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Indiana State Department of Health

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DATE: October 27, 2005

TO: Administrators of all Comprehensive Outpatient Rehabilitation Facilities

FROM: Wanda Proffitt, B.S., CLS(NCA)
Program Supervisor
Acute Care Division

RE: Revisions to Chapter 2, "The Certification Process," and Appendix K—
"Comprehensive Outpatient Rehabilitation Facilities"

The Centers for Medicare and Medicaid Services (CMS) made changes and revisions to Chapter 2 of the Certification Process and the Appendix K effective November 21, 2005. These changes and revisions were printed in the October 21, 2005 Centers for Medicare & Medicaid Services (CMS) Manual System, Pub. 100-07 State Operations Provider Certification, Transmittal 13. A copy of this Transmittal can be found by accessing the following web site: http://www.cms.hhs.gov/manuals/pm_trans/R13SOM.pdf. Please review Transmittal 13 to ensure that your facility is fulfilling the condition and standard level requirements. The following is a summary of new additions and revisions, but this is not all inclusive:

1. 2362 – The CORF is responsible for the implementation and supervision of any therapy services that are provided at an off-site location. All appropriate CoPs apply to the services provided at off-site locations.
2. 2362 – A CORF may be reimbursed for optional CORF services if they are part of a comprehensive, coordinated, skilled rehabilitation program. (Optional CORF services are: Occupational Therapy, speech-language pathology, respiratory therapy, prosthetic and orthotic devices, nursing, drugs and biologicals, DME and a single home visit).
3. 42 CFR 485.51 Definition of a CORF- A CORF is established and operated exclusively for the purpose of providing diagnostic, therapeutic, and restorative services to outpatients for the rehabilitation of injured, disabled, or sick persons, at a single fixed location, by or under the supervision of a physician and meets all the requirements of Subpart B – Conditions of Participation: Comprehensive Outpatient Rehabilitation Facilities.

4. 485.56© The facility must have a group of professional personnel associated with the facility that: (1) Develops and periodically reviews policies to govern the services provided by the facility; and (2) Consists of at least one physician and one professional representing each of the services provided by the facility.
5. I-532 Physician diagnostic and therapeutic services (e.g., evaluation and management services that are furnished to an individual patient) are not physician services covered under the CORF outpatient therapy benefit. When a physician personally performs these services, they are billable to the Part B carrier. Hyperbaric oxygen (HBO) services are considered physician therapeutic services and are not CORF services.
6. 485.58(a) (1) A facility physician must be present in the facility for a sufficient time to: (i) Provide, in accordance with accepted principles of medical practice, medical direction, medical care services and consultation; (ii) Establish the plan of treatment in cases where a plan has not been established by the referring physician; (iii) Assist in establishing and implementing the facility's patient care policies; and (iv) Participate in plan of treatment reviews, patient case review conferences, comprehensive patient assessment and reassessments and utilization reviews. (2) The facility must provide for emergency physician services during the facility operation hours.
7. 485.58(b) For each patient, a physician must establish a plan of treatment before the facility initiates treatment. The plan of treatment must meet the following requirements: (1) It must delineate anticipated goals and specify the type, amount, frequency and duration of services to be provided and indicates the diagnosis and anticipated rehabilitation goals; (2) It must be promptly evaluated after changes in the patient's condition and revised when necessary; (3) It must, if appropriate, be developed in consultation with the facility physician and the appropriate facility professional personnel; (4) It must be reviewed at least every 60 days (the 60 day period begins with the first day of skilled rehabilitation therapy) by a facility physician who, when appropriate, consults with the professional personnel providing services. The results of this review must be communicated to the patient's referring physician for concurrence before treatment is continued

or discontinued; and (5) It must be revised if the comprehensive reassessment of the patient's condition indicates the need for revision.

8. 485.58(d)... (3) The facility must have on its premises the necessary equipment to implement the plan of treatment and sufficient space to allow adequate care;... (6) A qualified professional representing each service made available at the facility must be either on the premises of the facility or must be available through direct telecommunication for consultation and assistance during the facility's operating hours. At least one qualified professional must be on the premises during the facility's operating hours;...
9. 485.58(f) Each qualified professional involved in the patient's care, as specified in the plan of treatment, must – (1) carry out an initial patient assessment; and (2) In order to identify whether or not the current plan of treatment is appropriate, perform a patient reassessment after significant changes in the patient's status.
10. I594-I598 If CORF employees are working on off-site locations, it is incumbent upon the CORF to ensure those employees have been trained and are knowledgeable regarding disaster plans, evacuation routes for those locations, etc.
11. 485.64(b) (2) All new personnel must be orientated and assigned specific responsibilities regarding the facility's disaster plan within 2 weeks of their first workday.
12. 42 CFR 485.66 The facility must have in effect a written utilization review plan that is implemented at least each quarter, to assess the necessity of services and promotes the most efficient use of services provided by the facility.
13. I-603 The Utilization Review (UR) Committee must meet at least quarterly. The composition of this committee should be written into the utilization review plan and should be representative of the professional personnel that provide services in the CORF. A facility physician or non-CORF physician must be a member of the UR committee.

Remember this is just a sample of the new revisions and updated information that your facility will be responsible for. Therefore, you must read the Transmittal 13 as stated above and make sure your facility is in compliance by November 21, 2005.

If you have any questions, please contact me at (317) 233-7502.