

Via online submission

Via first class mail

April 29, 2005

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Medical Director, Part A Medical Affairs
Palmetto GBA
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P.O. Box 7004, Mail Code AG-300
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**Re: Draft LCD for Home Health Skilled Nursing Care-Teaching and Training:
Alzheimer's Disease and Behavioral Disturbances (LCD ID: DL19817)**

Dear Dr. Feliciano:

The American Occupational Therapy Association (AOTA) represents approximately 35,000 occupational therapy professionals, many of whom provide services to Medicare beneficiaries with Alzheimer's disease and behavioral disturbances in the home health care setting. We appreciate the opportunity to comment on the draft local coverage determination (LCD) Home Health Skilled Nursing Care-Teaching and Training: Alzheimer's Disease and Behavioral Disturbances dated March 14, 2005 (referred to hereinafter as "draft LCD").

AOTA strongly supports Palmetto's progressive decision to draft an LCD directly addressing Medicare coverage for the services that the Alzheimer's disease/dementia patient population needs in the home health care setting. Occupational therapists provide a range of services to beneficiaries with Alzheimer's disease/dementia and also provide family and caregiver education. With respect to the services occupational therapists provide to Medicare beneficiaries with Alzheimer's disease/dementia in the home health care setting, the AOTA's *Occupational Therapy Practice Guidelines for Adults with Alzheimer's Disease* specifically states:¹

Family and caregiver education is an essential part of occupational therapy treatment for adults with Alzheimer's disease. One important focus of occupational therapy should be improving the caregiver's ability to carry out his or her role as dementia manager. Therefore, the caregiver should be involved in treatment decisions and their implementation to the extent possible. In some approaches, the caregiver, as opposed to the care receiver, is actually the client and learns how to solve management problems with the assistance of occupational therapy.

¹ Occupational Therapy Practice Guidelines for Adults with Alzheimer's Disease, p. 14 (Approaches and Techniques). The AOTA Practice Guidelines Series; AOTA (2001).

Primarily, we write to confirm our understanding that Palmetto intends to draft an LCD for occupational therapy services provided in the home setting to this patient population and that Palmetto purposely omitted occupational therapy services from the Home Health Skilled Nursing Care-Teaching and Training LCD because Palmetto plans to address it separately at a later date. AOTA would like to take this opportunity to emphasize its support for the anticipated draft of a sister LCD addressing the coverage for occupational therapy services, including teaching and training, for beneficiaries with Alzheimer's disease and behavioral disturbances in the home health care setting. However, AOTA is concerned that unless both the occupational therapy LCD and the nursing LCD are implemented simultaneously, confusion will arise over the coverage for occupational therapy services and may result in beneficiaries lacking access to these services provided by occupational therapists. Because this LCD is only specific to one profession (i.e., nursing), it inadvertently fails to acknowledge occupational therapy as part of an interdisciplinary approach to home health care.

Alternatively, AOTA suggests that the same objective could be accomplished if Palmetto expands the scope of the Home Health Skilled Nursing Care-Teaching and Training LCD to include, rather than exclude, occupational therapy services as part of an interdisciplinary approach to home health care. Such an expansion of this draft LCD should also include renaming the LCD with a focus on the population and setting, rather than on profession (i.e., skilled nursing care). AOTA believes that Palmetto intends to encourage a patient-centered, interdisciplinary approach to the care of this patient population in the home care setting, and these changes would promote that intent.

AOTA believes that other Palmetto LCDs and coverage policies specific to home health care do not adequately address the services of occupational therapists that educate and train this population and their caregivers to function with Alzheimer's disease and related behavioral disturbances. In our review of this LCD, it came to AOTA's attention that Palmetto already has a final LCD titled Occupational Therapy for Home Health and a current local medical review policy (LMRP) titled Home Health Psychiatric Care.

Significantly, the Occupational Therapy for Home Health LCD does not describe the services offered by occupational therapists who educate and train Alzheimer's/dementia patients and their caregivers to function with the disease and potential related behavioral disturbances. The Occupational Therapy for Home Health LCD also does not reference AOTA's publication titled, *Occupational Therapy Practice Guidelines for Adults with Alzheimer's Disease* under the "Sources of Information and Basis for Decision" section; however, other equally relevant AOTA Occupational Therapy Practice Guidelines are referenced in that section (e.g., stroke; traumatic brain injury; chronic pain; spinal chord injury). AOTA considers this publication a primary source of information for occupational therapy provided in the home health setting. We have enclosed a copy for your reference with this comment letter. It is our understanding that the same issue exists with respect to Palmetto's Home Health Psychiatric Care LMRP. The Home Health Psychiatric Care policy does not specifically mention the role of occupational therapy services for patients suffering from dementia and related behavioral disturbances. One means to remedy these omissions is for Palmetto to revise the Occupational Therapy for Home Health LCD and the Home Health Psychiatric Care LMRP to specifically include the services of occupational therapists that educate and train this patient population and their caregivers.

Finally, AOTA is in favor of Palmetto's use of the International Classification of Functioning Disability and Health (ICF) system as a system for classifying functioning and disability and the contextual and personal factors relevant to therapeutic care plans for the Part A home health benefit, particularly with this patient population. AOTA is hopeful that the use of such a classification system can improve the quality of provider clinical documentation.

In sum, AOTA strongly urges Palmetto to: (1) draft an LCD specific to occupational therapy teaching and training with Alzheimer's disease patients and implement it simultaneously with the Skilled Nursing Care-Teaching and Training LCD, or (2) to expand the scope and rename the Home Health Skilled Nursing Care-Teaching and Training LCD to include occupational therapy services as part of an interdisciplinary approach to home health care for this population. AOTA also suggests that Palmetto consider revising its Occupational Therapy for Home Health LCD and its Home Health Psychiatric Care LMRP to specifically include the services of occupational therapists that educate and train this population and their caregivers to function with Alzheimer's disease and related behavioral disturbances.

AOTA requests that due consideration be given to these comments. Thank you, again, for the opportunity to comment on this LCD. We look forward to a continuing dialogue with Palmetto on these issues as they apply to occupational therapy.

Sincerely,



Sharmila Sandhu, Esq.
Regulatory Counsel

cc: Leslie Stein Lloyd, Esq.