

SUMMARY

Subpart H—Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services

§ 485.703 Definitions.

Extension locations are now defined.

The definition of a rehabilitation agency has been changed to an agency that provides at least physical therapy or speech-language pathology services. Social or vocational adjustment services are no longer required.

§ 485.711 Condition of participation: Plan of care and physician involvement.

The introductory paragraph was changed to delete the need for a physician to be available to furnish necessary medical care in case of an emergency.

§ 485.711(b)(3) was changed by dropping the requirement for the plan of care to be reviewed every 30 days for Medicare patients. Now, the plan of care is to be reviewed by the physician or by the individual who established the plan at least as often as the patient's condition requires, and the indicated action is taken. The reference to § 410.61 has been deleted.

The payment rules indicated the plan of care must be reviewed at least every 90 days.

§ 485.711(c) was changed by dropping the requirement that one or more doctors of medicine or osteopathy be available on call to furnish necessary medical care in case of emergency.

§ 485.717 Condition of participation: Rehabilitation program.

The introductory paragraph was changed to delete social or vocational adjustment services.

§ 485.717(a) was completely revised. It no longer refers to social or vocational adjustment services but instead refers to therapy services furnished by qualified individuals as direct services and services provided under contract.

§ 485.717(b) was also revised to remove all references to social or vocational adjustment services and was renumbered.

Effective Date: January 1, 2009.