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To: Outpatient Rehabilitation Facilities

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From: Susan Schroeder, Director
Bureau of Quality Assurance

**Conditions of Participation
for Clinics, Rehabilitation Agencies and Public Health Agencies
as Providers of Outpatient Physical Therapy and Speech Language Pathology Services:
Plan of Care and Physician Involvement -- INFORMATION**

This is to inform you that effective January 1, 2000, as a result of a revision to the Code of Federal Regulations at 42 CFR 485.711(b), nurse practitioners, clinical nurse specialists and physician assistants are able to review plans of care and results of treatment at least every 30 days for Medicare patients. Formerly, only physicians could review the plans of care and results of treatment for Medicare patients. Definitions of these personnel have been added to Part 485.705.

The changes noted above are located in the Federal Register/Vol.63, No. 211. The Federal Register and Code of Federal Regulations may be accessed electronically through the following website:

http://www.access.gpo.gov/su_docs/aces/aces140.html

The revised code language is included on the following pages of this memo with the changes underlined.

Questions may be addressed to Helen Brewster, Bureau of Quality Assurance, Health Services Section, (608) 267-1443.

42CFR485.705 PART 485--CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS--Table of Contents Subpart H--Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services Sec. 485.705 Personnel qualifications. (a) General qualification requirements. Except as specified in paragraphs (b) and (c) of this section, all personnel who are involved in the furnishing of outpatient physical therapy, occupational therapy, and speech-language pathology services directly by or under arrangements with an organization must be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration. (b) Exception for Federally defined qualifications. The following Federally defined qualifications must be met: (1) For a physician, the qualifications and conditions as defined in section 1861(r) of the Act and the requirements in part 484 of this chapter. (2) For a speech-language pathologist, the qualifications specified in section 1861(11)(1) of the Act and the requirements in part 484 of this chapter. (c) Exceptions when no State Licensing laws or State certification or registration requirements exist. If no State licensing laws or State certification or registration requirements exist for the profession, the following requirements must be met-- (1) An administrator is a person who has a bachelor's degree and: (i) Has experience or specialized training in the administration of health institutions or agencies; or (ii) Is qualified and has experience in one of the professional health disciplines. (2) An occupational therapist must meet the requirements in part 484 of this chapter. (3) An occupational therapy assistant must meet the requirements in part 484 of this chapter. (4) A physical therapist must meet the requirements in part 484 of this chapter. (5) A physical therapist assistant must meet the requirements in part 484 of this chapter. (6) A social worker must meet the requirements in part 484 of this chapter. (7) A vocational specialist is a person who has a baccalaureate degree and-- (i) Two years experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, State employment service agency, etc.; or (ii) At least 18 semester hours in vocational rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and 1 year of experience in vocational counseling in a rehabilitation setting; or (iii) A master's degree in vocational counseling. (8) After December 31, 1999, a nurse practitioner is a person who must: (i) Possess a master's degree in nursing; (ii) Be a registered professional nurse who is authorized by the State in which the services are furnished, to practice as a nurse practitioner in accordance with State law; and, (iii) Be certified as a nurse practitioner by the American Nurses Credentialing Center. (9) A clinical nurse specialist is a person who must: (i) Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law; (ii) Have a master's degree in a defined clinical area of nursing from an accredited educational institution; and, (iii) Be certified as a clinical nurse specialist by the American Nurses Credentialing Center. (10) A physician assistant is a person who: (i) Has graduated from a physician assistant educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs; or (ii) Has passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants; and (iii) Is licensed by the State to practice as a physician assistant.

42CFR485.711 PART 485--CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS--Table of Contents Subpart H--Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services Sec. 485.711 Condition of participation: Plan of care and physician involvement. For each patient in need of outpatient physical therapy or speech pathology services there is a written plan of care established and periodically reviewed by a physician, or by a physical therapist or speech pathologist respectively. The organization has a physician available to furnish necessary medical care in case of emergency. (a) Standard: Medical history and prior treatment. The following are obtained by the organization before or at the time of initiation of treatment: (1) The patient's significant past history. (2) Current medical findings, if any. (3) Diagnosis(es), if established. (4) Physician's orders, if any. (5) Rehabilitation goals, if determined. (6) Contraindications, if any. (7) The extent to which the patient is aware of the diagnosis(es) and prognosis. (8) If appropriate, the summary of treatment furnished and results achieved during previous periods of rehabilitation services or institutionalization. (b) Standard: Plan of care. (1) For each patient there is a written plan of care established by the physician or by the physical therapist or speech-language pathologist who furnishes the services. (2) The plan of care for physical therapy or speech pathology services indicates anticipated goals and specifies for those services the-- (i) Type; (ii) Amount; (iii) Frequency; and (iv) Duration. (3) The plan of care and results of treatment are reviewed by the physician or by the individual who established the plan at least as often as the patient's condition requires, and the indicated action is taken. (For Medicare patients, the plan must be reviewed by a physician, nurse practitioner, clinical nurse specialist, or physician assistant at least every 30 days, in accordance with Sec. 410.61(e) of this chapter.) (4) Changes in the plan of care are noted in the clinical record. If the patient has an attending physician, the therapist or speech-language pathologist who furnishes the services promptly notifies him or her of any change in the patient's condition or in the plan of care. (c) Standard: Emergency care. The organization provides for one or more doctors of medicine or osteopathy to be available on call to furnish necessary medical care in case of emergency. The established procedures to be followed by personnel in an emergency cover immediate care of the patient, persons to be notified, and reports to be prepared.