

August 11, 2025

Toby Snell
402 West Washington Street, Room W02
Indianapolis, IN 46204

RE: Comments on LSA Document #25-329

Dear Toby:

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 213,000 occupational therapists, occupational therapy assistants, and students of occupational therapy, including 1158 members in Indiana. The practice of occupational therapy is science-driven, evidence-based, and enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, and disability. AOTA supports the Indiana Occupational Therapy Committee in its mission to protect the health, safety, and welfare of Indiana consumers and the authority of the Board to create regulations to achieve this mission.

On behalf of AOTA, I am writing to provide comment on the proposed changes to regulation 844 IAC 10-5-5, Supervision of an occupational therapy assistant and 844 IAC 10-5-6, Documentation.

Regarding the supervision regulation, AOTA is concerned is that the addition of the word “complete” could lead some to believe that an occupational therapy assistant can initiate an occupational therapy treatment plan. According to AOTA’s official document *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (see attached), an OTA “contributes to the evaluation process by implementing delegated assessments...” The occupational therapist (OT) “initates and directs the evaluation, interprets the data and develops the intervention plan.” It is not unreasonable to presume that the word “complete” in this context could be misconstrued as authorizing an OTA to act independently of the OT. We recommend either clarifying what is meant by the addition of the word “complete” in this proposed rule change or deleting it altogether.

Regarding the proposed changes to the documentation regulation, AOTA is concerned that requiring all OTA documentation to be countersigned by the supervising OT would be a burdensome requirement that could take both the OT’s and OTA’s valuable time away from patient treatment. Our research indicates that no state requires a countersignature on “all documentation recorded by the [OTA].” Some states require a countersignature for changes to the treatment plan or for documentation generated by a student or temporary or limited permit holder, but not for all documentation generated by a licensed OTA. Some states allow for countersignature as an option to show proof of supervision, and notably, others state clearly in statute or regulations that a countersignature or co-signature is not to be considered evidence of meeting

the minimal standard of supervision for an OTA. We are glad to work with the Committee and the Indiana Occupational Therapy Association to come up with a less time-consuming method by which an OT may document supervision of an OTA.

Thank you for the opportunity to comment on the proposed changes and if it would be helpful, we could be available at a future meeting to discuss our concerns. Please contact me at kneville@aota.org or 240-800-5981 if you have questions or need additional information about AOTA's position.

Sincerely,

A handwritten signature in black ink that reads "Kristen Neville". The signature is written in a cursive, flowing style.

Kristen Neville
Manager, State Affairs

cc: Laura Aust, MS, OTD, OTR, President, Indiana Occupational Therapy Association

Enclosure

Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services

This document is a set of guidelines describing the supervision, roles, and responsibilities of occupational therapy practitioners. Intended for both internal and external audiences, it also provides an outline of the roles and responsibilities of occupational therapists, occupational therapy assistants, and occupational therapy aides during the delivery of occupational therapy services.

General Supervision

These guidelines provide a definition of supervision and outline parameters regarding effective supervision as it relates to the delivery of occupational therapy services. The guidelines themselves cannot be interpreted to constitute a standard of supervision in any particular locality. Occupational therapists, occupational therapy assistants, and occupational therapy aides are expected to meet applicable state or jurisdictional and federal regulations, adhere to relevant workplace and payer policies and to the *Occupational Therapy Code of Ethics* (2015) ([American Occupational Therapy Association \[AOTA\], 2015](#)), and participate in ongoing professional development activities to maintain continuing competence.

Within the scope of occupational therapy practice, supervision is a process aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and professional development. In addition, in these guidelines, *supervision* is viewed as a cooperative process in which two or more people participate in a joint effort to establish, maintain,

and/or elevate competence and performance. Supervision is based on mutual understanding between the supervisor and the supervisee about each other's education, experience, credentials, and competence. The supervisory relationship and supervisory process provide education and support, foster growth and development, promote effective utilization of resources, and encourage creativity and innovation.

Supervision of Occupational Therapists and Occupational Therapy Assistants

Occupational Therapists

Based on their education and training, occupational therapists, after initial certification and relevant state licensure or other governmental requirements, are autonomous practitioners who are able to deliver occupational therapy services independently. Occupational therapists are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of occupational therapy services and the service delivery process. Occupational therapists are encouraged to seek peer supervision,

interprofessional collaboration, and mentoring to promote their ongoing professional development and to ensure they are using best practice approaches in the delivery of occupational therapy services.

Occupational Therapy Assistants

Based on their education and training, occupational therapy assistants, after completing initial certification and meeting state or jurisdictional regulatory requirements, receive supervision from an occupational therapist when delivering occupational therapy services. Occupational therapy assistants deliver occupational therapy services within a supervisory relationship and in partnership with occupational therapists.

General Principles

1. Occupational therapists and occupational therapy assistants are equally responsible for developing a collaborative plan for supervision. The occupational therapist is ultimately responsible for the implementation of appropriate supervision, but the occupational therapy assistant also has a responsibility to seek and obtain appropriate supervision.
2. To ensure safe and effective occupational therapy services, it is the responsibility of occupational therapy practitioners to recognize when they require peer supervision or mentoring that supports current and advancing levels of competence and professional development.
3. The specific frequency, methods, and content of supervision may vary depending on the client (person, group, or population) and on the
 - a. Complexity of client needs,
 - b. Number and diverse needs of the client,
 - c. Knowledge and skill levels of the occupational therapist and the occupational therapy assistant,
 - d. Type of practice setting,
 - e. Service delivery approach,
 - f. Requirements of the practice setting,
 - g. Payer requirements, and
 - h. Other regulatory requirements.
4. More frequent supervision of the occupational therapy assistant may be necessary when
 - a. The needs of the client and the occupational therapy process are complex, diverse, and changing or
 - b. The occupational therapist and occupational therapy assistant collaborate and determine that additional supervision is necessary to ensure safe and effective delivery of occupational therapy services.
5. A variety of types and methods of supervision apply to occupational therapy practice settings. Methods can include, but are not limited to, direct face-to-face contact and indirect contact. Examples of methods or types of supervision that involve direct face-to-face contact include observation, modeling, demonstration with a client, discussion, teaching, and instruction. Examples of methods or types of supervision that involve indirect contact include phone and virtual interactions, telehealth, written correspondence, and other forms of secure electronic exchanges.
6. Occupational therapists and occupational therapy assistants must abide by facility, state or jurisdictional, and payer requirements regarding the documentation of a supervision plan and supervision contacts. Documentation may include the following information:
 - a. Frequency of supervisory contact
 - b. Methods or types of supervision
 - c. Content areas addressed
 - d. Evidence to support areas of practice and levels of competence applicable to the setting
 - e. Names and credentials of the persons participating in the supervisory process.

Roles and Responsibilities of Occupational Therapists and Occupational Therapy Assistants

Overview of the Occupational Therapy Process

The focus of occupational therapy is to assist the client in “achieving health, well-being, and participation in life through engagement in occupation” (AOTA, 2020). Occupational therapy addresses the needs and goals of the client related

to engagement in areas of occupation, and the profession's domain consists of occupations, contexts, performance patterns, performance skills, and client factors that may influence participation in various areas of occupation.

The occupational therapist must be directly involved in the delivery of services during the initial evaluation and regularly throughout the course of intervention planning, implementation, and review and outcome evaluation.

1. The occupational therapy assistant delivers safe and effective occupational therapy services under the supervision of and in partnership with the occupational therapist.
2. It is the responsibility of the occupational therapist to determine when to delegate responsibilities to an occupational therapy assistant. It is the responsibility of the occupational therapy assistant who performs the delegated responsibilities to demonstrate service competence and to not accept delegated responsibilities that go beyond the legal and professional scope or beyond the demonstrated skill and competence of the occupational therapy assistant.
3. The occupational therapist and the occupational therapy assistant demonstrate and document service competence for clinical and professional reasoning and judgment during the service delivery process and for the performance of specific assessments, techniques, and interventions used.
4. When delegating aspects of occupational therapy services, the occupational therapist considers the following factors:
 - a. Complexity of the client's condition and needs
 - b. Knowledge, skill, and competence of the occupational therapy assistant
 - c. Nature and complexity of the intervention
 - d. Needs and requirements of the practice setting
 - e. Appropriate scope of practice of the occupational therapy assistant within the boundaries of jurisdictional regulations, payment source requirements, and other requirements.

Roles and Responsibilities

Regardless of the setting in which occupational therapy services are delivered, occupational therapists and

occupational therapy assistants assume the following general responsibilities during the evaluation process, the intervention process, and the process of targeting and evaluating outcomes.

Evaluation

1. The occupational therapist directs the evaluation process.
2. The occupational therapist is responsible for directing all aspects of the initial contact during the occupational therapy evaluation, including
 - a. Determining the need for service,
 - b. Defining the problems within the domain of occupational therapy to be addressed,
 - c. Determining the client's goals and priorities,
 - d. Establishing intervention priorities,
 - e. Determining specific further assessment needs, and
 - f. Determining specific assessment tasks that can be delegated to the occupational therapy assistant.
3. The occupational therapist initiates and directs the evaluation, interprets the data, and develops the intervention plan.
4. The occupational therapy assistant contributes to the evaluation process by implementing delegated assessments and by providing verbal and written reports of assessments, analysis of performance, and client capacities to the occupational therapist.
5. The occupational therapist interprets the information provided by the occupational therapy assistant and integrates that information into the evaluation and decision-making process.

Intervention Planning

1. The occupational therapist has overall responsibility for the development of the occupational therapy intervention plan.
2. The occupational therapist and the occupational therapy assistant collaborate with the client to develop the plan.
3. The occupational therapy assistant is responsible for understanding evaluation results and providing input

into the intervention plan on the basis of client needs and priorities.

Intervention Implementation

1. The occupational therapist has overall responsibility for intervention implementation.
2. When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision.
3. The occupational therapy assistant is responsible for understanding and supporting the client's occupational therapy goals.
4. The occupational therapy assistant, in collaboration with the occupational therapist, selects, implements, and makes modifications to occupational therapy interventions consistent with demonstrated competence levels, client goals, and the requirements of the practice setting, including payment source requirements.

Intervention Review

1. The occupational therapist is responsible for determination of the need to continue, modify, or discontinue occupational therapy services.
2. The occupational therapy assistant contributes to this process by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications during intervention.

Outcomes

1. The occupational therapist is responsible for the selection, measurement, and interpretation of outcomes related to the client's ability to engage in occupations.
2. The occupational therapy assistant is responsible for being knowledgeable about the client's targeted occupational therapy outcomes and for providing information and documentation related to outcome achievement.
3. The occupational therapy assistant may implement outcome measurements and provide needed resources for transition or discharge.

Service Delivery Outside of Occupational Therapy Practice Settings

The education and expertise of occupational therapists and occupational therapy assistants prepare them for employment in arenas other than those typically related to the delivery of occupational therapy. In these other arenas, supervision of the occupational therapy assistant may be provided by non-occupational therapy professionals, or supervisory relationships may not be applicable when the occupational therapy assistant is a sole proprietor.

1. The guidelines of the setting, regulatory agencies, and funding sources may direct the supervision requirements.
2. The occupational therapist and occupational therapy assistant should obtain and use credentials or job titles commensurate with their roles in these other employment arenas.
3. The following sources can be used to determine whether the services provided are related to the delivery of occupational therapy:
 - a. State or jurisdictional practice acts
 - b. Regulatory agency standards and rules
 - c. Payment and reimbursement sources
 - d. *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020) and other AOTA official documents
 - e. Written or verbal concurrence among the occupational therapist, the occupational therapy assistant, the client, and the agency or payer about the services provided.

Supervision of Occupational Therapy Aides

An *aide*, as the term is used in occupational therapy practice, is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Aides do not provide skilled occupational therapy services. An aide is trained by an occupational therapist or an occupational therapy assistant to perform specifically delegated tasks. The occupational

therapist is responsible for the overall use and actions of the aide. An aide first must demonstrate competence before performing assigned, delegated client-related and non-client-related tasks.

1. The occupational therapist oversees the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the occupational therapy aide to carry out client-related and non-client-related tasks. The occupational therapy assistant may contribute to the development, documentation, and implementation of this plan.
2. The occupational therapy assistant can serve as the direct supervisor of the aide.
3. *Non-client-related tasks* include clerical activities and preparation of the work area or equipment.
4. *Client-related tasks* are routine tasks during which the aide may interact with the client. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:
 - a. The outcome anticipated for the delegated task is predictable.
 - b. The client's condition and the environment are stable and will not require that judgment, interpretations, or adaptations be made by the aide.
 - c. The client has demonstrated previous performance ability in executing the task.
 - d. The task routine and process have been clearly established.
5. When delegating client-related tasks, the supervisor must ensure that the aide
 - a. Is trained and able to demonstrate competence in carrying out the selected task and using related equipment, if appropriate;
 - b. Has been instructed on how specifically to carry out the delegated task with the specific client;
 - c. Knows the precautions, signs, and symptoms for the particular client that would indicate the need to seek assistance from the occupational therapist or occupational therapy assistant; and
 - d. Is not used to perform billable functions that are prohibited by the payment source of the client being served.

6. The supervision of the aide needs to be documented (e.g., orientation checklist, performance review, skills checklist, in-service participation). Documentation includes information about the frequency and methods of supervision used, the content of supervision, and the names and credentials of all persons participating in the supervisory process.

Summary

These guidelines are designed to define and delineate the professional roles of occupational therapy practitioners. The guidelines also address supervision when occupational therapy practitioners provide services in arenas outside typical occupational therapy practice settings. It is expected that occupational therapy services are delivered in accordance with applicable state or jurisdictional and federal regulations, relevant workplace policies, the *Occupational Therapy Code of Ethics (2015)* (AOTA, 2015), and continuing competence and professional development guidelines. For information regarding the supervision of occupational therapy students, refer to *Fieldwork Level 2 and Occupational Therapy Students* (AOTA, 2018).

References

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- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>

Additional Reading

- American Occupational Therapy Association. (2015). Standards for continuing competence. *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410055. <https://doi.org/10.5014/ajot.2015.696S16>
- American Occupational Therapy Association. (2015). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410057. <https://doi.org/10.5014/ajot.2015.696S06>
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Revised by the Commission on Practice, 2020

Adopted by the Representative Assembly Coordinating Committee (RACC) on behalf of the Representative Assembly (RA), June 2020

Note. This document replaces the 2014 document *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services*, previously published and copyrighted by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 68(Suppl. 3), S16–S22. <https://doi.org/10.5014/ajot.2014.686S03>

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