



December 20, 2018

Sharmila Sandhu
AOTA
Director
Regulatory Affairs

Kara Gainer
APTA
Director
Regulatory Affairs

Sarah Warren
ASHA
Director
Health Care Policy

Dear Ms. Sandhu, Ms. Gainer, and Ms. Warren:

We wanted to thank each of you and each of your respective organizations' representatives for meeting with us at the Centers for Medicare & Medicaid Services (CMS) on December 11, 2018, and for explaining your concerns regarding the hospital Conditions of Participation (CoPs), CMS Inpatient Rehabilitation Facility (IRF) payment and coverage policies, and the provision of rehabilitative services to patients by therapy students in hospitals (including IRFs).

As you stated in your letter and at the meeting, hospitals and IRFs provide critical training grounds for the future therapy workforce and these settings offer unique opportunities for students to see diverse patients and respond to various clinical challenges. We agree with this view and believe that practical clinical training in hospitals is essential for educating and providing not only future therapists, but also future physicians, nurses, pharmacists, advanced practice providers, and other professionals responsible for providing quality patient care. Therefore, to clarify our position on this subject, CMS has not changed its policy with regard to the CoPs and the provision of healthcare services by students in hospitals, including therapy students providing rehabilitative services in hospitals and IRFs.

Regarding the CMS hospital CoPs, and specifically the Rehabilitation Services CoP at 42 CFR 482.56, no requirements or interpretive guidance exist that prohibit students (including, but not limited to, therapy students, medical students, nursing students, and other allied health students) from providing patient care services as part of their respective training programs. Under §482.56, the director of a hospital's rehabilitation services "must have the necessary knowledge, experience, and capabilities to properly supervise and administer the services" and must ensure that the services are "organized and staffed to ensure the health and safety of patients." The director's responsibilities would extend to all therapy students providing services to patients in the hospital as part of their training program.

Regarding the IRF intensive rehabilitation therapy program requirement in 42 CFR 412.622(a)(3)(ii), CMS's current policy does not prohibit the therapy services furnished by a therapy student under the appropriate supervision of a qualified therapist or therapy assistant from counting toward the intensive rehabilitation therapy program. However, IRFs provide a very intensive hospital level of rehabilitation therapy to some of the most vulnerable patients. To ensure the health and safety of this vulnerable population, CMS expects that all student therapy services will be provided by students under the supervision of a licensed therapist allowed by the hospital to provide such services.

Additionally, the CoPs at §§482.11, 482.12, and 482.22 hold the hospital responsible for the health and safety of patients through compliance with all federal, state, and local laws related to the health and safety of patients; ensuring that the medical staff is accountable to the governing body for the quality of care provided to patients; and having an organized medical staff that is responsible for the quality of medical care provided to patients by the hospital. By extension, any students providing services and care to patients within the hospital as part of a training program, their supervisory faculty, and any hospital staff acting as student preceptors would be subject to these levels of oversight within the hospital's organizational structure as well as any standards and requirements established by their respective training programs and by national organizations such as yours.

Sincerely,



Laurence D. Wilson
Director
Chronic Care Policy Group



John J. Thomas
Director
Clinical Standards Group