

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 15 OCCUPATIONAL THERAPISTS
PART 3 SUPERVISION

16.15.3.1 ISSUING AGENCY: Board of Examiners for Occupational Therapy.
[16.15.3.1 NMAC - Rp, 16.15.3.1 NMAC, 1/30/2015]

16.15.3.2 SCOPE: All those individuals who wish to practice occupational therapy in the state of New Mexico.
[16.15.3.2 NMAC - Rp, 16.15.3.2 NMAC, 1/30/2015]

16.15.3.3 STATUTORY AUTHORITY: Section 61-12A-5 NMSA 1978.
[16.15.3.3 NMAC - Rp, 16.15.3.3 NMAC, 1/30/2015]

16.15.3.4 DURATION: Permanent.
[16.15.3.4 NMAC - Rp, 16.15.3.4 NMAC, 1/30/2015]

16.15.3.5 EFFECTIVE DATE: January 30, 2015, unless a later date is cited at the end of a section.
[16.15.3.5 NMAC - Rp, 16.15.3.5 NMAC, 1/30/2015]

16.15.3.6 OBJECTIVE: To outline minimum supervision definitions and requirements.
[16.15.3.6 NMAC - Rp, 16.15.3.6 NMAC, 1/30/2015]

16.15.3.7 DEFINITIONS: In this section, the following terms have the meanings indicated:

A. “Aide” means a person who is not licensed by the board and who provides supportive services to occupational therapists and occupational therapy assistants. An aide shall function under the guidance and responsibility of the occupational therapist and may be supervised by the occupational therapist or an occupational therapy assistant for specifically selected routine tasks for which the aide has been trained and has demonstrated competency.

B. “Board” means the board of examiners for occupational therapy.

C. “Competence” refers to an individual’s capacity to perform job responsibilities.

D. “Competency” refers to an individual’s actual performance in a specific situation.

E. “Provisional Limited permit holder” means an individual who has completed the academic and fieldwork requirements of this Act for occupational therapists or occupational therapy assistants, who have ~~has~~ not yet taken or received the results of the entry level certification examination, and has applied for and been granted limited permit status. Provisional permit holders shall practice under the supervision of an occupational therapist, with a documented plan of supervision.

F. “Occupational Therapist ~~therapist~~” means a person who holds an active license to practice occupational therapy in New Mexico.

G. “Occupational Therapist Assistant ~~therapy assistant~~” means a person who holds an active license to assist in the practice of Occupational Therapy under this Act and who shall work under the appropriate supervision of and in partnership with an Occupational Therapist with a documented plan of supervision. ~~having no less than an associate degree in occupational therapy and holding an active license to practice occupational therapy in New Mexico who assists an occupational therapist under the supervision of the occupational therapist.~~

H. “Supervision” means a cooperative process in which two or more people participate in a joint effort to establish, maintain, and 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.

I. “Supportive services” means tasks that include providing patient transport, routine maintenance of equipment or work areas, setup, preparation, and cleanup of equipment of work areas, and supporting licensed practitioners during treatment or intervention while under the direct supervision of the licensed practitioner.
[16.15.3.7 NMAC - Rp, 16.15.3.7 NMAC, 1/30/2015; A: 2/24/2022]

16.15.3.8 SUPERVISION:

A. Occupational therapy assistants: supervision involves guidance and oversight related to the delivery of occupational therapy services and the facilitation of professional growth and competence. It is the

responsibility of the occupational therapist and the occupational therapy assistant to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.

(1) The specific frequency, methods, and content of supervision may vary by practice setting and is dependent upon the:

- (a) complexity of client needs;
- (b) number and diversity of clients;
- (c) skills of the occupational therapist and the occupational therapy assistant;
- (d) type of practice setting;
- (e) requirements of the practice setting; and
- (f) other regulatory requirements.

(2) More frequent supervision may be necessary when:

- (a) the needs of the client and the occupational therapy process are complex and changing;
- (b) the practice setting provides occupational therapy services to a large number of clients with diverse needs; or
- (c) the occupational therapist and occupational therapy assistant determine that additional supervision is necessary to ensure safe and effective delivery of occupational therapy services.

(3) A variety of types and methods of supervision may be used. Methods may include direct face-to-face contact and indirect contact. Examples of methods or types of supervision that involve direct face-to-face contact include but are not limited to observation, modeling, co-treatment, discussions, teaching, instruction, and video conferencing. Examples of methods or types of supervision that involve indirect contact include but are not limited to phone conversations, written correspondence, electronic exchanges, and other methods using secure telecommunication technology. All methods should be compliant with confidentiality requirements of government agencies, facilities, employers, or other appropriate bodies.

(a) Nothing in the New Mexico Telehealth Act shall be construed to alter supervision requirements set forth by a health care provider's applicable licensing board. A health care provider shall provide telehealth services under the same level of supervision required for in-person practice.

(4) Occupational therapists and occupational therapy assistants must document a supervision plan and supervision contacts. Documentation shall include the:

- (a) frequency of supervisory contact;
- (b) method(s) or type(s) of supervision;
- (c) content areas addressed;
- (d) names and credentials of the persons participating in the supervisory process.

(5) An occupational therapist is limited to supervising three or fewer occupational therapy assistants during their first year of licensure as an occupational therapist.

(6) After the first year of licensure, an occupational therapist must make the decision on the number of appropriate occupational therapy assistants to be supervised depending on the experience of the occupational therapy assistant, complexity of the patient or client needs and the setting of care.

(7) Documentation may be audited upon request by the board.

B. Supervision of a Provisional Permit Holders :

(1). An occupational therapist provisional permit holder or occupational therapy assistant provisional permit holders who has not yet taken or received the results of the entry-level certification examination shall practice under the supervision of an occupational therapist. It is the responsibility of the supervising occupational therapist to provide and the limited permit holder to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.

(2.) Provisional permit holders and supervising occupational therapists must document a supervision plan and supervision contacts. Documentation shall include the:

- (a) frequency of supervisory contact;
- (b) method(s) or type(s) of supervision;
- (c) content areas addressed;
- (d) names and credentials of the persons participating in the supervisory process.

C. Non-licensed personnel, including aides, is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Non-licensed personnel do not provide skilled

occupational therapy services. Non-licensed personnel must be trained by the occupational therapist or occupational therapy assistant to perform specifically designated tasks, and the non-licensed personnel must first demonstrate competency to be able to perform the assigned, delegated client and non-client related tasks.

(1) The occupational therapist must oversee the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the non-licensed personnel, to carry out client and non-client-related tasks. The occupational therapy assistant may contribute to the development and documentation of this plan.

(2) The occupational therapy assistant may supervise the non-licensed personnel.

(3) Non-client-related tasks include clerical and maintenance 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 but does not act as a service provider of occupational therapy services. 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 situation of the client and the environment is stable and will not require that judgement, interpretations, or adaptations be made by the non-licensed personnel.

(c) The client has demonstrated some previous performance ability in executing the task.

(d) The task routine and process have been clearly established.

(5) When performing delegated client-related tasks, the supervisor must ensure that the non-licensed personnel:

(a) is trained and able to demonstrate competency in carrying out the selected task and using equipment, if appropriate;

(b) has been instructed on how to specifically carry out the delegated task with the specific client, and;

(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 therapist assistant.

(6) The supervisor of the aide must be documented and include;

(a) information about frequency and methods of supervision used,

(b) the content of the supervision; and

(c) the names and credentials of all persons participating in the supervisory process.

[16.15.3.8 NMAC - Rp, 16.15.3.8 NMAC, 1/30/2015; A, 2/24/2022; [NM Telehealth Act, §§ 24-25-1 to -5 NMSA 1978](#)]

16.15.3.9 TASK DELEGATION: Regardless of the setting in which occupational therapy services are delivered, the occupational therapist and the occupational therapy assistant assume the following generic responsibilities during evaluation, intervention, and outcomes evaluation.

A. [Practitioners are responsible for the safe and effective implementation of occupational therapy services according to 61-12-A-4 as part of a comprehensive plan of intervention designed to enhance engagement in occupation. Exclusive or standalone use of PAMIMs without linking it to a client-centered, occupation-based intervention plan and outcomes is not occupational therapy.](#)

B. [Occupational therapists may collaborate on the implementation of occupational therapy services with occupational therapy assistants who demonstrate service competence. The occupational therapist has overall responsibility and bears the burden of proof of sufficient education and training to ensure competence for providing supervision of the occupational therapy](#)

[\(1\) A licensed occupational therapist who has demonstrated competency for the intervention in use, or](#)

[\(2\) A competent and licensed occupational therapy assistant under the supervision of an occupational therapist also demonstrates competency for the intervention in use](#)

C. 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 that need 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 observations 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.

D. 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 being knowledgeable about evaluation results and for providing input into the intervention plan, based on client needs and priorities.

E. Intervention implementation.

(1) The occupational therapist has overall responsibility for implementing the intervention.

(2) Then 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 being knowledgeable about the client's occupational therapy goals.

(4) The occupational therapy assistant selects, implements, and makes modifications to therapeutic activities and interventions that are consistent with demonstrated competency levels, client goals, and the requirements of the practice setting.

F. Intervention review.

(1) The occupational therapist is responsible for determining the need for continuing, modifying, or discontinuing 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.

G. Outcome evaluation.

(1) The occupational therapist is responsible for selecting, measuring, and interpreting outcomes that are 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 client discharge resources.

[16.15.3.9 NMAC - Rp, 16.15.3.9 NMAC, 1/30/2015]

HISTORY of 16.15.3 NMAC:

Pre-NMAC History:

Material in this Part was derived from that previously filed with State Records and Archives:

BOTP 84-1, Licensing Regulations, filed 12/10/1984.

BOTP 90-1, Licensing Regulations, filed 4/27/1990.

Rule 92-1, Licensing Regulations, filed 4/15/1992.

Rule 95-1, Licensing Regulations, filed 2/14/1995.

Rule 95-1, Licensing Regulations, filed 4/13/1995.

History of the Repealed Material: 16.15.3 NMAC, Occupational Therapists - Supervision, filed 6/19/2000, repealed 1/30/2015.