



Brian P. Kemp
Governor

Matt Arthur
Commissioner

Occupational Therapy IFCC Meeting

Date: Friday, October 18th, 2019

Time: 10:00am until 3:00pm

Location: Technical College System of GA ~ System Office

Meeting Facilitator: Sasha Kahiga-CPS, TCSG

Recorder: Sasha Kahiga- CPS, TCSG

Attendees

1. Barbara Banning- Program Director, Augusta Technical College (ATC)
2. Valarie Chapman- Fieldwork Coordinator, Augusta Technical College (ATC)
3. Kimberly Collins- Director of Rehabilitation, Aegis Therapies
4. Sasha Kahiga- CPS, TCSG
5. Saundra King- Sr. Executive Director, TCSG
6. Debbie King- Owner/Administrator, DeRiche Agency Inc.
7. Julia McVicker- Fieldwork Coordinator, Chattahoochee Technical College (CTC)
8. Patty Reinhardt- Occupational Therapist, Wellstar
9. Amy Shaffer- Program Director, Chattahoochee Technical College (CTC)
10. Sharon Shinn- National Director Outpatient Service, Aegis Therapies
11. Jason Tanner- VAPP, Chattahoochee Technical College (CTC)

Meeting began with Sasha Kahiga welcoming everyone and introducing herself. She explained to the group that initially, this meeting was scheduled to be a program review, but due to many accrediting and regulatory agencies, not all Allied Health programs will be under an extensive program review as others. She stated that since the meeting was already scheduled, and the group noted the need to align the curriculum to the updated Accreditation Council for Occupational Therapy Education (ACOTE) standards, the meeting will be conducted as an IFCC instead of a program review. Sasha introduced Sr. Executive Director of Academic Affairs of the System Office, Ms. Saundra King. Saundra elaborated on the purpose of the meeting and informed the group that Sasha would work with the group to meet their needs for the accrediting and regulatory agencies.

Sasha asked the business and industry representatives if there were any skills they felt students of the OTA program might lack and if the curriculum needed to elaborate on those skills. Patty Reinhardt stated that the students were well prepared for the occupational skills required for the profession and that soft skills were not a significant issue. Ms. Reinhardt said that she might get a student who lacks those soft skills every blue moon, but those issues are addressed directly with the program director and student. The other business & industry reps agreed. Barbara Banning stated that each student within the OTA program has course check-offs that include many of those soft skills. Often, the faculty can identify those students and correct any issues before releasing the student into a clinical rotation. In unison, the faculty agreed.

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Changing gears to the curriculum, Sasha asked the group the following questions for her clarification and understanding of what is needed within the program.

- 1) Why is there an “or” option for ALHS 1090 & BUSN 2310? Is the BUSN 2310 course truly needed?
 - The group stated that the “or” option should be removed, and they all require ALHS 1090 as the required course.
- 2) Within OCTA 2210 & OCTA 2220, the standards are the same. Is there a differentiation within the level of learning outcomes or activities associated with these outcomes?
 - The group stated that the standards are based on the requirements of ACOTE, and the level of response to the criteria may be different depending on the patient and clinical site.
 - Overall, the outline of the courses is correct.

Sasha explained to the group that during the program review process, she had asked each group to align the KMS standards to either the curriculum and program standards of the accrediting and/or regulatory agencies, if applicable. She stated that following this protocol allows those who are not experts of the content to see the requirements for the specific layout of courses, etc. She noted that this also justifies why specific courses or materials are required within the program if asked by the administration. Sasha asked the group their opinion on how they should align the ACOTE standards to the KMS standards?

Ms. Amy Shaffer stated that it is very time-consuming to align the ACOTE standards to the KMS standards during preparation for an accreditation visit. The other faculty agreed. Ms. Barbara Banning stated that this is also difficult when it’s a standard program, and each program may align the standards differently. Amy agreed and said that if they all agreed, the best approach is to remove all the current KMS standards and place the 2018 ACOTE standards into the applicable OCTA courses. The faculty agreed and, with discussion, revised the KMS standards within the OCTA courses to reflect AOTE standards as follows,

1) Foundational Content Requirements

1. Demonstrate knowledge of the structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. (B.1.1 Human Body, Development, and Behavior)
 - OCTA 1010
 - OCTA 1020
 - OCTA 1050
2. Demonstrate knowledge of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. (B.1.1 Human Body, Development, and Behavior)
 - OCTA 1010
 - OCTA 1020
 - OCTA 1050

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3. Demonstrate the knowledge of concepts of human Behavior to include the behavioral sciences, social sciences, and science of occupation. (B.1.1 Human Body, Development, and Behavior)
 - OCTA 1010
 - OCTA 1020
 - OCTA 1050
4. Explain the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of psychology, sociology, and abnormal psychology). (B.1.2. Sociocultural, Socioeconomic, Diversity Factors, and Lifestyle Choices)
 - OCTA 1010
 - OCTA 1020
 - OCTA 2090
5. Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an understanding of the epidemiological factors that impact the public health and welfare of populations. (B.1.3. Social Determinants of Health)
 - OCTA 1010
 - OCTA 1020
 - OCTA 2130

2) Occupational Therapy Theoretical Perspective

1. Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments. (B.2.1. Scientific Evidence, Theories, Models of Practice, and Frames of Reference)
 - OCTA 1010
 - OCTA 2010
 - OCTA 2040
 - OCTA 2060
2. Define the process of theory development and its importance to occupational therapy. (B.2.2. Theory Development)
 - OCAT 1010
 - OCTA 1020
 - OCTA 2120

3) Basic Tenets of Occupational Therapy

1. Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice. (B.3.1. OT History, Philosophical Base, Theory, and Sociopolitical Climate)

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- OCTA 1010
 - OCTA 2120
 - OCTA XXXX
2. Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors. (B.3.2. Interaction of Occupation and Activity)
 - OCTA 1030
 - OCTA 2010
 - OCTA 2060
 3. Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being. (B.3.3. Distinct Nature of Occupation)
 - OCTA 1010
 - OCTA 2120
 - OCTA XXXX
 4. Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations. (B.3.4. Balancing Areas of Occupation, Role in Promotion of Health, and Prevention)
 - OCTA 1020
 - OCTA 2010
 - OCTA 2060
 5. Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance. (B.3.5. Effects of Disease Processes)
 - OCTA 1010
 - OCTA 2010
 - OCTA 2060
 6. Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan. (B.3.6. Activity Analysis)
 - OCTA 1030
 - OCTA 2040
 - OCTA 2060
 7. Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention. (B.3.7. Safety of Self and Others)
 - OCTA 1030
 - OCTA 1050

- OCTA 2060

4) Screening, Evaluation and Intervention Plan

1. Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. (B.4.1. Therapeutic Use of Self)
 - OCTA 1030
 - OCTA 2010
 - OCTA 2040
 - OCTA 2060
2. Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills. (B.4.2. Clinical Reasoning)
 - OCTA 1030
 - OCTA 2040
 - OCTA 2060
3. Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention (B.4.3. Occupation-Based Interventions)
 - OCTA 2010
 - OCTA 2040
 - OCTA 2060
 - OCTA 2090
4. Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies. (B.4.4. Standardized and Nonstandardized Screening and Assessment Tools)
 - OCTA 2010
 - OCTA 2040
 - OCTA 2060
5. Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. (B.4.4. Standardized and Nonstandardized Screening and Assessment Tools)
 - OCTA 2010
 - OCTA 2040
 - OCTA 2060

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6. Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes. (B.4.6. Reporting Data)
 - OCTA 1030
 - OCTA 1050
 - OCTA 2040
 - OCTA2060
7. Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance. (B.4.9. Remediation and Compensation)
 - OCTA 2010
 - OCTA 2040
 - OCTA 2060
 - OCTA 2090
8. Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy. (B.4.10. Provide Interventions and Procedures)
 - OCTA 2010
 - OCTA 2040
 - OCTA 2060
 - OCTA 2090
9. Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being. (B.4.11. Assistive Technologies and Devices)
 - OCTA 2040
 - OCTA 2060
 - OCTA 2090
 - OCTA 2130
10. Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices. (B.4.12. Orthoses and Prosthetic Devices)
 - OCTA 2060
 - OCTA 2090

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- OCTA 2130
11. Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices. (B.4.13. Functional Mobility)
 - OCTA 1050
 - OCTA 2060
 - OCTA 2090
 - OCTA 2130
 12. Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access. (B.4.14. Community Mobility)
 - OCTA 2060
 - OCTA 2090
 - OCTA 2130
 13. Demonstrate knowledge of the use of technology in practice, which must include: Electronic documentation systems, Virtual environments & Telehealth technology (B.4.15. Technology in Practice)
 - OCTA 2010
 - OCTA 2060
 - OCTA 2120
 14. Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors. (B.4.16. Dysphagia and Feeding Disorders)
 - OCTA 2040
 - OCTA 2060
 - OCTA 2090
 15. Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions. (B.4.17. Superficial Thermal, Deep Thermal, and Electrotherapeutic Agents and Mechanical Devices)
 - OCTA 2060
 - OCTA 2130
 - OCTA XXXX
 16. Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying

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ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances. (B.4.18. Grade and Adapt Processes or Environments)

- OCTA 1030
- OCTA 2060
- OCTA 2130

17. Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intra-professional colleagues. (B.4.19. Consultative Process)

- OCTA 2010
- OCTA 2040
- OCTA 2060

18. Understand and articulate care coordination, case management, and transition services in traditional and emerging practice environments. (B.4.20. Care Coordination, Case Management, and Transition Services)

- OCTA 2040
- OCTA 2060
- OCTA 2090
- OCTA 2120

19. Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches: To design activities and clinical training for persons, groups, and populations. To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. (B.4.21. Teaching–Learning Process and Health Literacy)

- OCTA 1020
- OCTA 2060
- OCTA 2090

20. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist. (B.4.22. Need for Continued or Modified Intervention)

- OCTA 2010
- OCTA 2040
- OCTA 2060

21. Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and

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- responsible manner that supports a team approach to the promotion of health and wellness. (B.4.23. Effective Communication)
- OCTA 2010
 - OCTA 2040
 - OCTA 2090
22. Demonstrate effective intraprofessional OT/OTA collaboration to explain the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process. (B.4.24. Effective Intraprofessional Collaboration)
- OCTA 2010
 - OCTA 2040
 - OCTA 2060
23. Demonstrate awareness of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable. (B.4.25. Principles of Interprofessional Team Dynamics)
- OCTA 2010
 - OCTA 2040
 - OCTA 2120
24. Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies. (B.4.26. Referral to Specialists)
- OCTA 2010
 - OCTA 2040
 - OCTA 2060
 - OCTA 2130
25. Identify and communicate to the occupational therapist the need to design community and primary care programs to support occupational performance for persons, groups, and populations. (B.4.27. Community and Primary Care Programs)
- OCTA 1020
 - OCTA 2010
 - OCTA 2120
26. Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and

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significant others; available resources; and discharge environment. (B.4.28. Plan for Discharge)

- OCTA 2010
- OCTA 2040
- OCTA 2060

27. Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services. (B.4.29. Reimbursement Systems and Documentation)

- OCTA 2060
- OCTA 2090
- OCTA 2120

5) Context of Service Delivery, Leadership & Management of Occupational Therapy Services

1. Identify and explain the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations and social systems as they relate to the practice of occupational therapy. (B.5.1. Factors, Policy Issues, and Social Systems)
 - OCTA 1020
 - OCTA 2090
 - OCTA 2120
2. Explain the role and responsibility of the practitioner to advocate for changes in service delivery policies, effect changes in the system, recognize opportunities in emerging practice areas, and advocate for opportunities to expand the occupational therapy assistant's role. (B.5.2. Advocacy)
 - OCTA 1010
 - OCTA 2120
 - OCTA XXXX
3. Explain an understanding of the business aspects of practice including, but not limited to, financial management, billing, and coding. (B.5.3. Business Aspects of Practice)
 - OCTA 1010
 - OCTA 2120
 - OCTA XXXX

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4. Define the systems and structures that create federal and state legislation and regulations, and their implications and effects on persons, groups, and populations, as well as practice. (B.5.4. Systems and Structures That Create Legislation)
 - OCTA 1010
 - OCTA 1020
 - OCTA 2120
 - OCTA XXXX
5. Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws. (B.5.5. Requirements for Credentialing and Licensure)
 - OCTA 1010
 - OCTA 2120
 - OCTA XXXX
6. Identify the need and demonstrate the ability to participate in the development, marketing, and management of service delivery options. (B.5.6. Market the Delivery of Services)
 - OCTA 1010
 - OCTA 2120
 - OCTA XXX
7. Participate in the documentation of ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services. (B.5.7. Quality Management and Improvement)
 - OCTA 2010
 - OCTA 2120
 - OCTA XXXX
8. Define strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel. (B.5.8. Supervision of Personnel)
 - OCTA 1010
 - OCTA 2090
 - OCTA 2120

6) **Scholarship**

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1. Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist. (B.6.1. Professional Literature and Scholarly Activities)
 - OCTA 1010
 - OCTA 2040
 - OCTA 2120
2. Explain how scholarly activities and literature contribute to the development of the profession. (B.6.1. Professional Literature and Scholarly Activities)
 - OCTA 1010
 - OCTA 2040
 - OCTA 2120
3. Understand the difference between quantitative and qualitative research studies. (B.6.2. Quantitative and Qualitative Methods)
 - OCTA 1010
 - OCTA 1020
 - OCTA 2120
4. Demonstrate the skills to understand a scholarly report. (B.6.3. Scholarly Reports)
 - OCTA 1010
 - OCTA 1020
 - OCTA 2120
5. Understand the principles of teaching and learning in preparation for work in an academic setting. (B.6.6. Preparation for Work in an Academic Setting)
 - OCTA 2010
 - OCTA 2120
 - OCTA XXXX

7) Professional Ethics, Values & Responsibilities

1. Demonstrate knowledge of the American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and AOTA Standards of Practice and use them as a guide for ethical decision-making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts. (B.7.1 Ethical Decision Making)
 - OCTA 1010
 - OCTA 2040
 - OCTA 2090
 - OCTA 2120

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2. Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies. (B.7.2. Professional Engagement)
 - OCTA 1010
 - OCTA 2120
 - OCTA XXXX
3. Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public. (B.7.3. Promote Occupational Therapy)
 - OCTA 2060
 - OCTA 2090
 - OCTA 2120
4. Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. (B.7.4. Ongoing Professional Development)
 - OCTA 1010
 - OCTA 2120
 - OCTA XXXX
5. Demonstrate knowledge of personal and professional responsibilities related to:
(a) Liability issues under current models of service provision. (b) Varied roles of the occupational therapy assistant providing service on a contractual basis. (B.7.5. Personal and Professional Responsibilities)
 - OCTA 1010
 - OCTA 2120
 - OCTA XXXX

During the process of alignment of standards, Amy asked the group their thoughts on offering a Seminar course. Ms. Julia McVicker thought it was a good idea due to a recent site visit. She stated that one of the surveyors assigned to her visit asked the faculty if the curriculum allowed time for a capstone or seminar course for review. The group agreed that it was a good idea and asked Sasha her thoughts. Sasha explained to the group that the current credit hours for the program are excessively high, and increasing the credit hours would not be a good idea. She stated that if presented to the President Counsel, the presidents will most likely not agree to the increase. Mr. Jason Tanner agreed with Sasha and further explained that the high credit hours of programs initiated the program review process.

Sasha explained that if the group could review other OTCA courses and remove a few hours from some of those courses, the creation of a Seminar course would be feasible. Amy suggested decreasing OCTA 2210 and OCTA 2220 by one credit hour, making it five credit hours instead of 6 total credit hours. Ms. Kimberly Collins stated that since the students of the program meet all the requirements within the Fieldwork courses, and at times, the students have more hours to spare after successfully meeting all fieldwork requirements, the idea of reducing the credit hours within the Fieldwork courses is an achievable solution.

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The group agreed, and Sasha stated that this approach would allow the program to remain at 73 credit hours and meet the expectations of everyone. The group elaborated and wanted to ensure that it is understood that OCTA 2210 and OCTA 2220 can be reduced to 5 credit hours each to accommodate the creation of the seminar course. If the President's Council denies their request for the changes, they would like for both courses to remain at 6 credit hrs each to ensure that OTA students can be enrolled as full-time students during their completion of Level II Fieldwork. The group decided that the OCTA XXXX course will be presented within KMS as OCTA 2300: Seminar. Sasha approved the course number and name by ensuring the course number was not duplicated within the KMS. Sasha reviewed the changes with the group to ensure that she captured all of their requests and they all agreed that the updates were obtained.

Sasha asked the group if any upcoming changes or issues within the profession could potentially impact the programs and clinical sites. Ms. Patty Reinhardt stated that the recent Medicare reimbursement changes for therapy services had affected the Occupational Therapy profession tremendously. Patty noted that WellStar utilizes many OTA within the Long-term Care facilities. These changes impact those types of facilities, causing them to decrease the hours of their OTA and increase the responsibilities of the Occupational Therapist (OT). The other industry reps agreed with this statement, and their organizations are currently looking at alternatives to ensure that their OTA remains employed. They also stated that depending on the areas' demographics, the availability for OTA placement might be minimum to none.

Jason Tanner and another business representative stated that this Medicare change had impacted the number of clinical sites they can utilize within their service area. Jason noted that at Chattahoochee Tech, they had to reduce the number of students they accept into the program to ensure that they have enough clinical sites for the students. Amy agreed with Jason's statement.

Sasha asked if there were any other concerns they might have. The group stated that the new ACOTA standards for a BS degree in OTA are the same as the AS degree in OTA. The group said that there has always been talk of phasing out the AS-degree requirement and the profession only accepting OTAs who hold a BS because it was thought that those OTAs with a BS have a better understanding of utilized theory-based research within their screening, evaluation, intervention, and implementation of patients. Ms. Sharon Shinn stated that the issue with that is that most employers view OTAs the same regardless of whether they have an AS or BS degree because they are licensed to complete the same duties. Sasha asked the group if there was a difference in pay between an AS or BS OTA. They stated that the salary is the same at many organizations due to the job responsibilities, duties, and qualifications being the same. Furthermore, the group said that to retrieve state licensure, the Board of Occupational Therapy requires that the OTA has graduated from an ACOTA accredited institution. The graduate-level is not a concern since an AS's knowledge, and BS OTA is the same.

In closing, Sasha explained to the group that she would work on these changes within KMS and follow up with the group via email if she had any further questions. The faculty asked Sasha, How soon can the



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changes be made, and they can begin implementing them into their courses? Sasha explained that once it is in KMS and has been through the proper steps for review and approval, the colleges can implement it as they see fit for their students. She explained that, ultimately, the System Office requires that colleges implement changes within a year. Sasha explained that once she reviews these changes with the TCSG Executive Leadership and determines if a probe vote is needed, she will have all the information within KMS for review. Sasha asked the group if there were any more questions, and they all stated that she answered their questions and concerns. Sasha thanked the group for their time and valuable input and wished them all safe travels.

Meeting adjourned at 2:58 pm

Meeting Minutes submitted by Sasha Kahiga