Notice is hereby given that the
Indiana Occupational Therapy Committee
will meet in person/virtually on
August 20, 2025 beginning at 11:00 A.M.
For the Public Rules Hearing for LSA #25-329

Committee Members	Title	Appointment Date	Expiration Date	Appointing Authority
Sharon Pape	OT Chair	03/31/2023	02/28/2027	Governor
Dr Ann Hake	MD Vice Chair	02/11/2002	05/31/2019	Governor
Debra Mosley	OT	10/28/2004	06/30/2012	Governor
Sidney Eisgruber	OT	03/12/2014	03/11/2017	Governor
Katrina Etter	Consumer Member	10/01/2023	09/30/2027	Governor

FIRST PUBLIC RULES HEARING MINUTES

1. **CALL TO ORDER AND ESTABLISHMENT OF QUORUM** 11:00 A.M.
   Committee Members Present: Sharon Pape, Dr Ann Hake, Katrina Etter
   Staff Present: Toby Snell, Ashley Scott, Jill Haddad

   a. **PUBLIC RULES HEARING LSA# 25-329**

   Court Reporter Margie Addington

   ONLINE COMMENTS RECEIVED FOR THE PUBLIC HEARING

   1. Abigail Kifer in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6
   I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana.
   First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
   Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OT As contribute to evaluations under the supervision of an occupational therapist.
   Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.
   Thank you for considering these concerns and for promoting rules that reflect modern, collaborative, and effective OT practice.

   2. Amanda Link-Dudek, in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6
   I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana.
   First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
   Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OTAs contribute to evaluations under the supervision of an occupational therapist.
   Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.
   Thank you for considering these concerns and for promoting rules that reflect modern, collaborative, and effective OT practice.

   3. Brenda Howard in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6
   I am submitting comments regarding the proposed rule changes in LSA Document #25-329.
   Section 844 IAC 10-5-G(a): 5 days may not be enough time in some settings for countersigning notes. I recommend keeping the time period at 7 days.

Section 844 IAC 10-5-5: Per guidance from the American Occupational Therapy Association, accrediting body, and National Board for Certification in Occupational Therapy, OTA practitioners should NOT be completing full evaluations. I recommend changing the language to "complete screenings and contribute to evaluations under the supervision of a licensed occupational therapist."
State fee for compact privilege: $100 is a burdensome amount to add to licensure fees. High costs of licensure are contributing to OT practitioners avoiding membership fees in state and national associations, which limits advocacy for the profession and the clients we serve. I do hope there is a way to keep the fee at a more reasonable rate.

4. Carol Barnes in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana.
First, I do not understand the rationale for the revision to Section 844 IAC 10-5-G(a) to reduce the timeframe for countersigning, what value does it lend? People may be on vacation and to create undue pressure for a process that happens anyway does not seem well thought out. Please keep the (7) calendar day timeframe intact as it is already more stringent than our neighboring states.
Second, regarding the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. A counterpart who requires a cosign as outlined above does not have the education or experience to complete evaluations; they are valuable support staff. National guidance is clear that OTAs may contribute to evaluations under supervision but are not licensed to complete one-hence the need for supervision from an OT.
Third, please reconsider the proposed $100 state fee for compact privilege (in addition to national fees); a lower fee encourages professional engagement across states and could bring revenues to our state from people working here based on an affordable and reasonable compact privilege.
Thank you for considering these concerns, listening to our reasoning, and promoting rules that support the enhancement of OT practice.

5. Jenna Williamson in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana.
First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations. This contradicts national guidance and should be clarified to indicate that OTAs contribute to evaluations under the supervision of an occupational therapist. The language in this section is confusing and not clear.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states. Thank you for considering these concerns and for promoting rules that reflect modern, collaborative, and effective OT practice

6. Katie Nagai in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana.
First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OT As contribute to evaluations under the supervision of an occupational therapist.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.
Thank you for considering these concerns and for promoting rules that reflect modern, collaborative, and effective OT practice.

7. Kaylin Shiver in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana.
First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue

pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OT As contribute to evaluations under the supervision of an occupational therapist.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.
Thank you for considering these concerns and for promoting rules that reflect modern, collaborative, and effective OT practice.

8. Kelly Packwood in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6
I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana.
First, I strongly oppose the revision to Section 844 IAC 10-5-G(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OTAs contribute to evaluations under the supervision of an occupational therapist.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.
Thank you for considering these concerns and for promoting rules that reflect modern, collaborative, and effective OT practice.

9. Laura Nolan in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6
I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana.
First, I strongly oppose the revision to Section 844 IAC 10-5-G(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may “complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OT As contribute to evaluations under the supervision of an occupational therapist.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.
Thank you for considering these concerns and for promoting rules that reflect modern, collaborative, and effective OT practice.

10. Linda Riccio in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6
I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana. I am an Occupational Therapist, and minority owner of Vertis Therapies, a contract rehabilitation company based in Noblesville, Indiana.
First, I strongly oppose the revision to Section 844 IAC 10-5-G(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. Indiana's countersignature requirements are already more stringent than neighboring states. This timeframe is not taking in consideration staffing shortages which we are experiencing, particularly in rural areas across Indiana. The Occupational Therapy profession has not had sufficient time to recover its' staffing needs since the pandemic, particularly in rural areas. This will impact Indiana's seniors with delayed care and treatments awaiting supervision requirements.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance that is outlined by our professional association and should be clarified to indicate that OT As contribute to evaluations under the supervision of an occupational therapist. Simply put - we would have a different standard than that which is required by our national association practice guidelines.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states. In today's staffing shortages we need practices that encourage compact participation - (and there are many rural borders which outline Indiana with

challenged staffing patterns) - not discourage compact participation which would negatively impact staffing coverage for patient care.
Thank you for considering these concerns and for promoting rules that reflect modern, collaborative, and effective OT practice and our consistent with our national professional requirements and guidance.

11. Thomas Fisher in regard to 844 IAC 10-5-5

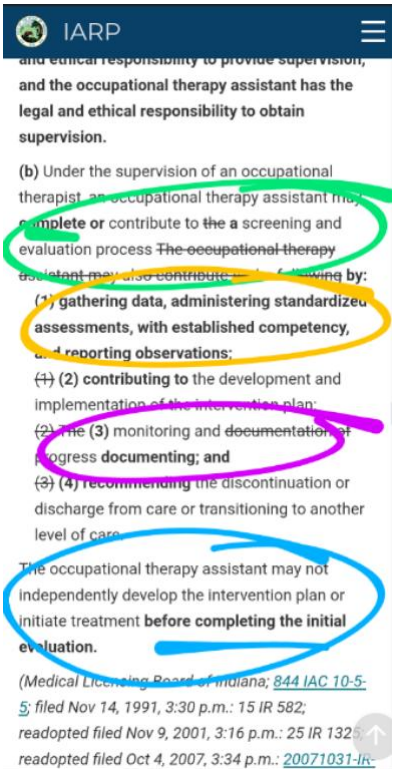
Thank you for the opportunity to comment on the proposed rule changes. As a long-term practitioner (certified then licensed in IN since 1987), I applaud the OT Committee for addressing these issues. It demonstrates their due diligence in protecting consumers and assuring the integrity of services being offered by occupational therapy practitioners (therapists and assistants) in Indiana.
Supervision of licensed occupational therapy assistants (OTAs) is important. However, requiring a counter signature by an occupational therapist is not promoting supervision. It's an acknowledgement by the therapist of the documentation done by another licensed occupational therapy practitioner (OTP). It has always been burdensome and unnecessary to require this for progress notes. A signature would be important for a discharge summary note and any contribution to the evaluation (an ADL screening, goniometry measurements, a standardized assessment that they are service competent to administer, etc.)
Could the Committee consider developing a supervision rule similar to what other states have, like Kentucky? Maintaining a monthly log of time spent by the supervising OT with the OTA and topics covered (progressing the patient, modifying the POC, transitioning the client/patient/student to the next level of care, etc.)- maybe consider 2 hours minimum (virtual, in-person, phone). This would demonstrate quality supervision by the therapist with the assistant(s) and have more meaning and outcomes than a counter signature on progress notes.
I understand from previous conversations that frequently occupational therapy assistants are considered similar to physical therapist assistants and speech language pathology assistants. They are similar in some ways but different in terms of regulation. Occupational therapy assistants in IN are licensed; PTAs are certified and SLPAs are registered. They do not have the same level of regulation in Indiana, and it is time we acknowledge this difference in our rules and regulations.
Finally, I do believe there are issues that need clarity regarding the role of the OTA with completing initial and re- evaluations in the proposed rule. An OT evaluation has several components: review of the medical history, observations, interviews, administering standardized & non-standardized assessments, and an occupational profile. Any one or several of these components could be delegated to the licensed OTA. The final evaluation is the responsibility and obligation of the licensed occupational therapist.

12. Danielle Sparks in regard to 844 IAC 10-2-2 and 844 IAC 10-5-5

I oppose changing the days required for countersignature of OTA documentation. This requirement is problematic for many reasons. Countersignature indicates supervision. OT As are licensed and if they are to treat a patient following the parameters outlined, there is no reason for an OT to have to countersign progress notes. Documenting case coordination would be much for useful and relevant. If a requirement of so many days is deemed necessary, then I do not think that window should be shortened. This entire process is an unnecessary burden to OTs and in most states is not a requirement. Certainly, OTAs should have oversight and follow treatment plans that OTs outline, but requiring a blind signature is very problematic.
I am not in favor of any free for compact privilege. I have a hard time understanding how that is required at all, let alone $100. Our fees are going to double?! With so many other issues with therapists being able to make a fair wage (insurance reimbursement cuts, increasing schooling costs and debt, less money for continuing education from employers, salary increases that aren't keeping up with inflation), it does not seem fair or feasible for therapists who really have no interest in compact to have to pay that much more. There are some therapists that may practice in more than one state, but others should incur a large increase in dues for this.

13. Brandi Baker 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana. My most significant concern is about the language in Section 844 IAC 10-5-5 that could imply an OTA may “complete” evaluations independently. This contradicts national guidance and should be clarified to indicate that OTAs contribute to evaluations under the supervision of an occupational therapist. I have attached a screenshot where I circled particular concerns with this section. These include the lack of clarity, lack of operational definitions, and the potential for confusion with some of the language.



Second, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.
Thank you for considering these concerns and for promoting rules that reflect modern, collaborative, and effective OT practice.

14. Alyssa Ford in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana.
First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OTAs contribute to evaluations under the supervision of an occupational therapist.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.

15. Abigail Hernales Buenconsejo in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

I am submitting comments regarding the proposed rule changes in LSA Document #25-329, which I believe could negatively impact occupational therapy practice in Indiana.
First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OTAs contribute to evaluations under the supervision of an occupational therapist.

Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.

16. Danielle Ogden in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

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First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OTAs contribute to evaluations under the supervision of an occupational therapist.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.

17. Aida Martinez in regard to in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

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First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OTAs contribute to evaluations under the supervision of an occupational therapist.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.

18. Emma Lusch in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

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First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OTAs contribute to evaluations under the supervision of an occupational therapist.
Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.

19. Kullen Quinlan in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

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First, I strongly oppose the revision to Section 844 IAC 10-5-6(a), reducing the timeframe for countersigning OTA documentation from seven (7) to five (5) calendar days. This would place undue pressure on occupational therapy practitioners without improving patient care outcomes. Indiana's countersignature requirements are already more stringent than neighboring states.
Second, I have concerns about the language in Section 844 IAC 10-5-5 that could imply an OTA may "complete" evaluations independently. This contradicts national guidance and should be clarified to indicate that OTAs contribute to evaluations under the supervision of an occupational therapist.

Third, I believe the proposed $100 state fee for compact privilege (in addition to national fees) is excessive and could deter participation. A lower fee would better support access, mobility, and professional engagement across states.

20. AOTA in regard to 844 IAC 10-5-5, 844 IAC 10-5-6

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 213,000 occupational therapists, occupational therapy assistants, and students of occupational therapy, including 1158 members in Indiana. The practice of occupational therapy is science-driven, evidence-based, and enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, and disability. AOTA supports the Indiana Occupational Therapy Committee in its mission to protect the health, safety, and welfare of Indiana consumers and the authority of the Board to create regulations to achieve this mission.

On behalf of AOTA, I am writing to provide comment on the proposed changes to regulation 844 IAC 10-5-5, Supervision of an occupational therapy assistant and 844 IAC 10-5-6, Documentation.

Regarding the supervision regulation, AOTA is concerned is that the addition of the word "complete" could lead some to believe that an occupational therapy assistant can initiate an occupational therapy treatment plan. According to AOTA's official document *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (see attached), an OTA "contributes to the evaluation process by implementing delegated assessments…" The occupational therapist (OT) "imitates and directs the evaluation, interprets the data and develops the intervention plan." It is not unreasonable to presume that the word "complete" in this context could be misconstrued as authorizing an OTA to act independently of the OT. We recommend either clarifying what is meant by the addition of the word "complete" in this proposed rule change or deleting it altogether.

Regarding the proposed changes to the documentation regulation, AOTA is concerned that requiring all OTA documentation to be countersigned by the supervising OT would be a burdensome requirement that could take both the OT's and OTA's valuable time away from patient treatment. Our research indicates that no state requires a countersignature on "all documentation recorded by the [OTA]." Some states require a countersignature for changes to the treatment plan or for documentation generated by a student or temporary or limited permit holder, but not for all documentation generated by a licensed OTA. Some states allow for countersignature as an option to show proof of supervision, and notably, others state clearly in statute or regulations that a countersignature or co-signature is not to be considered evidence of meeting the minimal standard of supervision for an OTA. We are glad to work with the Committee and the Indiana Occupational Therapy Association to come up with a less time-consuming method by which an OT may document supervision of an OTA.

21. IOTA in regard to in regard to 844 IAC 10-2-2, 844 IAC 10-5-5, 844 IAC 10-5-6

IOTA and its members have very strong concerns about the proposed changes to Section 5, 844 IAC 10-5-6 documentation, specifically the change to Section 6 (a): "The occupational therapist shall countersign within seven (7) five (5) calendar days all documentation written recorded by the occupational therapy assistant, which will become part of the patient's permanent record." IOTA strongly opposes this change and requests the committee and board to either 1) keep the current seven (7) calendar day requirement for countersignatures; OR 2) replace the countersignature requirement in part or full with alternate supervision requirements

Numerous IOTA members have expressed concerns that reducing the number of days for countersignature will prove unnecessarily burdensome for occupational therapy practitioners. Members express that Indiana's current requirement of countersignatures on all OTA documentation is already burdensome and challenging. Reducing the number of days to complete the countersignature would negatively affect Indiana occupational therapy practitioners already burdened with workforce shortages and rising productivity expectations. The American Occupational Therapy Association (AOTA) concurs with IOTA that requiring a countersignature as well as reducing the window of time to obtain a countersignature even further than in current regulation would be overly burdensome.

Indiana is in the slim minority of states that require some form of countersignature. Only 15 states require some form of countersignature, and most of those states do not require countersignature on all OTA documentation as required by Indiana's rules. For example, only 1 of 4 of the surrounding Midwest states (Illinois, Kentucky, Michigan, and Ohio) require countersignatures on any OTA (with permanent licenses) documentation and none require countersignature on all OTA documentation as Indiana does. Illinois only requires countersignatures for OTA's with a temporary permit and none for those with permanent licenses; Kentucky requires countersignatures (within 14 days) only when the OTA is making notations to an initial evaluation, plan of care, or discharge summary; Michigan and Ohio have no countersignature requirements.

Instead of requiring counter or co-signatures on all documentation, numerous states (including the 4 states referenced above) list out specific requirements for documentation of supervisory meetings. In fact, many states' rules include language that declares countersignatures are insufficient documentation of proper OT/OTA supervision. Adopting a new rule for alternative supervision

requirements (in replacement of or in addition to countersignature requirements) would align Indiana with surrounding states and provide stronger verification of supervision. Examples include hybrid countersignature and supervisory meeting log requirements, such as those found in Kentucky's OT rules and regulations 201 KAR 28:130: "Documentation requirements. (a) Notations recorded by an OTA/L to an initial evaluation, plan of care, or discharge summary, that are documented in a client's permanent record, shall be countersigned by the supervisor within fourteen (14) calendar days of the notation. (b) The supervising OT/L and individuals under supervision shall each maintain a log which shall document: 1. The frequency of the supervision provided.
2. The observation, dialogue and discussion, and instructional techniques employed.
3. The type of supervision provided, either general or face-to-face.
4. The dates on which the supervision occurred; and 5. The number of hours worked by the OTA/L each month.
It shall be the responsibility of the supervising OT/L to maintain a list of any OTA/L that he or she has supervised with the OTA/L's name and license number.
It shall be the responsibility of the OTA/L under supervision to maintain a list of his or her supervising OT/L with that individual's name and license number. A supervising OT/L shall not have more than the equivalent of three (3) full time OTA/Ls under supervision at any one (1) time. In extenuating circumstances, when the OTA/L is without supervision, the OTA/L may continue carrying out established programs for up to thirty (30) calendar days under agency supervision while appropriate occupational therapy supervision is sought. It shall be the responsibility of the OTA/L to notify the board of these circumstances and to submit, in writing, a plan for resolution of the situation. A supervisor shall be responsible for ensuring the safe and effective delivery of OT services and for fostering the professional competence and development of the OTA/Ls under his or her supervision." OTA/Ls under his or her supervision." Or Illinois' Occupational Therapy Practice Act (Sec. 1315.163), which does not require countersignatures for OTA's with permanent licenses, but includes detailed supervision requirements:
"Section 1315.163 Supervision of an Occupational Therapy Assistant a) A certified occupational therapy assistant shall practice only under the supervision of a registered occupational therapist. Supervision is a process in which 2 or more persons participate in a joint effort to establish, maintain and elevate a level of performance and shall include the following criteria: 1) To maintain high standards of practice based on professional principles, supervision shall connote the physical presence of the supervisors and the assistant at regularly scheduled supervision sessions. 2) Supervision shall be provided in varying patterns as determined by the demands of the areas of patient/client service and the competency of the individual assistant. Such supervision shall be structured according to the assistant's qualifications, position, level of preparation, depth of experience and the environment within which he/she functions. 3)The supervisors shall be responsible for the standard of work performed by the assistant and shall have knowledge of the patients/clients and the problems being discussed. Co-signature does not reflect supervision. 4) A minimum guideline of formal supervision is as follows:
A) The occupational therapy assistant who has less than one year of work experience or who is entering new practice environments or developing new skills shall receive a minimum of 5% on-site face-to-face supervision from a registered occupational therapist per month. On-site supervision consists of direct, face-to-face collaboration in which the supervisor must be on the premises. The remaining work hours shall be supervised by a combination of telephone, electronic communication, telecommunication, technology or face-to-face consultation. B The occupational therapy assistant with more than one year of experience in his/her current practice shall have a minimum of 5% direct supervision from a registered occupational therapist per month. The 5% direct supervision shall consist of 2% direct, face to face collaboration. The remaining 3% of supervision shall be a combination of telephone, electronic communication, telecommunication technology or face-to-face consultation. The remaining work hours will be supervised in accordance with subsection (a)(2). b) Record Keeping. It is the responsibility of the occupational therapy assistant to maintain on file at the job site signed documentation reflecting supervision activities. This supervision documentation shall contain the following: date of supervision, means of communication, information discussed and the outcomes of the interaction. Both the supervising occupational therapist and the occupational therapy assistant must sign each entry."
IOTA has concerns regarding the changes in Section 4. 844 IAC 10-5-5 Supervision of an Occupational Therapy Assistant. IOTA requests wording clarifying only an OT can complete the evaluation or screening and that an OTA can only contribute to both.
There are concerns that proposed wording change allows an OTA to "complete" the screening and evaluation process when AOTA's position is that an OTA may only contribute to an evaluation. Similarly, in the last sentence, it references an OTA "completing" the initial evaluation. The states listed as examples for point 1 contain more detailed sample language.
IOTA has concerns regarding the proposed changes to Section 1, 844 IAC 10-2-2 Fees, specifically the addition to Sec. 2. (a) "Application for compact privilege $100 in addition to the compact commission fee established by the occupational therapy compact commission." IOTA requests the

committee and board to consider a lower fee of $25 or $50. At national and state levels, the compact has represented itself as an opportunity to “improve access to occupational therapy services,” “enhance mobility for OT practitioners,” and “encourage cooperation among compact member states,” among other benefits (official compact infographic). With the national compact fees set at $75, the current proposed $100 in state fees for Indiana would make the total cost of a compact privilege in Indiana $175. This high cost may be burdensome to many OT practitioners, mitigating the proposed benefits of the compact. A lower, more reasonable fee of $25 or $50 would make the total $100 or $125 which would be less burdensome and could bring increased OT practitioners to the state of Indiana.

PUBLIC COMMENTS RECEIVED AT THE PUBLIC HEARING

1. **Dr, Ann Hake** expresses her gratitude to everyone for their comments
2. **Thomas Fisher** inquires if there will be record of all that attended
3. **Leah Van Antwerp from IOTA provides additional comments in regard to 844 IAC 10-2-2** for the compact fee and states that the regulatory analysis should include a more detailed description on how the fee for the compact can affect individuals and more detailed research that was used to come up with this fee.

b. ADJOURNMENT 11:40 A.M.