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-1696-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 skilled nursing 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. Modernizing the SNF Case-Mix Classification System

As CMS explores alternative classifications systems outside of the RUGS, ATRA encourages CMS to ensure that all
domains of functioning are addressed and covered. Not only is physical functioning important, cognitive, emotional,
behavioral, and social functioning significantly impact and contribute to functioning and quality of life. Recreational
therapists working in SNFs provide an essential service to older adults and those living in nursing homes that strives to
address all areas of functioning, while building on resident strengths and lifestyle preferences.

CMS is encouraged to include Recreational Therapy in the case mix adjusted therapy component of the payment
system, specifically related to physician ordered, medically necessary recreational therapy services provided and
recorded on the MDS in Section O. While not all Medicare Part A beneficiaries in a SNF require or need recreational
therapy services, there are many who benefit from it. Recreational therapists are able to provide non-pharmalogical
interventions to address behaviors and emotional issues for those with dementia or mental health diagnoses, but also
to assess and develop treatment intervention related to community integration for those returning to live in community-
based settings following a SNF stay. CMS is at least encouraged to begin collecting relevant data as a
demonstration project on the utilization of recreational therapy within a SNF, and its potential impact on costs and
quality of care. When MDS 3.0 went into effect, the data collected changed to only include days of recreational
therapy treatment, whereas the MDS 2.0 also collected minutes of treatment. This additional information would be
beneficial to assist in understanding the scope and amount of recreational therapy treatment being provided in SNFs to
Medicare beneficiaries. Recreational therapy should be listed as a distinct and separate service, rather than
included under Nursing as it appears to be.

While reducing administrative burden, there is a concern about using the five day MDS for Medicare payments for a
Medicare beneficiary’s length of stay as there is no accountability or system to ensure that the level of therapy services
continue to be provided as long as necessary. While a discharge MDS may offer some accountability, it reduces the SNFs responsibility to ensure appropriate, medically necessary services throughout the stay. **It is recommended that CMS monitor therapy delivery patterns to ensure appropriate utilization.**

**It is strongly recommended that CMS develop a stakeholder task force to examine and explore the SNF Patient-Driven Payment Model (PDPM) prior to implementation.** This would create a transparent process and would allow the industry support and input in the efforts to develop an effective payment system.

**II. Quality Reporting and Meaningful Measures**

ATRA would like to commend CMS for its continued commitment to ensuring that quality measures are both resident and family-centered and meaningful to residents. **One suggestion related to the meaningful measures is to consider revising the “Work with Communities to Promote Best Practices of Healthy Living” to include quality of life; it could be called “Work with Communities to Promote Best Practices of Healthy Living and Quality of Life”.**

Recreational therapists in SNFs are committed to providing the highest level of care that is meaningful to each individual resident, which is done through assessing each resident, developing a care plan that address the strengths and/or goals for the resident, implementing individualized interventions and including in meaningful activities, and evaluating the resident’s functioning and engagement. Being resident-centered is an essential component of working with older adults and providing meaningful, purposeful and enjoyable experiences.

ATRA supports CMS’ move towards resident-centered metrics. The resident should be at the center of all services provided and decisions made to ensure that best, most appropriate and necessary care for the individual. The statement on page 21040 is important and should be the focus on regulatory modifications – “To better ensure that resident care decisions appropriately reflect each resident’s actual care needs, we believe it is important to remove, to the extent possible, service-based metrics from the SNF PPS and derive payments from verifiable resident characteristics that are patient, and not facility, centered”.

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 Federal Public Policy Chair
ATRA Coverage Committee Member

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