



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
July 20, 2010
9:30 a.m.

Members Present

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

Staff

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

Legal Counsel

Yvonne Tertel, AAG

Guests

Jacquelyn Chamberlin, OOTA

Call to Order

Jean Halpin, Secretary, called the meeting to order at 10:00 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

- Provide Education to the Consumers of Occupational Therapy Services;
- Enforce Practice Standards for the Protection of the Consumer of Occupational Therapy Services;
- Regulate the Profession of Occupational Therapy in an Ever-Changing Environment;
- Regulate Ethical and Multicultural Competency in the Practice of Occupational Therapy;
- Regulate the Practice of Occupational Therapy in all Current and Emerging Areas of Service Delivery.

Approval of Minutes

Action: Rebecca Finni moved that the minutes from the May 18, 2010 meeting be approved as amended. Nanette Shoemaker seconded the motion. The motion carried.

Action: Mary Stover moved that the June 21, 2010 strategic planning retreat minutes be approved as amended. Nanette Shoemaker seconded the motion. The motion carried.

Executive Director Report

- The Executive Director reported that there was no reason why Board spending for Fiscal Year 2011 should not come under the appropriation authority of \$900,000.
 - The Executive Director reported that the Fiscal Year 2012-2013 budget requests are due to the Office of Budget and Management by November 1, 2010.
 - The Executive Director informed the Section that the athletic trainer's renewals have been mailed.
 - The Executive Director reported that the occupational therapy assistant renewal has been completed. Licensees have expressed concerns about the differences in the escrow restoration and reinstatement requirements.
 - The Executive Director informed the Section that the continuing education audit has been mailed.
- The formal Executive Director's report is attached to the minutes for reference.

Discussion of Law Changes

The Executive Director discussed the draft rules regarding confidential personal information. **Action:** Jean Halpin moved that the Section file the confidential personal information rules. Rebecca Finni seconded the motion. The motion carried.

Administrative Reports

Continuing Education Report

Nanette Shoemaker recommended that the Section approve 77 applications and deny 3 applications for contact hour approval. **Action:** Jean Halpin moved that the Section approve 77 applications and deny 3 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, the occupational therapist and occupational therapy assistant limited permits and licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from May 18, 2010 through July 20, 2010, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca Finni seconded the motion. Nanette Shoemaker abstained from voting on the occupational therapy assistant reinstatement application for Katrina McWilliams. The motion carried.

Occupational Therapist – Examination

Aichler, Miriam	Cahill, Emily	Carlson, Julie
Frost, Tabetha	Hoke, Kristen	Kirkpatrick, Erin
Lovick, Jessica	Miller, Kristin	Paulett, Kathleen

Occupational Therapy Assistant – Examination

Bolen, Michaela	Bond, Lynlee	Cupp, Jennifer
Hasenkamp, Tiffany	Hopkins, Heather	Hughes, Heather
Montes, Marcie	Phillips, Tammi	Puthoff, Joanna
Rayl, Carrie	Russo, Cristina	Saltzman, Amanda
Salyers, Autumn	Widder, Holly	

Occupational Therapist – Endorsement

DeCelle, Susan	Kniemeyer, Noelle	Paone, Carey
Robinette, Helga	Westerman, Carol	Williams, Carrie

Occupational Therapy Assistant – Endorsement

Bletzacker, April	Glaske, Amanda	Grace, Denise
Hogan, Steve	Kilgore, Leigh	Kizer-Hall, Kathleen
Klueg, Daniel	Kraft, Steven	Schmidt, Anna

Occupational Therapist – Reinstatement

Hoffman, Theresa	Sarver, Judith	
------------------	----------------	--

Occupational Therapy Assistant – Reinstatement

Bromfield, Marlene	Chaney, Tamara	Dipaolo, Nancy
Heitmeyer, Michelle	McWilliams, Katrina	Norton, Elisha
Oliver, Leigh	Pacsi, Pamela	Pennell, Marlyne

Occupational Therapist – Escrow Restoration

Ward, Darlene

Occupational Therapy Assistant – Escrow Restoration

Delventhal, Renee

Occupational Therapist – Limited Permit

Grillot, Cherilyn	May, Alyssa	Slusser, Lisa
Spear, Chester	Swan, Shana	Wearsch, Anna
Weitz, Kaitlyn	Welcome, Kristen	Wilcox, Morgan

Occupational Therapy Assistant – Limited Permit

Adams, Dawn
Durham, Nora
Lively, Alisha
Rinehart, Summer
Thatcher, Carly

Buracchio, Joshua
Grossi, Anna
Merkich, George
Rummell, Paula
Thatcher, Isaac

Colburn, James
Henry, Chelsea
Porter, Natiata
Stewart, John
Tullis, Jenita

Limited License Agreements

Mary Stover recommended that, pursuant to rule 4755-3-01(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist examination applicant #4989217. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license agreement to applicant #4989217. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Lisa M. Tramontana.

Mary Stover recommended that, pursuant to rule 4755-3-12(D) of the Administrative Code, the Section offer a revised limited license agreement to occupational therapist reinstatement applicant #4936196. **Action:** Rebecca Finni moved that Section grant a revised limited occupational therapist license agreement to applicant #4936196. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Janie Lynn Corrigan.

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 reinstatement applicant #4993225. **Action:** Rebecca Finni moved that Section grant a limited occupational therapist license agreement to reinstatement applicant #4993225. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Deborah A. Ayers.

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 restoration applicant #4979501. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license to restoration applicant #4979501. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license to Sandra C. Bauman.

Mary Stover recommended that, pursuant to rule 4755-3-05(D) of the Administrative Code, the Section offer a revised limited license agreement to occupational therapist restoration applicant #4940018. **Action:** Kimberly Lawler moved that Section grant a revised limited occupational therapist license to restoration applicant #4940018. Jean Halpin seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license to Cynthia J. Wiswesser.

Assistant Attorney General's Report

Yvonne Tertel, AAG, reported that there is one case that is likely to go to hearing. Ms. Tertel estimated that the Hearing Officer's Report and Recommendations may be available for review in early 2011.

Case Review Liaison Report

The Enforcement Division opened six new cases and closed two cases since the May 18, 2010 meeting. There are currently twelve cases open. There are six disciplinary consent agreements and one adjudication order being monitored.

Enforcement Actions

Rebecca Finni recommended that a notice of opportunity for a hearing be issued for case OT-FY 10-047 for unprofessional conduct related to theft of a co-workers prescription medication. **Action:** Jean Halpin moved that a notice of opportunity for hearing be issued for case OT-FY10-047 for unprofessional conduct related to theft of a co-workers prescription medication. Mary Stover seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that a notice of opportunity for hearing be issued for case OT-FY11-001 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case

OT-FY11-001 for practicing with an expired license. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Rebecca Finni recommended that a notice of opportunity for hearing be issued for case OT-FY11-002 for practicing with an expired license. **Action:** Kimberly Lawler moved that a notice of opportunity for hearing be issued for case OT-FY11-002 for practicing with an expired license. Nanette Shoemaker seconded the motion. Rebecca Finni abstained from voting. The motion carried.

Correspondence

1. **Deborah Warren:** Ms. Warren asked the Section whether an occupational therapist can treat a family member. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits treating a family member. Pursuant to rule 4755-7-08 (A)(6) of the Ohio Administrative Code, occupational therapy practitioners shall provide accurate information about occupational therapy services. (c) Occupational therapy practitioners shall disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom they may establish a professional, contractual, or other working relationship. However, there may be agency or insurance payer policies regarding treatment and billing for services for a family member that an occupational therapist should clarify prior to providing these services.
2. **Elaine Heisman:** Ms. Heisman asked the Section questions regarding whether an occupational therapist can treat a family member. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits treating a family member. Pursuant to rule 4755-7-08 (A)(6) of the Ohio Administrative Code, occupational therapy practitioners shall provide accurate information about occupational therapy services. (c) Occupational therapy practitioners shall disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom they may establish a professional, contractual, or other working relationship. However, there may be agency or insurance payer policies regarding treatment and billing for services for a family member that an occupational therapist should clarify prior to providing these services.
3. **Mary Kershey:** Ms. Kershey asked the Section questions regarding Medicare changes that will go into effect in October 2010. **Reply:** In accordance with rule 4755-7-02 of the Administrative Code, occupational therapy assistants can independently document the progress and outcome summary, however, occupational therapy assistants may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation. It is the responsibility of the occupational therapist to interpret and make recommendations. Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. Ms. Kershey's request for information on upcoming changes in Medicare billing and policies relate to payer policies and not to the Ohio Occupational Therapy Practice Act. Since it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice, the Section recommends that Ms. Kershey refer to Medicare/Medicaid and/or payer policies for any specific billing and reimbursement requirements in an occupational therapist's setting. Ms. Kershey might also contact the appropriate insurance company, the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. Please be aware that Medicare/Medicaid policies may be more restrictive than the Ohio Occupational Therapy Practice Act.
4. **Karen Waid:** Ms. Waid asked the Section questions regarding the occupational therapy assistant role in physical agent modalities. **Reply:** In accordance with rule 4755-3-01 of the Administrative Code, the supervising occupational therapist shall determine the occupational therapy treatment/intervention plan that the occupational therapy assistants may implement. In accordance with section 4755.04(A) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. In addition, the supervising occupational therapist must document and demonstrate competency in the techniques being supervised. Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. Supervision requires initial directions

5. **Trisha Kelley:** Ms. Kelley asked the Section if there are restrictions for a newly licensed occupational therapy assistant to work in a home health setting. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that would prohibit a newly licensed occupational therapy assistant from working in a home health setting. Pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. The 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. According to rule 4755-7-08 (A)(4) of the Ohio Administrative Code, occupational therapy practitioners shall achieve and continually maintain high standards of competence. (c) Occupational therapy practitioners shall protect service recipients by ensuring that duties assumed by or assigned to other occupational therapy practitioners match credentials, qualifications, experience, and scope of practice. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.
6. **Julie Zeigler:** Ms. Zeigler asked the Section if it is in the scope of practice for an occupational therapist to perform corporate wellness programs including cholesterol and glucose sticks and education. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from giving health and wellness lectures, demonstrations, or performing cholesterol and glucose sticks. However, no procedure should be performed by an occupational therapist unless the practitioner documents and demonstrates competence in that procedure. Although occupational therapists providing such services may include their educational degrees in published materials, they should not use the credentials “OT” or “OT/L”, and should not state that the programs are led by occupational therapists, if fitness or wellness programs are not represented as occupational therapy. The Occupational Therapy Section strongly recommends that Ms. Zeigler review the Occupational Therapy Practice Framework, 2nd Edition, available from the American Occupational Therapy Association (AOTA) concerning the domains and practice of occupational therapy.
7. **James Kesler:** Mr. Kesler asked the Section questions regarding training, billing, and reimbursement for driving evaluations conducted by occupational therapist. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that Mr. Kesler refer to Medicare/Medicaid or payer policies for any specific billing and reimbursement requirements in his setting. The occupational therapy practitioner must demonstrate and document the appropriate knowledge, skills, and ability in the treatment(s) being performed and be practicing within the occupational therapy scope of practice. Pursuant to rule 4755-7-08 (A)(4) of the Ohio Administrative Code, occupational therapy practitioners shall achieve and continually maintain high standards of competence. (a) Occupational therapy practitioners shall take responsibility for maintaining and documenting competence by participating in professional development and educational activities. (b) Occupational therapy practitioners shall critically examine and keep current with emerging knowledge relevant to their practice so they may perform their duties on the basis of accurate information. (c) Occupational therapy practitioners shall protect service recipients by ensuring that duties assumed by or assigned to other occupational therapy practitioners match credentials, qualifications, experience, and scope of practice.
8. **Sheila McGuire Smith:** Ms. Smith asked the Section questions regarding whether there is a maximum number of clients that occupational therapists can treat at the same time. **Reply:** The Ohio Occupational

_____ regulate caseload levels. In any given period of time, an occupational therapist must not provide or supervise care for a higher number of clients 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.

9. **Nijole Bright:** Ms. Bright asked the Section questions regarding whether occupational therapy assistants are required to wash and cut a clients nails if the client poses a high risk for bleeding. **Reply:** Section 4755.04 (A)(3) of the Ohio Revised Code defines occupational therapy to include “interventions and procedures to promote or enhance safety and performance in activities of daily living...” Certainly instruction in and/or modifications for hand washing and bathing are part of activities of daily living. In addition, interventions in clipping nails, such as using a one-handed nail clipper for a hemiplegic client, would also fall under an activity of daily living. This would assume that the client has the potential to become independent, or to at least assist with the task of nail clipping. If there is no potential for the client to at least be able to assist with the task after occupational therapy intervention, it would be difficult to justify nail care as an occupational therapy treatment; however, it may be necessary in preparation for another occupational therapy treatment. In this case, issues associated with nail care might be performed as client education (e.g.: to prevent infection), but nail care would probably not be ongoing after the instruction. If the nail care is being performed as part of the occupational therapy treatment/intervention plan, there would need to be an initial assessment by the occupational therapist and collaboration between the occupational therapist and occupational therapy assistant to determine that the client could develop increased independence in the tasks before nail care would be considered as part of the occupational therapy treatment. Both the occupational therapist and occupational therapy assistant must be aware of precautions with compromised circulation for certain client groups.
10. **Kearstin Hamad:** Ms. Hamad asked the Section whether an occupational therapist is required to provide occupational therapy services to all clients that would potentially benefit from services. **Reply:** It is the position of the Ohio Occupational Therapy Section that Ms. Hamad would not be in violation of any provisions of the Ohio Occupational Therapy Practice Act if Ms. Hamad informed the individual’s parent that she would be unable to provide services to that person for the reasons outlined in Ms. Hamad’s letter to the Board.
11. **Brenda George:** Ms. George asked the Section whether the transdisciplinary approach to Early Intervention therapy provision in school-based practice potentially constitutes delegation of occupational therapy services to a non-licensed individual. **Reply:** The Section requested additional information from Ms. George.
12. **Cindy Schell:** Ms. Schell asked the Section whether occupational therapy assistants can write projected short term goals in a weekly note. **Reply:** It is the position of the Occupational Therapy Section that the initial plan, long-term goals, and initial short-term goals must be written by the occupational therapist. The occupational therapist may collaborate with the occupational therapy assistant in the development of these items. Once the initial plan of care and goals are established, the occupational therapy assistant may establish short-term goals. Please review rule 4755-7-03 (B) of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant.
13. **Julie Zeigler:** Ms. Zeigler asked the Section questions regarding whom to contact to obtain clarification on the HIPAA requirements for occupational therapy practice. **Reply:** For additional information regarding compliance with the HIPAA policies, paperwork, and training the Occupational Therapy Section recommends that Ms. Zeigler contact the Centers for Medicare and Medicaid Services HIPAA hotline at (410) 786-4232 or via email at AskHipaa@cms.hhs.gov. Ms. Zeigler may also refer to the American Occupational Therapy Association’s Fact Sheet on HIPAA Administrative Simplification Web Links for additional information.

OT/PT Joint Correspondence

- JB1. Emily Husemann Spring:** Dr. Spring asked the Sections questions regarding documenting goals and transfer of care of students in a school-based setting. **Reply:** Pursuant to section 4755.47 (A)(5) of the

Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Administrative Rules. Paragraph (B)(5)(h) of this rule cites “Abandoning the patient by inappropriately terminating the patient practitioner relationship by the licensee” as a “failure to adhere to the minimal standards of acceptable prevailing practice.” It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy care, the physical therapist must transfer the student to the care of another physical therapist. This includes the situation when a student transfers to a different school within the same school district but not instances when a physical therapist is taking regularly scheduled days off, a personal day, or job sharing. In school-based practice, the physical therapists, in consultation with the district administrators, should develop a system that will allow for transfer of care in situations where a student is transferring to a different school within the district or when a therapist is changing positions and moving to a different school or leaving the district. That transfer of care must be documented in the student’s physical therapy records by identifying the new physical therapist or team of therapists by name and/or building. The physical therapist that has accepted the transfer of care is then responsible for all aspects of the physical therapy program including supervision of physical therapy and educational personnel. Until the student is transferred to the physical therapist in the new building, the evaluating physical therapist is responsible for the overall care of the patient including the supervision of any physical therapy personnel providing services to that patient. It is not necessary to terminate a physical therapy plan of care at the end of each school year if the plan of care states that services are effective for the school calendar year. In response to Ms. Spring’s question regarding whether it is acceptable to write “See Attached” under the goals section of the plan of care, an IEP is an educational document and sets forth the educational goals for the student. The physical therapy plan of care documents the physical therapy goals necessary to support the student in meeting the IEP goals. Therefore, it is not sufficient to staple the IEP goals to the student’s physical therapy plan of care with a notation to “See Attached.” If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the student 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 student and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that student 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 student/therapist relationship. That transfer of care must be documented in the student’s 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 student is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the student, including the supervision of any occupational therapy personnel providing services to that patient. In the school based setting, transfer of the occupational therapy care to another therapist should be recorded in the student record. It is the interpretation of the Occupational Therapy Section that the IEP alone is not an occupational therapy plan of care (intervention plan). Although goals and objectives may be the same in the IEP and the occupational therapy intervention plan, the plan should also indicate the approaches to be used to meet the objectives, precautions, and outcomes. It is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the AOTA Guidelines for Documentation of Occupational Therapy (AJOT November/December 2008) when determining documentation of occupational therapy in any setting, including school-based practice.

JB2. Dawn Bookshar: Ms. Bookshar asked the Sections questions regarding timeliness for cosigning documentation for occupational therapy assistants and physical therapist assistants. **Reply:** Rule 4755-27-03(E)(6) of the Ohio Administrative Code states that “All documentation shall be co-signed by the supervising physical therapist” but does not specify time requirements for co-signing the physical therapist assistant’s notes. It is the position of the physical therapy section that the urgency of reviewing and co-

- JB3.** **Stephen Sexton:** Mr. Sexton asked the Sections questions regarding occupational therapy and physical therapy co-treating and billing for services provided at the same segment of time. **Reply:** 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 segment of time. However, the Sections recommend that Mr. Sexton 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. Please refer to Medicare rules or other payer policies to answer Mr. Sexton's specific questions. Frequently asked questions that were published by the Centers for Medicare and Medicaid Services (CMS) have clearly stated that a patient cannot be charged for two separate one-on-one services during the same segment of time, regardless of skill level required.
- JB4.** **Randi Moore:** Ms. Moore asked the Sections if unlicensed personnel can assist with transfers for occupational and physical therapists. **Reply:** Rules 4755-7-01 and 4755-27-01 of the Administrative Code define unlicensed personnel as any person who is on the job trained and supports the delivery of occupational and physical therapy services. Rules 4755-7-02 and 4755-27-03 of the Administrative Code describe the routine duties that assist in the delivery of occupational and physical therapy care and operations that may be assigned to unlicensed personnel. The rules on delegation to unlicensed personnel is intended to limit the involvement of unlicensed personnel in direct patient care to assisting the occupational and physical therapy practitioners as "a second pair of hands on the same patient." For example, in a physical therapy setting, the unlicensed aide may assist a physical therapist or physical therapist assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may guard a patient while the therapist steps back to assess the patient's gait pattern. In an occupational therapy setting, the unlicensed aide may assist an occupational therapist or occupational therapy assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may stabilize a patient in a wheelchair while the therapist assesses the patient's positioning. It is NOT intended that unlicensed personnel provide a component of occupational therapy/physical therapy treatment to patient A while the occupational therapy/physical therapy practitioner treats patient B or performs other activities, e.g. documentation. A physical therapist or physical therapist assistant may provide administrative oversight of an unlicensed aide who is providing restorative or maintenance care in a nursing home after the termination of a physical therapy plan of care or in services that are not represented as physical therapy. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. 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 4755-7-03 of the Ohio Administrative Code to unlicensed personnel. Third party payer policies and/or federal regulations may be more or less restrictive than the Ohio Occupational Therapy and Physical Therapy Practice Act. In any situation, licensees should follow the more restrictive policies. Even if insurance policies allow physical therapy services provided by aides, that practice is illegal in Ohio.
- JB5.** **Michael Weidger:** Mr. Weidger asked the Sections if occupational therapy or physical therapy licensure is required in Ohio to perform functional assessments. **Reply:** It is the position of the Occupational Therapy Section that all components of the described functional assessment fall clearly within the occupational therapy scope of practice and education. Therefore the Occupational Therapy Section recommends that an occupational therapist license as an appropriate qualification for the described position. It is the position of the Physical Therapy Section that all components of the described functional assessment fall clearly within the physical therapy scope of practice and education. Therefore the Physical Therapy Section recommends

JB6. Emily Sell: Ms. Sell asked the Section questions regarding occupational therapy and physical therapy co-treating and billing for services provided at the same segment of time and asked if an individual is required to be certified in lymphedema therapy in order to administer lymphedema treatment. **Reply:** 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 segment of time. However, the Sections recommend that Ms. Sell 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. While it is the position of the Occupational and Physical Therapy Sections that nothing in the Ohio Occupational and Physical Therapy Practice Act prohibits an occupational therapist/physical therapist from performing lymphedema therapy, as with any specialized procedure, the occupational therapist/physical therapist must have training and must demonstrate and document competency in the interventions. The manner in which the training is obtained and competency demonstrated are not addressed in the Practice Acts. Some payers may require specific credentials to qualify for reimbursement of lymphedema treatment. Please refer to Medicare rules or other payer policies to answer Ms. Sell's specific questions since reimbursement for CPT codes varies among insurance companies.

Old Business

Occupational Therapy Jurisprudence Examination Revisions Update

The Section will forward comments on the revised jurisprudence examination to the Executive Director by July 30, 2010. Nanette Shoemaker and Rebecca Finni will continue to work on the examination questions and will provide revisions to the examination at the September 2010 Section meeting. The Executive Director will explore options for offering the jurisprudence examination electronically.

Proposed Changes to the Code of Ethics

The Section made revisions to the draft language for proposed changes to the Code of Ethics. The Section goals are to work on the section headers, and re-categorize the items that fall in more than one category. Jean Halpin will provide an updated draft at the September 2010 Section meeting.

OT/PT School Based Institute Presentation August 10, 2010

Mary Stover gave an update on the presentation assignments for the scheduled presentation on August 10, 2010.

New Business

Discussion on renewing a license in escrow

The Section discussed the necessity for escrow status in light of the rules changes impacting individual's restoring if they did not practice for five years. Many individuals applying to restore their escrowed license have questioned the benefit of escrow status if the re-activation process is substantially equivalent to reinstating an expired license. The Section requested that OOTA put together a draft on the pros/cons of eliminating escrow status. The Section will review the OOTA draft at the September 2010 Section meeting.

Open Forum

The NBCOT Conference is scheduled for October 22-23, 2010, in Indianapolis, IN.

Ohio Occupational Therapy Association (OOTA) Report

There was no formal report.

Items for Next Meeting

- Jurisprudence examination update
- Proposed changes to code of ethics
- Elections

- Discuss Escrow Status
- 2011 Calendar Review
- OOTA Presentation

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, September 9, 2010.

Action: Jean Halpin moved to adjourn the meeting. Rebecca Finni seconded the motion. The motion carried. The meeting adjourned at 3:15 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