Supervision (Medicare A only):

- Aides cannot independently provide a skilled service. The services of aides performing therapy treatments may only be coded when the services are performed under line of sight supervision by a licensed therapist when allowed by state law. This type of coordination between the licensed therapist and therapy aide under the direct, personal (e.g., line of sight) supervision of the therapist is considered individual therapy for counting minutes. When the therapist starts the session and delegates the performance of the therapy treatment to a therapy aide, while maintaining direct line of sight supervision, the total number of minutes of the therapy session may be coded as therapy minutes.

- Therapy students are recognized as skilled providers under Medicare A only. They must be "in line of sight" supervision (**Federal Register** November 4, 1999).

Maintenance Therapy/Nursing Rehabilitation:

- Once the licensed therapist has designed a maintenance program and discharged the resident from the rehabilitation (i.e., skilled) therapy program, the services performed by the therapist and the aide should no longer be reported at Item P1b as skilled therapy. The services of the aide may be reported on the MDS assessment as restorative nursing at Item P3, provided they meet the requirements for restorative therapy.

- There may be situations where nursing staff request assistance from a licensed therapist to evaluate the restorative nursing aides or to recommend changes to a restorative nursing program. Consultation with nursing staff and staff training are certainly good clinical practice. The therapist's time cannot be reported as skilled therapy in Item P3.