

## **AGENDA ITEM 4**

**PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA.**

## **Public Comment Received via Email**

Dear Sir/Madam,

I am writing to seek assistance in obtaining the relevant laws, regulations, or practice acts pertaining to occupational therapists' adherence to physician/surgeon orders. Specifically, I am interested in understanding the guidelines for occupational therapists educating patients on the correct weight-bearing status precautions, maintaining movement precautions (such as posterior hip precautions), following surgeon protocols, utilizing approved abbreviations in documentation, and exercising sound clinical judgment while working with and educating patients.

I am currently employed in an acute care hospital, and I am unsure if the setting affects the information I am seeking.

The reason behind my request stems from my observations of concerning practices among my colleagues. I have brought these concerns to the attention of my manager, but they have unfortunately been dismissed.

I would greatly appreciate any assistance you can provide in guiding me towards the appropriate resources or references that outline the aforementioned laws, regulations, or practice acts. Your expertise in this matter would be invaluable in ensuring the highest standard of care within our healthcare facility.

Thank you for your attention to this matter. I look forward to your prompt response.

Yours sincerely,

J.M.

## **AGENDA ITEM 5**

**REVIEW AND VOTE ON APPROVAL OF THE AUGUST 24-25, 2023,  
BOARD MEETING MINUTES.**



**\*\*Draft\*\***

**BOARD MEETING MINUTES**

**August 24-25, 2023**

**Board Members Present:**

Denise Miller Board – President  
 Beata Morcos – Vice President  
 Lynna Do – Secretary  
 Richard Bookwalter – Board Member  
 Sharon Pavlovich – Board Member  
 Hector Cabrera – Board Member  
 Christine Wietlisbach – Board Member

**Board Staff Present:**

Heather Martin – Executive Officer  
 Helen Geoffroy – Attorney  
 Jody Quesada – SSM I  
 Rebecca Harris – SSM I  
 Rachael Hutchison - Analyst  
 Maureen Paquette – Office Assistant

**1. Call to order, roll call, establishment of a quorum.**

The meeting was called to order at 10:19 a.m., Secretary Lynna Do called roll and a quorum was established.

**2. President’s Remarks – Information only; no Board Action to be taken.**

President Denise Miller announced the unexpected passing of longtime colleague, Lands Banks, the Manager of Administrative and Facilities at the American Occupational Therapy Association (AOTA) on July 9, 2023. Many members of the Board and practitioners within the State of California had a relationship with Lands and he will be missed greatly by his colleagues. Ms. Miller expressed her sincere condolences to his family.

**3. Board Member Remarks -Information only; no Board.**

Board Member Richard Bookwalter congratulated Chi-Kwan Shea on being elected to the National Board for Certification in Occupational Therapy (NBCOT) Board of Directors.

President Denise Miller welcomed Yvonne Dorantes, Assistant Deputy Director, Board and Bureau Relations, the Department of Consumer Affairs (DCA) and thanked her for her attendance. Ms. Miller also thanked Samuel Merritt University for hosting the Board meeting.

**4. Public Comment for Items Not on the Agenda.**

Chi-Kwan Shea, a Professor at Samuel Merritt University, chose to introduce herself.

Carlin Daley Reaume, the Advocacy Chair for the Occupational Therapy Association of California (OTAC), Assistant Clinical Professor at the University of the Pacific, and private practice owner, chose to introduce herself.

Domenique Embrey, Assistant Professor at Samuel Merritt University, and Consultant at the California School for the Deaf, chose to introduce herself.

Yvette Mere-Cook, Associate Faculty and Chair at Samuel Merritt University, chose to introduce herself.

President Miller reported that there were two written comments by members of the public received by the Board. One of the comments would be addressed during agenda item #20, since it was related to the Board's fee increases and the other would be addressed during agenda item #11, because it was related to pelvic health.

## **5. Review and vote on approval of the May 18-19, 2023, Board meeting minutes.**

*This agenda item was discussed on August 25, 2023.*

Board Member Richard Bookwalter noted non-substantive changes to the May 18-19, 2023, Board meeting minutes and he provided suggested edits.

- Christine Wietlisbach moved to approve the May 18-19, 2023, Board meeting minutes.
- Beata Morcos seconded the motion.
- Christine Wietlisbach amended her motion to include directing Board staff to make the suggested edits.
- Beata Morcos seconded the amended motion.

There were no additional Board member remarks.  
There were no additional public comments.

### **Board Member Votes**

Richard Bookwalter	Yes
Hector Cabrera	Yes
Sharon Pavlovich	Absent
Christine Wietlisbach	Yes
Lynna Do	Yes
Beata Morcos	Yes
Denise Miller	Yes

The motion carried.

## **6. Executive Officer update on Public Law 117-333, Portability of Professional Licenses of Servicemembers and their Spouses.**

Executive Officer Heather Martin noted that in the Board meeting materials there was an excerpt from a Public Law 117–333, regarding the portability of professional licenses of servicemembers and their spouses. Under new federal law, effective January 1, 2023, servicemembers and their spouses can provide a copy of their orders and they will not have to get a license to practice in California as long as they have an active license in another jurisdiction. DCA will develop a registry. The purpose of the registry is not to limit a licensee’s practice; however, it is to keep track of the licensee in the event a complaint is filed against them. An update on the registry will be provided at the November board meeting.

Secretary Lynna Do stated that the new federal law might steer the Board toward joining the Licensure Compact.

President Miller agreed with Ms. Do’s comment. Further, Ms. Miller noted that it is within the Board’s authority, as a rulemaking body, to explore the Licensure Compact further.

Ms. Do added that the Board should join the Licensure Compact to ensure that the consumers are protected.

Vice President Beata Morcos reiterated that servicemembers and their spouses could still work in California and not be part of the Licensure Compact as long as they have a license in another state that is in good standing.

DCA Attorney Helen Geoffroy summarized that Public Law 117–333 allows those servicemembers or their spouses who are licensed in any state to practice occupational therapy in any state where they are given orders. Although, California does have an expedited military application process for occupational therapy licenses, not all states do. This federal law will override the state law.

Board Member Christine Wietlisbach questioned how Public Law 117–333 would affect the use of physical agent modalities (PAMS), if the servicemember or their spouse came from another state that did not require Board approval to use PAMS.

Ms. Geoffroy replied that using PAMS was very specific and she was unable to provide an answer that day.

### **Public Comments**

Jack Kleine, Assistant Professor at Samuel Merritt University, chose to introduce their self.

Domenique Embrey noted that Elaina DaLomba, PhD, OTR/L, Assistant Professor at Samuel Merritt University, has done research on the portability of professional licenses of servicemembers and their spouses. A statistic that stood out from Dr. De Lomba’s research was that less than 5% of military spouses have careers that require a license.

President Miller responded by asking Ms. Embrey to have Dr. DaLomba reach out to the Board about her research.

Board Member Bookwalter noted that he had colleagues in occupational therapy that worked for Veteran's Affairs (VA) that did not have to get a California license because they were working within the VA system.

Ms. Embrey noted that Samuel Merritt University has placed students at Travis Air Force Base (AFB) for fieldwork opportunities, and they were adamant that they do not want students who had spouses working on the base. There is a hierarchy at the base, which makes it uncomfortable.

The Board decided to watch Public Law 117-333 as it related to the Occupational Therapy Licensure Compact.

There were no additional Board member remarks.  
There were no additional public comments.

**7. Executive Officer update on functionality changes to BreEZe (on-line licensing and enforcement system).**

Executive Officer Martin gave an overview of the changes to the BreEZe system, one notable change was the addition of the Department of Health Care Access and Information (HCAI) Workforce Survey, which was used for all of the healthcare Boards.

President Miller asked for clarification about what information the HCAI Workforce Survey revealed about the Board's licensees and requested further discussion at the November meeting including the cost of the BreEZe updates.

Vice President Morcos expressed enthusiasm for the changes implemented and expressed that she hoped the changes were beneficial to Board staff.

Ms. Martin responded that some of the changes to BreEZe had indeed made some processes more efficient.

There were no additional Board member remarks.  
There were no additional public comments.

**8. Consideration and possible action to initiate a rulemaking package to amend California Code of Regulations (CCR), Title 16, Division 39, Section 4110, Applications, Section 4111, Place of Filing, Section 4112, Review of Application, and Section 4114, Abandonment of Application.**

Executive Officer explained that the sections referenced were previously seen by most of the Board and were brought back the Board so the language could be approved on record and Board staff could be directed to notice the language.

President Miller added that the amendments should meet several requirements including the Board has the authority, the language is clear and consistent, and the language is not duplicative to statute.

Board Member Bookwalter commented that he appreciated seeing the amendments together in one place. He wondered why the Application for Licensure did not have a non-binary option.

Ms. Pavlovich suggested that BreEZe have an open text box as opposed to a check box so that applicants can fill in their gender identities.

Secretary Lynna Do explained that the Application for Licensure should ask the applicant how they identify at the present time and what gender they identified as at birth. This would allow the Board to track licensees through gender changes to protect the consumer in the event of a violation.

### **Public Comment**

Jack Kleine thanked the Board for the discussion. Jack acknowledged that determining what the gender field should include would be a hefty conversation. Jack suggested using the following options: male, female, non-binary, or choose not to disclose.

President Miller commented that changing the gender identification portion on the application was a high priority, however, from a regulatory standpoint, she struggled with not moving the regulatory package forward.

Jack remarked that from a personal standpoint, it was difficult to fill out a form that only has two options for gender. Jack expressed that they did not wish to hold up the regulatory language but would like to see the application change.

Ms. Miller invited Jack to collaborate with the Board when considering changes to the gender options on the Application for Licensure.

Secretary Do commented that conversations like the one just had with Jack, keep the Board accountable. Ms. Do noted her determination to make CBOT more inclusive and thanked Jack for their comments.

Board Member Pavlovich acknowledged that she was not familiar with BreEZe capabilities but wanted to make sure that the change is made in the near future.

Board Member Richard Bookwalter noted that there are over forty Boards and Bureaus under DCA and most of them use BreEZe. Mr. Bookwalter added that if all the Boards and Bureaus asked that BreEZe be updated to make this change, they would be more inclined to do it.

President Miller asked Ms. Martin if she could ask DCA for updates on this topic and make it an action item at DCA leadership meetings; Ms. Martin agreed to do so.

Attorney Helen Geoffroy explained the regulatory unit worked with the Office of Administrative Law (OAL) to ensure that each of the regulatory packages was well



documented and specified. OAL provided language in order to adopt a regulatory package and allow some flexibility to make sure it was correct before it went to OAL. The generic text was edited specifically for this Board to allow for the Board to make separate decisions on each motion.

President Miller confirmed that each package would have two motions. One motion was for the regulatory language and the second motion would be for direction to the Executive Officer.

There were no additional Board member remarks.  
There were no additional public comments.

- Richard Bookwalter moved to approve the proposed regulatory text amending Sections 4110, 4111, 4112 and 4114 as presented and directed staff to submit the text and other required documents to the Director of the Department of Consumer Affairs (DCA) and the Business, Consumer Services, and Housing Agency for review, take all steps necessary to initiate the rulemaking process, and set the matter for hearing, if requested.
- Beata Morcos seconded the motion.

**Board Member Vote**

Richard Bookwalter	Yes
Hector Cabrera	Yes
Sharon Pavlovich	Yes
Christine Wietlisbach	Yes
Lynna Do	Yes
Beata Morcos	Yes
Denise Miller	Yes

The motion carried.

There were no additional Board member remarks.  
There were no additional public comments.

- Hector Cabrera moved to delegate to the Executive Officer the ability to make edits to the text that are consistent with the law and substantially similar to the text of the policy approved by the Board at the meeting.
- Richard Bookwalter seconded the motion.

**Board Member Vote**

Richard Bookwalter	Yes
Hector Cabrera	Yes
Sharon Pavlovich	Yes
Christine Wietlisbach	Yes
Lynna Do	Yes
Beata Morcos	Yes
Denise Miller	Yes

The motion carried.

**9. Consideration and possible action to initiate a rulemaking package to amend CCR, Title 16, Division 39, Section 4102, Filing of Addresses, Section 4151, Hand Therapy, Section 4152, Physical Agent Modalities, Section 4153, Swallowing Assessment Evaluation, or Intervention, Section 4154, Education and Training, Section 4161, Continuing Competency, and Section 4162, Completion and Reporting Requirements.**

**CCR, Title 16, Division 39, Section 4102, Filing of Addresses.**

President Miller commented that the Board has worked on a lot of language concerning the address of record and that violations concerning address changes is one of the main offenses by licensees for the Board.

Executive Officer Martin noted that the presented regulatory language concerning Filing of Addresses was modeled after other Boards.

Vice President Beata Morcos pointed out that the proposed language did not require an applicant or a licensee to obtain an email address, it only required that a person report an existing email address to the Board.

Attorney Helen Geoffroy explained that although email addresses are free, it is not for the government to impose upon a licensee to obtain one. The proposed language allowed flexibility; if the licensee has an email, they are required to report it, but it is not mandated to have one.

Secretary Do suggested that the Board replace the word "require."

Ms. Geoffroy agreed that it would be helpful to change the language from "require" to "may" file a current email address.

**Public Comment**

Carlin Daley Reaume stated that she understood the proposed language to be saying that if a licensee had an email address, they had to report it. Carlin agreed that changing "require" to "may" could help licensees understand the regulatory language better.

President Miller thanked Ms. Daley Reaume for her comment.

Board Member Bookwalter expressed that he disagreed with using the word "may."

President Miller suggested that the Board table the email discussion and return to it at a later time.

There were no additional Board member remarks.

There were no additional public comments.

**CCR, Title 16, Division 39, Section 4151, Hand Therapy.**

President Miller asked if the members of the Board that practice hand therapy if the Board had the right appropriate number of hours in the proposed language.

Board Member Richard Bookwalter expressed that he was still in favor of the language.

### **Public Comment**

Carlin Daley Reaume, spoke on behalf of OTAC, and thanked the Board members for their work on the proposed hand therapy language and noted that OTAC was in support of the proposed language as well.

There were no additional Board member remarks.  
There were no additional public comments.

### **CCR, Title 16, Division 39, Section 4152 Physical Agent Modalities.**

Vice President Beata Morcos noted that in her opinion the language for using PAMS has become clearer.

Board Member Pavlovich suggested that the proposed language for PAMS expand to include curriculum course work.

President Miller praised Ms. Pavlovich for bringing up course work. She added that many of the curriculums are adding PAMS courses.

Ms. Martin explained that the education and training for PAMS Board approval must go beyond the Accreditation Council for Occupational Therapy Education (ACOTE) standards. The trainee must have a supervision agreement with their supervisor. Schools have added the courses in their curriculums to meet ACOTE standards but have not considered the requirements to achieve Board approval.

Ms. Martin clarified that the hours from the courses achieved from the school curriculums cannot be used toward the required 240 supervised training hours required for Board approval.

Board Member Bookwalter reminded the Board of previous discussions concerning how the ACOTE standards did not align with the Board's standards. He would like to see the standards align someday.

Ms. Pavlovich stated OTAC took the position that if advanced practice is being taught in schools, Board approval should not be necessary.

Board Member Wietlisbach said that in the past, ACOTE standards for advanced practice did not exist and not all schools offered education in these practice areas. She believed that the Board should consider changing the way they view ACOTE standards as ACOTE continues to increase them.

### **Public comment**

Carlin Daley Reaume asked if there was an elective course that was beyond ACOTE standards, could it be possible for those hours to be counted toward advanced practice approval?

Ms. Martin confirmed that there could be a scenario where the hours counted toward education requirements for Board approval, however, not for the supervised training hours. The supervised training hours require a supervision agreement among other criteria.

There were no additional Board member remarks.  
There were no additional public comments.

**CCR, Title 16, Division 39, Physical Agent Modalities, Section 4153.**

There were no Board member remarks.  
There were no public comments.

**CCR, Title 16, Division 39, Section 4154, Education and Training.**

Executive Officer Heather Martin announced that the Board requires submission of an Application to Provide Advanced Practice Education.

Ms. Wietlisbach explained to the members of the public that if a course was not pre-approved, it was an arduous process for the licensee to gather the necessary information for the Board to approve the hours. The Board hires a reviewer who evaluates the application and recommends approval of the course, award partial credit for the course, or deny it.

President Miller asked the audience to encourage their colleagues to go through this application process to get their courses pre-approved. She explained that taking courses that are not pre-approved could cost a licensee time and money.

There were no additional Board member remarks.  
There were no additional public comments.

**CCR, Title 16, Division 39, Section 4161, Continuing Competency and Section 4162, Completion and Reporting Requirements.**

Secretary Do explained that out of the required 24 PDUs for renewal, a licensee must take at least 2 units related to ethics and at least one culturally related unit.

**Public comment**

Domenique Embrey asked for confirmation that continuing competency courses for license renewal do not need Board approval and Ms. Miller confirmed.

There were no additional Board member remarks.  
There were no additional public comments.

- Beata Morcos moved to approve the proposed regulatory text amending Sections 4102, 4151, 4152, 4153, 4154, 4161, and 4162 as presented and directed staff to submit the text and other required documents to the Director of DCA and the Business, Consumer Services, and Housing Agency for review, take all steps necessary to initiate the rulemaking process, and set the matter for a hearing, if requested.
- Hector Cabrera seconded the motion.

**Board Member Vote**

Richard Bookwalter	Yes
Hector Cabrera	Yes
Sharon Pavlovich	Yes
Christine Wietlisbach	Yes
Lynna Do	Yes
Beata Morcos	Yes
Denise Miller	Yes

The motion carried.

There were no additional Board member remarks.

There were no additional public comments.

- Richard Bookwalter moved to delegate to the Executive Officer the ability to make edits to the text that are consistent with the law and substantially similar to the text of the policy approved by the Board at the meeting.
- Beata Morcos seconded the motion.

**Board Member Vote**

Richard Bookwalter	Yes
Hector Cabrera	Yes
Sharon Pavlovich	Yes
Christine Wietlisbach	Yes
Lynna Do	Yes
Beata Morcos	Yes
Denise Miller	Yes

The motion carried.

- 10. Consideration and possible action to initiate a rulemaking package to amend CCR, Title 16, Division 39, Section 4101, Delegation of Certain Functions, Section 4141, Assessment of Administrative Fines, Section 4146, Definitions, Section 4146.5, Effective Dates of Decisions, Section 4147, Disciplinary Guidelines, Section 4147.5, Uniform Standards Related to Substance Abuse, and Section 4149.1, Revocation for Sexual Contact; and add Section 4146.1, Substantial Relationship Criteria, Section 4146.7, Rehabilitation Criteria for Applicants, Section 4146.8, Rehabilitation Criteria for Licensees, Section 4147.7, Probation Monitoring Costs, Section 4149.6, Petitions for Modification of Penalty or Termination of Probation, and Section 4149.7, Petitions for Reinstatement of License.**

**CCR, Title 16, Division 39, Section 4101, Delegation of Certain Functions:**

Board Member Bookwalter questioned whether it was prescriptive to make a licensee sit for the licensure exam again for probation cases.

Attorney Geoffroy explained that the conditions outlined in the proposed language for probation are to be considered, they are not automatic. It is the Board's discretion to decide the terms on an individual basis based on the fact pattern.

There were no additional Board member remarks.  
There were no additional public comments.

- Richard Bookwalter moved to approve the proposed regulatory text to amend sections 4101, 4141, 4146, 4146.5, 4147, 4147.5, and Section 4149.1, and to add sections 4146.1, 4646.7, 4146.8, 4147.7, 4149.6, and 4149.7 as presented and directed staff to submit the text and other required documents to the Director of DCA and the Business Consumer Services, and Housing Agency for review, take all steps necessary to imitate the rulemaking process, and set the matter for a hearing, if requested.
- Beata Morcos seconded the motion.

**Board Member Vote**

Richard Bookwalter	Yes
Hector Cabrera	Yes
Sharon Pavlovich	<b>Absent</b>
Christine Wietlisbach	Yes
Lynna Do	Yes
Beata Morcos	Yes
Denise Miller	Yes

The motion carried.

There were no additional Board member remarks.  
There were no additional public comments.

- Richard Bookwalter moved to delegate to the Executive Officer the ability to make edits that are consistent with the law and substantially similar to the text of the policy approved by Board at the meeting.
- Beata Morcos seconded the motion.

**Board Member Vote**

Richard Bookwalter	Yes
Hector Cabrera	Yes
Sharon Pavlovich	<b>Absent</b>
Christine Wietlisbach	Yes
Lynna Do	Yes
Beata Morcos	Yes
Denise Miller	Yes

The motion carried.

**11. Discussion on whether occupational therapists Working in Pelvic Health Can Perform Internal Examinations and Provide Various Other Treatments.**

President Miller summarized the public comment received via email regarding pelvic health examinations. The author noted that they had extensive post graduate training for pelvic health examinations and treatments and welcomed ongoing communication with the Board as the topic is navigated.

## **Public Comment**

Carlin Daley Reaume, spoke on behalf of OTAC as an advocacy chair and also as a private practice owner, specializing in pelvic health. She recently attended a conference with occupational therapists and occupational therapy assistants from all over the country. There was an inspiring presentation done by the American Occupational Therapy Association (AOTA) President, Alyson Stover. Ms. Stover identified pelvic health as one of the five top priorities of the professional association.

President Miller suggested that based on the trend, the Practice Committee should start foundational work on regulatory language for pelvic health therapy.

Executive Officer Martin noted that the Board must decide if additional training for pelvic health treatment should be required to ensure competency and minimize consumer risk.

Board Member Christine Wietlisbach stated that although pelvic health therapy requires a specific skill set, that was historically true of many other practice areas that do not require Board approval.

Ms. Miller responded that in order to protect the consumer and the practitioner, language concerning pelvic health therapy was needed.

A robust conversation ensued regarding pelvic health therapy.

Ms. Daley Reaume commented that pelvic therapy is offered as an option to clients and is done with both verbal and written consent. Many states have said nothing about pelvic health therapy and in the states that do address it, they say that it is within the scope of an occupational therapists.

Board Member Bookwalter stated that he is aware that nurses insert suppositories. He would like to know what that language looks like that that approves this type of insertion.

Attorney Geoffroy suggested that Board staff do some research regarding occupational therapists and pelvic health examinations.

Ms. Daley Reaume noted that there is a condition called vaginismus, an involuntary tensing of the vagina, that results in painful intercourse. An intervention for this is the use of a dilator which would be something other than a finger that an occupational therapist would use for penetration during pelvic health therapy.

President Miller asked the Board if they wanted to make a statement on pelvic therapy.

Mr. Bookwalter stated that he did not think the Board should make a statement and he was of the belief that if the Board sent the topic to the Practice Committee, ultimately it would end up at the Board again, thus it should not be sent to the Practice Committee.

Ms. Miller responded that if the topic went to the Practice Committee, the committee could have experts weigh in on pelvic health therapy.

Ms. Wietlisbach noted that if the topic went back to Practice Committee, the Board would likely not get any new information.

Mr. Bookwalter suggested the Board issue a statement that pelvic health was within the scope of an occupational therapist and to date, there have been no known violations within the practice area.

Ms. Wietlisbach liked Mr. Bookwalter's statement but suggested to not mention there had been no violations.

Carlin Daley Reaume said that she would like to see a statement within the proposed language that included, "within our scope" and "well suited" or "qualified" to address pelvic floor dysfunction based on the existing practice framework. The Board could also add, "with relevant training."

Ms. Wietlisbach noted that she wanted the statement to include a reminder that a practitioner should not do something that they are not trained to do.

Attorney Geoffroy explained that the Board tends to speak in the form of laws and regulations, however, there might be some information that could be placed on the website.

Ms. Wietlisbach suggested that the Board direct staff to put information under frequently asked questions on the website.

Ms. Geoffrey replied that posting information regarding pelvic health therapy on the Board's website could be an option and offered to work with Board staff to determine the best course of action.

The Board decided to bring the pelvic therapy discussion back to the next meeting.

There were no additional Board member remarks.  
There were no additional public comments.

## **12. Executive Officer update on scheduling of Committee meetings.**

Executive Officer Heather Martin announced that on September 12, 2023, there would be an Ad hoc committee meeting to discuss the criteria for non-licensees to participate on Board committees. There would also be a Disaster Preparedness and Response Committee meeting, an Administrative Committee meeting, and the first Practice Committee meeting at the end of September or early October depending on availability.

## **13. Board President to provide update on Committee appointments. Discussion and possible action by Board on licensees interested in serving on a Committee.**



President Miller stated that she did not have an update regarding committee appointments, unless a committee resulted from the discussion in agenda item #14.

**14. Administrative Committee recommendation to the Board on amending CCR Title 16, Division 39, Section 4181, Supervision Parameters, to specify the maximum number of students completing a clinical or non-clinical doctoral capstone experience, that can be supervised by an occupational therapist or occupational therapy assistant. a) Highlights from the August 18, 2023, meeting. b) Acceptance of March 22, 2023, Administrative Committee meeting minutes. c) Proposed regulatory language amending Section 4181.**

*This agenda item was discussed on August 25, 2023.*

Executive Officer Heather Martin reminded the Board that at the May 2023, Board meeting there were two recommended edits to the supervision parameters and definitions in Sections 4180 and 4181. The Board approved language editing Section 4180, however, that did not include language limiting the number for Level I & II Fieldwork students, limited permit holders, and capstone students. The topic was sent to the Administrative Committee, which discussed clinical doctoral capstone experiences versus non-clinical doctoral capstone experiences when the committee met. At that meeting, Dr. Penny Stack, OTD, OTR/L, CLT, Doctoral Capstone Coordinator at Loma Linda University clarified that an OTA cannot supervise a doctoral capstone student. The Administrative Committee made that correction to the proposed language and distinguished between the different types of capstone experiences.

President Miller thanked Board Member Pavlovich for bringing her colleague, Dr. Penny Stack, to the committee meeting. She also thanked Heather Kitching, from California State Dominguez Hills for attending, and for bringing a student with her to the meeting. At the Administrative Committee meeting, the subject matter experts collaborated with the committee members to develop the proposed regulatory language.

Board member Sharon Pavlovich and Vice President Beata Morcos also thanked Dr. Penny Stack and Heather Kitching for attending and bringing their expertise to the meeting.

**Public Comment**

Domenique Embrey, Assistant Professor at Samuel Merritt University, explained that whether a capstone project is clinical or non-clinical is established before the student even enters the site.

Ms. Martin noted that for non-clinical capstone projects, the proposed language lists the different areas research: skills administration; program policy development; advocacy; and education.

Ms. Miller announced that the Board received a public comment after the Administrative Committee meeting. It was from Dr. Penny Stack of Loma Linda

University, who explained that a site mentor for a capstone experience is not meant to be supervision in the traditional clinical practice and direct patient care.

Ms. Martin clarified that there are three roles relating to the capstone experience: mentor faculty; site mentor; and doctoral capstone coordinator. A person can hold two of those roles, but not all three.

Ms. Miller acknowledged that the Board also received a letter from OTAC. The authors asked the Board to reconsider the use of limits on mentorship and supervision of capstone students. They asked that the Board make an exception to the limits on occupational therapists supervising a capstone student project that was focused on the clinical practice skills and not education, advocacy, or theory development.

Ms. Martin responded by noting that the clinical capstone limit was a maximum of three students, however, that limit did not consider non-clinical capstone experiences. The new language would be in alignment with the ACOTE standards for non-clinical capstone experiences. There will be no supervision limits on non-clinical capstone experiences.

Ms. Miller asked the Board to look at the Administrative Committee meeting highlights in their materials. Specifically, item #9, the language was specific to CCR 4181, and the Board would need a motion to approve that language. It was impossible to discuss CCR 4181 without discussing 4180, therefore, the Administrative Committee will hold another meeting to discuss CCR 4180, and will bring language to the November 2023, Board meeting.

Board Member Richard Bookwalter spoke in favor of the language as presented for CCR 4181 with the addition of "occupational therapy assistants" in section 2. On E2, he suggested removing "patient" and replacing it with "direct care," along with the other edits previously discussed.

Ms. Miller explained that the committee got very specific as to clinical versus non-clinical in order to provide the language for CCR 4181. She noted that Mr. Bookwalter's concerns would be addressed at the next committee meeting.

Mr. Bookwalter said The Board already has a definition for "client centered care" in the regulations and if the Board used that term for CCR 4181, then it would be in alignment with the current regulations.

Mr. Bookwalter noted that the Board cannot use "direct care" because it is not defined in the regulations.

Ms. Martin said that the Board could use "client related tasks."

Ms. Bookwalter agreed with Ms. Martin because "client related tasks" was already defined in the Board's regulatory language.

Board Member Sharon Pavlovich reminded the Board that a non-clinical experience is not patient care, and a clinical experience is direct patient care. The Board should

make sure those are referenced as separate items because if those terms are removed “patient care” becomes nebulous, and that would become problematic.

Board member Christine Wietlisbach asked if the Board can just use the word, “client.”

Ms. Pavlovich responded that “clients” and “patients” are not the same.

Ms. Miller suggested using the phrase, “patient/client care experience.”

The Board agreed to use “patient/client care experience” in the proposed language for CCR 4181.

Ms. Miller requested that when the Administrative Committee discusses CCR section 4180 and 4181, that they determine if other regulations concerning this topic would be impacted. If so, she would prefer everything to be noticed and brought back to a Board meeting at the same time.

### **Public Comment**

Domenique Embrey commended the Board for their hard work on the regulatory language.

There were no additional Board member remarks.

There were no additional public comments.

- Richard Bookwalter moved to approve the proposed regulatory text amending Section 4181 with the amendments provided today and directed Board staff to submit the text and other required documents to the Director of DCA and the Business Consumer Services, and Housing Agency for review, take all steps necessary to initiate the rulemaking process, and set the matter for a hearing, if requested.
- Christine Wietlisbach seconded the motion.

### **Board Member Vote**

Richard Bookwalter	Yes
Hector Cabrera	Yes
Sharon Pavlovich	<b>Absent</b>
Christine Wietlisbach	Yes
Lynna Do	Yes
Beata Morcos	Yes
Denise Miller	Yes

The motion carried.

There were no additional Board member remarks.

There were no additional public comments.

- Richard Bookwalter moved to delegate to the Executive Officer the ability to make edits to the text that are consistent with the law and substantially similar to the text of the policy approved by the Board at the meeting.
- Beata Morcos seconded the motion.

**Board Member Vote**

Richard Bookwalter	Yes
Hector Cabrera	Yes
Sharon Pavlovich	<b><i>Absent</i></b>
Christine Wietlisbach	Yes
Lynna Do	Yes
Beata Morcos	Yes
Denise Miller	Yes

The motion carried.

**CONVENE CLOSED SESSION**

The Board convened in Closed Session at 4:44 p.m.

**ADJOURNMENT**

The Board meeting adjourned at 5:05 p.m.

**AUGUST 25, 2023**

**9:00 a.m. – Board Meeting**

**15. Call to order, roll call, establishment of a quorum.**

The meeting was called to order at 9:07 a.m., Secretary Lynna Do called roll and a quorum was established.

**Board Members Present:**

Denise Miller Board – President  
Beata Morcos – Vice President  
Lynna Do – Secretary  
Richard Bookwalter – Board Member  
Sharon Pavlovich – Board Member  
Hector Cabrera – Board Member  
Christine Wietlisbach – Board Member

**Board Staff Present:**

Heather Martin – Executive Officer  
Helen Geoffroy – Attorney  
Jody Quesada – SSM I  
Rebecca Harris – SSM I  
Rachael Hutchison - Analyst  
Maureen Paquette – Office Assistant

**16. President's Remarks – Informational only; no Board Action to be taken.**

President Miller thanked the Samuel Merritt Occupational Therapy Department and Dominique Embrey for their hospitality and welcomed Yvonne Dorantes, Assistant Deputy Director of Board and Bureau Relations at the Department of Consumer Affairs to day two of the meeting.

**17. Board Member Remarks – Informational only; no Board Action to be taken.**

There were no Board member remarks.

**18. Public Comment for Items not on the Agenda.**

There were no comments from members of the public for items not on the agenda.

**19. Update on the Occupational Therapy Licensure Compact and possible Board Action.**

*This agenda item was discussed on August 24, 2023.*

Executive Officer Martin gave an overview of the materials provided for this item. She noted that the Licensure Compact is gaining traction. In this year alone, six states have joined the Licensure Compact.

Ms. Miller commented that the addition of six states would bring the total number of states in support to approximately 30 and that the Board could begin crafting language if they felt inclined.

There were no additional Board member remarks.  
There were no additional public comments.

## **20. Status update on legislation to increase and establish new fees.**

*This agenda item was discussed on August 24, 2023.*

President Miller read the comment from a member of the public regarding the Board's fee increases. The author requested that the Board revise the fee increases to be no more than 25% over current fees and that the Board make the results of the fee study available to the public.

Executive Officer Martin stated that previously the Board was projected to run out of money by January 1, 2024. The fund was now in better condition; however, the downside is that expenditures were lower due to staff vacancies. She clarified that the Board authorized the expense for a fee study; however, one had not yet been done as staff had anticipated being included in Senate Bill 816 over the Summer, along with seven other Boards needing fee increases. This fall, the Board will develop a plan to communicate with the licensees about the process and will pursue a bill in January 2024 for fee increases to take place January 2025.

There were no additional Board member remarks.

There were no additional public comments.

## **21. Discussion on legal analysis of proposed amendments to Assembly Bill (AB) 1028, Reporting of crimes: mandated reporters; and consideration of taking a position on the bill.**

*This agenda item was discussed on August 24 & 25, 2023.*

Attorney Helen Geoffroy performed a legal analysis of AB 1028 on August 21, 2023. Her analysis would be rendered moot upon any changes or amendments. Ms. Geoffroy stated when researching law she reviews statute case law, regulations, and any legislative intent, which is included in the Legislative Digest but also in the supporting documents.

Section 1 of the legislation indicates that the intent is to provide access to healthcare and medical treatment apart from criminal and legal involvement.

The legislature found that requiring health practitioners to file reports with law enforcement can create a chilling effect on victims of domestic and sexual violence who require medical care, decreased patient autonomy and trust, and could result in practitioners being reluctant to address domestic and sexual violence.

Current law states that a health practitioner shall report when there is a wound from a physical injury that was self-inflicted or when there is an injury by means of firearms. If someone is suffering from a wound or physical injury as a result of an assaultive or abusive conduct, they shall report. Subdivision D lists all the items that are within that term assaultive or abusive conduct.

AB 1028 proposes the term "assaultive and abusive conduct" be removed and that health practitioners report self-inflicted injuries, injuries from a firearm, and child or elder dependent abuse.

The proposed amendments to Penal Code section 11160, subdivision (n) requires a warm handoff for many of the sexually related offenses. A warm handoff is defined as a direct contact with a survivor advocate, either in person or on the phone. If a phone call is not possible, an email would suffice. The victim can also refuse that service. A referral is when the health practitioner informs the victim where to get this information. That will become the new responsibility for practitioner when encountering these types of injuries on a patient.

Ms. Miller announced that AB 1028 would be heard by the Senate on Monday, August 18, 2023. If the Board decided to take a position, a letter would need to be sent immediately.

### **Public Comments**

Domenique Embrey offered the example of a child being abused by a mother's boyfriend. She felt the boyfriend was protected from being reported under AB 1028.

Helen Geoffroy responded by explaining that the phrase "domestic violence" is broad, and it does include people cohabitating. But, agreed with Ms. Embrey that the language is not clear.

Domenique Embrey stated that AB 1028 would make an occupational therapist's job more complicated. She should not be having discussions regarding domestic violence or abuse with her patients without a team of therapists behind her. In the past, she did not mind handing victims over to Child Protective Services (CPS) or the Sheriff's Department, because they had procedures in place. Ms. Embrey said she was not sure about reporting to a "survivor advocate."

Ms. Geoffroy replied that she could not find a definition for "survivor advocate," if their groups were limited to receiving victims of sexual or domestic violence, or if their services were broader.

Vice President Beata Morcos stated that she opposed AB 1028, because it did not protect the consumer.

Ms. Embrey summarized that she opposed AB 1028 for the following reasons: it puts an ownness on the licensee to investigate the alleged abuse to determine whether it is a warm hand off situation or a report situation, it is out of scope of the occupational therapist, the term "survivor advocate" was not well defined, and these actions could damage the healthcare practitioner's relationship with the patient.

Secretary Lynna Do noted that she would watch AB 1028. From her perspective, society victim blames and people will not want to discuss these topics knowing the healthcare practitioner must report them to law enforcement. Ms. Do added that the language was not in alignment with the Board's mission of consumer safety.

Board member Bookwalter and Board member Hector Cabrera both agreed with Ms. Do to watch AB 1028.

Executive Officer Martin stated that there is a meeting about AB 1028 on August 28, 2023, and this would be the last chance for the Board to take a position on the legislation.

Ms. Embrey added that the consumer she had in mind, was not one who could legally make their own decisions. Her patients are homeless, mentally ill, or children with disabilities. That is who the Board should be trying to protect.

Mr. Bookwalter responded that he appreciated Ms. Embrey's comment, and clarified that if the injury involves a child, the healthcare practitioner is mandated to report under AB 1028.

Secretary Lynna Do stated that when a practitioner does a warm hand off, you are giving them access to direct services. Handing it off to a direct service is better because the licensee does not have to investigate. That service provider will do the investigation. Ms. Do recommended the Board support AB 1028 and include some bullet points.

Ms. Miller stated that she could move to watch.

Ms. Pavlovich was also in support of AB 1028. With a warm hand off, the patient/client is taken away from the abuser. She has worked in a system that has been trying to implement the warm hand off. The institution she works at was starting to use this interdisciplinary approach for occupational therapists.

Ms. Morcos responded that she believed in a warm hand off situation, the abuser would continue the abuse.

In response to Ms. Morcos' comment, Mr. Bookwalter said that even if a situation has been reported to the authorities that does guarantee a uniformed officer will come to the victim's door. Mr. Bookwalter added that Police Departments also have a variety of programs to support victims of domestic violence.

Ms. Miller replied that Mr. Bookwalter's comment was a very clear argument for watching AB 1028 for her. She added that the Bill still allowed for the occupational therapist to report as permitted under the Federal Health Insurance Portability Act of 1996.

Ms. Wietlisbach noted that she initially opposed AB 1028, however had changed her mind to watch.

Ms. Embrey added that she agreed with Ms. Morcos in that there would not be accountability with a warm hand off. Many community agencies really want to help but are severely underfunded.

The consensus of the Board was to watch AB 1028.

There were no additional Board member remarks.  
There were no additional public comments.



**22. Discussion and consideration of taking a position on proposed legislation impacting the Board, including:**

**a) Report on Pending Legislation.**

**b) Assembly Bill (AB) 47 (Boerner), Pelvic floor physical therapy coverage.**

The Board chose to support AB 47, if amended on May 19, 2023, and agreed to write submit a position letter in December 2023.

**c) AB 381 (Rubio), Teacher credentialing: services credential with a specialization in health: occupational and physical therapists.**

The Board agreed to continue to support AB 381.

**d) AB 656 (McCarty), California State University: doctoral programs.**

The Board agreed to continue to watch AB 656.

**e) AB 796 (Weber), Business and Professions Code, relating to athletic trainers.**

The Board would continue to watch AB 796.

**f) AB 883 (Mathis), Business licenses: United States Department of Defense Skill Bridge program.**

The Board agreed to continue to support AB 883.

**g) AB 996 (Low), Department of Consumer Affairs: continuing education: conflict-of-interest policy.**

The Board agreed to continue to watch AB 996.

**h) AB 1369 (Bauer-Kahan), Business and Professions Code, relating to healing arts.**

The Board agreed to continue to watch AB 1369.

**i) AB 1612 (Pacheco), Health and Safety Code, relating to clinics licensure.**

The Board agreed to continue to watch AB 1612.

**j) AB 1707 (Pacheco), Health professionals and facilities: adverse actions based on another state's law.**

Board Member Wietlisbach stated that the Board should watch AB 1707 closely as it directly affects healing arts licensing.

Mr. Bookwalter noted that AB 1707 was amended two days ago.

Ms. Do responded that the authors had expanded the language of AB 1707.

Mr. Bookwalter announced that as of August 22, 2023, there was no opposition to AB 1707.

Ms. Wietlisbach stated that the Board should consider supporting AB 1707. It would prohibit the Board from denying an applicant based on judgment in other states in situations where there was a conflict between California law and the other state's law.

Ms. Do noted that AB 1707 would protect the Board's consumers.

Ms. Wietlisbach provided the abortion law as an example. If a person was convicted for having an abortion and applied for licensure here in California, where abortion is legal, then the Board would be forced to deny licensure.

There were no additional Board member remarks.

There were no additional public comments.

- Christine Wietlisbach moved to support AB 1707.
- Sharon Pavlovich seconded the motion.

**Board Member Vote**

Richard Bookwalter	Yes
Hector Cabrera	Yes
Sharon Pavlovich	Yes
Christine Wietlisbach	Yes
Lynna Do	Yes
Beata Morcos	Yes
Denise Miller	Yes

The motion carried.

**k) Senate Bill (SB) 372 (Menjivar), Department of Consumer Affairs: licensee and registrant records: name and gender changes.**

The Board agreed to oppose SB 372, unless amended at the May 2023, meeting.

Mr. Bookwalter wondered if he were a licensee and had a complaint against an occupational therapist that had since transitioned, when he looked the dead name up in the database, if it would direct him to contact the Board.

Ms. Morcos believed that the dead name would be deleted from the database.

Ms. Martin replied that she believed the dead name would need to be redacted.

Ms. Do believed the old names would still be searchable. The dead name would indicate that the Board should be contacted.

Mr. Bookwalter noted that the language indicated that the licensee's former name would not be published. If the licensee was subject to prior enforcement action, the consumer would be directed to contact the Board for more information.

Ms. Geoffroy added that one of the concerns this Board and other Boards have had is the enforcement history. This amended law attempted to address that by subtracting their history. The posting under the dead name would now say contact the Board. Under the licensee's new name, it would say this person was subject to discipline and please contact the Board. The anticipated change was to redact the name from the Order. This iteration seemed to omit the Order in its entirety. She was unsure as to how the Board would disclose the requested information to the interested party. Also, from her understanding, the license number would not change. This could be a potential confidentiality issue.

Ms. Wietlisbach commented that previously the Board opposed SB 372 for privacy issues, but now the Board opposed SB 372 because they do want both names searchable.

Ms. Do responded by saying that the privacy issues were a problem when the old name was searched, and all the information would come up. She does not believe that someone's old name is necessarily going to indicate a gender change. The Board does process name changes when people get married.

Ms. Wietlisbach asked what privacy issue Ms. Do was trying to protect.

Ms. Do replied that some people do not want their gender change made public due to safety concerns.

Ms. Morcos explained that both of the licensee's names needed to be in the database. It would be difficult for a patient to search a practitioner if they were only aware of one of a licensee's names.

The Board chose to continue to oppose, unless amended. The Board also directed staff to schedule a meeting if there was an update on SB 372 before the November Board meeting.

**l) SB 525 (Durazo), Minimum wage: health care workers.**

The Board agreed to continue to watch SB 525.

**m) SB 544 (Laird), Government Code, relating to state government.**

The Board chose to support AB 544 at the May Board meeting. The Bill has been postponed by committee.

Ms. Martin explained that amendments were made to AB 544 prior to the Board submitting the letter of support.

The Board will discuss AB 544 again at the November meeting.

**n) SB 802 (Roth), Licensing boards: disqualification from licensure: criminal conviction.**

This Bill was cancelled by the author. Board staff was directed to bring the Bill back to the November Board meeting.

**o) SB 805 (Portantino), Welfare and Institutions Code, relating to health care coverage.**

The Board agreed to continue to oppose SB 805, unless amended.

**p) SB 816 (Roth), Professions and vocations**

The Board agreed to continue to oppose SB 816, unless amended.

There were no additional Board member remarks.  
There were no additional public comments.

**23. New suggested agenda items for a future meeting**

Executive Officer Martin asked if the Board would add the NBCOT online survey inquiring about dry needling and wound care to a future meeting agenda because she was not comfortable responding to the survey without Board discussion.

The Board agreed to put dry needling and wound care on the November Board meeting agenda.

Christine Wietlisbach suggested the Board add discussion regarding juris prudence exams on a future Board meeting agenda.

Sharon Pavlovich asked for confirmation that pelvic health therapy be discussed at the November Board meeting.

Ms. Miller stated that if there was new information regarding the OT Licensure Compact that the Board discuss it at the November Board meeting.

There were no additional Board member remarks.  
There were no additional public comments.

**24. Selection of 2024 meeting dates.**

President Miller announced that in the past, the Board has held meetings in February, May, August, and November.

The Board agreed to a February 8-9, 2024, meeting date in the Sacramento area.

The Board agreed to a May 2-3, 2024, meeting date in the San Diego area.

The board agreed to an August 22-23, 2024, meeting date in the Bay Area.

The board agreed on a November 14-15, 2024, meeting date in the Riverside area.

There were no additional Board member remarks.

There were no additional public comments.

## **25. Executive Officer's Report.**

### **a) Operational report.**

Executive Officer Martin introduced Rebecca Harris, the Board's new Staff Services Manager I (SSM I), in the Enforcement Unit.

Ms. Harris was most recently a SSMI over the licensing unit at the Department of Cannabis Control and prior to that Ms. Harris worked at the Bureau of Automotive Repair (BAR). Ms. Harris has an extensive background in enforcement gained at the BAR.

Ms. Martin thanked the Board members and Jody Quesada Novey, SSM I in the Licensing and Administrative Unit (LAU) for their support during her unexpected absence.

Ms. Martin stated that she started the Lean Six Sigma Green Belt project. The project's focus was to improve the enforcement complaint processing time frames. Her final presentation will be held virtually on January 12, 2024.

Ms. Martin noted that the DCA Organizational Improvement Office will begin a review of Board operations to map and document several Board processes. The focus will be to document the processes for new and existing employees.

Ms. Martin announced that Jody Quesada Novey had been promoted to SSM I, in the License and Administrative Unit. Rachael Hutchison was promoted to Associate Governmental Analyst to replace Ms. Quesada Novey. Marco Molina was promoted to Staff Services Analyst (SSA) in the Enforcement Unit to replace Ms. Hutchison.

The Board still has a vacancy for the Probation Monitor in the Enforcement Unit. Rebecca Harris and SSA Jeanine Orona have been co-handling the probation duties in the interim.

The Board also has a vacancy for an Office Technician in the Enforcement Unit. This is an entry level position, that to date was advertised six times without success. The position was not likely to be filled soon.

Ms. Martin noted that in the past, a report regarding pending regulations was provided for the Board meetings. Beginning in November 2023, Pending Regulation report will become a standing item. The Board had three regulation packages that were recently approved.

**b) Fiscal Month (FM) 12 revenue and expenditure reports.**

Ms. Martin explained that the revenue exceeded the expenditures last quarter. This was because there were funds not spent on salaries. If a position was vacant, the funds are not used. The Board will not continue to see this as the vacancies become filled.

**c) Fund condition statement based on FM 12.**

Ms. Martin noted that when the fund condition was discussed in 2021 and 2022, the Board approved fee bill language. The plan was to move forward with the bill so the fee increases would be in effect by January 1, 2024. Now that the fund condition has improved, the Board has a little flexibility. The Board's fund was now projected not to go negative until fiscal year 2025/26.

Ms. Miller commended the Board for extending the start date of the fee increase. The Board has continued to be mindful and has consistently delayed the fee increases when there were cost savings.

**d) Licensing data for 4/1/2023 – 6/30/2023.**

Ms. Martin addressed the materials provided to the Board.

**e) Enforcement data for 4/1/2023 – 6/30/2023.**

Ms. Martin noted that Board staff has replaced the word "complaint" with "cases."

**f) Future Agenda Items.**

Ms. Martin provided a list of previously approved agenda items to the Board members.

**g) Data or information requested at prior Board meeting. (No Board action can be taken.)**

There were no items for this agenda item.

**h) Other informational items. (No Board action can be taken)**

There were no items for this agenda item.

There were no additional Board member remarks.  
There were no additional public comments.

**ADJOURNMENT**

The Board meeting adjourned at 12:26 p.m.

## **AGENDA ITEM 7**

**ADMINISTRATIVE COMMITTEE RECOMMENDATION TO THE BORD ON AMENDING CCR TITLE 16, DIVISION 39, SECTION 4180, DEFINITIONS, AND SECTION 4181, SUPERVISION PARAMETERS, TO SPECIFY SUPERVISION MAXIMUMS BY AN OCCUPATIONAL THERAPY ASSISTANT AND OCCUPATIONAL THERAPIST.**

- A) PUBLIC COMMENTS RECEIVED REGARDING CAPSTONE.**
- B) HIGHLIGHTS FROM THE SEPTEMBER 29, 2023, MEETING.**
- C) ACCEPTANCE OF MARCH 22, 2023, ADMINISTRATIVE COMMITTEE MEETING MINUTES.**
- D) ACCEPTANCE OF AUGUST 18, 2023, ADMINISTRATIVE COMMITTEE MEETING MINUTES.**
- E) PROPOSED REGULATORY LANGUAGE AMENDING SECTIONS 4180 AND 4181.**

### Comments on OTD Capstone Supervision (Capstone Site Mentors)

OTD capstone experience is largely different from OT fieldwork I & II in many perspectives. In addition, ACOTE allows an OTD capstone experience to focus on a wide variety of areas: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development (ACOTE, 2018). It is practically undue, or challenging, to say the least, to generalize “one maximum number” that mixes in with FWI, FWII and capstone students.

1. OTD capstone experience is more of a self-directed learning process wherein a site mentor typically is not required to offer substantial guidance or close supervision as one would do as a fieldwork educator. The key concern is how a site mentor can adequately support a capstone student in achieving their self-initiated capstone learning objectives at the site, rather than how a site mentor should abide by the type and quantity of supervision allowed or recommended by the CBOT regulation. In addition, besides a site mentor, an OTD capstone student is required to have a capstone faculty committee (3 or more members) on board to provide necessary support throughout the student’s capstone experience. This significantly helps curtail the possibility of a site mentor’s overcommitment to capstone supervision/guidance on top of FW students. A certain degree of autonomy and deliberation should be bestowed upon the main players (capstone coordinator, capstone committee, site mentor and student) of OTD capstone who are believed to be capable of making the best decision for the proposed doctoral capstone.
2. Per ACOTE, site mentors selected for overseeing OTD capstone experience are not limited to licensed OT practitioners. If the CBOT’s jurisdiction does not reach extensively to non-OT site mentors, the regulations in this regard will appear selectively effective to mentors who are OT practitioners, but not to all. Let’s take a scenario: if CBOT ended up setting a cap of 4 supervisees (regardless of FW-I, FW-II or capstone). As such, several capstone students (potentially from different schools) chose to implement their capstone programs at a community-based adult service (CBAS) site. Two potential local CBAS sites have been identified. Site A has an OTR readily available to take one more student only and Site B has no OT but an RN available to assume the mentor role. Wouldn’t such CBOT regulation present a loophole for programs/students to purposefully select a site with a site mentor that is readily more available and less bound by the regulation?
3. With the wide varieties of OTD capstone options as suggested by ACOTE, it is unreasonable to generate a one-size-fits-all cap that limits the number of supervisees including capstone students an OT can take. Let’s take a scenario. An OTR and the former OTAC president working at a VA hospital is being asked by several OTD students (potentially from different schools) to serve as the site mentor for their advocacy and policy development projects for the client population due to her renowned political



experience and connections with state legislators. Collaboratively, all these proposed capstone projects can be well organized and guided by such an OTR in a collective manner without relying on much of her close supervision or hands-on guidance for each individual capstone student. Indeed, there are special capstone options (e.g., leadership, advocacy, policy development, theory testing, research in a specific area) wherein a limited number of potential OT site mentors (experts) are to be recognized and approached for taking on such a role. Speculating upon these experts' capacity for supporting capstone students by a calibrated/formulated "number" may appear micromanaging and disrespectful of professional expertise in our field. Again, a certain degree of autonomy and deliberation should be bestowed upon these experts of our profession. They know better how to support doctoral capstone students in the area of their expertise (and within the level of their capacity) than a calibrated/formulated "number".

4. For capstone experiences that involve clinical practice with or service delivery to clients/participants, our CSUDH OTD program (perhaps many other programs as well) strictly prohibits such service from incurring revenue or reimbursement for the site or the site mentor, namely; all services are set to be "pro bono" in nature for the current or future clients of the site and such services are additional/optional to whatsoever routine services those clients receive through their usual payment sources. I do not foresee a possible incentive for an OT site mentor to acquire more OTD capstone students than the degree to which their time and capacity can cover. In addition, a policy statement in our OTD Capstone Handbook goes that "The level of support or assistance an OTD capstone student may request from the site staff (including site mentor) must be reasonable and not affecting their routine job duty." This could be seen as another significant difference from FW-II.

In a nutshell, I personally do not support the idea of having an overall cap that mixes in with limited permit holders and FWI, FWII, and capstone students. Due to the distinct nature and the wide varieties of options in OTD capstone, it should not be simply regulated and quantified along with other types and parameters of OT supervision. I believe in the capacity of the capstone main players (capstone coordinator, capstone committee, site mentor and student) for properly managing each of their unique OTD doctoral capstone opportunity. If, by all means, such an overall cap has to be established, the CBOT has to carefully factor in all the differences between (FW vs., capstone) and within (across capstone options).

09/26/2023

To the Board of CBOT,

Thank you for your service and support of the field of occupational therapy. My name is A.B. and I am the Doctoral Academic Fieldwork Coordinator at a California University, as well as a Full time lecturer. Until last November of 2022, I was also a practicing clinician in a pediatric clinic and school-based settings. I am writing to express my concern related to the discussions currently around limiting the supervision ratio of fieldwork and Capstone students. I implore you to consider how limiting the amount of fieldwork students that a single fieldwork educator can take will negatively impact many areas of our practice, including our ability to educate students, and will impact the communities we work in. I also encourage you to consider Capstone students separately, and not let the supervision ratios be impacted by Capstone students, as this is a different role and capacity.

While I understand that in some settings, limiting the supervision ratio to 3 fieldwork students per fieldwork educator may be best practice, it is not for all settings. In many group-based, community programs, we are able to provide much needed supports and services to those in the community who may have limited access and less complex medical needs by having a higher number of fieldwork students, with an experienced, highly competent occupational therapy faculty member as a supervisor. Without these students, these community programs would close. We are able to offer programs in our local community free of charge to community members with limited resources by having Faculty-Led fieldwork sites. At times, up to 10 Level I fieldwork students may be paired with a faculty member who has provided them with adequate training and resources to lead group-based programming. Often, students learn from and encourage one another in these types of programs, and their learning is tremendous. They report feeling supported, more comfortable, and able to learn from their peers. In addition, Level II students can support these students and model how to plan and lead these types of groups, especially if they are further along in their placement. This can benefit Level II students by increasing their confidence and developing their leadership skills.

In addition, where we are located, there is over-saturation of OT schools. In addition to over-saturation, fieldwork sites are closing or changing policies following the Covid-19 pandemic, causing it to become increasingly difficult to find fieldwork placements for students. Limiting the fieldwork supervision ratio to 3 would significantly impact and make it increasingly more difficult for schools to find fieldwork placements for their students.

Another model that is frequently used in less traditional settings is the collaborative supervision model for Level II students, where a fieldwork educator takes more than one Level II student at a time and encourages their learning by having them work together, with Fieldwork Educator supervision still meeting or exceeding the ACOTE requirements. This has been shown to be a successful model for many students who may have different learning styles or are in a setting that requires management and running of groups.

Research has shown this model to be effective, as you can find at the following links:

- Hanson, D.J., & Delullism E. D. (2015). "The Collaborative Model of Fieldwork Education: A blueprint for group supervision of students," 30 March 2015. <https://www.tandfonline.com/doi/full/10.3109/07380577.2015.1011297>
- Rogers, O. et al (2022). "Level II fieldwork educators' perceived and experienced challenges with using the collaborative fieldwork supervision model." *Journal of Occupational Therapy Education*, Vol 6, 2022. <https://encompass.eku.edu/cgi/viewcontent.cgi?article=1359&context=jote>

Finally, I want to encourage you to consider a Capstone student separately when determining supervision ratios. Including Capstone students in this ratio would continue to negatively impact the ability of schools to find enough fieldwork placements for their students. Capstone experiences are not limited to clinical practice skills, but can also include research skills, administration, leadership, program and policy development, advocacy, education, and theory development (ACOTE, 2018). Capstone students may not be directly treating patients and instead be doing projects, program development, program evaluation, or research. These areas would not involve direct treatment of clients, and Capstone students are more independent and under a mentor model. A colleague also submitted a letter that outlines the differences of a Capstone student, which I encourage you to reference.

Thank you for your consideration. I am unable to attend the meeting on Friday, September 29, but invite you to contact me if you have any questions. Thank you,

Best regards,

A.B.

Date: 10/20/2023

From: Natalie Perkins, Program Director & Natalie Loera, Academic Fieldwork Coordinator, University of the Pacific Occupational Therapy Department

To: California Board of Occupational Therapy

Subject: Response to CBOT's Proposed Changes to Supervision Requirements

3200 Fifth Avenue  
Sacramento, CA 95817  
Pacific.edu

Dear California Board of Occupational Therapy Members,

We are writing to express our concerns regarding the recent regulatory changes proposed by the California Board of Occupational Therapy (CBOT) pertaining to fieldwork and capstone supervision requirements. Please see our responses to the proposed changes, below:

1. Supervision of Level I fieldwork students

- a. Proposed change: Would set a maximum of 20 students per faculty member for faculty-led fieldwork experiences.

**Response:** While we recognize the importance of ensuring the quality and effectiveness of fieldwork supervision, we firmly believe that the proposed change will create unnecessary caps for supervision, hindering the educational and professional growth of future occupational therapists and occupational therapy assistants. The American Council of Occupational Therapy Education (ACOTE) standards already provide clear guidelines for the mechanism of supervision, its effectiveness, and the OT supervision requirements. These standards have been carefully developed to guarantee the competence and preparedness of students entering the workforce.

The proposed regulation appears to overlook the existing comprehensive framework established by ACOTE, which takes into account various modes of supervision, ensuring that students receive adequate support and guidance throughout their fieldwork experiences. By imposing rigid requirements such as the need for on-site supervision, the CBOT risks stifling innovation in education and limiting opportunities for aspiring occupational therapists and occupational therapy assistants.

2. Supervision of Level I fieldwork students, Level II fieldwork students, limited permit holders, occupational therapy assistants, and doctoral capstone students

- a. Proposed change: No more than a total of three Level I fieldwork students, Level II fieldwork students, Limited Permit holders, or Doctoral capstone students completing a clinical, direct patient/client care experience, and occupational therapy assistants, at any one time.

**Response:** We firmly believe that the proposed regulatory change will impose unnecessary restrictions on a process that is already closely regulated by the Accreditation Council for Occupational Therapy Education (ACOTE) and California regional accreditation bodies. These organizations have stringent guidelines in place, ensuring consumer protection through established processes, mechanisms for evaluations, and annual reports that guarantee compliance with the highest standards of education and

patient care. We urge the California Board of Occupational Therapy to reconsider this proposed change and recognize the meticulous processes already in place to ensure the competence and safety of occupational therapy professionals. Instead of imposing arbitrary limits, we encourage the board to focus on supporting educational institutions in their efforts to meet the high standards set forth by ACOTE and regional accreditation bodies. Collaboration with these institutions will not only uphold consumer protection but also foster a learning environment that encourages innovation and excellence in the field of occupational therapy.

3. Definition of faculty-led fieldwork

a. Proposed change: Change to Section 4180 in the California Board of Occupational Therapy Regulations, with respect to faculty-led fieldwork definitions

1. Faculty-led fieldwork means fieldwork completed with direct, on-site supervision of a licensed OT or OTA employed by an accredited California academic institution.

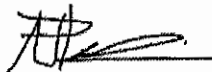
**Response:** The proposed change, as it stands, eliminates the ability of OT/OTA/OTD programs that are in the accreditation process from leading fieldwork experiences. This restriction places an undue burden on academic institutions striving for accreditation, limiting their ability to provide essential and diverse fieldwork experiences to their students. Acknowledging the challenges faced by these institutions, we propose a modification to the wording:

"A California academic institution that has submitted a candidacy report to ACOTE."

By adopting this revised language, you would enable academic institutions in the accreditation process to continue offering valuable fieldwork experiences, aligning with the intent of the proposed change while also supporting the growth and development of occupational therapy education in California.


We urge the California Board of Occupational Therapy to consider these recommendations. We thank you for your attention to this matter and trust that you will consider these perspectives as you deliberate on the proposed changes.

Sincerely,



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Natalie A. Perkins, PP-OTD, M.Ed., OTR/L, FIIE (she/her)  
Founding Department Chair | OTD Program Director | Assistant Clinical Professor



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Natalie Loera, OTD, OTR/L (she/her)  
Academic Fieldwork Coordinator | Assistant Clinical Professor



October 30, 2023

Heather Martin, Executive Officer  
California Board of Occupational Therapy  
1610 Arden Way, Suite 121  
Sacramento, CA 95825

**Re: Proposed Modifications to CCR Section 4181**

Dear Ms. Martin,

On behalf of the Occupational Therapy Association of California (OTAC) I am writing in opposition to the California Board of Occupational Therapy's proposed modifications to California Code of Regulations (CCR), Title 16, Division 39, Section 4181 "Supervision Parameters." This proposed modification is listed as Agenda Item 7 for the Board meeting scheduled November 2-3, 2023.

OTAC is a not-for-profit professional organization representing the interests of the approximately 23,500 licensed occupational therapy clinicians throughout California. Under the California Occupational Therapy Practice Act, occupational therapists (OTs) and occupational therapy assistants (OTAs) are empowered to work with people of all ages experiencing physical, mental and behavioral health conditions or disabilities to develop, improve, or restore functional daily living skills, such as caring for oneself, managing a home or finances, achieving independence in the community, using public transit or driving, or returning to work or educational endeavors. The provision of this type of care in facilitating and restoring everyday capacities in the people we serve optimizes participation in meaningful and wellness-promotion life activities for the residents of California.

OTAC has concerns related to some of the proposed regulatory modifications as it relates to supervision, including concerns that it is an unnecessary barrier given established standards for fieldwork and doctoral supervision, and that it will create undue stress and potentially impact employment opportunities for occupational therapy assistants. Furthermore, OTAC recommends that modifications to practice be supported by available evidence. Specifically, our concerns relate to:

1. **Section 4181(d)(5)** Occupational therapy assistants may supervise: "No more than a total of three Level I fieldwork students, Level II fieldwork students, limited permit holders at any one time..."  
**Section 4181(e)(2)** Occupational therapists may supervise: "No more than a total of three Level I fieldwork students, Level II fieldwork students, limited permit holders, occupational therapy assistants, and doctoral capstone students completing a clinical, direct patient/client care experience at any one time..."

*The American Council of Occupational Therapy Education (ACOTE) has established standards with clear supervision guidelines to ensure the effectiveness and safety of student fieldwork experiences through various modes.*



*While California has had supervision ratio requirements for OT/OTA collaboration since the creation of the California Occupational Therapy Practice Act, other states do not have similar restrictions. This proposed language now looks to include supervision ratio restrictions for any of the above noted populations, which could create additional strain on available fieldwork educators and/or employment opportunities for OTAs. Additionally, as an evidence-based profession, OTAC is interested in the evidence to support that recommendation of the 3:1 ratio to mitigate consumer risk.*

**2. Section 4181(d)(6)** Occupational therapy assistants may supervise: “No more than 20 Level I fieldwork students in a faculty-led fieldwork.”

**Section 4181(e)(3)** Occupational therapists may supervise: “No more than 20 Level I fieldwork students in a faculty-led fieldwork.”

*There is currently no requirement for Level I fieldwork students to be supervised by an OT or OTA or any other person or professional. Again, ACOTE has established clear guidelines for supervision within their standards. This proposed ratio would unnecessarily impact educational institutions’ abilities to develop and offer progressive, creative, and innovative Level I fieldwork opportunities in meeting the ACOTE standards. Furthermore, OTAC is interested in the Additionally, the proposed language appears to contradict itself, with the language in the previous section limiting supervision (inclusive of Level I fieldwork students) to no more than three (3), and then indicating that an OT or OTA employed by an educational institution can supervise up to twenty (20).*

OTAC strongly encourages the Board to reconsider these regulatory changes and oppose the motions as drafted. We thank CBOT for your continued diligence and work. If you have any questions, please contact OTAC Executive Director Karen Polastri at [execdir@otaconline.org](mailto:execdir@otaconline.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Bryant Edwards', is written over a white background.

Bryant Edwards, OTD, MA, OTR/L, BCP, MPH  
President

Cc: Denise Miller, President, California Board of Occupational Therapy



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

October 27, 2023

To the California Board of Occupational Therapy:

The faculty of the Occupational Therapy Assistant (OTA) Program at Sacramento City College (SCC) would like to submit the following public comment for the Board's consideration.

Without the opportunity to observe or review minutes of all previous meetings addressing proposed supervision changes and defining faculty-led Level I fieldwork, these comments are based on what we believe is to be discussed at the Board meeting scheduled for November 2-3, 2023.

It is the faculty's understanding that there will be discussions about proposed definitions for Section 4180, to discuss a proposed definition for "faculty-led fieldwork." We encourage the Board's consideration that this term as proposed does not fully define the wide range of fieldwork education methods possible under current ACOTE standards. Perhaps continuity with current ACOTE terminology may help, using the term "faculty-led site visits." These are defined as "Faculty- facilitated experiences in which students will be able to participate in, observe, and/or study clinical practice first-hand."

It is our understanding that there is also proposed change to set a maximum of 20 students per faculty leading Level I fieldwork experiences. This change would render a significant hardship to our program and create a barrier to our curriculum. The current and pending changes to the standards from the Accreditation Council for Fieldwork Education (ACOTE) allow for Level I fieldwork to be completed in a variety of ways, including "virtual environments: an environment in which communication occurs by means of airwaves and/or digital platforms in the absence of physical contact. The virtual context includes simulated, augmented reality, or real-world environments, transmitted through information and communication technologies, in real-time, near-time, or in store-and-forward/asynchronous methods." The SCC OTA Program Director leads two sessions of 30 students in Level I fieldwork experiences in virtual environments focusing on psychosocial and physical disabilities. With the intention of Level I fieldwork to expose students to populations, this methods has been extremely successful. It allows for continuity of the educational experience for each student and allows students to engage in a variety of tasks that develop clinical skills and professional reasoning, with no risk to consumer protection. The program has seen a significant improvement in student skills using this method. Further, this ratio of faculty to student is within ACOTE parameters for courses in which there is no direct physical interaction with other individuals.



In relation to faculty to student ratios, each program must report ratios on the annual data report submitted to ACOTE. For any lab-based course, such as a faculty-led fieldwork experience, if the ratio exceeds 1:15 the program must be able to provide ACOTE with a sufficient explanation and justification of how safety and quality of instruction are managed. Should the explanation be insufficient, the program would be cited for non-compliance on 2018 Standard A.2.9 Sufficient Faculty.

In relation to clinical supervision ratios that are being considered for change, the SCC faculty strongly encourage the Board's consideration of making no change to Section 4181 as it relates to the supervision of occupational therapy assistants (OTA's). Experienced OTA's with service competency can work under general and related supervision whereas unlicensed practitioners would naturally require a great degree of supervision, depending on their role and level of experience.

Perhaps Section 4181 does not need to institute new caps in supervision as is being discussed, but rather include a directive to the supervising occupational therapist in item (4)(c) as follows:

*(4) The supervising occupational therapist shall provide periodic on-site supervision and observation of client care rendered by the occupational therapy assistant.*

*(b) The supervising occupational therapist shall at all times be responsible for all occupational therapy services provided by an occupational therapy assistant, a limited permit holder, a student or an aide. The supervising occupational therapist has continuing responsibility to follow the progress of each client, provide direct care to the client, and assure that the occupational therapy assistant, limited permit holder, student or aide do not function autonomously.*

*(c) The level of supervision for all personnel is determined by the supervising occupational therapist whose responsibility it is to ensure that the amount, degree, and pattern of supervision are consistent with the knowledge, skill and ability of the person being supervised. The supervising occupational therapist will distinguish the supervision demands for doctoral capstone students completing a clinical experience versus the mentoring demands for non-clinical doctoral capstone consultation when determining safe supervision ratios.*

One final thought for possible consideration. The revised ACOTE standards are due for release in December 2023. At this time, only draft materials are available to programs and the public. While the drafts do not indicate proposed changes to the definitions under consideration here, that does not mean the decision is final until ACOTE publishes the new standards. For the Board's consideration, perhaps it would be advantageous to wait to make final decisions in new definitions until after the new ACOTE standards are available.

We are hopeful that the Board will not make a final decision until the Board meets in a location that allows for remote public comment. Thank you for this opportunity to share our perspectives. Respectfully.

Ada Boone Hoerl, MA, COTA/L

Program Director

*Ada Boone Hoerl*

Wendy Neilson, OTR/L

*Wendy Neilson* OTR/L inator



LOMA LINDA UNIVERSITY  
HEALTH

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School of Allied Health Professions

October 31, 2023

Heather Martin, Executive Officer  
California Board of Occupational Therapy  
1610 Arden Way, Suite 121  
Sacramento, CA 95825

**Re: Proposed Modifications to CCR Section 4181 and Support of Pelvic Health  
Occupational Therapy Practice**

Dear Ms. Martin and The California Board of Occupational Therapy,

We are writing in response of the CBOT consumer protection initiative noted in California Code of Regulations (CCR), Title 16, Division 39, Section 4181 "Supervision Parameters" specifically OTA items 5 and 6 and OT items 2 and 3. This proposed modification is listed as Agenda Item 7 for the Board meeting scheduled November 2, 2023. And the discussion on pelvic health included in the Occupational Therapy scope of practice scheduled for November 3, 2023.

**§ 4181. Supervision Parameters**

**OTA**

- 5) No more than a total of three Level I fieldwork students, Level II fieldwork students, or Limited Permit holders at any one time; and  
(6) No more than 20 Level I fieldwork students in a faculty-led fieldwork.

**OT**

- (2) No more than a total of three Level I fieldwork students, Level II fieldwork students, Limited Permit holders, Occupational Therapy Assistants, or Doctoral

capstone students completing a clinical, direct patient/client care experience, at any one time; and  
(3) No more than 20 Level I fieldwork students in a faculty-led fieldwork.

As CBOT is charged with the responsibility of consumer protection, we would like to acknowledge there are two consumers in this discussion the student and patient/client. In the practice area of academia both the occupational therapy (OTS) students and occupational therapy assistant students (OTAS) are consumers of the occupational therapy practice academia of licensed OT and OTA's academicians. The American Council of Occupational Therapy Education (ACOTE) is the overseeing agency to ensure consumer protection in the practice of academia in OT and OTA academic programs. ACOTE oversees Level I fieldwork supervision of students, protection of consumers, and alignment with curriculum. This is an educational accreditation requirement that should be governed by ACOTE rather than CBOT. The 2018 ACOTE Standard C.1.4 notes educational programs must justify ratios and supervision to provide an appropriate learning experience for students and provide protection of consumers. C.1.8 notes Level I fieldwork is not required to be supervised by an occupational therapy practitioner.

**C.1.4:** Ensure that the ratio of fieldwork educators to students **enables proper supervision, and provides protection of consumers**, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.

**C.1.8:** Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. **Examples include, but are not limited to, currently licensed, or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists.**

We anticipate, the intentionality of the proposed CCR section 4181 modifications in for the distinct consumer protection of patients/clients and not specifically the OTS and OTAS. In this spirit, we are requesting CBOT to consider that ACOTE has established supervision guidelines for supervision of both consumers, the students and patient/client, that extend to faculty led Level I fieldwork experiences by **removing the limit of 20 fieldwork students and extending it to the ACOTE candidacy, pre-accreditation, or accredited approved cohort size.** If limited by CBOT fieldwork programs in the state of California could suffer a reduced number of Level I fieldwork opportunities in an already limited environment.

We would also like to ask CBOT to support occupational therapy's role in pelvic health. The Occupational Therapy Practice Framework 4<sup>th</sup> ed. notes the occupation of toileting and toilet hygiene as:

Obtaining and using toileting supplies, managing clothing, maintaining toileting position, transferring to and from toileting position, cleaning body, **caring for menstrual and continence**

needs (including catheter, colostomy, and suppository management), **maintain intentional control of bowel movements and urination and, if necessary, using equipment or agents for bladder control.**

The American Occupational Therapy Association supports the role of occupational therapy in pelvic health. There is currently a motion to the Fall AOTA Representative Assembly to create a Pelvic Health Position Statement that explicitly outlines occupational therapy's unique role in this practice area. California is listed on this request. There is a motion to have the position statement presented at the Spring 2025 meeting and a request to establish a Task Force for reproductive and pelvic health to guide OT practice.

Sincerely,

*Heather Javaherian*

Heather Javaherian, OTD, OTR/L, FAOTA

*Penny Stack*

Penny Stack, OTD, OTR/L



## ADMINISTRATIVE COMMITTEE MEETING MINUTES

Wednesday, March 22, 2023

### Committee Members Present

Denise Miller – Board President/Chair  
 Beata Morcos – Board Vice President  
 Heather Martin – Executive Officer

### Board Staff Present

Demetre' Montue - Analyst  
 Rachael Hutchison – Analyst

### Public Attendees Present

Sharon Pavlovich – Loma Linda  
 Candace Chatman - USC  
 Deanna Mannarelli - USC  
 Susan MacDermott – St. Augustine  
 Judie Bucciarelli - DCA  
 Clarissa Saunders Newton - USC

### Public Attendees Present

Akemi McNeil - Stanbridge  
 Kathryn Wise - UOP  
 Penny Stack – Loma Linda  
 Bryant Edwards – OTAC President  
 Kristen Neville – AOTA State

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

The meeting was called to order at 1:07, roll was called, and all three committee members were present. A quorum was established.

2. President/Committee Chair's Opening Remarks.

Board President and Committee Chair Denise Miller welcomed and thanked everybody in attendance and expressed that she looked forward to a robust and high-level discussion that would help guide the Board.

Vice President and Committee member Beata Morcos said hello to all in attendance and thanked them for their time.

3. Public Comment for Items Not on the Agenda.

Committee Chair Denise Miller reviewed the public comment submitted regarding supervision of students completing their doctoral capstone. The author stated that she was not exactly sure where the supervision ratio should be set but she believed that a supervisor should not have to supervise more than four or five people at one time. She agreed that there would be variables to consider pertaining to caseload and administrative duties.

4. Consideration and discussion on the maximum number of students completing a non-clinical entry-level doctoral capstone that can be supervised by an

occupational therapist who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

Committee Chair Denise Miller introduced the topic and invited discussion.

Candace Chatman, Assistant Professor of Clinical Occupational Therapy and Academic Fieldwork Coordinator at the University of Southern California (USC), asked for clarification on definitions. Candace asked if the Board had defined what non-clinical means. As a fieldwork coordinator, she has defined non-clinical as those sites where the student is doing very little work with patients. The students are working more in an administrative or research role without patients/clients. Candace noted that non-clinical can mean something different at each school. She stated that the amount of time with patients can differ from school to school. At USC, clinical placement is defined as more than 60% of the time is spent with clients.

Chairperson Denise Miller asked Ms. Chatman what parameters were used to come up with the 60% reference in clinical placements.

Candace Chatman explained that the 60% was determined by their team but could not recall the specific parameters that were used to make that determination. For her, 60% calculates to about four out of five days of the week for the student working with patients. Candace noted that USC struggled with Accreditation Council for Occupational Therapy Education (ACOTE) standards because they are vague in regard to defining what full-time is at each site. This means that USC has the flexibility to decide what fieldwork looks like to them.

Ms. Miller asked Ms. Chatman if three out of five days would be considered less than 60%, meaning non-clinical work.

Ms. Chatman responded that her USC team considered three out of five days to be non-clinical work. However, she clarified, that distinction may vary at each school. She reiterated that USC does not require their occupational therapists to take on a specific number of students.

Chairperson Miller asked Ms. Martin to provide some background as to why this topic is before the committee.

Executive Officer Heather Martin explained that although the statute said that an occupational therapist can supervise no more than three occupational therapy assistants, the language did not address limited permit holders and students completing their fieldwork and doctoral capstone supervision. Ms. Martin noted that a supervising occupational therapist has the continued clinical supervisory responsibility for not only their own clients, but also for the occupational therapy assistants, limited permit holders, level one and level two fieldwork students and students completing their doctoral capstone and she was concerned that the statute didn't accurately reflect real world supervision ratios and wondered if consumer safety could be ensured as the statute was currently written?

Ms. Martin showed the recommended amendment to the regulations that would define a Doctoral Capstone Student as well as the approved language being added to the OT Practice Act, Section 4181 that outlined the number of student(s)/permit holder(s) that

could be supervised at one time. Ms. Martin informed the committee that when that language was approved there was no distinction made between clinical and non-clinical.

Chairperson Miller thanked Ms. Martin for her explanation of the topic at hand and opened the floor for further discussion and public comment.

Susan MacDermott, Doctoral Capstone Coordinator for the University of St. Augustine in San Marcos stated that capstone experiences vary in the amount of time that the students are there as well as their focus such as program development, research, administrative etc. Most of their students are not in the same place at one time and most students have a mixture. Ms. MacDermott agreed that the determining the difference of clinical vs. non-clinical is problematic since many of their students are in emerging practice areas; it might be hard to ascertain what is clinical and what is not. Additionally, there is a definition of a site supervisor and a mentor, each school could also interpret that differently. There are two roles that could be the same person but could also be two different people. Mentoring could be virtual or not the same site. Both roles could be filled by an occupational therapist or not an occupational therapist.

Chairperson Miller asked Ms. MacDermott to summarize her statement.

Ms. MacDermott responded that some universities have mentors that are faculty some are occupational therapists. Site supervisors can be defined many ways. It is different from fieldwork where a student is at a particular place and has a supervisor for a certain amount of time. Some of their students have been at one place and some have been at ten for a short period of time during their capstone experiences. Wondering how this would play out for someone who has different focus areas and different time commitments. Most of the time capstones are unique and flexible.

Ms. Miller asked in terms of the categories that the Board look at including limited permit holders, level one and level two students, and doctoral capstone students.

Ms. MacDermott confirmed those as the correct categories for the Board to consider. She further clarified at her university they have their own site supervisor and mentor, but this is not the case at all schools. At other universities the supervisor and the mentor could be the same person. She confirmed for Ms. Miller that the supervisor is not required to be an occupational therapist, and, in fact, most of their supervisors are not occupational therapists because a lot of their students are doing emerging area focused projects.

Executive Officer Heather Martin confirmed that the Board does not have jurisdiction over mentors of capstone experiences.

Ms. Miller reiterated that what was before the committee involved the licensed occupational therapist that is supervising in these areas.

Ms. Martin asked if site supervisor is defined in ACOTE standards.

Ms. MacDermott responded that she did not believe it is defined in the ACOTE standards. The ACOTE standards speak to mentorship.

Akemi McNeil, member of The California OT Fieldwork Council (CAOTFC) and Stanbridge University's Master's Program, noted that fieldwork educators should be a licensed practitioner that has at least one year of experience. Ms. McNeil reported that there are a lot of sites that give the fieldwork educator enough control over whether they say yes or no to a fieldwork student and they give it as an option but there are sites that are making it a mandatory once a year commitment. She was aware of a situation where a student was sent to a location by a site coordinator, not the fieldwork educator and a few weeks into the experience the student came to her with performance concerns and reported that the fieldwork educator told the student that they did not want the student there in the first place. Ms. McNeil stated that some sites have such heavy loads with high productivity and are asked to take students on top of that. There are occupational therapists that take students that are more on the director side where they have a lower-case load and can take on more students.

Akemi McNeil expressed concern surrounding the maximum of three student(s)/permit holder(s). She stated that if there were three persons being supervised that it would leave no room for supervision of a Level 1 student. Ms. McNeil also asked that "approval by the Board" be defined and suggested that language be considered that would allow the site to make a judgement call on the maximum number a practitioner could supervise as long as the facility is making patient safety the determining requirement.

Ms. Miller stated that the Board has a statute and there is a consumer safety issue. There are facilities that do not interpret the statute the way that they are supposed to and will take on too many students. The Board does not want to limit what is already a troublesome spot for the fieldwork coordinators trying to find locations, but consumer safety is a priority, and the board is hoping that the committee can advise on that number and with the help of the public comment letter.

Ms. McNeill stated that from her CAOTFC perspective with six or seven years under her belt, she has not witnessed an educator take on too many students. She even had a couple sites that took groups and that was not a significant concern, which is an indicator for her that the above is not happening across the board. Ms. McNeill felt that the committee should look at the scenarios where it is happening.

Chair Miller steered the meeting to the chat beginning with Penny's comment regarding the role of a site mentor.

Penny Stack, OTD, OTR/L, CLT, Assistant Professor at Loma Linda University mentioned that she struggled with the terms clinical vs. non-clinical as well. If you have a capstone student who is engaged in research of treatment, or modality, or an intervention of some sort they are not licensed so they would need supervision like a level II fieldwork student. Ms. Stack agreed with the prior comments that it is going to vary greatly as far as time spent and she wondered and expressed concern on how to reconcile that and still provide consumer protection and the required educational experiences?

Chairperson Miller responded that Ms. Chatman's facility calculates in terms of time, or number of days spent, and it seemed that Loma Linda calculates by time as well.



Ms. Stack commented that her next question might be unpopular but needed clarification all the same. She stated when comparing practitioners in the field that may provide supervision to a doctoral capstone student, how would those same rules apply to licensed OT faculty that are also supervising capstone students. For example, a capstone student will have a committee or team. The team consists of a capstone coordinator, a faculty mentor, an incitement mentor, and the faculty incitement mentor could be one person or two. The doctoral capstone student will have a team behind them supporting them whereas in fieldwork they do not have that kind of set up. If the board is sanctioning how many fieldwork students a practitioner can supervise, how does that impact faculty of a doctorate program that has 40 students and there may be 10 faculty. Does that fall under the same regulation?

Ms. Miller thanked Ms. Stack for raising that question and opened the floor to Ms. Martin to weigh in first.

Ms. Martin reminded the audience that the Board has already made recommendations on the clinical portion. For the sake of the conversation, the non-clinical is the other four areas that the capstone can be completed in. For example, research, administration and leadership, policy program and policy development, advocacy education in theory development. She recommended defining non-clinical capstone experience and include that list in the committee's recommendation. Ms. Martin believed Ms. Stack brought up a great point and does not have an answer for her.

Chairperson Miller asked the audience if they saw the non-clinical capstone as needing its own separate set of guidelines? Is it hard to get to a maximum number because of the capstone being put in with these other areas? Originally, the capstone was not in there, but has now been added.

Ms. Stack agreed with Chairperson Miller.

Ms. Miller asked if the committee had the ability to agree on no more than four fieldwork students under section (d)(4) and include a subset that calls out the capstone students. Ms. Miller stated it her belief that the committee was having a hard time getting to a number because doctoral capstone was included rather than a subset.

Ms. Martin responded that she felt the impasse was due to clinical versus nonclinical doctoral student supervision. The board discussion came after this language so perhaps it's worth going back and including and identifying doctoral capstone experience in a clinical practice setting and possibly except the non-clinical doctoral capstone.

Ms. Miller thanked Ms. Martin for her input.

Candace Chatman responded that she was in favor of the way it was described by Ms. Martin with the exceptions would make a lot of sense. There is not a threat to consumers in the non-clinical areas. Ms. Chatman thought there could be a consensus if non-clinical was excluded.

Kathryn Wise, OTD, MHSc, OTR/L and Assistant Clinical Professor and the Doctoral Capstone Coordinator at the University of the Pacific in Sacramento stated that capstone coordinators have thought about mentorship and admittedly struggled to figure out time associated with mentorship. Ms. Wise agreed that the challenge is making mentoring and supervision all-encompassing which poses difficulty because mentorship and supervision are two very distinct skill sets and the impact on the consumers would be very different.

Kristin Neville, AOTA State Affairs Manager introduced herself. She is not a trained occupational therapist or occupational therapy assistant. She works on regulations at AOTA and reads them and tries to interpret them in a way that an occupational therapist would. Ms. Neville asked for clarification on the previously approved language and whether it was a total of three student(s)/permit holder(s) or three of each type of student and permit holder mentioned.

Executive Officer Martin stated that the intent was a total of three and she agreed that the language would be clearer with "no more than a total of three..."

Chair Miller stated that she was unsure if language could be drafted to give that permission to a site.

Executive Officer Martin said that the committee could still recommend that the Board increase the maximum number of persons supervised, however, from a regulatory standpoint it would be a real challenge to get language approved that referred to each site determining that maximum based on safety.

5. Consideration of possible recommendation to the Board on the maximum number of students completing a non-clinical entry-level doctoral capstone that can be supervised by an occupational therapist who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

Chair Miller explained that next steps would be for the committee to decide if they were at a point to make a final recommendation. If so, the committee members would state their agreement or changes to the offered language and give reason or whether they felt another meeting was warranted. If another meeting was needed, Ms. Miller asked that the committee members place their opinions in writing regarding the maximum total number of student(s)/permit holder(s) that could be supervised by a practitioner at one time. Their opinion should include real world scenarios to justify their position as well as a list of exceptions to include for the Doctoral Capstone. These opinions would be discussed at a subsequent committee meeting before bringing the ideas before the Board so it could make a decision, considering the committee's recommendation.

Vice Chair Beata Morcos and Executive Officer Heather Martin both agreed that the committee would need a second meeting.

Ms. Martin prefaced her ask with the fact that "mentorship" cannot be used in the language and she encouraged the committee members to think of another way to phrase the use of "supervision" in the proposed language regarding clinical practice areas.

6. New suggested agenda items for a future meeting.

Chair Denise Miller asked the committee to look at the language presented at the meeting and think through the scenarios, the capstone role, and the exceptions that were discussed and to bring those thoughts in writing to the next meeting.

Ms. Martin asked that the committee provide information and/or direction regarding the differentiation in research that involves patients, students, clients, etc., as opposed to just the research for a capstone student and to think of another way to phrase the use of "supervision" in the proposed language regarding clinical practice areas.

7. Consideration of the Committee's next steps.

Chair Denise Miller stated that the Administrative Committee would follow up with an email outlining the information needed for the next meeting.

Ms. Miller thanked everybody for their time and expertise.

**Meeting adjournment.**

**The meeting adjourned at 2:27 p.m.**



## ADMINISTRATIVE COMMITTEE MEETING MINUTES

**August 18, 2023**

### Committee Members Present

Denise Miller – Board President/Chair  
Beta Morcos – Board Vice President  
Heather Martin – Executive Officer

### Public Attendees Present

Sharon Pavlovich – Loma Linda University  
Penny Stack – Loma Linda University  
Heather Kitching – CSU, Dominguez Hills  
Eva Celeste – OTD Student, CSUDH

1. Meeting was called to order at 11:10 am, roll was called, and a quorum was established.
2. Board President and Committee Chair Denise Miller welcomed everyone in attendance and thanked Woodbury University for hosting the meeting.
3. Public members in attendance that were attendance introduced themselves, including:
  - Board Member Sharon Pavlovich was in attendance as a member of the public.
  - Penny Stack, Doctoral Capstone Coordinator for Loma Linda University.
  - Heather Kitching, MSOT Fieldwork Coordinator for CSU, Dominguez Hills (CSUDH).
  - Eva Celeste, Entry Level OTD student at CSUDH.

Board President and Committee Chair Denise Miller invited Ms. Stack to share the comments she had submitted. Ms. Stack suggested the committee define 'clinical' as providing direct patient care in a doctoral capstone and highlighted an example. Ms. Stack pointed out that a doctoral student may complete a capstone in pelvic health, yet not provide hands-on, direct patient care.

In reference to language previously discussed by the Board, Ms. Stack clarified that while occupational therapy assistants can supervise an occupational therapist completing a non-clinical experience, they cannot supervise an occupational therapist completing a clinical doctoral capstone experience under the Guidelines of the Accreditation Council on Occupational Therapy Education (ACOTE).

Dialogue continued regarding the use of mentorship in the ACOTE Guidelines and how mentorship varied from supervision.

In reference to supervising a maximum of three Level I and II fieldwork students at any one time, Heather Kitching shared that at CSUDH they might send out a group of

eight students to a psycho-social setting and explained how pairing groups of two students benefitted the students and the clinical supervisor.

Board President and Committee Chair Denise Miller pointed out that while the Committee and Board weren't trying to make the supervision process more difficult, especially given the challenges the programs experienced in placing students in their required fieldworks, the protection of the consumer was still the Board's mandate.

Discussion ensued regarding the maximum number students that can be safely supervised, the use of a 'laboratory' setting, and the flexibility afforded the education programs under the ACOTE Guidelines. Further discussion surrounded the fact that academia was also considered a practice-setting. An example of fifteen Level I fieldwork students was provided, which is allowed under the ACOTE Guidelines. Everyone acknowledged that acuity was key in deciding of the maximum number of students.

The Committee agreed that addressing the increase in the number of Level I students that could be supervised in a faculty-led fieldwork, needed to be addressed, and would recommend that to the Board.

4. Review and vote on approval of the March 22, 2023, Committee meeting minutes.

The meeting minutes were not available.

5. Consideration and possible recommendation to the Board on the maximum number of students completing a *non-clinical* entry-level doctoral capstone that can be supervised by an occupational therapist who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

Given the earlier comments, the Committee suggested for clarity, that a non-clinical capstone experience be specified by the capstone areas listed in the ACOTE Guidelines with no maximum number of students specified.

6. Consideration and possible recommendation to the Board on the maximum number of students completing a *clinical* entry-level doctoral capstone that can be supervised by an occupational therapist who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

Given the Board's discussion at its May meeting regarding a total of total of three Level I fieldwork students, Level II fieldwork students, Limited Permit holders, Doctoral capstone students completing a clinical capstone experience, and occupational therapy assistants, as being the most that an occupational therapist should supervise, the Committee thought it important to provide more specificity. Thus, they discussed the importance of adding further language to 'clinical' experience, to include 'direct patient care.

7. Consideration and possible recommendation to the Board on the maximum number of students completing a *non-clinical* entry-level doctoral capstone that can be supervised by an occupational therapy assistant who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

The Committee suggested, for clarity, to add a new subsection acknowledging that occupational therapy assistants (OTAs) can supervise doctoral capstone students completing a non-clinical capstone as allowed under ACOTE Guidelines.

8. Consideration and possible recommendation to the Board on the maximum number of students completing a *clinical* entry-level doctoral capstone that can be supervised by an occupational therapy assistant who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

To be consistent with ACOTE Guidelines, the Committee agreed to recommend to the Board, that language not be included to authorize OTAs to supervise an OT completing a clinical doctoral capstone experience.

9. New suggested agenda items for a future meeting.

The Committee agreed that subject to the Board's action at its August meeting relating to recommended edits to CCR Section 4181, the Committee will need to meet again to discuss possible edits to CCR Section 4180, to ensure continuity and alignment in the definitions as they relate to the supervision parameters.

Ms. Miller thanked everybody for their time and expertise.

**Meeting adjournment.**

**The meeting adjourned at 2:25 p.m.**



**ISSUE MEMORANDUM**

<b>DATE</b>	October 24, 2023
<b>TO</b>	Members, California Board of Occupational Therapy
<b>FROM</b>	Board Staff
<b>SUBJECT</b>	<b>Discussion and Possible Action to Initiate a Rulemaking to Amend Sections 4180 and 4181 in Title 16, Division 39, of the California Code of Regulations.</b>

**BACKGROUND**

California Code of Regulations (CCR), Title 16, Division 39, Section 4180 defines the terms such as Level I student, Level II student, client-related tasks, non-client related tasks, and periodic.

At the May 2023, Board meeting, the Board approved language to add the definition of “Doctoral Capstone Student” to CCR Section 4180.

At the August 2023, meeting, the Board approved proposed language amending CCR Section 4181 to clarify that Occupational Therapy Assistants (OTAs) can supervise Doctoral Capstone Students that are completing a non-clinical experience. The maximum number of supervised persons cannot exceed three of the types listed in regulation at any one time and no more than 20 Level 1 fieldwork students in a faculty-led fieldwork.

At the August 2023, meeting, the Board approved proposed language amending CCR Section 4181 to clarify that Occupational Therapist (OTs) can supervise Doctoral Capstone Students that are completing a clinical or non-clinical experience. The maximum number of supervised persons cannot exceed three of any of the types listed in regulation at any one time and no more than 20 Level 1 fieldwork students in a faculty-led fieldwork.

To provide clarity and transparency to the recently approved proposed language in CCR Section 4181. Supervision Parameters, the Administrative Committee recommends the Board adding a definition for “Supervision of a Doctoral Capstone Student” and moved “Client related tasks” within the section. Based on public comment provided at the Administrative Committee, the Committee also recommends adding a definition for “Faculty-led fieldwork” to Section 4180, Definitions.

The Committee agreed to bring the proposed language amending Sections 4180 and 4181 to the Board at its November 2023 meeting.

### **ANALYSIS**

The approved language amendment to CCR Section 4181 clarifies that an OT may supervise no more than a total of three Level I fieldwork students, Level II fieldwork students, Limited Permit holders, Occupational Therapy Assistants, or Doctoral Capstone students completing a clinical, direct patient/client care experience, at any one time to ensure consumer protection.

OTs must follow progress of those clients being treated by those under the care of practitioners supervised by that OT as well as their own clients. The level of supervision for all personnel is determined by the supervising occupational therapist whose responsibility it is to ensure that the amount, degree, and pattern of supervision are consistent with the knowledge, skill and ability of the person being supervised.

The approved language also clarified that an OT and an OTA can supervise a Doctoral Capstone experience that is non-clinical and delineated between clinical and non-clinical Doctoral Capstone experiences to offer clarity to supervisors, students and patients alike.

The Board's primary responsibility is consumer protection. The Board is mandated to provide consumer protection through enforcement of the profession's laws and regulations. The additions to CCR Sections 4180 and 4181 display the Board's intent to not only provide clarity for the licensees and consumers but to also ensure consumer protection.

### **STAFF RECOMMENDATION**

Staff recommends the Board approve the proposed text as recommended by the Administrative Committee.

### **ATTACHMENT**

Proposed text amending California Code of Regulations, Title 16, Division 39, Section 4180, Definitions, and Section 4181, Supervision Parameters.



ATTACHMENT

California Code of Regulations  
Title 16 Professional and Vocational Regulations  
Division 39. California Board of Occupational Therapy  
Article 9. Supervision Standards

<b>Legend:</b>	Added text is indicated with an <u>underline</u> .
	Deleted text is indicated by <del>strikeout</del> .

**Amend section 4180 to read as follows:**

**§ 4180. Definitions**

In addition to the definitions found in Business and Professions Code sections 2570.2 and 2570.3 the following terms are used and defined herein:

- ~~(a) "Client related tasks" means tasks performed as part of occupational therapy services rendered directly to the client.~~
- ~~(b)~~ (a) "Level I student" means an occupational therapy or occupational therapy assistant student participating in activities designed to introduce him or her to fieldwork experiences and develop an understanding of the needs of clients.
- ~~(c)~~ (b) "Level II student" means an occupational therapy or occupational therapy assistant student participating in delivering occupational therapy services to clients with the goal of developing competent, entry-level practitioners.
- (c) "Doctoral Capstone student" means an occupational therapy student completing a capstone project or capstone experience while enrolled in an ACOTE-accredited doctoral degree program or doctoral program with ACOTE pre-accreditation or candidacy status.
- (d) "Supervision of a doctoral capstone experience" means the mentorship of the doctoral capstone student completing a direct patient/client care experience.
- (e) "Client related tasks" means tasks performed as part of occupational therapy services rendered directly to the client.
- (f) "Faculty-led fieldwork" means a fieldwork completed in direct in-sight supervision of a licensed occupational therapist or occupational therapy assistant employed by a California educational institution.
- ~~(d)~~ (g) "Non-client related tasks" means clerical, secretarial and administrative activities; transportation of patients/clients; preparation or maintenance of treatment equipment and work area; taking care of patient/client personal needs during treatments; and assisting in the construction of adaptive equipment and splints.
- ~~(e)~~ (h) "Periodic" means at least once every 30 days.

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

Reference: Sections 2570.2, 2570.3, 2570.4, 2570.5, 2570.6, and 2570.13, Business and Professions Code.

**Amend section 4181 of Division 39, Title 16 of the California Code of Regulations to read as follows:**

**§ 4181. Supervision Parameters**

(a) Appropriate supervision of an occupational therapy assistant includes, at a minimum:

(1) The weekly review of the occupational therapy plan and implementation and periodic onsite review by the supervising occupational therapist. The weekly review shall encompass all aspects of occupational therapy services and be completed by telecommunication or onsite.

(2) Documentation of the supervision, which shall include either documentation of direct client care by the supervising occupational therapist, documentation of review of the client's medical and/or treatment record and the occupational therapy services provided by the occupational therapy assistant, or co-signature of the occupational therapy assistant's documentation.

(3) The supervising occupational therapist shall be readily available in person or by telecommunication to the occupational therapy assistant at all times while the occupational therapy assistant is providing occupational therapy services.

(4) The supervising occupational therapist shall provide periodic on-site supervision and observation of client care rendered by the occupational therapy assistant.

(b) The supervising occupational therapist shall at all times be responsible for all occupational therapy services provided by an occupational therapy assistant, a limited permit holder, a student or an aide. The supervising occupational therapist has continuing responsibility to follow the progress of each client, provide direct care to the client, and assure that the occupational therapy assistant, limited permit holder, student or aide do not function autonomously.

(c) The level of supervision for all personnel is determined by the supervising occupational therapist whose responsibility it is to ensure that the amount, degree, and pattern of supervision are consistent with the knowledge, skill and ability of the person being supervised.

(d) Occupational therapy assistants may supervise:

(1) Level I occupational therapy students;

(2) Level I and Level II occupational therapy assistant students; and

(3) Aides providing non-client related tasks-;

(4) Doctoral capstone students completing an experience in research skills, administration, leadership, program and policy development, advocacy, or education, as required by an accredited educational program;

(5) No more than a total of three Level I fieldwork students, Level II fieldwork students, or Limited Permit holders at any one time; and

(6) No more than 20 Level I fieldwork students in a faculty-led fieldwork.

(e) Occupational therapists may supervise:

(1) Doctoral capstone students completing an experience in research skills, administration, leadership, program and policy development, advocacy, and education, as required by an accredited educational program;

(2) No more than a total of three Level I fieldwork students, Level II fieldwork students, Limited Permit holders, Occupational Therapy Assistants, or Doctoral capstone students completing a clinical, direct patient/client care experience, at any one time; and

(3) No more than 20 Level I fieldwork students in a faculty-led fieldwork.

~~(e)~~ (f) The supervising occupational therapist shall determine that the occupational therapy practitioner possesses a current license or permit to practice occupational therapy prior to allowing the person to provide occupational therapy services.

Note: Authority: Sections 2570.13 and 2570.20, Business and Professions Code. Reference: Sections 2570.2, 2570.3, 2570.4, 2570.5, 2570.6, and 2570.13, Business and Professions Code.