

37 TAC §810.156

The Texas Civil Commitment Office (TCCO) adopts an amendment to §810.156, concerning Sexually Violent Predators Required to Submit to Global Positioning Satellite (GPS) Tracking. The section is adopted without changes to the proposed text in the November 5, 2021, issue of the *Texas Register* (46 TexReg 7568). The rule will not be republished.

The amended section is adopted to revise the description of the two most restrictive tiers of treatment in which clients are required to submit to GPS tracking under Section 841.082(a)(4)(A)(ii) of the Health and Safety Code. Tier two has been divided into two parts - Tier 2 and Tier 2-I. Tier 2-I is the most restrictive part being comprised of clients in their first six months of assignment to Tier 2 and clients in the tier that have an incident report sustained at a Behavioral Management Review (BMR).

During the 30-day comment period following publication in the *Texas Register*, no comments were received regarding the amendment.

The amended section is adopted under Health and Safety Code §841.141 which authorizes the adoption of rules to administer Chapter 841.

The agency certifies that legal counsel has reviewed the adoption and found it to be a valid exercise of the agency's legal authority.

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TITLE 40. SOCIAL SERVICES AND ASSISTANCE

PART 12. TEXAS BOARD OF OCCUPATIONAL THERAPY EXAMINERS

CHAPTER 362. DEFINITIONS

40 TAC §362.1

The Texas Board of Occupational Therapy Examiners adopts amendments to 40 Texas Administrative Code §362.1. Definitions. The amendments are adopted to clarify and cleanup the section. The amendments are adopted with changes to the proposed text as published in the March 4, 2022, issue of the *Texas Register* (47 TexReg 1071) and will be republished. The change was to not adopt the proposed new definition of occupational therapy practice and instead retain the current definition.

The amendments revise current definitions to increase clarity and uniformity, update and/or remove outdated and/or unnecessary definitions, and remove possible redundancy. For example, the definitions of occupational therapist registered and cer-

tified occupational therapy assistant will be removed as part of the amendments and related information will be collocated under the definitions of occupational therapist and occupational therapy assistant.

Changes will also revise the definition of non-licensed personnel, including to remove a reference to on-the-job training from the definition, particularly as the definition of an occupational therapy aide in Texas Occupations Code §454.002, Definitions, already includes such a reference.

The amendments also include the removal of information regarding phone numbers from the definition of a complete renewal. A related amendment to Texas Administrative Code §369.2, Changes of Name or Address, which will add a requirement regarding notifying the Board of phone number changes, has also been adopted and submitted for publication to the *Texas Register*.

The amendments as proposed included the replacement of the current definition of occupational therapy practice with an updated and expanded definition adapted from related information from the American Occupational Therapy Association (AOTA). The change would have aligned the definition more closely with language newly available for possible use on a national level from AOTA.

Public comment from the Texas Medical Association (TMA) was received regarding the proposed new definition of occupational therapy practice. TMA's comment included concerns regarding the addition of "training in . . . medication management" in (C)(ii), "Identification" and "pain . . . management" in (C)(iii), and "Remediation of . . . low vision" in (C)(xii) of the proposed definition. TMA's comment included that such changes could be improperly applied to expand scope outside of the Texas Occupational Therapy Practice Act and/or considered how the changes might conflict with existing statutory language. TMA's comment also considered that such could be misinterpreted by occupational therapy practitioners to allow for the practice of medicine. The comment, for example, considered how the provisions could be misinterpreted to allow for the recommendation of medication treatment, the diagnosis of diseases or disorders, and/or the practice of medicine to treat vision dysfunction. The Board agrees with the comment and the concerns raised therein and will retain the current definition of occupational therapy practice and not adopt the proposed new definition of occupational therapy practice.

Public comment from the American Occupational Therapy Association (AOTA) was also received regarding the proposed new definition of occupational therapy practice. AOTA's comment included that it supported such as reflective of updates to the Definition of Occupational Therapy Practice for AOTA's 2021 Model Occupational Therapy Practice Act. AOTA noted that it appreciated the Board's attention to the updated definition and its promptly proposing amendments to its definition in regulation. The Board agrees with and appreciates the comment, but the Board will not be moving forward with the new definition of occupational therapy practice.

The amendments are adopted under Texas Occupations Code §454.102, Rules, which authorizes the Board to adopt rules to carry out its duties under Chapter 454, including regarding §454.002, Definitions, §454.006, Practice of Occupational Therapy, and §454.213, Accepted Practice; Practitioner's Referral.

§362.1. *Definitions.*

The following words, terms, and phrases when used in this part shall have the following meaning, unless the context clearly indicates otherwise.

(1) Accredited Educational Program--An educational institution offering a course of study in occupational therapy that has been accredited or approved by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association.

(2) Act--The Occupational Therapy Practice Act, Title 3, Subtitle H, Chapter 454 of the Texas Occupations Code.

(3) AOTA--American Occupational Therapy Association.

(4) Applicant--A person who applies for a license to the Texas Board of Occupational Therapy Examiners.

(5) Board--The Texas Board of Occupational Therapy Examiners (TBOTE).

(6) Client--The entity that receives occupational therapy; also may be known as patient. Clients may be individuals (including others involved in the individual's life who may also help or be served indirectly such as a caregiver, teacher, parent, employer, spouse), groups, or populations (e.g., organizations, communities).

(7) Complete Application--Application form with photograph, license fee, jurisprudence examination with at least 70% of questions answered correctly, and all other required documents.

(8) Complete Renewal--Contains renewal fee, renewal form with continuing education submission form, home/work address(es), jurisprudence examination with at least 70% of questions answered correctly, and all other required documents.

(9) Continuing Education Committee--Reviews and makes recommendations to the Board concerning continuing education requirements and special consideration requests.

(10) Coordinator of Occupational Therapy Program--The employee of the Executive Council who carries out the functions of the Texas Board of Occupational Therapy Examiners.

(11) Endorsement--The process by which the Board issues a license to a person currently licensed in another state or territory of the United States that maintains professional standards considered by the Board to be substantially equivalent to those set forth in the Occupational Therapy Practice Act and who is applying for a Texas license for the first time.

(12) Evaluation--The process of planning, obtaining, documenting, and interpreting data necessary for intervention. This process is focused on finding out what the client wants and needs to do and on identifying those factors that act as supports or barriers to performance.

(13) Examination--The Examination as provided for in §454.207 of the Occupational Therapy Practice Act (relating to License Examination). The current Examination is the initial certification examination given by the National Board for Certification in Occupational Therapy (NBCOT).

(14) Executive Council--The Executive Council of Physical Therapy and Occupational Therapy Examiners.

(15) Executive Director--The employee of the Executive Council who functions as its agent. The Executive Council delegates implementation of certain functions to the Executive Director.

(16) Intervention--The process of planning and implementing specific strategies based on the plan of care, which includes the client's desired outcome and evaluation data, and evidence to effect

change in the client's occupational performance leading to engagement in occupation to support participation.

(17) Investigation Committee--Reviews and makes recommendations to the Board concerning complaints and disciplinary actions regarding licensees, applicants, and entities regulated by the Board.

(18) Investigator--The employee of the Executive Council who conducts all phases of an investigation into a complaint filed against a licensee, an applicant, or an entity regulated by the Board.

(19) Jurisprudence Examination--An examination covering information contained in the Occupational Therapy Practice Act and Texas Board of Occupational Therapy Examiners Rules. This test is an open book, online examination with multiple choice and/or true-false questions. The passing score is at least 70%.

(20) License--Document issued by the Texas Board of Occupational Therapy Examiners that authorizes the practice of occupational therapy in Texas.

(21) Medical Condition--A condition of acute trauma, infection, disease process, psychiatric disorders, addictive disorders, or post-surgical status. Synonymous with the term health care condition.

(22) NBCOT--National Board for Certification in Occupational Therapy.

(23) Non-Licensed Personnel--OT Aide or other person not licensed by this board who provides support services to and requires supervision by occupational therapy practitioners.

(24) Non-Medical Condition--A condition where the ability to perform occupational roles is impaired by developmental disabilities, learning disabilities, the aging process, sensory impairment, psychosocial dysfunction, or other such conditions that do not require the routine intervention of a physician.

(25) Occupation--Activities of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves, enjoying life, and contributing to the social and economic fabric of their communities.

(26) Occupational Therapist (OT)--An individual who holds a license to practice or represent self as an Occupational Therapist in Texas. This definition includes an Occupational Therapist who is designated as an Occupational Therapist, Registered (OTR®).

(27) Occupational Therapy Assistant (OTA)--An individual who holds a license to practice or represent self as an Occupational Therapy Assistant in Texas and who is required to be under the general supervision of an OT. This definition includes an Occupational Therapy Assistant who is designated as a Certified Occupational Therapy Assistant (COTA®).

(28) Occupational Therapy Plan of Care--A written statement of the planned course of occupational therapy intervention for a client. It must include goals, objectives and/or strategies, recommended frequency and duration, and may also include methodologies and/or recommended activities.

(29) Occupational Therapy Practice--Includes:

(A) Methods or strategies selected to direct the process of interventions such as:

(i) Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired.

(ii) Compensation, modification, or adaptation of activity or environment to enhance performance.

(iii) Maintenance and enhancement of capabilities without which performance in everyday life activities would decline.

(iv) Health promotion and wellness to enable or enhance performance in everyday life activities.

(v) Prevention of barriers to performance, including disability prevention.

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

(i) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems).

(ii) Habits, routines, roles and behavior patterns.

(iii) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance.

(iv) Performance skills, including motor, process, and communication/interaction skills.

(C) Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:

(i) Therapeutic use of occupations, exercises, and activities.

(ii) Training in self-care, self-management, home management and community/work reintegration.

(iii) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavioral skills.

(iv) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.

(v) Education and training of individuals, including family members, caregivers, and others.

(vi) Care coordination, case management and transition services.

(vii) Consultative services to groups, programs, organizations, or communities.

(viii) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.

(ix) Assessment, design, fabrication, application, fitting and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.

(x) Assessment, recommendation, and training in techniques to enhance functional mobility including wheelchair management.

(xi) Driver rehabilitation and community mobility.

(xii) Management of feeding, eating, and swallowing to enable eating and feeding performance.

(xiii) Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills.

(30) Occupational Therapy Practitioners--Occupational Therapists and Occupational Therapy Assistants licensed by this board.

(31) Outcome--The focus and targeted end objective of occupational therapy intervention. The overarching outcome of occupational therapy is engagement in occupation to support participation in context(s).

(32) Place(s) of Business--Any facility in which a licensee practices.

(33) Practice--Providing occupational therapy as a clinician, practitioner, educator, or consultant to clients located in Texas at the time of the provision of occupational therapy services. Only a person holding a license from this board may practice occupational therapy in Texas, and the site of practice is the location in Texas where the client is located at the time of the provision of services.

(34) Rules--Refers to the TBOTE Rules.

(35) Screening--A process used to determine a potential need for occupational therapy interventions and educational and/or other client needs. Screening information may be compiled using observation, client records, the interview process, self-reporting, and/or other documentation.

(36) Telehealth--A mode of service delivery for the provision of occupational therapy services delivered by an occupational therapy practitioner to a client at a different physical location using telecommunications or information technology. Telehealth refers only to the practice of occupational therapy by occupational therapy practitioners who are licensed by this board with clients who are located in Texas at the time of the provision of occupational therapy services. Also may be known as other terms including but not limited to telepractice, telecare, telerehabilitation, and e-health services.

The agency certifies that legal counsel has reviewed the adoption and found it to be a valid exercise of the agency's legal authority.

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CHAPTER 369. DISPLAY OF LICENSES

40 TAC §369.2, §369.3

The Texas Board of Occupational Therapy Examiners adopts amendments to 40 Texas Administrative Code §369.2, Changes of Name or Address, and §369.3, Use of Titles. The amendments to §369.2 add a requirement to notify the Board of phone number changes and revise the rule title. The amendments to §369.3 cleanup and clarify the section and add information regarding the use of the title doctor. The amendments are adopted without changes to the proposed text as published in the March

4, 2022, issue of the *Texas Register* (47 TexReg 1075) and will not be republished.

Amendments to §369.2, Changes of Name or Address, will require licensees to update the Board of phone number changes, and a related amendment will change the title of the section from "Changes of Name or Address" to a more comprehensive title, "Change of Name or Contact Information." Concomitant with such changes, an adopted amendment to 40 Texas Administrative Code §362.1, Definitions, has also been submitted to the *Texas Register* for publication and will remove information regarding phone numbers from the definition of a complete renewal.

Changes to §369.3 will clarify and cleanup current provisions regarding the use of titles to increase clarity and consistency in the section.

An additional change to the section is a reference to Occupational Therapy Practice Act §454.007, Use of Title of Doctor. The amendment provides that the use of the title doctor is governed by §454.007.

No comments were received regarding adoption of the amendments.

The amendments are adopted under Texas Occupations Code §454.102, Rules, which authorizes the Board to adopt rules to carry out its duties under Chapter 454, including regarding §454.007, Use of Title of Doctor, and §454.201, License Required; Use of Title.

The agency certifies that legal counsel has reviewed the adoption and found it to be a valid exercise of the agency's legal authority.

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CHAPTER 371. INACTIVE AND RETIRED STATUS

40 TAC §371.2

The Texas Board of Occupational Therapy Examiners adopts amendments to 40 Texas Administrative Code §371.2, Retired Status. The changes are adopted to revise requirements concerning voluntary charity care. The amendments are adopted without changes to the proposed text as published in the March 4, 2022, issue of the *Texas Register* (47 TexReg 1077). The rule will not be republished.

The changes will remove the requirement that the voluntary charity care that licensees on retired status may offer may only be provided for a charitable organization as defined in §84.003 of the Texas Civil Practice and Remedies Code. The changes will expand the possible opportunities licensees on retired status have to offer voluntary charity care.

The changes also include a cleanup to the section to change "OT Practice Act" to "Occupational Therapy Practice Act" to achieve greater uniformity in the board rules.

No comments were received regarding adoption of the amendments.

The amendments are adopted under Texas Occupations Code §454.102, Rules, which authorizes the Board to adopt rules to carry out its duties under Chapter 454, and under Texas Occupations Code §112.051, Reduced License Requirements for Retired Health Care Practitioners Performing Charity Work, which requires each licensing entity to adopt rules providing for reduced fees and continuing education requirements for a retired health care practitioner whose only practice is voluntary charity care.

The agency certifies that legal counsel has reviewed the adoption and found it to be a valid exercise of the agency's legal authority.

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CHAPTER 372. PROVISION OF SERVICES

40 TAC §372.1

The Texas Board of Occupational Therapy Examiners adopts amendments to 40 Texas Administrative Code §372.1, Provision of Services. The changes are adopted to cleanup and clarify the section and revise requirements regarding the provision of occupational therapy services, including services delivered via telehealth. The amendments are adopted with changes to the proposed text as published in the March 4, 2022, issue of the *Texas Register* (47 TexReg 1078). The rule will be republished. The change upon adoption was to not adopt the proposed new §372.1(h)(2) and instead retain the current §372.1(h)(2).

Adopted changes to the section include those that will clarify requirements concerning the provision of occupational therapy services. For example, a provision will be added that will clarify that the occupational therapist is responsible for determining whether an evaluation is needed and if a referral is required for an occupational therapy evaluation.

The changes are also adopted to clarify provisions regarding telehealth and the required client contact with an occupational therapy practitioner. For example, the amendments will clarify that when such contact may be in person or via telehealth, a combination of in-person contact and telehealth may be used.

The changes will also revise requirements concerning the contact required for an intervention session and will allow for such contact to also be satisfied by synchronous audio contact, provided that the occupational therapy practitioner makes use of store-and-forward technology in preparation for or during the intervention session. The changes include adding a definition of store-and-forward technology.

In addition, the amendments include the removal of a provision that requires the on-site presence of the occupational therapy practitioner for the initial application of devices that are in sustained skin contact with the client. The change may facilitate the possible expansion of occupational therapy services for consumers and allow for the occupational therapy practitioner, as applicable, to make determinations regarding the initial applications of such devices in compliance with further sections of the Occupational Therapy Practice Act and Board Rules, including Texas Administrative Code §373.1, Supervision of Non-Licensed Personnel, adopted changes concerning which, including concerning the initial application of adaptive/assistive equipment and splints, have also been submitted for publication to the *Texas Register*.

Public comment from the Texas Occupational Therapy Association (TOTA) was received and included that TOTA supported this proposed rule and that TOTA specifically supported the amendment that includes the removal of the provision that requires the on-site presence of the occupational therapy practitioner for the initial application of devices that are in sustained skin contact with the client. TOTA included that this proposed rule will improve access to care for Texans who might be medically fragile, have limited access to transportation, and live in rural areas to seating and mobility evaluations and other occupational therapy services. TOTA also noted that they can anticipate the continued expansion of telehealth use, and occupational therapy practitioners will be able to compete in all settings.

Public comment from the American Occupational Therapy Association (AOTA) was also received regarding the removal of the provision. AOTA's comment included that it supported the removal and that removing the provision eliminates a significant barrier to occupational therapy practitioners' ability to provide that quality care to their clients who may need a wheelchair, durable medical equipment, or other device and that it was also congruent with occupational therapy practitioners' education and training. The comment also included information regarding recent changes in federal and state regulations that may allow for the expanded use of telehealth and noted the increased use of telehealth by occupational therapy practitioners.

The Board thanked TOTA and AOTA and agreed with the comments and made no changes based on such.

The amendments are adopted under Texas Occupations Code §454.102, Rules, which authorizes the Board to adopt rules to carry out its duties under Chapter 454, including regarding §454.006, Practice of Occupational Therapy, and §454.213, Accepted Practice; Practitioner's Referral.

§372.1. *Provision of Services.*

(a) Medical Conditions.

(1) Occupational therapists may evaluate the client to determine the need for occupational therapy services without a referral. However, a referral must be requested at any time during the evaluation process when necessary to ensure the safety and welfare of the client.

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

(b) Non-Medical Conditions. The evaluation or intervention for a non-medical condition does not require a referral. However, a referral must be requested at any time during the evaluation or intervention process when necessary to ensure the safety and welfare of the client.

(c) Methods of Referral. The referral must be from a licensed referral source in accordance with the Occupational Therapy Practice Act §454.213 (relating to Accepted Practice; Practitioner's Referral) and may be transmitted in the following ways:

(1) by a written document, including paper or electronic information/communications technologies;

(2) verbally, either in person or by electronic information/communications technologies. If a referral is transmitted verbally, it must be documented by the authorized personnel who receives the referral. In this subsection, "authorized personnel" means staff members authorized by the employer or occupational therapist to receive referrals transmitted verbally; or

(3) by an occupational therapy plan of care, developed according to the requirements of this section, that is signed by the licensed referral source.

(d) Screening, Consultation, and Monitored Services. A screening, consultation, or monitored services may be performed by an occupational therapy practitioner without a referral.

(e) Evaluation.

(1) The occupational therapist is responsible for determining whether an evaluation is needed and if a referral is required for an occupational therapy evaluation.

(2) Only an occupational therapist may perform an initial evaluation or any re-evaluations.

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

(4) The occupational therapist is responsible for determining whether any aspect of the evaluation may be conducted via telehealth or must be conducted in person.

(5) The occupational therapist must have contact with the client during the evaluation. The contact must be synchronous audio and synchronous visual contact that is in person, via telehealth, or via a combination of in-person contact and telehealth. Other telecommunications or information technology may be used to aid in the evaluation but may not be the primary means of contact or communication.

(6) The occupational therapist may delegate to an occupational therapy assistant the collection of data for the evaluation. The occupational therapist is responsible for the accuracy of the data collected by the occupational therapy assistant.

(f) Plan of Care.

(1) Only an occupational therapist may initiate, develop, modify, or complete an occupational therapy plan of care. It is a violation of the Occupational Therapy Practice Act for anyone other than the occupational therapist 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 client should be discharged, or any other aspect of the provision of occupational therapy as set out in the Occupational Therapy Practice Act and Rules.

(2) Modifications to the plan of care must be documented.

(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.

(4) Only occupational therapy practitioners may implement the written plan of care once it is completed by the occupational therapist.

(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 is responsible for determining whether intervention is needed and if a referral is required for occupational therapy intervention.

(7) Except where otherwise restricted by rule, the occupational therapy practitioner is responsible for determining whether any aspect of the intervention session may be conducted via telehealth or must be conducted in person.

(8) The occupational therapy practitioner must have contact with the client during the intervention session.

(A) The contact must be either:

(i) synchronous audio and synchronous visual contact that is in person, via telehealth, or via a combination of in-person contact and telehealth; or

(ii) synchronous audio contact, provided that the occupational therapy practitioner makes use of store-and-forward technology in preparation for or during the intervention session. The synchronous audio contact may be in person and/or via telehealth. In this subsection, "store-and-forward technology" means technology that stores and transmits or grants access to a client's clinical information for review by an occupational therapy practitioner at a different physical location than the client.

(B) Other telecommunications or information technology may be used to aid in the intervention session but may not be the primary means of contact or communication.

(9) Except where otherwise restricted by rule, the supervising occupational therapist may only delegate to an occupational therapy assistant tasks that they both agree are within the competency level of that occupational therapy assistant.

(g) Documentation.

(1) The client's records include the medical referral, if required; the initial evaluation; the plan of care, including the goals and any updates or change of the goals; the documentation of each intervention session by the OT or OTA providing the service; progress notes and any re-evaluations, if required; any patient related documents; and the discharge or discontinuation of occupational therapy services documentation.

(2) The licensee providing occupational therapy services must document for each intervention session. The documentation must accurately reflect the intervention, decline of intervention, and modalities provided.

(3) In each intervention note, the occupational therapy assistant must include the name of an occupational therapist who is readily available to answer questions about the client's intervention at the time of the provision of services. The occupational therapist in the intervention note may be different from the occupational therapist who wrote the plan of care. The occupational therapy assistant may not provide services unless this requirement is met.

(h) Discharge or Discontinuation of Occupational Therapy Services.

(1) Only an occupational therapist has the authority to discharge clients from occupational therapy services. The discharge or discontinuation of occupational therapy services is based on whether the 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 must review any information from the occupational therapy assistant(s), determine if goals were met or not, complete and sign the discharge or discontinuation of occupational therapy services documentation, and/or make recommendations for any further needs of the client in another continuum of care.

The agency certifies that legal counsel has reviewed the adoption and found it to be a valid exercise of the agency's legal authority.

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CHAPTER 373. SUPERVISION

40 TAC §373.1

The Texas Board of Occupational Therapy Examiners adopts amendments to 40 Texas Administrative Code §373.1. Supervision of Non-Licensed Personnel. The changes cleanup and clarify the section and revise requirements concerning the supervision required for the delegation of certain tasks to non-licensed personnel. The amendments are adopted without changes to the proposed text as published in the March 4, 2022, issue of the *Texas Register* (47 TexReg 1081) and will not be republished.

The section currently includes a list of tasks that an occupational therapy practitioner may delegate to non-licensed personnel. Changes to the section will remove general items that are not specific to occupational therapy practice. Such items concern routine department maintenance, transportation of clients, preparation or set up of intervention equipment and work area, and assisting clients with their personal needs during the intervention.

The changes will also include the removal of a provision that requires the on-site presence of the occupational therapy practitioner for the initial application of adaptive/assistive equipment and splints. The change will enable services to be provided via telehealth, make occupational therapy services more accessible for consumers, and allow the occupational therapy practitioner to determine when on-site supervision is necessary.

An adopted change to 40 Texas Administrative Code §372.1, Provision of Services, regarding removing a requirement concerning the on-site presence of the occupational therapy practitioner for the initial application of devices that are in sustained skin contact with the client, has also been submitted for publication to the *Texas Register*.

The section also includes a change to add the clarifying phrase "of the services provided" with regard to the requirement as per subsection (c) of the section that "Supervision of other non-licensed personnel either on-site or via telehealth requires that the occupational therapy practitioner maintain line of sight."

No comments were received regarding adoption of the amendments.

The amendments are adopted under Texas Occupations Code §454.102, Rules, which authorizes the Board to adopt rules to carry out its duties under Chapter 454, including regarding §454.002, Definitions.

The agency certifies that legal counsel has reviewed the adoption and found it to be a valid exercise of the agency's legal authority.

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