



American
Occupational Therapy
Association

Regulatory Changes and Impact on the Job Market

Sharmila Sandhu, JD

Jeremy Furniss, OTD, OTR/L, BCG

ALC

Topics



Regulatory Update



Workforce Issues



Discussion

AOTA Staff



**Sharmila
Sandhu, JD**

Vice President,
Regulatory
Affairs

AOTA



**Jeremy Furniss,
OTD, OTR/L, BCG**

Vice President,
Knowledge &
Data Science

AOTA



AOTA Advocacy



Post-Acute Care Reform & Its Impact on Practice

**THE TRANSITION FROM
VOLUME TO VALUE**

A white road sign with a black border and a black arrow pointing left. The sign is mounted on a metal pole and has the text "Adding Value" written on it in a large, bold, black font. The background of the sign is white, and the sign is set against a blue sky with white clouds.

Adding Value



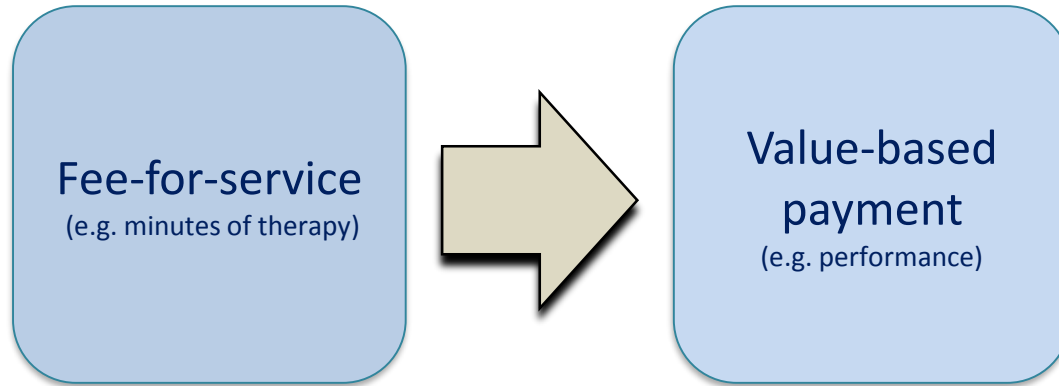
Why Shift from Volume to Value?

Paying for the **Volume** of
Healthcare Services is
Unsustainable



Shift to Value-Based Care

Across health settings, payments are based on the provision of high quality care, not volume of care.



OT must move from **volume** to **value**.



PATIENT-DRIVEN PAYMENT MODEL (PDPM): SKILLED NURSING FACILITIES



Determining Daily Rate



MDS is
Completed at
Admission

2

factors from
the MDS
determine
payment for
OT portion

Primary Reason
For SNF Admission:
Section I of MDS

Functional Score:
Section GG of MDS

Providing ***more*** OT services does **not** increase reimbursement.

Providing ***fewer*** OT services does **not** decrease reimbursement.

But, achieving better outcomes for clients across the facility can increase reimbursement.



PDPM

Organizations use the daily rate to provide the **right care** at the **right time**



Daily
Rate



Payment **does not** depend on the services provided.

Incentive to achieve the **best outcomes** at the **lowest cost**



Outcomes



Cost

PDPM
DID NOT CHANGE
THE REQUIREMENTS OR DEFINITIONS
FOR MEDICALLY NECESSARY, SKILLED
THERAPY EVALUATIONS OR
INTERVENTIONS.





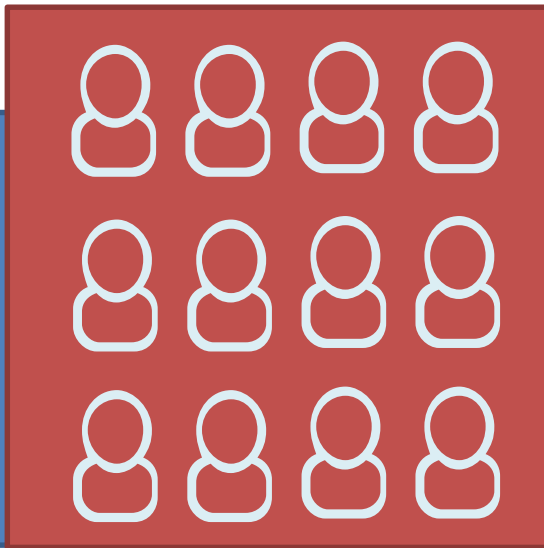
PATIENT-DRIVEN GROUPINGS MODEL (PDGM): HOME HEALTH



Before Jan 1, 2020

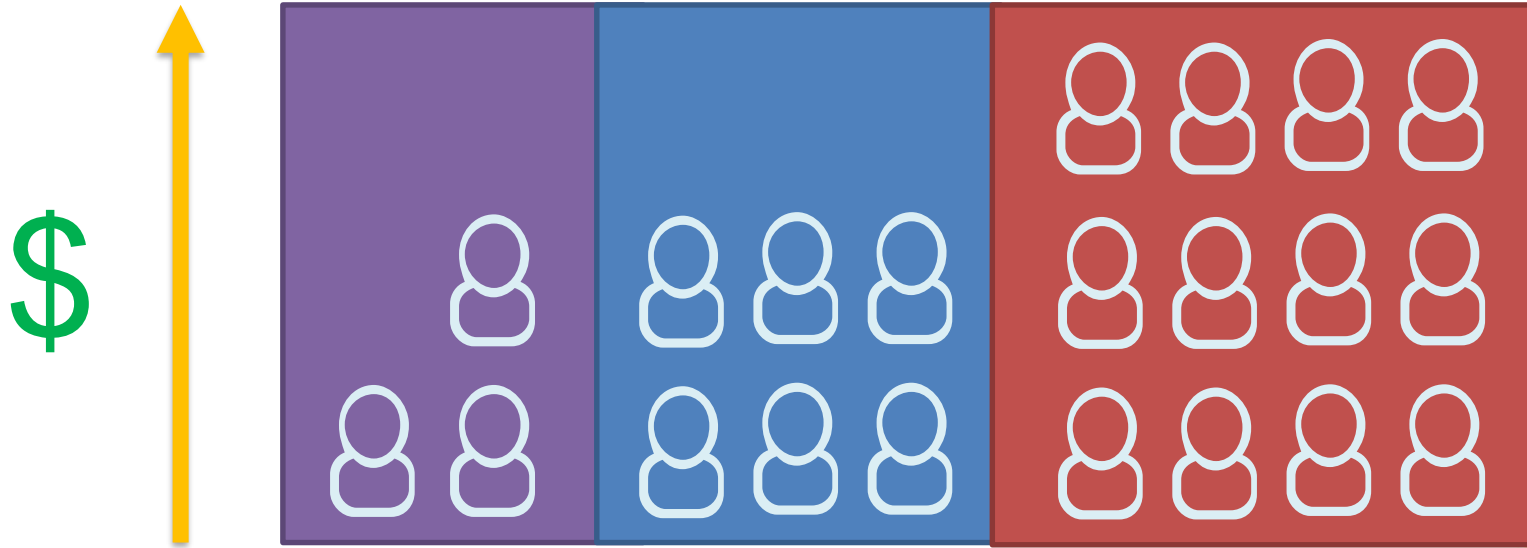
In Home Health, more OT visits could increase reimbursement

\$



PDGM: After Jan 1, 2020

Number of OT visits do not increase reimbursement



Reimbursement is Based on Patient Characteristics

Admission Source and Timing (From Claims)

Community Early

Community Late

Institutional Early

Institution Late

Clinical Grouping (From Principle Diagnosis Reported on Claims)

Neuro Rehab

Wounds

Complex Nursing
Interventions

MS Rehab

Behavioral Health

MMTA – Other

MMTA – Surgical
Aftercare

MMTA- Cardiac
and Circulatory

MMTA –
Endocrine

MMTA- GI/GU

MMTA –
Infectious Disease

MMTA -
Respiratory

Functional Impairment Level (from OASIS Items)

Low

Medium

High

Comorbidity Adjustment (From Claims)



What is AOTA doing to protect OT services in SNF and HH?

- Opened a direct line of communication with CMS
- Updating CMS on a regular basis
- Soliciting and collecting OT practitioner stories via an online survey—Survey closed April 1
We needed to know what is happening and **how the changes are or may impact clients.**
- Monitoring available data (lag in availability)



AOTA PDPM and PDGM Survey

- AOTA opened a survey, mid-December 2019 through March 2020, for feedback regarding the implications of the PDPM and PDGM payment changes
- This survey allowed AOTA to engage in advocacy based on specific member feedback
 - Your participation allowed AOTA to tell CMS your real life stories and shift the conversation away from what *might* be happening to what *is* happening.



AOTA PDPM and PDGM Survey

901 responses were received for both PDGM and PDPM

- The majority of responses from were received from occupational therapy practitioners
- 10% of responses were received from other practitioners including PT's, PTA's, SLP's, RNs (most were for PDGM feedback)
 - Changes were being noticed not just by OT practitioners, but by others as well



AOTA PDPM Survey

Summary of Findings- PDPM

- 208 responses
- Most respondents saw changes in their setting due to PDPM
 - Most frequently reported was changes to OT practice



AOTA PDPM Survey

Anecdotal reports:

- Pressure to provide group and concurrent therapy
- Decrease in overall amount of OT for patients
- Predictive analytics tools in use
- Increase in productivity standards for practitioners



AOTA PDGM Survey

Summary of Findings- PDGM

- 693 responses
- Most respondents saw changes in their setting due to PDGM
 - Most frequently reported was requirements to reduce the number of OT visits to clients



AOTA PDGM Survey

Anecdotal reports:

- Less of all therapy (OT, PT, Speech) visits for patients
- OT left out of treatment plan for patients
- Overriding of clinical decision making
- Predictive analytics tools in use
- Decrease in pay



AOTA PDPM and PDGM Survey

What did your feedback allow AOTA to do?

- Opened a direct line of communication with CMS and Home Health (HH) industry groups: [Meetings, calls, advocacy!](#)
- Provided PDGM updates on advocacy: <https://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/News/2020/PDGM-Share-Story.aspx>
- AOTA focused on protecting clinical judgment and 1:1 therapy: <https://www.aota.org/publications-news/otp/archive/2020/pdgm-survey>
- National Media Initiative—Speaking with the media regarding OT, PDGM and actual practitioner experiences: <http://www.aota.org/Practice/Manage/value/Home-Health-Patient-Driven-Groupings-Model-PDGM/media-news.aspx>



Outpatient Therapy

- \$2080 threshold for outpatient occupational therapy
- \$2080 for outpatient physical therapy and speech language pathology
- Targeted review remains at \$3000
- Watching MAC activity



OTA Modifier

CO *Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant*

- Begin using modifier January 1, 2020 for testing purposes
- CO does not replace existing GO modifier, use both
- Starting in 2022, these services will be paid at a reduced rate, 85% of fee schedule
- Medicare Part B only, not applicable to hospital, IRF, HH



Proposed 8% Cut to Outpatient Therapy

- **AOTA has advocated against the cuts**
 - Grassroots Congressional letter distributed seeking CMS data regarding calculation
 - Started coalition with other affected organizations including APTA and ASHA
 - Met with CMS twice, HHS meeting in process
 - Obtained data to formulate solutions for CMS and possible legislative actions are underway



COVID19 Regulatory Flexibilities

- OTs can Open Cases in Home Health during public health emergency
- OTs can provide telehealth under most commercial payer policies (NOT Medicare...yet)
- OTs can provide telephone assessments, e-visits and virtual visits under Medicare
- SNF 3-day stay and IRF 3-hour rule waived



Medicare Home Health Flexibility Act

H.R 3127/S.1725 Permanent solution?

- Occupational Therapists are not permitted under Medicare to open home health therapy cases even if OT is the primary service provided.
- CMS policy causes unnecessary inefficiencies and barriers to home health service.
 - **Initial Assessment:** Must be completed within 48 hours of patient's return home or physician start-of-care order.
 - **Comprehensive Evaluation:** Must be completed within 5 days of start of home care.



Telehealth and Occupational Therapy

- Occupational therapy is statutorily excluded from telehealth under Section 1834 of the Social Security Act
- 1135 Waivers - added the ability to perform e-visits (March 17)
- CARES Act gave Secretary permission to expand telehealth under 1135 Waiver (March 27)
- Interim final rule added virtual check ins and telephone assessments for OT - **NOT Telehealth** (March 31)



AOTA Telehealth Advocacy

- Comment every year in Fee Schedule Proposed Rule
- Coronavirus crisis resulted in waivers and regulatory flexibilities across HHS/CMS and Congressional activity
- AOTA, APTA and ASHA sent joint advocacy letter urging CMS to apply 1135 waiver to allow OT/PT/SLP to provide and bill for telehealth services during emergency (March 28)
- AOTA, AOTA and ASHA successfully obtained meeting with CMS officials (held April 6)



The Viability of OT in the Value-Based Payment Era

Access to Occupational Therapy in the new models requires:

- Accurate, complete, and timely documentation of OT services that connect individual patient needs and goals with outcomes
- Collection of meaningful and standardized assessment and other data
- Use of that data to inform and drive practice
- Best practice models, clinical practice guidelines, & evidence-informed practice
- The right care at the right time for the right patient(s)
- Top of license practice



www.aota.org/value



**PROFESSIONAL
LIABILITY**

for
AOTA Members

LEARN MORE

Providing High Quality, High Value Occupational Therapy

Medicare, other payers, and health systems are moving to emphasize the value of services provided rather than rewarding the volume of services. This transition provides opportunities for occupational therapy practitioners to highlight their distinct value by understanding and applying quality measures to everyday practice. Practitioners will be financially rewarded for demonstrating value and potentially penalized for not meeting the value criteria. See below for education and resources supporting OT in the move from volume to value.

Volume to Value Overview

- [Reimbursement Changes: What's Happening, How Will it Affect You, and What is AOTA Doing About it?](#)
- [Payment Shift from Volume to Value: Maximizing the Opportunity for OT Member Appreciation Plus Webinar](#) Get an overview of the changes being implemented by payers and health systems to emphasize high value, high quality services (1 hour, October 2018) [M](#)
- [Quality Toolkit: Don't know where to start? Click the button below to find out which tools and assessments your colleagues are using in their practice.](#)

[Quality Toolkit](#)

Volume to Value Resources by Practice Area

Skilled Nursing Facilities Patient
Driven Payment Model (PDPM)

Quality Payment Program &
Medicare Part B Outpatient

Home Health Agencies Patient
Driven Groupings Model (PDGM)

Inpatient Rehabilitation Facilities



OT Skilled Nursing Facility Evaluation Checklist & Quality Measures

[aota.org/Practice/Manage/value/
quality-toolkit.aspx](http://aota.org/Practice/Manage/value/quality-toolkit.aspx)

Use the checklist below during the evaluation as a reminder of areas to address. AOTA encourages practitioners to print off the checklist and bring it with you to help guide client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluative process. The checklist supports high quality OT evaluations that lead to occupation-based, client-centered interventions.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the *Occupational Therapy Practice Framework*. A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns. This checklist does not replace the clinical judgment of an occupational therapist. The checklist should be used as a reminder of baseline areas that should be addressed during the OT evaluation process. The areas below relate to occupation-based practice and quality performance measures.

For more information on the Patient Driven Payment Model (PDPM), this checklist, and the important role of occupational therapy click on SNF at www.aota.org/value.

Occupational Profile:

Each element of the occupational profile is considered from the client's perspective. Download the template at www.aota.org/profile.

- ☐ Reason for OT services
- ☐ Successful occupations
- ☐ Interests & Values
- ☐ Occupational History
- Performance Patterns
 - ☐ Habits ☐ Routines ☐ Roles ☐ Rituals
- ☐ Environment: Supports & Barriers (Physical, Social)
- ☐ Context: Supports & Barriers (Cultural, Personal, Temporal, Virtual)
- ☐ Client's Priorities and Desired Outcomes

Analysis of Occupational Performance

Click on the Quality Toolkit at www.aota.org/value for links to standardized assessments and screening tools used in each of the areas below.

	Addressed	Is this area a Priority		Addressed	Is this area a Priority
Occupations					
ADLs	<input type="checkbox"/>	<input type="checkbox"/>	IADLs	<input type="checkbox"/>	<input type="checkbox"/>
Performance Skills					
Psychosocial/Behavior Skills	<input type="checkbox"/>	<input type="checkbox"/>	Fall Prevention/Fear of Falling	<input type="checkbox"/>	<input type="checkbox"/>
Client Factors--In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)					
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Functional Cognition	<input type="checkbox"/>	<input type="checkbox"/>
Performance Patterns					
Habits, Routines, Roles	<input type="checkbox"/>	<input type="checkbox"/>			
Contexts & Environments					
Safety Screen	<input type="checkbox"/>	<input type="checkbox"/>			

- Occupational Profile
- Core Areas to Address
Analysis of Occupational
Performance





OT Home Health Evaluation Checklist & Quality Measures

[aota.org/Practice/Manage/value/
quality-toolkit.aspx](http://aota.org/Practice/Manage/value/quality-toolkit.aspx)

This checklist is not comprehensive and does not replace the clinical judgment of an occupational therapist. The checklist should be used as a reminder of baseline areas that should be addressed during the OT evaluation process. The areas below relate to occupation-based practice and quality performance measures.

Use the checklist below during the evaluation as a reminder of key clinical areas to address. AOTA encourages practitioners to print off the checklist and bring it with you to help guide client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluative process. The checklist supports high quality OT evaluations that lead to occupation-based, client-centered interventions.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the *Occupational Therapy Practice Framework*. A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns.

For more information on the Medicare Patient Driven Groupings Model (PDGM), this checklist, and the important role of occupational therapy click on Home Health at www.aota.org/value.

Occupational Profile:

Download the template at www.aota.org/profile.

- ☐ Client's Concerns
- ☐ Successful occupations
- ☐ Interests & Values
- ☐ Occupational History
- Performance Patterns
 - ☐ Habits
 - ☐ Routines
 - ☐ Roles
 - ☐ Rituals
- ☐ Environment: Supports & Barriers (Physical, Social)
- ☐ Context: Supports & Barriers (Cultural, Personal, Temporal, Virtual)
- ☐ Client's Priorities and Desired Outcomes

Analysis of Occupational Performance

Click on the Quality Toolkit at www.aota.org/value for links to standardized assessments and screeners used in each of the areas below.

	Addressed	Is this area a Priority		Addressed	Is this area a Priority
Occupations					
ADLs	<input type="checkbox"/>	<input type="checkbox"/>	IADLs	<input type="checkbox"/>	<input type="checkbox"/>
Performance Skills					
Psychosocial/Behavior Skills	<input type="checkbox"/>	<input type="checkbox"/>	Fall Prevention/Fear of Falling	<input type="checkbox"/>	<input type="checkbox"/>
Client Factors—In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)					
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Functional Cognition	<input type="checkbox"/>	<input type="checkbox"/>
Performance Patterns					
Habits, Routines, Roles	<input type="checkbox"/>	<input type="checkbox"/>			
Contexts & Environments					
Include Safety Screen	<input type="checkbox"/>	<input type="checkbox"/>			

- Occupational Profile
- Core Areas to Address
Analysis of Occupational
Performance





Workforce

Regulatory * Pandemic



1. Regulatory changes
2. Share the limited information related to coronavirus

Total Industry Employment

Includes total employment—NOT just OT and OTA

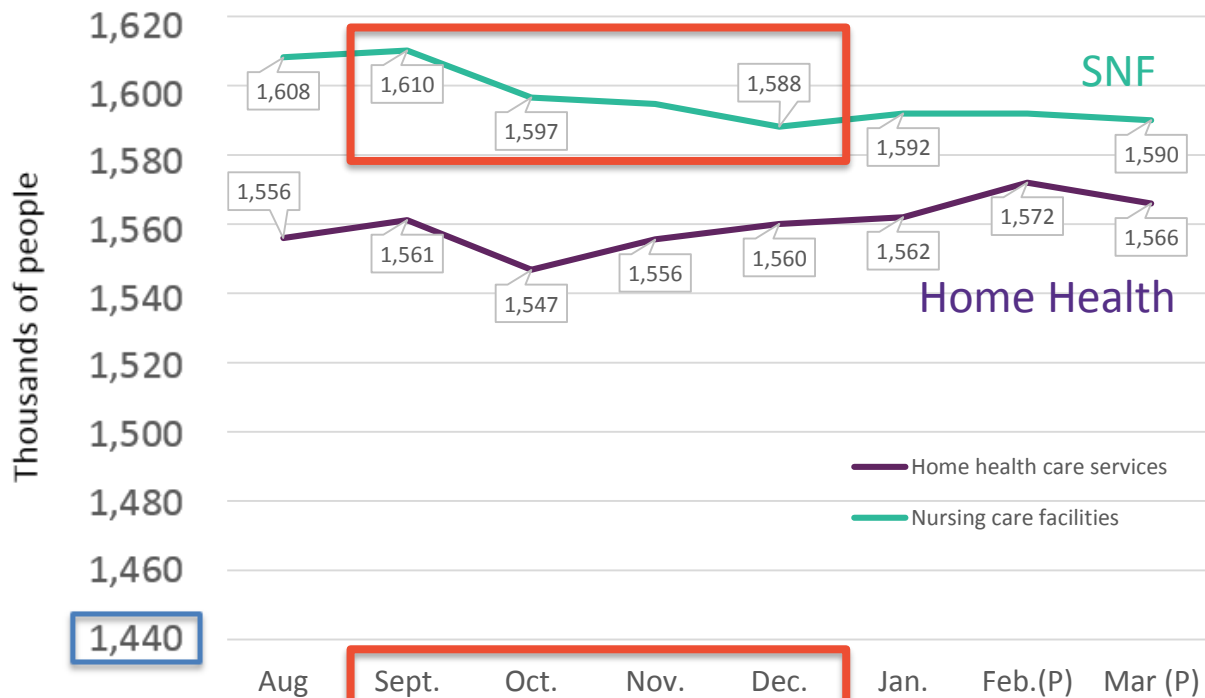
Dec 2018

SNF

1, 609

Home Health

1,500



Seasonally adjusted Industry Employment from BLS

(P) = Preliminary Estimates



Total Industry Employment

Includes total employment—NOT just OT and OTA

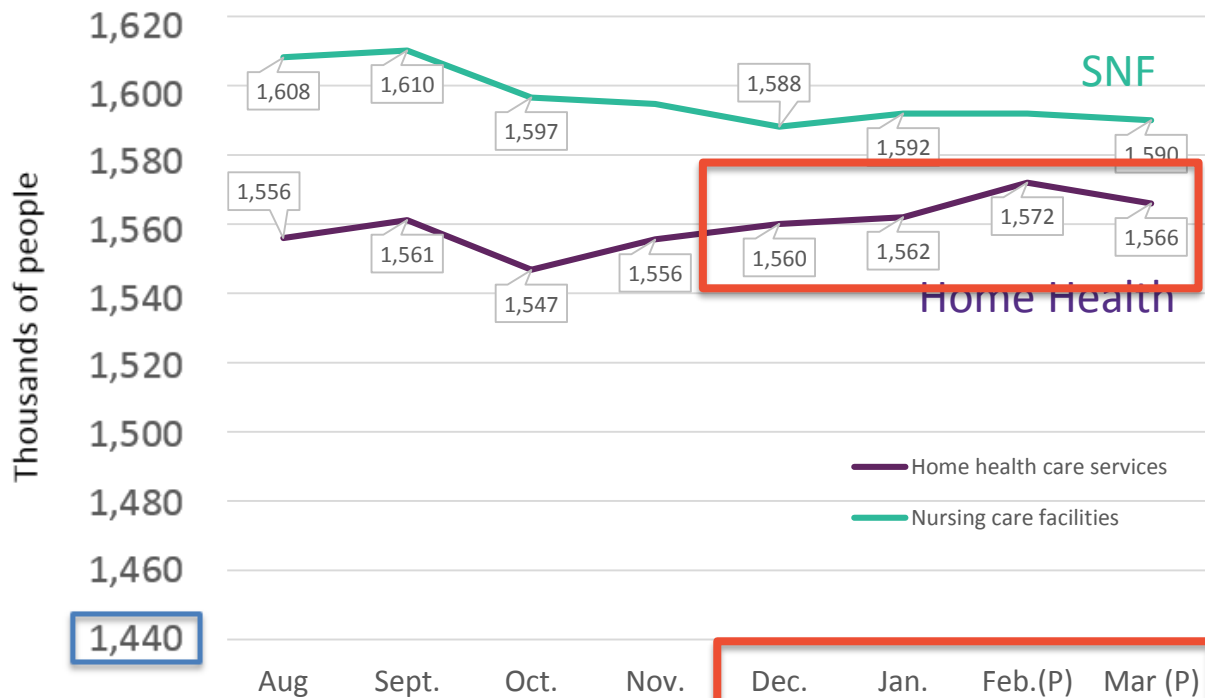
Dec 2018

SNF

1,609

Home Health

1,500



1,440

Seasonally adjusted Industry Employment from BLS

(P) = Preliminary Estimates



BLS Estimates for 2018

SNF

- 13,400 OTs
- 7,500 OTAs

HH

- 12,000 OTs
- 2,000 OTAs



Skilled Nursing

- Organizations have responded very differently
- Across several sources:
 - Somewhere around 10% reduction in staff
 - Up to 30% experienced changes such as salary reduction, hour reduction



Survey Data: Home Health

- Home Health Care News
- AOTA Member Survey
- Limited generalizability
- Rehab and/or OT specific
- <https://www.aota.org/Publications-News/otp/Archive/2020/pdgm-survey.aspx>



Home Health Care News

- Online survey: February and March 2020
- More than 480 Medicare-certified home health provider individuals
- <https://homehealthcarenews.com/2020/04/hhcn-poll-24-of-home-health-agencies-have-laid-off-therapy-staff-post-pdgm/>
HHCN provides AOTA results as a comparison



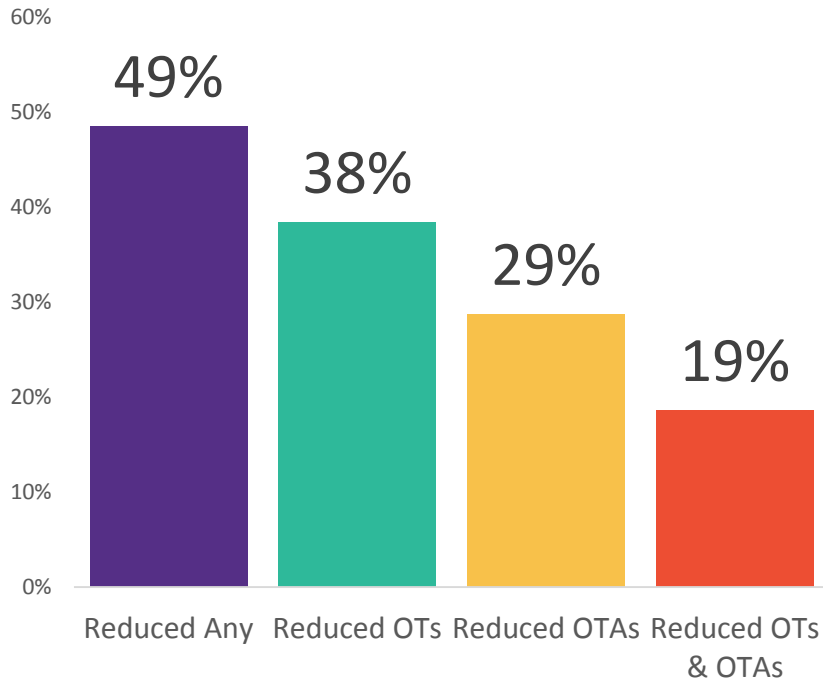
AOTA PDGM Survey

- Online survey. Majority of Responses: Jan & Feb 2020
- 692 people completed for PDGM
 - 69% OT
 - 18% OTA
 - 9 % PT or PTA
 - 3% SLP
- Sampling Bias: more **likely to be negative**—people experiencing problems may be more likely to reach out to AOTA than people who were not



OT & OTA Staff

AOTA



HHCN

24% laid off staff

29% converted
therapy staff to
PRN



Occupational Therapy Utilization

AOTA

82% Reduced # of visits

2% Increased client access to OT/OTA

HHCN

55% Reduced therapy utilization

2% Increased therapy utilization



Anecdotal Trends

- Occupational therapists are expected to focus primarily (or only) on evaluation, assistant supervision, and required progress visits
- Relying more fully on occupational therapy assistants to provide nearly all direct intervention
- Requiring a phased in start-of-care for occupational therapy
- Encouraging beneficiaries to delay occupational therapy until outpatient



Trends across SNF & HH

- Slower onboarding process: Focus was on redistributing current clinical staff
- Pausing commitments outside of clinical practice to focus on establishing new routines and expectations of clinical staff
- More difficult to piece together regular hours for practitioners working PRN (Substantial decrease in use of PRN in both settings.)





Coronavirus Survey

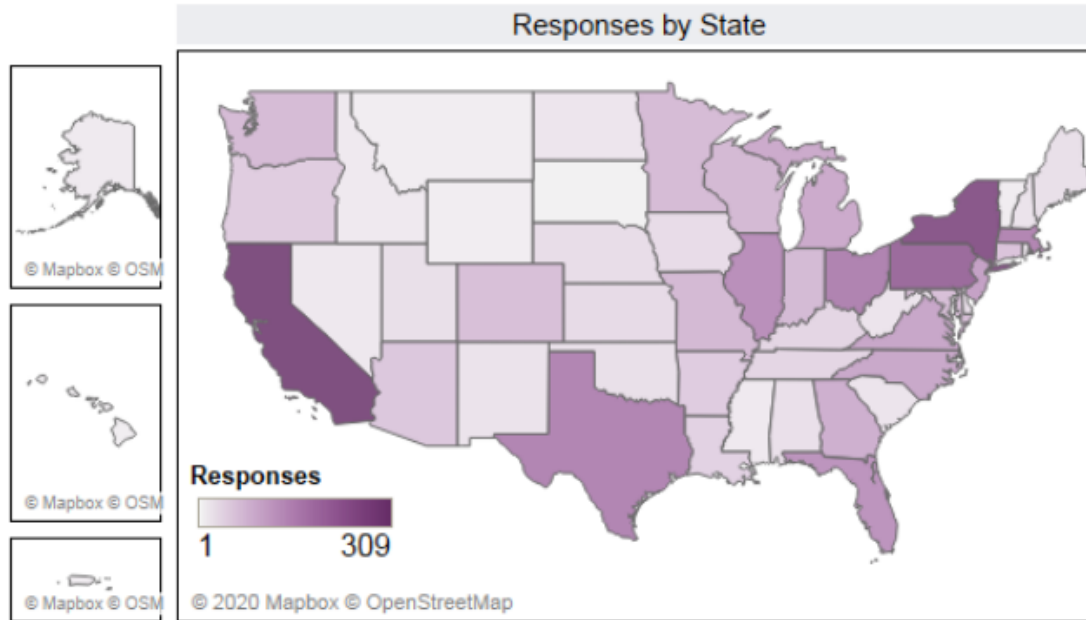
Survey Results

- AOTA completed an initial survey between **March 19, 2020 and March 27, 2020**
- The results have informed AOTA's initial response
- Sample of convenience recruited through AOTA email list. (Open to members and non-members)
- Results are not fully generalizable.
- Initial results are available at [aota.org](https://surveys.aota.org)
- Participate in Panel 2 now:
<https://surveys.aota.org/s3/Coronavirus-Update-Panel2>



Who Participated?

Practitioners	Educators	Students
2,701	181	797



- More than 3,500 people responded representing all 50 states + DC + PR

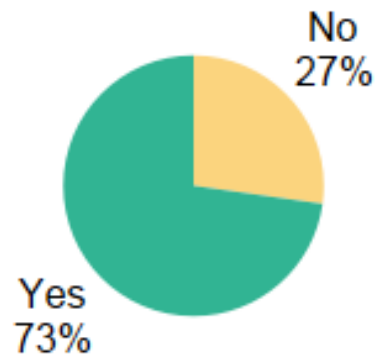
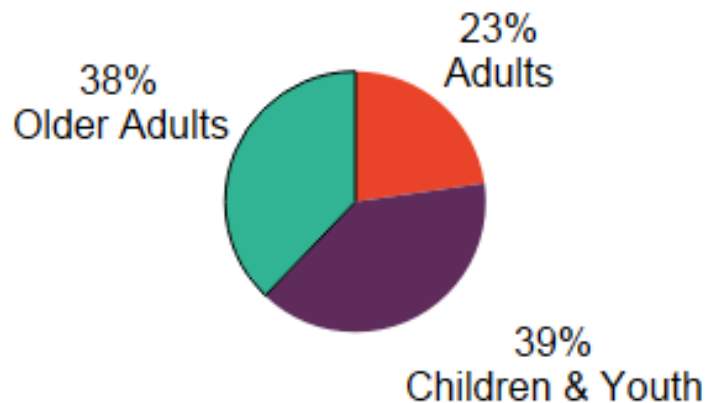


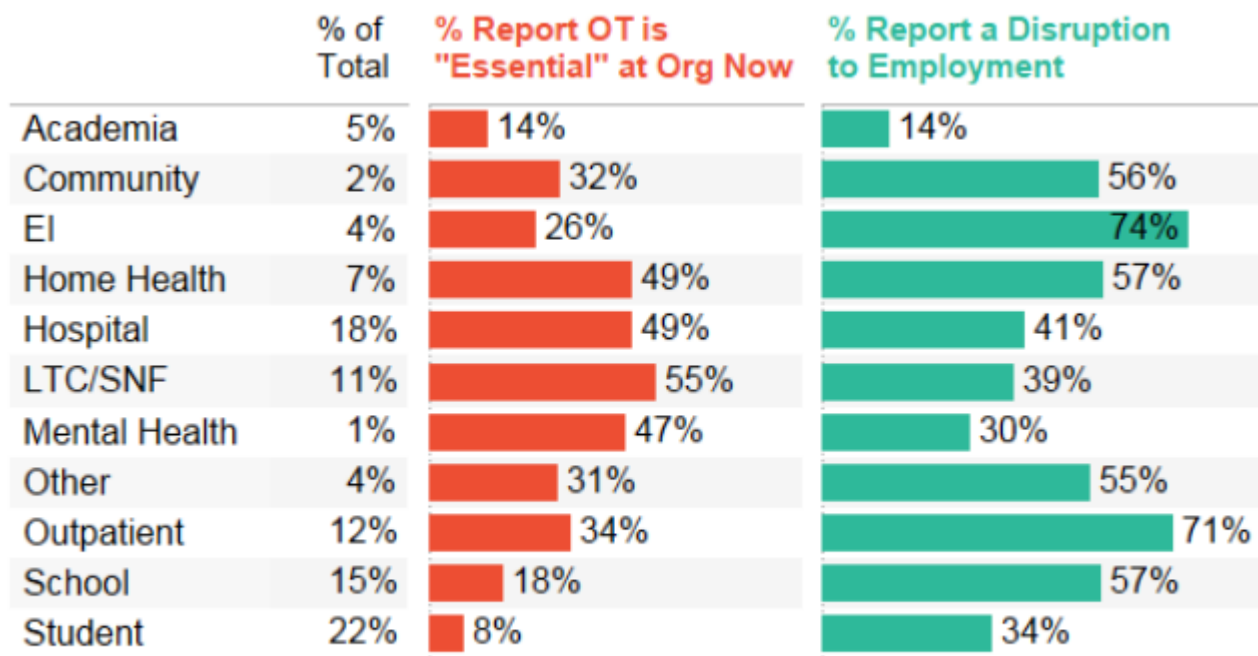
Who Participated?

Employment Information

Percent of responses in each category.

Full Time Staff	Part Time Staff	Contract or PRN	Own a Practice
66%	10%	18%	6%
Primary Age of Clients		Do you have Paid Time Off?	





Disruption to employment includes respondents with reduced hours/time and respondents who are no longer working (with or without pay). EI = Early Intervention, LTC/SNF = Long-term Care/ Skilled Nursing Facility.



Work Disruption

Primary Area	n	Disruption to Work	Working Typical Roles	New Roles	Reduced Work	Not Working, with Pay	Working, Without Pay	Looking for New Work
	0							
Academia	149	17%	75%	19%	4%	3%	5%	3%
Community	53	60%	45%	26%	26%	8%	21%	11%
EI	124	81%	19%	22%	33%	14%	33%	13%
Home Health	231	59%	48%	35%	40%	3%	10%	12%
Hospital	607	44%	65%	27%	26%	2%	9%	5%
LTC/SNF	395	42%	70%	19%	25%	1%	9%	9%
Mental Health	46	35%	63%	37%	7%	4%	13%	7%
Other	117	66%	37%	23%	21%	5%	30%	16%
Outpatient	416	77%	27%	26%	40%	4%	26%	8%
School	470	68%	25%	20%	26%	22%	21%	7%
Student	320	86%	7%	4%	5%	1%	60%	17%

Work Disruption

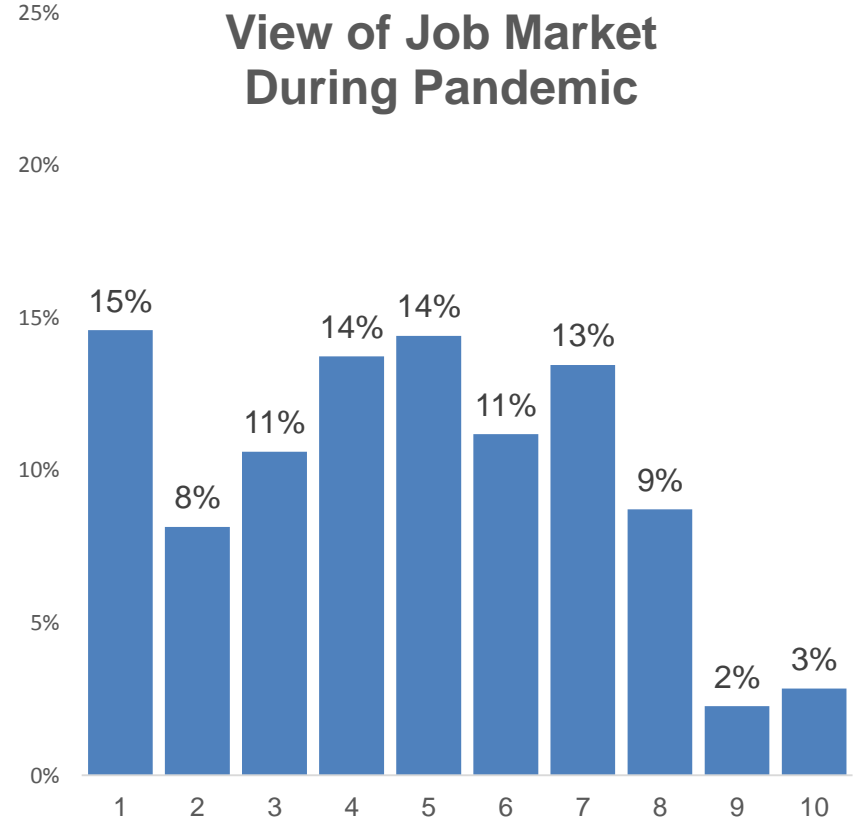
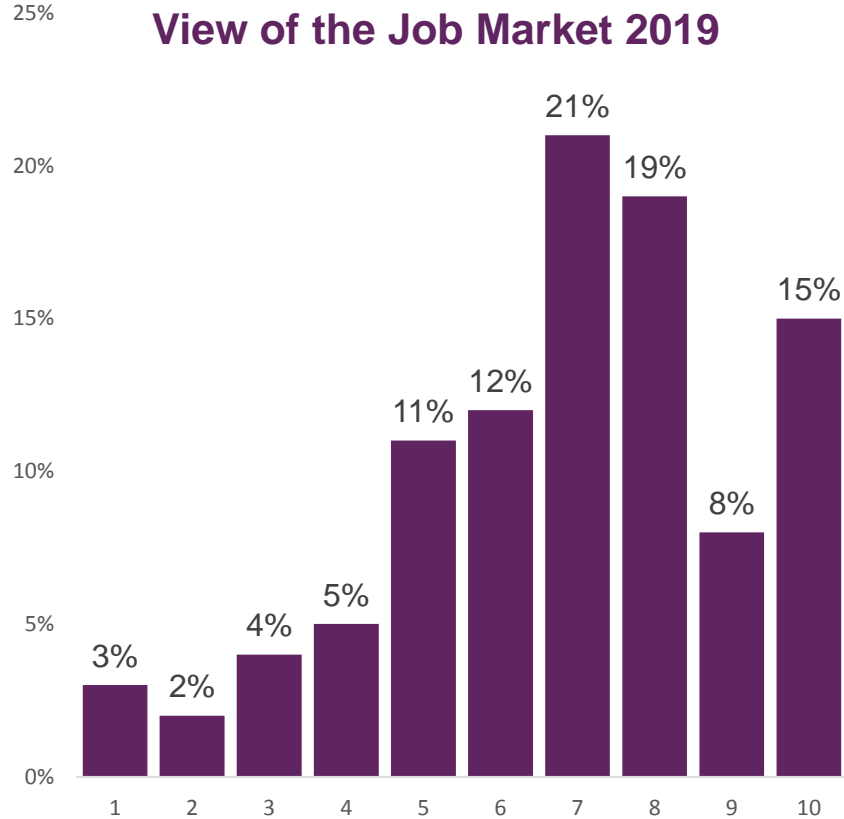
Primary Area	n	Disruption to Work	Working Typical Roles	New Roles	Reduced Work	Not Working, with Pay	Working, Without Pay	Looking for New Work
	0							
Academia	149	<div><div></div></div> 17%	<div><div></div></div> 75%	<div><div></div></div> 19%	<div><div></div></div> 4%	<div><div></div></div> 3%	<div><div></div></div> 5%	<div><div></div></div> 3%
Community	53	<div><div></div></div> 60%	<div><div></div></div> 45%	<div><div></div></div> 26%	<div><div></div></div> 26%	<div><div></div></div> 8%	<div><div></div></div> 21%	<div><div></div></div> 11%
EI	124	<div><div></div></div> 81%	<div><div></div></div> 19%	<div><div></div></div> 22%	<div><div></div></div> 33%	<div><div></div></div> 14%	<div><div></div></div> 33%	<div><div></div></div> 13%
Home Health	231	<div><div></div></div> 59%	<div><div></div></div> 48%	<div><div></div></div> 35%	<div><div></div></div> 40%	<div><div></div></div> 3%	<div><div></div></div> 10%	<div><div></div></div> 12%
Hospital	607	<div><div></div></div> 44%	<div><div></div></div> 65%	<div><div></div></div> 27%	<div><div></div></div> 26%	<div><div></div></div> 2%	<div><div></div></div> 9%	<div><div></div></div> 5%
LTC/SNF	395	<div><div></div></div> 42%	<div><div></div></div> 70%	<div><div></div></div> 19%	<div><div></div></div> 25%	<div><div></div></div> 1%	<div><div></div></div> 9%	<div><div></div></div> 9%
Mental Health	46	<div><div></div></div> 35%	<div><div></div></div> 63%	<div><div></div></div> 37%	<div><div></div></div> 7%	<div><div></div></div> 4%	<div><div></div></div> 13%	<div><div></div></div> 7%
Other	117	<div><div></div></div> 66%	<div><div></div></div> 37%	<div><div></div></div> 23%	<div><div></div></div> 21%	<div><div></div></div> 5%	<div><div></div></div> 30%	<div><div></div></div> 16%
Outpatient	416	<div><div></div></div> 77%	<div><div></div></div> 27%	<div><div></div></div> 26%	<div><div></div></div> 40%	<div><div></div></div> 4%	<div><div></div></div> 26%	<div><div></div></div> 8%
School	470	<div><div></div></div> 68%	<div><div></div></div> 25%	<div><div></div></div> 20%	<div><div></div></div> 26%	<div><div></div></div> 22%	<div><div></div></div> 21%	<div><div></div></div> 7%
Student	320	<div><div></div></div> 86%	<div><div></div></div> 7%	<div><div></div></div> 4%	<div><div></div></div> 5%	<div><div></div></div> 1%	<div><div></div></div> 60%	<div><div></div></div> 17%

Ongoing Panel of Survey: Preview of One Question



View of Job Market

Very Depressed → Very Healthy



New Online

Views **30,317** | Citations **0** | Altmetric **962** | Comments

Viewpoint

ONLINE FIRST

FREE

March 25, 2020

Postacute Care Preparedness for COVID-19 Thinking Ahead

David C. Grabowski, PhD¹; Karen E. Joynt Maddox, MD, MPH^{2,3,4}

» Author Affiliations | Article Information

JAMA. Published online March 25, 2020. doi:10.1001/jama.2020.4686



Related
Articles



Multimedia

doi:

[10.1001/jama.2020.4686](https://doi.org/10.1001/jama.2020.4686)

National projections suggest that hospitals may be overwhelmed with patients with coronavirus disease 2019 (COVID-19) infection in the coming months. Appropriately, much attention has addressed the acute

JAMA Network™




JAMA®



Views **30,317** | Citations **0** | Altmetric **962** | Comments

ONLINE FIRST FREE

JAMA Network[®]


Postacute Care Preparedness for COVID-19


Thinking Ahead

David C. Graber, MD, PhD
» Author Affiliations | Article Information

"Projections suggest a major surge in postacute care demand will occur following the hospital surge involving patients with COVID-19."

Current skilled nursing facility supply varies nationwide, and occupancy rates average 85%, signaling that current capacity is inadequate for any surge."

 Related Articles

 Multimedia

doi:

10.1001/jama.2020.4686

National projections suggest that hospitals may be overwhelmed with patients with coronavirus disease 2019 (COVID-19) infection in the coming months. Appropriately, much attention has addressed the acute



Chernew's Take

- Decrease in typical demand as procedures/care is delayed
- Extent to which telehealth can replace in-person visits
- Amount of foregone care that returns as the pandemic relaxes
- Impact of likely recession on available cash for cost-sharing

POLITICO

CORONAVIRUS

Health care workforce is recession proof. Is it 'pandemic proof?'

Medical workers are losing jobs amid the crisis of a lifetime.

It's likely there will be a lot of pent-up demand for care that was delayed — both elective procedures and management of some chronic conditions.

But in the short term, a huge amount of uncertainty exists because so much depends on where the pandemic heads next, and whether communities that have already seen a peak could face another wave.



Considerations for OT

- PDGM and PDPM have provided added flexibility to agencies in service provision
- OT practitioners must use clinical judgement to determine risk of providing and withholding care and make specific recommendations
- AOTA has developed Decision Guides:
 - [Home Health](#)
 - [Inpatient](#) (Acute, SNF, IRF, etc.)
 - [Outpatient](#)
 - [Telehealth](#)



Questions?

regulatory@aota.org

customerservice@aota.org



communot.aota.org





Resources & Links

Key Resources From [aota.org/value](http://www.aota.org/value)

- PDPM: <http://www.aota.org/Practice/Manage/value/Skilled-Nursing-Facilities-Patient-Driven-Payment.aspx>
- AOTA OT SNF Evaluation Checklist:
<https://www.aota.org/~media/Corporate/Files/Practice/Manage/value/SNF-Evaluation-Checklist-Quality-Measures.pdf>
- PDGM: <http://www.aota.org/pdgm>
- AOTA OT Home Health Evaluation Checklist:
<https://www.aota.org/~media/Corporate/Files/Practice/Manage/value/Home-Health-Eval-Checklist.pdf>



AOTA PDPM Resources

- Volume to Value: <http://www.aota.org/value>
- SNF PDPM: <http://www.aota.org/Practice/Manage/value/Skilled-Nursing-Facilities-Patient-Driven-Payment.aspx>
- Promoting OT Under PDPM: <http://www.aota.org/Publications-News/otp/Archive/2019/promoting-pdpm.aspx>
- AOTA OT SNF Evaluation Checklist: <https://www.aota.org/~media/Corporate/Files/Practice/Manage/value/SNF-Evaluation-Checklist-Quality-Measures.pdf>
- CMS SNF PDPM: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPFS/PDPM>



AOTA PDGM Resources

- Volume to Value: <http://www.aota.org/value>
- HHA PDGM: <http://www.aota.org/pdgm>
- AOTA OT Home Health Evaluation Checklist:
<https://www.aota.org/~media/Corporate/Files/Practice/Manage/value/Home-Health-Eval-Checklist.pdf>
- CMS HHA PDGM: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM>
- CMS HH Quality Reporting Program OASIS User Manuals
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual>



AOTA Resources

- Advocate for Value of OT With Medicare Self-Care Measures:
<http://www.aota.org/care>
- CMS Manuals: www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html
 - Med. Benefit Policy Manual Ch. 15 Sec. 220-230:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>
- Manuals for assessment instruments
 - QIES Technical Support Office (Part A resources):
<https://qtso.cms.gov>



AOTA Resources

- AOTA Policy News: www.aota.org/Advocacy-Policy.aspx (scroll down to Latest News)
- Documentation & Reimbursement: <http://www.aota.org/Practice/Manage/Reimb.aspx>
- Tools for Productivity Requirements: www.aota.org/Practice/Ethics/Tools-for-Productivity-Requirements.aspx
- AOTA Coding & Billing Resources: www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/Coding.aspx
- AOTA Official Documents: www.aota.org/Practice/Manage/Official.aspx



www.aota.org/coronavirus

- FAQs: <https://www.aota.org/Practice/Health-Wellness/COVID19/practitioners-faq.aspx>
- Role of OT in a Pandemic: <http://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/News/2020/OT-Pandemic.aspx>
 - Are OTs essential? Yes (fed guidance) but check facility policy
- Personal Protective Equipment: <https://www.aota.org/Practice/Health-Wellness/COVID19/Personal-Protective-Equipment.aspx>
 - CMS, CDC, OSHA guidance

