

# **Model State Regulation for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services**

## **1. Purpose**

The purpose of this *Model State Regulation for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* is to provide a template for use by state agencies and occupational therapy regulatory boards when drafting or revising regulations to govern the clinical supervision of occupational therapy assistants, limited permit holders, and aides. The model is intended to help safeguard the public health, safety and welfare by establishing guidelines that are consistent with professional standards and accepted practice in the profession.

## **2. Definitions**

A. In this section, the following terms have the meanings indicated.

- (1) "Aide" means a person who is not licensed by the Board and who provides supportive services to occupational therapists and occupational therapy assistants. An aide shall function under the guidance and responsibility of the occupational therapist and may be supervised by the occupational therapist or an occupational therapy assistant for specifically selected routine tasks for which the aide has been trained and has demonstrated competency.
- (2) "Board" means the \_\_\_\_\_ State Board of Occupational Therapy Practice.
- (3) "Competence" refers to an individual's capacity to perform job responsibilities.
- (4) "Competency" refers to an individual's actual performance in a specific situation.
- (5) "Limited permit holder" means an individual who has completed the academic and fieldwork requirements of this Act for occupational therapists or occupational therapy assistants, has not yet taken or received the results of the entry level certification examination, and has applied for and been granted limited permit status.
- (6) "Occupational therapist" means an occupational therapist who is licensed by the Board.
- (7) "Occupational therapy assistant" means an occupational therapy assistant who is licensed by the Board to provide occupational therapy services under the supervision of and in partnership with a licensed occupational therapist.
- (8) "Supervision" means a cooperative process in which two or more people participate in a joint effort to establish, maintain, and/or elevate a level of competence and performance. Within the scope of occupational therapy practice, supervision is aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development.

## **3. Scope of Occupational Therapy Assistant's License**

- A. *In general* - An occupational therapy assistant's license authorizes the licensee to provide occupational therapy services under the supervision of and in partnership with a licensed occupational therapist.
- B. *Supervision required* - A licensed occupational therapy assistant may practice only under the supervision of an occupational therapist who is authorized to practice occupational therapy in this state.

#### **4. Supervision of Occupational Therapy Assistants**

- A. Supervision involves guidance and oversight related to the delivery of occupational therapy services and the facilitation of professional growth and competence. It is the responsibility of the occupational therapist and the occupational therapy assistant to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.
- B. The specific frequency, methods, and content of supervision may vary by practice setting and are dependent upon the
  - (1) complexity of client needs,
  - (2) number and diversity of clients,
  - (3) skills of the occupational therapist and the occupational therapy assistant,
  - (4) type of practice setting,
  - (5) requirements of the practice setting, and
  - (6) other regulatory requirements.
- C. More frequent supervision may be necessary when
  - (1) the needs of the client and the occupational therapy process are complex and changing,
  - (2) the practice setting provides occupational therapy services to a large number of clients with diverse needs, or
  - (3) the occupational therapist and occupational therapy assistant determine that additional supervision is necessary to ensure safe and effective delivery of occupational therapy services.
- D. A variety of types and methods of supervision may be used. Methods may include direct face-to-face contact and indirect contact. Examples of methods or types of supervision that involve direct face-to-face contact include but are not limited to observation, modeling, co-treatment, discussions, teaching, instruction, and video conferencing. Examples of methods or types of supervision that involve indirect contact include but are not limited to phone conversations, written correspondence, electronic exchanges, and other methods using secure telecommunication technology. All methods should be compliant with confidentiality requirements of government agencies, facilities, employers, or other appropriate bodies.
- E. Occupational therapists and occupational therapy assistants must document a supervision plan and supervision contacts. Documentation should include the
  - (1) frequency of supervisory contact,
  - (2) method(s) or type(s) of supervision,
  - (3) content areas addressed,
  - (4) names and credentials of the persons participating in the supervisory process.

#### **5. Supervision of a Limited Permit Holder**

- A. An occupational therapist limited permit holder or occupational therapy assistant limited permit holder who has not yet taken or received the results of the entry-level certification examination shall practice under the supervision of an occupational therapist. It is the responsibility of the supervising occupational therapist to provide and the limited permit holder to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.

## **6. General Roles and Responsibilities of the Occupational Therapist and the Occupational Therapy Assistant**

- A. The occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process. The occupational therapy service delivery process involves evaluation, intervention planning, intervention implementation, intervention review, and outcome evaluation.
- B. The occupational therapist must be directly involved in the delivery of services including during the initial evaluation and regularly throughout the course of intervention and outcome evaluation.
- C. The occupational therapy assistant delivers occupational therapy services under the supervision of and in partnership with the occupational therapist.
- D. It is the responsibility of the occupational therapist to determine when to delegate responsibilities to occupational therapy assistants. It is the responsibility of the occupational therapy assistant who performs the delegated responsibilities to demonstrate competency.
- E. The occupational therapist and the occupational therapy assistant should be able to demonstrate and document competency for clinical reasoning and judgment during the service delivery process as well as for the performance of specific techniques, assessments, and intervention methods used.
- F. When delegating aspects of occupational therapy services, the occupational therapist considers the following factors:
  - (1) The complexity of the client's condition and needs
  - (2) The knowledge, skill, and competence of the occupational therapy assistant
  - (3) The nature and complexity of the intervention
  - (4) The needs and requirements of the practice setting

## **7. Specific Roles and Responsibilities During the Delivery of Occupational Therapy Services**

Regardless of the setting in which occupational therapy services are delivered, the occupational therapist and the occupational therapy assistant assume the following generic responsibilities during evaluation, intervention, and outcomes evaluation.

### **A. Evaluation**

- (1) The occupational therapist directs the evaluation process.
- (2) The occupational therapist is responsible for directing all aspects of the initial contact during the occupational therapy evaluation, including:
  - a. determining the need for service,
  - b. defining the problems within the domain of occupational therapy that need to be addressed,
  - c. determining the client's goals and priorities,
  - d. establishing intervention priorities,
  - e. determining specific further assessment needs, and
  - f. determining specific assessment tasks that can be delegated to the occupational therapy assistant.
- (3) The occupational therapist initiates and directs the evaluation, interprets the data, and develops the intervention plan.
- (4) The occupational therapy assistant contributes to the evaluation process by

implementing delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist.

- (5) The occupational therapist interprets the information provided by the occupational therapy assistant and integrates that information into the evaluation and decision-making process.

### **B. Intervention Planning**

- (1) The occupational therapist has overall responsibility for the development of the occupational therapy intervention plan.
- (2) The occupational therapist and the occupational therapy assistant collaborate with the client to develop the plan.
- (3) The occupational therapy assistant is responsible for being knowledgeable about evaluation results and for providing input into the intervention plan, based on client needs and priorities.

### **C. Intervention Implementation**

- (1) The occupational therapist has overall responsibility for implementing the intervention.
- (2) When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision.
- (3) The occupational therapy assistant is responsible for being knowledgeable about the client's occupational therapy goals.
- (4) The occupational therapy assistant selects, implements, and makes modifications to therapeutic activities and interventions that are consistent with demonstrated competency levels, client goals, and the requirements of the practice setting.

### **D. Intervention Review**

- (1) The occupational therapist is responsible for determining the need for continuing, modifying, or discontinuing occupational therapy services.
- (2) The occupational therapy assistant contributes to this process by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications during intervention.

### **E. Outcome Evaluation**

- (1) The occupational therapist is responsible for selecting, measuring, and interpreting outcomes that are related to the client's ability to engage in occupations.
- (2) The occupational therapy assistant is responsible for being knowledgeable about the client's targeted occupational therapy outcomes and for providing information and documentation related to outcome achievement.
- (3) The occupational therapy assistant may implement outcome measurements and provide needed client discharge resources.

## **8. Supervision of Aides in Occupational Therapy**

- A. An aide, as used in occupational therapy practice, is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Aides are not primary service providers of occupational therapy in any practice setting. Therefore, aides do not provide skilled occupational therapy services. An aide is trained by an occupational therapist or an occupational therapy assistant to perform specifically delegated tasks. The occupational therapist is responsible for the overall use and actions of the aide. An aide first must demonstrate competency to be able to perform the

assigned, delegated client and non-client- related tasks.

- (1) The occupational therapist must oversee the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the occupational therapy aide to carry out client and non-client-related tasks. The occupational therapy assistant may contribute to the development and documentation of this plan.
- (2) The occupational therapy assistant may supervise the aide.
- (3) Non-client-related tasks include clerical and maintenance activities and preparation of the work area or equipment.
- (4) Client-related tasks are routine tasks during which the aide may interact with the client but does not act as a primary service provider of occupational therapy services. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:
  - a. The outcome anticipated for the delegated task is predictable
  - b. The situation of the client and the environment is stable and will not require that judgment, interpretations, or adaptations be made by the aide
  - c. The client has demonstrated some previous performance ability in executing the task
  - d. The task routine and process have been clearly established
- (5) When performing delegated client-related tasks, the supervisor must ensure that the aide
  - a. is trained and able to demonstrate competency in carrying out the selected task and using equipment, if appropriate,
  - b. has been instructed on how to specifically carry out the delegated task with the specific client, and
  - c. knows the precautions, signs, and symptoms for the particular client that would indicate the need to seek assistance from the occupational therapist or occupational therapy assistant.
- (6) The supervision of the aide must be documented and include
  - a. information about frequency and methods of supervision used,
  - b. the content of supervision, and
  - c. the names and credentials of all persons participating in the supervisory process.

## **9. Coercion Prohibited.**

- A. No person(s) shall coerce an occupational therapist or occupational therapy assistant into compromising client safety by requiring them to delegate activities or tasks if the occupational therapist or occupational therapy assistant determines that it is inappropriate to do so. Occupational therapists or occupational therapy assistants shall not be subject to disciplinary action by the Board for refusing to delegate or refusing to provide the required training for delegation if the occupational therapist or occupational therapy assistant determines that delegation may compromise client safety.

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