

**“Under the Direction of” Documentation for Medicaid
Billable Occupational Therapy Assistant Services**



SERVICE
LEADERSHIP
COLLABORATION
EXCELLENCE

Per Medicaid Policy, an **Occupational Therapy Assistant** *MUST* work “under the direction of” a **fully licensed** Occupational Therapist. It is the occupational therapist supervisor’s responsibility to monitor the OTA’s performance with continuous assessment of the student’s progress throughout the school year, review and sign all documentation including this form. **A fully licensed Occupational Therapist shall not supervise more than four (4) OTAs at the same time.**

One form should be filled out for each student on the OTA’s caseload per school year.

Student Name:	Date of Birth:	Reason for Treatment:
Occupational Therapy Assistant’s Name:		School Year:
Review of IEP / Evaluations (at minimum at the beginning of the school year or the beginning of treatment for new students):		
Date:		Date:
Quarterly Supervision		
Direct Observation:		
Date:	Date:	
Date:	Date:	
Review of Service Documentation: Medicaid service notes, goals, and progress reports.		
Date:	Date:	
Date:	Date:	
Conference with OTA:		
Date:	Notes:	
Other Relevant Data:		
Date:	Notes:	

Supervising Occupational Therapist Signature: _____ **Date:** _____

Occupational Therapy Assistant Signature: _____ **Date:** _____

Please return this completed form to your Special Education office – it must be retained for SEVEN years in the case of an audit!