June 25, 2018

VIA ELECTRONIC SUBMISSION

The Honorable Seema Verma, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1688-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE:   (CMS-1688-P) Fiscal Year 2019 Medicare Inpatient Rehabilitation Prospective Payment System Proposed Rule

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 2019 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. Rehabilitation Physician Control

ATRA appreciates CMS’s efforts to give the rehabilitation physician more control in assessing patients and meeting with the interdisciplinary team. CMS is strongly encouraged to extend this to allow the rehabilitation physician the opportunity to determine which disciplines should provide care within the three hour or level of intensity of services rule.

CMS is strongly encouraged to allow rehabilitation physicians, at their discretion for appropriate patients, to include, when medically necessary, recreational therapy interventions to be counted towards the level of intensity “three hour” rule. In a previous response, CMS has stated “we believe that it should be left to each individual IRF to determine whether offering recreational therapy… is the best way to achieve the desired patient care outcomes” (CMS Follow-up information from the November 12 provider training call). However, with the exclusion of recreational therapy from the level of intensity rule, CMS has contradicted itself by not allowing the rehabilitation physician to include the optimal services for individual patients, which may include recreational therapy to meet the medically necessary needs of some patients within their therapy day. ATRA has provided previous support and comments regarding this, including that at times recreational therapy and physical (or occupational or speech) therapy may be the only services a patient needs prior to discharge back to the community. ATRA would be happy to discuss this with CMS, and provide further support, research, and evidence-based practices to demonstrate the effectiveness of recreational therapy in IRFs.

Related to this, CMS is encouraged to consider 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 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 that 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.

Additionally, ATRA believes that rehabilitation physician involvement in meetings, contact with the patient, and oversight of the interdisciplinary team continue to be important to ensure quality of care and life, as well as to achieve optimal outcomes. ATRA does supports the use of non-physician practitioners who have rehabilitation training, such as physician assistants and nurse practitioners, to meet IRF physician requirements.

II. Functional Independence Measure (FIM)

ATRA would like to express concern about the proposed removal of the Functional Independence Measure (FIM) instrument. This tool has been shown to be valid and reliable; it also allows assessment by the comprehensive interdisciplinary team. The FIM permits benchmarking and comparisons between similar institutions and professions in determining patient outcomes. Removal of the FIM without a sufficient and appropriate replacement instrument removes the IRF’s ability to monitor outcomes to determine the effective of treatment, and decreases the opportunity for accountability by CMS and other accrediting bodies. While reduction of some facility burden due to duplication may occur, it seems risky and potentially compromising to patients to have a payment system without a quantifiable, objective and reliable measurement tool. A replacement assessment should be implemented if FIMs are removed that continues to include the interdisciplinary team of rehabilitation professionals, and goes beyond medical conditions and treatment to address all domains of functioning of patients (i.e., psychosocial, communication, and quality of life).

The Functional Modifiers, as the sole determinant of patient functioning, is incomplete and does not comprehensively capture a patient’s functional status or potential for rehabilitation success. The information presented in the proposed rules does not appear to have measures to address a patient’s psychosocial and emotional functioning (which significantly impact the other domains of functioning and contribute to secondary disability). Measures include physical (ADLs, transfers and mobility), memory (repetition, temporal orientation, and recall), communication (expression of ideas and wants, comprehension and non-verbal) and age. However, social interaction and problem solving are not addressed within these measures, as they are in the current FIM instrument. These are functional skills that significantly contribute to patient success and reintegration into their community, as well as their overall health status. CMS is strongly encouraged to address the lack of these critical functional areas in the Functional Modifiers.

III. Meaningful Measures and Reduction of Burden

ATRA would like to commend CMS for its continued commitment to ensuring that quality measures are both patient-centered and meaningful to patients, as well as outcome-based. We have no concerns about the proposed modifications to the meaningful measures. Recreational therapists in IRFs are committed to providing the highest level of care that is meaningful to each individual patient; being patient-centered is an essential component of motivating patients through severe illness/disability and secondary diagnoses which can be detrimental to therapy progress.

We also appreciate CMS’s commitment to reducing the burden on staff and IRFs, but also caution against removal of requirements that enhance patient outcomes, quality of life, and overall functioning.

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. Dawn DeVries, via email at devridaw@gvsu.edu or by calling (616) 331-5553.

Respectfully submitted,

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ATRA Coverage Committee Member


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