

259 CMR 3.00: OCCUPATIONAL THERAPISTS

Section

- 3.01: Definitions
- 3.02: Occupational Therapy Service Delivery Process
- 3.03: Documentation
- 3.04: Co-signing of Documentation
- 3.05: Supervision of Personnel
- 3.06: Designations
- 3.07: Professional Conduct and Grounds for Disciplinary Action

3.01: Definitions

AOTA. American Occupational Therapy Association.

Approved/Accredited Educational Program. An occupational therapy educational program currently accredited by AOTA's Accreditation Council for Occupational Therapy Education.

Assessment. An assessment is a standardized or non-standardized tool or instrument used in the evaluation process.

Client. A client is the entity receiving occupational therapy services. Clients may include:
(a) individuals and other persons relevant to an individual's life, including family, caregivers, teachers, employers, and others who also may help or be served indirectly;
(b) organizations such as businesses, industries or agencies; and
(c) populations within a community.

Evaluation. The process of obtaining and interpreting data necessary for an intervention, including planning for and documenting the evaluation process and results.

Examination. The examination currently administered by the NBCOT.

Intervention Plan. An outline of selected approaches and types of interventions, based on the results of the evaluation process and developed to reach the client's identified targeted outcomes.

NBCOT. National Board for Certification in Occupational Therapy, Inc. is the national, non-governmental credentialing agency certifying qualified persons as occupational therapists and occupational therapy assistants.

Occupational Therapy Aide. An occupational therapy aide is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Occupational therapy aides do not provide skilled occupational therapy services. An occupational therapy aide is trained by an occupational therapist or occupational therapy assistant to perform specifically delegated tasks. The occupational therapist is responsible for the overall use and actions of the occupational therapy aide. An occupational therapy aide must first demonstrate competency to be able to perform any assigned, delegated client or non-client tasks.

Occupational Therapy Service Delivery Process. The process of evaluation, intervention planning, intervention implementation, intervention review, and outcome evaluation for a client.

Screening. An initial brief assessment to determine the need for occupational therapy evaluation and intervention, consisting of record review, observation, and consultation.

Service Competency. Demonstration of specific knowledge and skills to permit safe and competent delivery of occupational therapy services.

Standards of Practice and Code of Ethics. The Standards of Practice for Occupational Therapy and Occupational Therapy Code of Ethics published by the AOTA, as the same may be amended and republished.

3.02: Occupational Therapy Service Delivery Process

- (1) Responsibility of the Occupational Therapist.
 - (a) Responsible for all aspects of occupational therapy service delivery, including Screening, Evaluation and reevaluation and is accountable for the safety and effectiveness of the Occupational Therapy Service Delivery Process.
 - (b) Must be directly involved in the delivery of services during the Screening, initial Evaluation, reevaluation, and regularly throughout the course of intervention, including discharge/outcome Evaluation.
 - (c) Responsible for determining when to delegate to other occupational therapy personnel. When delegating aspects of occupational therapy services, the occupational therapist considers the following factors
 1. The complexity of the Client's condition.
 2. The knowledge, skill and competence of the occupational therapy practitioner and/or the Occupational Therapy Aide.
 3. The nature and complexity of the intervention.
 4. The needs and requirements of the practice setting.
 - (d) Assumes primary responsibility for obtaining informed consent from the Client for occupational therapy services to be provided.
 - (e) Provides appropriate and required supervision (*see* 259 CMR 3.05) to other occupational therapy personnel, including occupational therapy assistant, occupational therapy student or occupational therapy assistant student and Occupational Therapy Aide.
 - (f) Assumes responsibility for communicating results of Evaluation, goals, and Intervention Plan to the Client with recommendations about occupational therapy services to be provided.
 - (g) Initiates and directs the Screening process, analyzes and interprets the data in accordance with applicable laws, other regulatory requirements and AOTA documents.
 - (h) Initiates and directs the Evaluation process, analyzes and interprets the data in accordance with applicable laws, other regulatory requirements, and AOTA documents.
 1. Uses current Assessments and Assessment procedures and follows defined protocols of standardized Assessments.
 2. Uses best evidence to inform intervention.
 3. Directs all aspects of the initial contact during the occupational therapy Evaluation, including:
 - a. Determining the need for service (Screening).
 - b. Determining the Client's goals and priorities based on collaborative discussion with the Client.
 - c. Establishing intervention priorities.
 - d. Determining specific needs for further Assessment.
 - e. Determining specific Assessment tasks that can be delegated to the occupational therapy assistant.
 4. Interpret Evaluation data, including information provided by the occupational therapy assistant, occupational therapy student, or occupational therapy assistant student.
 - (i) Assumes primary responsibility for the development of the occupational therapy Intervention Plan based on the initial Evaluation, including long and short term goals, expected frequency, and duration.

Identifies and documents precautions, contraindications, anticipated progress, and plans for reevaluation on a regular basis or as required by payors and other regulatory bodies.
 - (j) Assumes primary responsibility for the intervention process.
 1. Assumes responsibility for providing appropriate supervision to the occupational therapy assistant when delegating aspects of the occupational therapy intervention.
 2. Determines the need for continuing, modifying or discontinuing occupational therapy services in consultation with the Client.
 3. Designates or establishes channels of written and/or oral communication with all other care providers, regarding Client's status.
 4. Recommends additional consultations or refers Clients to appropriate resources when the needs of the Client can best be served by the expertise of other professionals or services.
 - (k) Assumes primary responsibility for selecting, measuring and interpreting discharge data/outcomes.

3.02: continued

1. Prepares and implements a transition or discontinuation plan based on the Client's needs, goals, performance, and appropriate follow-up resources.
2. Directs responsibility for the contents of the discharge Evaluation/summary.
3. Makes necessary referrals to other professionals or facilities.

(2) Responsibility of Occupational Therapy Assistants.

- (a) Occupational therapy assistants may contribute to the Screening process by collecting data with Service Competency and shall communicate the information gathered to the supervising occupational therapist.
- (b) Occupational therapy assistants may contribute to the Evaluation process by collecting data and administering specific Assessments, with Service Competency, and shall communicate the information gathered to the supervising occupational therapist.
- (c) Occupational therapy assistants may not interpret data beyond the scope of their occupational therapy assistant education or current Service Competency.
- (d) Occupational therapy assistants may not initiate or alter an Intervention Plan without prior Evaluation by and approval of the supervising occupational therapist.
- (e) Occupational therapy assistants may, with prior documented approval of the supervising occupational therapist, adjust a specific intervention procedure in accordance with changes in Client status.
- (f) Occupational therapy assistants may respond to inquiries regarding Client status to appropriate parties within the protocol established by the supervising occupational therapist.
- (g) Occupational therapy assistants shall refer inquiries regarding Client prognosis to a supervising occupational therapist.

(3) Responsibility of Occupational Therapy Aides. Occupational Therapy Aides may not act as the primary service provider. Activities which may be performed under the direct supervision of the occupational therapist or occupational therapy assistant by Occupational Therapy Aides are restricted to the following activities:

- (a) Follow-up of routine specific exercises.
- (b) Application of superficial heat and cold.
- (c) Non-intervention related services, including clerical, maintaining supplies and equipment, transporting Clients, and preparing for interventions.

3.03: Documentation

Timely and accurate documentation is necessary whenever occupational therapy services are provided, regardless of payer source. The Client's record must be signed with the provider's name, professional designation, and license number.

(1) The occupational therapist's primary role in documentation is to ensure that documentation is completed timely, following formats and standards established by the practice setting, agencies, external accreditation programs, state and federal law, and other regulators and payers. The occupational therapist's primary role is to document the following, with input from the occupational therapy assistant, as applicable:

- (a) Screenings;
- (b) Evaluations;
- (c) Initial goals and any modifications in goals, as needed;
- (d) Initial Intervention Plans and any modifications;
- (e) Patient progress notes;
- (f) Formal reviews of the initial Intervention Plan (or reevaluations); and
- (g) Discharge Evaluations or summaries.

(2) The occupational therapy assistant's primary role is to document the following:

- (a) Objective data from Assessments with established Service Competency; and
- (b) Patient progress notes as directed by the Occupational Therapist.

(3) The Occupational Therapy Aide's primary role is to document objective information, such as number of repetitions performed, *etc.*, on documents such as logs and flow sheets.

3.04: Co-signing of Documentation

- (1) The supervising occupational therapist must co-sign the documentation of occupational therapy students and those holding temporary licenses as occupational therapists.
- (2) The supervising occupational therapist or occupational therapy assistant must co-sign the documentation of occupational therapy assistant students and those holding temporary licenses as occupational therapy assistants.
- (3) Occupational therapy assistants are not required to have their documentation co-signed.
- (4) The supervising occupational therapist or occupational therapy assistant must co-sign the documentation of Occupational Therapy Aides.

3.05: Supervision of Personnel

Various types and methods of supervision should be used. These may include direct, face-to-face contact and indirect contact. Examples of supervision involving direct, fact-to-face contact include: observation, modeling, co-intervention, discussions, teaching, and instruction. Examples of supervision involving indirect contact include: telephone conversations, written correspondence, and electronic exchanges.

- (1) Primary responsibility for occupational therapy services rendered by supportive personnel rests with the supervising occupational therapist.
- (2) Occupational therapists and occupational therapy assistants must exercise their professional judgment when determining the number of personnel they can safely and effectively supervise to ensure that safe and appropriate care is provided at all times.
 - (a) Specific frequency, methods, and content of supervision should be determined based on the following factors:
 1. Complexity of Clients' needs;
 2. Number of Clients;
 3. Diversity of Client conditions;
 4. Service Competency of the occupational therapist and the occupational therapy assistant;
 5. Type of practice setting and the administrative requirements of that setting; and
 6. Other regulatory requirements.
 - (b) Supervision may necessarily be more frequent than the minimum required by the practice setting or regulatory agencies depending upon:
 1. The complexity or unpredictability of the Client's needs or the Occupational Therapy Service Delivery Process.
 2. The number of Clients and the diversity of their conditions within a particular practice setting.
 3. The professional judgment of the occupational therapist or occupational therapy assistant, that additional supervision is necessary to ensure the safe and effective delivery of occupational therapy services.
- (3) Supervision of the Occupational Therapy Aide. Client-related activities may be delegated by the occupational therapist or the occupational therapy assistant only when the Occupational Therapy Aide has been trained and has demonstrated competency for the task, including equipment use, has been specifically instructed on how to carry out the task with the specific Client, and knows the precautions, signs and symptoms for the specific Client that indicate a need to seek assistance from the supervisor. The occupational therapist or occupational therapy assistant supervisor should consider the following additional factors before delegating selected Client-related tasks to the Occupational Therapy Aide:
 - (a) The predictability of the task's outcome.
 - (b) The situation of the Client and stability of the environment are such that the Occupational Therapy Aide will not be required to exercise judgment, interpretation or adaptation.
 - (c) The Client has demonstrated some previous performance ability in executing the task.
 - (d) The task routine and process have been clearly established.

3.05: continued

(4) Supervision of supportive personnel must be documented with the date, method of supervision used, nature and extent of supervision, and name and designation of all persons participating in the supervisory process. Documentation of the supervision of the Occupational Therapy Aide must be done at least weekly and more often as needed.

3.06: Designations

(1) Occupational therapists shall use the initials OT after their name.

(2) Students enrolled in an accredited program in occupational therapy shall use the initials OT/s after their name.

(3) Occupational therapy assistants shall use the initials OTA after their name.

(4) Students enrolled in an accredited program in occupational therapy assistants shall use the initials OTA/s after their name.

(5) Occupational therapist or occupational therapy assistant applicants, practicing under the direction of a licensee pursuant to M.G.L. c. 112, § 23C, shall use the initials OT/c or OTA/c immediately after their name.

3.07: Professional Conduct and Grounds for Disciplinary Action

(1) Occupational therapists, occupational therapy assistants, occupational therapy students, and occupational therapy assistant students shall:

- (a) Comply with federal and state and local laws and Board regulations.
- (b) Comply with the Standards of Practice and Code of Ethics.

(2) The Board may initiate its own investigation into actions by any licensee resulting in disciplinary action having been taken by NBCOT and/or AOTA.

REGULATORY AUTHORITY

259 CMR 3.00: M.G.L. c. 112, § 23M.