

Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper

There are differences between the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board and the Ohio Department of Education (ODE), Office for Exceptional Children, regarding how appropriate caseloads are defined and determined for occupational therapists (OT) and physical therapists (PT). This has led to OTs and PTs supervising multiple occupational therapy assistants (OTA) and physical therapist assistants (PTA) and, thereby, being responsible for large numbers of students. There are documented cases of OTs and PTs coordinating service for over 200 students. There are also numerous instances of OTs and PTs assigned caseloads for direct services far exceeding ODE standards. These issues have been documented in surveys conducted by the Board, correspondence with the Board, and conversations with school-based therapists and school administrators.

The laws and rules that regulate the practice of occupational and physical therapy, as defined in the Ohio Revised Code and Ohio Administrative Code, apply to all practice settings, including school-based practice. In school-based practice, the OT/PT and OTA/PTA must also work within the Individuals with Disabilities Education Improvement Act (IDEIA) and Ohio Department of Education's Operating Standards, which are established in Chapter 3301-51 of the Ohio Administrative Code. OTs & PTs and OTAs & PTAs working with educational agencies that seek reimbursement for services such as through Medicaid must adhere to those guidelines as well.

Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education's Operating Standards states that an OT or PT shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the number of students to whom the therapist provides direct service. Paragraph (I)(1) of rule 3301-51-09 also states that determination of the appropriate ratio for an individual therapist must take into consideration the following:

- The severity of each eligible child's needs;
- The level and frequency of services necessary for the children to attain IEP goals/objectives;
- Time required for planning services;
- Time required for evaluations including classroom observations;
- Time required for coordination of the IEP services;
- Time required for staff development;
- Time required for follow up; and
- Travel time required for the number of building served.

Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending Intervention Assistance Team (IAT) meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs also must be considered when determining the therapist/student ratio.

OTs & PTs and OTAs & PTAs are licensed professionals who must follow the laws and rules contained in their respective professional practice acts, established in Chapter 4755. of the Ohio Revised Code. In all practice settings, the occupational or physical therapist has ultimate responsibility for the students served by OTAs/PTAs under his/her supervision and must not provide supervision for more students than they can provide skilled care. This responsibility includes the initial evaluation, goal and objective development for the plan of care or intervention plan, communication with the OTA or PTA, including any special needs of the students, and ensuring that the OTA/PTA is skilled in the services provided. The

therapist is also responsible for re-evaluations, timely reviews of student progress, with frequency of review dependent on the severity of the student's disability, and discharge planning/summaries. The therapist must review and co-sign all progress notes written by the OTA/PTA. This responsibility requires collaboration between the OT/PT and OTA/PTA to ensure that services are being provided as intended and that the student is progressing as anticipated. All students served by either an OTA or a PTA are part of the supervising therapist's caseload. In accordance with ODE's Operating Standards, as well as the Ohio Occupational Therapy and Physical Therapy Practice Acts, OTAs and PTAs do not have their own caseloads separate from that of the supervising therapists.

The Ohio Revised Code defines an occupational therapy assistant and a physical therapist assistant as an individual holding a valid license to assist in the provision of occupational or physical therapy treatments under the supervision of a licensed occupational therapist or physical therapist. Therefore, the OTA/PTA **assists** the therapist in providing services to students and the therapist's responsibilities grow with each additional OTA/PTA supervised. Under Ohio law, only the therapist may delegate appropriate portions of the student's plan of care to the assistant, and must, at all times, have current knowledge of the services provided and progress made by each student under the therapist's care. Both the OT/PT and the OTA/PTA have the responsibility as professionals to ensure that the supervision meets these requirements. Relying solely on information gathered and documented by the assistant during treatment or simply signing the daily progress notes without review does not fulfill the therapist's obligation to provide the appropriate standard of care.

OTAs and PTAs provide skilled and valuable services in all settings including school-based practice. The collaborative relationship between the therapist and assistant enhances care and ensures that students receive quality services. Time for collaboration must be considered when determining responsibilities of therapists and assistants.

It is the position of the Occupational Therapy and Physical Therapy Sections of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board that all responsibilities of the OT & PT and OTA & PTA, including both direct and indirect service to students, must be considered when determining an appropriate therapist caseload. The number of students to whom the supervising therapist provides direct service must be reduced as the number of assistants a therapist supervises expands, since this increases the number of students for whom the therapist is responsible. The therapist must ensure provision of appropriate services and must not serve and/or supervise service for more students than he/she can provide skilled care, including informed direction of all aspects of the service provided for students 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 patient (OAC 4755-7-08 (B)(9) and 4755-27-05(A)(2)).

Educational agencies following the requirement of rule 3301-51-09 (I)(1), which states that additional factors must be considered when determining the appropriate caseload for a therapist, would bring therapist caseloads closer to a level that is in alignment with the therapist providing service only to the number of students that they can provide skilled care as required by their respective professional practice acts.

It is the duty of the Occupational Therapy and Physical Therapy Sections of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board to protect the consumers of occupational and physical therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensure board any entity that places them in a position of compromise with the code of ethical conduct as stated in Ohio Administrative Code rules 4755-27-05 and 4755-7-08(B)(12).