



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section
July 17, 2014
9:00 a.m.

Members Present

Rebecca Finni, OTR/L, Chair
Jean Halpin, OTR/L
Mary Beth Lavey, COTA/L
Kimberly Lawler, OTR/L (arrived @ 9:31 am)
Trevor Vessels, Public Member (arrived @9:41 am)

Staff

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

Members Absent

Beth Ann Ball, OTR/L, Secretary

Guest

Heather Meredith, OOTA

Legal Counsel

Lyndsay Nash, AAG

Call to Order

Rebecca Finni, Section Chair called the meeting to order at 9:16 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 8, 2014 meeting be approved as submitted. Mary Beth Lavey seconded the motion. Kimberly Lawler was absent for the vote due to attending the enforcement review panel. The motion carried.

Action: Jean Halpin moved that the retreat minutes from the June 18, 2014 meeting be approved as amended. Mary Beth Lavey seconded the motion. Kimberly Lawler was absent for the vote due to attending the enforcement review panel. The motion carried.

Executive Director's Report

- The Executive Director reported that the occupational therapy assistant renewal period recently ended.
- The Executive Director informed that Section FY 2014 spending was very close to the appropriation authority amounts.
- The Executive Director informed the Section that he received the Budget Guidance Document for Fiscal Years 2016 and 2017. For Non-GRF agencies, the agencies have limitations of 100% of the FY2015 appropriation authority.
- The Executive Director informed the Section that the legislature formed a study committee to establish guidelines on the appropriate education needed to return a student athlete with a suspected concussion to participation.

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

Discussion of Law and Rule Changes

There were no items discussed.

OTA Renewal Update

The Section reviewed the 2014 occupational therapy assistant renewal report. Approximately 11% of licensees renewed their license in the last four days of the renewal period. The Section discussed whether the Board is mailing the renewal notices out to early. Beginning FY 2015, the Section will mail renewal notices out six weeks (mid-May) prior to the expiration date. The Section will then send two email reminders to licensees at the 4th and 2nd week prior to the expiration date. The Executive Director informed the Section that with the new licensing system, the system will automatically renew a license upon completion of the online renewal and payment.

Administrative Reports

Licensure Report

Action: Jean Halpin 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 8, 2014 through July 17, 2014, taking into account those licenses subject to discipline, surrender, or non-renewal. Rebecca Finni seconded the motion. Kimberly Lawler abstained from voting on the occupational therapy assistant examination applications for Jeanne Baxter, Richard Harvey, Albertina Janita, Meghan Manning, Erin, Paisley, Ashley Schaal, Amanda Seckman, and Holly Wolverton. The motion carried.

Occupational Therapist – Examination

Baumbick, Kimberly	Beam, Halee	Berzonsk,y Kristen
Bialecki, Sarah	Blakeley, Allison	Cicero, James
Clark, Taylor	Deaton, Heather	Gosser, Sara
Gottfried, Alicia	Hanscel, Megan	Holbrook, Laura
Holman, Alisha	Kessick, Britney	Leonard, Susan
Martinez, Rachel	Mills, Amanda	Murray, Lisa
Myers, Megen	Noam, Dafna	Oman, Laura
Payne, Michelle	Rinella, Christine	Stamps, Sarah
Steidel, Lauren		

Occupational Therapy Assistant – Examination

Artman, Amanda	Batesole, Jacob	Baxter, Jeanne
Boxx, Jarom	Byers, Lauren	Carper, Amy
Cherry, Michael	Clarkson, Kelsey	Coughenour, Ashley
Creque, Carlie	DeGasperis, Michael	Dendinger, Samantha
Fields, Keanna	Frankfather, Ann Marie	Griffin, Toney
Harvey, Richard	Heinlen, Megan	Hoffman, Liane
Holzer, Roberta	Houghton, Brian	Houston, Mary
Huck, Shaun	Janita, Albertina	Johnson, Jennifer
Karangwa, Alena	Keeble, Kelly	Knowles, Lindsay
Krieg, Amanda	Lajiness, Marisa	Lambert, John
Layne, Nichole	Lemley, Jeremy	Lewis, Bruce
Ley, Brittany	Lowe, Karen	Manning, Meghan
Mara, Sarah	Markley, Mitchell	Martin, Jill
McClelland, Danielle	McClure, Evette	McDonagh, Dennis
McDonald, Desirae	McGreal, Donna	McKeown, Lana
McNamara, Holly	Miller, Jenna	Mills, Richelle
Mullins, Callie	Orosz, Erica	Paisley, Erin
Pickworth, Samantha	Polen, Aaron	Quick, Melissa
Reffitt, Elizabeth	Rhoades, Fawna	Roach, Renee
Rosenboom, Amanda	Schaal, Ashley	Schefft, Elaine
Schlotterer, Chelsea	Seckman, Amanda	Sensabaugh, Samantha
Simon, Tia	Snyder, Gregory	Stankey, Erin

Sterk, Angie
Thomas, Brooke
Vehre, Lora
Wallick, Zachary

Swinson, Lisa
Thompson, Hali
Vigneulle, Rebecca
Wells, Ashley

Talbott, Jean
Tighe, Michael
Waldron, Jonathan
Wolverton, Holly

Occupational Therapist – Endorsement

Bender, Jesse
Collins, Brian
Elliott, Kristyn
Mott, Stephanie
Wooten, Ashlee

Buterbaugh, Breanne
Collins, Jade
Krecek, Jennifer
Stoermer, Michelle

Coen, David
Dunham, Michele
Lansman, Bristol
Wilcox, Angelique

Occupational Therapy Assistant – Endorsement

Capriglione, Kailee
McGahee, Karen
Shank, Cynthia

Hicks, Lindsey
Montgomery, Lisa
Stafford, Monica

LeFlore, Azaria
Pitre, Katrina
Wilson, Billie

Occupational Therapist – Reinstatement

Barnett, Christine
Pawlak, Catherine
ShIPLEY, Krista

Gray, Jordan
Pettibone, Jan

Hall, Leah
Robinson, Monica

Occupational Therapy Assistant – Reinstatement

Colburn, James
Kenton, Lynda
Ochmanski, Dana

Croswell, Megan
Louder, Jodi
Parsons, Kimberly

Kelner, Margaret
Martin, Kinda

Occupational Therapist – Restoration

None

Occupational Therapy Assistant Restoration

None

Limited License Agreements

Jean Halpin informed the Section that shortly after the May 8, 2014 meeting, the Board was informed that the AOTA CE Course “OT in Action: Using the Lens of the OT Practice Framework, 2nd Edition” used for the limited license agreements is no longer available on the AOTA Store. Since this course is no longer available, the Section will require individuals to complete the following course “Exploring the Occupational Therapy Practice Framework: Domain and Process, 3rd Edition Short Course” (course code: OL361SC). Individuals impacted by this change were immediately notified by the Board of the recent change and were provided instructions on how to obtain the new course.

The Section discussed modifying older limited license agreement’s supervision requirements to match the current supervision requirements for limited license holders on a case by case basis. The Board staff will inform the Section of the number individuals under the older limited license agreements.

The Section requested guidance from the Assistant Attorney General on how to handle old limited license agreements that are not making any progress towards meeting the terms of the limited license agreement.

Jean Halpin reported that the Section received three limited license applications and closed five limited license applications since the May 8, 2014 meeting. There are currently thirteen limited license applications/agreements being monitored.

Jean Halpin reported that Jillian Pelland complied with all terms and conditions and was released from her limited license agreement.

Jean Halpin recommended that, pursuant to rule 4755-3-12(D)(2) of the Administrative Code, the Section offer a limited license agreement to occupational therapist reinstatement applicant #5385997 based on the documentation provided. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license agreement to occupational therapist reinstatement applicant #5385997 based on the documentation provided. Rebecca Finni seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Nadia Monti Dos Santos.

Jean Halpin recommended that, pursuant to rule 4755-3-5(D) of the Administrative Code, the Section offer a limited license agreement to occupational therapist restoration applicant #5369580 based on the documentation provided. **Action:** Kimberly Lawler moved that Section grant a limited occupational therapist license agreement to occupational therapist restoration applicant #5369580 based on the documentation provided. Mary Beth Lavey seconded the motion. Jean Halpin abstained from voting. The motion carried. The Section granted a limited license agreement to Heather Nahhas.

The Section reviewed the occupational therapist endorsement file #5376559 and determined that the applicant is not out of practice and will process this application as a standard endorsement application.

The Section reviewed and accepted the continuing education documentation for occupational therapy assistant reinstatement file #5389090.

Continuing Education Report

Action: Mary Beth Lavey moved that the Section approve 80 applications and deny 2 applications for contact hour approval. Rebecca Finni seconded the motion. The motion carried.

Assistant Attorney General's Report

Lyndsay Nash, AAG had no formal report for the Section.

Case Review Liaison Report

Kimberly Lawler reported that the Enforcement Division opened three cases and closed one cases since the May 8, 2014 meeting. There are currently nine cases open. There are two consent agreements and one adjudication order being monitored.

Kimberly Lawler reported that Renee Parker and Alicia Vasiladis complied with all terms and conditions and were released from their consent agreements.

Enforcement Actions

Kimberly Lawler recommended that the Section accept consent agreement OT FY14-023 in lieu of going to hearing. **Action:** Rebecca Finni moved that the Section accept consent agreement OT FY14-023 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 Paula Powell, OTA.

Kimberly Lawler recommended that the Section issue a notice of opportunity for hearing for case number OT FY14-022 for violation of standards of ethical conduct and failure to comply with the minimum standards of care. **Action:** Rebecca Finni moved that the Section issue a notice of opportunity for hearing for case number OT FY14-022 for violation of standards of ethical conduct and failure to comply with the minimum standards of care. Jean Halpin seconded the motion. Kimberly Lawler abstained from voting. The motion carried.

Correspondence

1. **Jennifer Kubinski, OT/L:** Ms. Kubinski asked the Section questions regarding occupational therapy assistants writing discharge summaries. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 (A) of the Administrative Code, it is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information for the discharge summary, with or without the patient and/or occupational therapist being present. 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. Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. However,

third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act.

2. **Micah Grace:** Ms. Grace asked the Section questions regarding the conditions under which non-custom diabetic shoe/inserts may be provided by occupational therapists. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapy practitioner from providing shoes or inserts, provided the occupational therapy practitioner demonstrates and documents the appropriate knowledge, skills and ability in this area and is practicing within the occupational therapy scope of practice. If this will be practiced by an occupational therapy assistant, both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the technique. You may also wish to check with your liability insurance provider to determine if the occupational therapy practitioner would be covered in this situation.
3. **Kelly Rhue, OTA/L:** Ms. Rhue asked the Section questions regarding records retention for continuing education documents. **Reply:** The Occupational Therapy Section does not have policy for records retention. The Section suggests that you maintain your continuing education records for the current and previous renewal cycles. You may wish to contact NBCOT regarding their records retention policy if you are currently certified by NBCOT.
4. **Susan DeCelle, OTR/L:** Ms. DeCelle asked the Section questions regarding G-Code categories and reporting as related to explicit goals for plans of care. **Reply:** While the Ohio Occupational Therapy Practice Act is not specific about the components of documentation, it is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2013) when determining documentation of occupational therapy in any setting. There is nothing in the laws and rules that govern the practice of occupational therapy in Ohio that requires short-term goals/objectives for each long-term goal as a part of the treatment/intervention plan. However, to meet best practice standards, the treatment/intervention plan must include measurable objectives for expected client outcomes. **In any situation, licensees should follow the more restrictive policies.** AOTA suggests that the "Other PT/OT" code categories will not clarify the specific occupational therapy intervention goal. Be sure to use any code that fits your work with a patient, and be as specific as possible. You can see more at: <http://www.aota.org/en/Advocacy-Policy/Federal-Reg-Affairs/Coding/G-Code.aspx>.
5. **Karen Linser, OTR/L:** Ms. Linser asked the Section questions regarding clarification on the role of an occupational therapist in the new Primary Service Provider (PSP) model being implemented for early intervention programs in Ohio. **Reply:** It is the opinion of the Occupational Therapy Section that collaborative teamwork, including multidisciplinary, interdisciplinary, and transdisciplinary approaches are appropriate forms of service delivery. Please refer to the *AOTA Practice Advisory on Occupational Therapy in Early Intervention* (AOTA, 2010) at <http://www.aota.org> for discussion of this topic. As in any work setting, an occupational therapist working in Early Intervention would be required to assume the professional responsibilities outlined in rule 4755-7-02 (A) of the Ohio Administrative Code. For example, as a part of the transdisciplinary team, the occupational therapist performs evaluations and analysis of the client and environment; identifies issues and inputs into the development of the ISFP goals and objectives; plans appropriate interventions; and assesses outcomes. An intervention plan (plan of care) is required in the Early Intervention setting. As in any practice setting, appropriate documentation continues to be a requirement. You stated that you have already researched the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2013). An intervention plan might include identification of the IFSP goals and objectives targeted by the occupational therapy practitioner, intervention approaches and types of interventions, and outcomes. The occupational therapist determines the aspects of the occupational therapy intervention plan that may be carried out by other team members. Instructing team and family members on ways to implement appropriate activities may be part of the intervention plan. Only services provided by an occupational therapist or occupational therapy assistant may be called occupational therapy. If the occupational therapist determines that services require the skills of an occupational therapist or occupational therapy assistant, then those interventions cannot be delegated to other providers. There is nothing in the Ohio Occupational Therapy Practice Act that would prohibit an occupational therapist or occupational therapy assistant from providing an integrated service plan that includes interventions established by other professionals, such as early intervention specialists, physical therapists, or speech language pathologists, as long as those portions of the services are not represented as

occupational therapy. The occupational therapy practitioner must use professional judgment to determine when training is not adequate to provide requested interventions. The Section recommends two additional resources: 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, and the Ohio Occupational Therapy Association's pediatrics member support group chair at www.oota.org. Both may be able to assist you further with some of your questions regarding school-based practice. You may wish to review the Help Me Grow website at <http://www.ohiohelpmegrow.org/> for the laws and rules that govern early intervention services.

6. **Wendy Drake-Kline, OTR/L:** Ms. Drake-Kline asked the Section questions regarding the use of NPI numbers in school-based setting. **Reply:** 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 Occupational Therapy Section does not have a requirement for licensees to obtain a National Provider Identifier. However, other agencies, accrediting bodies and/or reimbursement agencies may have additional requirements and guidelines that need to be met for accreditation and/or reimbursement of occupational therapy services. A requirement to obtain an NPI for a school-based practitioner would appear to fall into this category. You can obtain additional information about the NPI at: <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html?redirect=/NationalProvIdentStand/>. You can submit an online application for the NPI at: <https://npes.cms.hhs.gov/NPPES/Welcome.do>. The Section also recommends that you contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator if you have further questions regarding school-based issues at www.oota.org and/or 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.
7. **Leslie Lucas, OTR/L:** Ms. Lucas asked the Section questions regarding requirements for plans of care for school based settings. **Reply:** The separate occupational therapy treatment/intervention plan (POC) should include: Intervention approaches; The types of interventions to be used; Expected outcomes; and Any additional occupational therapy goals not listed in the IEP. Appropriate documentation is a requirement across all practice settings. Please refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2013) for additional resources. The Section also recommends that you contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator if you have further questions regarding school-based issues at www.oota.org and/or 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.
8. **Heather Wingate, OT/L:** Ms. Wingate asked the Section questions the frequency of supervisory visit or collaboration between occupational therapist and occupational therapy assistant. **Reply:** Supervision is an interactive and collaborative process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client's treatment plan without first consulting with the evaluating and/or supervising occupational therapist of record. The evaluating and/or supervising occupational therapist of record must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. The Section is not prescriptive on how and when supervision/collaboration is done. Supervision/collaboration 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 and collaboration with the occupational therapy assistant at all times. In the example you provided, for instance, the occupational therapist overseeing a client's plan of care may provide co-signature following the weekend interventions provided by occupational therapy assistants. As this therapist is familiar with the client and their established goals and interventions, they are the best choice for oversight of the services provided under that plan of care. Ensuring that the assistant has the means of communicating questions and concerns which may arise during their care delivery will ensure that collaboration is taking place. In addition, pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational

therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. The occupational therapy assistant is also responsible for making sure the supervising occupational therapist possesses a current license to practice occupational therapy prior to providing supervision of occupational therapy treatment.

9. **Allison Arnette, OTR/L:** Ms. Arnette asked the Section questions regarding whether newly graduated occupational therapy assistants are required to practice a certain number of years prior to working in a home health setting. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that would prohibit a newly licensed occupational therapy assistant from working in a home health setting. The supervising occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. According to rule 4755-7-08 (B)(15) of the Ohio Administrative Code, 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: (b) Performing techniques/procedures in which the licensee cannot demonstrate and document competency, either by experience or education. (e) Failing to ensure that duties assumed by or assigned to other occupational therapy practitioners match credentials, qualifications, experience, and scope of practice.
10. **Christine Skujins, OT/L:** Ms. Skujins asked the Section questions regarding use of occupational therapy credentials in non-occupational therapy settings. **Reply:** If the services are not being represented as occupational therapy, you may publicize your educational degrees, but you should not use the credentials OT/L, or OTR/L, and you should not state the activities provided are led by occupational therapy practitioners. If your services are being represented as occupational therapy, each client would require an evaluation and plan of care.
11. **Email Correspondent:** The Email Correspondent asked the Section questions regarding whether occupational therapy practitioners can refuse treating a client with inadequate documentation about the client's condition. **Reply:** Universal precautions should be utilized with all clients, across all practice settings, as well as appropriate environmental precautions. Occupational therapists may transfer care as you feel appropriate. It is recommended that questions regarding your client's care be directed to the referring physician. If you feel you are unable to provide services to a client due to personal health concerns, it is recommended you work with your employer to transfer care to another therapist.

Joint Correspondence

- JB1. Jennifer Tama:** Ms. Tama asked the Occupational and Physical Therapy Sections questions regarding occupational therapy assistants and physical therapist assistants working in administrative roles. **Reply:** It is the position of the Occupational Therapy Section that the completion of Section O of the minimum data set (MDS) is not an evaluative task. Completion of Section O requires gathering objective data regarding the number of days and minutes of treatment provided. It does not require interpretation of the data or an assessment of the performance components impacting the client's performance level. Completion of the MDS may be delegated to an occupational therapy assistant since it is not interpretive, nor evaluative in nature. Co-signature of the occupational therapy assistant's documentation continues to be a requirement. It is the position of the Physical Therapy Section that when physical therapy personnel are involved in the gathering and documenting of MDS 3.0 data, the physical therapist has ultimate responsibility for the information submitted. The physical therapist must decide what MDS data requires the judgment or decision-making skills of the physical therapist. Other data, including the transfer of information already reported in the patient record, may be gathered by the physical therapist assistant. This would include Section O of the MDS. The physical therapist assistant must be able to identify from where in the patient record the data was transferred. Completion of the MDS in its entirety is interpretive and evaluative in nature and physical therapist assistants are unable to complete the MDS. All other sections of the MDS requiring any information from physical therapy would require the physical therapist to complete. This would include co-signature of the physical therapist assistant on Section O and a signature from the physical therapist on any other section.

- JB2. Sarah King, PT:** Ms. King asked the Occupational and Physical Therapy Sections questions regarding the use of electronic signatures in occupational and physical therapy practice. **Reply:** Yes, the therapist would be able to sign the evaluation as described, as long as the evaluating therapist's signature is on file.
- JB3. Bethany Dugan, PT, DPT:** Dr. Dugan asked the Occupational and Physical Therapy Sections questions regarding occupational therapy assistants and physical therapist assistants performing modalities. **Reply:** The occupational therapist must document in the plan of care (POC) what modalities are to be included in the treatment of the client. However, parameters of the modalities to be used, may or may not be included in the POC. The parameters of the requested modality such as US/E-stim may not be included in the POC, provided that the occupational therapy assistant has documented training and demonstrated competency in delivery of the procedure. The parameters used, must be documented in the occupational therapy assistant daily treatment note. The Ohio Administrative Code allows the occupational therapist to delegate treatment procedures or services beyond the entry level scope of occupational therapy assistant practice, provided that the supervising occupational therapist and the occupational therapy assistant both demonstrate and document competency in the procedure. The physical therapist must document in the plan of care (POC) what modalities are to be included in the treatment of the patient. However, parameters of the modalities to be used, may or may not be included in the POC. The parameters of the requested modality such as US/E-stim may not be included in the POC, provided that the physical therapist assistant has documented training and demonstrated competency in delivery of the procedure. The parameters used, must be documented in the physical therapist assistant daily treatment note. The Ohio Administrative Code allows the physical therapist to delegate treatment procedures or services beyond the entry level scope of physical therapist assistant practice, provided that the physical therapist assistant has documented training and demonstrated competency in delivery of the procedure. The supervising physical therapist must also be able to demonstrate competency in any procedure or services that has been delegated to the physical therapist assistant.
- JB4. Debra Wolfe, COTA/L:** Ms. Wolfe asked the Occupational and Physical Therapy Sections questions requesting clarification on which discipline can perform the home visit in the scenario described. **Reply:** In the course of the practice of occupational therapy, a home assessment is an assessment typically performed prior to discharge home from an inpatient or skilled nursing rehabilitation setting. It is primarily performed to determine equipment and environmental needs for the client's safety at home. It is not an evaluation performed within home health services. A home assessment may be performed by an occupational therapy assistant with a current client under an established occupational therapy treatment/intervention plan. The occupational therapy assistant can gather objective information and report observations, with or without the client and/or occupational therapist present. It is the responsibility of the occupational therapist to interpret the data gathered by the occupational therapy assistant and collaborate with the occupational therapy assistant to make recommendations. Any collaboration between the occupational therapist and occupational therapy assistant must be reflected in client documentation. In the course of the practice of physical therapy, a home assessment is the sole responsibility of the physical therapist. However, prior to the completion of a home assessment, the physical therapist assistant may go into the home, without patient involvement, to perform an environmental survey (architectural barriers, floor plan, etc.). If the patient is going into his/her home environment and his/her function in the home is being assessed, this assessment must be performed by a physical therapist. A physical therapist assistant may continue an established treatment plan of functional activities in the home or other non-clinical environment or may complete an environmental checklist once the patient assessment has been completed.
- JB5. Patricia Trela, OTA/L:** Ms. Trela asked the Occupational Therapy and Athletic Trainers Sections questions regarding whether athletic trainers are allowed to work under the supervision of an occupational therapist/occupational therapy assistants. **Reply:** According to the Ohio Athletic Training Practice Act, athletic trainers must practice upon the referral of an individual licensed in Ohio to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, chiropractic, dentistry, or physical therapy. As a result, an occupational therapist cannot legally refer a client to an athletic trainer. Professionals holding a license other than an occupational therapy license are considered unlicensed personnel in the provision of occupational therapy services. There is nothing in the Ohio Occupational Therapy Practice Act that states that a private practitioner cannot employ "other licensed personnel." It is acceptable for a private practice occupational therapist to employ other licensed personnel if those individuals are practicing and billing in accordance with the rules and regulations governing their

professional license. In accordance with rule 4755-7-03 (D) of the Ohio Administrative Code, licensed occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Occupational therapy practitioners may not delegate tasks listed in paragraph (2) below to these individuals, who may include licensed nurses, physical therapists, physical therapist assistants, athletic trainers, etc. Some examples of allowable delegation include department maintenance, transport of clients, and preparation of work area, assisting with client's personal needs during treatment, assisting in the construction of adaptive equipment and splints, and other clerical or administrative functions. (1) Unlicensed personnel may only perform specific tasks which are neither evaluative, task selective, nor recommending in nature. The occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant may delegate such tasks only after ensuring that the unlicensed personnel has been appropriately trained for the performance of the tasks. (2) The occupational therapist, occupational therapy assistant, student occupational therapist, and student occupational therapy assistant shall not delegate the following to unlicensed personnel: (a) Performance of occupational therapy evaluative services; (b) Initiation, planning, adjustment, modification, or performance of occupational therapy services; (c) Making occupational therapy entries directly in the client's official records; and (d) Acting on behalf of the occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant in any matter related to occupational therapy treatment 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 4755-7-03 (D)(2) of the Ohio Administrative Code to unlicensed personnel.

Old Business

Review Updated Strategic Plan

The Section reviewed the updated Strategic Plan. The Section requested that the rules renumbering project be added to the Joint Board Agenda in September 2014.

New Business

Public Rules Hearing

The Section held a public rules hearing from 10:15 am to 10:21 am.

Review Draft Standard Response for Use of Credentials in Non-Traditional Roles and Display of Wall Certificates

The Section made modifications to the standard response for Use of Credentials in Non-Traditional Roles. The Section accepted the standard response for the wall certificates as submitted. The Section requested that the Executive Director add a FAQ on the Board's website for both standard responses.

Review Draft Rule Language for Supervision of Level I Students

The Section made revision to the draft language for Supervision of Level I Students. The Section will discuss this topic at the upcoming OOTA conference.

Discussion on Upcoming Conferences (OOTA/NBCOT)

The Section discussed the Board Member's availability to attend/present at the upcoming conferences for OOTA and NBCOT.

Open Forum

There were no items discussed.

Ohio Occupational Therapy Association (OOTA) Report

Heather Meredith gave a brief report to the Section. Ms. Meredith will inform OOTA to contact the Jeffrey Rosa on confirming the Board's status to present OOTA.

Items for Next Meeting

- Elections
- Review AOTA/NBCOT PDU Document
- Executive Director's performance review
- Update on the number of older Limited Permit Agreements

Next Meeting Date

The next regular meeting date of the Occupational Therapy Section is scheduled for Thursday, September 11, 2014.

Action: Jean Halpin moved to adjourn the meeting. Kimberly Lawler seconded the motion. The motion carried. The meeting adjourned at 11:50 a.m.

Respectfully submitted,
Diane Moore

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

ABSENT

Beth Ann Ball, OTR/L, Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, OT Section

Jeffrey M. Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

BB:jmr:dm