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To: RegReform (ANF)
Subject: Regulation Reform for OT Licensure

Public comment re: 259 CMR 3.00 Occupational Therapists

The MA OT regulations have not been revised since the implementation of licensure in 1984. They are outdated and no longer reflect current practice or terminology. The occupational therapy profession has undergone tremendous growth and change as a result of evolving health care systems, research, and advances within health care education and practice.

-The Office for Administration and Finance needs to recognize that the scope of occupational therapy practice reaches beyond the traditional "medical model". As a result, it is important to realize that current practice models for many occupational therapy practitioners include delivery of services in practice areas such as early intervention, schools and after school programs, mental health day treatment/behavioral health programs and other community-based settings. Practitioners also engage in health promotion and prevention activities, for example, aging in place initiatives, home modification, ergonomics, etc.

It is critical to ensure that each discipline represented within the Allied Health Board, (OT, PT and AT) is defined as a separate and distinct profession, reflecting its own individual needs and practice patterns.

AOTCB is no longer active. The certificate process/certification exam is administered by National Board for Certification in Occupational Therapy (NBCOT)

Overall language within the existing regulations needs to be updated to reflect current professional terminology and the "most current versions of official professional documents".

Reference documents should include:

- Occupational Therapy Practice Framework: Domain and Process-3rd edition
- Scope of Practice Document
- Standards of Practice for Occupational Therapy
- Occupational Therapy Code of Ethics and Ethics Standards
- Guidelines for Supervision Roles, and Responsibilities During the Delivery of Occupational Therapy Services

Important elements of the **Guidelines for Supervision Roles, and Responsibilities During the Delivery of Occupational Therapy Services** pertinent to regulatory revision:

- This document articulates the OTA's role within the OT service delivery process. One area that is within the scope of the OTA skills and knowledge, but has been prohibited in Massachusetts, is the ability to participate in the screening process. A screening is a hands-off, non-billable data collection process that is used to determine if a full occupational therapy evaluation is indicated. Currently, non-licensed personnel conduct screens for referral to occupational therapy, as in kindergarten screenings for example. Given that many OTAs provide services beyond the traditional medical model, in the community, regulations should not restrict the ability of the OTA to effectively fulfill their role to meet the needs of the clients they serve.

-The role of Occupational Therapy "Aides" should be clearly differentiated from that of the Occupational Therapy Assistant (OTA) and should never be included in the same statement or paragraph delineating roles within the regulations. OT "Aides" provide supportive services to the occupational therapist and the occupational therapy assistant. They are not primary service providers of skilled occupational therapy in any practice setting..

- Occupational therapy "aides" should receive direct supervision from an occupational therapist or occupational therapy assistant.

-The occupational therapy assistant works in partnership with and under the occupational therapist: collaboratively, they are responsible for developing a plan of supervision based on required service competency for the setting, the diagnostic case mix, the expertise and competence of the OTA. The occupational therapist should meet with the OTA on a regular basis to ensure timely review and feedback to direct the delivery of occupational therapy services provided by the occupational therapy assistant. Supervision can occur in person or through virtual/technological methods.

-Current regulations require that there be an "OT on-site" for OT/OTA students to participate in their Level II fieldwork placements, a mandatory requirement for completion of their academic degree. This regulation has prohibited full-time Level II placement opportunities in settings with part-time OT practitioners, or in settings that are community based or emerging (non-traditional) practice areas where an OT practitioner may serve in a consulting role. ACOTE standards require that academic programs utilizing such settings:

C.1.16 Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition and the ability of the student.

C.1.17 Ensure that supervision provided in a setting where no occupational therapy exist includes a documented plan for the provision of occupational therapy services and supervision by a currently licensed otherwise regulated occupational therapist with at least 3 years full time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An On-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

It is important to note that OT students who participate in community based fieldwork opportunities have more training, competency and supervisory support than some of the hired employees who are unskilled/under trained which poses a potential for harm to consumers.

It is hoped that these statements can be useful in supporting the necessary revisions once the pause set forth pursuant to Executive Order #562 is released.

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