

American Therapeutic Recreation Association

founded in 1984

May 22, 2003

Via email: mds30comments@cms.hhs.gov

Rita Shapiro
Division of Ambulatory and Post Acute Care (DAPAC)
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S3-02-01
Baltimore, MD 21244

Re: Town Hall Meeting on Refinement of the Minimum Data Set (MDS), Version 3.0

The American Therapeutic Recreation Association (ATRA) represents recreational therapists providing treatment services to Medicare beneficiaries in the United States. The U.S. Department of Labor estimates there are over 29,000 individuals employed as recreational therapists in the country. Recreational therapists provide active treatment services that are part of an interdisciplinary plan of care, have a reasonable expectation of improving the patient's condition and are supervised by a physician. In addition, recreational therapists are recognized as qualified rehabilitation therapists by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and CARF... The Rehabilitation Accreditation Commission.

ATRA is pleased to provide our general comments regarding the refinement of the MDS 3.0.

1. MDS 3.0 General Comments:

- a. ATRA applauds CMS for the recognition of recreational therapy as an ordered therapy and the placement of such in Section P 2. "Therapies" section. This is consistent with current practice, the industry and accrediting agency standards.
- b. The recognition of Quality of Life indicators is an important addition, however the current structure of questions does not accurately address quality of life measures. ATRA will provide specific comments regarding the Quality of Life indicators below.
- c. Varying assessment windows as well as assessment scales will lead to confusion and uncertainty. Recommend a consistent assessment window to increase accuracy of the MDS.
- d. With several changes in the MDS 3.0, the user manual or interpretive instructions will need to be revised to reflect current practice. ATRA willingly supports these revisions and stands ready to assist in the manual revisions.

2. Specific Comments on MDS 3.0:

Section F.

a. Quality of Life indicators are an important addition to the MDS and will assist in providing a true picture of resident's well-being (or perception of). ATRA recommends the Quality of Life indicators be revised to reflect current research in this area, including observable, non-verbal, and/or non-expressed resident behaviors and responses. ATRA will provide specific examples based on our literature review following the Town Hall meeting.

Sections G and K.

The use of the FIM related language and seven point scale is excellent for consistency and follow up with patients throughout the spectrum of care, however the change from a four point scale in other areas of the MDS 3.0 to the seven point scale may be confusing and lead to inaccurate ratings.

Section N.

The incorporation of MDS 2.0 Sections F and E are positive to reflect involvement patterns however without access to the user manual, Section N5. Pursuit and Engagement does not provide enough distinctions between the two statements.

Section P.

Section P1. "Special Treatments, Procedures and Programs, r. Training in skills required to return to community" is a significant measure that may be impacted by the interventions by qualified therapists, including recreational therapists. The user manual should be revised to reflect qualified therapists within their respective scope of practice.

Section P2. "Therapies"

Utilize the most cost effective mix of rehabilitation therapies, including recreational therapy, as identified in Section P2. to determine the rehabilitation RUG classification level.

Section P2. Retain the definitions for all therapies identified in Section P2. Current definitions include physician ordered therapy, the order includes frequency, intensity and duration of therapy, and the therapy is provided by a qualified therapist (provider).

Section T.

Section T1. Ordered Therapies

Include recreational therapy in the list of ordered therapies to remain consistent with language in Section P2 and industry practice.

3. ATRA requests an opportunity to address their specific comments regarding the Quality of Life indicators at the Town Hall meeting on June 2, 2003. Both myself and Dawn DeVries are registered to attend.

4. Thank you for the opportunity to review and provide comments to the proposed rules and regulations regarding the Town Hall Meeting on the Refinement of the MDS 3.0. If you seek clarification relative to our comments, please contact Ann D. Huston, MPA, CTRS, Executive Director at (703) 683-9420 or national@atra-tr.org.

Sincerely,

e/s
Ann D. Huston, MPA, CTRS
ATRA Executive Director

Cc: Peter Thomas, ATRA Legislative Counsel
Sandra Fitzler, American Health Care Association
ATRA Board of Directors