

New Hampshire Veterans Home

P.O. Box 229, 139 Winter Street
Tilton, New Hampshire 03276-0229



Barry E. Conway
Commandant

Telephone 603-286-4412
FAX # 286-2416

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012
Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

May 26, 2009

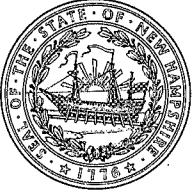
To Whom It May Concern:

I am a recreational therapist practicing in Tilton, NH. I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

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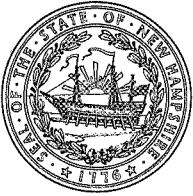
Thank you for your consideration of my views.

Sincerely,

A handwritten signature in black ink, appearing to read "Rose Gray".

Rose Gray, CTRS/L
139 Winter Street
Tilton, NH 03276-0229
603-527-4438

cc: ATRA National Office



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Barry E. Conway
Commandant

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Attention: CMS-1538-P
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May 27, 2009

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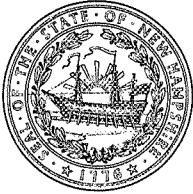
Thank you for your consideration of my views.

Sincerely,

A handwritten signature in black ink that reads "Christine Garrity CTRS/L".

Christine, Garrity CTRS/L
139 Winter Street
Tilton, NH 03276-0229
603-527-4438

cc: ATRA National Office



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Attention: CMS-1538-P

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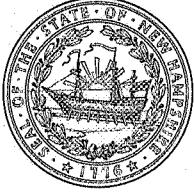
May 26, 2009

To Whom It May Concern:

I am a recreation therapist practicing in Tilton, NH. I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,

Maureen Campbell CTRS/L

Maureen Campbell, CTRS/L
NHVH
139 Winter Street
Tilton, NH 03276-0229
603-527-4889
cc: ATRA National Office



Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
PO Box 8012
Baltimore, MD 21244-8012
Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

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Mansfield Hospital and Corporate Offices – 335 Glessner Avenue, Mansfield, OH 44903-2265 – Phone (419) 526-8000
Shelby Hospital – 199 W. Main Street, Shelby, OH 44875-1439 – Phone (419) 342-5015

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include recreational therapy in the list of Three Hour Rule when ordered by a provided by a qualified recreational s should be reflected in both the manual. Furthermore, I would like to offer Congresswoman Tauscher and Charlene M. Frizzera, Acting

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
PO Box 8012
Baltimore, MD 21244-8012
Re: Proposed Rule for Medicare Program; I Payment System for Federal Fiscal Year 201

May 27, 2009

To Whom It May Concern:

I would like to take this opportunity to respond to the proposed rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System. The primary concern relates to the proposed change in the definition of "recreational therapy" which is used as a guideline for determining a patient's need for therapy services.

Under the current Three Hour Rule, the physician has the flexibility to determine, on a priority basis, what therapies are necessary for each patient in the IRF setting. A number of different types of "skilled modalities," including but not limited to speech therapy and orthotics/prosthetics. Under the proposed changes, however, intermediaries will not be permitted to count recreational therapy for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current law to allow only those therapies that may be counted toward the Three Hour Rule to be counted, such as speech and O&P only, leaving no discretion for clinicians to determine what other therapies are necessary for each patient. The modification also eliminates the use of "discretionary" therapy, despite the fact that recreational therapy is often necessary and ordered by a physician as part of a patient's treatment plan.

Elimination of recreational therapy as countable under the Three Hour Rule will have a negative impact on access to this important service and on the quality of care provided in inpatient rehabilitation. Further, the proposed changes do not reflect CMS policy on medical necessity and deferential treatment of patients with disabilities. Recreational therapy, when provided by a qualified therapist (nationally certified), has proven to have a significant positive impact on functional independence and independence measure (FIM) score gains for patients with disabilities (see Williams, R., et al, 2007 and Hawkins, 2008). Recreational therapy is also an important component of treatment for a variety of other patient populations.

Mansfield Hospital and Corporate Offices - 335 Glessner Avenue, Mansfield, OH 44903
Shelby Hospital - 199 W. Main Street, Shelby, OH 44875-1439 - Phone (419) 542-2111



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Department of Health and Human Services
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Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in the Hook Rehabilitation Center, Indianapolis, Indiana.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,

Vicki L. Scott MS, CTRS

Vicki L. Scott, MS, CTRS

Program Manager

Hook Rehabilitation Center

1500 N. Ritter Avenue, Indianapolis, IN 46219

317-355-3843



May 27, 2009

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am the Executive Director at the Hook Rehabilitation Center, Indianapolis, Indiana.

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Thank you for your consideration of my views.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas S. Beebe".

Douglas S. Beebe, MS, HFA
Executive Director
Hook Rehabilitation Center
1500 N. Ritter Avenue, Indianapolis, IN 46219
317-355-5249



Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in *Bloomington, IL*

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Thank you for your consideration of my views.

Sincerely,

Ashley Wall
Activity Director/ CTRS
700 E. Walnut
Bloomington, IL
(309) 827-8004

cc: ATRA National Office

Plymouth Court
105 Haggerty Road
Plymouth, MI 48170
734-455-0510
734-455-7359 Fax

Center for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012



Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Plymouth, Michigan.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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7/10/09
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a certified recreational therapist practicing in Harrisburg, Pennsylvania.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Potomac, Maryland.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Abby Lubran, CTRS
Volunteer & Program Coordinator
9200 Kentsdale Drive
Potomac, MD 20854
(301) 365-0561
abby@pcr-inc.org

cc: ATRA National Office

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program: Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a Recreational Therapist practicing in Doylestown, Pennsylvania.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O & P). Until recently over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O & P only leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the Three Hour Rule may have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational Therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have statistically positive effect on Functional Independence Measured (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R. , et, al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,

Brenda L. Hart
Brenda L. Hart, MS, MEd., CTRS
Therapeutic Recreation and Gerontology Services
2 Bellinghamshire Place
New Hope, PA 18938
215-794-5754

CC: ATRA National Office

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V Golden La
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7-5551
8@q.com

jacob effron

To: mbpmcomments@cms.hhs.gov
Cc: national@atra-tr.org

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in *Phoenix Arizona at the Phoenix Veteran Medical Center*.

I have been a Recreation Therapist for over 25 years and have seen the therapeutic value of recreation therapy for thousands of veterans.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consist-

Hazel Cypen



T O W E R

May 22nd, 2009

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am the Executive Director of Residential Living at Miami Jewish Home and Hospital, in Miami, Florida.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Concern:

therapeutic recreational specialist practicing here since 1993. I currently work in the rehabilitation field experiencing therapy is allowed to provide services in their involvement with therapeutic recreation.

I take this opportunity to respond to the Informational (IRF) Prospective Payment System changes to the proposed changes to the scope of therapy services to determine a patient's need for a rehabilitation plan.

Under the Three Hour Rule, the physician determines the priority basis, which skilled modalities of specific therapies are explicitly included: physical therapy (PT), occupational therapy (OT), and prosthetics (O&P). Until recently, recreational therapy services were not counted under the Three Hour Rule.

Proposed changes restrict the current language so that recreational therapy may be counted toward the total amount of therapy services at the physician's discretion for clinicians to determine a patient's need for a rehabilitation plan. As proposed, excluded therapy provided in an IRF must be included in the patient's treatment plan.

Recreational therapy as counting toward a patient's treatment plan is important to this important therapy and is a key component of recovery. Furthermore, such an exclusion is an infringement on the physician's judgment of the patient's needs. Recreational therapy professionals have been proven to have a statistically positive effect on both stroke and spinal cord injury patients (See Williams, R., et al., 2009) and is commonly utilized with patients.

I am requesting that CMS explicitly include recreational therapy as being counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in the Medicare Manual. Furthermore, I would like to thank Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzer, Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.


Michael Brodie, Certified Therapeutic Recreation Specialist
Adult Mental Health Services

ional Office

09

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to therapy and is not reflective of current practices in rehabilitation. Furthermore, such an exclusion is an infringement on the physician's judgment of the patient's needs. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gain in both stroke and spinal cord injury patients (See Williams, R., et al., 2009) and is commonly utilized with these patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Manual. Furthermore, I would like to offer my support and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzer, Administrator for CMS dated May 4, 2009.

I am a licensed Nursing Home Administrator, practice Assisted Living – so there is no direct self interest. I have seen the effect of focused therapeutic activity programs on the elderly and even good medical care cannot substitute the effect these have on the health, wellbeing and recovery of patients and residents. Thank you for your consideration of my views.

Sincerely,

Michael Brodie, Executive Director of Residential Life
5066 NE 2nd Avenue, Miami, FL 33137.
Phone: 305-762-1453
Email: mbrodie@mjhha.org

cc: ATRA National Office

COLER♥GOLDWATER

SPECIALTY HOSPITAL AND NURSING FACILITY

Roosevelt Island, New York 10044

June 3, 2009

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-1538-P

P.O. Box 8012

Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To whom it may concern:

I am the Director of Speech Pathology & Audiology Services at Coler♥Goldwater Specialty Hospital & Nursing Facility, a member of the New York City Health & Hospitals Corporation. Coler♥Goldwater is a two campus, 2,016 bed facility, providing rehabilitative, medical and long-term care to patients and residents suffering from a variety of conditions including stroke, spinal cord injuries, cerebral palsy, muscular dystrophy and accidental injuries.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principle concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapists are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact the recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.



Program of All-Inclusive Care for the Elderly

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am an RN and the Director of a PACE program in Miami, Florida.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

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FLORIDA
PACE
CENTERS

Program of All-Inclusive Care for the Elderly

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations. In the PACE model Recreational Therapy is an integral component of the interdisciplinary team and daily demonstrates the value of Therapeutic Recreation.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Karen S. Wells
Director, Florida PACE Centers, Inc.
5200 NE 2 Avenue
Miami, FL, 33137
305.795.8416

cc: ATRA National Office



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HOME & HOSPITAL
FOR THE AGED**

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At Douglas Gardens
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954.525.0955
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info@mjhha.org
www.mjhha.org

May 29, 2009

**Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012**

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that

Beneficiary agency of Greater Miami Jewish Federation United Way of Miami-Dade

Miami Jewish Home and Hospital for the Aged, Inc.

Alzheimer's NOTABLES Special Care Unit • Bella's Club • Brucker Biofeedback Center • Channeling Project • deHoernle Alzheimer's Pavilion • Douglas Gardens Ambulatory Health Center • Douglas Gardens Community Care • Douglas Gardens Community Mental Health Center of Miami Beach, Inc. • Douglas Gardens Home Care, Inc. • Douglas Gardens Hospice, Inc. • Douglas Gardens North-Jacobs & Wolfson Buildings • Douglas Gardens Senior Housing • Louis C. Fischer Alzheimer's Adult Day Services Program • Florida PACE Centers, Inc. • Florida's Teaching Nursing Home • Hazel Cypen Assisted Living Tower • Irving Cypen Independent Living Tower • May Learning Center • Memory Center at Douglas Gardens • Olson Hospital • Rosomoff Comprehensive Pain Center • Stein Gerontological Institute • Toppel Rehabilitation Center

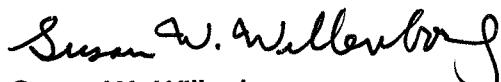
recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Susan W. Willenborg
Director of Volunteers

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012
Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Melrose Park, Illinois.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of



9000 W. College Pkwy. • Palos Hills, IL 60465-0937 • (708) 974-4300 • morainevalley.edu

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-1538-P

P.O. Box 8012

Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Palos Hills, Illinois.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

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Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.



Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
PO Box 8012
Baltimore, MD 21244-8012
Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

May 28, 2009

To Whom It May Concern:

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My primary concern relates to the proposed changes to the so called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy, occupational therapy, speech therapy and orthotics/prosthetics. Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (see Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

Mansfield Hospital and Corporate Offices - 335 Glessner Avenue, Mansfield, OH 44903-2265 - Phone (419) 526-8000
Shelby Hospital - 199 W. Main Street, Shelby, OH 44875-1439 - Phone (419) 342-5015

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**Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS – 1538-P
P.O. Box 8012
Baltimore, MD 21244-8012**

**Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010
(42 CFR, parts 412, May 6, 2009)**

To Whom It May Concern:

I am a recreational therapist practicing in Oklahoma City, Oklahoma.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called “Three Hour Rule” that is used as a guideline for determining a patient’s need for relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as “skilled modalities,” including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The purposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST, and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes

recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et all, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

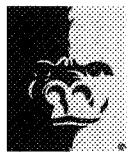
Thank you for your consideration of my views.

Sincerely,

Margaret M. Kierl, CTRS/ATRIC

**Margaret M. Kierl, CTRS/ATRIC
Certified Therapeutic Recreation Specialist
Valir Rehabilitation Hospital
700 N. W. 7th Street
Oklahoma City, OK 73102**

cc: ATRA National Office



Pittsburg State University

COLLEGE OF EDUCATION

Department of Health, Human Performance,
& Recreation

101 Student Recreation Center

1701 South Broadway • Pittsburg, KS 66762-7559

620/235-4665 fax: 620/235-4385

May 29, 2009

Centers for Medicare and Medicaid Services

Department of Health and Human Services

Attention: CMS-1538-P

P. O. Box 8012

Baltimore, MD 21244-8012

RE: Proposed Rule for Medicare Program

To Whom It May Concern:

I am a Certified Therapeutic Recreation Specialist educator at Pittsburg State University, Pittsburg, KS preparing students to be practitioners in this profession.

I would like to take this opportunity to respond to the Proposed Rule for Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My primary concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility in determining, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities", including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O & P). Until recently, over half the fiscal intermediaries permitted

Page 2

recreational therapy (RT) services (AKA Therapeutic Recreation – TR) to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST, and O & P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important and effective therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally Certified Therapeutic Recreation Therapist and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (see Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a wide variety of other patient populations. My own field experience in using recreational therapy is with survivors of traumatic brain injury, people with intellectual disabilities, and older persons with various physical and cognitive disabilities and this valuable service has helped these individuals to maintain and/or improve their functional abilities in all domains.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual.

Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my request.

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore , MD 21244-8012
Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

May 30, 2009

To Whom It May Concern:

I am a recreational therapist practicing in *Palo Alto, California.*

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on

medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Shawna Hill, CTRS

Lead Recreation Therapist

Spinal Cord Injury Homecare Program

Veterans Affairs Palo Alto Health Care System

3801 Miranda Avenue 11K, Palo Alto, CA 94304

650.493.5000 x63330

cc: ATRA National Office

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012
Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Melrose Park, Illinois.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

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I am therefore requesting that CMS explicitly include recreational therapy in the list of

therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,

A handwritten signature in black ink that reads "Sheri Lewis CTRS". The signature is fluid and cursive, with "Sheri Lewis" on top and "CTRS" on the bottom right.

Sheri L. Lewis CTRS
Recreational Therapist
1225 Lake Street
Melrose Park, IL 60160
(708) 938-7437

Ellisville State School



Renée Brett
Director

1101 Highway 11 South
Ellisville, Mississippi 39437-4444

Phone: (601) 477-9384
Fax: (601) 477-5700

May 27, 2009

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS - 1538 - P
P. O. Box 8012
Baltimore, MD 21233 - 8012

RE: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Ellisville and Canton, Mississippi.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics prosthetics (O&P). Until recently over half the fiscal intermediaries permitted recreation therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

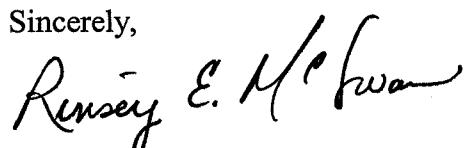
The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy s counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treatment physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Rinsey E. McSwain, CTRS
Ellisville State School
1101 Hwy. 11 South
Ellisville, Mississippi 39437
601-477-5864

RM/cds

cc: ATRA National Office

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Lincoln, Nebraska at the Lincoln Regional Center.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principle concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities", including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST, and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

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I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Lori Rasmussen
Certified Therapeutic Recreation Specialist
7031 Starr Street
Lincoln, NE 68505
402-325-0405

cc: ATRA National Office

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in New York, New York.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

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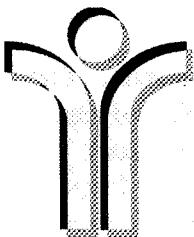
I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,

Priti Vaidya, CTRS

Priti Vaidya, CTRS
Recreation Therapist
525 68th Street Box 142
New York, New York 10021
(212) 746-1616



Rochester Rehabilitation Center, Inc.
1000 Elmwood Avenue, Suite 600
Rochester, NY 14620-3097
www.rochesterrehab.org
585-271-1894 ext. 674



May 22, 2009

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Rochester, NY .

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012
Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System
for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Huntington, West Virginia.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

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I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,

Danny Pettry II
Danny W. Pettry, II, MS, CTRS

Recreational Therapist
107 Albert Ave.
Beckley, WV 25801-2001
Email: danny@dannypettry.com
Phone: 304-412-4065

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Altoona, Pennsylvania.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

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Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state



HEALTHSOUTH

Rehabilitation Hospital of Altoona

licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Shelly Beaver, MS, CTRS
HealthSouth Rehabilitation Hospital of Altoona
2005 Valley View Blvd.
Altoona, PA 16602
(814) 944-3535

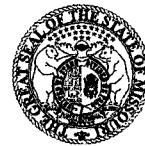
cc: ATRA National Office



2005 Valley View Boulevard • Altoona, PA 16602 • 814 944-3535 • Fax 814 944-6160



Jeremiah W. (Jay) Nixon
Governor



Dick Gregory, Ph.D.
Regional Executive Officer

Keith Schafer, Ed.D.
Director, Department of Mental Health

State of Missouri
Department of Mental Health
Comprehensive Psychiatric Services

Mary Attebury
Chief Operating Officer

Joseph Parks, M.D.
Director, Division of
Comprehensive Psychiatric Services

Northwest Missouri Psychiatric Rehabilitation Center

James B. Reynolds, M.D.
Medical Director

3505 Frederick Avenue
St. Joseph, MO 64506
(816) 387-2300
FAX (816) 387-2329

May 22, 2009

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in St. Joseph, Missouri.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy



**MIAMI JEWISH
HOME & HOSPITAL
FOR THE AGED**

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**Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012**

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Miami, Florida. I currently oversee 12 Therapeutic Recreation Assistants and 13 transporters. We provide our services to well over 700 elderly residents from the ages of 45-105. Recreation Therapy services is the backbone and is in the DNA of our organization. Without our services, the majority of these elderly residents do not have anything else to look for it in their day.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

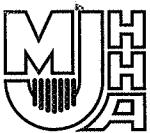
Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

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Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation.
Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

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Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,

Luciana R. Loureiro, BS, CTRS

Therapeutic Recreation Director

5200 NE 2nd Avenue

Miami-Florida.33137

305 762-1370



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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a board-certified music therapist practicing in Miami, Florida.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

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therapy provided in an IRF must be medically necessary and
ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,

Joseph T. Goelz, MT-BC

Music Therapist and Clinical Practicum Supervisor

5200 NE 2nd Avenue

Miami, FL 33137

305-751-8626 x2368

cc:ATRA National Office

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**Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012**

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am the Director of Pulmonary Services and Assistant Professor of Medicine at University of Miami/Miller School of Medicine. practicing in Miami, Florida.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians like myself to determine the appropriate mix of

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

My name is Dana Ryder and I am a program director of mental health services in Miami, FL.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

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Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Dana Ryder B.S. NCAC1
Program Director
5200 NE 2nd Ave
Miami, FL 33137
305 514 8528

cc: ATRA National Office

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412)

To Whom It May Concern:

I am an employee at a nursing home facility in Miami, FL. I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

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I am therefore asking that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed), to be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,


Libby Giostra
Miami Jewish Home
5200 NE 2 Avenue
Miami, FL 33137

cc: ATRA National Office

The proposed changes restrict the current language of the "Three Hour Rule" by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Elimination of recreational therapy as counting toward the "Three Hour Rule" will have a major negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the "Three Hour Rule" when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (CTRS – through NCTRC and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Michele Collins, MS CTRS
Assistant Director of Therapeutic Services
Essex County Hospital Center
204 Grove Avenue
Cedar Grove, NJ 07009
973 571 2891

Cc: ATRA National Office

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012
Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Melrose Park, Illinois.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Thank you for your consideration of my views.

Sincerely,

A handwritten signature in cursive ink. It appears to read "Sheri Lewis CTRS". The "S" and "L" are capitalized and connected. "Lewis" is written below it, and "CTRS" is written in a smaller font to the right.

Sheri L. Lewis CTRS
Recreational Therapist
1225 Lake Street
Melrose Park, IL 60160
(708) 938-7437

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012

Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Melrose Park, Illinois.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Thank you for your consideration of my views.

Sincerely,

A handwritten signature in black ink, appearing to read "Marilyn Terse".

Marilyn Terse, CTRS
Recreational Therapist
1225 Lake Street
Melrose Park, IL 60160
(708) 938-7027

May 27, 2009

**Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012**

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Gainesville, Florida.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

SHARP® Mesa Vista
Hospital

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Caren Travaille
Certified Therapeutic Recreation Specialist
7850 Vista Hill Ave.
San Diego, CA 92123
858-694-8320

**Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012**

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Hoffman Estates, IL.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a nurse practicing in Billings, Montana.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional. This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009..

Thank you for your consideration of my views.

Sincerely,

M.L. Funderingsland, RN

cc: ATRA National Office

May 22, 2009

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Catawba, VA.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

Under the current Three Hour Rule, the physician and rehabilitation team are given flexibility to determine, on a priority basis, which skilled modalities are appropriate for each patient in the IRF setting. A number of specific therapies are explicitly identified as "skilled modalities," including but not limited to physical therapy (PT), occupational therapy (OT), speech language pathology (ST), and orthotics and prosthetics (O&P). Until recently, over half of the fiscal intermediaries permitted recreational therapy services to be counted as a skilled modality for purposes of qualifying under the Three Hour Rule.

The proposed changes restrict the current language of the Three Hour Rule by limiting the therapies that may be counted toward the total amount of therapy time to PT, OT, ST and O&P only, leaving no discretion for clinicians to determine the appropriate mix of therapy services for each patient. The modification, as proposed, excludes recreational therapy, despite the fact that recreational therapy provided in an IRF must be medically necessary and ordered by a physician as part of the patient's treatment plan.

Centers for Medicare & Medicaid Services
Department of Health and Human Services

Attention: CMS-1538-P

P.O. Box 8012

Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Salem, Oregon at the Oregon State Hospital.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy and is not reflective of current practices in inpatient rehabilitation. Furthermore, such an exclusion is not consistent with CMS policy on medical necessity and deference to the judgment of the treating physician. Recreational therapy, when provided by a qualified recreational therapy professional (nationally certified and/or state licensed), has proven to have a statistically positive effect on Functional Independence Measure (FIM) score gains for both stroke and spinal cord injury patients (See Williams, R., et al, 2007 and Hawkins, B., 2009) and is commonly utilized with a variety of other patient populations.

May 24, 2009

Page 1 of 2

348 Eastwood Terrace
Boca Raton, FL 33431-8264

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule fo Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42CFR, parts 412, May 6, 2009)

To Whom It May Concern,

I am a recreational therapist practicing in Boca Raton city and Florida state.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Faculty (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Page 2 Roslyn K. Rudolph

positive effect on Functional Independence Measure (FIM) scores gain for both stroke and spinal cord injury patients(see Williams, R., et al, 2007 and Hawkins,B.,2009) and is commonly utilized with a variety of other patient populations.

I am therefore requesting that CMS explicitly include recreational therapy in the list of therapy services that may be counted under the Three Hour Rule when ordered by a physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congressman Taucher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Roslyn K. Rudolph, M.A., M.Ed.,
Certified Therapeutic Recreation Specialist
348 Eastwood Terrace
Boca Raton, FL 33431-8264
Cell: 561-715-9624

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing at the Veterans Hospital in Temple, Texas.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Thank you for your consideration of my views.

Sincerely,

Lloyd Clark, CTRS
Recreation Therapist
Teague Veterans Center
1901 Memorial Drive
Temple, TX 76504
254-534-4348

cc: ATRA National Office

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in *Rexburg, Idaho*.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Thank you for your consideration of my views.

Sincerely,


Janell Bettinger, MBA, CTRS
44 S 2nd E #24
Rexburg, ID 83440
208-313-5128

cc: ATRA National Office



Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Palmerton, PA.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Elimination of recreational therapy as counting toward the Three Hour Rule will have a negative impact on access to this important therapy

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)
To Whom It May Concern:

I am a recreational therapist practicing in Denver, CO.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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physician as part of a patient's plan of care and provided by a qualified recreational therapy professional (nationally certified and/or state licensed). This should be reflected in both the regulations and the Medicare Benefits Policy Manual. Furthermore, I would like to offer my support to the position and request made by Congresswoman Tauscher and Congressman Thompson in their letter to Ms. Charlene M. Frizzera, Acting Administrator for CMS dated May 4, 2009.

Thank you for your consideration of my views.

Sincerely,



Stephen S Hook, CTRS
Recreation Director
Uptown Health Care Center
745 E 18th Ave.
Denver, CO. 80203
303-860-0500

cc: ATRA National Office

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Proposed Rule for Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010 (42 CFR, parts 412, May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Lauderdale Lakes, Florida

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1538-P
P.O. Box 8012
Baltimore, MD 21244-8012

~~RECEIVED~~

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2,

Re: Proposed Rule for Medicare Program; Inpatient Prospective Payment System for Federal Fiscal Year 2010
(May 6, 2009)

To Whom It May Concern:

I am a recreational therapist practicing in Nashville, Tennessee and I have 20+ years of experience in the field of Recreation Therapy. I have received a Bachelor's of Education with a concentration of Therapeutic Recreation. I cannot even begin to understand any proposed rulings that might not view Recreation Therapy services as a necessary treatment modality, especially in a time of need for the Baby Boom population, the "No Child Left Behind Act" (least restrictive environment) and accessibility for all persons with disabilities. These populations are given a better quality of life with Recreation Therapy services and statistics show medical/therapeutic improvement in many populations that have received these services. This Proposed Rule could force all my years of study and experience to be null and void. I would be obsolete. Please reconsider this ruling for a professional field that needs to be acknowledged as such.

I would like to take this opportunity to respond to the Proposed Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year 2010. My principal concern relates to the proposed changes to the so-called "Three Hour Rule" that is used as a guideline for determining a patient's need for a relatively intense level of therapy services.

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