

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY  
PROPOSED SECOND MODIFIED REGULATORY LANGUAGE  
Title 16, Division 39, California Code of Regulations

**ORDER OF ADOPTION**

Proposed amendments are shown by strikethrough for deleted text and underline for new text.

Article 9. Supervision of ~~Occupational Therapy Assistants, Limited Permit Holders,~~  
~~Students, and Aides~~ Standards

§ 4184. Delegation of Tasks to Aides.

(a) The primary function of an aide in an occupational therapy setting is to perform routine tasks related to occupational therapy services. Non-client related tasks may be delegated to an aide when the supervising occupational therapy practitioner has determined that the person has been appropriately trained and has supportive documentation for the performance of the services.

(b) Client related tasks that may be delegated to an aide include specifically selected routine aspects of an intervention session. In addition to the requirements of Code section 2570.2, subdivisions (a) and (b), the following factors must be present when an occupational therapist delegates a selected aspect of an intervention to an aide:

(1) The outcome anticipated for the aspects of the intervention session being delegated is predictable.

(2) The situation of the client and the environment is stable and will not require that judgment or adaptations be made by the aide.

(3) The client has demonstrated previous performance ability in executing the task.

(4) The aide has demonstrated competence in the task, routine and process.

(c) The supervising occupational therapist shall not delegate to an aide the following tasks:

(1) Performance of occupational therapy evaluative procedures;

(2) Initiation, planning, adjustment, or modification of treatment procedures.

(3) Acting on behalf of the occupational therapist in any matter related to occupational therapy treatment that requires decision making.

~~(d) All documented client related services shall be reviewed and cosigned by the supervising occupational therapist.~~

Note: Authority cited: Sections 2570.13 and 2570.20, Business and Professions Code. Reference: Sections 2570.2, 2570.4 and 2570.13, Business and Professions Code

§ 4187. Occupational Therapy Assistants Serving in Administrative Positions

An occupational therapy assistant in an administrative role, or supervisory role related to the provision of occupational therapy services may provide administrative responsibilities in a setting where permitted by law.

Note: Authority: Sections 2570.13 and 2570.20, Business and Professions Code. Reference: Sections 2570.2, 2570.4 and 2570.13, Business and Professions Code.

DATE:

23 October 2012



Heather Martin, Executive Officer

STD. 400 (REV. 01-09)

<b>OAL FILE NUMBERS</b>	NOTICE FILE NUMBER <b>Z-2011-1004-06</b>	REGULATORY ACTION NUMBER <b>2013-0108-015</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED FILED  
 IN THE OFFICE OF  
 2013 FEB 13 PM 2:40  
*Debra Bowen*  
 DEBRA BOWEN  
 SECRETARY OF STATE

2013 JAN -8 PM 2:22  
 OFFICE OF  
 ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY California Board of Occupational Therapy	AGENCY FILE NUMBER (if any)
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Supervision Regulations	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLES AND SECTIONS (Including title 26, if toxics related)
<b>ACTION(S) AFFECTED</b> (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT 4187
AMEND 4184
TITLE(S) 16
REPEAL

3. TYPE OF FILING
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
 December 19, 2011 to January 3, 2012 and May 7, 2012 to May 22, 2012

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective 30th day after filing with Secretary of State <input type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input checked="" type="checkbox"/> Effective other (Specify) <b>6/11/343.4(a)</b>

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input checked="" type="checkbox"/> Other (Specify) <b>Denise D. Brown, Director, Department of Consumer Affairs</b> <i>DDB</i>		

7. CONTACT PERSON Heather Martin	TELEPHONE NUMBER 916-263-2294	FAX NUMBER (Optional) 916-263-2701	E-MAIL ADDRESS (Optional) heather.martin@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>H. Martin</i>	DATE January 7, 2013
TYPE, NAME AND TITLE OF SIGNATORY Heather Martin, Executive Officer, California Board of Occupational Therapy	

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ENDORSED APPROVED

FEB 13 2013

Office of Administrative Law