



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
Commissioner

James W. Clyne, Jr.  
Executive Deputy Commissioner

January 26, 2010

***DAL: HCBS 10-01***

***Subject: Medication Reviews by PTs***

Dear Administrator:

The purpose of this letter is to clarify the role of physical therapists in completing comprehensive assessments including drug regimen reviews for certified home health agency (CHHA) and long term home health care program (LTHHCP) patients who are receiving therapy services only.

## **Background:**

The Federal Home Health Agency Medicare/Medicaid Conditions of Participation require that providers conduct a comprehensive assessment including a drug regimen review (DRR) for all patients as outlined in 42 CFR 484.55. This regulation became effective February 24, 1999 and permits the completion of the comprehensive assessment by the appropriate therapist for therapy-only cases.

Recently, concerns regarding the propriety of physical therapists (PTs) conducting medication regimen reviews were raised with the Board for Physical Therapy in the New York State Education Department's Office of the Professions. The State Board for Physical Therapy determined that the conduct of a drug regimen review is outside the scope of permissible practice for physical therapists.

## **Discussion:**

Discussions with the CMS and the State Board for Physical Therapy determined that the comprehensive assessment may be completed by a physical therapist only if the agency has implemented a policy and procedure that requires collaboration between the physical therapist and other agency staff. The physical therapist, in this situation will:

- collect information on all the medications used by the patient, including any overt issues regarding the drug regimen, e.g. rash, obvious non-compliance with regimen, continued presence of symptoms such as pain;
- document and report this information back to the designated drug regimen reviewer at the agency; and

- document the receipt of the findings from the designated reviewer when the DRR is complete and what, if any, actions were taken to address issues identified by the review to the extent required to complete the assessment. The physical therapist cannot make medication changes, but can document that such changes were made, by whom and what they were. The date of receipt of this information from the reviewer by the PT will be the completion date of the assessment (M0090) as directed in the CMS OASIS-C Guidance Manual, Chapter 3 page L-1.

The designated drug regimen reviewer must document the review including date and signature in the clinical record. If areas of concern are identified during the DRR, the agency must notify the physician and obtain orders for any nursing intervention to further assess and resolve issues and educate the patient regarding medication changes and management. Documentation in the clinical record by the designated reviewer must include all actions reflected in the DRR.

**Implications for Surveillance:**

Survey staff will continue to interview physical therapists about their role, if any, in conducting comprehensive assessments for therapy only cases. Survey staff may ask to review the agency's policies and procedures related to the DRR to evaluate the appropriateness and accuracy of the drug regimen review. Agencies that do not have such policies and procedures or whose policies lack specificity, should work diligently to ensure their development, revision and/or implementation.

**Additional Information:**

For questions or additional information on this directive, contact the New York State Department of Health, Division of Home and Community Based Services, Bureau of Quality Assurance and Licensure at (518) 408-1638.

Sincerely,



Rebecca Fuller Gray, Assistant Director  
Division of Home and Community Based  
Services