

MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: Long Term Care -Regulatory
Regional Directors, State Office Section Managers and
HCSSA Program Administrators

FROM: Marc Gold, Director
Long Term Care Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #01-21

DATE: August 10, 2002

The attached RS&C Letter is being provided to you for information purposes and should be shared with professional staff.

- RS&C Letter No. 01-21 Amended (dated 12/21/2001) -- Procedures for reviewing Extension Units of Providers of Outpatient Physical Therapy or Speech Pathology (OPT/SP) Services.

Please direct inquiries to Nance Stearman, Director, Health Facility Licensing and Compliance Division, Texas Department of Health, at (512) 834-6648.

Marc Gold

Attachment



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and State Operations, Region VI

1301 Young Street, Room 827
Dallas, Texas 75202
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December 21, 2001

Revised Regional Survey and Certification Letter No. 01-21 (Amended)

To: All State Survey Agencies (Action)
All Title XIX Single State Agencies (Information)

Subject: Procedures for reviewing Extension Units of Providers of Outpatient Physical Therapy or Speech Pathology (OPT/SP) Services

According to 42 CFR 410.60 (3)(i), OPT/SP services under an arrangement must be under the supervision of the rehabilitation agency. Therefore, rehabilitation agencies that request certification for extension units from a distance should be questioned about how it will supervise services under arrangement from a distance. State Agencies (SAs) should not use drive time and distance (as described in RS&C letter no. 98-02) to make extension units determinations. When making a recommendation to the Regional Office (RO) for certification of an extension unit, the SA should have obtained the necessary information from the OPT/SP provider to ensure that there is adequate supervision in addition to meeting all the conditions for participation.

Please refer to the enclosure for a list of questions that the SA may ask of an OPT/SP provider in order to make a recommendation to the RO for certification of an OPT/SP extension unit. If you have any questions, please contact Connie Jones (214) 767-6213 or at our main number (214) 767-6301.

Sincerely,

- Signature on File -

Molly Crawshaw, Branch Chief
Survey and Certification Operations Branch
Division of Medicaid and State Operations

Enclosure

Outpatient Physical Therapy (OPT) Questions

Provide the following information for the Primary Site

1. Name
2. Provider Number
3. Address
4. Telephone Number
5. Administrator's Name
6. Administrator license number. If not licensed, list degree(s) and experience.
7. Specify all services provided at the primary site (PT, OT, SP, etc.)
8. On a daily basis, who supervises OPT operations at the parent facility and how is supervision accomplished.

Provide the following information for each Extension Location (e.g., building or space it owns or leases)

1. Name
2. Address
3. Telephone Number
4. Specify services provided (PT, OT, SP, etc)
5. Date extension location will begin providing services
6. Number of miles to parent office and travel time
7. Who will control any issues/matters affecting the operation of the extension location?
8. On a daily basis, who will supervise the OPT operations at the extension location?
9. Who will be responsible for scheduling at the extension location?
10. How will the facility document supervision of the extension location?
11. Where will clinical records be maintained?
12. What type of equipment will be maintained at this location?
13. Who will provide emergency care at the extension location?
14. Specify which service(s) is shared with the primary site.
15. Where will the extension location personnel records maintained?
16. Will contract services be utilized at the extension location? If yes, please explain.
17. List all names and disciplines of all primary and extension staff who will work at the extension location. Include employees and contract caregivers.
18. How will the required plan of care review be accomplished at the extension location?
19. How will the required clinical record review process be accomplished at the extension location?
20. How frequent will the extension location report to the primary site?
21. What method (s) will the extension location use to report to the primary site?
22. What provider numbers will be used for billing Medicare services at this site?

Provide the following information for each extension unit (nursing homes, etc).

1. Name
2. Medicare Provider Number , if applicable
3. Address
4. Date contract begin and expires
5. Specify services provided (PT, OT, SP, etc)
6. List all names and disciplines of all primary and extension staff who will work at the extension unit. Include employees and contract caregivers.
7. Where will clinical records be maintained?
8. How will the required clinical record review be accomplished at the extension unit?
9. How will the plan of care review be accomplished at the extension unit?
10. How frequent will the extension unit report to the primary site?
11. What type of equipment will be maintained at this unit?
12. What provider numbers will be used for billing Medicare Services at this site?
13. What method does the extension unit use to report to the primary site?