Submit comments via [https://www.regulations.gov/document/CMS-2023-0121-1282](https://www.regulations.gov/document/CMS-2023-0121-0001)

[Date]

Department of Health and Human Services

Centers for Medicare & Medicaid Services

Attention: CMS-1784-P

**Re:** **Medicare Program; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies**

Dear Administrator Brooks-LaSure:

I am an [occupational therapist/occupational therapy assistant/student of occupational therapy] residing in [state]. [Explain your area of practice]. I am writing in response to CMS’ request for comments on the proposed rulemaking for the Medicare Part B Physician Fee Schedule policies impacting occupational therapy services.

Occupational therapy addresses critical areas of physical, cognitive, and psychosocial function for Medicare beneficiaries. Occupational therapy practitioners consider self-care needs, participation capacity, mental health status, social supports, and environmental demands during evaluation and throughout the intervention process. Occupational therapy practitioners also contribute to holistic, person-centered care as a key part of the coordinated care team to plan treatment as well as discharge planning. As an occupational therapy practitioner, my main concern is that patients who require medically necessary occupational therapy have access to those services. I would like to offer comments on three key areas important to patient access to occupational therapy (“OT”) services: telehealth, caregiver training services, and occupational therapy assistant (“OTA”) supervision in private practice.

**Telehealth**

I would like to thank CMS for re-affirming OTs and OTAs as temporary telehealth providers through December 2024. During the public health emergency (PHE) and beyond, telehealth has served to improve patient access to medically necessary OT services. During the PHE, therapists have shown that telehealth services are not only feasible, but they can also produce quality outcomes when performed alone and/or in conjunction with in-person services under a therapy plan of care. [DESCRIBE HOW YOU HAVE USED TELEHEALTH IN YOUR PRACTICE WITH MED B PATIENTS AND HOW THAT’S HELPED YOU ADDRESS PATIENT GOALS/OUTCOMES; DELETE THIS NOTE AFTER COMMENTING]

Availability of OT telehealth services support critical continuity of therapeutic care targeting functional status and help eliminate missed visits, promote improved compliance with the plan of care, and ensure patients receive the best quality care possible, where transportation or other social drivers of health impact in person visit attendance across all the settings where OT services are delivered under Medicare Part B. Whether the patient is remote (as occurs with traditional outpatient services and hospital outpatient clinics) or the therapy provider is remote (as occurs with institutional providers such as SNFs or home health), fullest access to telehealth, regardless of setting will enable the best beneficiary outcomes, especially in rural and underserved areas where travel distances act as a significant barrier to care.

**Caregiver Training Services**

I would like to commend CMS for recognizing the important role that caregiver training has in ensuring plan of care follow through and safe transitions of care for OT patients. I support implementation of these new codes and appreciate CMS’s commitment to the importance of these services through acceptance of the AMA RUC recommended values.

In my practice, these new codes will allow me to address patient goals with caregivers in situations where it is not safe for the caregiver to receive training with the patient present, and where the patient’s presence might be detrimental to the caregiver’s ability to gain necessary skills. Examples of Medicare part B patient populations who will positively benefit from implementation and payment for r this new service include:

[INSERT ADDITIONAL DETAILS ON YOUR PATIENT POPULATION(S) WHERE CAREGIVER TRAINING WITHOUT THE PATIENT PRESENT WOULD BE BENEFICIAL; DELETE THIS NOTE AFTER COMPLETING]

**Direct Supervision of OTAs in Private Practice**

CMS is also proposing to extend the direct supervision flexibility that allows for immediate availability of the supervising clinician to be available via audiovisual media through December of 2024. I support the extension of this flexibility as it will more clearly align with other policies such as telehealth.

I would also advocate for a future policy in which OTAs in private practice are no longer required to have direct supervision. The requirements of direct supervision in outpatient private practice are an unnecessary burden and are inconsistent with the supervision requirements for all other settings where OTAs and PTAs are utilized. General supervision is allowed for OTAs and PTAs in all other settings, and the therapy services delivered within private practice are similar in scope and skill to those provided in other therapy settings; thus, supervision requirements for those therapy services should also be similar in scope. Making the supervision requirement consistent across outpatient settings will decrease administrative burden and confusion as well as simplify compliance on the part of providers who work and manage staff in more than one type of outpatient setting. Further, once the flexibility for direct supervision expires next year, the requirements for onsite supervision could significantly impact timely access to OT services.

General supervision of OTAs within private practices is safe and supports timely delivery of medically necessary therapy.

[PLEASE COMMENT ABOUT WHY GENERAL SUPERVISION WOULD BE SAFE WITHIN AN OUTPATIENT CLINIC INCLUDING AVAILABILITY OF OTHER STAFF MEMBERS TO ASSIST, AVAILABILITY TO CALL FOR EMS, ETC; DELETE THIS NOTE AFTER COMPLETING]

I would like to thank CMS for the steps taken in these proposals to ensure safe beneficiary access to Medicare services. Accordingly, I urge CMS to continue to take thoughtful and innovative steps to ensure that beneficiaries have access to medically necessary therapy services in the future. Thank you again for your consideration of the comments outlined above.

Sincerely,

[Add name and employer affiliation]