NATIONALLY SPEAKING

Delineating Skilled Versus Nonskilled Services: A Defining Point in Our Professional Evolution

We are poised at a major crossroad in the evolution of our profession. Like so many signs at each corner of an intersection, the issues before us today point us in many different directions at the same time, for example: salary equivalency, multiskilled therapists, cross training, the definition of professional competencies, establishment of standards of practice, critical pathways, and development of prospective payment guidelines to compete within the managed care arena. Delineating the difference between skilled occupational therapy services and nonskilled caregiving services is at the center of our crossroad. Although each of these issues will require a specific and unique response, the distinction between skilled and nonskilled services is the common denominator for all of them. Thus, the differentiation between these two levels of service will lay a common foundation upon which to build a coherent and interlocking response to all of these other related issues. To initiate a discussion on this topic, the following questions are posed:

- Which, if any, of the services we provide are nonskilled in nature?
- Is there a point in the course of treatment that skilled services become nonskilled services?
- What, if any, skilled services could be provided by an aide under supervision?

The Medicare guidelines that speak to this issue are an excellent source to begin our discussion. Medicare is the largest payer source for rehabilitation and is the only payer that has developed and published guidelines related to skilled services. In recent years, Medicare has sought and obtained the input of AOTA and other national professional associations in the review and revision of its guidelines. Today, these guidelines have become the accepted benchmarks for all private sector payers.

The conceptual framework that forms the basis for the specific guidelines defines skilled services as those that require the knowledge, skills, and judgment of a therapist for the treatment and amelioration of impairments and disabilities caused by a medical condition (K. Young, personal communication, August 1992). Within this context, the following definitions are understood:

- **Knowledge**: A course of academic preparation specifically related to the services required by the medical condition.
- **Skills**: A specific array of technical assessment and treatment interventions appropriate to each population served that are acquired through an academic and clinical training program followed by a supervised clinical affiliation, continuing education, and clinical experience.
- **Judgment**: The ability to apply professional practice standards to decide whether a given client requires intervention and the knowledge and skills required to appropriately treat a given condition and to decide when treatment should be discontinued.

Medicare Guidelines: HCFA Pub. 13-3 Section 3906, Medical Review of Part B Intermediary Outpatient Occupational Therapy Services

The following definitions and guidelines related to skilled and nonskilled services come from the Health Care Financing Administration’s Medicare Hospital Manual 10.

**Skilled Occupational Therapy**

The occupational therapist modifies the specific activity by using adapted equipment, making changes in the environment and surrounding objects, altering procedures for accomplishing the task, and providing specialized assistance to meet the client’s current and potential abilities. Skilled services include, but are not limited to, reasonable and necessary evaluation of the client
determination of effective goals and
services with the client, family, caregiver, or other medical professionals
• analysis and modification of functional tasks
• provision of task instruction(s) to the client, family, or caregiver
• periodic reevaluation of the client’s status, with corresponding readjustment of the occupational therapy program.

Hospital Intermediary Manual (HIM10) Section 211c

Reimbursement for hospitalization after the initial evaluation will be made only in those cases where the initial evaluation results in a conclusion that a significant practical improvement can be expected in a reasonable period of time...there must be an expectation of and improvement that would be of practical benefit to the patient.

Reasonable and Necessary

There must be an expectation that the condition will improve significantly in a reasonable and generally predictable period of time...or the services must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific disease state.

Significant

Significant means a generally measurable and substantial increase in the client’s present level of functional independence and competence compared with that when treatment was initiated.

Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Services

Maintenance Program—The repetitive services required to maintain function generally do not involve complex and sophisticated physical and occupational therapy procedures, and consequently the judgment and skill of a qualified physical and occupational therapist are not required for safety and effectiveness. However...the specialized knowledge and judgment of a qualified physical and occupational therapist may be required to establish a maintenance program.

These definitions and guidelines suggest that there is neither a single nor an arbitrary distinction between skilled and nonskilled services. Instead, they indicate that distinguishing criteria must be based on both static and dynamic definitions of skilled services. The static definition would describe what constitutes skilled services (i.e., the required knowledge and skills). The dynamic definition would describe when such services are skilled (i.e., the professional judgment as to whether treatment is reasonable and necessary and whether a client is making significant, practical improvement).

Static Definition

Skilled occupational therapy services are those services that
• are based on a formal course of occupational therapy academic and clinical preparation
• are related to a medical condition
• are directed toward the amelioration of impairments and disabilities for the purpose of reducing safety risks, preventing secondary complications, and facilitating a client’s attainment of daily living independence that is higher than his or her existing level of independence.

Skilled occupational therapy services also are those services that require an occupational therapist’s knowledge and skills to
• evaluate, identify, and measure the impairments, functional limitations, and disabilities caused by the medical condition
• establish measurable functional outcome goals
• establish a treatment plan that is designed to facilitate the client’s attainment of the outcome goals
• establish a client–family education and training plan
• implement the treatment plan and the client–family education plan
• monitor client progress toward the outcome goals and make adjustments in the treatment plan when indicated to ensure the client’s attainment of the outcome goals
• determine when the client has met the established goals, no longer requires skilled services to continue progress toward the outcome goals, or can no longer benefit from any level of service
• develop and implement a maintenance program...periodically reevaluate the client to determine whether the program needs to be modified and to make appropriate modifications when indicated.

Dynamic Definition

The services described above are considered to be skilled when, in the judgment of the occupational therapist:
• The client holds a prognosis to attain a level of function that is significantly higher than his or her existing level, and the client will be able to maintain that level of function in the absence of continued therapeutic intervention
• The services will and do reduce disabilities.
• The services will and do produce continuous, significant improvement in a client’s level of functional independence
• The services will and do result in a client’s movement from a more intense level of assistance to a less intense level.

Conclusion

The answers to the questions posed at the beginning of this article will require discussion among our membership and leadership from the state and national boards. Although there will be diversity in our perception and response to them, we must strive for a consensus that all can live with professionally. We can move toward a consensus on the basis of the commonality of our clinical experience. At one time or another, we all have encountered clients with medical conditions that resulted in impairments and disabilities but did not require or would not benefit from occupational therapy intervention. Further, of those clients who required skilled intervention, we found that not all required a
skilled level of service throughout the entire course of their rehabilitation. Finally, we know that the mere application of a skilled service, as defined above, does not in and of itself mean the service is skilled. Depending on a client’s response to therapy, an intervention could be skilled at one point and non-skilled at another.

Finally, to be useful in our day-to-day clinical practice, the definition of skilled services must be applicable in all settings, regardless of the type or age of the population served. Further, it must account for the fact that the boundary between skilled and nonskilled services will not be the same for all populations served nor for all persons within a given population. The definition must recognize that the determination of this boundary must be based on outcome-oriented clinical judgment criteria. That is, the boundary cannot be drawn on the basis of the types of tasks alone but rather, on the basis of the client’s expected and actual response to intervention.

Returning to the Medicare guidelines, the distinction between skilled and nonskilled services lies more in the medical necessity of intervention than in the intervention per se. That is, is treatment reasonable and necessary to the client’s condition? Will treatment result in significant, practical improvement, and is it in fact resulting in significant, practical improvement? When the answer to these questions is yes, then the services are skilled. When the answer is no, the services are caregiving. The issue before us, then, is to develop objective criteria for the determination of the yes and no responses to these medical necessity questions.

Reference