Medicare Personnel Qualifications for Therapists and Home Health Agency Compliance

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Together with the updated Medicare Physician Fee Schedule Final Rule published in the Federal Register, November 27, 2007, the Center for Medicare and Medicaid Services (CMS) revised the personnel qualification standards for therapy services by amending Medicare Regulation 42 Code of Federal Regulations (CFR), Section 484.4. These new qualifications and grandfathering provisions applied to home health January 1, 2008 and will apply to all settings by December 31, 2009. As stated by CMS, these changes were necessary to have consistent standards for personnel providing therapy services in all settings, to correct outdated terminology related to relevant professional organizations, and to update the licensure, training, and education requirements for all therapists, whether trained in the United States or in a foreign setting. It is important for agencies to review the requirements now because some therapy staff may need the next year to fulfill certain educational and national examination requirements, depending on their state of practice, and to be considered qualified based on the grandfathering provisions.

The CMS updated the personnel qualifications for PTs, PTAs, OTs, OTA, and SLPs by amending the Medicare regulation 42 CFR, section 484.4. The new definitions became effective for home health on January 1, 2008, with grandfathering provisions to qualify therapy personnel through December 31, 2009. After January 1, 2010, a person who has not met the earlier criteria must meet the new requirements.

Reasons for the Changes

• CFR 484.4 had outdated terminology related to relevant professional organizations. In particular, the regulations did not reference current professional organizations such as the Commission on Accreditation of Physical Therapy Education (CAPTE) or the Accreditation Council for Occupational Therapy Education (ACOTE).
• CMS wanted to have consistent standards for personnel providing therapy services in all settings.
• Previous regulations had outdated requirements for foreign-trained individuals.
• Physical therapist assistants (PTAs) in certain states were not meeting the existing Medicare definition of a PTA, which required graduation from a CAPTE-accredited PTA program. Some states allowed licensure of individuals who met other training and education requirements.
• The regulations needed to clarify that a speech language pathologist (SLP) does not have a Certificate of Clinical Competence (CCC) in audiology unless he or she is duly qualified as an audiologist, implied by the previous definition.

Impact of the New Qualifications on Home Health Agencies

To be in compliance with the new qualifications, home health agencies should do the following:

1. Update job descriptions of therapists to reflect the new requirements for education, experience, or both.
2. Review current contracts for therapy services, including contracts for foreign-trained therapists, and amend contracts as needed to reflect compliance with the new definitions.
3. Determine whether any therapists currently on staff will not meet the new requirements or the grandfathering provisions and develop an action plan for these staff members to meet the requirements no later than December 31, 2009.
Key Features of the New Requirements for Each Therapy Discipline

Physical Therapist (PT) Qualifications as of January 1, 2010
All PTs must
• Be licensed as a PT, if required, by the state in which he or she is practicing.
• Pass a national examination approved by the state of practice.
• Be a graduate of a CAPTE-approved PT program (or a CAPTE successor organization), or if foreign trained, meet the educational equivalency-based credentials evaluation by the Foreign Credentialing Commission on Physical Therapy (FCCPT) or another State physical therapy board-recognized credentials evaluation service.

PTA Qualifications as of January 1, 2010
All PTAs must
• Be licensed, registered, or certified as a PTA, if applicable, by the state in which he or she is practicing (Note: some States do not license PTAs).
• Pass a national examination for PTAs. (Note: States that license PTAs already require a national exam to practice for Medicare purposes after January 1, 2010. PTAs graduating after January 1, 2010 may not practice for Medicare purposes until they pass a national exam.)
• Be a graduate from a PTA curriculum approved by CAPTE (or a CAPTE successor organization), or if foreign trained, meet educational equivalency-based credentials evaluation by the FCCPT or another State physical therapy board-recognized credentials evaluation service.

OT and Occupational Therapy Assistant (OTA) Qualifications as of January 1, 2010
All OTs and OTAs must
• Be licensed, unless licensure does not apply, or otherwise regulated if applicable in the state of practice.
• Be a graduate of one of the following accredited educational programs: ACOTE, a successor organization of ACOTE, World Federation of Occupational Therapists, or a credentialing body approved by the American Occupational Therapy Association (AOTA).
• Pass a national examination by the National Board for Certification in Occupational Therapy (NBCOT).
• Comply with provisions for foreign-trained OTs and OTAs (note: currently, no credentialing of international OTA programs exist, but the rule makes provisions for this possibility).

SLP Qualifications
The regulations have been updated to remove the reference to audiologists in the definition for SLPs. This definition applies to all settings by December 31, 2009.

Grandfathering Provisions
• All currently licensed PTs will be grandfathered as qualified in their state of practice as all states require PT licensure, whether training was acquired in the United States or outside the United States.
• All PTAs that are or were graduated prior to December 31, 2008 are grandfathered.
• If the State does not license or regulate PTAs, then PTAs who graduate during 2009 may practice during 2009, but must pass a national exam to practice (for Medicare purposes) after January 1, 2010. PTAs graduating after January 1, 2010 may not practice (for Medicare purposes) until they pass a national exam.
• All OTs and OTAs trained in the United States who are either eligible for the national examination or have licensure/certification in their state of practice are considered qualified.
• All OTs and OTAs trained outside the United States are required to pass the national certification examination and not merely be eligible for it.

Consistent Therapy Standards and Home Health Compliance With the New Definitions
The CMS believes that therapy services should be provided according to the same standards and policies in all settings. These new definitions should not pose any problems for home health agencies to ensure that
their therapy staff meets the new definitions per the Medicare Conditions of Participation. The new qualifications are noteworthy for PTAs because in states that have no licensure for PTAs, they must pass a national PTA examination by December 31, 2009 in addition to meeting the educational requirements described earlier.

Home health agencies may want to consider enhancing their human resources systems to track national examination of PTAs, writing guidelines on how to determine whether a curriculum is approved by accrediting organizations such as CAPTE, ACOTE, or FCCPT, and providing guidance on how to bring existing staff up to standard. Additionally, agencies that use “travelers” for temporary staffing should be sure to review thoroughly the qualifications of therapists to ensure that all state-specific qualifications are met in addition to the federal requirements. Therapists transferring to practice in another state may not necessarily be qualified to practice in that state even if they have met the grandfathering provisions of the federal regulations.

Finally, home health agencies should continue to check their state-specific therapy practice acts as well as their state home health regulations to determine whether there are restrictions for certain therapy professionals to work in the home health setting either due to requirements for minimum clinical experience before home health practice or certain supervisory requirements for PTAs, COTAs, or both. ▲

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