

Considerations for Group, Concurrent, and Individual Therapy in Skilled Nursing Facilities

The Centers for Medicare & Medicaid Services (CMS) supports the clinical judgement of the practitioner. Refer to coverage rules by the payer for more details.

In the PDPM final rule, CMS (2019) states: “we expect therapists to determine the frequency, duration, and modality of therapy based on sound clinical reasoning and the individual needs of each patient.” ([84 Fed. Reg. 38728, 2019, pp. 38747-38748](#))

Individual Therapy	Group Therapy	Concurrent Therapy
Clinical & Regulatory Overview		
One therapist or assistant to one client at a time. Should be the primary mode of therapy and the standard of care. (CMS, 84 Fed. Reg. 38728, 38745-38750, 2019)	Therapist or therapy assistant treating two to six patients at the same time regardless of payer source who are performing the same or similar activities. (CMS, 84 Fed. Reg. 38728, 38745-38750, 2019) Appropriate for clients when implemented to address client-specific goals.	“...therapy is provided to two patients by one therapist or therapy assistant doing different activities.” (CMS, 84 Fed. Reg. 38728, 38745-38750, 2019) May be appropriate for some clients and some goals.
Clinical Considerations		
The typical OT intervention session should be individual. Interventions must be skilled and medically necessary. Any interventions that include safety concerns are likely best completed in an individual setting. Consider infection control for immunocompromised or contagious clients.	Provide interventions in group to the right clients at the right time. Interventions must be <i>skilled</i> and <i>medically necessary</i> . Consider infection control issues for any shared equipment. When identifying clients for group interventions, provide an activity analysis of the group intervention considering the clients’: <ul style="list-style-type: none"> • Individual goals & current functional capacity • Psychosocial needs & benefits of treatment in group • Functional cognition & sensory impairments (e.g., vision, hearing) Carefully consider the number of clients in the group. More complex clients or clients with lower functional capacity may benefit from a smaller group. Clients at different stages of rehabilitation may benefit from being together in groups to share the lived experience and recovery through rehabilitation. The group intervention should be the same or similar and should be directed at a specific goal in each client’s plan of care. (The goals do not need to be the same or even similar for all clients.) Each client in the group should be able to meaningfully participate with the assistance of the practitioner throughout the group.	Interventions should be different for each client and directed at a specific goal for each client. The interventions must be skilled and <i>medically necessary</i> . Best used when clients are working on mastering a skill or occupation. Should be avoided for novel interventions and anytime hands-on assistance is needed for safety. Concurrent therapy might only be a portion of an intervention session and is adjunct to individual interventions. AOTA anticipates concurrent interventions to be the least often implemented mode of occupational therapy. Medicare Part B does not recognize concurrent interventions.

Documentation Considerations		
<p>Documentation should demonstrate the skill and distinct value of occupational therapy.</p> <p>Document how the intervention correlated with the client's goals and plan of care.</p> <p>See AOTA's Documentation & Reimbursement Resources: aota.org/practice/practice-essentials/documentation</p> <p>Documentation of total individual therapy minutes.</p>	<p>Documentation of group interventions should include:</p> <ul style="list-style-type: none"> • how the prescribed skilled therapy services contribute to the patient's anticipated progression toward individualized goals. • why group is the most appropriate mode of therapy for the person • how the group therapy is medically necessary and appropriate to the needs of each beneficiary <p>When groups are provided in a skilled nursing facility (SNF) setting, there must be an explicit justification for the use of group, rather than individual or concurrent therapy. This description should include, but need not be limited to:</p> <ul style="list-style-type: none"> • the specific benefits to that particular client • the type and amount of group therapy • how the prescribed type and amount of group therapy will meet the patient's needs and assist the patient in reaching the documented goals. <p>Documentation of the total group therapy minutes and time of intervention.</p>	<p>Clearly document the time and minutes of the concurrent interventions during the therapy session.</p> <p>Documentation should demonstrate the skill and distinct value of occupational therapy and how the intervention is directly connected to at least one individualized goal in the client's plan of care.</p> <p><i>Note that a client performing tasks independently is typically not skilled therapy.</i></p>
Medicare Part A Therapy Minutes Considerations		
<p>One-on-one therapy must be a minimum of 75% of total therapy minutes for the Part A stay.</p>	<p>Group and concurrent therapy combined cannot exceed 25% of total therapy minutes for the Part A stay.</p>	<p>Group and concurrent therapy combined cannot exceed 25% of total therapy minutes for the Part A stay.</p>
<p>CMS requires providers to report the total amount of therapy broken down by individual, group, and current therapy and by therapy discipline for the entire Part A stay under MDS 3.0 Section O Special Treatments, Procedures, and Programs Item O0425. Part A Therapies</p>		

See the [Occupational Therapy Practice Framework: Domain and Process \(OTPF-4; AOTA, 2020\)](#) for more details. The OTPF-4 directly addresses group intervention; it does not address concurrent treatment. From the OTPF-4, p 62):

Group—Use of distinct knowledge of the dynamics of group and social interaction and leadership techniques to facilitate learning and skill acquisition across the lifespan. Groups are used as a method of service delivery.

Intervention Type: Functional groups, activity groups, task groups, and other groups

Description: Groups used in health care settings, within the community, or within organizations that allow clients to explore and develop skills for participation, including basic social interaction skills and tools for self-regulation, goal setting, and positive choice making

References

- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed. *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010p1–7412410010p87. <https://doi.org/10.5014/ajot.2020.74S2001>
- Centers for Medicare & Medicaid Services. (2022). Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MD-S30RAIManual>
- Centers for Medicare & Medicaid Services. (2019). 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 2020. 42 CFR Parts 409 and 413. *Federal Register*, 84(152), 38728, 38746–38747. <https://www.federalregister.gov/documents/2019/08/07/2019-16485/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>

Additional Resources

American Occupational Therapy Association (n.d.) Skilled Nursing Facilities Payment: www.aota.org/pdpm

American Occupational Therapy Association (n.d.) Practice Essentials Payment Policy <https://www.aota.org/practice/practice-essentials/payment-policy>

American Occupational Therapy Association (n.d.). Volume to Value Page: www.aota.org/value

Berger, S., Escher, A., Mengle, E., & Sullivan, N. (2018). Effectiveness of health promotion, management, and maintenance interventions within the scope of occupational therapy for community-dwelling older adults: A systematic review. *American Journal of Occupational Therapy*, 72, [7204190010p1-7204190010p10](https://doi.org/10.5014/ajot.2018.030346). <https://doi.org/10.5014/ajot.2018.030346>

Title 42: Public Health. Physical therapy, occupational therapy, and speech-language pathology services. 42 CFR § 409.17 https://gov.ecfr.io/cgi-bin/text-idx?SID=7689551d65ef301e2c19820f2cc298b4&mc=true&node=se42.2.409_117&rgn=div8

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