

EXHIBIT 77

MODEL LETTER TO APPROVED MEDICARE CLINICS, REHABILITATION AGENCIES, AND PUBLIC HEALTH AGENCIES THAT REQUEST TO ADD OUTPATIENT OCCUPATIONAL THERAPY SERVICES

(Date)

Facility Name
Street Address
City, State, ZIP Code

Dear _____:

This is in response to your inquiry regarding the addition of outpatient occupational therapy (OOT) services to the services you are furnishing as a Medicare approved provider of outpatient physical therapy/speech pathology services (OPT/OSP). To participate as a Medicare provider of OOT services your organization must comply with additional requirements. The statutory basis for requirements for providers of OOT is found at section 1861(g) of the Social Security Act (the Act) and the benefit became effective July 1, 1987. It gives the term "outpatient occupational services" the meaning of "outpatient physical therapy services" by substituting "occupational" for "physical" each place it appears in section 1861(p) of the Act.

Because the Medicare requirements for providers of OOT services have not yet been published in regulations, we are using guidelines, policies, and procedures applicable to clinics, rehabilitation agencies, and public health agencies to determine whether such entities, already approved by Medicare as providers of OPT/OSP services, may also provide OOT services. Approved clinics and agencies will be eligible to provide OOT services if such services are provided by qualified personnel. Occupational therapists must meet the definition of an occupational therapist contained in 42 CFR 405.1202(f). Occupational therapy assistants must meet the definition of an occupational therapy assistant in 42 CFR 405.1202(g). (See the enclosed regulations.) You should provide this agency with documentation that personnel providing OOT services for your facility meet these requirements. In addition, OOT services are to be provided consistent with the requirements established for outpatient physical therapy services in 42 CFR 405.1718(c) and (d). Also, the facility and its personnel must be in compliance with all applicable State and local licensure laws and regulations.

It is not necessary for us to conduct an onsite survey of your facility for OOT services at this time. You should be aware that pursuant to section 2298 B. of "The State Operations Manual - Provider Certification" services provided at an extension site must also be provided at the primary location.

(Name)

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(Date)

In order to determine if you are eligible to participate in Medicare as a provider of OOT services, you must send to this agency:

1. Written notification that you plan to offer OOT services;
2. The address of each location where the services will be offered;
3. The names of the personnel who will be providing the services; and
4. Documentation that the personnel providing the services are in compliance with all applicable State and local laws and regulations and the pertinent Medicare personnel qualification requirements (42 CFR 1202(f) or 42 CFR 1202(g)).

Based on this information we will make a determination concerning whether your organization is eligible to provide OOT services and the effective date the service is approved for Medicare. However, your organization will not be paid for OOT services furnished to beneficiaries prior to the effective date (July 1, 1987) established for Medicare coverage of OOT services.

Sincerely yours,