STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
2005 Evergreen Street, Suite 2050, Sacramento, CA 95815-3827
P [916-263-2294] F [916-263-2701] | www.bot.ca.gov

TELECONFERENCE PRACTICE COMMITTEE MEETING NOTICE & AGENDA

University of St. Augustine
700 Windy Point Drive, Bldg. A
San Marcos, CA 92069

For Directions ONLY
(562) 401-6810

Kaiser Permanente French Campus
4131 Geary Blvd., Room 308
San Francisco, CA 94118

For Directions ONLY
(415) 833-3955

Thursday, February 17, 2011

3:30 pm – Practice Committee Meeting

The public may provide comment on any issue before the committee at the time the matter is discussed.

A. Call to order, roll call, and establishment of a quorum.

B. Approval of the January 27, 2011, Committee meeting minutes

C. Discussion and consideration of prohibition of teaching continuing education courses when a practitioner's license is on probation.

D. Discussion regarding use of aides, appropriate supervision, and consideration of adding new Business and Professions Code Section requiring them to register with the Board.

E. Review and discussion of Practice Committee's Roles and Responsibilities and consideration of recommending changes to the Board.

F. Selection of future 2011 meeting dates.

G. Agenda items for April 7, 2011, meeting.

H. Public comment on items not on agenda.

I. Adjournment.

*** *MORE INFORMATION ON OTHER SIDE* ***

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE
ACTION MAY BE TAKEN ON ANY ITEM ON THE AGENDA;
ITEMS MAY BE TAKEN OUT OF ORDER

Questions regarding this agenda should be directed to Heather Martin, Executive Officer, at the Board's office in Sacramento. Meetings of the California Board of Occupational Therapy are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. A quorum of the board may be present at the committee meeting. Board members who are not members of the committee may observe but not participate or vote. Public comment is appropriate on any issue before the workshop at the time the issue is heard, but the chairperson may, at his or her discretion, apportion available time among those who wish to speak. The meeting is accessible to individuals with disabilities. A person who needs disability related accommodations or modifications in order to participate in the meeting shall make a request to Tabatha Montoya at (916) 263-2294 or 2005 Evergreen Street, Suite 2050, Sacramento, California, 95815. Providing at least five working days notice before the meeting will help ensure the availability of accommodations or modifications.

AGENDA ITEM B

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
2005 Evergreen Street, Suite 2050, Sacramento, CA 95815-3827
P [916-263-2294] F [916-263-2701] | www.bot.ca.gov

PRACTICE COMMITTEE MEETING MINUTES

Thursday, January 27, 2011

Committee Members Present
Linda Florey, Board Member
Mary Kay Gallagher
Didi Olson
Sharon Pavlovich
Christine Wietlisbach

Board Staff Present
Heather Martin, Executive Officer

Committee Members Absent
Richard Bookwalter
Barbara Rodrigues

DRAFT

A. Call to order, roll call, establishment of a quorum.

At 2:00 pm, Board Member Linda Florey called the meeting to order. After the roll call, it was determined that a quorum was established.

B. Approval of the October 19, 2010, Committee meeting minutes.

- Mary Kay Gallagher moved to accept the October 19, 2010, Practice Committee Meeting Minutes as presented.
- Sharon Pavlovich seconded the motion.
- The motion passed unanimously. (Christine Wietlisbach abstained.)

C. Consideration of board-approved legislative proposal to amend definition of Occupational Therapy, contained in Business and Professions Code Section 2570.2(k), and recommendation to the Board of possible changes.

Ms. Linda Florey referenced the meeting packet materials and summarized the issue as follows:

The legislative proposal to amend Business and Professions Code (BPC) Section 2570.2(k) was approved by the Board at the July 2010 meeting. On September 23, the American Occupational Therapy Association (AOTA) sent out a draft definition of 'occupational therapy practice' for inclusion in their Model Practice Act to various stakeholders for input. This, along with AOTA's paper "Occupational Therapy Research Agenda" was provided to the Practice Committee at its October 26, 2010, meeting for consideration and possible recommendation to the Board at its November 4, 2010, meeting.

At the November 4, 2010, meeting, Ms. Florey reported that the Practice Committee's recommendation was for the Board to table the legislative proposal to give the Practice Committee additional time to consider the issue. Due to legislative deadlines, the Board voted to move forward with the legislative proposal as approved in July, however, to give the Practice Committee additional time to vet the issue and bring back its recommendation to the March 3, 2011, Board meeting.

Ms. Didi Olson commented that, upon reviewing the Physical Therapy Practice Act, the definition of physical therapy appeared more general and not as specific as the proposed definition of occupational therapy.

Comments during the Committee's discussion included: There is risk to amending the practice act, including input and changes from other healing arts boards, the loss of control of the legislative amendment process and that the current definition doesn't address community-based practice, which is becoming more prevalent/wide-spread.

Mr. Shawn Phipps, President, Occupational Therapy Association of California, stated that he applauds the Board's efforts to come up with language that is clearer than the existing language. However, he expressed concern with 'opening up' the practice act, and stated that there is risk inherent with any legislative proposal. Mr. Phipps also recommended awaiting the approval of AOTA's model practice act definition by the Representative Assembly in April 2011 as the mode definition used nationwide.

Ms. Christine Wietlisbach clarified that the definitions included in AOTA's model practice act are available for use by the states, but not all states would choose to amend their practice act to incorporate the new definition.

Ms. Florey summarized the committee's options as recommending the Board to:

1) Not amend the definition of occupational therapy (and leave as is),
2) Blend the legislative proposal to include elements of the current proposal and some of AOTA's proposed language, or
3) Leave the language as approved by the Board in July.

- Christine Wietlisbach moved to recommend the Board keep the legislative proposal as written.
- Linda Florey seconded the motion.

After further discussion, Ms. Wietlisbach withdrew her motion.

- Didi Olson moved to recommend the Board table the legislative proposal.
- There was no second.

Further discussion ensued regarding the Committee's recommendation to the Board. The following amendments to the legislative proposal resulted:

DRAFT

- Strike the first sentence in BPC 2570.2 and replace with the first paragraph in AOTA's model language and add "and maintaining" before health and wellness, in the model language.
- In the second sentence of BPC 2570.2, strike "services" and change "encompass" to "encompasses."
- In the proposed new subsection (2), strike the verbiage beginning with "The term "client" is used ... " through the end of the new subsection c, with the sentence ending with, "...within the context of a population (e.g., an organization, a community)."

  - Christine Wietlisbach moved to recommend the Board amend the legislative proposal as edited by the Committee.
  - Didi Olson seconded the motion.
  - The motion passed unanimously.

Thus, the Committee is recommending the legislative proposal read as follows:

Amend Business & Professions Code Section 2570.2(k)

(k) "~~Practice of~~ ~~o~~Occupational therapy" means the therapeutic use of ~~purposeful and meaningful goal-directed~~ everyday life ~~activities~~ (occupations) with individuals, groups, or populations to address participation and function in roles and situations in home, school, workplace, community and other settings. Occupational therapy services are provided for habilitation , rehabilitation, promoting and maintaining health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect physical and mental health, ~~which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and promote or maintain health,~~ well-being, and quality of life. Occupational therapy ~~services~~ encompasses research, education of students, occupational therapy assessment, treatment, education of, and consultation with~~, individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as part of an Individualized Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)).~~ individuals, groups, programs, organizations, or communities.
(1) Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating selective temporary orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices excluding gait training).

DRAFT

Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually~~,~~ or in groups.~~, or through social groups.~~
(2) The licensed occupational therapist or occupational therapy assistant may assume a variety of roles in their profession, including but not limited to, clinician, supervisor of occupational therapy students and volunteers, researcher, scholar, consultant, administrator, faculty, clinical instructor, continuing education instructor and educator of consumers/clients.
~~The term "client" is used to name the entity that receives occupational therapy services. Clients may be categorized as:~~
~~a) individuals, including individuals who may be involved in supporting or caring for the client (i.e. caregiver, teacher, parent, employer, spouse);~~
~~b) individuals within the context of a group (e.g., a family, a class); or~~
~~c) individuals within the context of a population (e.g., an organization, a community).~~
(l) "Hand therapy" is the art and science of rehabilitation of the hand, wrist, and forearm requiring comprehensive knowledge of the upper extremity and specialized skills in assessment and treatment to prevent dysfunction, restore function, or reverse the advancement of pathology. This definition is not intended to prevent an occupational therapist practicing hand therapy from providing other occupational therapy services authorized under this act in conjunction with hand therapy.
(m) "Physical agent modalities" means techniques that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity. These techniques are used as adjunctive methods in conjunction with, or in immediate preparation for, occupational therapy services.

D. Discussion of Section 4184, California Code of Regulations, Delegation of Tasks to Aides and Section 2570.2(a), Business and Professions Code, regarding responsibility for documentation.

Ms. Martin referenced the meeting materials and presented the issue of inconsistency in the statute and the regulations regarding the responsibility for documenting services provided by aides. The Committee discussed both sections and remarked that the supervising occupational therapist ultimately bears the responsibility for all occupational services, including the documentation. Thus, 'co-signature' of an aides' documentation is not appropriate.

- Linda Florey moved to recommend to the Board to strike subsection (d) from Section 4184, Delegation of Tasks to Aides.
- Christine Wietlisbach seconded the motion.
- The motion passed unanimously.

DRAFT

E. Discussion and overview of process to review advanced practice post-professional educational courses.

Ms. Martin explained that one of the responsibilities of the Practice Committee members is to review requests for approval of post-professional educational courses submitted by continuing education providers. However, only two current Committee members, Mary Kay Gallagher and Christine Wietlisbach, have previously reviewed post-professional educational courses. Thus, Ms. Martin asked the Committee members to discuss the course review process. This would include the review of courses contained in the meeting materials with oversight and direction provided by Ms. Gallagher and Ms. Wietlisbach.

F. Discussion and consideration of prohibition of teaching continuing education courses when a practitioner's license is on probation.

Ms. Martin reported that this item was delegated to the Practice Committee by the Board and asked the Committee members to discuss whether they felt it was appropriate for a practitioner whose license has been placed on probation to continue to teach courses.

The Committee discussed the issue, including the Board of Behavioral Sciences' (BBS) regulatory requirements for continuing education providers and BBS' Disciplinary Guidelines which prohibits a probationer from being an instructor in any continuing education courses.

Comments during the Committee's discussion included: Being on probation restricts a practitioner's ability to work; practitioners are placed on probation for egregious violations of the practice act; probation is an opportunity instead of having license revoked.

The Committee felt they didn't have enough information to make a recommendation to the Board and requested information from other boards. Ms. Martin agreed to review the following healing arts boards' information, and bring back anything pertinent: Physical Therapy, Speech, Registered Nurses, and Licensed Vocational Nurses.

G. Discussion and consideration of adding new Business and Professions Code Section requiring registration of occupational therapy aides.

Due to time constraints, this item was tabled for the next committee meeting. Ms. Martin provided two handouts that indicated a review of other state licensing boards' laws and regulations regarding the use of aides and supervision of aides. Ms. Martin indicated that these documents would be included in the materials at the next meeting.

In deference to members of the public in attendance who wanted to address this issue, the Committee accepted public comments.

DRAFT

Mr. Phipps expressed concern with the Board pursing registration of aides. He indicated he felt that registration wasn't necessary since Medicare/Medi-Cal didn't reimburse for services provided by aides, the use of aides would dwindle. He also indicated that the registration of aides would complicate matters for the board and that, given the current fiscal climate, he wasn't sure that the issue was the best use of the Board's resources.

After further discussion, the Committee asked that the Physical Therapy Board's recently amended supervision regulations regarding the use of aides be made available for review at the next meeting.

H. Selection of future 2011 meeting dates.

Due to time constraints, this item was tabled for the next committee meeting.

I. Agenda items for February 17, 2011, meeting.

No additional items were suggested.

J. Public comment on items not on agenda.

No additional public comment was provided.

K. Adjournment.

The meeting adjourned at 4:20pm.

DRAFT

AGENDA ITEM C

From Board of Behavioral Sciences' (BBS) regulations:

§1887.10. COURSE INSTRUCTOR QUALIFICATIONS

(a) A provider shall ensure that an instructor teaching a course has at least two of the following minimum qualifications:
(1) a license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by this board or any other health care regulatory agency;
(2) a master's or higher degree from an educational institution in an area related to the subject matter of the course;
(3) training, certification, or experience in teaching subject matter related to the subject matter of the course; or
(4) at least two years' experience in an area related to the subject matter of the course.
(b) During the period of time that any instructor has a healing arts license that is restricted pursuant to a disciplinary action in California or in any other state or territory, that instructor shall notify all approved continuing education providers for whom he or she provides instruction of such discipline before instruction begins or immediately upon notice of the decision, whichever occurs first.

A condition for Probation from BBS' Disciplinary Guidelines:

Instruction of Coursework Qualifying for Continuing Education Respondent shall not be an instructor of any coursework for continuing education credit required by any license issued by the Board.

From Physical Therapy Board's (PTB) regulations:

§1399.96. Standards for Approved Providers.
Before it may approve a provider, the approval agency shall require that the provider adhere to the following requirements:
(a) Topics and subject matter for each course shall be pertinent to the practice of physical therapy as required by section 1399.92.
(b) Instructors for each course shall be competent in the subject matter and shall be qualified by appropriate education, training, experience, scope of practice or licensure.
(c) Each course shall have a syllabus that includes learning objectives, bibliography and either a schedule, for courses offered in-person, or an outline, for courses offered online.
(d) Each course shall have written educational goals and specific learning objectives which are measurable and which serve as a basis for an evaluation of the effectiveness of the course.
(e) When an approved provider works with others on the development, distribution and/or presentation of a continuing education course (joint sponsorship), there shall be procedures to identify and document the functions of each participating party.
(f) Each approved provider shall periodically review its courses to ensure content quality and currency.
(g) Each participant shall be given the opportunity to evaluate each course and offer feedback to the approved provider. The approved provider shall consider any such evaluations for the purpose of updating or revising courses.
(h) Each approved provider has a procedure to respond to complaints.
(i) Each approved provider provides services to all licensees without unlawful discrimination.
(j) Each approved provider shall maintain records regarding course content and licensee attendance for a minimum of seven years.
(k) Each approved provider and instructor shall disclose any financial interest in products recommended during a course.
(l) Each approved provider shall provide a certificate of completion to attendees.
(m) Each approved provider shall ensure that any information it disseminates publicizing its continuing education courses is true and not misleading. Such information shall include a statement with the name of the approval agency, that such agency may be contacted about any concerns, any approved provider identification number, and the number of hours for which the course has been approved.
NOTE: Authority: Sections 2615 and 2676, Business and Professions Code.
Reference: Section 2676 and 2684, Business and Professions Code.

From Speech-Language Pathology and Audiology Board's (SLPAB) regulations:

§1399.160.10. COURSE INSTRUCTOR QUALIFICATIONS.

A provider shall ensure that an instructor teaching a course has at least two of the following minimum qualifications:

1. (a) a license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by this board or any other health care regulatory agency;
2. (b) a valid, current certification in the subject area issued by the American Speech-Language-Hearing Association or the American Board of Audiology;
3. (c) training, certification, or experience in teaching courses in the subject matter; or
4. (d) at least two years' experience in an area related to the subject matter of the course.

NOTE: Authority cited: Sections 2531.95 and 2532.6(a), Business and Professions Code. Reference: Section 2532.6(e), Business and Professions Code.

From Board of Registered Nursing's (BRN) regulations:

§1454. Approved Providers

(a) For the purpose of this Article, the title "approved provider" can only be used when an individual, partnership, corporation, association, organization, organized health care system, educational institution or governmental agency, having committed no act which would lead to disciplinary action pursuant to Section 1459.1, has submitted a provider application on forms supplied by the Board, remitted the appropriate fee and has been issued a provider number.

(b) An individual, partnership, corporation, association, organized health care system, governmental agency, educational institution and other organizations may be issued only one provider number; provided, however, that any autonomous entity within such organization may be issued one provider number.

(c) An approved provider shall have a written and published policy, available on request, which provides information on:

(1) refunds in cases of non-attendance

(2) time period for return of fees

(3) notification if course is cancelled.

(d) The approved provider is required to accept full responsibility for each and every course, including, but not limited to recordkeeping, advertising course content as related to Board standards, issuance of certificates and instructor qualifications. When two or more providers co-sponsor a course, only one provider number shall be used for that course and that provider must assume full responsibility for recordkeeping, advertising course content as related to Board standards, issuance of certificates and instructor (s') qualifications.

(e) Providers may not grant partial credit for continuing education.

(f) Approved providers shall keep the following records for a period of four years in one location within the State of California, or in a place approved by the Board:

(1) course outlines of each course given

(2) record of time and places each course given

(3) course instructor vitaes or resumes

(4) name and license number of registered nurses taking any approved course and a record of any certificate issued to them.

(g) Approved providers must notify the Board, within thirty (30) days, of any changes in organizational structure of a provider and/or the person(s) responsible for the provider's continuing education course(s), including name and address changes.

(h) Provider approval is non-transferable.

(i) The Board shall audit records, courses, instructors and related activities of a provider.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2811.5, Business and Professions Code. History: 1. Repealer and new section filed 12-18-81; effective thirtieth day thereafter (Register 81, No. 51). 2. Amendment of subsection (a) filed 2-1-96; operative 3-2-96 (Register 96, No. 5).

From Board of Vocational Nursing (BRN) regulations:

§2540.3. Course Provider Approval.

(a) An individual applying for approval as a continuing education course provider must:

(1) Complete and submit an application form supplied by the Board entitled, "Application to be a Continuing Education Course Provider for Licensed Vocational Nurses" (Form 55A-40; 09/05), hereby incorporated by reference. (2) The content of all courses of continuing education must be relevant to the practice of nursing and must:
(A) Be related to the scientific knowledge and/or technical, manual skills required for the practice of vocational nursing, or
(B) Be related to direct and/or indirect patient/client care.
(C) Learning experiences are expected to enhance the knowledge of the vocational nurse at a level above that required for licensure.

(3) Submit one course offering for Board review prior to course provider approval. Include the following information for the course submitted for review: (A) Identifying information for the name, location and contact of the provider. (B) A description of the subject matter of the course as it relates to recent developments in the vocational nursing field or in any special area of vocational nursing practice, including course title; (C) The course objectives; (D) Method(s) of instruction; (E) Total number of hours in the course and the course location; (F) Methods of evaluation: 1. for instructor evaluation of student achievement of course objectives; and 2. for student evaluation of course content and course instructor. (G) Course instructor's qualifications, as specified in Section 2540.4. (b) The Board will issue approval to the provider. A provider will not be approved for more than a two-year period. Following approval by the Board within each two-year period, the provider may offer an unlimited number of continuing education courses.
(c) An approved provider shall have a written and published policy, available on request, which provides information on:
(1) refunds in cases of non-attendance
(2) time period for return of fees
(3) notification if course is canceled
(d) The approved provider is required to accept full responsibility for each and every course, including but not limited to recordkeeping, advertising course content, issuance of certificates and instructor qualifications.
(e) Approved providers shall keep the following records for a period of four years:
(1) course outlines of each course given
(2) record of dates and places each course is given

(3) instructor curriculum vitae or resumes
(4) names and license numbers of licensed vocational nurses and/or psychiatric technicians who take any course offered by the approved provider and a record of any certificate issued to them.
(f) Provider approval is non-transferable.
(g) Approved providers must notify the Board within 30 days of any changes in information that was submitted on the most recent approved application to the board.
(h) Approval of a licensed vocational nurse continuing education course provider may be withdrawn if the Board later discovers misrepresentation in an advertisement or in any information required by the Board in accordance with this Article.

Note: Authority cited: Section 2854, Business and Professions Code. Reference: Section 2892.5, Business and Professions Code History: 1. Amendment of subsections (a)(4) and (c) filed 3-3-78; effective thirtieth day thereafter (Register 78, No. 9). 2. Amendment of subsection (a) filed 4-22-81; effective thirtieth day thereafter (Register 81, No. 17). 3. Amendment filed 11-16-83; effective upon filing pursuant to Government Code Section 11346.2(d) (Register 83, No. 47). 4.Amendment of section heading and section filed 5-4-2007; operative 6-3-2007 (Register 2007, No. 18).

§2540.4. Course Instructors Qualifications.

Instructors of continuing education courses shall meet two of the following: (a) Completion within two years preceding course approval of specialized training in the subject matter of the course; (b) Completion of academic studies related to the subject matter of the course within two years of course approval; (c) Experience teaching a course with similar subject matter content within the previous two years; (d) Six months of work experience in the subject matter of the course within the previous three years; or (e) Experience in developing academic courses within two years preceding course approval. Note: Authority cited: Section 2854, Business and Professions Code. Reference: Section 2892.5, Business and Professions Code. History: 1. Amendment filed 3-3-78; effective thirtieth day thereafter (Register 78, No. 9). 2. Amendment filed 11-16-83; effective upon filing pursuant to Government Code Section 11346.2(d) (Register 83, No. 47). 3. Amendment of section heading, first paragraph and subsection (d) filed 5-4-2007; operative 6-3-2007 (Register 2007, No. 18).

AGENDA ITEM D

AIDES

	Regulations & Statutes Date	Regulated	Registered/Licensed	Report to Board	Supervision Defined	Comments
Alabama		N	N	YES	Y	Y
Alaska	Jun-10	N	N	N	Y	Y
Arizona		N	N	N	Y	Y
Arkansas		N	N	N	Y	Y
Colorado		N	N	N	Y/N	Y
Connecticut		N	N	N	N	Y
D.C.		N	N	N	Y	Y
Delaware		N	N	N	N	Y
Florida	Sep-10	N	N	N	Y	Y
Georgia		N	N	N	N	Y
Hawaii		N	N	N	N	Y
Idaho		N	N	N	Y	Y
Illinois		N	N	N	Y	Y
Indiana	2010	N	N	N	Y	Y
Iowa		N	N	N	N	Y
Kansas		N	N	N	Y	Y
Kentucky	2010	N	N	N	Y	Y
Louisiana		N	N	N	N	Y
Maine		N	N	N	N	Y
Maryland		N	N	N	Y	Y
Massachusetts		N	N	N	Y	Y
Michigan		N	N	N	N	Y
Minnesota		N	N	N	N	Y
Mississippi		N	N	N	Y	Y
Missouri		N	N	N	Y	Y
Montana		N	N	N	Y	Y
Nebraska		N	N	N	Y/N	Y
Nevada		N	N	N	Y	Y
New Hampshire		N	N	N	Y	Y
New Jersey		N	N	N	N	Y
New Mexico		N	N	N	Y	Y
New York		N	N	N	N	Y
North Carolina		N	N	N	Y	Y
North Dakota		N	N	N	Y	Y
Ohio		N	N	N	N	Y
Oklahoma		N	N	N	Y	Y
Oregon		N	N	N	Y	Y
Pennsylvania		N	N	N	Y	Y
Rhode Island		N	N	N	Y	Y
South Carolina		N	N	N	Y	Y
South Dakota		N	N	N	Y	Y

		Regulations & Statutes Date		Regulated		Registered/Licensed		Reporting		Supervision		Comments
Tennessee				N		N		N		Y		Y
Texas				N		N		N		Y		Y
Utah				N		N		N		N		Y
Vermont				N		N		N		N		Y
Virginia				N		N		N		Y		Y
Washington				N		N		N		Y		Y
West Virginia				N		N		N		Y		Y
Wisconsin				N		N		N		Y		Y
Wyoming				N		N		N		N		Y

Alabama	Administrative Code 625-X-2-01(e)(1) states: Aids/unlicensed support personnel are required to be registered on official forms as approved by the board by employers and updated annually. (forms not available online) **Supervision:** "direct on-site" (no further definition)
Alaska	**Supervision:** Alaska 12 AAC 54.815(d) states: The supervising occupational therapist or occupational therapy assistant shall provide continual on-site supervision of non-licensed personnel who are performing patient-related duties. Alaska 12 AAC 54.800(b) states: An occupational therapist may not supervise, in any combination, more than three aides, assistants, students, foreign-trained candidates, or permittees at the same time.
Arizona	Arizona OT Rule R4-43-402(b) states: An occupational therapy aide shall receive continuous supervision. "**Continuous supervision**" means the supervising occupational therapist is in the immediate area of the occupational therapy aide performing supportive services. **"Immediate area"** means an occupational therapist is on the same floor and within 80 feet of an occupational therapy aide providing services to an occupational therapy patient. (Arizona OT Rule R4-43-101(11b) and (4)).
Arkansas	Arkansas Medical Practices Acts & Regulations, Regulation 6.3(c) states: Any duties assigned to an occupational therapy aide must be determined and appropriately supervised on-site, in-sight daily by a licensed occupational therapist or occupational therapy assistant..." Direct client related duties shall require continuous visual supervision by the occupational therapist or the occupational therapy assistant. Arkansas Medical Practices Acts & Regulations, Regulation 6.3(e) states: Direct client related services provided solely by an occupational therapy aide/tech without on-site, in-sight continuous visual supervision by a licensed occupational therapist or an occupational therapy assistant cannot be billed as occupational therapy services.
Colorado	Supervision is defined but is vague
Connecticut	The word "aide" cannot be found on Connecticut's web site or regs/statutes.
D.C.	D.C. Municipal Regulation 6309.4 states: An occupational therapist shall maintain immediate supervision of an occupational therapy aide except for activities of daily living skills where supervision may be general to maintain client privacy. D.C. Municipal Regulation 6310.9 states: An occupational therapy assistant may provide immediate supervision to an occupational therapy aide while the aide is discussing or assisting in the care and treatment of a client. **"Immediate supervision"** is defined as oversight of an individual through face-to-face observations and in physical proximity to the individual being supervised. (No further definition/clarification)

Delaware	The word "aide" cannot be found in Delaware's regs/statutes. A search of the web page shows the only reference to "aide" is in the application for licensure, under "Affidavit and Information Release". "4. I will abide by the Board's rules concerning supervision of aides and licensees. 5. If licensed as an Occupational Therapist, I will provide the required level of supervision to any aide or Occupational Therapy Assistant. I will complete all required logs and documentation of supervision." There are no Board rules available on the web site.
Florida	Florida Administrative Code 64B11-4.002(2) states: All delegated patient related tasks must be carried out under direct supervision, which means that the aide must be within the line of vision of the supervising occupational therapist or occupational therapy assistant.
Georgia	The word "aide" cannot be found on Georgia's web site or regs/statutes.
Hawaii	The word "aide" cannot be found on Hawaii's web site or regs/statutes.
Idaho	Idaho Administrative Code 24.06.01-011.02(a) states: An occupational therapist or occupational therapy assistant must provide direct line of site supervision to an aide. Idaho Administrative Code 24.06.01-011.03 states: The total number of...non-licensed occupational therapy personnel (including... aides)... may not exceed five (5) without prior Board approval. Idaho Administrative Code 24.06.01-011.06(c) states: The supervision of the aide needs to be documented for every client-related activity performed by an aide. Documentation must include information about frequency and methods of supervision used, the content of supervision, and the names and credentials of all persons participating in the supervisory process.
Illinois	Illinois Administrative Code 1315.164(a) states: An aide in occupational therapy works under the direct on-site supervision of an occupational therapist and/or occupational therapy assistants.
Indiana	Indiana 844 IAC 10-6-2 states: An aide, with direct on-site supervision of a licensed occupational therapist or, when appropriate, a certified occupational therapy assistant, may provide direct patient service.
Iowa	The word "aide" cannot be found on Iowa's web site or regs/statutes.

Kansas	Kansas Administrative Regulation 100-54-10(a) states: Occupational therapy procedures delegated by an occupational therapist or occupational therapy assistant to an occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional shall be performed under the direct, on-site supervision of a licensed occupational therapist or occupational therapy assistant. With respect to aides registering with the Board, K.A.R. 100-54-9 states: Before an occupational therapist allows an occupational therapy assistant to work under the occupational therapist's direction, the occupational therapist shall inform the board of the following: (a) the name of each occupational therapy assistant who intends to work under the direction of that occupational therapist; (b) the occupational therapy assistant's place of employment; and (c) the address of the employer.
Kentucky	Kentucky 2010 KAR 28:130, Section 4 states: (1) An occupational therapy aide shall provide supportive services only with face-to-face supervision from an OT/L or OTA/L. (2) The supervising OT/L or OTA/L shall be in direct verbal and visual contact with the occupational therapy aide, at all times, for all therapy-related activities.
Louisiana	The word "aide" cannot be found on Louisiana's web site or regs/statutes.
Maine	The word "aide" cannot be found on Maine's web site or regs/statutes.
Maryland	Maryland Code 10-301(b)(3) states: ...an aide who supports the practice of occupational therapy or the practice of limited occupational therapy, if the aide: (i) Works only under the direct supervision of a licensed occupational therapist or occupational therapy assistant and subject to the occupational therapist's responsibility for supervision, as provided by this subtitle. "**Direct supervision**" means supervision provided on a face-to-face basis by a supervising therapist when delegated client-related tasks are performed.
Massachusetts	Supervision is defined but is vague
Michigan	The word "aide" cannot be found on Michigan's web site or regs/statutes.
Minnesota	The word "aide" cannot be found on Minnesota's web site or regs/statutes.

Mississippi	Mississippi Regulation 100.03(12) states: Occupational Therapy Aide means a person who is not licensed in the field of occupational therapy and who assists occupational therapists and occupational therapy assistants in the practice of occupational therapy under direct supervision. **"Direct supervision"** means the daily, direct, on-site contact at all times of a licensed occupational therapist or occupational therapy assistant when an occupational therapy aide assists in the delivery of patient care. Mississippi Regulation 109.02(3)(d) states: Documentation of all training specific to the aide's duties must be in the aide's file. Mississippi Regulation 109.02(4) states: The supervision/consultation requirements stated in these regulations are minimal. It is the professional responsibility and duty of the licensed occupational therapist to provide the occupational therapist assistant with more supervision if deemed necessary in the occupational therapist's professional judgment.
Missouri	Missouri Regulation 20 CSR 2205-4.030(1) and (2) state: (1) An occupational therapist or occupational therapy assistant must provide direct supervision of an occupational therapy aide at all times. (2) When an occupational therapist or occupational therapy assistant delegates to an occupational therapy aide maintenance or restorative services to patients/clients, the occupational therapist or occupational therapy assistant must be in the immediate area and within audible and visual range of the patient/client and the occupational therapy aide.
Montana	Montana Administrative Rule 24.165.501(6) states: Occupational therapy aides under 37-24-103, MCA, shall work under the direct supervision of a licensed occupational therapist or a certified occupational therapist assistant. Occupational therapy aides shall have no supervisory capacity. (No further definition/clarification)
Nebraska	Supervision is mentioned, but the level/type of supervision is not specified.
Nevada	Nevada Revised Statute NRS 640A.230(2) states: A licensed occupational therapist shall directly supervise the work of any person who assists him or her as an aide or technician. Nevada Administrative Code 640A.275 states: The board interprets the term "**directly supervise**" to mean supervision of an occupational therapy aide or technician by a licensed occupational therapist who: (1) Is physically present on the premises at all times when the aide or technician is working with patients; (2) Provides personal instruction to the aide or technician on a regular basis; (3) Personally evaluates the work of the aide or technician on a regular basis; and (4) Sets forth detailed statements of the duties and responsibilities of the aide or technician.

New Hampshire	New Hampshire Administrative Rule Occ 408.11(c) states: A licensee delegating supportive tasks to an individual not licensed by the board shall: (1) Directly supervise the unlicensed individual when that individual performs tasks of client care during the treatment of an occupational therapy client; and (2) Indirectly supervise the unlicensed individual at all other times. New Hampshire Administrative Rule Occ 301.04 states: "**Direct supervision**" means supervision through direct and continuous observation of the activities of the person being supervised.
New Jersey	The word "aide" cannot be found on New Jersey's web site or regs/statutes.
New Mexico	New Mexico Administrative Code 16.15.3.8(i) states: The occupational therapist (OT) and the occupational therapy assistant (OTA) shall provide direct supervision to all occupational therapy aides/technicians. New Mexico Administrative Code 16.15.3.9(a) states: "**Direct supervision**" means a minimum of daily direct contact at the site of work with the licensed supervisor physically present within the facility when the supervisee renders care and requires the supervisor to co-sign all documentation that is completed by the supervisee. The occupational therapist (OT) and the occupational therapy assistant (OTA) shall provide direct supervision to all occupational therapy aides/technicians.
New York	Aides are not mentioned in New York's Rules or Statutes. However, I found this in the "Practice Issues" section of their FAQ's. May I use an "aide" to provide occupational therapy services? Answer: New York State law restricts the practice of occupational therapy to licensed professionals. Individuals who are not licensed may not provide occupational therapy services. People who are employed to assist occupational therapists in such activities as cleaning equipment, preparing a room for therapy, or performing secretarial duties should not be referred to as "occupational therapy aides" as this term may be misleading to the public.
North Carolina	North Carolina refers to aides as "unlicensed personnel" in North Carolina Rule 38.0103(22). North Carolina Rule 38.0103(21)(c) states: "Direct supervision" means the Occupational Therapy supervisor must be within audible and visual range of the client and unlicensed personnel and available for immediate physical intervention. Direct supervision is required for unlicensed personnel.
North Dakota	North Dakota statute 43-40-01.3 states: "Occupational therapy aide" means an unlicensed person who assists in the practice of occupational therapy under the direct supervision of an occupational therapist or occupational therapy assistant in accordance with rules adopted by the board. (No further definition/clarification)
Ohio	Ohio refers to aides as "unlicensed personnel" in Ohio Code 4755-7-02(D). Unlicensed personnel primarily perform non-client related tasks.

Oklahoma	Oklahoma Rule 435:30-1-15(3) states: Direct on-site supervision will be provided by the Occupational Therapist or Occupational Therapy Assistant for aides/technicians providing patient care. Oklahoma Rule 435:30-1-2 states: "**Direct supervision**" means personal supervision and specific delineation of tasks and responsibilities by an Oklahoma licensed occupational therapist and shall include the responsibility for personally reviewing and interpreting the results of any habilitative or rehabilitative procedures conducted by the supervisee. It is the responsibility of the Oklahoma licensed occupational therapist to be onsite during treatment to ensure that the supervisee does not perform duties for which he is not trained.
Oregon	Oregon Administrative Rule 339-010-0055(2) states: An occupational therapist or occupational therapy assistant may supervise the aide. When the aide is performing treatment related tasks, the supervising occupational therapy practitioner must be within sight or earshot of the aide, and must be immediately available at all times to provide in-person direction, assistance, advice, or instruction to the aide.
Pennsylvania	Unlicensed personnel primarily perform non-client related tasks.
Rhode Island	Rhode Island Rule 5.5.8 states: An occupational therapy aide is a worker who is trained on the job. A licensed occupational therapist or licensed occupational therapy assistant using occupational therapy aide personnel to assist with the provision of occupational therapy services must provide close supervision in order to protect the health and welfare of the consumer. (No further definition/clarification)
South Carolina	South Carolina Law 40-36-20(8) states: "Occupational therapy aide" means a person who has received on-the-job training in occupational therapy and is employed in an occupational therapy setting under the direct on-site supervision of a licensed occupational therapist or licensed occupational therapy assistant. South Carolina Law 40-36-20(4) states: "**Direct supervision**" means personal, daily supervision, and specific delineation of tasks and responsibilities by an occupational therapist and includes the responsibility for personally reviewing and interpreting the results of a supervisee on a daily basis.
South Dakota	South Dakota Rule 20:64:01:01(2) states: "**Direct supervision**," the physical presence of an occupational therapist or occupational therapy assistant in the immediate room when remediative tasks are being performed by an occupational therapy aide
Tennessee	Tennessee refers to aides as "unlicensed personnel" in Tennessee Statute 63-13-103(19). Tennessee Rule 1150-02-.10(4)(a) states: There shall be close supervision with daily, direct contact at site of treatment, which demands the physical presence of a licensed physician, Occupational Therapist or Occupational Therapy Assistant, whenever the unlicensed person assists in the practice of Occupational Therapy.

Texas	Texas Rule 373.1(b) states: Close Personal Supervision implies direct, on-site contact whereby the supervising occupational therapy licensee is able to respond immediately to the needs of the patient. This type of supervision is required for non-licensed personnel providing support services to the occupational therapy practitioners.
Utah	The word "aide" cannot be found on Utah's web site or regs/statutes.
Vermont	The word "aide" cannot be found on Vermont's web site or regs/statutes.
Virginia	The word "aide" cannot be found on Virginia's web site or regs/statutes. Supervision of unlicensed personnel is defined but is vague.
Washington	Washington Administrative Code 246-847-135(3) states: Occupational therapy aides must be professionally supervised and trained by an occupational therapist or an occupational therapy assistant licensed in the state of Washington. Professional supervision must include documented supervision and training. Washington Administrative Code 246-847-010(11) states: "**Professional supervision**" of an occupational therapy aide as described in RCW 18.59.020(5) means in-person contact at the treatment site by an occupational therapist or occupational therapy assistant licensed in the state of Washington. When client related tasks are provided by an occupational therapy aide more than once a week, professional supervision must occur at least weekly. When client related tasks are provided by an occupational therapy aide once a week or less, professional supervision must occur at least once every two weeks.
West Virginia	West Virginia Statute 30-28-4(f)(1) states: The occupational therapy aide functions under the direct continuous supervision of either the occupational therapist or the occupational therapy assistant that is under the general supervision of the occupational therapist. West Virginia Rule 13-1-2.2.8.b states: "**Direct Continuous Supervision**" means that the Occupational Therapy supervisor is physically present and in direct line of sight of aides, and is initially required for occupational therapy students.
Wisconsin	Wisconsin Administrative Code OT 4.05(1) and (2) state: (1) An occupational therapist or occupational therapy assistant must provide direct supervision of non-licensed personnel at all times. Direct supervision requires that the supervising occupational therapist or occupational therapy assistant be on premises and available to assist. (2) When an occupational therapist or occupational therapy assistant delegates to non-licensed personnel maintenance or restorative services to clients, the occupational therapist or occupational therapy assistant must be in the immediate area and within audible and visual range of the client and the non-licensed personnel.
Wyoming	The word "aide" cannot be found on Wyoming's web site or regs/statutes.

Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916)263-2560

Internet: www.ptbc.ca.gov

The Law & Regulation Governing Physical Therapy Aides

Business and Professions Code Section 2630. License Required – Exceptions

It is unlawful for any person or persons to practice, or offer to practice, physical therapy in this state for compensation received or expected, or to hold himself or herself out as a physical therapist, unless at the time of so doing the person holds a valid, unexpired, and unrevoked license issued under this chapter.

Nothing in this section shall restrict the activities authorized by their licenses on the part of any persons licensed under this code or any initiative act, or the activities authorized to be performed pursuant to Article 4.5 (commencing with Section 2655) or Chapter 7.7 (commencing with Section 3500).

A physical therapist licensed pursuant to this chapter may utilize the services of one aide engaged in patient-related tasks to assist the physical therapist in his or her practice of physical therapy. "Patient-related task" means a physical therapy service rendered directly to the patient by an aide, excluding non-patient-related tasks. "Non-patient-related task" means a task related to observation of the patient, transport of the patient, physical support only during gait or transfer training, housekeeping duties,

clerical duties, and similar functions. The aide shall at all times be under the orders, direction, and immediate supervision of the physical therapist. Nothing in this section shall authorize an aide to independently perform physical therapy or any physical therapy

procedure. The board shall adopt regulations that set forth the standards and requirements for the orders, direction, and immediate supervision of an aide by a physical therapist. The physical therapist shall provide continuous and immediate supervision of the aide. The physical therapist shall be in the same facility as, and

in proximity to, the location where the aide is performing patient-related tasks, and shall be readily available at all times to provide advice or instruction to the aide. When patient-related tasks are provided to a patient by an aide, the supervising physical

therapist shall, at some point during the treatment day, provide direct service to the patient as treatment for the patient's condition, or to further evaluate and monitor the patient's progress, and shall correspondingly document the patient's record.

The administration of massage, external baths, or normal exercise not a part of a physical therapy treatment shall not be prohibited by this section.

Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916)263-2560

Internet: www.ptbc.ca.gov

Title 16, California Code of Regulations Section 1399 Requirements for Use of Aides

A physical therapy aide is an unlicensed person who assists a physical therapist and may be utilized by a physical therapist in his or her practice by performing non-patient related tasks, or by performing patient related tasks. (a) As used in these regulations: (1) A "patient related task" means a physical therapy service rendered directly to the patient by an aide, excluding non-patient related tasks as defined below. (2) A "non-patient related task" means a task related to observation of the patient, transport of patients, physical support only during gait or transfer training, housekeeping duties, clerical duties and similar functions. (b) "Under the orders, direction and immediate supervision" means: (1) Prior to the initiation of care, the physical therapist shall evaluate every patient prior to the performance of any patient related tasks by the aide. The evaluation shall be documented in the patient's record. (2) The physical therapist shall formulate and record in the patient's record a treatment program based upon the evaluation and any other information available to the physical therapist, and shall determine those patient related tasks which may be assigned to an aide. The patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks. (3) The physical therapist shall assign only those patient related tasks that can be safely and effectively performed by the aide. The supervising physical therapist shall be responsible at all times for the conduct of the aide while he or she is on duty. (4) The physical therapist shall provide continuous and immediate supervision of the aide. The physical therapist shall be in the same facility as and in immediate proximity to the location where the aide is performing patient related tasks, and shall be readily available at all times to provide advice or instruction to the aide. When patient related tasks are provided a patient by an aide the supervising physical therapist shall at some point during the treatment day provide direct service to the patient as treatment for the patient's condition or to further evaluate and monitor the patient's progress, and so document in the patient's record. (5) The physical therapist shall perform periodic re-evaluation of the patient as necessary and make adjustments in the patient's treatment program. The re-evaluation shall be documented in the patient's record. (6) The supervising physical therapist shall countersign with their first initial and last name, and date all entries in the patient's record, on the same day as patient related tasks were provided by the aide. Note: Authority cited: Section 2615, Business and Professions Code. Reference: Section 2630, Business and Professions Code. History: (1.) Amendment of subsection (b) filed 3-20-78, Register 78, No. 12. (2.) Amendment filed 8-13-81, Register 81, No. 33. (3.) Amendment of subsections (b)(1), (b)(2), (b)(4) and (b)(5) and new subsection (b)(6) filed 10-21-94, Register 94, No. 42.

Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California
2005 Evergreen St. Suite 1350, Sacramento, California 95815
Phone: (916) 561-8200 Fax: (916)263-2560
Internet: www.ptbc.ca.gov

THE LAWS AND REGULATIONS GOVERNING PHYSICAL THERAPIST ASSISTANT STUDENTS AND INTERNS

Business and Professions Codes

2655.75. Authorization for Assistance in Physical Therapy by Student

Nothing in this chapter shall be construed to prevent a regularly matriculated student undertaking a course of instruction in an approved physical therapist assistant education program or a student enrolled in a program of supervised clinical training under the direction of an approved physical therapist assistant education program pursuant to Section 2655.9, as part of his or her course of study, from performing physical therapy techniques in preparing the student to be approved to assist a physical therapist in his or her practice of physical therapy.

Title 16, California Code of Regulations

1398.52. Identification and Supervision of Physical Therapist Assistant Students and Interns Defined (a) A physical therapist assistant student is an unlicensed person rendering physical therapy services as a part of academic training pursuant to section 2655.75 of the Code and shall only be identified as a "physical therapist assistant student." A person who has completed the required academic coursework may be identified as a "physical therapist assistant intern" when rendering physical therapy services. When rendering physical therapy services, the required identification shall be clearly visible and include his or her name and working title in at least 18-point type. (b) The physical therapist assistant student or intern shall be supervised by a physical therapist supervisor. A physical therapist assistant under the supervision of a physical therapist supervisor may perform as a clinical instructor of the physical therapist assistant student or intern when rendering physical therapy services. (c) A physical therapist supervisor shall provide on site supervision of the assigned patient care rendered by the physical therapist assistant student or intern. (d) The physical therapist assistant student or intern shall document each treatment in the patient record, along with his or her signature. The clinical instructor shall countersign with his or her first initial and last name in the patient's record on the same day as patient related tasks were provided by the physical therapist assistant student or intern. The supervising physical therapist shall conduct a weekly case conference and document it in the patient record.

Note: Authority cited: Sections 2615, Business and Professions Code. Reference: Sections 2655.9 and 2655.75, Business and Professions Code.
HISTORY
1. New section filed 12-23-2002; operative 1-22-2003 (Register 2002, No. 52).

Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916)263-2560

Internet: www.ptbc.ca.gov

CLARIFICATION OF SUPERVISORY RESPONSIBILITIES OF THE PHYSICAL THERAPIST WHEN SUPERVISING A PHYSICAL THERAPY AIDE

How is "continuous and immediate" and "in close proximity" interpreted functionally in reference to supervision of the physical therapy aide by the physical therapist?
To ensure a physical therapist is providing continuous and immediate supervision of the physical therapy aide, it is essential for the supervising physical therapist to be in close proximity to the physical therapy aide performing patient related tasks, and the supervising physical therapist be readily available at ALL times to provide advice or instruction to the physical therapy aide.

The following definitions provide a clearer picture of what is meant by continuous, immediate supervision in proximity to the location where the physical therapy aide is performing patient related tasks.

Continuous: Uninterrupted, unceasing
Immediate: Occurring at once; without delay; instant
Supervision: To look over, to see, to direct
Proximity: Nearness, closeness, the fact of being near
Readily: Promptly
Available: Accessible for use, at hand

Therefore, in order to provide direction to the physical therapy aide, the supervising physical therapist would have to be near or close enough to provide advice or instruction instantly and without delay. While this may not require sharing the same treatment room with the physical therapy aide it does require the supervising physical therapist to be within an audible range that would ensure the instant presence of the supervising physical therapist. It is the sole responsibility of the physical therapist to ensure the safety of the patient and the quality of care rendered. And, since the Physical Therapy Board of California licenses the physical therapist, not the physical therapy aide, it is the physical therapist that is held accountable if professional judgment is compromised.

Adopted by the Practice Issues Committee on May 9, 2002

Note: This document is not a declaratory opinion of the Physical Therapy Board of California

Proposed Regulations
MODIFIED TEXT

The Physical Therapy Board of California proposes to amend Title 16 of the California Code of Regulations as follows:

Changes to the originally proposed text are shown in double underline and double strikeout.

(1) Amend Article 4, section 1398.44: Adequate Supervision Defined

~~A licensed physical therapist shall at all times be responsible for all physical therapy services provided by the physical therapist assistant. The supervising physical therapist has continuing responsibility to follow the progress of each patient, provide direct care to the patient and to assure that the physical therapist assistant does not function autonomously. Adequate supervision shall include all of the following:~~

~~(a) The supervising physical therapist shall be readily available in person or by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is treating patients. The supervising physical therapist shall provide periodic on site supervision and observation of the assigned patient care rendered by the physical therapist assistant.~~

~~(b) The supervising physical therapist shall initially evaluate each patient and document in the patient record, along with his or her signature, the evaluation and when the patient is to be reevaluated.~~

~~(c) The supervising physical therapist shall formulate and document in each patient's record, along with his or her signature, the treatment program goals and plan based upon the evaluation and any other information available to the supervising physical therapist. This information shall be communicated verbally, or in writing by the supervising physical therapist to the physical therapist assistant prior to initiation of treatment by the physical therapist assistant. The supervising physical therapist shall determine which elements of the treatment plan may be assigned to the physical therapist assistant. Assignment of these responsibilities must be commensurate with the qualifications, including experience, education and training, of the physical therapist assistant.~~

~~(d) The supervising physical therapist shall reevaluate the patient as previously determined, or more often if necessary, and modify the treatment, goals and plan as needed. The reevaluation shall include treatment to the patient by the supervising physical therapist. The reevaluation shall be documented and signed by the supervising physical therapist in the patient's record and shall reflect the patient's progress toward the treatment goals and when the next reevaluation shall be performed.~~

~~(e) The physical therapist assistant shall document each treatment in the patient record, along with his or her signature. The physical therapist assistant shall document in the patient record and notify the supervising physical therapist of any change in the patient's condition not consistent with planned progress or treatment goals. The change in condition necessitates a reevaluation by a supervising physical therapist before further treatment by the physical therapist assistant.~~

~~(f) Within seven (7) days of the care being provided by the physical therapist assistant, the supervising physical therapist shall review, cosign and date all documentation by the physical therapist assistant or conduct a weekly case conference and document it in the patient record. Cosigning by the supervising physical therapist indicates that the supervising physical therapist has read the documentation, and unless the supervising physical therapist indicates otherwise, he or she is in agreement with the contents of the documentation.~~

~~(g) There shall be a regularly scheduled and documented case conference between the supervising physical therapist and physical therapist assistant regarding the patient. The frequency of the conferences is to be determined by the supervising physical therapist based on the needs of the patient, the supervisory needs of the physical therapist assistant and shall be at least every thirty calendar days.~~

~~(h) The supervising physical therapist shall establish a discharge plan. At the time of discharge, or within 7 (seven) days thereafter, a supervising physical therapist shall document in the patient's record, along with his or her signature, the patient's response to treatment in the form of a reevaluation or discharge summary.~~

(a) "Adequate supervision" of a physical therapist assistant shall mean supervision that complies with this section. A physical therapist shall at all times be responsible for all physical therapy services provided by the physical therapist assistant and shall ensure that the physical therapist assistant does not function autonomously. The physical therapist has a continuing responsibility to follow the progress of each patient, and is responsible for determining which elements of a treatment plan may be assigned to a physical therapist assistant.

(b) A physical therapist who performs the initial evaluation of a patient shall be the physical therapist of record for that patient. The physical therapist of record shall remain as such until a reassignment of that patient to another physical therapist of record has occurred. The physical therapist of record shall ensure that a written system of transfer to the succeeding physical therapist exists.

(c) The physical therapist of record shall provide supervision and direction to the physical therapist assistant in the treatment of patients to whom the physical therapist assistant is providing care. The physical therapist assistant shall be able to identify, and communicate with, the physical therapist of record at all times during the treatment of a patient.

(d) A physical therapist assistant shall not:

(1) Perform measurement, data collection or care prior to the evaluation of the patient by the physical therapist ~~or document patient evaluation and reevaluation~~
(2) Document patient evaluation and reevaluation
~~(2)~~ (3) Write a discharge summary
~~(3)~~ (4) Establish or change a plan of care
~~(4)~~ (5) Write progress reports to another health care professional, as distinguished from daily chart notes
~~(5)~~ (6) Be the sole physical therapy representative in any meeting with other health care professionals where the patient's plan of care is assessed or may be modified.
~~(6)~~ (7) Supervise a physical therapy aide performing patient-related tasks
~~(7)~~ (8) Provide treatment if the physical therapist assistant has any ownership interest or holds a management position in the physical therapy business where the care is being provided. For purposes of this section, "management position" shall mean a position that has control or influence over scheduling, hiring, or firing.

The prohibitions in subsection (d) above shall not prohibit a physical therapist assistant from collecting and documenting data, administering standard tests, or taking measurements related to patient status.

(e) The physical therapist assistant shall~~:~~

~~(1)~~ ~~N~~notify the physical therapist of record and document in the patient record any change in the patient's condition not within the planned progress or treatment goals, and any change in the patient's general condition.

Note: Authority cited: Sections 2615, 2655.1 and 2655.92, Business and Professions Code. Reference: Section 2655.92, Business and Professions Code.

(2) Amend Article 7, Section 1399: Requirements for Use of Aides

(a) A physical therapy aide is an unlicensed person who ~~assists a physical therapist and~~ may be utilized by a physical therapist in his or her practice by performing non-patient related tasks, or by performing patient related tasks ~~for the corrective rehabilitation or other treatment of a person.~~

(b) Prior to the aide providing patient related care, a physical therapist shall evaluate and document, the aide's competency level for performing the patient related task that the aide will provide in that setting. The record of competencies shall be made available to the board or any physical therapist utilizing that aide upon request.

~~(a)~~ (c) As used in these regulations:

(1) A "patient related task" means a physical therapy service rendered directly to the patient by an aide, excluding non-patient related tasks as defined below.

(3) Move section 1399.85 from Article 12, Topical Medications, to Article 1, General Provisions, and assign it Section 1398.13: Patient Records

~~1399.85~~. 1398.13 Patient Records.

(a) A physical therapist shall document and sign in the patient record the following in accordance with subsection (c):

(1) Examination and re-examination
(2) Evaluation~~, when the patient is to be reevaluated~~ and ~~the~~ reevaluation
(3) Diagnosis
(4) Prognosis and intervention
(5) Treatment plan and modification of the plan of care
(6) Each treatment provided by the physical therapist or a physical therapy aide
(7) Discharge Summary

~~Each entry shall be dated and signed by the treating physical therapist. Adjacent to the treating physical therapist's signature or at least on every page if there are multiple entries on a single page shall be the printed or stamped name of the treating physical therapist.~~

(b) The physical therapist assistant shall document and sign in the patient record any treatment provided by that individual, in accordance with subsection (c).

(c) With respect to any care provided to the patient, the patient record shall indicate:
(1) The date and nature of the service provided and
(2) The name and title of any individual who provided such service, including the individual's role in that service. As used in this section, the term "service" does not include "non-patient related tasks" as defined in section 1399.

(d) The physical therapist shall ensure compliance with subsection (c).

(e) The requirements of this section are in addition to the requirements of the following sections:
(1) 1398.37(d) [relating to physical therapist students and interns],
(2) 1398.44(e)(1) [relating to physical therapist assistants]
(3) 1398.52(d) [relating to physical therapist assistant students]
(4) 1399.10 [relating to physical therapist license applicants]; and
(5) 1399.12 [relating to physical therapist assistant license applicants].

(f) Electronic signatures are sufficient for purposes of this section.

Note: Authority cited: Section 2615, Business and Professions Code. Reference: Section 2620.7, Business and Professions Code.

(2) A "non-patient related task" means a task related to observation of the patient, transport of patients, physical support only during gait or transfer ~~training~~, housekeeping duties, clerical duties and similar functions.

~~(b)~~ (3) "Under the orders, direction and immediate supervision" means:

~~(1)~~ (A) Prior to the initiation of care, the physical therapist shall evaluate every patient prior to the performance of any patient related tasks by the aide. ~~The evaluation shall be documented in the patient's record.~~

~~(2)~~ (B) The physical therapist shall formulate and record in the patient's record a treatment program based upon the evaluation and any other information available to the physical therapist, and shall determine those patient related tasks which may be assigned to an aide. ~~The patient's record shall reflect those patient related tasks that were rendered by the aide, including the signature of the aide who performed those tasks.~~

~~(3)~~ (C) The physical therapist shall assign only those patient related tasks that can be safely and effectively performed by the aide. The ~~supervising~~ physical therapist shall be responsible at all times for the conduct of the aide while ~~he or she~~ the aide is ~~on duty~~ performing "patient related tasks" and "non-patient related tasks" as defined in this section.

~~(4)~~ (D) The physical therapist shall provide continuous and immediate supervision of the aide. The physical therapist shall be in the same facility as the aide and in immediate proximity to the location where the aide is performing patient related tasks~~,~~ . ~~and~~ The physical therapist shall be readily available at all times to provide immediate advice, ~~or~~ instruction ~~to the aide~~ or intervention in the care of the patient. When patient related tasks are provided to a patient by an aide the ~~supervising~~ physical therapist shall at some point during the treatment day provide direct service to the patient as treatment for the patient's condition or to further evaluate and monitor the patient's progress~~, and so document in the patient's record~~.

~~(5)~~ (E) The physical therapist shall perform periodic re-evaluation of the patient as necessary and make adjustments in the patient's treatment program. The re-evaluation shall be documented in the patient's record.

~~(6) The supervising physical therapist shall countersign with their first initial and last name, and date all entries in the patient's record, on the same day as patient related tasks were provided by the aide.~~

Note: Authority cited: Section 2615, Business and Professions Code. Reference: Section 2630, Business and Professions Code.

AGENDA ITEM E

California Board of Occupational Therapy

PRACTICE COMMITTEE

Roles & Responsibilities

1. Review and provide recommendations to Board staff on *Applications for Advanced Practice Post-Professional Education* received from course providers;

2. Review and provide recommendations to Board staff on initial applications for licenses/certificates received from individuals who have not been engaged in the practice occupational therapy for five years;

3. Review and provide recommended responses to the Board on various practice issues/questions submitted by licensees and consumers;

4. Provide guidance on continuing competency audits, including reviewing and providing recommendations on audit responses, if necessary;

5. Review and provide recommendations to Board staff on applicants for the Expert Reviewer Program;

6. Review and provide recommendations to Board staff on revisions to various applications and forms used by the Board;

7. Review and provide recommendations to the Board on practice related proposed regulatory amendments.

8. Establish resource pool of Expert Reviewers to review and provide recommendations to Board staff on *Applications for Advanced Practice Approval* in hand therapy, physical agent modalities, and swallowing assessment, evaluation, or intervention.