

## Eli's Rehab Report

### Regulations: Relax: Your Agency Contracts May Not Take A Hit

**But expect agencies to make major therapy changes.**

If you've been bracing for the 2011 PPS final rule's crackdown on therapy reassessments -- and agencies' reaction to it -- you can breathe a bit easier.

In its July prospective payment system proposed rule, the **Centers for Medicare & Medicaid Services** floated the idea of requiring a functional therapy reassessment strictly on home health patients' 13th and 19th therapy visits. But in the final rule issued Nov. 2, CMS loosens up that timeframe. "We find compelling the commenters' concerns regarding scheduling difficulties," CMS says in the final rule.

However, there are still strict rules in place regarding when agencies reassess patients. CMS now will require agencies to have therapy reassessments between the 11th and 13th therapy visit and between the 17th and 19th therapy visit, it says in the rule.

Clarification: "The policy applies to each discipline separately," CMS says in the rule. "The patient's function must be initially assessed and periodically reassessed by a qualified therapist of the corresponding discipline for the type of therapy being provided (that is, PT, OT, and/or SLP)."

For example: "If a patient has 12 physical therapy visits and 12 occupational therapy visits in an episode, the additional assessments would not be required," explains the **National Association for Home Care & Hospice**.

Watch for the possibility that CMS changes how it interprets the single-discipline count, though, says Chicago-based regulatory consultant **Rebecca Friedman Zuber**. "That approach opens the door for unscrupulous agencies to throw in a few OT visits and reduce PT visits in order to avoid the assessment requirement, but still capture the revenue," Zuber tells **Eli**.

Timeline: You have some time to prepare for and adjust to agencies' new assessment requirements. The new deadline for them is April 1, 2011.