ASHA
American
Speech-Language-Hearing
Association

May 31, 2023

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
CMS–1781–P
P.O. Box 8016
Baltimore, MD 21244–8016

RE: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2024 and Updates to the IRF Quality Reporting Program

Dear Administrator Brooks-LaSure:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the prior authorization related provisions within the above referenced proposed rule and requests for information.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Many ASHA speech-language pathology members work in inpatient rehabilitation facilities (IRFs) and, as a result, have a vested interest in ensuring that the regulatory and payment policies are appropriate to ensure Medicare beneficiary access to this critical level of care.

VIII. C. Overview of IRF QRP Quality Measure Proposals

COVID-19 Vaccination Coverage among Healthcare Personnel (HCP COVID-19 Vaccine) Measure

On May 1, 2023, the White House announced that COVID-19 vaccine requirements for federal employees, federal contractors, and international air travelers will end on May 11, the same day the federal public health emergency ended. In addition, the Departments of Health and Human Services (HHS) and Homeland Security (DHS) announced they will begin the process of ending their vaccine requirements for Head Start educators, health care facilities certified by the Centers for Medicare & Medicaid Services (CMS), and certain noncitizens at the United States' land border. **ASHA requests that CMS clarify that the elimination of vaccine "mandates" will not impact the adoption or use of the proposed COVID-19 Vaccination Coverage among Healthcare Personnel (HCP COVID-19 Vaccine) measure**.

Discharge Function Score (DC Function) Measure

ASHA agrees that determining if improvement or maintenance of function has occurred upon discharge from a post-acute episode of care is critically important to ensure Medicare beneficiaries are getting quality care and achieving the outcomes they require to move on to the next level of care. To that end, CMS proposes to replace the Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment/a Care Plan That Addresses Function (Application of Functional Assessment/Care Plan) and the Application of the IRF Functional Outcome Measures: Change in Self-Care Score for Medical

Rehabilitation Patients (Change in Self-Care Score) measure; and the Change in Mobility Score for Medical Rehabilitation Patients (Change in Mobility Score) measure with the Discharge Function Measure.

While mobility and self-care are critical elements of function, ASHA reiterates our longstanding concern that Section GG of the Minimum Data Set (MDS) and the measures that CMS has adopted and proposed to date associated with function, are insufficient to capture all associated functional domains including communication and cognition. An incomplete assessment of holistic functions does not adequately capture the outcomes required for safety and independence. ASHA remains committed to assisting CMS and post-acute care providers, such as skilled nursing facilities, to address all domains of function.

VIII. D. Principles for Selecting and Prioritizing IRF QRP Quality Measures and Concepts Under Consideration for Future Years—Request for Information (RFI)

CMS includes a request for information on the availability of cognitive function measures outside of the IRF quality reporting program (QRP) that may be available for immediate use or that may be adapted or developed for use in the IRF QRP, using the Brief Interview of Mental Status (BIMS), Confusion Assessment Method (CAM©), PROMIS Cognitive Function short forms, and PROMIS Neuro-QoL, or other instruments. In addition, CMS seeks input on the feasibility of measuring improvement in cognitive function during an IRF stay; the cognitive skills (e.g, executive functions) that are more likely to improve during an IRF stay; conditions for which measures of maintenance—rather than improvement in cognitive function—are more practical; and the types of intervention that have been demonstrated to assist in improving or maintaining cognitive function.

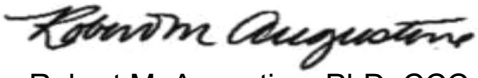
ASHA appreciates CMS's continued commitment to developing assessment tools and quality measures that are reflective of the full range of illnesses and injuries that IRF patients may experience, including those that impact cognition. However, ASHA has long maintained that the BIMS is insufficient and has encouraged CMS to identify a different way to capture cognitive function. The primary challenges to adopting a different instrument remain the proprietary nature of many cognitive assessment tools and the length of such tools, which leads to concerns about administrative burdens. Despite these barriers to replacing the BIMS at this time, ASHA looks forward to continuing to work with CMS to identify a replacement as soon as practicable.

The BIMS was developed to screen for the presence or absence of a cognitive impairment, not to diagnose or to track change. It is designed to assess only very basic elements of cognition (e.g., attention, short-term memory, verbal interaction). BIMS is an insufficient method for assessing cognition because it does not capture deficits related to executive functioning, judgment, reasoning, and other higher level cognitive functions, which are crucial for safety and community reintegration.[1] The scale is too limited to be used to track changes with sufficient sensitivity and shows low sensitivity identifying those cognitive deficits that impact community placement.[2] In addition, the constructs being measured by the data elements are not the constructs that are typically the focus of therapy. For example, if short-term memory is impaired, speech-language pathologists will likely determine which compensatory strategies are needed to facilitate the patient's functioning given their memory impairment and teach the patient and family members how to best employ these strategies. One would not expect the patient's BIMS score to improve with treatment; thus, the BIMS would be a very poor choice of data elements by which to measure outcomes. ASHA maintains that none of the BIMS data elements should

be used to assess the patient's functional status at any point during the episode of care to determine if there was an improvement in that status.

Thank you for your consideration of our comments. If you have any questions, please contact Sarah Warren, MA, ASHA's director of health care policy for Medicare, at swarren@asha.org.

Sincerely,



Robert M. Augustine, PhD, CCC-SLP
2023 ASHA President

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[1] Marks TS, Giles GM, Al-Heizan MO, Edwards DF. How Well Does the Brief Interview for Mental Status Identify Risk for Cognition Mediated Functional Impairment in a Community Sample? Arch Rehabil Res Clin Transl. 2021 Jan 13;3(1):100102. doi: 10.1016/j.arrct.2021.100102. PMID: 33778475; PMCID: PMC7984985.
[2] Ibid.