

259 CMR 3.00: Occupational Therapists

By the [Division of Professional Licensure](#)

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3.01: Definitions

AOTA. American Occupational Therapy Association.

~~**AOTCB.** American Occupational Therapy Certification Board, Inc., which is the national credentialing agency certifying qualified persons as occupational therapists and occupational therapy assistants.~~

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

Examination. The examination developed and administered by the ~~[AOTCBNBCOT](#)~~.

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

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Occupational Therapy Aide. A health care worker who is trained on the job to meet specific needs within an occupational therapy department. An aide is required to work under the direct supervision of an occupational therapist or occupational therapy assistant. An occupational therapy aide may also be known as a rehabilitation aide or other similar title.

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

Treatment. A treatment program shall be consistent with the statutory scope of practice and shall:

(a) Include the therapeutic use of goal-directed activities, exercises and techniques and the use of group process to enhance occupational performance. Treatment also includes the use of therapeutic agents or techniques in preparation for, or as an adjunct to, purposeful activity to enhance occupational performance. Treatment is directed toward maximizing functional skill and task-related performance for the development of a client's vocational, avocational, daily living or related capacities.

(b) Relate to physical, perceptual, sensory neuromuscular, sensory-integrative, cognitive or psychosocial skills.

(c) Include, where appropriate for such purposes, and under appropriate conditions, therapeutic agents and techniques based on approaches taught in an occupational therapy curriculum, included in a program of professional education in occupational therapy, specific certification programs, continuing education or in-service education. Such continuing education or in-service education must include documented educational goals and objective testing (written examination, practical examination, and/or written simulation or case study) to ascertain a level of competence. Therapeutic procedures provided must be consistent with the individual's level of competence.

(d) Require that appropriate supervision take place when an occupational therapist delegates treatment, including the employment of therapeutic agents and techniques to occupational therapy assistants, students, temporary license holders or occupational therapy aides, rehabilitation aides or persons known by other similar titles.

(e) Require that the occupational therapist, occupational therapy assistant, occupational therapist student, and occupational therapy assistant student shall:

1. comply with federal and state laws and Board regulations;
2. comply with the AOTA Standards of Practice and Code of Ethics; and
3. provide only those services that are in the best interest of the client.

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3.02: Use of Supportive Personnel

(1) **Responsibility for Supportive Personnel.** Primary responsibility for occupational therapy care rendered by supportive personnel rests with the supervising occupational therapist.

(2) **Supervision of Occupational Therapy Assistants and Occupational Therapy Aides.** Adequate supervision of occupational therapy assistants and occupational therapy aides requires, at a minimum, that a supervising occupational therapist perform the following:

- (a) provide initial evaluation;
- (b) interpret available information concerning the individual under care;
- (c) develop plan of care, including long and short term goals;
- (d) identify and document precautions, special problems, contraindications, anticipated progress, and plans for reevaluation;
- (e) select and delegate appropriate tasks in the plan of care;
- (f) designate or establish channels of written and oral communication;
- (g) assess competence of supportive personnel to perform assigned tasks;
- (h) direct and supervise supportive personnel in delegated tasks; and
- (i) re-evaluate, adjust plan of care when necessary, perform final evaluation and establish follow-up plan.

(3) Supervision by Occupational Therapists.

- (a) Occupational therapists must exercise their professional judgement when determining the number of supportive personnel they can safely and effectively supervise to ensure that quality care is provided at all times.
- (b) Licensed occupational therapy personnel must provide adequate staff to [patient/client](#) ratio at all times to ensure the provision of safe, quality care.
- (c) An occupational therapist must provide **supervision** to the following persons rendering occupational therapy services:

1. occupational therapy assistants; and
2. temporary license holders.

- (d) An occupational therapist must provide **direct supervision** to the following persons rendering occupational therapy services:

1. occupational therapist students;
2. occupational therapy assistant students; and
3. occupational therapy aides, rehabilitation aides, or persons known by other similar titles.

(4) Performance of Services by Occupational Therapy Assistants.

- (a) Occupational therapy assistants may not initiate or alter a treatment program without prior evaluation by and approval of the supervising occupational therapist.
- (b) Occupational therapy assistants may, with prior approval of the supervising occupational therapist, adjust a specific treatment procedure in accordance with changes in [patient/client](#) status.
- (c) Occupational therapy assistants may not interpret data beyond the scope of their occupational therapy assistant education.

(d) Occupational therapy assistants may respond to inquiries regarding **patient/client** status to appropriate parties within the protocol established by the supervising occupational therapist.

(e) Occupational therapy assistants shall refer inquiries regarding **patient/client** prognosis to a supervising occupational therapist.

(5) Supervision by Occupational Therapy Assistants.

(a) Occupational therapy assistants must exercise their professional judgement when determining the number of supportive personnel they can safely and effectively supervise to ensure that quality care is provided at all times.

(b) An occupational therapy assistant must provide **supervision** to occupational therapy assistants with temporary licenses.

(c) An occupational therapy assistant must provide **direct supervision** to the following persons providing occupational therapy services:

1. occupational therapy assistant students; and
2. occupational therapy aides, rehabilitation aides or persons known by other similar titles.

(6) Performance of Services by Occupational Therapy Aides. Activities which may be performed by occupational therapy aides under appropriate supervision are restricted to:

(a) follow-up of functional and ambulation activities;

(b) follow-up of routine specific exercises;

(c) application of superficial heat and cold; and

(d) non-treatment related activities, such as secretarial and housekeeping, transporting **patient/clients** and preparation for treatment. These activities must be performed under the **supervision** of an occupational therapist or occupational therapy ~~assist~~ assistant.

Note: An occupational therapist or occupational therapy ~~assist~~ assistant must provide **direct supervision** to an occupational therapy aide performing activities listed in 259 CMR 3.02(6)(a), (b) and (c).

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

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

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

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

- a. Objective data from assessments with established service competency; and
- b. Patient progress notes as directed by the Occupational Therapist.

3. The occupational therapy aide's primary role is to document the following:

- a. Objective information, such as number of repetitions performed, etc., on documents such as logs and flow sheets.

3.03: Co-signing of Documentation

~~(1)(a) The supervising occupational therapist must co-sign the documentation of occupational therapy students and those holding temporary licenses as occupational therapists.~~

~~(b) The supervising occupational therapist or occupational therapy assistant must co-sign the documentation of occupational therapy assistant students, those holding temporary licenses as occupational therapy assistants, and occupational therapy aides, rehabilitation aides, and persons known by other similar titles.~~

~~(2) Occupational therapy assistants are not required to have their documentation co-signed.~~

~~(3) Occupational therapy aides, rehabilitation aides, or persons known by other similar titles may not make entries in a patient's record regarding the patient's status. Information describing impairments (such as ROM, strength, cognition, balance, etc) and function, as well as subjective information (such as patient responses to treatment, report of symptoms and psychological status), is considered to be patient status information which may not be entered in a patient record by aides or persons known by similar titles. Objective information, such as the number of repetitions performed, may be entered on log and flow sheet type documents by aides and such other persons. Entries of objective information by aides and such other persons must be co-signed by the supervising occupational therapist or occupational therapy assistant, in accordance with the requirements of 259 CMR.~~

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3.04: Co-signing of Documentation

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

3.04: Designations

- ~~(1) An occupational therapist shall use the initials OTR/L after his name.~~
- ~~(2) A candidate for licensure as an occupational therapist, who has been issued a temporary license shall use the initials OT/c after her name.~~
- ~~(3) A student enrolled in an accredited program in occupational therapy shall use the initials OT/s after his name.~~
- ~~(4) A licensed occupational therapy assistant shall use the initials COTA/L after her name.~~
- ~~(5) A candidate for licensure as an occupational therapy assistant who has been issued a temporary license shall use the initials OTA/c after his name.~~
- ~~(6) A student enrolled in an accredited assistant program shall use the initials OTA/s after her name.~~

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3.05: Revocation of ~~AOTCBNBCOT~~ Certification or Discipline by ~~AOTCBNBCOT~~

Any licensee whose ~~AOTCBNBCOT~~ certification has been revoked or otherwise disciplined by the ~~AOTCBNBCOT~~ may be subject to disciplinary action by the Board based on the actions of the ~~AOTCBNBCOT~~.

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

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

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

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

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

REGULATORY AUTHORITY

259 CMR 3.00: M.G.L. c. 112, § 23A.