

July 8, 2019

Michelle Tyus  
Bureau of Medicaid Long-Term Care Services and Support  
Medical Services Administration  
P.O. Box 30479  
Lansing, Michigan 48909-7979

**RE: 1914-Therapy**

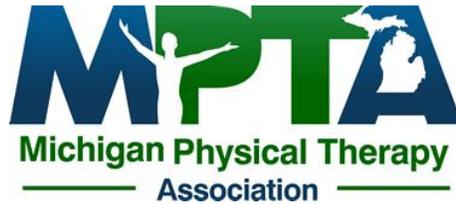
Dear Ms. Tyus,

I am writing on behalf of the Michigan Physical Therapy Association (MPTA) in regard to Project Number 1914-Therapy, Clarification of Home Health Therapy Services in the Medicaid Provider Manual.

The MPTA has several concerns about the proposed change. First and foremost is the concern of reducing the ability of home care services to be provided in a timely manner to help in preventing costly readmissions for the most complex patients. The second greatest concern is that of reduced access for Medicaid beneficiaries through attrition of providers willing to accept Medicaid due to additional layers of administrative burden.

The addition of a 15 business day/3 calendar week prior authorization period would be highly problematic in several ways:

- The prior authorization requirement already adversely impacts those with more severe and chronic medical disabilities who require rehabilitative services more than once a year to maintain their level of function and prevent further disability and who may exceed the 60 day/24 visit threshold. The addition of a 15 business day/3 calendar week (or greater) authorization period would substantially impact the ability of these individuals to receive timely, medically necessary rehabilitative care.
- It could lead to delays in hospital discharge and longer length of stay in patients for whom therapy services is a critical component of their discharge plan. Rarely is there a 3 week advanced notice prior to discharge. This may result in greater costs associated with unnecessary use of short-term skilled nursing facility stays and/or longer post-acute inpatient rehabilitation stays for those patients who would not be able to receive essential and timely home health care to permit a safe discharge to home.
- There does not appear to be any guarantee of a timely response to the request for authorization, which could result in delays in the start of care much greater than 15 business days/3 calendar weeks. That is, the policy language appears to require providers to submit a request 15 days in advance of a start of care but does not require Medicaid to issue approval in any specified amount of time nor does it clearly indicate that providers may initiate treatment prior to receiving approval if not received prior to the 3 calendar week period. Private payers using prior authorization mechanisms are able to provide either real-time approval or approval within 24-48 hours even for additional episodes of care. Medicaid beneficiaries deserve the same level of timely access to necessary care.



- It is not always clear or easy to determine whether a patient had received home health PT from a different agency within the preceding year and how many visits the patient had received which will cause confusion when trying to determine whether prior authorization is necessary.
- The proposed language is not clear as to the circumstances that would require prior authorization. It states that prior authorization is required if “the beneficiary has not received home health therapy services within the calendar year” **AND** “services do not exceed the visit maximum.”
  - Is this interpreted to mean that prior authorization is not required if the patient received services in that year but the current episode of care remained under 60 days/24 visits? Is the 24 visit maximum a per episode maximum or is it cumulative across episodes?

MPTA notes that Michigan citizens enrolled in the Medicaid program and who are in need of home health services are often more complex with a greater number of co-morbidities and are subject to significant health care disparities. Given their homebound status, they are likely to have reduced physician access and are therefore in greater need of services from the in-home interdisciplinary team including rehabilitation services. Policies that inappropriately limit access to the interdisciplinary home health team may result in higher hospital re-admission rates and worse health outcomes.

Therefore, MPTA recommends consideration be given to a policy which allows for initiation of care following an inpatient (acute care, IRF, SNF, or even LTACH) stay or the onset of a new condition or complication, regardless of having received prior home health PT within the preceding year. Additionally, for those who had received previous care and who will exceed the 24 visit limit, sufficient additional visits for a new episode of care should be allowed while waiting 3 or more calendar weeks for authorization.

Thank you for consideration of these comments. Please feel free to contact me with questions.

Sincerely,

A handwritten signature in black ink that reads 'Michael Shoemaker'.

Michael J. Shoemaker, PT, DPT, PhD  
President

Michigan Physical Therapy Association

Board-Certified Geriatric Physical Therapist  
Associate Professor of Physical Therapy  
Grand Valley State University  
Cook-DeVos Center for Health Sciences, Suite 200  
301 Michigan Street N.E.  
Grand Rapids, MI 49503-3314

Phone: (616) 331-3509  
Fax: (616) 331-5999  
Email: shoemami@gvsu.edu