

# OCCUPATIONAL THERAPY VA SUPERVISION GUIDELINES 2016



**ACHIEVE BEYOND**

*Pediatric Therapy & Autism Services*

11240 Waples Mill Rd., Suite 101 • Fairfax, VA 22030 • Tel 703-237-2219- • Fax (703) 237-2729

14130 Noblewood Plaza, Suite 301 • Woodbridge, VA 22193 • Tel 571-402-7550- • Fax (703) 237-2729

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# Who is an Occupational Therapy Assistant (COTA)?

- ▶ “‘Occupational therapy assistant’ means an occupational therapy assistant who is licensed by the Board to provide occupational therapy services under the supervision of and in partnership with a licensed occupational therapist.” -AOTA

# Roles of OT and COTA:

- ▶ “The **occupational therapist** is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process. The occupational therapy service delivery process involves evaluation, intervention planning, intervention implementation, intervention review, and outcome evaluation.”
- ▶ “A **occupational therapy assistant** delivers occupational therapy services under the supervision of and in partnership with the occupational therapist.”
- ▶ “It is the responsibility of the **occupational therapist** to determine when to delegate responsibilities to **occupational therapy assistant**. It is the responsibility of the **occupational therapy assistant** who performs the delegated responsibilities to demonstrate competency.”
- ▶ “The **occupational therapist** and the **occupational therapy assistant** should be able to demonstrate and document competency for clinical reasoning and judgment during the service delivery process as well as for the performance of specific techniques, assessments, and intervention methods used.

# Types of Supervision

## ▶ **What does supervision mean? –**

“Cooperative process in which two or more people participate in a joint effort to establish, maintain, and/or elevate a level of competence and performance. Within the scope of occupational therapy practice, supervision is aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development.” – AOTA.

## ▶ **Indirect Contact/Supervision -**


\* Examples: phone conversations, written correspondence, electronic exchanges, and other methods using secure telecommunication technology.

## ▶ **Direct face-to-face contact/Supervision –**

\* Examples: observing sessions, modeling, co-treatment, discussions, teaching, instruction, and video conferencing.

# Direct Supervision

- **Supervision Form** must be used and completed when observing the assistant as part of the supervisor's DIRECT supervision hours.
- Submit the completed supervision form to the Director of Clinical Services with your supervision timesheet.



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### Supervision Form

Therapist Name \_\_\_\_\_ Discipline \_\_\_\_\_ Supervision Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient Observed \_\_\_\_\_ Supervision Time \_\_\_\_:\_\_\_\_ am/pm

Observations / notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


Suggestions for the future / Recommendations: \_\_\_\_\_  
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\_\_\_\_\_

Clinical Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature of Receipt \_\_\_\_\_

White = Company • Yellow = Supervisor • Pink = Therapist

# Supervision Parameters

- ▶ Occupational therapists and occupational therapy assistants must document a supervision plan and supervision contacts. Documentation should include:
    1. Frequency of supervisory contact
    2. Method(s) or type(s) of supervision
    3. Content areas addressed
    4. Names and credentials of the persons participating in the supervisory process.
- 

# Supervision Parameters

- ▶ “The frequency, methods, and content of supervision are dependent on the complexity of patient needs, number and diversity of patients, demonstrated competency and experience of the assistant, and the type and requirements of the setting.”
- ▶ “The occupational therapist providing clinical supervision shall meet with the occupational therapy assistant to review and evaluate treatment and progress of the individual patients at **least once every tenth treatment session or 30 calendar days**, whichever occurs first.”
- ▶ “An occupational therapist may provide clinical supervision for **up to six occupational therapy personnel**, to include **no more than three occupational therapy assistants at any one time**.”

# Supervision Parameters

- ▶ **A occupational therapy assistant shall NOT:**
  - Perform measurement, data collection or care prior to the evaluation of the patient by the occupational therapist.
  - Document patient evaluation and re-evaluation.
  - Establish or change a plan of care (POC).
  - Write a discharge summary.
  - Write progress reports to another health care professional, as distinguished from daily chart notes.
  - Be the sole occupational therapy representative in any meeting with other health care professionals where the patient's plan of care is assessed or may be modified.



# Insurances

- ▶ An occupational therapy assistant is **NOT** allowed to treat patients with the following insurances:
    - InTotal
    - Tricare
    - GEHA
- 

# Percentage of Supervision

## ▶ During the initial 90 days:

- The occupational therapist will provide 30% DIRECT and INDIRECT supervision weekly of the occupational therapy assistant's work week.
- **DIRECT** Supervision should be *no less than 20%*  
Ex. 30 hour work week = 6 hours of DIRECT supervision
- **INDIRECT** Supervision should be *no less than 10%*  
Ex. 30 hour work week = 3 hours of INDIRECT supervision

\* Note: Occupational therapist will make a note on the supervision timesheet that the occupational therapy assistant is within their initial 90 day period.

# Percentage of Supervision

## ▶ AFTER the initial 90 days:

- The amount of supervision can be adjusted if the supervising occupational therapist determines the occupational therapy assistant has met appropriate competencies and skill levels with a variety of medical and treatment diagnoses.
- Provide 20% supervision weekly of the occupational therapy assistant's work week
  - Recommended: 10 % Direct and 10 % Indirect
- A **minimum of 1 hour** of DIRECT supervision weekly and as much INDIRECT supervision as needed to facilitate the delivery of quality services must be maintained.

# Supervision Guidelines (after initial 90 days)

- ▶ If a COTA has a caseload of 1-5 hours/week then up to 1 hour of supervision may be provided per week.
  - ▶ If a COTA has a caseload of 5-10 hours/week then up to 2 hour of supervision may be provided per week
  - ▶ If a COTA has a caseload of 10-15 hours/week then up to 3 hour of supervision may be provided per week.
  - ▶ If a COTA has a caseload of 15-20- hours/week then up to 4 hour of supervision may be provided per week
  - ▶ If a COTA has a caseload of 20-25 hours/week then up to 5 hour of supervision may be provided per week
  - ▶ If a COTA has a caseload of 25-30 hours/week then up to 6 hour of supervision may be provided per week
- \* HALF of the supervision hours should be DIRECT supervision.**
- \* Any time above these guidelines will NOT be honored unless pre-approved by the Director of Clinical Services.**

# Supervision Accountability

- ▶ Director of clinical services may request occasional meetings with the supervising occupational therapist and/or occupational therapy assistant.
- ▶ 30-60 minutes worth of email should be a substantial amount of communication.
- ▶ A 60 minute meeting should be recorded with meeting minutes.
- ▶ **Falsification of supervision time is a violation of the Virginia Board of Occupational Therapy, Department of Health Professions, as well as Achieve Beyond Policy.**

# If you are out....

- ▶ Any supervising occupational therapist who will **NOT** be able to supervise a occupational therapy assistant for **1 week or more** will need to:

*Inform the occupational therapy assistant of the planned absence and make other arrangements for the occupational therapy assistant's supervision of services while their supervisor is unavailable.*

# Supervision Timesheet

- DUE at the end of every month to the Director of Clinical Services via email or hardcopy.
- Ongoing supervision must always include documentation of DIRECT supervision provided by the occupational therapist to the occupational therapy assistant.
  - \* *Fill out Comments/Suggestions/Activities when completing DIRECT supervision.*
- Make note on your Supervision Timesheet that the occupational therapy assistant is within their initial 90 day period and therefore a total of 30% supervision is required.

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**CLINICAL SUPERVISION NOTES & TIMESHEET**

Supervisor Name: \_\_\_\_\_ SLP/ OT/ PT (circle one)  
 Assistant Name: \_\_\_\_\_  
 Supervision Month: \_\_\_\_\_ Supervisor Signature/Credentials \_\_\_\_\_

Date of Service: _____ Start Time: ___ AM / PM – End Time: ___ AM / PM Type (circle one): Direct / Indirect	Date of Service: _____ Start Time: ___ AM / PM – End Time: ___ AM / PM Type (circle one): Direct / Indirect
<u>Activities</u> Observations/Suggestions Comments: My supervisor provided me with constructive feedback, and answered any questions I had about the above note. Assistant Signature: _____	<u>Activities</u> Observations/Suggestions Comments: My supervisor provided me with constructive feedback, and answered any questions I had about the above note. Assistant Signature: _____
Date of Service: _____ Start Time: ___ AM / PM – End Time: ___ AM / PM Type (circle one): Direct / Indirect	Date of Service: _____ Start Time: ___ AM / PM – End Time: ___ AM / PM Type (circle one): Direct / Indirect
<u>Activities</u> Observations/Suggestions Comments: My supervisor provided me with constructive feedback, and answered any questions I had about the above note. Assistant Signature: _____	<u>Activities</u> Observations/Suggestions Comments: My supervisor provided me with constructive feedback, and answered any questions I had about the above note. Assistant Signature: _____

Page \_\_\_ of \_\_\_
Total Supervision Hours \_\_\_\_\_

# Clinical Competency



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## 90 Day Competency Evaluation

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Discipline: \_\_\_\_\_

### Professionalism

Therapist showed up on time for session	YES	NO
Therapist introduced herself/himself and/or clearly communicated their role as a therapist to parent(s) or caregiver(s)	YES	NO
Therapist was dressed appropriately and professionally when working with client	YES	NO
Therapist was well prepared and equipped for session (gathered or set up appropriate therapy materials)	YES	NO
Therapist adhered to safety regulations and used sound judgment in regard to safety of self and others during treatment	YES	NO

Score (# of Yes): \_\_\_/5

### Policy/Procedures

Therapist provided treatment within authorized duration (i.e. 30 min/45 min/60 min)	YES	NO
Therapist discussed with parent or caregiver(s) any clinical changes and/or updated information since evaluation (i.e. changes in medical status; changes in concerns)	YES	NO
Therapist discussed with parent(s) or caregiver(s) administrative changes and/or updated information since evaluation (i.e. changes in address; phone number)	YES	NO
Therapist confirmed next appointment before ending the session	YES	NO
Therapist completed Demographic portion of treatment session note before giving it to parent(s) or caregiver(s) to sign (i.e. Client's name/DOB/address/etc.)	YES	NO

Score (# of Yes): \_\_\_/5

### Treatment Notes

Treatment note is legible	YES	NO
Treatment note was completed in black or blue ink	YES	NO
Therapist included Date of Session and Start time/End Time	YES	NO
Therapist included Name and Title of provider	YES	NO
Therapist received signature from parent or caregiver at the end of treatment session	YES	NO

Score (# of Yes): \_\_\_/5

### Clinical Skills

Therapist built rapport with client prior to beginning therapy.	YES	NO
Therapist used teaching techniques appropriate to the principles of the discipline	YES	NO
Therapist included parent(s) or caregiver(s) interaction during therapy	YES	NO
Therapist discussed therapy goals and plans with parent(s) or caregiver(s)	YES	NO
Therapist addressed goals outlined in assessment/evaluation	YES	NO

Score (# of Yes): \_\_\_/5



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## Annual Competency Evaluation

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Discipline: \_\_\_\_\_

### Professionalism

Therapist showed up on time for session	YES	NO
Therapist introduced herself/himself and/or clearly communicated their role as a therapist to parent(s) or caregiver(s)	YES	NO
Therapist was dressed appropriately and professionally when working with client	YES	NO
Therapist was well prepared and equipped for session (gathered or set up appropriate therapy materials)	YES	NO
Therapist adhered to safety regulations and used sound judgment in regard to safety of self and others during treatment	YES	NO

Score (# of Yes): \_\_\_/5

### Policy/Procedures

Therapist provided treatment within authorized duration (i.e. 30 min/45 min/60 min)	YES	NO
Therapist discussed with parent or caregiver(s) any clinical changes and/or updated information since evaluation (i.e. changes in medical status; changes in concerns)	YES	NO
Therapist discussed with parent(s) or caregiver(s) administrative changes and/or updated information since evaluation (i.e. changes in address; phone number)	YES	NO
Therapist confirmed next appointment before ending the session	YES	NO
Therapist completed Demographic portion of treatment session note before giving it to parent(s) or caregiver(s) to sign (i.e. Client's name/DOB/address/etc.)	YES	NO

Score (# of Yes): \_\_\_/5

### Treatment Notes

Treatment note is legible	YES	NO
Treatment note was completed in black or blue ink	YES	NO
Therapist included Date of Session and Start time/End Time	YES	NO
Therapist included Name and Title of provider	YES	NO
Therapist received signature from parent or caregiver at the end of treatment session	YES	NO

Score (# of Yes): \_\_\_/5

### Clinical Skills

Therapist built rapport with client prior to beginning therapy.	YES	NO
Therapist used teaching techniques appropriate to the principles of the discipline	YES	NO
Therapist included parent(s) or caregiver(s) interaction during therapy	YES	NO
Therapist discussed therapy goals and plans with parent(s) or caregiver(s)	YES	NO
Therapist addressed goals outlined in assessment/evaluation	YES	NO

Score (# of Yes): \_\_\_/5



# Clinical Competency


## ▶ Initial / 90-Day Clinical Competency:

- To be completed within 30 days of hire for every occupational therapy assistant.
- Due by the end of the month with timesheet.
- To be completed by the supervisor.

## ▶ Annual Competency Evaluation:

- To be completed annually for every occupational therapy assistant.
- Due by the end of the month with timesheet.
- To be completed by the supervisor.

# Documentation

- ▶ The assigned supervising occupational therapist will co-sign all formal documentation (i.e., progress reports) and informal documentation (i.e., superbills).
  - ▶ ALL daily superbills **MUST** have a supervisor's signature due by the end of the week (at the latest), or same day of services (if possible) so billing will not get delayed.
  - ▶ Documentation of ALL supervisory activities both DIRECT (supervision notes) and INDIRECT (timesheet), must be accurately recorded.
- 

### Daily Progress Report Note

<b>Location of Service: (Must Check One)</b>	Fairfax, Virginia	11240 Waples Mill Rd, Suite # 101	22030	(Tel)	703-237-2219 F: 703-237-2729
	Woodbridge, Virginia	14130 Noblewood Plaza, Suite # 301	22193	(Tel)	571-402-7550 F: 703-237-2729



<b>Patient:</b>			<b>Service Date:</b>		
<b>DOB:</b>	<b>Start Time</b>	AM/PM	<b>End Time</b>	AM/PM	
	<b>Parent / Guardian Signature &amp; Printed Name</b>				
<b>Therapist Name:</b>			<b>Supervising Therapist Name:</b>		

SPEECH THERAPY SERVICES	CODE	UNITS	PHYSICAL THERAPY SERVICES	CODE	UNITS	OCCUPATIONAL THERAPY SERVICES	CODE	UNITS
Speech Feeding Initial Evaluation	92610		Physical Therapy Initial Evaluation	97001		Occupational Therapy Initial Evaluation	97003	
Speech Fluency Evaluation	92521		Physical Therapy Re-Evaluation	97002		Occupational Therapy Re-Evaluation	97004	
Speech Sound Production Evaluation	92522		Physical Therapy Treatment	97110		Occupational Therapy Treatment	97530	
Speech Sound Production w/ Language Comprehension & Expression Evaluation	92523		NeuroMuscular Re-Education	97112				
Behavioral/Qualitative Analysis of Voice/Resonance	92524		Aquatic Therapy / Exercise	97113		<b>OTHER</b>	<b>CODE</b>	<b>UNITS</b>
Speech Therapy Treatment	92507		Gait Training (includes stair climbing)	97116		No Show	NS	
Speech Feeding Treatment	92526		Massage Therapy	97124		Child Absent	CA	
			Physical Medicine Procedure	97139		Therapist Absent	TA	
			Manual Therapy	97140				

**SUBJECTIVE:** Makeup  for cancellation on \_\_\_\_\_ (date) Cancellation: \_\_\_\_\_ LESS than 24 hours \_\_\_\_\_ In advance

**Session Participants:** \_\_\_\_\_ **Mood/Behavior:** \_\_\_\_\_

**Update since last session:** \_\_\_\_\_

**OBJECTIVE:**  
**Goals Addressed:** \_\_\_\_\_ **Strategies/Intervention Used:** \_\_\_\_\_

**ASSESSMENT:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLAN:**  
**Recommendations:** \_\_\_\_\_ **Continue Services:** \_\_\_\_\_ **Discharge Services:** \_\_\_\_\_  
**Decrease Services:** \_\_\_\_\_ **Increase Services:** \_\_\_\_\_

<b>Diagnostic/ICD-10</b>	<b>Code 1</b>	<b>Code 2</b>	<b>Place of Service:</b>	<b>Tax ID</b> 26-1878085
			Office	

<b>Therapist Signature and Credentials</b>		<b>Parent/Caregiver Interaction During Therapy: (mark all that apply)</b>
		<input type="checkbox"/> Discussed and showed session activity <input type="checkbox"/> Parent tried activity; Therapist assisted <input type="checkbox"/> N/A (Cancelled Session)
<b>Supervising Therapist Signature and Credentials</b>		<b>Parent/Caregiver Communication:</b> _____
		_____

Assistants sign here →

Supervisors sign here →

# Documentation

- ▶ Superbills **MUST** be filled out in BLACK or BLUE ink only.
- ▶ Superbills can have the following prefilled:
  - Child'd demographic information (i.e., name, DOB)
  - Service date
  - Objective (i.e., goals addressed, strategies, interventions used).
  - Diagnosis/ICD-10 code(s)

*Note: ICD-10 codes will be found on the evaluation and treatment codes are listed primarily if 2 are available if not then one treatment code and a medical code.*

- Superbills **MUST** be signed by the parent/caregiver at the END of the session.
- Superbills **MUST** be completed **DURING** the session.  
Parents **CAN NOT** sign a blank superbill.

# Progress Reports

- ▶ Occupational therapy assistant and supervising occupational therapist will be notified via email 30 days prior by the insurance case manager when a progress report is due.
- ▶ All progress reports need to be emailed to the supervising occupational therapist at least one week in advance before the due date for review. This will allow time to read, collaborate, revise, and modify prior to final submission.
- ▶ Occupational therapist will sign under the occupational therapy assistant at the end of the progress report.

\* See template in training binder and on the online forms website.

<http://achievebeyondusa.com/index.php/component/content/article?id=248>

\_\_\_\_\_  
First Name Last Name, Credentials  
Physical Therapist Assistant  
Virginia License #0000000000  
Achieve Beyond

\_\_\_\_\_  
First Name Last Name, Credentials (supervisor)  
Physical Therapist  
Virginia License #0000000000  
Achieve Beyond

# REFERENCES

- VA Dept. of Health Professions (Virginia Board of Medicine)
  - American Occupational Therapy Association (AOTA)
- 

# THANK YOU!

Questions? Please contact:

Director of Clinical Services: Sheryl K. Goncalves, DPT, PT  
[shgoncalves@achievebeyondusa.com](mailto:shgoncalves@achievebeyondusa.com)

Office Manager: Laura Nicol  
[lnicol@achievebeyondusa.com](mailto:lnicol@achievebeyondusa.com)