

## **AGENDA ITEM 16**

**REVIEW OF AOTA'S SCOPE OF PRACTICE, FOR POSSIBLE ACTION AND GUIDANCE IN LANGUAGE AND CONTENT FOR BOARD LAWS OR REGULATIONS.**

# **OCCUPATIONAL THERAPY SCOPE OF PRACTICE**

American Occupational Therapy Association

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The ***Occupational Therapy Scope of Practice*** is an updated position statement from the American Occupational Therapy Association that **defines the scope of practice in occupational therapy** and **provides a model definition of occupational therapy** to promote uniform standards and professional mobility across state occupational therapy statutes and regulations. It is intended to serve as a resource for consumers, health care providers, educators, the community, funding agencies, payers, referral sources, and policymakers.

## **Statement of Purpose**

The purpose of this document is to

- A. Define the scope of practice in occupational therapy by
  1. Delineating the domain of occupational therapy practice and services provided by occupational therapists and occupational therapy assistants,
  2. Delineating the dynamic process of occupational therapy evaluation and intervention services used to achieve outcomes that support the participation of clients<sup>1</sup> in everyday life occupations, and
  3. Describing the education and certification requirements needed to practice as an occupational therapist and occupational therapy assistant;
- B. Provide a model definition of occupational therapy to promote uniform standards and professional mobility across state occupational therapy statutes and regulations; and
- C. Inform consumers, health care providers, educators, the community, funding agencies, payers, referral sources, and policymakers regarding the scope of occupational therapy.

## **Introduction**

The occupational therapy scope of practice is based on the American Occupational Therapy Association (AOTA) documents *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020c) and the *Philosophical Base of Occupational Therapy* (AOTA, 2017), which states that “the use of occupation to promote individual,

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<sup>1</sup> “The clients of occupational therapy are typically classified as persons (including those involved in care of a client), groups (collections of individuals having shared characteristics or a common or shared purpose; e.g., family members, workers, students, people with similar interests or occupational challenges), and populations (aggregates of people with common attributes such as contexts, characteristics, or concerns, including health risks)”; Scaffa & Reitz, 2014, as quoted in AOTA, 2020c, p. 2).

family, community, and population health is the core of occupational therapy practice, education, research, and advocacy” (p. 1).

Occupational therapy is a dynamic and evolving profession that is responsive to consumer and societal needs, to system changes, and to emerging knowledge and research.

Although this document may be a resource to use with state statutes and regulations that govern the practice of occupational therapy, it does not supersede existing laws and other regulatory requirements.

Occupational therapists and occupational therapy assistants are required to abide by relevant statutes and regulations when providing occupational therapy services. State statutes and other regulatory requirements typically include statements about educational requirements to be eligible for licensure as an occupational therapy practitioner, procedures to practice occupational therapy legally within the defined area of jurisdiction, the definition and scope of occupational therapy practice, and supervision requirements for occupational therapy assistants.

It is the position of AOTA that a referral is not required for the provision of occupational therapy services; however, laws and payment policies generally affect referrals for such services. AOTA’s position is also that “an occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and AOTA documents” (AOTA, 2015b, Standard II.2, p. 3). State laws and other regulatory requirements should be viewed as minimum criteria to practice occupational therapy. A *Code of Ethics* and related standards of conduct ensure safe and effective delivery of occupational therapy services (AOTA, 2020a). Policies of payers such as public and private insurance companies also must be followed.

Occupational therapy services may be provided by two levels of practitioners: (1) the occupational therapist and (2) the occupational therapy assistant, as well as by occupational therapy students under appropriate supervision (AOTA, 2018). Occupational therapists function as autonomous practitioners, are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process.

The occupational therapy assistant delivers occupational therapy services only under the supervision of and in partnership with the occupational therapist (AOTA, 2020b). When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2015a).

## **Definition of Occupational Therapy**

The *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020c) **defines occupational therapy as**

therapeutic use of everyday life occupations with persons, groups, or populations (i.e., clients) for the purpose of enhancing or enabling participation. Occupational therapy practitioners use their knowledge of the transactional relationship among the client, their engagement in valuable occupations, and the context to design occupation-based intervention plans. Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs. Services promote acquisition and preservation of occupational identity for those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. (p. 80)

Exhibit 1 contains the model definition of occupational therapy for the AOTA (2021) Model Occupational Therapy Practice Act in a format that will be used to assert the scope of practice of occupational therapy for state regulation. States are encouraged to adopt this language in their practice acts because it reflects the contemporary occupational therapy scope of practice.

## **Scope of Practice: Domain and Process**

The scope of practice includes the domain and process of occupational therapy services. These two concepts are intertwined, with the *domain* (Exhibit 2) defining the focus of occupational therapy and the *process* (Exhibit 3) defining the delivery of occupational therapy.

The *domain* of occupational therapy includes the everyday life occupations that people find meaningful and purposeful; aspects of the domain are presented in Exhibit 2. Within this domain, occupational therapy services enable clients to participate in their everyday life occupations in their desired roles, contexts, and life situations.

Clients may be persons, groups, or populations. The domain of occupational therapy consists of the following occupations in which clients engage throughout the life course (AOTA, 2020c, pp. 30–34, Table 2):

- ADLs (activities oriented toward taking care of one’s own body and completed on a routine basis; e.g., bathing, feeding, dressing)
- IADLs (activities to support daily life within the home and community that often require complex interactions; e.g., household management, financial management, child care)
- Health management (activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations; e.g., medication management, social and emotional health promotion and maintenance)
- Rest and sleep (activities relating to obtaining restorative rest and sleep, including identifying the need for rest and sleep, preparing for sleep, and participating in rest and sleep)

- Education (activities needed for learning and participating in the educational environment)
- Work (activities for engaging in employment or volunteer activities with financial and nonfinancial benefits)
- Play (activities that are intrinsically motivated, internally controlled, and freely chosen)
- Leisure (nonobligatory and intrinsically motivated activities during discretionary time)
- Social participation (activities that involve social interaction with others and support social interdependence).

Within their domain of practice, occupational therapists and occupational therapy assistants consider the repertoire of occupations in which the client engages, the contexts influencing engagement, the performance patterns, and skills the client uses, the demands of the occupation, and the client's body functions and structures. Occupational therapy practitioners use their knowledge and skills, including therapeutic use of self, to help clients conduct or resume daily life occupations that support function and health throughout the lifespan. Participation in occupations that are meaningful to the client involves emotional, psychosocial, cognitive, and physical aspects of performance. Participation in meaningful occupations enhances health, well-being, and life satisfaction. The domain of occupational therapy practice complements the World Health Organization's (2008) conceptualization of *participation* and *health* articulated in the *International Classification of Functioning, Disability and Health (ICF)*. Occupational therapy incorporates the basic constructs of the *ICF*, including context, participation, activities, and body structures and functions, in interventions to enable full participation in occupations and maximize occupational engagement.

The *process* of occupational therapy refers to the delivery of services and includes evaluating, intervening, and targeting of outcomes, as detailed in Exhibit 3. Occupation remains central to the occupational therapy process, which is client centered, involving collaboration with the client throughout each aspect of service delivery. There are many service delivery approaches, including direct (e.g., providing individual services in person, leading a group session, interacting with clients and families through telehealth systems) and indirect (services on the client's behalf, e.g., consultation to teachers, multidisciplinary teams, and community planning agencies), and services can be delivered at the person, group, or population level. This process includes the following key components:

- Evaluation and intervention may address one or more aspects of the domain that influence occupational performance.
- During the evaluation, the occupational therapist develops an occupational profile; analyzes the client's ability to carry out everyday life activities; and determines the client's occupational needs, strengths, barriers to participation, and priorities for intervention.
- Intervention includes planning and implementing occupational therapy services, including education and training, advocacy, group interventions, and virtual interventions. The occupational therapist and occupational therapy assistant in partnership with the client use occupation-based theories, frames of reference, evidence, and clinical reasoning to guide the intervention (AOTA, 2020c).

- The outcomes of occupational therapy intervention are directed toward “achieving health, well-being, and participation in life through engagement in occupations” (AOTA, 2020c, p. 5). Outcomes of the intervention determine future actions with the client and include occupational performance, improvement, enhancement, prevention (of risk factors, disease, and disability), health and wellness, quality of life, participation, role competence, well-being, and occupational justice (AOTA, 2020c). “*Occupational adaptation*, or the client’s effective and efficient response to occupational and contextual demands, is interwoven through all of these outcomes” (AOTA, 2020c, p. 26).

## **Sites of Intervention and Areas of Focus**

Occupational therapy services are provided to clients across the life course. Practitioners work in collaboration with clients to address occupational needs and issues in areas such as mental health; work and industry; participation in education; rehabilitation, disability, and participation; productive aging; and health and wellness.

Along the continuum of service, occupational therapy services are provided to clients in a variety of settings, such as

- Institutional (inpatient) settings (e.g., acute care, rehabilitation facilities, psychiatric hospitals, community and specialty-focused hospitals, nursing facilities, prisons),
- Outpatient settings (e.g., hospitals, clinics, medical and therapy offices),
- Home and community settings (e.g., residences, group homes, assisted living, schools, early intervention centers, day care centers, industry and business, hospice, homeless shelters, transitional living facilities, wellness and fitness centers, community mental health facilities, public and private transportation agencies, park districts, work sites), and
- Research facilities.

## **Education and Certification Requirements**

To practice as an occupational therapist, the individual trained in the United States

- Has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®; 2018) or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapists; and
- Fulfills state requirements for licensure, certification, or registration.

To practice as an occupational therapy assistant, the individual trained in the United States

- Has graduated from an occupational therapy assistant program accredited by ACOTE or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapy assistants; and
- Fulfills state requirements for licensure, certification, or registration.

AOTA supports licensure of qualified occupational therapists and occupational therapy assistants (AOTA, 2016). State and other legislative or regulatory agencies may impose additional requirements to practice as occupational therapists and occupational therapy assistants in their area of jurisdiction.

## **AGENDA ITEM 17**

### **DISCUSSION AND POSSIBLE ACTION ON SEEKING AMENDMENTS TO BUSINESS AND PROFESSIONS CODE SECTIONS 2570.19.**



**Proposed amendment to Business and Professions Code  
Section 2570.19**

**BPC SECTION 2570.19**

(a) There is hereby created a California Board of Occupational Therapy, hereafter referred to as the board. The board shall enforce and administer this chapter.

(b) The members of the board shall consist of the following:

(1) Three occupational therapists who shall have practiced occupational therapy for five years.

(2) One occupational therapy assistant who shall have assisted in the practice of occupational therapy for five years.

(3) Three public members who shall not be licentiates of the board, of any other board under this division, or of any board referred to in Section 1000 or 3600.

(c) The Governor shall appoint the three occupational therapists and one occupational therapy assistant to be members of the board. The Governor, the Senate Committee on Rules, and the Speaker of the Assembly shall each appoint a public member. Not more than one member of the board shall be appointed from the full-time faculty of any university, college, or other educational institution.

(d) All members shall be residents of California at the time of their appointment. The occupational therapist and occupational therapy assistant members shall have been engaged in rendering occupational therapy services to the public, teaching, or research in occupational therapy for at least five years preceding their appointments.

(e) The public members may not be or have ever been occupational therapists or occupational therapy assistants or in training to become occupational therapists or occupational therapy assistants. The public members may not be related to, or have a household member who is, an occupational therapist or an occupational therapy assistant, and may not have had, within two years of the appointment, a substantial financial interest in a person regulated by the board.

(f) The Governor shall appoint two board members for a term of one year, two board members for a term of two years, and one board member for a term of three years. Appointments made thereafter shall be for four-year terms, but no person shall be appointed to serve more than two consecutive terms. Terms shall begin on the first day of the calendar year and end on the last day of the calendar year or until successors are appointed, except for the first appointed members who shall serve through the last calendar day of the year in which they are appointed, before commencing the terms prescribed by this section. Vacancies shall be filled by appointment for the unexpired term. The board shall annually elect one of its members as president.

(g) ~~The board shall meet and hold at least one regular meeting annually in the Cities of Sacramento, Los Angeles, and San Francisco~~ **The Board shall meet at least three times a year, meeting at least once each calendar year in northern California and once each calendar year in southern California**. The board may

convene from time to time until its business is concluded. Special meetings of the board may be held at any time and place designated by the board.

(h) Notice of each meeting of the board shall be given in accordance with the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).

(i) Members of the board shall receive no compensation for their services, but shall be entitled to reasonable travel and other expenses incurred in the execution of their powers and duties in accordance with Section 103.

(j) The appointing power shall have the power to remove any member of the board from office for neglect of any duty imposed by state law, for incompetency, or for unprofessional or dishonorable conduct.

(k) This section shall remain in effect only until January 1, 2027, and as of that date is repealed.

# **AGENDA ITEM 18**

## **SUMMARY OF PROPOSED LEGISLATIVE AMENDMENTS APPROVED BY THE BOARD.**

## **Prior Board-approved Legislative Amendments**

(Full text to be provided at March 2025 meeting)

### **Proposed amendments to Business and Professions Code (BPC):**

- Section 2570.2** Definitions.
- Section 2570.3** Licensing requirement.
- Section 2570.4** Persons exempt from requirements.
- Section 2570.5** Limited permit; Procedure pending announcement of examination results.
- Section 2570.6** Filing of written application for license.
- Section 2570.16** Fees.
- Section 2570.17** Issuance of retired license.
- Section 2570.19** California Board of Occupational Therapy.
- Section 2570.20** Duties of board; Rules; Proceedings.
- Section 2570.27** Discipline; Initial license issued on probation. (Add probation monitoring costs.)
- Section 2570.28** Grounds for denial or discipline.
- Section 2570.32** Petition for reinstatement or modification of penalty.

### **Proposed additions to BPC:**

- Add new section to require employers to report to the Board, any employees who are terminated or suspended for cause, as specified, and establish consequences for an employer who fails to make a report as required.
- Add new section to allow an occupational therapist, appointed by the Board, to inspect or require reports from a general or specialized hospital or another facility providing occupational therapy treatment or services and makes the unauthorized release of personal and protected information unprofessional conduct.
- Add new section to grant occupational therapists immunity from civil damages for services provided during a state of war, state of emergency or during a disaster, except in a case of a willful act or omission or when the practitioner is negligent.

**Proposed new language:**

- Add new language to BPC:

(a) Any employer of an occupational therapy practitioner shall report, within ten (10) days to the California Board of Occupational Therapy the suspension or termination for cause of any practitioner in their employ. The reporting required herein shall not act as a waiver of confidentiality of records and protected information. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of section 800, and shall not be subject to discovery in civil cases.

(b) For purposes of the section, "suspension or termination for cause" is defined to mean suspension or termination from employment for any of the following reasons:

(1) Use of controlled substances or alcohol to such an extent that it impairs the ability to safely practice occupational therapy. (add under the influence at work?)

(2) Unlawful sale of controlled substances or other prescription items.

(3) Neglect, physical harm to, or sexual contact with a patient or client.

(4) Falsification of records and protected information.

(5) Gross incompetence or negligence.

(6) Theft from a patient, client, other employees, or the employer.

(c) The first failure of an employer to make a report required by this section, shall result in a letter educating the employer of their reporting responsibilities. The second failure to make a report by this section shall be punishable by an administrative fine not to exceed one thousand dollars (\$1,000). The third and any subsequent violations shall be punishable by an administrative fine not to exceed five-thousand dollars (\$5,000) per violation.

- Add new language to BPC:

As part of the Board's investigation process, a licensed occupational therapist appointed by the board may inspect, or require reports from, a general or specialized hospital or any other facility providing occupational therapy treatment or services and the occupational therapy staff thereof, with respect to the occupational therapy treatment, services, or facilities provided therein, and may inspect occupational therapy records with respect to the care, treatment, services, or facilities. The authority to make inspections and to require reports as provided by this section shall not be delegated to any person other than an occupational therapist. The unauthorized release of personal and protected information constitutes unprofessional conduct.

- Add new language to BPC:

This proposal would grant occupational therapists immunity from civil damages for services provided during a state of war, state of emergency, or during a disaster, except in a case of a willful act or omission or when the practitioner is grossly negligent.

**Government Code, Title 2, Division 1.  
Chapter 7. California Emergency Services Act.  
Article 17. Privileges and immunities.**

**Proposed amendment to Government Code Section 8659.**

Proposed amendment to add occupational therapists to the list of healthcare practitioners who render services during any state of war emergency, a state of emergency, or a local emergency at the express or implied request of any responsible state or local official or agency and shall have no liability for any injury sustained by any person receiving services, as shown below.

(a) Any physician or surgeon (whether licensed in this state or any other state), hospital, pharmacist, respiratory care practitioner, nurse, occupational therapist, or dentist who renders services during any state of war emergency, a state of emergency, or a local emergency at the express or implied request of any responsible state or local official or agency shall have no liability for any injury sustained by any person by reason of those services, regardless of how or under what circumstances or by what cause those injuries are sustained; provided, however, that the immunity herein granted shall not apply in the event of a willful act or omission.

(b) Any veterinarian or registered veterinary technician who renders services during any state of war emergency, a state of emergency, or a local emergency at the express or implied request of any responsible state or local official or agency shall have no liability for any injury sustained by any animal by reason of those services, regardless of how or under what circumstances or by what cause those injuries are sustained; provided, however, that the immunity herein granted shall not apply in the event of a willful act or omission.

## **AGENDA ITEM 23**

**CONSIDERATION AND POSSIBLE ACTION TO INITIATE A RULEMAKING PACKAGE TO AMEND CALIFORNIA CODE OF REGULATIONS, TITLE 16, DIVISION 39, ARTICLE 9, SECTION 4148. MENTAL OR PHYSICAL EXAMINATION OF FITNESS FOR LICENSURE, AND SECTION 4101. DELEGATION OF CERTAIN FUNCTIONS, TO INCLUDE AUTHORITY TO ORDER EXAMINATIONS AUTHORIZED IN SECTION 4148.**

**CCR, Title 16, Division 39.  
California Board of Occupational Therapy**

<b>Legend:</b>	Added text is indicated with an <u>underline</u> . Deleted text is indicated by <del>strikeout</del> .
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**Amend section 4101 to read as follows:**

**§ 4101. Delegation of Certain Functions**

Except for those powers reserved exclusively to the “agency itself” under the Administrative Procedure Act (section 11500 et seq. of the Government Code), *the power and discretion conferred by law upon the Board to order an examination pursuant to section 820 of the Code and section 4148*; receive and file accusations and statements of issues; issue notices of defense; determine the time and place of hearings under Section 11508 of the Government Code; issue subpoenas and subpoenas duces tecum; set and calendar cases for hearing and perform other functions necessary to the dispatch of the business of the Board in connection with proceedings under the provisions of Sections 11500 through 11528 of the Government Code, prior to the hearing of such proceedings, including the authority to grant a motion to vacate a default decision, approve a settlement agreement for revocation or surrender of a license, or approve an interim license suspension; and the certification and delivery or mailing of copies of decisions under Section 11518 of the Government Code are hereby delegated to and conferred upon the executive officer of the Board. {Emphasis added with *italic text*.}

Note: Authority cited: Section 2570.20, Business and Professions Code. Reference: Sections 480, 820, 2570.1, 2570.6, 2570.17, 2570.19, 2570.20 and 2570.23, Business and Professions Code; and Sections 11415.60 and 11500 et seq., Government Code.

**Amend section 4148 to read as follows:**

**§ 4148. Mental or Physical Examination of Fitness for Licensure.**

In addition to any other requirements for licensure, whenever it appears that an applicant for a license may be unable to practice occupational therapy safely because the applicant's ability to practice may be impaired due to mental illness or physical illness affecting competency, the board ~~board~~ **Executive Officer** may require the applicant to be examined by one or more physicians and surgeons or psychologists designated by the board. The board shall pay the full cost of such examination. An applicant's failure to comply with the requirement shall render his or her application incomplete.

The report of the evaluation shall be made available to the applicant.

Note: Authority cited: Section 2570.20, Business and Professions Code. Reference: Sections 2570.6 and 2570.26, Business and Professions Code.



## **AGENDA ITEM 24**

### **REPORT ON NECESSITY OF FEE INCREASES AND DISCUSSION ON NEXT STEPS.**

Included are the following:

- Board of Psychology fee alert.
- FM 3 Fund Condition.

## Board of Psychology FEE INCREASE DISCUSSION

The Board of Psychology has enacted statutory fee increases affecting licensees and applicants, effective January 1, 2024. The fee increases will strengthen the Board's ability to accomplish its consumer protection mandate and maintain licensing and enforcement services.

The Board will be hosting an informational webinar explaining the situation on March 21, 2024. Licensees will be able to claim Continuing Professional Development (CPD) credit by attending.

### WHY IS THIS FEE INCREASE NECESSARY?



#### OUTPACED BY INFLATION

The Board hasn't increased fees in statute since 1992. If our fees were adjusted for inflation in the past three decades, they would have been double the former cost.

#### FUNDING CRITICAL OPERATIONS

The Board's Fund is primarily sourced from licensing fees, which support core disciplinary functions: complaint review, investigations, hearings, and probation oversight.



#### FINANCIAL STRAIN

With fees already at the statutory maximum, the Board's Fund was experiencing a substantial structural deficit, placing the Board at risk of becoming insolvent in 2025.

#### STOP-GAP MEASURES

The Board drastically eliminated unnecessary travel, limited employee overtime, and delayed filling vacancies to reduce costs.



### HOW ARE THE FEES JUSTIFIED?



#### CALCULATE COSTS

Board staff conducted an analysis to calculate the full direct and indirect costs of the services it provides.

#### COST RECOVERY POLICY

The Board determined a fair and equitable method of allocating expenses, such as enforcement oversight, to the licenses and registrations issued. This allowed us to arrive at the full cost of service for each license, registration, or renewal.



### WILL THERE BE FEE INCREASES IN THE FUTURE?

#### RESPONSIBLE ADMINISTRATION

The lack of fee increases over a substantial period is the cause of the current situation. The California Legislature allows for potential future increases via the regulatory process, which allows for public input and discussion.

The Board's decision to increase fees for the first time in three decades was not taken lightly, and only took place after several years of discussions between the Board and our stakeholders. We look forward to continuing a dialogue with our licensees on how we can be responsible with our funds, accountable to stakeholders, and a customer service leader.

### WHAT ARE THE NEW FEES?

The 2024 Fee Schedule is available here:  
[www.psychology.ca.gov/applicants/feeschedule\\_2024.shtml](http://www.psychology.ca.gov/applicants/feeschedule_2024.shtml)



**CA Board of Occupational Therapy Fund  
Analysis of Fund Condition  
(Dollars in Thousands)**

**Prepared 10.30.2024**

**2024 Budget Act With FM 03 Projections**

	<b>PY 2022-23</b>	<b>Actuals 2023-24</b>	<b>CY 2024-25</b>	<b>BY 2025-26</b>	<b>BY +1 2026-27</b>	<b>BY +2 2027-28</b>	<b>BY +3 2028-29</b>
<b>BEGINNING BALANCE</b>	\$ 1,438	\$ 1,496	\$ 1,523	\$ 1,279	\$ 776	\$ 160	\$ -564
Prior Year Adjustment	\$ -	\$ 11	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	<b>\$ 1,438</b>	<b>\$ 1,507</b>	<b>\$ 1,523</b>	<b>\$ 1,279</b>	<b>\$ 776</b>	<b>\$ 160</b>	<b>\$ -564</b>
 <b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>							
Revenues							
Delinquent fees	\$ 41	\$ 48	\$ 50	\$ 43	\$ 43	\$ 43	\$ 43
Renewal fees	\$ 2,415	\$ 2,497	\$ 2,693	\$ 2,562	\$ 2,562	\$ 2,562	\$ 2,562
Other regulatory fees	\$ 59	\$ 56	\$ 60	\$ 55	\$ 55	\$ 55	\$ 55
Other regulatory licenses and permits	\$ 460	\$ 466	\$ 471	\$ 478	\$ 478	\$ 478	\$ 478
Miscellaneous Services to the Public	\$ 30	\$ 31	\$ 31	\$ 29	\$ 29	\$ 29	\$ 29
Income from surplus money investments	\$ 43	\$ 75	\$ 54	\$ 11	\$ 2.00	\$ -	\$ -
Escheat of unclaimed checks and warrants	\$ -	\$ -	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1
Totals, Revenues	<b>\$ 3,048</b>	<b>\$ 3,173</b>	<b>\$ 3,360</b>	<b>\$ 3,179</b>	<b>\$ 3,170</b>	<b>\$ 3,168</b>	<b>\$ 3,168</b>
 <b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>	<b>\$ 3,048</b>	<b>\$ 3,173</b>	<b>\$ 3,360</b>	<b>\$ 3,179</b>	<b>\$ 3,170</b>	<b>\$ 3,168</b>	<b>\$ 3,168</b>
 <b>TOTAL RESOURCES</b>	<b>\$ 4,486</b>	<b>\$ 4,680</b>	<b>\$ 4,883</b>	<b>\$ 4,458</b>	<b>\$ 3,946</b>	<b>\$ 3,328</b>	<b>\$ 2,604</b>

	<b>PY</b> <b>2022-23</b>	<b>Actuals</b> <b>2023-24</b>	<b>CY</b> <b>2024-25</b>	<b>BY</b> <b>2025-26</b>	<b>BY +1</b> <b>2026-27</b>	<b>BY +2</b> <b>2027-28</b>	<b>BY +3</b> <b>2028-29</b>
<b>EXPENDITURES</b>							
Board Operations	\$ 2,708	\$ 2,875	\$ 3,335	\$ 3,462	\$ 3,566	\$ 3,673	\$ 3,783
Fee Study	\$ -	\$ -	\$ 35	\$ -	\$ -	\$ -	\$ -
Supplemental Pension Payments	\$ 42	\$ 42	\$ 22	\$ -	\$ -	\$ -	\$ -
Statewide Pro Rata	\$ 240	\$ 240	\$ 212	\$ 220	\$ 220	\$ 220	\$ 220
<b>TOTALS, EXPENDITURES</b>	<b>\$ 2,990</b>	<b>\$ 3,157</b>	<b>\$ 3,604</b>	<b>\$ 3,682</b>	<b>\$ 3,786</b>	<b>\$ 3,893</b>	<b>\$ 4,003</b>
<b>FUND BALANCE</b>							
Reserve for economic uncertainties	\$ 1,496	\$ 1,523	\$ 1,279	\$ 776	\$ 160	\$ -564	\$ -1,399
<i>Months in Reserve</i>	<b>5.7</b>	<b>5.1</b>	<b>4.2</b>	<b>2.5</b>	<b>0.5</b>	<b>-1.7</b>	<b>-4.2</b>

**NOTES:**

1. Assumes workload and revenue projections are realized in BY and ongoing.
2. Expenditure growth projected at 3% beginning BY.

## **AGENDA ITEM 24**

### **DISCUSSION AND POSSIBLE ACTION ON INCLUDING OCCUPATIONAL THERAPY ASSISTANTS AS PRACTICE REVIEWERS.**

Included are the following:

- Application to be a Practice Reviewer.
- Board Webpage – Recruiting Practice Reviewers & Advanced Practice Reviewers.



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**  
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 P (916) 263-2294 | cbot@dca.ca.gov | www.bot.ca.gov



## APPLICATION TO BE A PRACTICE REVIEWER

Thank you for your interest in serving the Board of Occupational Therapy as a practice reviewer. Expert witnesses are licensed occupational therapists and occupational therapy assistants with the professional and educational background to review complaints, develop opinions, prepare written reports and/or testify at administrative hearings. Practice reviewers are an important part of the Board's Enforcement Program, and their effectiveness is vital for fulfilling our legislative mandate to protect California consumers of occupational therapy services from unprofessional, incompetent and otherwise dangerous practitioners.

If you wish to provide this service to your community and be considered by the Board as a practice reviewer, please complete all sections of the application and submit to the above address. Please attach your resume or Curriculum Vitae.

### **A practice reviewer must hold a current and active license without restrictions.**

It is imperative that practice reviewers have at least fifteen (15) years experience with seven (7) years of recent experience in the area of expertise for which they will be reviewing cases and rendering a professional opinion. Please select (✓) the applicable area(s) for which you are most knowledgeable, keeping in mind that you will need to defend your position in court should you be called to testify. ***California Civil Code Section 43.8 provides immunity for those practitioners who render an opinion against an occupational therapist or an occupational therapy assistant for the Board.***

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Private Practice          | <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Technology  |
| <input type="checkbox"/> School-Based Practice     | <input type="checkbox"/> Behavioral Health     | <input type="checkbox"/> Education   |
| <input type="checkbox"/> Pediatrics                | <input type="checkbox"/> Gerontology           | <input type="checkbox"/> Research    |
| <input type="checkbox"/> Work Program              | <input type="checkbox"/> Home Health           | <input type="checkbox"/> Wellness    |
| <input type="checkbox"/> Administrative Management | <input type="checkbox"/> Hand Therapy          | <input type="checkbox"/> Other _____ |

Indicate all advanced practice area(s) which you have been approved by the Board and the date of approval:

- Hand Therapy - Date of Approval: \_\_\_\_\_
- Physical Agent Modalities - Date of Approval: \_\_\_\_\_
- Swallowing Assessment, Evaluation, or Intervention - Date of Approval: \_\_\_\_\_

**Section I: Personal Data (Please Complete All Boxes)**

Last Name		First Name		Middle Name
Residence Address (Street No., Apt No.)		City	State	Zip Code
Home Telephone No. ( )	Business Telephone No. ( )	FAX No. ( )	E-Mail Address	

**Section II: Professional Data (Please Complete All Boxes. Attach additional pages if necessary.)**

License No.	Original Issue Date	Expiration Date	Type <input type="checkbox"/> OT <input type="checkbox"/> OTA
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1. Do you possess a *current* certification from the National Board for Certification in Occupational Therapy, Inc. (NBCOT), or membership with the American Occupational Therapy Association (AOTA), Occupational Therapy Association of California (OTAC), or other state association?

Yes NBCOT: Certification No. \_\_\_\_\_ as of \_\_\_\_\_ (date).  
 AOTA: Membership No. \_\_\_\_\_ as of \_\_\_\_\_ (date).  
 OTAC: Membership No. \_\_\_\_\_ as of \_\_\_\_\_ (date).  
 Other: \_\_\_\_\_ Membership No. \_\_\_\_\_ as of \_\_\_\_\_ (date).  
 Other: \_\_\_\_\_ Membership No. \_\_\_\_\_ as of \_\_\_\_\_ (date).

No

2. Do you currently hold any other licenses or specialty certifications, including occupational therapy or any other health related field, in California or in any other state?

Yes If yes, please provide a list and details below.  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Has any health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction, or any branch of the military, denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other action against you?

Yes If yes, please provide details below.  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been convicted of a crime?

Yes    If yes, please provide details below.     No

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5. Have you been actively engaged in the practice of occupational therapy (defined as at least 80 hours a month in occupational therapy, including direct client care, clinical activity, supervision, administration or teaching) in the past five years?

Yes     No

*Please attach a copy of your resume or Curriculum Vitae to this application.*

6. Please describe your related practice activities within the past five years.

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7. Have you ever ceased practice for one year or more?

Yes    If yes, please provide details below.     No

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8. Please describe any mentoring or supervisory positions you have been involved with in the past five years.

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12. Why do you feel you are qualified to be an expert witness?

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**Section III: Affidavit**

**I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct.**

**Further, I certify that I have read and understand the disclaimer listed below.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Disclaimer: Licensees are prohibited from making any claim or any advertisement in which they represent themselves as being affiliated in any way with the California Board of Occupational Therapy. Licensees shall not represent themselves as being an expert, a Board “expert,” hold themselves out as holding any credential, or use any designation based on their participation in the Practice Reviewer Program. By signing the affidavit in Section III, you indicate that you understand the prohibitions concerning Board affiliation and advertising. Failure to comply may result in disciplinary action.

Information Collection and Access: The Board’s Executive Officer is the person responsible for information maintenance. Business and Professions Code section 2570.18 gives the Board authority to maintain information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. Authorized personnel will use the information provided to determine your eligibility for participation in the Practice Reviewer Program. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.

# Recruiting Practice Reviewers & Advanced Practice Reviewers

## Practice Reviewers

The Board is currently recruiting qualified occupational therapists to review case materials, prepare written opinions, and possibly testify at administrative hearings as a Practice Reviewer. Practice Reviewers are paid \$75 per hour for case review and preparation of the expert opinion report and \$120 per hour plus expenses to testify at an administrative hearing. If you wish to provide this service to your community, please verify that you have:

Ten or more years of experience with seven years of recent experience in the area of expertise for which they are reviewing cases or rendering a professional opinion.

[Watch this video to learn more!](#)

## Advanced Practice Reviewers

The Board is currently recruiting qualified occupational therapists to review applicants for advanced practice approval and applications for advanced practice professional education. Advanced Practice Reviewers are paid \$75 per hour for their services. If you wish to provide this service to your community, please verify that you have:

At least five, of the past seven years, practicing in an advanced practice area.

### Both Practice Reviewers and Advanced Practice Reviewers must have:

A current and active California OT license without restrictions.

No prior or current charges or discipline against any health care related license in California or in any other place of licensure.

No criminal convictions, including any that were expunged or dismissed.

If you meet the requirements and are interested in providing this service to your community, complete the [Practice Reviewer application](#) or [Advanced Practice Reviewer application](#) and follow the instructions carefully. Once completed, send the application and your Curriculum Vitae (resume) to:

**California Board of Occupational Therapy**  
1610 Arden Way, Suite 121  
Sacramento, CA 95815

If you have additional questions, please email the Board at: [cbot@dca.ca.gov](mailto:cbot@dca.ca.gov).

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