West Virginia Board of Occupational Therapy

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Position Statement

Subject: Supervision of (C)OTA in Early Intervention and Home Health Settings

REVIEW OF LEGISLATIVE RULES/PRACTICE ACT: West Virginia Code (ß13-1-12) dictates the occupational therapist must be directly involved through a face-to-face visit with the patient during the initial evaluation and establishment of the intervention plan, and prior to any change in the plan, such as adding, changing, renewing, or discontinuing occupational therapy goals.

POSITION CLARIFICATION: The intent of this Position Statement is to provide clarification in areas of practice that are not clinic or facility based, but occur in a patient's natural environment. It is the responsibility of OT(R)'s and (C)OTA's to follow guidelines outlined in the Legislative Rules regarding the provision and documentation of supervision. The following sections clarify when the OT(R) should be providing direct contact, as set forth in the Legislative Rules.

HOME HEALTH: The OT(R) is responsible for the evaluation of the patient. The OT(R) must have direct contact with the patient before any changes in the treatment plan can be made. The OT(R) must have direct contact with the patient to re-evaluate if there is a significant improvement or significant decline in the patient's condition prior to the (C)OTA resuming treatment with the patient.

EARLY INTERVENTION: The OT(R) is responsible for the evaluation of the child. The OT(R) must provide direct contact prior to any change in the child's IFSP. This would include prior to a six-month review, or any team meetings where goals will be reviewed and potentially modified. The (C)OTA can participate in the meetings, provided there is documentation of the OT(R)'s direct contact with the child and documentation of pre-planning with the (C)OTA. The (C)OTA should not participate in meetings as the sole occupational therapy representative where goals/outcomes will be reviewed and potentially modified without documentation of direct contact by the OT(R) and pre-planning has occurred and is documented.

Although the guidelines above provide minimum requirements for direct contact by the OT(R) with the patient/child, best practice should always be considered, not only in the treatments and services being provided, but also in supervision of (C)OTA's and OT(R) contact with the patient/child.

All Practitioners are reminded that the Practice Act and Legislative Rules are in place to protect consumers. All OT(R)'s and (C)OTA's must comply with licensure laws. However, a particular facility, company, or payor of heath care services may set forth policies, procedures, and practices which exceed these laws. Practitioners are legally bound to law and procedurally obligated to comply with employer's policies and procedures. Any practice which broaches the intent of the law should be addressed to the licensure board. It is always the mutual responsibility of the OT(R) and (C)OTA to assure competent high-quality care is conferred upon recipients of OT intervention and that optimal outcomes are achieved.