

# How Many is Too Many... What is an Appropriate Caseload in School-Based Practice?

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

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## What is a "Caseload?"

- Every student assigned to an OTA/PTA is part of the OT/PT's caseload under OT&PT laws and rules
- The OTPTAT Board's definition of "caseload" ≠ ODE's definition of "caseload"
- ODE caseload = maximum # of students to whom an individual therapist may provide direct services
- OTPTAT Board caseload = all students for whom OT/PT have ultimate responsibility
- OT/PT **must not** provide/supervise care for a higher number of students than that for which skilled care by licensed practitioners can be delivered

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## Is ODE Aware of the Difference?

- Yes...and No.
- Board and ODE have met extensively over the past 7 years
- Board (and professional associations) have tried to educate ODE staff on licensing laws and rules
- Although ODE staff might understand the difference...
  - Has this knowledge reached the actual districts?
  - In many cases, the answer is no
- Board developed resources to be used by licensees when communicating with their districts

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## Resources Available

- Comparison of Responsibilities of OT&PT Practitioners in School-Based Practice (published Feb. 2010)
  - Outlines the role of the therapist and the assistant in school-based practice
- Determination of Appropriate Caseload for School-Based OT and PT Practice Position Paper (published June 2011)
  - Describes factors to be taken into account when determining an appropriate therapy caseload
- Frequently Asked Questions
- Correspondence Located in Board Meeting Minutes
- All of these are available on Board website

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## Where are the Resources on the Website?

- <http://otptat.ohio.gov>



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## ODE Rule 3301-51-09 (H)

- Requires appropriate professional licensure
- OT/PT must be licensed pursuant to the appropriate section of the Ohio Revised Code
- OTA/PTA must be licensed pursuant to the appropriate section of the Ohio Revised Code
- OTA/PTA provide services under the supervision of the OT/PT in accordance with their respective practice acts.
- ODE Office for Exceptional Children Information available at <http://www.edResourcesOhio.org>

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## ODE Rule 3301-51-09 (I)

### Service Provider Ratios for Delivery of Services

- Determination of ratios for individual service provider must consider scheduling and time demands, including, but not limited to:
  - All areas of service provision to children w/ and w/o disabilities including screening, assessment, consultation, training, intervention design, education interventions
  - Time for planning
  - Severity of each child's needs
  - Additional time for diagnostic testing and classroom observation, coordination of program, parent, staff and agency conference re: individual children, staff development activities, follow-up and demands of an itinerant schedule including number of buildings served and distance between buildings

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## Summary of Factors Impacting Ratios

- Severity of disabilities of students served
- Time required for documentation, planning, meetings, assessments, intervention development, parent/school staff training...
- Total range of therapist responsibilities to include supervision of assistants
- Number of building served and miles between buildings
- **In essence, appropriate caseload considers the therapist's workload, not just summing up the IEP minutes**

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## How Does Supervision of Assistants Impact Determination of Ratios?

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A review of therapists' and assistants' responsibilities provides insight

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**Who Can Receive OT or PT Referrals?**

**Who Can Perform OT/PT Evaluations?**

<p><u>OT/PT</u></p> <ol style="list-style-type: none"> <li>1. Interpret referrals to occupational therapy/physical therapy</li> <li>2. Complete evaluations &amp; interpret/analyze the evaluation data. Write report for ETR</li> </ol>	<p><u>OTA/PTA</u></p> <ol style="list-style-type: none"> <li>1. Refer all requests for occupational therapy/physical therapy to an OT or PT, respectively</li> <li>2. Contribute to evaluation process by gathering data, administering standardized tests &amp;/or obj. meas. tools, &amp; reporting observations</li> </ol>
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**Who Writes the Goals?**

<p><u>OT/PT</u></p> <ol style="list-style-type: none"> <li>3. Collaborate w/ IEP team (may include OTA/PTA), to develop IEP goals/objectives &amp; determine if OT/PT services required for student to meet IEP goals &amp; access general curriculum</li> </ol>	<p><u>OTA/PTA</u></p> <ol style="list-style-type: none"> <li>3. Collaborate with OT/PT and IEP teams to assist in development of IEP goals/objectives</li> </ol>
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**Who is Responsible for the Plan of Care (PoC)?**

<p><u>OT/PT</u></p> <ol style="list-style-type: none"> <li>4. Develop, interpret, &amp; modify the OT/PT plan of care in collaboration with OTA/PTA                     <ul style="list-style-type: none"> <li>o OT/PT to determine which portions of plan OTA/PTA will implement</li> <li>o <u>Note:</u> OTs use "treatment/intervention plan" interchangeably with "plan of care"</li> </ul> </li> </ol>	<p><u>OTA/PTA</u></p> <ol style="list-style-type: none"> <li>4. Contribute to &amp; collaborate in preparation, implementation, &amp; documentation of OT/PT plan of care                     <ul style="list-style-type: none"> <li>o OTA/PTA can select treatment activities according to the OT/PT plan of care</li> </ul> </li> </ol>
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## Who Supervises an Assistant?

<p style="text-align: center;"><u>OT/PT</u></p> <p>5. Provide initial direction, periodic consultation, collaboration, &amp; in-service training to OTA/PTA &amp; document supervision provided</p> <ul style="list-style-type: none"> <li>o OT/PT to review &amp; co-sign the treatment/daily notes of the OTA/PTA</li> </ul>	<p style="text-align: center;"><u>OTA/PTA</u></p> <p>5. Document intervention/therapy sessions &amp; response to intervention and collaborate w/ OT/PT re: student needs &amp; progress and intervention plan.</p> <ul style="list-style-type: none"> <li>o OTA/PTA must ensure that OT/PT review &amp; co-sign treatment/daily notes</li> </ul>
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## Who Assesses Progress?

<p style="text-align: center;"><u>OT/PT</u></p> <p>6. Review student progress with OTA/PTA</p> <ul style="list-style-type: none"> <li>o Co-sign progress reports to indicate review &amp; collaboration with OTA/PTA</li> </ul>	<p style="text-align: center;"><u>OTA/PTA</u></p> <p>6. Complete periodic progress reports to be reviewed &amp; co-signed by OT/PT</p>
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## Can the OTA/PTA Complete the Periodic Assessments?

<p style="text-align: center;"><u>OT/PT</u></p> <p>7. Complete assessment/analysis for periodic review &amp; collaborate w/ IEP team to develop new goals &amp; determine if OT/PT services still needed</p> <ul style="list-style-type: none"> <li>o Write discharge summary/plan when OT/PT services are discontinued</li> <li>o Relying solely on info gathered by assistant does not meet criteria for assessment/evaluation... could fall below minimal standards of care</li> </ul>	<p style="text-align: center;"><u>OTA/PTA</u></p> <p>7. Provide data for assessment &amp; participate in IEP team collaboration for periodic review</p> <ul style="list-style-type: none"> <li>o Provide info to the OT/PT for use in discharge plan when OT/PT services are discontinued</li> </ul>
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## Responsibilities of Supervising Therapist

- Only the therapist may delegate the Plan of Care
- Must be able to be reached by telecommunications at all times
- Development of Plan of Care and assignment of appropriate elements to assistant
- Ensure that assistant understands Plan of Care and implements it as therapist intended
- Review and co-sign all of the assistant's documentation, including daily therapy notes
- Review, re-assess, and change Plan of Care as child makes progress

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## What Does Therapist Supervision of the Assistant Require?

- Therapist must meet with the assistant on regular basis
  - OT Rule 4755-7-04 (C)
    - Supervising OT must meet with assistant: (1) at least 1x/week for assistants in first year of practice or (2) at least 1x/month for assistants beyond first year of practice
  - PT must see client: (1) upon request of PTA; (2) when treatment plan change is needed; (3) prior to any planned discharge; (4) in response to change in medical status
- Therapist must be familiar with the plan of care, function, and status for every student to whom the assistant provides direct services

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## Key Takeaways

- OTs, PTs, OTAs, PTAs must follow respective professional practice acts
- OT/PT has ultimate responsibility for students served by an assistant whom they supervise
- OT/PT must not provide supervision for more students than they can provide skilled care
- OT/PT must review and co-sign all progress notes written by the assistant... this requires collaboration between therapist and assistant
  - Relying solely on information gathered by the assistant without review does not fulfill the therapist's obligation to provide appropriate standard of care
- OTAs/PTAs do not have their own caseloads separate from that of the supervising therapist

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## So...Is There a Role for Assistants?

- Absolutely!
- OTAs and PTAs are licensed professionals who provide skilled and valuable services in all settings, including school-based practice
- Collaborative relationship between the therapist and assistant enhances care and ensures that students receive quality services
- Therefore, time for therapist/assistant collaboration must be considered when determining responsibilities of therapists and assistants

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## Board's Position on Caseload Determination

- All responsibilities of the therapist & assistant must be considered when determining an appropriate therapist caseload
  - This includes both direct and indirect services to students
  - This includes services to regular education students, such as RTI services, IAT meetings, observations, and evaluations
- # of students to whom supervising therapist provides direct service must be reduced as # of assistants the therapist supervised increases
  - Why? Because this increases the # of students for whom the therapist is responsible
- Therapist must ensure provision of appropriate services

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## Board's Position on Caseload Determination

- Therapist must not serve &/or supervise service for more students than he/she can provide skilled care
  - This includes informed direction of all aspects of services provided by the assistant
- The Code of Ethical Conduct requires licensees, regardless of practice setting, to maintain the ability to make independent judgments and strive to effect changes that benefit the student
  - OAC 4755-7-08 (B)(9) for OT; OAC 4755-27-05 (A)(2) for PT

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## Caseload Limits

- ODE Operating Standards – therapy personnel may provide direct services to no more than 50 school age children with disabilities (or 40 preschool children with disabilities)
- Board’s position is that number of students to whom therapist provides direct services should decrease as number of students to whom supervised assistant provides direct services to increases
- It is not reasonable to expect a therapist to provide direct services to 50 students and to supervise multiple assistants who are providing direct services to additional students

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## Responsibility of Educational Agencies

- If an educational agency adheres to rule 3301-51-09 (I)(1), it would bring therapist caseload closer to a level that’s in alignment with the therapist providing service only to the number of students for whom they can provide skilled care.
  - This is the standard required in the therapists’ respective professional practice act
  - Paragraph (I)(1) governs the additional factors that must be considered when determining the appropriate caseload for a therapist

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## Mission of the Board

- The Board’s mission is to protect the consumers of OT and PT services
- In school-based practice, Board must ensure that students receive care consistent with safe and ethical practices
- Licensees are required to report to the Board any entity that places them in a position of compromise with their code of ethical conduct
  - OAC 4755-7-08 (B)(12) for OT; OAC 4755-27-05 for PT

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### Potential Violations of ORC 4755.

- Regardless of practice setting, the therapist must provide adequate supervision to assure that treatments follow safe, ethical, and effectual standards
- Regardless of practice setting, the licensee shall maintain the ability to make independent judgments and strive to effect changes that benefit the patient/client (OAC 4755-27-05 (A)(2) & 7-08 (B)(9))
- Licensee must report any entity that places the licensee in a position of compromise with the code of ethical conduct (OAC 4755-27-05 & 7-08 (B)(12))

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### Potential Violations of ORC 4755.

- Failing to assess and evaluate a patient's status (OAC 4755-27-05 (B)(5)(a) & 7-08 (C)(1)(a))
- Providing substandard care as an OTA/PTA by exceeding the authority to perform components of therapy interventions selected by the supervising OT/PT (OAC 4755-27-05 (B)(5)(g) & 7-08 (C)(1)(c))
- PTAs are not qualified to interpret physician referrals, conduct client evaluations, write plans of care, or perform discharge evaluation/summary (OAC 4755-27-02 (B) & 7-02 (A))

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### Potential Violations of ORC 4755.

- Supervising OT/PT is accountable and responsible at all times for the direction of the actions of persons supervised (OAC 4755-27-04 (A) & 7-04 (A))

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## Occupational & Physical Therapy

- Board's mission is to protect the consumers of occupational & physical therapy services
  - Board gets involved when it appears that its licensees are not providing adequate services to its clients
- What should OT/PT professionals do when they are required to maintain a caseload that is greater than that for which they can safely and effectively serve?
  - Report the situation to the Ohio Department of Education
  - Report the situation to the Ohio OTPTAT Board for investigation

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## Working with Your Administrators

- Know the ODE and the OTPTAT laws and rules
- Know the content of the teacher contracts
- Document/quantify how you spend your time
  - Time study should include time spent in IAT, evaluations, ETR/IEP meetings, consultation, etc.
  - Time study should be done over more than one week
- Use the OTPTAT Board's resources
- Use the resources of your professional association
- Advocate for yourself

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## Contacting the Board

- Email: [board@otptat.ohio.gov](mailto:board@otptat.ohio.gov)
- Internet: <http://otptat.ohio.gov>
- Phone: 614-466-3774
- Fax: 614-995-0816
- Mail:
  - Ohio OTPTAT Board
  - 77 S. High Street, 16<sup>th</sup> Floor
  - Columbus, OH 43215-6108
- Twitter: <http://twitter.com/ohiootptatbd>

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Discussions

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