

Referral and Caseload Information for School-Based Practice

Occupational therapists, as defined in ORC Section 4755, are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. Scope of practice guidelines in OAC 4755-7-02 grant occupational therapists the ability to provide service independently of a physician's order.

However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies (such as Medicaid) may have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services.

Occupational therapy practitioners may obtain an NPI number through the Center for Medicare and Medicaid Services to identify them as a provider of occupational therapy. You may do so at the following website: <https://nppes.cms.hhs.gov>.

Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education and Workforce. Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education and Workforce's Operating Standards states that an OT shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education and Workforce interprets this as the number of students to whom the therapist provides direct service. In addition, the Ohio Department of Education and Workforce has provided a Service Provider Ratio and Workload Calculator to help districts further determine appropriate workloads and ratios

(<http://education.ohio.gov/Topics/Special-Education/Service-Provider-Ratio-and-Workload-Calculation>).

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.

All students served by an OTA are part of the supervising therapist's caseload. In accordance with DEW's Operating Standards, as well as the Ohio Occupational Therapy Practice Act, OTAs do not have their own caseloads separate from that of the supervising therapist.

It is the position of the Occupational Therapy Section that all responsibilities of the OT and OTA, 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 client (4755-7-08 (B)(9)).

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 Section to protect the consumers of occupational therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensing board any entity that places them in a position of compromise with the code of ethical conduct as stated in rule 4755-7-08 (B)(12) of the Administrative Code. Please refer to the Board's website (<http://otptat.ohio.gov>) to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper and the Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart documents*.