

PROFESSIONAL LICENSURE DIVISION[645]

Adopted and Filed

Pursuant to the authority of Iowa Code section 147.76, the Board of Physical and Occupational Therapy hereby amends Chapter 206, “Licensure of Occupational Therapists and Occupational Therapy Assistants,” and Chapter 209, “Discipline for Occupational Therapists and Occupational Therapy Assistants,” Iowa Administrative Code.

These amendments define occupational therapy practice, update supervision requirements, remove outdated language for renewal to be consistent with Iowa Code chapter 147 and clarify that conviction of a crime includes when judgment of conviction or sentence was deferred.

Notice of Intended Action was published in the Iowa Administrative Bulletin on May 30, 2012, as **ARC 0134C**. A public hearing was held June 20, 2012, from 8 to 8:30 a.m. in the Fifth Floor Board Conference Room 526, Lucas State Office Building, Des Moines, Iowa. Public comment was received supporting the proposed amendments. These amendments are identical to those published under Notice of Intended Action.

These amendments were adopted by the Board of Physical and Occupational Therapy on July 5, 2012. After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code sections 147.3, 147.10, 147.55, 148B.1, 148B.2, 148B.4 and 148B.5.

These amendments will become effective August 29, 2012.

The following amendments are adopted.

ITEM 1. Adopt the following **new** definition of “Occupational therapy practice” in rule **645—206.1(147)**:

“*Occupational therapy practice*” means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. The practice of occupational therapy includes:

1. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:

- Client factors, including body functions (such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement) and values, beliefs, and spirituality.

- Habits, routines, roles, rituals, and behavior patterns.

- Physical and social environments; cultural, personal, temporal and virtual contexts; and activity demands that affect performance.

- Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication and social skills.

2. Methods or approaches selected to direct the process of interventions, including:

- Establishment of a skill or ability that has not yet developed or remediation or restoration of a skill or ability that is impaired or is in decline.

- Compensation, modification, or adaptation of activity or environment to enhance performance or to prevent injuries, disorders, or other conditions.

- Retention and enhancement of skills or abilities without which performance in everyday life activities would decline.

- Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
 - Prevention of barriers to performance and participation, including injury and disability prevention.
3. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
- Therapeutic use of occupations, exercises, and activities.
 - Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance.
 - Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
 - Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 - Education and training of individuals, including family members, caregivers, groups, populations, and others.
 - Care coordination, case management, and transition services.
 - Consultative services to groups, programs, organizations, or communities.
 - Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
 - Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 - Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
 - Low vision rehabilitation.
 - Driver rehabilitation and community mobility.
 - Management of feeding, eating, and swallowing to enable eating and feeding performance.
 - Application of physical agent modalities and use of a range of specific therapeutic procedures (such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy) to enhance performance skills.
 - Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.

ITEM 2. Rescind rule 645—206.8(272C) and adopt the following **new** rule in lieu thereof:

645—206.8(148B) Supervision requirements.

206.8(1) Care rendered by unlicensed assistive personnel shall not be documented or charged as occupational therapy unless direct on-site supervision is provided by an OT or in-sight supervision is provided by an OTA.

206.8(2) Occupational therapist supervisor responsibilities. The supervisor shall:

- a. Provide supervision to a licensed OTA, OT limited permit holder and OTA limited permit holder.
- b. Provide on-site supervision or supervision by telecommunication as long as the occupational therapy services are rendered in accordance with the provisions of subrule 206.8(5).
- c. Assume responsibility for all delegated tasks and shall not delegate a service which exceeds the expertise of the OTA or OTA limited permit holder.
- d. Provide evaluation and development of a treatment plan for use by the OTA.
- e. Ensure that the OTA, OT limited permit holder and OTA limited permit holder under the OT's supervision have current licenses to practice.
- f. Ensure that the signature of an OTA on an occupational therapy treatment record indicates that the occupational therapy services were provided in accordance with the rules and regulations for practicing as an OTA.

206.8(3) The following are functions that only an occupational therapist may provide and that shall not be delegated to an OTA:

- a.* Interpretation of referrals;
- b.* Initial occupational therapy evaluation and reevaluations;
- c.* Identification, determination or modification of patient problems, goals, and care plans;
- d.* Final discharge evaluation and establishment of the discharge plan;
- e.* Assurance of the qualifications of all assistive personnel to perform assigned tasks through written documentation of their education or training that is maintained and available at all times;
- f.* Delegation of and instruction in the services to be rendered by the OTA including, but not limited to, specific tasks or procedures, precautions, special problems, and contraindicated procedures; and
- g.* Timely review of documentation, reexamination of the patient and revision of the plan when indicated.

206.8(4) Supervision of unlicensed assistive personnel. OTs are responsible for patient care provided by unlicensed assistive personnel under the OT's supervision. Unlicensed assistive personnel shall not provide independent patient care unless each of the following standards is satisfied:

- a.* The supervising OT shall physically participate in the patient's treatment or evaluation, or both, each treatment day;
- b.* The unlicensed assistive personnel shall provide independent patient care only while under the on-site supervision of the supervising OT;
- c.* Documentation made in occupational therapy records by unlicensed assistive personnel shall be cosigned by the supervising OT; and
- d.* The supervising OT shall provide periodic reevaluation of the performance of unlicensed assistive personnel in relation to the patient.

206.8(5) The OT must participate in treatment including direct face-to-face patient contact every twelfth visit or 60 calendar days, whichever comes first, for all patients regardless of setting and must document each visit.

206.8(6) Occupational therapy assistant responsibilities.

- a.* The occupational therapy assistant:
 - (1) Shall provide only those services for which the OTA has the necessary skills and shall consult the supervising occupational therapist if the procedures are believed not to be in the best interest of the patient;
 - (2) Shall gather data relating to the patient's disability during screening, but shall not interpret the patient information as it pertains to the plan of care;
 - (3) Shall communicate any change, or lack of change, which occurs in the patient's condition and which may need the assessment of the OT;
 - (4) Shall provide occupational therapy services only under the supervision of the occupational therapist;
 - (5) Shall provide treatment only after evaluation and development of a treatment plan by the occupational therapist;
 - (6) Shall refer inquiries that require interpretation of patient information to the occupational therapist;
 - (7) Shall have on-site or immediate telecommunicative supervision as long as the occupational therapy services are rendered in accordance with the provisions of subrule 206.8(5);
 - (8) May receive supervision from any number of occupational therapists;
 - (9) Shall maintain documentation of supervision on a daily basis that shall be available for review upon request of the board.
- b.* The signature of an OTA on the occupational therapy treatment record indicates that occupational therapy services were provided in accordance with the rules and regulations for practicing as an OTA.

206.8(7) Unlicensed assistive personnel. Unlicensed assistive personnel may assist an OTA in providing patient care in the absence of an OT only if the OTA maintains in-sight supervision of the unlicensed assistive personnel and the OTA is primarily and significantly involved in that patient's care.

206.8(8) The occupational therapy limited permit holder may evaluate clients, plan treatment programs, and provide periodic reevaluations under supervision of a licensed occupational therapist who shall bear full responsibility for care provided under the occupational therapist's supervision.

ITEM 3. Rescind rule **645—206.9(147)**.

ITEM 4. Renumber rule **645—206.10(147)** as **645—206.9(147)**.

ITEM 5. Renumber rule **645—206.12(147)** as **645—206.10(147)**.

ITEM 6. Amend renumbered subrule 206.10(1) as follows:

206.10(1) The biennial license renewal period for a license to practice as an occupational therapist or occupational therapy assistant shall begin on the sixteenth day of the birth month and end on the fifteenth day of the birth month two years later. ~~The board shall send a renewal notice by regular mail to each licensee at the address on record at least 60 days prior to the expiration of the license.~~ The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive ~~the~~ notice from the board does not relieve the licensee of the responsibility for renewing the license.

ITEM 7. Renumber rules **645—206.18(17A,147,272C)** and **645—206.19(17A,147,272C)** as **645—206.11(17A,147,272C)** and **645—206.12(17A,147,272C)**.

ITEM 8. Amend subrule 209.2(11) as follows:

209.2(11) Conviction of a crime related to the profession or occupation of the licensee or the conviction of any crime that would affect the licensee's ability to practice ~~occupational therapy~~ within the profession, regardless of whether the judgment of conviction or sentence was deferred. A copy of the record of conviction or plea of guilty shall be conclusive evidence.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.