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-1692-P) Fiscal Year 2019 Medicare Skilled Nursing Facility 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 hospice 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 one consideration related to the hospice Proposed Rule.

As changes are being made to update the hospice regulations and coverage information, ATRA would encourage the inclusion of recreational therapy within the list of covered services listed in Section 1862(dd)(1). Nursing, physical and occupational therapies, speech-language pathology, social services, physicians, and counseling services are among the health professions noted as covered services within hospice. In many hospice situations, recreational therapists work alongside these professions, providing valuable services to beneficiaries’ Recreational therapists working in hospice (as well as within SNFs were hospice may be provide) offer an essential service to Medicare beneficiaries receiving hospice services, which address all areas of functioning while building on a person’s strengths and lifestyle preferences in end of life care.

While not all Medicare Part A beneficiaries on hospice require or need recreational therapy services, there are many who benefit from it. Recreational therapists are able to provide non-pharmalogical interventions to address pain management, facilitate life review, and teach and implement coping and relaxation skills such as deep breathing and progressive muscle relaxation. These interventions, as well as the continuation of leisure interests and meaningful roles, assist individuals on hospice with living a purposeful and engaging life while dealing with end of life issues. Recreational therapists assess beneficiaries’ interests, functioning and lifestyle, develop treatment plans based on assessment findings, implement a variety of interventions to meet these needs, and evaluate the a beneficiary’s progress.

If this change cannot be accommodated at this time, CMS is encouraged to begin collecting data as a demonstration project on the utilization of recreational therapy within hospice, and its potential impact on costs and quality of care.

We appreciate your attention to our comments and your interest in our participation in the process. Additional information can be provided about the benefits of recreational therapy services for individuals receiving hospice.
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,

Dawn DeVries, DHA, FDRT, CTRS
ATRA Federal Public Policy Chair
ATRA Coverage Committee Member

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