

Louisiana State Board of Medical Examiners
Entry Level Supervision of an OT and an OTA
Supervision of an OTA by an OT

10/20/15

American Occupational Therapy Association (AOTA) Guidelines for Supervision

Entry level OT – supervision not required, recommend close supervision.

Entry level OTA – recommend close supervision.

Compilation of the Rules: Chapter 49, Subchapter B - Standards of Practice §§4903, 4915, 4919, 4925

§4903. Definitions

Client Care Conference—a meeting between the supervising OT, who must have previously evaluated and/or treated the client, and an OTA to discuss client progress or lack thereof, client issues, revision of goals, initiation, modification or termination of an individual program plan, assessment of utilization of additional resources, discharge and any other information which may affect a client's plan of care. Except when specifically required in this Chapter to be conducted by face to face conference, such meeting may be undertaken by telephone or other means of telecommunication which allows for simultaneous interactive discussion between the supervising OT and OTA.

Close Client Care Supervision—face to face observation of an OTA administering occupational therapy to a client, accompanied or followed in a timely fashion by verbal discussion of client goals, the individual program plan and other matters which may affect the client's plan of care.

Face to Face—direct communication between the OT supervising client care and an OTA, which is conducted in the physical presence of one another.

Service Competency—with respect to an OTA, means one who is appropriately trained and qualified to perform occupational therapy in accordance with the current standards of practice, as identified by the AOTA.

§4915. Individual Program Implementation

B. OTs shall implement the program according to the program plan. OTAs may assist in program implementation under the supervision of and in consultation with a supervising OT, as prescribed by §§4919/4925.

§4919. Quality Assurance and Service Competency

C. Any OT supervising an OTA must have performed and documented a service competency on the OTA. The OT must have previously evaluated and/or treated any client being seen by an OTA he or she is supervising. In addition:

1. initial service competency. Following acceptance of responsibility to supervise an OTA, but prior to utilization of such assistant in the implementation of any client program plan or other administration of occupational therapy to a client, the supervising OT shall initially evaluate and document the OTA's service competency to administer all occupational therapy services which are to be performed under his or her supervision and direction. The service competency is designed to document the OTA's skill set;
2. annual service competency. Following such an initial evaluation the supervising OT shall thereafter annually conduct and document a service competency to determine the OTA's skill set;
3. documentation of service competency. Documentation of initial and annual competency shall include the date the evaluation was performed, a description of the tasks evaluated, and the name, signature and Louisiana license number of the supervising OT conducting the service competency evaluation;
4. in practice settings where an OTA is supervised by more than one OT, service competencies (initial and/or annual) performed by one supervising OT will satisfy the requirements of this Section for all OTs supervising the OTA in the performance of the same services, provided that their name, signature and Louisiana license number appears on the evaluation;
5. a supervising OT shall insure such documentation is maintained by the OTA and at each clinic, facility or home health agency where the OTA practices under his or her supervision.

D. A supervising OT is responsible for and must be capable of demonstrating compliance with the requirements of this Chapter and AOTA supervision guidelines respecting supervision of OTAs.

§4925. Supervision of OTAs

A. The rules of this Section, together with those specified in §4915 and §4919, govern supervision of an OTA by a supervising OT in any clinical setting.

B. An OTA may assist in implementation of a client program plan in consultation with and under the supervision of an OT. Such supervision shall not be construed in every case to require the continuous physical presence of the supervising OT provided, however, that the supervising OT and the OTA must have the capability to be in contact with each other by telephone or other telecommunication which allows for simultaneous interactive discussion between the supervising OT and OTA. Supervision shall exist when the OT responsible for the client gives informed concurrence of the actions of the OTA and adheres to all requirements set forth in this Chapter.

C. Prior to Implementation of Program Plan. Prior to the administration of occupational therapy by an OTA, the supervising OT shall, in accordance with AOTA standards of practice as may from time to time be amended:

1. perform an evaluation;
2. identify and establish occupational therapy needs, goals and an individual program plan;
3. ensure that the documents created pursuant to §4925.C.1 and §4925.C.2 are made part of the client's record and accessible to the OTA prior to his or her first treatment session with the client; and
4. be available for a client care conference.

D. Throughout the Duration of Program Plan. Following implementation and throughout the duration of the program plan:

1. a supervising OT shall periodically and systematically re-evaluate the appropriateness of all services delivered. Such information shall be documented in the client's record, which shall be made available to the OTA. The supervising OT preparing such revisions shall communicate any critical aspect or significant change in the program plan to the OTA by means of a client care conference prior to the OTA's next treatment session with the client;

2. at all times during which an OTA assists in program plan implementation, the supervising OT shall be immediately accessible for a client care conference; and

3. an OTA shall not administer occupational therapy to any client whose physical, cognitive, functional or mental status differs substantially from that identified by the supervising OT's individual program plan in the absence of re-evaluation by, or an immediate prior client care conference with, the supervising OT.

E. In addition to the terms and conditions specified in §4919 and §4925.A-D, the following additional requirements are applicable to an OTA's administration of occupational therapy under the supervision of an OT.

1. In any clinical setting, other than specified by §4925.E.3: (Home Health Setting):
 - a. an OTA with less than one year of practice experience:
 - i. shall receive close client care supervision in each clinical setting for not less than one of every four, or 25+ percent, of those clients to whom he or she has administered occupational therapy during an average weekly case load;
 - ii. in addition, a client care conference shall be held with respect to each client to whom the OTA administers occupational therapy;
 - b. an OTA with more than one but less than two years of practice experience:
 - i. shall receive close client care supervision in each clinical setting for not less than one of every 10, or 10 percent, of those clients seen during an average weekly case load;
 - ii. in addition, a client care conference shall be held with respect to each client to whom the OTA administers occupational therapy;
 - c. an OTA with more than two years of practice experience:
 - i. shall receive a client care conference with respect to each client to whom the OTA administers occupational therapy.

2. *School System, Long-Term Psychiatric and Nursing Home Facility Settings.* In addition to the requirements prescribed in §4925.E.1, clients in school system, long-term psychiatric or nursing home facility settings shall be re-evaluated or treated by the supervising OT not less frequently than the earlier of once a month or every sixth treatment session.

3. *Home Health Setting.* The terms and conditions prescribed by §4925.E.1 shall not be applicable to a home health setting. An OTA may assist in implementation of a client program plan in a home health setting under the supervision of an OT provided all the following terms, conditions and restrictions of this Chapter, except §4925.E.1, are strictly observed:

- a. an OTA shall have had not less than 2 years practice experience in providing occupational therapy prior to administering occupational therapy in a home health environment;

b. each client in a home health setting to whom an OTA administers occupational therapy shall be re-evaluated or treated by the supervising OT not less frequently than the earlier of once every 2 weeks or every 6th treatment session; and

c. a face-to-face client care conference shall occur not less frequently than once every two weeks to discuss all clients to whom the OTA has administered occupational therapy in a home health setting. Such conference shall be documented by the supervising OT in a supervisory log and maintained by or at the home health entity.

Summary: Home Health – an OTA cannot work in a HH setting until has 2 years practice experience. Practice experience is defined as on-hands administrating of occupational therapy (not including clinicals). Two years is defined as 3200 hours of documented work as an occupational therapy practitioner.

4. Early Intervention Setting. The terms and conditions prescribed by §4925.E.1 shall not be applicable to an early intervention setting. An OTA may assist in implementation of a client program plan in an early intervention setting under the supervision of an OT provided all the following terms, conditions and restrictions of this Chapter, except §4925.E.1, are strictly observed:

a. an OTA shall have had not less than two years practice experience in providing occupational therapy prior to administering occupational therapy in an early intervention setting; (see Home Health summary above)

b. each client in an early intervention setting to whom an OTA administers occupational therapy shall be re-evaluated or treated by the supervising OT not less frequently than the earlier of once a month or every sixth treatment session; and

c. a client care conference shall occur not less frequently than the earlier of once every month or every sixth treatment session to discuss all clients to whom the OTA has administered occupational therapy in an early intervention setting. Such conference shall be documented and maintained by the supervising OT in a supervisory log

F. Mutual Obligations and Responsibilities. A supervising OT and OTA shall bear equal reciprocal obligations to insure strict compliance with the obligations, responsibilities and provisions set forth in this Chapter.

G. The administration of occupational therapy other than in accordance with the provisions of this Section and §4919 shall be deemed a violation of these rules, subjecting the OT and/or an OTA to suspension or revocation of licensure pursuant to §4921.B.18.