



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
March 18, 2008
9:30 a.m.

Members Present

Rebecca LeBron, OTR/L
Nanette Shoemaker, COTA/L, Chairperson (left at
12:55 pm)
Mary Stover, OTR/L, Secretary
Rebecca Finni, OTR/L
Kimberly Lawler, OTR/L

Staff

Andrew Snouffer, Investigator
Diane Moore, Executive Assistant
Jeffrey Rosa, Executive Director
Karen Marshall, Investigator

Legal Counsel

Yvonne Tertel, AAG

Guests

Carrie Kuruc Ellsworth, JCARR
Pat White

Call to Order

Nanette Shoemaker, Chairperson, called the meeting to order at 9:30 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 LeBron moved to approve the January 10, 2008 minutes as amended. Mary Stover seconded the motion. The motion carried.

Executive Director's Report

- The Executive Director reported that the physical therapy renewal was finished and the continuing education audit notices for that renewal were mailed in February.
- The Executive Director reported that the athletic trainers renewal notices were mailed in mid-February.
- The Executive Director reported that the administration's new policy regarding office hours will minimally impact the Board office.
- The Executive Director reported that due to the implementation of hiring controls, filling the vacancy for the licensing clerk will be delayed.
- The Executive Director reported that the criminal records checks law goes into effect on March 24, 2008. He further reported that the Attorney General's Office communicated with the boards and commissions regarding policies for implementing the criminal records check. The Section will need to adopt a policy establishing the length of time that the Section will consider BCI and FBI criminal records checks to be valid. Instructions for complying with the criminal records check requirement will be part of each initial application for licensure and will be posted on the Board's website.
- The Executive Director reported that the OBM Travel Policy was revised as of February 1, 2008. There is an increase in mileage reimbursement and the rule establishes a new statewide per diem for meal reimbursement for when overnight lodging is required.

Discussion of Rule Changes

Public Rules Hearing

The Section held a public rules hearing from 11:04 am to 11:12 am to receive input on the proposed changes to rules 4755-1-03, 4755-3-01, 4755-3-03, 4755-3-05, 4755-3-06, 4755-3-07, 4755-3-08, 4755-3-09, 4755-3-10, 4755-3-11, 4755-3-12, 4755-3-14, 4755-5-05, 4755-7-01, 4755-7-08, 4755-7-09, and 4755-9-01

Administrative Reports

Continuing Education Report

Action: Mary Stover moved to approve 131 applications for contact hour approval and deny 2 continuing education applications. Nanette Shoemaker seconded the motion. The motion carried.

Licensure Report

Action: Kimberly Lawler moved that the Occupational Therapy Section ratify, as submitted, the licenses and limited permits initially issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board January 10, 2008 through March 18, 2008 to occupational therapists and occupational therapy assistants, pending receipt of any outstanding items and passage of the laws and rules examination, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca LeBron seconded the motion. The motion carried.

Occupational Therapist – Examination

Benedict, Bryan	Blakely, Melissa	Cooper, Andrea
Cujardo, Cheryll	Exner, Kelly	Haeussler, Emily
Hofherr, Maura	Planisek, Samantha	Rine, Darci

Occupational Therapy Assistant – Examination

Dayton, Ronald	Harrell, Amber	Helton, Sara
Holzman, Susan	Kelly, Leno	Kibert, Simone
Larkin, Tiffany	Lute, Melissa	Merkl, Julie
Michaels, Gayle		

Occupational Therapist – Endorsement

Brannon, Cheryl	Brown, Merrin	Davis, Colleen
Dietrich, Michelle	Fuhrwerk, Karen	Hanson, Kathleen
Kay, Mark	Koreny, Rebecca	Lorenz, Brock
Nehilla, Amanda	Patterson, Sarah	Schneider, Chad
Skrzypek, Melanie	Spirito, Catherine	Vergamini, Laura

Occupational Therapy Assistant – Endorsement

Dionne, Kelly	Harris, Brad	Klopfenstein, Richard
McKoy, Blake	Moore, Katherine	Pfenning, Antoinette
Ray, Felicia	Westbrook, Melodi	White, Patricia
Young, Christine		

Occupational Therapist – Limited Permit

Arnold, Stefanie	Baker, Lesley	Barnes, Jamie
Boucher, Jessica	Claes, Christina	Cowgill, Amy
Dance, Katherine	Deering, Rebecca	Galliers, Alisa
Gerty, Samantha	Haller, Rosemary	Harner, Sarah
Harris, Kate	Henshaw, Erin	Herzog, Amanda
Hetrick, Kearstin	Jordan, Rachel	Klausing, Katie
Land, Stephanie	Lollini, Angela	McCormick, Katherine
Miller, Kathleen	Noffsinger, Britney	Przeklasa, Jill
Ruck, Jackie	Sarabia, Katherine	Savage, Bethany
Scheiderer, Alison	Sigafoos, Katherine	Slone, Jennifer
Smith, Allison	Smith, Amy	Smith, Maria
Steeves, Carrie	Swinsburg, Rebecca	Teater, Amanda
Tumbleson, Jessica	Ulis, Erin	Van Winkle, Audra
Vilas, Kristen	Wibbeler, Alison	Williams, Stephanie

Zsigray, Micaiah

Occupational Therapy Assistant – Limited Permit

Boden, Lisa	Clough, Nancy	Ford, Carina
Griffin, Therese	Jackson, Diane	McKinley, Patricia
Papas, Barbara	Reddick, Curtrenka	Sweeney, Lisa

Occupational Therapy Assistant – Reinstatement

Green, Stacey	Morrow, Lori	Nicholas, Carrie
Rife, Susan		

Occupational Therapist – Escrow Restoration

Ferring, Cheryl	Goldstein, Barbara	Miller, Alexis
Mosca, Alisa		

Conditional Grant of Licensure Agreements

Kimberly Lawler informed the Section that Shannon Brush complied with the terms and conditions of her conditional grant of licensure and was released from the terms of the agreement.

Kimberly Lawler recommended that pursuant to section 4755-3-11(D)(2)(c) of the Revised Code, the Section offer a limited license agreement to occupational therapy assistant applicant 4687565, who has been out of practice for more than five years, to include a requirement that the applicant complete 300 hours of supervised practice within 6 months of the issuance of the limited license. **Action:** Rebecca LeBron moved that Section grant a limited occupational therapy assistant license to applicant 4687565. Nanette Shoemaker seconded the motion. The motion carried.

Investigative Report

The Enforcement Division opened two new cases and closed fifteen cases since the January 10, 2008 meeting. There are currently ten cases open. There are twelve disciplinary consent agreements and one non-disciplinary consent agreement being monitored.

Rebecca LeBron informed the Section that Cheryl Sato, Joyce Romaker, Sarah Thompson, Michelle Wilson, Donna Maynard, Amber Schweickart, Blanca Schwendeman, Melinda Shaw, Melissa Thacker, and Billie Maurice complied with all terms and conditions and were released from their consent agreements.

Rebecca LeBron recommended that the Section accept the consent agreement for case OT-07-004 in lieu of hearing. **Action:** Mary Stover moved that the consent agreement for case OT-07-004 be accepted in lieu of going to hearing. Kimberly Lawler seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Andrea Schneider, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-07-036 in lieu of hearing. **Action:** Nanette Shoemaker moved that the consent agreement for case OT-07-036 be accepted in lieu of going to hearing. Mary Stover seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Bree Ann Bauerschmidt, OTA.

Rebecca Finni recommended that the Section accept the consent agreement for case OT-07-035 in lieu of hearing. **Action:** Nanette Shoemaker moved that the consent agreement for case OT-07-035 be accepted in lieu of going to hearing. Kimberly Lawler seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried. The Section accepted the consent agreement for Kenneth Peisecki, in which Mr. Peisecki agrees to voluntarily surrender his conditional occupational therapist license and the Section simultaneously revokes his license for: practicing in an area of occupational therapy for which he was untrained or incompetent; a departure from, or failure to conform to, minimal standards of care required of licensees, whether or not actual injury to a patient is established; inability to practice according to acceptable and prevailing standards of care because of mental or physical illness, including physical deterioration that adversely affect cognitive, motor, or perception skills; and violation of conditions, limitations, or agreements placed by the occupational therapy section on his license to practice.

Rebecca LeBron recommended that the Section issue a notice of opportunity for hearing for case OT-07-041 for working on expired limited permit. **Action:** Nanette Shoemaker moved that a notice of opportunity for hearing be issued for case OT-07-041 for working on expired limited permit. Kimberly Lawler seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried.

Rebecca LeBron recommended that the Section deny a reinstatement application and issue a notice of opportunity for hearing for case OT-07-040 for an applicant who worked on an expired license and falsified a pocket identification card. **Action:** Nanette Shoemaker moved that the Section deny the reinstatement application and issue a notice of opportunity for hearing for case OT-07-014 for an applicant who worked on an expired license and falsified a pocket identification card. Mary Stover seconded the motion. Rebecca LeBron and Rebecca Finni abstained from voting. The motion carried.

Assistant Attorney General's Report

Yvonne Tertel informed the Section that things are moving forward with cases as they are received and most of the open cases that dated to the AAG transition have been resolved. There are no items of great concern for the Section at this time.

Correspondence

1. **Jean Wendland:** Ms. Wendland asked the Occupational and Physical Therapy Sections whether a physical therapist assistant or occupational therapy assistant can perform the Tinetti and Berg Balance Test. **Reply:** A physical therapist assistant or occupational therapy assistant may gather and summarize objective information, including recording observed behaviors. As long as a physical therapist or occupational therapist, respectively, has performed the initial Tinetti or Berg Balance Test as part of the physical therapy or occupational therapy assessment, it is the opinion of the Occupational Therapy and Physical Therapy Sections that a physical therapist assistant or occupational therapy assistant may perform a follow-up Tinetti or Berg Balance Test. Please note, however, that only the physical therapist or occupational therapist may interpret the results of the tests. Pursuant to section 4755.04 (C) of the Revised Code and rule 4755-7-03 of the Administrative Code, it is the position of the Occupational Therapy Section that an occupational therapy assistant can gather and summarize objective information, which includes recording observed behaviors and perform a follow-up Tinetti or Berg Balance Test. An occupational therapy assistant or physical therapist assistant must produce evidence of appropriate training and demonstrate knowledge and competency in any procedure, treatment, or service that the supervising occupational therapist or physical therapist, respectively, delegates to the occupational therapy assistant or physical therapist assistant. The supervising therapist must also be able to demonstrate competency in any procedure or services that is delegated to the occupational therapy assistant or physical therapist assistant. The supervising therapist may not delegate treatments, procedures, or services to an assistant if the supervising therapist cannot demonstrate knowledge and competency in the procedure, even if the occupational therapy assistant or physical therapist assistant can demonstrate knowledge and competency in the procedure. The Section instructed Mary Stover to contact Ms. Wendland and inform her that the Occupational Therapy Section believes that the initial Tinetti or Berg Balance Test could be delegated to the occupational therapy assistant, without the test being performed initially by the occupational therapist. The occupational therapist would still be responsible for interpreting the results.
2. **Debra Farley:** Ms. Farley asked the Occupational and Physical Therapy Sections questions regarding whether an occupational therapist can perform physical therapy services and clarification of direct supervision requirements. **Reply:** The Occupational Therapy Section questions Ms. Farley reference to "tech PT services" in her first question since ultrasound, spinal traction, and TENS performed by an occupational therapist would be considered occupational therapy, not physical therapy. Since Medicare currently recognizes only occupational therapists, physical therapists, occupational therapy assistants, and physical therapist assistants as qualified providers for a physician to bill any of the 97*** series of CPT codes as "incident-to," the "therapies in question" are truly occupational therapy services. The Physical and Occupational Therapy Sections cannot speak to specific payer policies. The Sections encouraged Ms. Farley to contact her third party payers for interpretation of Medicare's specific "incident-to" rules related to being in the same suite as the physician and for requirements for national provider ID numbers.

3. **Gina Weiser:** Ms. Weiser asked the Occupational and Physical Therapy Sections questions regarding occupational therapy referrals, occupational therapists and physical therapist assistant supervisory requirements for home health aides. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prevents the occupational therapy practitioner from transferring information from a physician to other healthcare disciplines. However, it is the responsibility of the other discipline to clarify and interpret the physician orders. It is the position of the Physical Therapy Section that physical therapy services may be initiated by a telephone referral, electronic mail, or verbal order. Individuals other than physical therapists are not prohibited from receiving verbal orders for physical therapy. All verbal or telephone orders, prescriptions, or referrals must be followed up in writing with the referring practitioner's signature for inclusion in the patient's official record. A directive or order is initiated by one party and is given directly to a second party. Although other individuals may assist in the transmission of the information from the first party to the second party, ultimately the physical therapist is the individual responsible for receiving and accepting the directive or order. It is the position of the Physical Therapy Section that when the physical therapist is serving as the case manager for the patient and there is no nurse involved in the patient's care, there is nothing in the Ohio Physical Therapy Practice Act prohibiting the physical therapist or physical therapist assistant from supervising the home health aide in provision of services external to physical therapy (e.g.: ADLs, bathing/grooming, assisting the family in patient care). If the physical therapist, at any time, delegates components of physical therapy services to the aide, then the current laws and rules governing the supervision of unlicensed support staff apply and the physical therapist must provide direct on-site supervision and demonstrate the physical therapist's involvement in each treatment session provided by the aide. Please refer to proposed rule changes posted on the Board's website regarding the use of unlicensed aides. There is nothing in the Ohio Occupational Therapy Practice Act prohibiting the occupational therapist or occupational therapy assistant from supervising the home health aide in provision of services external to occupational therapy plan of care. As stated in rule 4755-7-02 of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. The following all violate the Ohio Occupational Therapy Practice Act: Delegating evaluative procedures; Delegating treatment procedures; Documenting in the client's official record; Acting on behalf of the licensed occupational therapy practitioner in any matter related to occupational therapy that requires decision making. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-02 (B) of the Ohio Administrative Code to unlicensed personnel. The Occupational and Physical Therapy Sections recommended that Ms. Weiser contact her third party payer regarding their policies related to referral requirements.
4. **Melanie Hjort:** Ms. Hjort asked the Occupational and Physical Therapy Sections questions regarding occupational therapist and physical therapists co-treating in a nursing home setting. **Reply:** It is not within the jurisdiction of the Occupational and Physical Therapy Sections to render billing and reimbursement advice. Please refer to Medicare rules or other payer policies to answer Ms. Hjort'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. Joint evaluations between occupational therapy and physical therapy may be done; however, the physical therapist and physical therapist assistant may only treat pursuant to the physical therapy evaluation and plan of care and the occupational therapist and occupational therapy assistant may only treat pursuant to the occupational therapy evaluation and plan of care. Occupational therapy and physical therapy practitioners may not treat pursuant to an evaluation and plan of care established by the other discipline. There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits occupational therapists or physical therapists from providing services at the same segmented time. However, the Sections recommended that Ms Hjort 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.
5. **Amy DeVerna:** Ms. DeVerna asked the Occupational and Physical Therapy Sections if occupational therapists or physical therapists can write discharge orders earlier than the discharge date and also whether rehab techs may provide "hands on" treatment. **Reply:** If the situation Ms. DeVerna presented is that the physical therapist does not plan to be on-site on the scheduled day of discharge, it is the position of the Physical Therapy Section that the discharge evaluation and summary may be performed and documented by the physical therapist in a reasonable timeframe prior to discharge. The physical therapist assistant may provide care per that discharge assessment and plan and may document objective information about that care, but the physical therapist must complete the final discharge summary. In the first line in her question stated that the "therapist is not available

on the scheduled day of discharge.” The Physical Therapy Section reminded her that, pursuant to the Ohio Physical Therapy Practice Act, the supervising physical therapist must be available at all times when a physical therapist assistant is treating patients and able to physically respond or provide on-site coverage by a licensed physical therapist in an emergency and planned absences . It is not within the jurisdiction of the Occupational Therapy and Physical Therapy Sections to render billing and reimbursement advice. The Sections recommended that Ms. DeVerna check with her Medicare intermediary regarding her payer questions. If the therapist is working in a skilled nursing facility (SNF), the therapist may want to read the National Government Services’ (<http://www.ngsmedicare.com>) proposed local coverage determination for skilled nursing facilities in Ohio regarding the use of unlicensed aides in providing physical or occupational therapy services. Under the current physical therapy rules, rehabilitation technicians working in a physical therapy setting are considered “unlicensed personnel.” Pursuant to rule 4755-27-04 (E), physical therapists shall not consider unlicensed supportive physical therapy personnel as being as skilled, competent, knowledgeable, or qualified as the licensed physical therapist assistant and therefore, shall not assign the same type or level of duties as those assigned to the licensed physical therapist assistant. The physical therapist must recognize the difference in the education and training of staff and assume responsibility for controlling their duties and activities. Supervision of unlicensed supportive physical therapy personnel requires on-site, immediate availability, and on-going involvement of the physical therapist or physical therapist assistant. Direct supervision is defined as being physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Signing a written progress note does not demonstrate immediate availability, nor does it meet the adequate involvement in each treatment session standard, as outlined in rule 4755-27-04 of the Ohio Administrative Code. The Physical Therapy Section recently adopted new rules on supervision and delegation to unlicensed personnel. The changes to rules 4755-27-01 to 4755-27-04 will go into effect on May 1, 2008. A copy of the new language is enclosed. The Section strongly recommends that you review the new language. It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information for the 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. If there is collaboration between the occupational therapy assistant and the occupational therapist, the collaboration must be reflected in the patient documentation. In addition, under the Occupational Therapy Practice Act stated in rule 4755-7-02 of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of patients, preparation of work area, assisting with patient’s personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. The following all violate the Ohio Occupational Therapy Practice Act: Delegating evaluative procedures; Delegating treatment procedures; Documenting in the client’s official record; Acting on behalf of the licensed occupational therapy practitioner in any matter related to occupational therapy that requires decision making. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-02 (B) of the Ohio Administrative Code to unlicensed personnel. The Occupational Therapy Section has been studying the use of aides as service extenders for the past year. Please visit the Board’s website for upcoming information on potential changes to rule 4755-7-02 of the Administrative Code. The Sections recommended that Ms. DeVerna 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.

6. **Kim Delfing**: Ms. Delfing asked the Occupational and Physical Therapy Sections questions regarding whether an occupational therapists can transfer the care of a patient to a physical therapists part way through the course of treatment. **Reply**: Joint evaluations between occupational therapy and physical therapy may be done; however, the physical therapist and physical therapist assistant may only treat pursuant to the physical therapy evaluation and plan of care and the occupational therapist and occupational therapy assistant may only treat pursuant to the occupational therapy evaluation and plan of care. Occupational therapy and physical therapy practitioners may not treat pursuant to an evaluation and plan of care established by the other discipline.
7. **Beth Kosinski**: Ms. Kosinski asked the Section clarification on writing functional goals for elementary and middle school students. **Reply**: The occupational therapy assistant may provide input and consult with the occupational therapist in goal development. However, the occupational therapist is responsible for the

assessment and development of IEP goals. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist Ms. Kosinski with many of her questions regarding school based Individualized Education Program (IEP) issues, as well as questions regarding funding. Ms. Kosinski can contact the Ohio Occupational Therapy Association at www.oota.org.

8. **Joe Harig:** Mr. Harig asked the Section questions regarding occupation therapy assistant supervision and caseload requirements in a school setting. **Reply:** The first question in Mr. Harig's letter asked how many occupational therapy assistants can an occupational therapist supervise? When maintaining a separate caseload, a full-time occupational therapist may supervise no more than four full-time 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 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. Mr. Harig then asked if there is a limit on how many clients/students an occupational therapy assistant can serve. 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. However, the Section expects that the supervising occupational therapist ensures that appropriate supervision **is provided**, based on the unique needs of the clients, taking into account the complexity of the patient population and competencies of the occupational therapy assistant **supervised**. The occupational therapist has ultimate responsibility for all care and services delivered as occupational therapy. The occupational therapist must then assure that the treatments are rendered according to safe and ethical standards, and in compliance with the Ohio Occupational Therapy Practice Act. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09(G) of the Ohio Administrative Code states: (4) 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 (G)(1) of this rule. Indirect and direct services shall be provided in accordance with each child's Individualized Education Program (IEP). (c) An occupational therapist shall provide services to no more than fifty school-age children with disabilities or no more than forty preschool children with disabilities. This rule only specifies ratios for occupational therapists and is silent on caseload maximums for occupational therapy assistants. Please be aware that an occupational therapy assistant does not maintain a caseload that is separate from the 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 Section is currently working with the Ohio Occupational Therapy Association to address this issue as many professionals are raising similar concerns. If an individual feels that a school district is not in compliance with the Ohio Department of Education regulations, that person should file a complaint with the Ohio Department of Education Office for Exception Children against the school district. Finally, Mr. Harig asked if it was ethical to reduce occupational therapy services to a student due to the workload of the occupational therapist. Rule 4755-7-06 (A) states that an occupational therapist shall not exploit persons served professionally by accepting individuals for treatment if benefit cannot reasonably be expected to occur. Although a therapist's caseload should not be so large that the therapist cannot provide beneficial services to a client, it is the position of the Occupational Therapy Section that failure to provide needed treatments/interventions to a client due to the therapist's workload would not be in accordance with acceptable standards of practice.
9. **Don Baker:** Mr. Baker asked the Section questions regarding the scope of practice for occupational therapy assistants and documentation requirements. **Reply:** It is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information for 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. If there is collaboration between the occupational therapy assistant and the occupational therapist, the collaboration must be reflected in the patient documentation. After the occupational therapist completes the initial evaluation, the occupational therapy assistant can perform the initial ADL assessment and collaborate with the occupational therapist to create the plan of care including goals related to the ADL's. The Section recommended that Mr. Baker contact his third party payers since their policies related to discharge summaries may be more restrictive than the state laws pertaining to the practice of occupational therapy.

10. **Carol Little:** Ms. Little asked the Section a question regarding direct access requirements for occupational therapy services. **Reply:** Occupational therapists are not required to have a physician's prescription to evaluate or treat patients in the State of Ohio. However, accrediting bodies and reimbursement agencies may have other requirements and guidelines that need to be met for reimbursement of occupational therapy services.
11. **Bridget Burke:** Ms. Burke asked the Section a question regarding new coding for splints. **Reply:** It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommended that Ms. Burke contact the Ohio Occupational Therapy Association's reimbursement specialist for assistance.
12. **Tiffany Hillman:** Ms. Hillman asked the Section questions regarding the scope of practice for occupational therapy assistants and documentation requirements. **Reply:** 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. If there is 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 Occupational Therapy Section does not have specific requirements for frequency of re-evaluation; however, Ms. Hillman's agency, accrediting bodies and reimbursement agencies may have other requirements and guidelines that need to be met for reimbursement of occupational therapy services.
13. **Sherri Sommers:** Ms. Sommers asked the Section questions regarding the occupational therapy assistant case load requirements in a SNF setting. **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. However, the Section expects that the supervising occupational therapist ensures that appropriate supervision is provided, based on the unique needs of the clients, taking into account the complexity of the patient population and competencies of the occupational therapy assistant they supervise. The occupational therapist has ultimate responsibility for all care and services delivered as occupational therapy. The occupational therapist must then assure that the treatments are rendered according to safe and ethical standards, and in compliance with the Ohio Occupational Therapy Practice Act. The Section recommends that Ms. Sommers contact the Ohio Occupational Therapy Association and the American Occupational Therapy Association for additional SNF resources. Pursuant to rule 4755-7-06 (A) of the Ohio Administrative Code, an occupational therapist shall not exploit persons served professionally by accepting individuals for treatment if benefit cannot reasonably be expected to occur. Although your caseload should not be so large that you cannot provide beneficial services to a client, it is the position of the Occupational Therapy Section that failure to provide needed treatments/interventions to a client due to the therapist's workload would not be in accordance with acceptable standards of practice.
14. **Vanessa Halter:** Ms. Halter asked the Section question regarding whether performance of driving evaluations falls within the scope of occupational therapy practice. **Reply:** Although there is nothing in the Ohio Occupational Therapy Practice Act that establishes requirements for driving rehabilitation specialists, the Occupational Therapy Section recommended that Ms. Halter contact the Association for Driver Rehabilitation Specialists (ADED) to obtain information on becoming a Certified Driver Rehabilitation Specialist. The web address for the ADED is <http://www.aded.net>. She can also reach them by phone at (877) 529-1830. 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.

15. **Kristi Rambis:** Ms. Rambis asked the Section a question regarding whether it's in the scope of practice for an occupational therapy assistant to perform an evaluation and write goals for a patient. **Reply:** It is the position of the Occupational Therapy Section that screens, or identification of candidates for therapy, may be performed by an occupational therapy assistant. The Section interprets a screen to be data gathering and non evaluative in nature. The occupational therapist interprets the data and makes necessary recommendations. All screens must be cosigned by the occupational therapist, and collaboration with the occupational therapist must be documented. As stated in rule 4755-7-03 of the Ohio Administrative Code, (B) The occupational therapy assistant may contribute to and collaborate in: (1) The evaluation process by gathering data, administering standardized tests and/or objective measurement tools, and reporting observations. (2) The preparation, implementation, and documentation of the treatment/intervention plan and the discharge plan. (3) Choosing the appropriate treatment interventions. (C)The occupational therapy assistant may independently: (1) Select the daily modality of choice according to the established treatment/intervention plan. (2) Document the progress and outcomes summary. (D) The occupational therapy assistant may not evaluate independently or initiate treatment/intervention before the supervising occupational therapist performs an evaluation/assessment.
16. **Heather Miller:** regarding supervision requirements for unlicensed personnel and occupational therapist and physical therapist co-treating a ROM client. **Reply:** Ms. Miller's first question asked, when a rehab aide performs ROM/stretching and simple TE under the title of "therapeutic certified nursing assistant," does he/she still require direct line of sight of a licensed physical therapist? The answer to this question is no. Since the certified nurse aide's (CNA) care is not part of the physical therapy plan of care, the CNA does not require line of sight supervision. If, however, the physical therapist delegates components of physical therapy services to the aide, the CNA is considered "unlicensed personnel" and supervision and delegation rules contained in the Ohio Physical Therapy Practice Act apply. The Physical Therapy Section recently adopted new rules on supervision and delegation to unlicensed personnel. The changes to rules 4755-27-01 to 4755-27-04 will go into effect on May 1, 2008. A copy of the new language is enclosed. The Section strongly recommends that you review the new language. The Occupational Therapy Section has also been studying the use of aides as service extenders for the past year. Please visit the Board's website for upcoming information on potential changes to rule 4755-7-02 of the Administrative Code. Ms. Miller's second question asked, if an occupational therapist were to establish a program for upper body strengthening/ROM, does a physical therapist need to also sign off on the occupational therapist's established program? The answer to this question is also no. Under Ohio law, an occupational therapist is qualified to establish a restorative or maintenance program. Ms. Miller's third question asked if she were wrong to assume that an occupational therapy assistant or physical therapist assistant cannot establish such a program? Ms. Miller's assumption is correct. A plan for maintenance or restorative care must be established by the occupational therapist or physical therapist. These plans cannot be established by an occupational therapy assistant or physical therapist assistant. Ms. Miller's fourth question asked if a patient were discontinued from his/her physical therapy program, can such a program still be done under the supervision of a licensed physical therapist or is it nursing's responsibility to sign off on that established program? A facility may establish policies on whether the administrative oversight of the CNA is done by a nurse, a physical therapist, a physical therapist assistant, an occupational therapist, or an occupational therapy assistant. The Sections recommended that Ms. Miller refer to Medicare or payer policies for any specific requirements in your setting.
17. **Lori Dallacheisa:** Ms. Dallacheisa asked the Section a question whether diabetic shoe fittings falls within the scope of occupational therapy practice. **Reply:** 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.
18. **Christy Gagel:** Ms. Gagel asked the Section to clarify the impact of the revised Medicaid rule 5101:1-8-03 dealing with supervision of occupational therapy assistants. **Reply:** The Section recommended that Ms. Gagel contact the Ohio Department of Job and Family Services regarding their Medicaid rules 5101:3-8-03, 5101:3-34, 5105:3-34-01.1, 5101:3-34-01.2, and 5101:3-34-01.3 to determine if they have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act. The supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy

prior to allowing him or her to practice. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document, that the supervision took place.

19. **Julie:** Julie asked the Section a question regarding clarification about the supervision requirements for occupational and physical therapy students when treating a Part A patient. **Reply:** The Occupational Therapy Practice Act is silent on student supervision requirements. However, the Occupational Therapy Section encourages occupational therapy practitioners to provide on-site supervision for students. The occupational therapy student must function under the supervision of an occupational therapist. The occupational therapy assistant student must function under the supervision of an occupational therapist or an occupational therapy assistant. On-site supervision requires that the supervising therapist use their professional judgment in delegating tasks that either require the supervising therapist to provide direct supervision or be within the same building. The Section recommended that Julie contact her third party payers regarding their policies related to the level of supervision required for a service to be reimbursable.
20. **Cindy Fasline:** Ms. Fasline asked the Occupational and Physical Therapy Sections a question regarding physician supervision guidelines for group orthopedic practice who leases to occupational and physical therapists. **Reply:** Occupational therapists are not required to have a physician's prescription to evaluate or treat patients in the State of Ohio. However, accrediting bodies and reimbursement agencies may have other requirements and guidelines that need to be met for reimbursement of occupational therapy services. Physical therapists are not required to have a physician supervise evaluation or treatment in the State of Ohio. The Sections recommended that Ms. Fasline 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.
21. **Mary Stilphen:** Ms. Stilphen: asked the Occupational and Physical Therapy Sections a question regarding whether administering oxygen is within the scope of practice for occupational and physical therapy. **Reply:** There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits the administration of oxygen by an occupational or physical therapy practitioner. However, the therapist must demonstrate competency with this activity.
22. **Stephany Wright:** Ms. Wright asked the Occupational and Physical Therapy Sections a question regarding whether occupational and physical therapists need a physician order to discontinue services. **Reply:** There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits an occupational or physical therapist from accepting an order from a physician, but an order to discontinue is not required. However third party reimbursement sources or regulatory bodies may have additional requirements beyond that of the Ohio Occupational or Physical Practice Act. The occupational or physical therapist is ultimately responsible for making decisions on determining the care being provided in the provision of occupational or physical therapy services.
23. **Karen Green:** Ms. Green: asked the Occupational and Physical Therapy Sections a question regarding whether medication reconciliation falls within the scope of practice for occupational and physical therapy. **Reply:** It is the position of the Occupational Therapy Section that medication reconciliation does not fall under the scope of practice for occupational therapy. Pursuant to rule 4755-7-08 (A)(4) of the Administrative Code, occupational therapy practitioners shall achieve and continually maintain high standards of competence. There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing medication reconciliation that includes interviewing a patient about current medications, comparing those to the list of prescribed medications, and implementing a computerized program to identify potential drug interactions. Though not part of the physical therapy plan of care, the reconciliation may be performed as an administrative task of any health care professional making a home visit.
24. **Monica VanNiel:** Ms. VanNiel asked the Section a question regarding whether administering biofreeze falls within the scope of practice for occupational therapy. **Reply:** There is nothing in the Ohio Occupational

Therapy Practice Act to prohibit an occupational therapist from administering Biofreeze to a patient during occupational therapy treatment. The occupational therapist providing the service must be able to demonstrate and document competency in the procedure.

25. **Marilyn Neuhausel:** Ms. Neuhausel asked the Section a question regarding if a physical therapist can perform occupational therapy services. **Reply:** A physical therapist cannot perform occupational therapy services. As stated in rule 4755-7-02 of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Some examples of allowable delegation include department maintenance, transport of patients, preparation of work area, assisting with patient's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. The following all violate the Ohio Occupational Therapy Practice Act: Delegating evaluative procedures; Delegating treatment procedures; Documenting in the client's official record; Acting on behalf of the licensed occupational therapy practitioner in any matter related to occupational therapy that requires decision making. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. Therefore, the occupational therapy practitioner may not delegate the above tasks to professionals such as licensed nurses, physical therapists, physical therapist assistants, speech language pathologists, etc. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-02 (B) of the Ohio Administrative Code to unlicensed personnel. The Section encouraged Ms. Neuhausel to forward a copy of this correspondence to her Medical Mutual contact.
26. **Joan C. Shulker:** Ms. Shulker asked the Section a question regarding clarifying the impact of the revised Medicaid rule 5101:1-8-03 dealing with supervision of occupational therapy assistants. **Reply:** The Section recommended that Ms. Shulker contact the Ohio Department of Job and Family Services regarding their Medicaid rules 5101:3-8-03, 5101:3-34, 5105:3-34-01.1, 5101:3-34-01.2, and 5101:3-34-01.3 to determine if they have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act. The supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. Supervision requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document, that the supervision took place.
27. **Curt Marcum:** Mr. Marcum asked the Section a question regarding delegating tasks to occupational therapy assistant students. **Reply:** Pursuant to rule 4755-7-09 of the Ohio Administrative Code, the supervising occupational therapy practitioner shall only assign duties or functions to the occupational therapy assistant student that are commensurate with the student's education or training. The Occupational Therapy Practice Act is silent on student supervision requirements. However, the Occupational Therapy Section encourages occupational therapy practitioners to provide on-site supervision for students. The occupational therapy student must function under the supervision of an occupational therapist. The occupational therapy assistant student must function under the supervision of an occupational therapist or an occupational therapy assistant. On-site supervision requires that the supervising therapist use their professional judgment in delegating tasks that either require the supervising therapist to provide direct supervision or be within the same building. Rule 4755-7-01(C)(3) of the Administrative Code states that supervision requires an interactive process between the supervising occupational therapist and the occupational therapy assistant. The interactive process must include, but is not limited to, review of the following: client assessment, reassessment, treatment plan, intervention and the discontinuation of intervention, and/or treatment plan. Co-signing client documentation alone does not meet the minimum level of supervision. The Section recommended that Mr. Marcum determine the facility policy and 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.

Old Business

OT/PT School Based Institute Presentation

The Section will present at the OT/PT School Based Institute on August 12, 2008 from 1:30pm to 3:30pm at the Hilton Easton in Columbus. Mary Stover and Jeffrey Rosa are scheduled to present on behalf of the Section.

Suggested topics include an overview of the board updates, such as rule changes; frequently asked questions received by the Section related to school-based practice; Ohio Department of Education operating standards changes; results of the survey taken at the 2007 institute; role of collaboration and supervision in occupational therapy practice, and Medicaid resources available on AOTA website. Kim Lawler and Becky Finni also expressed an interest in presenting.

Department of Mental Health (DMH) Recreation Therapy Rules

The Section reviewed and discussed the Executive Director's draft letter to the Department of Mental Health regarding the Department's recreational therapy rules. After reviewing the draft letter, the Section identified the areas of concerns as the provisions dealing with "activity therapist" and "trained other." The Section will revise the letter to DMH asking to open a dialogue with the Department over these provisions that potentially conflict with the Ohio Occupational Therapy Practice Act.

Discussion on Potential Changes to the Escrow Restoration Requirements to Establish Requirements for Licensees Restoring an Escrowed License Who Have Not Practiced for Five or More Years.

The Executive Director recommended that the Section amend rule 4755-3-05, which establishes the escrow restoration requirements, to mirror the reinstatement and endorsement rules related to applicants who have not practiced occupational therapy for five or more years. The Section discussed the potential changes and agreed to draft proposed language for the 2009 rule review process.

Consumer Education

The Board posted the "What is Occupational Therapy" document on the website. The Executive Director will work with IT staff to update website to include a dedicated consumer education page.

Occupational Therapy Aides

The occupational therapy aides discussion will be handled at the upcoming Section retreat. The Executive Director will provide the Section with the new physical therapy supervision and delegation rules (OAC 4755-27-01 to 4755-27-04) that will go into effect on May 1, 2008.

Discussion on Policy and Procedure Manual

Section members will forward comments to the Executive Director prior to the Joint Board meeting scheduled for May 15, 2008.

New Business

Discussion on Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

The Section reviewed the FEES information provided by Rebecca LeBron and determined that this was not a public protection issue and that there is nothing in the Ohio Occupational Therapy Practice Act that would prohibit having a physician sponsor.

Discussion on Home CEU Connection Ohio Ethics Course

The Section reviewed the proposal submitted by Home CEU Connection and determined that it will not participate in a joint offering of continuing education activities with Home CEU Connection since it would appear that the Section was endorsing that organization.

Discussion on the Eligibility for Licensure for Individuals Who Do Not Hold At Least an Entry-level Masters Degree as of January 1, 2008.

It is the position of the Occupational Therapy Section that if National Board of Certification in Occupational Therapy (NBCOT) will allow the individual to sit for the NBCOT certification examination, the Section will accept the education for the individual who does not hold at least an entry-level masters degree as of January 1, 2008.

Impaired Practitioner Task Force

The Section's representative on the Impaired Practitioner Task Force representative is Kimberly Lawler. The taskforce will research available resources for each area of practice and will report to the Section of their findings. The task force will provide remedial educational resources for persons in violation of their profession's practice act.

Criminal Records Checks Policy

The Executive Director recommended that the Section adopt a policy for criminal records checks stating that it will consider the results of criminal records checks to be valid for 6 months from the date the Board receives the results of the records check.

Action: Rebecca LeBron moved that the Section adopt a criminal records policy that states the Ohio Bureau of Criminal Identification and Investigation (BCI) and Federal Bureau of Investigation (FBI) criminal records checks shall be valid for 6 months. Kimberly Lawler seconded the motion. The motion carried.

Occupational Therapy Section Retreat

The Section will have a retreat in June of 2008. The Section has identified some retreat topics which are: strategic plan and occupational therapy aides. The Section will finalized the retreat topics, location, and resources at the May 15, 2008 Section meeting.

Open Forum

Rebecca LeBron thanked Andrew Snouffer for conducting a nice case review meeting this morning.

OTA Report

No OTA representative was present.

Items for Next Meeting

- Finalize OT/PT Institute Presentation
- Plan presentation for OOTA Conference
- Plan retreat topics, location and resources
- Review draft Department of Mental Health letter

Next Meeting Date

The next meeting date of the Occupational Therapy Section is scheduled for Thursday, May 15, 2008.

Action: Kimberly Lawler 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

Nanette Shoemaker COTA/L, Chairperson
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Mary Stover, 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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NS:jmr:dm