

To restore the use of OT and OTA as consistent with the OT Practice Act

§372.1, Provision of Services

(a) Medical Conditions.

(1) Treatment for a medical condition by an occupational therapy practitioner requires a referral from a licensed referral source.

(2) The referral may be an oral or signed written order. If oral, it must be followed by a signed written order.

(3) If a written referral signed by the referral source is not received by the third treatment or within two weeks from the receipt of the oral referral, whichever is later, the therapist must have documented evidence of attempt(s) to contact the referral source for the written referral (e.g., registered letter, fax, certified letter, email, return receipt, etc.). The therapist must exercise professional judgment to determine cessation or continuation of treatment with a receipt of the written referral.

(b) Non-Medical Conditions.

(1) Consultation, monitored services, and evaluation for need of services may be provided without a referral.

(2) Non-medical conditions do not require a referral. However, a referral must be requested at any time during the evaluation or treatment process when necessary to insure the safety and welfare of the consumer.

(c) Screening. A screening may be performed by an occupational therapy practitioner.

(d) Evaluation.

(1) Only an **occupational therapist** ~~OTR or LOT~~ may perform the evaluation.

(2) An occupational therapy plan of care must be based on an occupational therapy evaluation.

(3) The **occupational therapist** ~~OTR or LOT~~ must have face-to-face, real time interaction with the patient or client during the evaluation process.

(4) The **occupational therapist** ~~OTR or LOT~~ may delegate to an **occupational therapy assistant** ~~a COTA, LOTA~~ or temporary licensee the collection of data for the assessment. The **occupational therapist** ~~OTR or LOT~~ is responsible for the accuracy of the data collected by the assistant.

(e) Plan of Care.

(1) Only an **occupational therapist** ~~OTR, LOT or OT~~ may initiate, develop, modify or complete an occupational therapy plan of care. It is a violation of the OT Practice Act for an **occupational therapy assistant** ~~a COTA/LOTA~~ to dictate, or attempt to dictate, when occupational therapy services should or should not be provided, the nature and frequency of services that are provided, when the patient should be discharged, or any other aspect of the provision of occupational therapy as set out in the OT Act and Rules.

(2) The **occupational therapist** ~~OTR, LOT or OT~~ and an **occupational therapy assistant** ~~COTA, LOTA or OTA~~ may work jointly to revise the short-term goals, but the final determination resides with the **occupational therapist** ~~OTR or LOT~~. Revisions to the plan of care and goals must be documented by the **occupational therapist** ~~OTR/LOT~~ and/or **occupational therapy assistant** ~~COTA/LOTA~~ to reflect revisions at the time of the change.

(3) An occupational therapy plan of care may be integrated into an interdisciplinary plan of care, but the occupational therapy goals or objectives must be easily identifiable in the plan of care.

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(4) Only occupational therapy practitioners licensed by the Texas Board of Occupational Therapy Examiners (TBOTE) may implement the plan of care once it is established.

(5) Only the occupational therapy practitioner may train non-licensed personnel or family members to carry out specific tasks that support the occupational therapy plan of care.

(6) The **occupational therapist** ~~OTR or LOT~~ is responsible for determining whether intervention is needed and if a referral is required for occupational therapy intervention.

(7) The occupational therapy practitioners must have face-to-face, real time interaction with the patient or client during the intervention process.

(8) Except where otherwise restricted by rule, the supervising **occupational therapist** ~~OTR or LOT~~ may only delegate to **an occupational therapy assistant** ~~a COTA, LOTA or temporary licensee~~ tasks that they both agree are within the competency level of that **occupational therapy assistant** ~~COTA, LOTA~~ or temporary licensee.

(9) The **occupational therapy assistant** ~~COTA or LOTA~~ must include the name of his or her supervising **occupational therapist** ~~OTR or LOT~~ in each treatment note. If there is not a current supervising **occupational therapist** ~~OTR or LOT~~, the **occupational therapy assistant** ~~COTA or LOTA~~ cannot treat.

(f) Discharge.

(1) Only an **occupational therapist** ~~OTR or LOT~~ has the authority to discharge patients from occupational therapy services. The discharge is based on whether the patient or client has achieved predetermined goals, has achieved maximum benefit from occupational therapy services; or when other circumstances warrant discontinuation of occupational therapy services.

(2) The **occupational therapist** ~~OTR or LOT~~ is responsible for the content and validity of the discharge summary and must sign the discharge summary.