



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MISSOURI MEDICAID AUDIT AND COMPLIANCE
 SUPERVISION ATTESTATION FORM

Please mark the provider type you are enrolling with:

Occupational Therapy Assistant

In accordance with 20 CSR 2205-4.010;

(1) An occupational therapy assistant and/or occupational therapy assistant limited permit holder shall assist an occupational therapist in the delivery of occupational therapy services in compliance with all state and federal statutes, regulations, and rules.

(2) The occupational therapy assistant or occupational therapy assistant limited permit holder may only perform services under the direct supervision of an occupational therapist.

And per section §324.056, RSMo

License to practice required, when — supervision of occupational therapy assistants. — 1. No person shall practice occupational therapy or hold himself or herself out as an occupational therapist or occupational therapy assistant or as being able to practice occupational therapy, or to render occupational therapy services in this state unless such person is licensed or holds a valid permit pursuant to sections 324.050 to 324.089.

2. A licensed occupational therapy assistant shall be directly supervised by a licensed occupational therapist. The licensed occupational therapist shall have the responsibility of supervising the occupational therapy treatment program. No licensed occupational therapist shall have under his or her direct supervision more than four occupational therapy assistants.

Physical Therapy Assistant

In accordance with 20 CSR 2150-3.090;

(1) A licensed physical therapist must direct and supervise a physical therapist assistant at all times. The licensed physical therapist holds responsibility of supervision of the physical therapy treatment program.

And per section §334.650, RSMo

2. A licensed physical therapist shall direct and supervise a physical therapist assistant. The physical therapist shall retain ultimate authority and responsibility for the physical therapy treatment. The licensed physical therapist shall have the responsibility of supervising the physical therapy treatment program. No physical therapist may establish a treating office in which the physical therapist assistant is the primary care provider. No licensed physical therapist shall have under their direct supervision more than four full-time equivalent physical therapist assistants.

Speech Therapy Assistant

In accordance with 20 CSR 2150-4.201;

(1) All applications for registration to practice as a speech-language pathology assistant must include a statement from a speech-language pathologist holding current, unrestricted licensure to practice in the state of Missouri pursuant to section 345.015(10), RSMo, acknowledging acceptance of the legal and ethical responsibilities for supervising the assistant. A speech-language pathologist practicing with a provisional license pursuant to section 345.022, RSMo, shall not be the supervisor for a speech-language pathology assistant.

(2) The supervising speech-language pathologist is responsible for the clinical activities of the assistant.

And per section §345.050, RSMo

(3) Present written evidence of completion of a clinical fellowship from supervisors. The experience required by this subdivision shall follow the completion of the requirements of subdivisions (1) and (2) of this section. This period of employment shall be under the direct supervision of a person who is licensed by the state of Missouri in the profession in which the applicant seeks to be licensed. Persons applying with an audiology clinical doctoral degree are exempt from this provision;

Affirmation

I hereby certify that all of the information provided on this attestation is true and correct, and that the enrolling provider is in compliance with all applicable federal and state laws and regulations.

I affirm the applying provider will comply with all requirements outlined in this document as it pertains to providers occupation in order to be compliant with 13 CSR 70-3.030(3)(A)32 and 13 CSR 70-3.030 in its entirety. I further affirm that all documents and information submitted pursuant to this application are true and correct to the best of my knowledge and belief and that all required documents are included with this application

If a change occurs that affects this attestation status, the Therapy Assistant will immediately inform the Missouri Medicaid Audit and Compliance Provider Enrollment Unit in writing.

Enrolling Provider Information

Entity Name:

Enrolling Provider name:	State License number:
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Provider's Signature: