



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
July 26, 2012
9:00 a.m.

Members Present

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

Staff

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

Legal Counsel

Yvonne Tertel, AAG
Lyndsay Nash, AAG

Guests

Jacquelyn Chamberlin, OOTA
John Gears
Beth Collis
Cheryl Collins-Johnoso

Call to Order

Jean Halpin, Section Chair called the meeting to order at 9:39 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 May 10, 2012 meeting be approved as amended. Kimberly Lawler seconded the motion. The motion carried.

Executive Directors Report

- The Executive Director reported that he is developing the FY 2014-2015 Budget. The Board is allowed to budget up to 100 percent of FY 2013 appropriation authority.
- The Executive Director informed the Section that the State is moving towards a new workforce planning model. The new planning model will allow agencies more flexibility in hiring, which should allow the Board to fill the vacant clerk position.

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

Discussion of Law Changes

The Executive Director will request comments from stakeholders on the rules scheduled for Five-Year Review in 2013.

Administrative Reports

Continuing Education Report

Action: Nanette Shoemaker moved that the Section approve 125 applications for contact hour approval and deny three applications for contact hour approval. Jean Halpin 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 licenses issued by examination, endorsement, reinstatement, and restoration by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from May 10, 2012 through July 26, 2012, taking into account those licenses subject to discipline, surrender, or non-renewal. Nanette Shoemaker seconded the motion. Kimberly Lawler abstained from voting on the occupational therapy assistant endorsement application for Vicky Stevens. Kimberly Lawler abstained from voting on the occupational therapy assistant reinstatement applications for Heidi Hardbarger and Jasmen Rand. The motion carried.

Occupational Therapist – Examination

Adams, Amanda	Austermiller, Karen	Deremer, Elizabeth
Etter, Angela	Farrington, Ellen	Flesch, Meghan
Golz, Elaine	Ignasiak, Rachel	Jackson, Allana
Keppel, Lauren	Kibler, Abby	Krol, Ellen
Larsuel, Sierra	Lorenzo, Rachel	Marie, Lindsay
Mattachione, Heather	Miller, Christopher	Misko, Alexis
Pollock, Mary	Roane, La Vonnia	Smith, Heather
Tin, Rose	Wolf, Catherine	Wynn, Charde
Yin, Jiyi		

Occupational Therapy Assistant – Examination

Avione, Melissa	Blanton, Mallory	Bodi, Jeremiah
Briceland, Bethany	Briceland, Michelle	Brown, Alicia
Carleton, Carolyn	Correll-Begley, Amanda	Crater, Jennifer
Cunningham, Briana	Dafler, Stephanie	Daugherty, Kristina
Davidson, Karen	Defranco, Kyla	Duduit, Kristyn
Dunahay, Brittany	Ferrell, John	Foutty, Leah
Hackworth, Brittany	Haws, Heather	Holsinger, Heidi
Ketron, Lisa	Marlowe, James	Merhar, Megan
Miller, Tara	Morgan, Cynthia	Mullins, Shana
Nagel, Craig	Niday, Lindsey	Noel, Denise
Nussbaum, Brittany	Oyer, Amanda	Perry, Melissa
Pivato, Monica	Pollitt, Erin	Poorman, Michael
Reese, Racheal	Render, Jessica	Riegel, Whitney
Robbins, Anna	Roman, Alice	Romanowski, Rachel
Ruggeri, Carrie	Schiele, Andrea	Sinn, Marla
Smith, Brian	Smithhisler, Marsha	Stoner, Cheryl
Vassel, Julie	Wellbaum, Alexis	White, Chris
Zeleznak, Laura		

Occupational Therapist – Endorsement

Arehart-Lindstrom, Katherine	Augenstein, Rachel	Barr, Whitney
Bisinger, Mary Beth	Butler, Brenda	Cannoot, Brooke
Distel, Michelle	Friedman, Laura	Kubinski, Jennifer
LaFond, Anna	Logan, Robert	Redd, Shannon
Richmond, Tami	Ryan, Claire	Stoner, Mackenzie
Trowbridge, Diane	Tuck, Kristi	Wilson-Hammond, Charise
Zappia, Lisa		

Occupational Therapy Assistant – Endorsement

Black, Erin	Chroninger, Beth	Hunley, Loretta
Isner, Eileen	Rogers, Jodi	Smith, Mark
Stevens, Vicky	Terry, Lee	

Occupational Therapist – Reinstatement

Gongola, Christine	Patel, Niral	Piri, Andrea
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Preece, Rebecca
Stary, Karen

Ramm, Kathryn

Siewiorek, Carrie

Occupational Therapy Assistant – Reinstatement

Anlee, Heidi
Boyle, Michael
Hardbarger, Heidi
Kearns, Erica
Murphy, Christy
Powers, Michelle
Rothel, Erin
Thompson, Angela

Blosser, Nicole
Duvall, Karla
Hughes, Jennifer
Melton, Sarah
Parham, Paulette
Quinn, Brittany
Sellers, Beth

Bonifas, Susan
Estrada, Monica
Kasnik, Karyn
Miracle, Susan
Piacquadio, Diane
Rand, Jasmen
Swanger, Cheryl

Occupational Therapist – Restoration

Birnbrich, Kelly

Gabel, Amy

Occupational Therapy Assistant – Restoration

Florman, Jacalyn

Iacano, Mary-Rita

Udris, Cynthia

Limited License Agreements

Mary Stover reported the Section received one new limited license application since the May 10, 2012 meeting. There are currently thirty limited license applications/agreements being monitored.

Mary Stover reported that Stacy Esper, Cheryl Kovesdy, Cynthia Wiswesser, and Janie Corrigan complied with all terms and conditions and were released from their limited license agreements.

Mary Stover reported that occupational therapy assistant file #5116877 successfully completed the midterm fieldwork performance evaluation as outlined in the limited license agreement.

Mary Stover recommended that, pursuant to rule 4755-3-01(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapy assistant examination applicant #5189738. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapy assistant license agreement to examination applicant #5189738. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted a limited license agreement to Nichole Lammers.

Mary Stover recommended that the Section rescind the limited license agreement and issue a full license for occupational therapy assistant reinstatement file #5169986. **Action:** Jean Halpin moved that Section rescind the limited license agreement and issue a full license for occupational therapy assistant reinstatement file #5169986. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section granted an occupational therapy assistant license to William Marshall.

Mary Stover recommended that the Section rescind the limited license agreement since the applicant requested to withdraw the application for occupational therapy assistant reinstatement file #4620193. **Action:** Jean Halpin moved that Section rescind the limited license agreement since the applicant requested to withdraw the application for occupational therapy assistant reinstatement file #4620193. Kimberly Lawler seconded the motion. Mary Stover abstained from voting. The motion carried. The Section approved the application withdrawal for Robin Riley-Casey.

Mary Stover recommended that the Section rescind the limited license agreement since the applicant requested to withdraw the application for occupational therapy assistant reinstatement file #5166212. **Action:** Jean Halpin moved that Section rescind the limited license agreement since the applicant request to withdraw the application for occupational therapy assistant reinstatement file #5166212. Nanette Shoemaker seconded the motion. Mary Stover abstained from voting. The motion carried. The Section approved the application withdrawal for Jill Broyles.

Occupational Therapy Assistant Renewal Report

The Executive Director reported that the final occupational therapy assistant renewal statistics were emailed to the Section. The expired notices were mailed out on July 2, 2012.

Assistant Attorney General's Report

Yvonne Tertel, AAG, informed the Section that there will be two cases presented to the Section today. Ms. Tertel informed the Section that Lyndsay Nash, AAG, will advise the Section during the Hearing Examiner's Report and Recommendation proceeding since Ms. Tertel prosecuted the case.

Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened six cases and closed two cases since the May 10, 2012 meeting. There are currently eight cases open. There are three consent agreements and one adjudication order being monitored.

Kimberly Lawler reported that Sharon Spiegel complied with all terms and conditions and was released from her consent agreement.

Enforcement Actions

Kimberly Lawler recommended that the Section accept consent agreement OT FY12-016 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY12-016 in lieu of going to hearing. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried. The Section accepted the consent agreement for, Erica Boarman.

Hearing Officer's Report and Recommendation for Case Number OT-LD-FY12-001

The Section reviewed the hearing officer's report and recommendation from Paul Stehura, Hearing Officer in the matter of John A. Gears, Case Number OT-LD-FY-12-001. The hearing was held before Hearing Officer Paul Stehura on March 27, 2012.

In accordance with Board procedures, the member who reviewed the application for this individual and made recommendation to the Board regarding this application, shall not participate in further adjudication of the case and must abstain from further participation in the adjudication of these matters. Kimberly Lawler recommended the application denial and identified herself.

The Hearing Officer Paul Stehura served the Report and Recommendation to the Board Office on April 26, 2012. John A. Gears received a copy of the Hearing Officer's Report and Recommendation via certified mail on May 2, 2012. Mr. Gears' attorney did file written objections to the Report and Recommendation.

A request to address the Board was timely filed on behalf of Mr. John A. Gears. Mr. Gears was given five minutes to address the Board.

Action: Nanette Shoemaker moved to go into private session for the purpose of quasi-judicial deliberation on this matter. Mary Stover seconded the motion.

Jeffrey Rosa called roll:

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

Kimberly Lawler left the room. The Section went into private session at 12:30 pm and came out at 12:52 pm.

Jean Halpin asked each of the Board members if they received, read, and considered the entire record in this matter, including the transcript of proceedings, exhibits, oral testimony, the Hearing Officer's Report, and Hearing Officer's Recommendation in the Matter of John A. Gears, Case Number OT-LD-FY-12-001, and asked each member if they were prepared to adjudicate in this matter.

Jeffrey Rosa called roll:

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

Action: Rebecca Finni moved to accept the Hearing Officer’s findings of fact in the matter of John A. Gears, Case Number OT-LD-FY-12-001. Nanette Shoemaker seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Action: Nanette Shoemaker moved to accept the Hearing Officer’s conclusions of law in the matter of John A. Gears, Case Number OT-LD-FY-12-001. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Action: Nanette Shoemaker moved to accept the Hearing Officer’s recommendations as written. Rebecca Finni seconded the motion.

Jeffrey Rosa called roll:

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

The motion carried. The application of John A. Gears to be licensed as an occupational therapy assistant by reinstatement is hereby denied.

Action: Jean Halpin moved that, pursuant to section 4755.031 of the Ohio Revised Code, fees be assessed against Mr. John A. Gears. Mary Stover seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Jeffrey Rosa reported that the costs required under section 4755.031 of the Ohio Revised Code covered a total of two invoices: (1) hearing officer, and (2) court reporter, which included transcripts. The total cost for the two vendors is \$2,936.75.

The Executive Director is hereby instructed to prepare an adjudication order to carry out the mandate of this Section of the Board and serve the order to Mr. John A. Gears in the manner prescribed by law. This concludes the matter of John A. Gears, Case Number OT-LD-FY-12-001.

Chapter 119 Hearing for Case Number OT-FY12-011

The Section held a Chapter 119 Hearing for Case Number OT-FY12-011 from 1:11 am to 1:16pm. Pursuant to a request from the respondent, the Section granted a continuance for this hearing until a later date. The Executive Director will prepare an order for continuance.

Correspondence

1. **Erica Enochs, S/OT:** Ms. Enochs asked the Section questions regarding utilization of deep physical agent modalities in occupational therapy practice. **Reply:** Formal certification to provide physical agent modalities is not a requirement in Ohio. However, in accordance with section 4755.04 (A)(3) 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. If the modality will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques or modality.

2. **Janet Mayer, OTR/L:** Ms. Mayer asked the Section questions regarding the use of physical agent modalities in occupational therapy practice. **Reply:** Formal certification to provide physical agent modalities is not a requirement in Ohio. However, in accordance with section 4755.04 (A)(3) 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. If the modality will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques or modality.
3. **Cindy Hudson, OTR/L:** Ms. Hudson asked the Section questions regarding whether it is acceptable for occupational therapy assistants to document the clients' status and new goals/interventions verbally discussed with an occupational therapist via phone. **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 treatment/intervention plan and goals are established, the occupational therapy assistant may update existing short-term goals in collaboration with the occupational therapist. New goals related to a deficit or limitation not previously assessed by the occupational therapist would require formal assessment by the occupational therapist prior to establishment of new goals. Please review rule 4755-7-02 of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant. Please refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008).
4. **Rebecca Pickels, OT:** Ms. Pickels asked the Section questions regarding occupational therapy evaluation and discharge practices in a long term care facility. **Reply:** As a reminder, the Code of Ethical Conduct applies across **all** practice settings, including skilled nursing and long term care. In response to your scenario, occupational therapy practitioners may encounter situations in which they feel a client would not benefit from further intervention after evaluation, or where a client is ready to be discharged from occupational therapy services, but other interdisciplinary team members, managers, and/or the client's family disagree. According to rule 4755-7-08 (C)(1)(b) of the Ohio Administrative Code, an occupational therapist or occupational therapy assistant shall not provide treatment interventions that are not warranted by the client's condition or continue treatment beyond the point of reasonable benefit to the client. Occupational therapy practitioners must clearly document and communicate with the interdisciplinary team. If, in his/her professional opinion, the occupational therapist does not expect the client to further benefit from continuing occupational therapy services, the occupational therapist must clearly document and communicate to the interdisciplinary team that the therapist disagrees with continuing occupational therapy services. If the manager, interdisciplinary team, and/or client/client's family decides to continue occupational therapy services after such communication, the occupational therapist may continue to provide services after the client is made aware that no further benefit is expected. In this situation, the occupational therapist would not be in violation of rule 4755-7-08 (C)(1)(b). Regarding the provision of services under various insurers, it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.
5. **Heather Meredith, OTR/L:** Ms. Meredith asked the Section questions regarding the supervision ratio requirements for occupational therapy practitioners. **Reply:** In response to your first scenario describing a setting with two occupational therapists supervising 8 occupational therapy assistants, the most likely way to avoid exceeding supervisory limits would be to split supervision of the client caseload between the two therapists. The occupational therapists would then provide co-signatures and supervision of the occupational therapy assistants providing treatment to those clients, since it is not always possible to divide and assign the same clients between the 8 assistants each day. Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients 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 assure that treatments are rendered according to safe and ethical standards and in compliance with rule 4755-7-04 of the Administrative Code, which states that “the supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the occupational therapy assistant, student occupational therapist, student occupational therapy assistant and unlicensed personnel.” In response to your second scenario regarding the number of occupational therapy assistants a part-time or PRN therapist can supervise, paragraphs (B)(1) to (B)(3) of rule 4755-7-04 of the Administrative Code, state that when maintaining a separate caseload, a full-time equivalent occupational therapist may supervise no more than four full-time equivalent occupational therapy assistants. If there are occupational therapy assistants working part-time or PRN, their hours need to be accounted for as part of this four full-time equivalent maximum. 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 occupational therapy assistants. The number of occupational therapy assistants that a part-time or PRN occupational therapist may supervise is proportionate to the number of hours worked by the part-time or PRN occupational therapist. For example, an occupational therapist who works 20 hours per week (and provides evaluation and treatment to clients during those 20 hours) may supervise up to 2 full-time occupational therapy assistants. However, the supervisory ratio is based on the number of total hours worked by the therapist. A PRN therapist providing only evaluations in 3 different nursing homes (as in your third scenario) would not be able to provide the supervision needed by the occupational therapy assistants, and would need to transfer supervision of the client plan of care to a therapist who was working more consistently within those nursing homes.

6. **Sarah Buehler, OTR/L:** Ms. Buehler asked the Section questions regarding the use of electronic signatures. **Reply:** Co-signature of occupational therapy assistant 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 client’s 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.
7. **Houman Babai, OT:** Mr. Babai asked the Section questions regarding the supervision ratio requirements for occupational therapy practitioners. **Reply:** Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients 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 assure that treatments are rendered according to safe and ethical standards and in compliance with rule 4755-7-04 of the Administrative Code, which states that “the supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the occupational therapy assistant, student occupational therapist, student occupational therapy assistant and unlicensed personnel.” Pursuant to paragraphs (B)(1) to (B)(3) of rule 4755-7-04 of the Administrative Code, when maintaining a separate caseload, a full-time equivalent occupational therapist may supervise no more than four full-time equivalent occupational therapy assistants. If there are occupational therapy assistants working part-time or PRN, their hours need to be accounted for as part of this four full-time equivalent maximum. 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 occupational therapy assistants. The number of occupational therapy assistants that a part-time or PRN occupational therapist may supervise is proportionate to the number of hours worked by the part-time or PRN occupational therapist. Therefore, if another occupational therapist supervises one of the occupational therapy assistants, you would still be able to provide occupational therapy treatments to the clients. In response to your first question, you **can** have another occupational therapist provide supervision to one of the occupational therapy assistants and continue to provide treatment as you had previously. In response to your second question, providing treatment for clients on a day when there are only four occupational therapy assistants being supervised would NOT be in excess of the supervisory ratio limits. In response to your third question, treatment provided as a part of the evaluation or periodic supervisory/re-assessment visits would be a part of the therapist’s supervisory responsibilities and would not be considered a “separate caseload.” It is not within the jurisdiction of the Occupational Therapy Section to render billing and

reimbursement advice in regards to supervision of occupational therapy assistants and the amount of hours an occupational therapist is working with full time and PRN hours. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting in regards. For further specific guidelines, contact the Ohio Occupational Therapy Association (<http://www.oota.org>) or the Reimbursement Department of the American Occupational Therapy Association.

8. **Bonnie Schmidt, OTR/L:** Ms. Schmidt asked the Section questions regarding the practice of telerehabilitation in occupational therapy practice. **Reply:** Telerehabilitation is an emerging area of practice. We suggest you review the American Occupational Therapy Association's *Position Paper: Telerehabilitation* (AOTA, 2010) for additional guidance and resources regarding process and best practice for provision of occupational therapy remotely. Provision of these services to students of virtual schools with established IEPs may also involve regulatory requirements from the Ohio Department of Education. It is the position of the Ohio Occupational Therapy Section that an occupational therapy practitioner is required to hold a valid, current license in the State of Ohio to serve any clients residing in Ohio. The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with questions regarding school based practice via telerehabilitation. You can contact the Ohio Occupational Therapy Association at www.oota.org.
9. **James Eich, COTA/L:** Mr. Eich asked the Section if it would be considered a duplication of services, if both the occupational physical therapy plan of care lists the same goals. **Reply:** Duplication of goals and interventions between occupational therapy and another discipline for the same client would not constitute a violation of licensure law provided that the services being provided were appropriate for the client as stated in rule 4755-7-08 (C) of the Ohio Administrative Code: (1) A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a client occurred, includes, but is not limited to: (a) Failing to assess and evaluate a client's status or establishing an occupational therapy intervention plan prior to commencing treatment/intervention of an individual client. (b) Providing treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client. (c) Providing substandard care as an occupational therapy assistant by exceeding the authority to perform components of interventions selected by the supervising occupational therapist. However, duplication of services as you have described **does** create issues for billing and reimbursement. While it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice, the Section strongly recommends that you refer to payer policies for specific billing and reimbursement requirements related to duplication of services in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. Rule 4755-7-08 (C)(8) states occupational therapy practitioners should consult with other service providers whenever such a consultation would be beneficial to the care of the client, and the consultation should be done in collaboration with the client. You may want to collaborate with your supervising occupational therapist and the physical therapy staff to coordinate your plans of care so that duplication of services can be limited, and the client's intervention would be more holistic.
10. **Wanda Yarnell, OTR/L:** Ms. Yarnell asked the Section questions regarding occupational therapist filling out a non-visit discharge oasis form. **Reply:** Rule 4755-7-08 (B)(4) of the Ohio Administrative Code states that occupational therapy practitioners shall maintain accurate client and/or billing records. As you complete the discharge documentation, if there are areas you do not feel confident that you can provide current information, those areas should be marked "not assessed" or "not assessed at discharge." Documenting the client's status from your most recent visit (as it pertains to those areas) would be acceptable, as well, provided that documentation identifies the date that information was obtained. In addition, rule 4755-7-08 (C)(8) of the Ohio Administrative Code states occupational therapy practitioners should consult with other service providers whenever such a consultation would be beneficial to the care of the client. You may want to collaborate with the interdisciplinary team to coordinate your discharge information so the most accurate and up-to-date client information will be documented within the discharge paperwork.

11. **Jodi Cain, OTA:** Ms. Cain asked the Section questions regarding whether occupational therapy assistant documentation requirements for non-reimbursable services. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapy assistant from volunteering at a Therapeutic Riding Center. Although occupational therapy assistants providing volunteer services may publicize their educational degrees, they should not use the credentials OTA, OTA/L or COTA/L, and should not state the activities provided through the riding center are led by occupational therapy practitioners. If you are representing yourself as an occupational therapy assistant and/or your services as related to your skills as an occupational therapy assistant (regardless of whether you are providing volunteer or “private pay” services), you must be supervised by an occupational therapist. If your services are represented as occupational therapy, each client would require an evaluation and plan of care overseen by an occupational therapist. If you are simply volunteering your time, without representing yourself as an occupational therapy assistant to either the facility or the clients, then there would not be a need for either documentation or supervision by an occupational therapist. It is not within the Section’s jurisdiction to render legal advice regarding obtaining professional or personal liability insurance. The Section recommends you contact an attorney or the Riding Center for further counsel in this area.
12. **Heidi Krah, OT:** Ms.Krah asked the Section questions regarding clarification on occupational therapy documentation requirements and discharge summaries. **Reply:** Regarding your first question, rule 4755-7-02 of the Ohio Administrative Code states that the occupational therapist maintains professional responsibility for development, interpretation, and modification of the treatment/intervention plan and the discharge plan. The occupational therapist may write a discharge summary based on the client’s status during the final treatment on day of discharge. Regarding your second question, if adequate notice of discharge is not made to the client according to payer/facility policy, the occupational therapist may take steps to extend the plan of care to complete any necessary treatments. Another individual voiding a discharge order written by the occupational therapist does not in and of itself indicate approval or oversight by the occupational therapist. Rule 4755-7-08 (C)(8) of the Ohio Administrative Code states that occupational therapy practitioners should consult with other service providers whenever such a consultation would be beneficial to the care of the client. This would include collaboration with the interdisciplinary team to coordinate discharge plans and avoid issues with continuity. Regarding your third question, rule 4755-7-08 (B)(4) of the Ohio Administrative Code states that occupational therapy practitioners shall maintain accurate client and/or billing records, and NOT falsify, alter, or destroy client records, medical records or billing records without authorization. This would include changes to the medical record dated inaccurately. Regarding your fourth question, rule 4755-7-04 of the Ohio Administrative Code states that the supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including occupational therapy assistants. As noted previously, this includes collaboration between the occupational therapist and occupational therapy assistant to ensure timely, accurate documentation for each client served. Finally, rule 4755-7-08(A)(9) of the Ohio Administrative Code mandates that licensees shall report to the Occupational Therapy Section any unprofessional, incompetent, or illegal behavior of an occupational therapy practitioner of which the licensee has knowledge. We encourage you to notify the section if you believe further investigation may be warranted.
13. **Kathy Sanders:** Ms. Sanders provided the Section with suggestions for updating the Board’s consumer education publication. **Reply:** We thank you for your correspondence and interest in creating a more up-to-date consumer education publication for consumers of occupational therapy. We plan to review and update the guide to better reflect current terminology and emerging areas of practice.
14. **Heather Meredith:** Ms. Meredith asked the Section if it is acceptable to use signature stamps when co-signing occupational therapy documentation. **Reply:** There is nothing in the Ohio Practice Act that prohibits use of stamped signatures; however, accrediting bodies and third party payers may have more stringent requirements (or specifically prohibit stamp signature use). Electronic signatures are also acceptable, and may better meet the needs of your particular therapist’s situation.

OT/PT Joint Correspondence

- JB1. Erika Stutts, OT:** Ms. Stutts asked the Occupational and Physical Therapy Sections questions regarding providing occupational therapy consultative services and if physical therapist assistants can gather information for an occupational therapy screen and determine a need for an occupational evaluation. **Reply:** In response to your first question, individuals administratively managing a therapy department

(minutes management, attending team meetings, and other employee-related duties) do not require an Ohio license. However, if the occupational therapist also performs clinical supervision of occupational therapy assistants, or client-specific assessment or treatment, the therapist would be required to have a valid Ohio occupational therapy license. In response to your second question, it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. As a reminder, however, the Code of Ethical Conduct applies across **all** practice settings, including skilled nursing and long term care. In response to your scenario, occupational therapy practitioners may encounter situations in which they feel a client would benefit from further intervention, but other interdisciplinary team members, and/or managers disagree. Rule 4755-7-08 (C)(1)(d) of the Ohio Administrative Code states that an occupational therapist or occupational therapy assistant shall not abandon the client by inappropriately terminating the practitioner-client relationship, and rule 4755-7-08 (C)(13) states an occupational therapy practitioner shall advocate for clients to obtain needed services through available means. If the occupational therapy practitioner communicates and documents their professional opinion, and the interdisciplinary team members, and/or managers choose to discharge the client, the occupational therapy practitioner would not be in violation of rules 4755-7-08 (C)(1)(d) and 4755-7-08 (C)(13). In response to your third question, rule 4755-7-08 (C)(1)(b) of the Ohio Administrative Code states that an occupational therapy practitioner shall not provide treatment interventions that are not warranted by the client's condition or continue treatment beyond the point of reasonable benefit to the client. As noted above, if the occupational therapy practitioner communicates and documents their professional opinion regarding appropriate intensity of treatment for their client, and the interdisciplinary team members, and/or managers choose to disregard that opinion, the occupational therapy practitioner would not be in violation of rule 4755-7-08 (C)(1)(b). In response to your fourth question, occupational therapists are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. Screens may be completed by other licensed or unlicensed healthcare personnel that result in a referral for occupational therapy. As such, a physical therapist assistant under the direction of a physical therapist can perform a screen. According to rule 4755-27-03 (E)(5) of the Ohio Administrative Code, when practicing within the scope of physical therapy, a physical therapist assistant may gather data about a patient to perform a screening that is non-evaluative in nature. Screens include a review of the patient's medical information and/or verbal contact with other health care practitioners, family, or the patient to review the patient's medical history and past functional ability but do not include physical contact with the patient. Interpretation of this information, including the need for a physical therapy evaluation and or referral to occupational therapy, is the responsibility of the physical therapist. Any screen conducted by a physical therapist assistant must be cosigned by the physical therapist.

JB2. Debra Farley: Ms. Farley asked the Occupational and Physical Therapy Sections for clarification occupational and physical therapy documentation requirements for clinical settings to meet state and federal guidelines. **Reply:** The Occupational Therapy Section recommends that you refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008). The Physical Therapy Section recommends accessing the American Physical Therapist Association's Defensible Documentation. Information can be found at www.apta.org. There is also a wealth of information related to billing, coding, and compliance, but access to most information is restricted to APTA members only.

JB3. Carol Kline: Ms. Kline asked the Occupational and Physical Therapy Sections questions regarding whether it is legal for occupational and physical therapists to treat students that are not receiving special education services. **Reply:** It is legal for occupational therapists to provide services to students who are not receiving special education services. As in any area of occupational therapy practice, an occupational therapist participating in the RTI process would perform assessments, plan and implement interventions, and collect data on outcomes; appropriate documentation of those steps is a requirement. If an occupational therapist is observing a student on an individual basis and making recommendations, then the therapist should complete an occupational therapy evaluation and establish an occupational therapy treatment/intervention plan. The Occupational Therapy Section strongly recommends having signed parent permission for the occupational therapy services under RTI. According to rule 4755-7-02 (A) of the Administrative Code, occupational therapists shall assume professional roles and responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. The Ohio Physical Therapy Practice Act does not vary

with practice setting. Section 4755.481 of the Revised Code authorizes physical therapists to evaluate and treat without a physician's referral. The physical therapist must, upon consent of the patient, parent, or legal guardian, inform the patient's medical health professional of the physical therapy evaluation within five (5) business days of the evaluation having taken place. These laws and rules apply to all settings. It is legal for therapists to provide services under RTI with no jeopardy to their physical therapist license. The Physical Therapy Section strongly recommends having a signed parent permission for the physical therapy services under RTI. As is true in all practice settings, the physical therapist must perform a physical therapy evaluation and write a physical therapy plan of care. The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding school based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org.

- JB4. Leah Clendening, PT:** Ms. Clendening asked the Occupational and Physical Therapy Sections where occupational and physical therapist should file the plan of care for a school-based practice. **Reply:** The Occupational Therapy Section does not have policy for records retention. The Section suggests that you contact your Medical Information Department and/or legal counsel regarding an appropriate record retention policy. Although the Section does not have a policy for records retention, it is the position of the Occupational Therapy Section that the student records, such as IEPs and MFEs, ultimately belong to the school district. It is recommended that occupational therapists retain a copy of their therapy logs and intervention plans. There is nothing in the Ohio Physical Therapy Practice Act that specifies where a physical therapy plan of care is maintained. However, "best practice" would be to keep a copy within the physical therapy files for ease of accessibility. It is the school district's decision if they would like to keep a copy of the physical therapy plan of care in the student's main file.
- JB5. Tonya Fish, OT:** Ms. Fish asked the Occupational and Physical Therapy Sections whether a physician referral/prescription is required for occupational and physical therapy practice in a school-based setting. **Reply:** Occupational therapists are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. However, 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. You may also wish to discuss your question with your legal counsel or your malpractice provider. Ohio Physical Therapy Practice Act does not vary with practice setting. Section 4755.481 of the Revised Code authorizes physical therapists to evaluate and treat without a physician's referral. The physical therapist must, upon consent of the patient, parent, or legal guardian, inform the patient's medical health professional of the physical therapy evaluation within five (5) business days of the evaluation having taken place. These laws and rules apply to all settings. However, if at any time the physical therapist has reason to believe that the patient has symptoms or conditions that require treatment or services beyond the scope of practice of a physical therapist, the physical therapist shall refer the patient to a licensed health care practitioner acting within the practitioner's scope of practice. In addition, there is nothing in the law that requires the physical therapist to see a patient without a physician's referral. The physical therapist does have the discretion to request a prescription.
- JB6. Katie Warnecke, PT:** Ms. Warnecke asked the Sections whether an occupational therapist's and physical therapist's license is a part of the employer's license, and whether variance from an established plan of care constituted a licensure concern. **Reply:** Any treatment provided by an occupational therapy licensee in Ohio is provided under that individual's professional license. An employer may or may not carry a professional license. Therefore provision of occupational therapy services is the responsibility of the occupational therapy practitioner. As stated in Rule 4755-7-02(A)(3) of the Ohio Administrative Code, the occupational therapist shall assume professional responsibility for development, interpretation and modification of the treatment/intervention plan and the discharge plan. However, rule 4755-07-02(B)(9) states that an occupational therapy practitioner shall exercise sound judgment and act in a trustworthy manner in all aspects of occupational therapy practice, and regardless of practice setting, the occupational therapy practitioner shall maintain the ability to make independent judgments, and strive to effect changes that benefit the client. In the scenario you described, adequate provision of services during staffing fluctuations would be the responsibility of both the occupational therapy practitioner and the employer.

Inability to provide services at the frequency established in the plan of care can create issues with billing and reimbursement. While it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice, the Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. It is the position of the Ohio Physical Therapy Section that the statement is false. An individual's license is personal to that individual, and is not transferrable in any type of employment situation. The plan of care does not change based on your employment staffing situation.

Old Business

Supervision Ratio Survey

The Section made revisions to the survey questions.

OTA Pediatrics Support Information Request

The Section discussed the consultative role in occupational therapy practice and how it deals with a population rather than an individual. It is the position of the Occupational Therapy Section that the consultative model is acceptable practice as long as the consultation does not require an individual plan of care. The Section requested that the Executive Director and Mary Stover schedule a conference call with Brenda George to discuss the Section's feedback and follow up with a formal response.

New Business

Physical Agent Modalities

The Section reviewed the AOTA publication titled *Understanding the Updated Physical Agent Modalities Position Paper*, which was published in June, 2012.

OTA Presentation

The Section discussed the content and theme of the OTA Presentation. The Executive Director will send out the OTA Conference information to Board members.

Open Forum

The Section discussed attending the upcoming NBCOT Conference. Board members will inform the Executive Director of travel costs prior to the conference.

Mary Stover recommended that the Section include the Facebook and Twitter links in the closing statement on the Section responses to correspondence. The Section was in favor of this change. The Executive Director will update the closing paragraph on the Section responses.

Ohio Occupational Therapy Association (OTA) Report

Jacquelyn Chamberlin reported that OTA will submit two candidates for the open Board positions. Ms. Chamberlin further reported that OTA did not have any recommendations at this time regarding the OT/OTA supervision ratios.

Items for Next Meeting

- Online Jurisprudence Examination Update
- Elections
- Rules Review

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, September 6, 2012.

Action: Jean Halpin moved to adjourn the meeting. Mary Stover seconded the motion. The motion carried. The meeting adjourned at 3:21 p.m.

Respectfully submitted,
Diane Moore

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

Rebecca Finni, OTR/L, Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Jeffrey M. Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy,
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RF:jmr:dm