

“Big changes to Medicare’s skilled services”
(October 25, 2012)

Historically, individuals receiving skilled services through Medicare have been subject to a “failure to improve” threshold in order to determine whether or not services would continue. What this means is that once a patient hit a “plateau” in his/her functional status and was no longer making significant improvements, Medicare typically terminated further therapies.

Last week, the Center for Medicare Advocacy and the Centers for Medicare and Medicaid Services (CMS) have agreed to settle the case of *Jimmo v. Sebelius*, thereby eliminating the “failure to improve” standard. As a result, Medicare will now be required to pay for services if they are needed to “maintain the patient’s current condition or prevent or slow further deterioration.” This will include home care, skilled nursing care and outpatient therapies that provide needed maintenance support.

“Judith A. Stein, director of the nonprofit Center for Medicare Advocacy and a lawyer for the beneficiaries, said the proposed settlement could help people with chronic conditions like Alzheimer’s disease, multiple sclerosis, Parkinson’s disease, stroke, spinal cord injuries and traumatic brain injury. It could also provide relief for families and caregivers who often find themselves stretched financially and personally by the need to provide care.”

The link to the New York Times article detailing the changes can be found here: "[Settlement Eases Rules for Some Medicare Patients](#)"