



American Therapeutic Recreation Association

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June 25, 2017

VIA ELECTRONIC SUBMISSION

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: (CMS-1671-P) Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2018

Dear Administrator Verma:

The American Therapeutic Recreation Association (ATRA) appreciates the opportunity to comment on the proposed rule to update the prospective payment system for inpatient rehabilitation facilities for the 2018 fiscal year. ATRA is the largest professional association representing recreational therapy practitioners. Recreational therapists are nationally certified and, where applicable, state licensed to provide activity-based treatment services for individuals with a range of disabling conditions across the lifespan. This comment letter will address ATRA's suggested revisions to the Proposed Rule.

I. ATRA's Suggested Revision to the Proposed Rule

The proposed rule addresses several key issues specific to the Inpatient Physical Rehabilitation Facility settings, including updates related to quality measures and reporting requirements identified in the IRF Quality Reporting Program. This seems to be directly related to the enactment of the Improving Medicare Post-Acute Care Transformation Act of 2014.

ATRA does notice that the rule does not address the inclusion of Recreational Therapy in the Case Mix of therapies which are traditionally offered for selection by rehabilitation physicians for inclusion in the therapies order as medically necessary for patients of inpatient physical rehabilitation facilities. The literature clearly indicates^{1,2} that when offered, Recreational Therapy when part of the Case Mix of therapies, a Physiatrist has at their disposal to order for the treatment of patients of IRFs positively impact patient outcomes as measured by the Functional Independence Measure (FIM) as well or better than other therapists which are now offered in the traditional Case Mix of therapies regularly available.

ATRA strongly encourages the inclusion of Recreational Therapy in the third screening criteria of the seven standard screening criteria for IRF treatment settings.

1. Williams, R, Barrett, J., Vercoe, H., Maahs-Fladung, C., Loy, D., Skalko, T., (2007). Effects of Recreational Therapy on Functional Independence of People Recovering from Stroke. *Therapeutic Recreation Journal*, 41 (4), 132-143.
2. Zahl, M. Horneber, G., Piatt, J., Mwavita, M.. (2016). The Best Combination of therapy Treatment Units to Predict Discharge

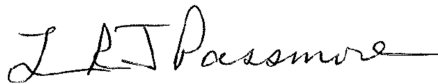
IRF Experience of Care Survey

The Experience of Care survey, seems to indicate that many beneficiaries associated with related test-sites for the survey report that the survey does not adequately address therapies which they benefited from during the inpatient physical rehabilitation stays. ATRA strongly encourages inclusion of questions which directly identify which therapies from a listing of therapies including Recreational Therapy that the beneficiaries feel they benefited from receiving during their stay in the IRF.

We appreciate your attention to our comments and your interest in our participation in the process.

Should you have further questions regarding this information, please contact Dr. Tim Passmore, via email at tim.passmore@okstate.edu or by calling (405) 744-1811

Sincerely

A handwritten signature in black ink, appearing to read "T. J. Passmore". The signature is fluid and cursive, with a horizontal line extending from the end.

Tim RJ Passmore, Ed.D, CTRS/L, FDRT
ATRA Federal Public Policy
ATRA Coverage Committee, Chair