

May 28, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
ATTN: CMS–1802–P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2025

Dear Administrator Brooks-LaSure:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write in response to the skilled nursing facility (SNF) prospective payment system proposed rule for fiscal year (FY) 2025.

ASHA is the national professional, scientific, and credentialing association for 234,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. SLPs provide critical services to patients in SNFs and have a vested interest in ensuring that the payment system reflects the value of speech-language pathology services and supports access to care for Medicare beneficiaries.

VI. Skilled Nursing Facility Quality Reporting Program (SNF QRP)
C. Proposal to Collect Four Additional Items as Standardized Patient Assessment Data
Elements and Modify One Item Collected as a Standardized Patient Assessment Data
Element Beginning With the FY 2027 SNF QRP

The Centers for Medicare & Medicaid Services (CMS) proposes to add four new standardized assessment items to the Minimum Data Set (MDS) associated with social determinants of health (SDOH); one item for "Living Situation," two items for "Food," and one item for "Utilities." It also proposes to modify the current "Transportation" item.

ASHA agrees that SDOH—or the nonmedical factors such as where people are born, live, learn, work, play, worship, and age—affect a wide range of health, functioning, and quality-of-life outcomes and risks. The identification, documentation, and intervention of such factors is essential for equitable, high-quality, holistic, patient-centered care. In line with CMS' goal to transition virtually all Medicare and Medicaid beneficiaries into accountable care relationships by 2030, we acknowledge the health equity implications of including SDOH assessment items in the SNF QRP. We support the practice of early and holistic identification and treatment of upstream factors to improve downstream outcomes and costs.

Therefore, ASHA strongly supports data collection associated with SDOH and recommends CMS finalize these proposals.

## IX. Collection of Information Requirements

## 3. ICRs Regarding the MDS Beginning October 1, 2025

CMS proposes to remove the physical and occupational therapy and speech-language pathology minutes (individual, group, and concurrent) from the MDS five-day assessment effective October 1, 2025. While ASHA recognizes data collection associated with therapy minutes does add some minor administrative burden, we believe that it is in CMS' best interest to maintain these items because they do indirectly impact payment.

For example, while the number of minutes of therapy provided does not directly influence payment under the Patient Driven Payment Model (PDPM) as it did under the predecessor model (Resource Utilization Groups), if the patient qualifies for a therapy payment under PDPM, the SNF gets that payment regardless of whether any therapy is provided. Collecting therapy minutes allows CMS to ensure that when they make a therapy payment, therapy services are actually delivered. In addition, CMS has imposed a limitation of 25% for group and concurrent therapy combined. Tracking these minutes consistently across the episode ensures that SNFs are complying with this limitation.

Finally, CMS has shared data that shows therapy delivery has dropped since implementation of PDPM and payments to SNFs have exceeded costs significantly. Accountability for delivering medically necessary services and demonstrating that payments are tied to the costs of these services is a critically important safeguard for the Medicare trust fund and beneficiaries.

Therefore, ASHA strongly opposes the removal of these assessment items.

Thank you for considering ASHA's comments. If you have questions regarding SDOH, please contact Rebecca Bowen, ASHA's director for value and innovation, at <a href="mailto:rbowen@asha.org">rbowen@asha.org</a>. If you have questions regarding the MDS changes proposed, please contact Sarah Warren, ASHA's director for health care policy for Medicare, at <a href="mailto:swarren@asha.org">swarren@asha.org</a>.

Sincerely,

Tena L. McNamara, AuD, CCC-A/SLP

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2024 ASHA President