would not apply to the occupational therapy assistant. However, the occupational therapy assistant is expected to abide by the code of ethics as stated in rule 4755-7-08 of the Ohio Administrative Code.

9. **Kerri Romes:** Ms. Romes asked the Section questions regarding co-signature requirements for occupational therapy assistant's notes. **Reply:** In accordance with rule 4755-7-01 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. It is the position of the Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. It is the position of the Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. If needed, the occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan.
10. **Roel Van Spronsen:** Mr. Van Spronsen asked the Section questions regarding the use of electronic signatures in occupational therapy practice. **Reply:** It is the position of the Occupational Therapy Section that electronic signatures are acceptable for occupational therapy practitioners' documentation as long as security and integrity have been maintained. Co-signature of occupational therapy assistant and limited permit holders' documentation continues to be a requirement. The Occupational Therapy, Physical Therapy, and Athletic Trainers Board investigators shall have access to **all** documentation related to occupational therapy practice, written or electronic. It is the position of the Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. 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.
11. **Sanjivani Mulgund:** Ms. Mulgund asked the Section whether an occupational therapy practitioner is required to include his/her license number when signing documentation. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that requires documentation of the license number. However, facility policies might require the inclusion of the license number. In addition, certain payers may require that the license number of the occupational therapy practitioner be included on remittance for payment though there may be exceptions depending on practice environment. The Section encourages you to review the requirements of your payers and your facility policies.

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

- JB1. Tara Prater:** Ms. Prater asked the Sections for clarification on the occupational therapy assistant/physical therapist assistant's role in gathering objective information for CMS 701s and discharge summary. **Reply:** It is the position of the Physical Therapy Section that the gathering and documenting of information required for Medicare forms CMS 700 and CMS 701 is an evaluative process that must be performed by a physical therapist. The physical therapist may delegate to the physical therapist assistant the completion of the identifying information such as: patient name, Medicare number, SOC date, facility name and number and so forth. While the physical therapist assistant may also gather information for the physical therapist to use to complete the remaining sections; they constitute a physical therapy treatment plan and, therefore, must be developed and completed by 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 the appropriate standard of care. Rule 4755-27-03 (B)(5) of the Ohio Administrative Code states that physical therapist assistants are not qualified to perform the discharge evaluation and complete the final discharge summary. It is the position of the 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. It is the position

of the Occupational Therapy Section that the gathering and documenting of the information required for Medicare forms CMS-700 and CMS-701 is an evaluative process that must be performed by a licensed occupational therapist. The occupational therapist may delegate to the licensed occupational therapy assistant the completion of the identifying information: patient name, Medicare #, SOC date, facility name and number. The remaining sections constitute the occupational therapy treatment plan and must be developed and completed by the licensed occupational therapist. It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information for a discharge summary; 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. Collaboration between the occupational therapy assistant and the occupational therapist, the collaboration must be reflected in the patient documentation. Documenting progress follows the same regulations: the occupational therapy assistant may gather and summarize information and document response to treatment, but it is the responsibility of the occupational therapist to interpret the information. The Sections recommend that Ms. Prater contact her third party payers as they may have policies that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.

**JB2. Billie Potter:** Ms. Potter asked the Sections for clarification on what is a reasonable productivity expectation for an occupational or physical therapist who does both treatment and supervision. **Reply:** According to the Physical Therapy Section, the Ohio Physical Therapy Practice Act does not regulate caseload levels or the number of physical therapist assistants that may be supervised by one physical therapist. The rules do 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. 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. 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. Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients/students served by an occupational therapy assistant. The occupational therapy assistant does not maintain a caseload that is separate from the occupational therapist. The occupational therapist must provide appropriate supervision and ensure that treatments are rendered according to safe and ethical standards and in compliance with rule 4755-7-08 of the Administrative Code, which states that “occupational therapy practitioners shall provide adequate supervision to individuals for whom the

practitioners have supervisory responsibility.” In accordance with rule 4755-7-03 of the Administrative Code, the occupational therapist assumes professional responsibility for, any may not wholly delegate, any of the following: (1) interpretation of referrals for occupational therapy service; (2) interpretation and analysis for evaluation purposes; (3) and development, interpretation, and modification of the treatment/intervention plan and discharge plan. The 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. Third party payer policies may be more restrictive than 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.

**JB3. Carmen Weber:** Ms. Weber asked the Sections questions regarding Medicaid compliance. **Reply:** Your questions relate to payer policies and not to the Ohio Occupational and Physical Therapy Practice Acts. The Occupational and Physical Therapy Sections recommend that you contact Medicaid or you 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). On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person’s name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MPT, OCS.

**JB4. Amanda Hartzell:** Ms. Hartzell asked the Sections regarding what initial onset date should be used in a pediatric clinic. **Reply:** Your question relates to payer policies rather than to the Ohio Occupational and Physical Therapy Practice Acts. The initial onset date is a field on the billing form and should be defined by each payer. The Occupational and Physical Therapy Sections recommend that you contact your hospital Billing Department to get this information from Medicare, Medicaid, or other insurance representatives.

## **Old Business**

### **Consumer Education**

The Section accepted Nanette Shoemaker’s recommended change to the description for an occupational therapy assistant. The Board staff will update the consumer education document and will post it on the Board website.

### **Public Rules Hearing**

The Section held a public rules hearing from 1:31 p.m. to 1:53 p.m. to receive input on 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.

**Action:** Rebecca Finni moved that the Section authorize the Executive Director to file changes to the rules to reflect the delay to May 2011 of the elimination of the limited permit provisions. Mary Stover seconded the motion. The motion carried.

The Section will draft a new rule that contains the supervision and delegation language related to limited permit holders. The Section will review the draft rule language in March 2010.

The Section will draft a letter to NBCOT informing them of the Section’s rule change that will eliminate limited permits and ask NBCOT to explore ways to streamline the examination reporting process to decrease delays getting information out to the candidates and regulatory jurisdictions.

### **Occupational Therapy Jurisprudence Examination Revisions Update**

The Section reviewed the draft occupational therapy jurisprudence examination content. The Section will send any comments to the Executive Director by February 5 for review at the March 2010 Section meeting.

### Frequently Asked Questions

The Executive Director reported that the frequently asked questions will be available on the new Board website. The new website is expected to go live this month.

### NBCOT Conference Update

Nanette Shoemaker attended the NBCOT Conference on Occupational Therapy State Regulation, which was held on October 23-24, 2009 in Baltimore, MD. Nanette Shoemaker recommended the conference for new Board members. Ms. Shoemaker further reported that the Ohio Board is going in the right direction. Ms. Shoemaker attended a mock board meeting, which covered practical and legal issues on the protocol of conducting board meetings. Other topics covered at the conference were conflict of interest, 1<sup>st</sup> amendment issues, current criminal and administrative proceedings, updates to the Americans with Disabilities Act, identity theft and licensure, and public posting of the upcoming meeting agendas. Ms. Shoemaker reported that the identify theft and licensure session recommended that Boards print pocket identification cards on paper that cannot be photocopied.

The Executive Director informed the Section that on the new Board website it will be easier to post the upcoming agenda on the minutes section of the website. The agenda can be posted approximately one week prior the upcoming Board meeting.

### Proposed Changes to the Code of Ethics

The Section reviewed the matrix of the content for the code of ethics that compares the occupational therapy code of ethics with the physical therapy code of ethical conduct. The Section will identify areas of the current code of ethics to see what components to keep and/or add. The Section will review the comments at the March 2010 Section meeting.

### Review Draft Rule Language for Granting CE for Mentoring OT Student

The Section made revisions to the draft rules. The Section anticipates filing this rule in 2011. Prior to the adoption of this rule change, the Section recommended that mentors submit an individual request for CE approval for review by the Section.

### **New Business**

#### Discussion on the Use of Telehealth Technologies in Occupational Therapy Practice

The Section reviewed AOTA's Telerehabilitation position paper, published in November/December 2005. The Section agrees with AOTA's response listed under the state regulations. The Section will contact AOTA to request permission use the state regulations section of the position paper. The Section will draft a standard response for the use of telerehabilitation in occupational therapy practice.

#### Board Member Name Plates

The Section was in favor of adding the titles only for doctoral-level degrees (e.g.: OTD or PhD) to the name plate. The administrative cost to update the name plates would be minimal due to the Board staff's ability to update the name plates in the Board office.

#### Continuing Education Audit Percentages

The Section agreed to lower the continuing education audit percentages from twenty-five percent to twenty percent. The Section will revisit this topic after the 2010 and 2011 renewal cycles.

#### Ohio Department of Education Related Service Provider Caseloads Update

The Executive Director, Mary Stover (*OT Section Member*), and Mary Kay Eastman (*PT Section Member*) met with the Ohio Department of Education (ODE) to discuss the IEP guidance document regarding the related service provider caseloads. According to ODE, the fifty student caseload limits is applied to direct patient care. Under the ODE guidelines, a school district would not be in violation of rule 3301-51-09 (I)(3)(c) of the Administrative Code, if an occupational therapist was supervising multiple occupational therapy assistants who were each providing direct services to no more than 50 students, provided that the OT was not providing direct patient care.

In accordance with the Ohio Occupational Therapy Practice Act, occupational therapists are required to ensure that they accept no more students than they can provide appropriate patient management for, based on the unique needs of the students, taking into account the complexity of the population being served. The ultimate responsibility for

care of the student lies with the supervising occupational therapist, regardless of whether the occupational therapist or occupational therapy assistant provides follow-up treatment. In any given period of time, an occupational therapist must not provide or supervise care for a higher number of students than that for which skilled care by licensed practitioners can be delivered. The occupational therapist must assure that treatments are provided according to safe and ethical standards.

Mary Stover and Mary Kay Eastman prepared a chart summarizing the occupational and physical therapy practitioner's responsibilities. Under the ODE guidelines, the Occupational Therapy Section questions whether an occupational therapist can safely and effectively provide occupational therapy services to the students. The Section encourages ODE to look at the total workload of the occupational therapy practitioners when determining caseload ratios.

In addition, the Section will update the Sections standard response for caseload ratios in the school-based settings to include this information.

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

Jacquelyn Chamberlin had no formal report for the Section. On behalf of OOTA, Ms. Chamberlin testified on the rules changes in opposition to the elimination of limited permit provision under the Ohio Occupational Therapy Practice Act.

#### **Items for Next Meeting**

- Jurisprudence examination update
- Proposed changes to code of ethics
- Review revised chart for ODE related service provider caseloads
- Review telehealth/telerehabilitation statement for Board website
- Review draft letter to NBCOT regarding its score reporting system
- Update on rule revisions

#### **Next Meeting Date**

The next meeting date of the Occupational Therapy Section is scheduled for Thursday, March 4, 2010.

**Action:** Jean Halpin moved to adjourn the meeting. Rebecca Finni seconded the motion. The motion carried. The meeting adjourned at 4:15 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**