



April 2, 2020

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human
Services
200 Independence Avenue, S.W.
Washington, DC 20201

The Honorable Seema Verma
Administrator
U.S. Department of Health and Human
Services
Centers for Medicare and Medicaid Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Via email

Dear Secretary Azar and Administrator Verma:

We are writing to urge the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) to utilize its new authority under Section 3703 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to issue a blanket waiver to expand the types of providers eligible to furnish telehealth services under Medicare to include physical therapists and physical therapist assistants, occupational therapists and occupational therapy assistants, and speech language-pathologists during the COVID-19 public health emergency in all settings.

The new telehealth waiver allows nursing facilities and other settings where frail elders live or receive treatment to utilize telehealth as a means for physicians, nurse practitioners, physician assistants, and certain other practitioners to furnish and receive payment for covered telehealth services. This ability for all settings to utilize telehealth technology allows these practitioners to deliver services in line with the patients plan of care while reducing COVID-19 risk to the resident and the practitioner. By issuing a blanket waiver to include physical therapists and physical therapist assistants, occupational therapists and occupational therapy assistants, and speech language-pathologists to utilize telehealth, it would allow patients to receive needed therapy services from the providers who are the most qualified to provide them.

Our members provide medical care, treatment, and therapeutics to our nation's elders in skilled nursing facilities, long term care (LTC) facilities, assisted living communities, rehabilitation agencies, outpatient clinics, hospital inpatient, home health and other settings, so we understand firsthand the vulnerabilities of this population, especially as this population is particularly susceptible to the coronavirus. We also understand how many of them do not currently have adequate access to care due to valid concerns about COVID-19, or actual COVID-

19 exposures. For these reasons, we ask CMS authorize waivers consistent with those already established to include physical therapy, occupational therapy, and the speech language pathology services provided daily by rehabilitation therapists. While reducing the spread of the COVID-19 must be the highest priority, treating patients so they can be safely discharged from care, thereby avoiding further injury, reducing potential exposure, avoiding re-hospitalization, and freeing critical space in facilities for future patients is also of paramount importance.

NARA members are actively implementing policies and procedures in support of these efforts by restructuring plans of care as appropriate to reduce the number of therapists in a building and reducing therapist movement from facility to facility or location to location while still meeting the needs of patients. While these steps are essential, they also reduce the availability of therapists to patients. Other factors limiting rehabilitation therapists include travel limitations, staff required to self-quarantine, limiting staff that service multiple facilities or practice across sites, screening protocols, and providers limiting patient interactions for PPE preservation. These necessary and responsible actions are causing staffing shortages that will impact patient care.

Although rehabilitation is considered an essential service, many individuals are suspending their medically necessary and prescribed care to adhere to social distancing guidelines. The shelter in place directions are discouraging individuals, especially the vulnerable seniors, from leaving their homes which can have significant negative outcomes for those in need of skilled rehabilitation services. In the homecare setting many elderly individuals are refusing caregivers into their homes due to concerns of the potential exposure to COVID-19. These factors are not only limiting the level of independence of these individuals but are also creating significant risk of decline or injury.

Patients Receiving Therapy by Setting

We ask CMS to take immediate steps to ensure patient safety and protect health care practitioners by waiving the current restrictions on distant site practitioners eligible to furnish telehealth services currently found at Social Security Act Section 1834(m). We request that CMS use its new waiver authority to expand the current list of distant site practitioners to include physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, and speech-language pathologists so these providers are eligible to furnish services via telehealth under Medicare during the COVID-19 public health emergency.

For patients in the outpatient setting (private practice, rehabilitation agencies, hospital outpatient etc.) physical and occupational therapists and speech language pathologists providing assessment, evaluation, and treatment interventions using telehealth as the mode of service delivery. This also could include a therapist providing appropriate supervision to a therapy assistant who is with the patient and can include clinician-to-clinician consultation. The ability of rehabilitation therapists to deliver services via telehealth would help significantly with many current regulatory requirements, including the requirement for in-person delivery of at

least one unit of service to Medicare patients every 10 visits by the supervising registered physical or occupational therapist.

Telehealth can also be extremely effective in the homecare space as well. As mentioned above, many individuals declining homecare services due to concerns of having caregivers come into their homes. In addition, many agencies are caring for patients how are positive for COVID-19 or under investigation. In-person visits for these individuals requires significant amounts of PPE and increases risk of exposure. This can be mitigated with telehealth capabilities where caregivers can provide skilled care remotely or in conjunction with in home visits. For example, individuals or family members could consult a therapist if they note a change in condition or have a question about safe mobility or positioning strategy. Or a physical therapist in the home with a patient could consult with an occupational therapist on self-care training. Also, it would allow home health agencies and rehabilitation agencies to perform initial assessments or determine patients' homebound status remotely or by record review, so that beneficiaries can obtain care while minimizing the risk to themselves or others. It also would grant greater flexibility with the timing of and information included in patient assessments.

For patients on a Medicare Part A stay in nursing facilities, the current rehabilitation therapist shortage (as previously discussed) is causing difficulty completing the initial evaluation of the resident to establish a therapy plan of care for patients in many SNFs. Orthopedic, stroke, and cardiopulmonary patients need to initiate their therapy treatment in order to avoid significant consequences. Unfortunately, they will bear the brunt of therapy limits due to therapists being limited from entering facilities amid COVID-19 restrictions. Given the situation, some SNFs are limiting therapy staff to those therapists who are working only at their building or sister buildings. In the event the therapists are unable to enter the building to provide skilled therapy services as outlined in their plans of care the residents are at risk of further decline and increased burden of care. Telehealth can solve this problem by allowing the clinicians to use the technology to connect with one another to complete the evaluation so the therapist can continue to provide skilled services to prevent further decline and continue with the established plan of care. In this way, entrances to the facilities can be limited while continuing to deliver necessary care.

In response to the coronavirus emergency, states including California, Connecticut, Illinois, Kentucky, Pennsylvania, and Louisiana have authorized rehabilitation therapists to provide rehabilitative therapy using telehealth. Also, large insurers including Anthem Blue Cross Blue Shield, Aetna and United HealthCare now reimburse physical, occupational and speech therapy telehealth services provided by qualified health care professionals, including rehabilitation therapists, when rendered using interactive audio/video technology.

Kelly MacNeill-Cooney, NARA President, and Vice President of Compliance and Training for Therapy Specialists, a California based post-acute care therapy provider, is already seeing the impact that limited access to care is having on the seniors in her communities. As seniors and the communities that they live in are harder and harder hit by COVID-19 in California, the senior

is having to make the tough choice to stay home as advised versus accessing needed Physical, Occupational, and Speech Language Pathology services. Just a couple of weeks into the shelter in place order in California, we are hearing from our providers about increases in falls, injuries, and declining function. The fact that opioids can be delivered with ease to the senior at home, but therapy cannot gives us all pause. In skilled nursing facilities, Kelly sees difficult choices having to be made daily on who interacts with the residents directly and who does not to minimize exposure. As a Speech Language Pathologist, Kelly knows with a competent care partner in the room appropriate telemedicine intervention could be provided to clients with Dysphagia and Speech-language disorders that currently have limited access to care due to PPE shortage or staff exposure.

Chris Carlin is Vice President of NARA, and Vice President of Rehabilitation for Hartford HealthCare, an integrative healthcare system in Connecticut. Hartford HealthCare provides cross-continuum services to thousands of Medicare patients and are seeing the first-hand challenges the COVID-19 is presenting to patients and providers. We are actively balancing recommended therapy rehabilitation needs of our patients with the social distancing considerations and PPE conservation strategies. We are also seeing great success of expanded telehealth care delivery with the physicians, mid-level providers and behavioral health specialists who are safely and effectively delivering medically necessary care to patients who are impacted by COVID-19 or simply trying to decrease the risk. These same strategies and successful outcomes can be recognized by physical, occupational and speech therapy with approval from CMS.

Denise Norman, serves as the Secretary of NARA and is the President of Transitional Care Management, a healthcare management company in Illinois. Transitional Care Management works with post-acute care, skilled nursing and intermediate care centers that provide care and services to hundreds of Medicare patients and are seeing the first-hand challenges that COVID-19 is presenting to patients and providers. We are hoping that physical, occupational and speech therapy will be given options for telehealth to continue to work as a collaborative part of the team at each center. Our physicians and nurse practitioners are successfully using telehealth which conserves our valuable PPE, provides more immediate care for those in need and keeps the center safe by limiting even the essential workforce having to physically be in each center. By continuing to provide therapy services, with telehealth as an option, we can keep the healthcare workforce healthy and available to provide skilled care through the pandemic.

Sabrina McCarley, serves as a NARA Board Member at Large and is the Director of Quality at RehabCare. RehabCare is a leader and premier provider of physical, occupational and speech-language rehabilitation services with services in 47 states. As a part of Kindred Rehabilitation Services, a division of Kindred Healthcare, RehabCare provides contract therapy services across multiple settings including skilled nursing facilities (SNFs), assisted living facilities (ALFs), independent living facilities (ILFs), continuing care retirement communities (CCRCs) and outpatient facilities. During the current COVID-19 pandemic giving Occupational, Speech and

Physical Therapists the ability to use telehealth has become more critical than ever to continue to provide patients with the care they desperately need. There have been a number of reports where COTA and PTA staff are available to continue treatment with patients but are prevented from doing so because a Supervisory Visit with the PT or OT is not able to be done face to face. This may be due to potential exposure and supervising therapist is on self-quarantine, but would be available to provide a telehealth visit with the patient and assistant to provide the appropriate guidance and assessment to update the plan of care and provide instruction to the assistant to continue.

Stephen Hunter is past president of NARA and Director of Internal Process Control for Rehabilitation Services at Intermountain Healthcare in Salt Lake City Utah. He is also a practicing physical therapist, with about 30% of his patients Medicare beneficiaries. He is currently seeing a 79-year old male (we will call Larry) who had a 2 level lumbar fusion the end of January 2020. The initial visit was completed in an outpatient clinic on February 26th. Subsequent visits were put on hold because of the patient's risk to contract COVID-19. An E-visit with only written communication through a patient portal was impractical and not an efficient use of time. Stephen has follow-up with a phone visit but had difficulty progressing the patients exercises with a voice call only. In the past week Stephen did a video visit which was very helpful to the patient. The exercise program was modified and the patient could demonstrate the exercises using the camera on his laptop computer. Unfortunately, the visit could not be billed because PT's are not recognized by CMS as a provider who can deliver telehealth. Our ability to effectively treat a Medicare beneficiary will be greatly enhanced when PT, OT and SLP are recognized as providers who can deliver and bill for telehealth.

Our request would allow important care to be delivered throughout all rehabilitation provider settings including Medicare Part B and Medicare Part A services to continue as uninterrupted as possible given the unique challenges brought on by COVID-19. Based on a study of 2015 claims by MedPAC, approximately 38% of therapy is provided through Medicare Part B billing on a 1500 form while the remaining 62% is provided through Medicare Part A billing on a UB04 form. We urge CMS to ensure all providers regardless of setting can bill and be reimbursed for telehealth services whether they bill on the 1500 (professional) form or on the UB04 (institutional) form. Rehabilitation providers want to partner with CMS to reduce the number of health care personnel who need to enter facilities, patient homes and reduce the need for subscribers to travel to outpatient therapy. This can be accomplished if telehealth for rehabilitation therapists is enabled. Again, we request CMS authorize a waiver to allow rehabilitation therapists to be recognized as distant site practitioners who may utilize and be paid for telehealth services furnished to Medicare beneficiaries during the public health emergency.

We can be reached at Kelly Cooney, kcooney@therapyspecialists.net; Chris Carlin, Christopher.Carlin@hhchealth.org; Denise Norman, dnorman@tc-mgmt.com; Sabrena McCarley, Sabrena.McCarley@kindred.com; Stephen Hunter, Stephen.Hunter@imail.org; or Christie Sheets, Christie.sheets@naranet.org with any additional questions.

Thank you for your consideration.

Sincerely,



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The National Association of Rehabilitation
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Vice President of Clinical Compliance & Training
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Telehealth Waiver Request

HHS/CMS

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cc:

Liz Richter, Deputy Director, CMS

Demetrios Kouzoukas, Principal Deputy Administrator for Medicare and Director, CMS

Jason Bennett, Acting Director, Chronic Care Policy Unit, CMS