

OCCUPATIONAL THERAPY SERVICES

1. SUMMARY OF CONTENT: This directive establishes policy for managing the practice of occupational therapists and occupational therapy assistants to optimize the delivery of accessible, consistent, safe, and high-quality care to Veterans.

2. RELATED ISSUES: Department of Veterans Affairs (VA) Handbook 5005, Staffing, Part II, Appendix G14, dated December 13, 2019; VA Handbook 5005, Staffing, Part II, Appendix G22, dated May 27, 2021; VHA Directive 1170.03(1), Physical Medicine and Rehabilitation Service (PM&RS), dated November 5, 2019.

3. POLICY OWNER: The Office of Patient Care Services, Rehabilitation & Prosthetic Services (12RPS) and the National Occupational Therapy Program Manager are responsible for the content of this directive. Questions may be addressed to the National Occupational Therapy Program Manager, the Office of Rehabilitation and Prosthetic Services at VHAPMRSOTFAC@va.gov.

4. LOCAL DOCUMENT REQUIREMENT: There are no local document creation requirements in this directive.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of June 30, 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY THE DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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OCCUPATIONAL THERAPY SERVICES

1. POLICY

It is Veterans Health Administration (VHA) policy that Department of Veterans Affairs (VA) medical facilities provide Veterans with timely access to specialized, evidence-based Occupational Therapy services. It is VHA policy that practice standards for Occupational Therapy services in VA medical facilities align with those established by American Occupational Therapy Association (AOTA). **AUTHORITY:** 38 U.S.C. §§ 7301(b), 7402(b)(14).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for supporting the Office of Rehabilitation and Prosthetic Services with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Office of Rehabilitation and Prosthetics Services.** The Executive Director of the Office of Rehabilitation and Prosthetic Services is responsible for:

(1) Supporting VISN Directors with implementation and compliance with this directive. Communicating programmatic changes, performance metrics, and progress on operational goals to the Assistant Under Secretary for Health for Patient Care Services/CNO.

(2) Overseeing the National Occupational Therapy Program Manager, Office of Rehabilitation and Prosthetic Services in establishing and disseminating overarching VHA Occupational Therapy policy as needed.

e. National Occupational Therapy Program Manager, Office of Rehabilitation and Prosthetic Services. The National Occupational Therapy Program Manager, Office of Rehabilitation and Prosthetic Services is responsible for:

- (1) Establishing and disseminating overarching VHA Occupational Therapy policy.
- (2) Evaluating the effectiveness of established policy.
- (3) Establishing surveys, measurement instruments for Occupational Therapy services.
- (4) Collaborating with VISN Directors to eliminate barriers and ensure compliance with this directive.
- (5) Establishing the strategic direction, employment of evidence-based practices, and continuous quality improvement for Occupational Therapy services in support of VA and VHA strategic goals and objectives.
- (6) Initiating, promoting, and leading collaborations with VHA National program offices and VA Centers of Excellence to integrate Occupational Therapy services in order to improve access to care and outcomes for Veterans.
- (7) Promoting staff, trainee, and advanced fellow education and research in order to ensure evidence-based, equitable practice and high-quality service delivery to Veterans and their eligible caregivers.
- (8) Designating the Chair of the Occupational Therapy Field Advisory Council (OTFAC).
- (9) Collaborating with the Chair of the OTFAC to appoint members of the OTFAC.

f. Chair, Occupational Therapy Field Advisory Council. The OTFAC is a group of field-based clinical leaders in Occupational Therapy determined by the Occupational Therapy Program Manager, Office of Rehabilitation and Prosthetic Services and Chair of the OTFAC. The Chair of the OTFAC is responsible for:

- (1) Ensuring that the OTFAC advises the Occupational Therapy Program Manager, Office of Rehabilitation and Prosthetic Services, in areas of operational planning, national objectives, and professional trends relevant to Occupational Therapy practice in accordance with the OTFAC Charter located on https://dvagov.sharepoint.com/:b:r/sites/VHA-OT-Connections/administrative_supervisory/Shared%20Documents/OT%20FAC.Charter.2022.pdf?csf=1&web=1&e=EVzWKC. **NOTE:** *This is an internal VA website that is not available to the public.*
- (2) Ensuring that the OTFAC provides support to VISNs and VA medical facilities on matters relevant to Occupational Therapy practice.

(3) Collaborating with Occupational Therapy Program Manager, Office of Rehabilitation and Prosthetic Services to appoint members of the OTFAC.

g. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and collaborating with the National Occupational Therapy Program Manager, Office of Rehabilitation and Prosthetic Services, when barriers to compliance are identified.

(2) Providing necessary support and resources to ensure high-quality, equitable, efficient, and accessible Occupational Therapy services sufficient to meet the needs of Veterans within their network while achieving VA and VHA strategic priorities, objectives, and goals.

(3) Appointing a VISN Occupational Therapy point of contact to facilitate communication between the National Occupational Therapy Program Manager, the VISN, and VA medical facilities regarding VHA Occupational Therapy practice.

(4) Ensuring that the VISN Chief Medical Officer and VA medical facility leadership advocate for the integration of Occupational Therapy practitioners into VISN and facility programs, strategic initiatives, and clinical services where Occupational Therapy expertise is of value, including, but not limited to:

- (a) Physical Medicine and Rehabilitation.
- (b) Mental Health and Suicide Prevention.
- (c) Homeless programs.
- (d) Primary and Emergency Care.
- (e) Pain Management.
- (f) Geriatrics and Extended Care.
- (g) Home Based Primary Care.
- (h) Oncology.
- (i) Hospice and Palliative Care.
- (j) Caregiver Support Program.
- (k) Whole Health.
- (l) Spinal Cord Injury and Disorders.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring there is adequate space for the provision of Occupational Therapy services. **NOTE:** *Established requirements for space are in the VA Space Planning Criteria, Chapter 270: Veterans Health Administration: Physical Medicine and Rehabilitation Service, Section 5G, available at <https://www.cfm.va.gov/til/space.asp#VHA>. **NOTE:** This is an internal VA website that is not available to the public.*

(3) Ensuring that the VA medical facility has the appropriate equipment, computers, connectivity, information technology, and necessary supplies to provide high-quality Occupational Therapy services for in-person and virtual care.

i. **VA Medical Facility Chief of Staff or Associate Director for Patient Care Services.** The VA medical facility Chief of Staff or an Associate Director for Patient Care Services, depending upon the VA medical facility, are responsible for:

(1) Collaborating with the VA medical facility Supervisor of Occupational Therapy Services or equivalent to incorporate OT into a wide spectrum of health care teams and to develop consistent standard operating procedures to address practice, supervision, and service administration.

(2) Overseeing the staffing of the Occupational Therapy workforce to ensure high-quality, timely, safe, and efficient health care.

(3) Ensuring Occupational Therapy clinical oversight is completed by a licensed Occupational Therapist. In cases where occupational therapists are not privileged, peer review and continued competency evaluations should be completed by an Occupational Therapist to ensure that Veteran care is safe and of the highest quality.

(4) Ensuring the utilization of guidance to address practice, supervision, and OT service administration (i.e., scope of practice or privileging in accordance with VHA Directive 1100.20) on the VHA OT Services SharePoint, available at: [Privileging, OPPE/FPPE, Scope of Practice \(sharepoint.com\)](#). **NOTE:** *This is an internal VA website that is not available to the public.*

(5) Using data resources and reports to track and analyze Occupational Therapy workload, productivity, cost, utilization, safety, and access and report findings to the VA medical facility Director to support staffing, space, and administrative decisions.

(6) Ensuring that credentialing staff verify that each Occupational Therapist and Occupational Therapist Assistant possesses a full, current, and unrestricted license and certification by the National Board for Certification in Occupational Therapy and educational requirements are met in accordance with VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021 and VA Handbook 5005, Staffing, Part II, Appendix G14, dated December 13, 2019; VA Handbook 5005, Staffing, Part II, Appendix G22, dated May 27, 2021.

j. **VA Medical Facility Service Chief**. The VA medical facility Service Chief overseeing Occupational Therapy services is responsible for:

(1) Ensuring that their staff have been informed of the content of this directive.

(2) Providing administrative support (i.e., human resource actions, timekeeping, clinic profile management, contracting support, equipment inventory and maintenance) to Occupational Therapy supervisors to prioritize and facilitate effective clinical oversight of Occupational Therapy practitioners and program development.

(3) Ensuring that patient self-referral direct scheduling is available for Occupational Therapy services for ease of Veteran access to care.

k. **VA Medical Facility Supervisor of Occupational Therapy Services**. **NOTE:** *The term Supervisor of Occupational Therapy Services is used to refer to the person responsible for the management of Occupational Therapy services. While best-practice would be for this position to be held by an occupational therapist, in cases when it is not, clinical practice evaluations of occupational therapy practitioners must be completed by a licensed occupational therapist.* The VA medical facility Supervisor of Occupational Therapy Services or equivalent title is responsible for:

(1) Monitoring for and reporting non-compliance with this directive to the VA medical facility Director.

(2) Managing daily workload of Occupational Therapy staff and clinical processes to ensure quality, evidence-based services are provided in a timely, effective, and efficient manner.

(3) Ensuring the utilization of guidance to address practice, supervision, and OT service administration (i.e., scope of practice or privileging in accordance with VHA Directive 1100.20) on the VHA OT Services SharePoint, available at: [Privileging, OPPE/FPPE, Scope of Practice \(sharepoint.com\)](#). **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Evaluating the access to Occupational Therapy services through analysis of data reports provided by the Office of Productivity, Efficiency and Staffing (OPES) and Integrated Veteran Care (IVC) and establishing the least restrictive process for Veteran access to care (i.e., patient-self referral direct scheduling) for Occupational Therapy services. See the Occupational Therapy Patient Self-Referral Direct Scheduling Toolkit for additional information at <https://dvagov.sharepoint.com/sites/VHA-OT-Connections/SitePages/Occupational-Therapy-Patient-Self-referral-Direct-Scheduling-Toolkit.aspx>. **NOTE:** *This is an internal website VA website that is not available to the general public.*

(5) Making recommendations to VA medical facility leadership regarding staffing and space needs, equipment and supply management, and other operational aspects of administering the Occupational Therapy program.

(6) Ensuring coordination and collaboration within the Occupational Therapy service and with other relevant VA medical facility programs including exploring and advocating for the role of Occupational Therapy in emerging practice areas and non-clinical roles where Occupational Therapy skills bring unique value.

(7) Supporting the creation and application of evidence-based practice, strategies, and research to sustain a culture of high-quality Occupational Therapy practice. See paragraph 3 below for additional details.

(8) Providing opportunities for and encouraging Occupational Therapy practitioners' participation in clinical and leadership trainings to enhance their competence.

(9) Establishing opportunities for Occupational Therapy staff to provide input in the improvement of Occupational Therapy service delivery.

l. VA Medical Facility Occupational Therapist. The VA medical facility Occupational Therapist is responsible for:

(1) Utilizing standardized, evidence-based assessments to comprehensively assess physical, cognitive, psychosocial, and environmental factors affecting the Veteran's functional performance to create an occupational profile and skilled treatment plan.

(2) Providing Occupational Therapy interventions, in-person or virtually, that are client-centered, evidence-based, and occupationally focused to optimize independence and performance, including skill development and therapeutic engagement in functional activities and occupations, as well as preparatory activities and other interventions as outlined in the Occupational Therapy Scope of Practice and Occupational Therapy Practice Framework: Domain and Process. For more information, see: https://dvagov.sharepoint.com/:f:/r/sites/VHA-OT-Connections/administrative_supervisory/Shared%20Documents/OT%20Scope%20of%20Practice?csf=1&web=1&e=dl6Gge. **NOTE:** *This is an internal website VA website that is not available to the general public.*

(3) Providing the appropriate level of clinical supervision to Certified Occupational Therapist Assistants (COTA) based on the COTA's level of experience and the Veteran's clinical needs, including documenting the supervision in the electronic health record. **NOTE:** *In general clinical supervision, the Occupational Therapist is not required to be on-site for direction and supervision but must be available at minimum by virtual/telecommunication. The Occupational Therapist performs all assessments and reassessments of the Veteran.*

m. VA Medical Facility Certified Occupational Therapist Assistant. The VA medical facility COTA is responsible for:

(1) Collaborating with the Occupational Therapist providing clinical supervision and drawing upon practical knowledge and treatment skill set in order to reach pre-determined patient goals by modifying techniques within the established patient plan of care. **NOTE:** *When a COTA is involved in patient care, the Occupational Therapist*

developing the plan of care is considered the Occupational Therapist providing clinical supervision.

(2) Implementing the patient plan of care under the direction of the Occupational Therapist providing clinical supervision and continually reviewing the patient's condition to determine medical and functional status.

(3) Providing Occupational Therapy interventions that are client-centered, evidence-based, and occupationally focused to optimize independence and performance, including skill development and therapeutic engagement in functional activities and occupations, as well as preparatory activities and other interventions as outlined in the Occupational Therapy Scope of Practice and Occupational Therapy Practice Framework: Domain and Process. For more information, see: https://dvagov.sharepoint.com/:f:/r/sites/VHA-OT-Connections/administrative_supervisory/Shared%20Documents/OT%20Scope%20of%20Practice?csf=1&web=1&e=dl6Gqe. **NOTE:** *This is an internal website VA website that is not available to the general public.*

(4) Participating in management, care coordination, service delivery and program coordination, research (see paragraph 3), project management, client education, health promotion and disease prevention, and transition and consultative services to programs, organizations, and communities. **NOTE:** *COTAs provide occupational therapy services under the appropriate clinical supervision of and in partnership with occupational therapists.*

3. RESEARCH

a. The field of occupational therapy promotes rehabilitation research activities and the appropriate application of research findings to the clinical setting. Occupational Therapy staff are encouraged to initiate research activities directed towards producing relevant, reliable data and information in all VHA facilities and VA Centers of Excellence.

b. OT research must be conducted under the auspices of the VA medical facility Research Service, consistent with pertinent regulations and guidelines, and must follow policies and procedures prescribed by VHA Office of Research and Development.

4. TRAINING

There are no formal training requirements associated with this directive.

5. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Management (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

6. BACKGROUND

a. The core purpose of occupational therapy practice is the therapeutic use of everyday life activities (occupations) with individuals, groups, communities, and populations to optimize independence, quality of life, and participation in valued life roles. Occupational Therapy services are provided by occupational therapy practitioners which include occupational therapists and certified occupational therapy assistants (COTAs). VHA occupational therapists are licensed practitioners who are experts across varied practice settings in habilitation, rehabilitation, and health promotion and disease prevention through the application of their unique clinical lens and use of evidence-based interventions. They concurrently and comprehensively assess and treat physical, cognitive, psychosocial, and environmental factors impacting Veterans' functional performance and quality of life. Occupational therapy services may be provided without a consult and the oversight and supervision of a physician and are eligible for Patient Self-Referral Direct Scheduling (direct access).

b. Occupational Therapy has played an essential rehabilitation role for the United States military since its inception during World Wars I and II and as critical workforce members in the mental health profession.

c. Occupational Therapy education includes biomedical and psychosocial theory, assessment, and interventions, making occupational therapists a valued and unique resource within VA. Occupational therapists practicing autonomously at the top of their scope and license can lead to improved healthcare outcomes for Veterans.

d. VHA occupational therapy practitioners are considered essential employees in times of disaster, crisis, or pandemic situations. They are leaders in the effort to lessen disaster risks, increase personal and community preparedness, and foster resilience during recovery. As critical members of the health care team, they are actively involved in solution-oriented problem-solving during times of crisis.

7. REFERENCES

a. 38 U.S.C. §§ 7301(b) and 7402(b)(14).

b. VA Handbook 5005, Staffing, Part II, Appendix G14, dated December 13, 2019.

c. VA Handbook 5005, Staffing, Part II, Appendix G22, dated May 27, 2021.

d. VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021.

e. VA Space Planning Criteria, Chapter 270: Veterans Health Administration: Physical Medicine and Rehabilitation Service, <https://www.cfm.va.gov/til/space.asp#VHA>. **NOTE:** This is an internal VA website that is not available to the public.