

## RECREATION THERAPY SERVICE

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy for the Recreation Therapy Service national program to ensure recreation and creative arts therapy services for Veterans are addressed at Department of Veterans Affairs (VA) medical facilities, consistent with practice standards as defined by professional organizations.
- 2. SUMMARY OF CONTENT:** This new VHA directive defines the scope of the Recreation Therapy Service Program and describes the procedures for providing recreation therapy services in VA medical facility programs, including but not limited to Mental Health, Outpatient Services, and VA Community Living Centers (CLC).
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** The Deputy Chief Patient Care Services Officer, Rehabilitation and Prosthetic Services (10P4R) within the Office of Patient Care Services is responsible for the contents of this VHA directive. Questions may be referred to the Director, Recreation Therapy Service at 202-461-7444.
- 5. RESCISSIONS:** VHA Manual M-2 Part XXII, Chapters 1 through 5, dated June 20, 1984, Chapter 6, dated July 29, 1993, and Manual M-1, Part IX, Chapter 26, dated April 21, 1989, are rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of February 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Under Secretary for Health

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## RECREATION THERAPY SERVICE

### 1. PURPOSE

This Veterans Health Administration (VHA) Directive establishes policy for recreation and creative arts therapy services at Department of Veterans Affairs (VA) medical facilities and community living centers (CLC), consistent with practice standards as defined by professional organizations. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

### 2. BACKGROUND

a. Recreation therapy is a health care discipline that provides services to restore, remediate, and/or rehabilitate functional capabilities for Veterans with injuries, chronic illnesses, and disabling conditions. Recreation and creative arts therapists provide treatment services to Veterans, their families and caregivers in two major areas: therapy interventions that result in positive functional outcomes, and meaningful activities that lead to Veterans' experience and sense of well-being. Therapeutic interventions and meaningful activities both have important value as components of treatment, and enhance the transfer of treatment outcomes into life activities through community re-integration.

b. Recreation therapy interventions are designed to improve a patient's or resident's life quality by reaching a functional outcome that can be measured, and integrated into a treatment protocol. Functional outcomes of therapy and activities are important to establishing an evidence-based approach to care. Outcomes are characterized as components required to carry out day-to-day life activities.

c. VHA recreation and creative arts therapy is shifting from traditional hospital-based care to community-centered practice, with an increased focus on health promotion and disease prevention (HPDP) activities. The influx of new generation of combat Veterans from Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) is also driving expansion of recreation and creative arts therapy and services. These services strongly enhance the care of Veterans with mental health conditions, and are being increasingly used within VHA as a critical component of mental health recovery, psycho-social functioning, and community integration. Lastly, use of recreation and creative arts therapy across VHA is expanding with the increase in elderly Veterans, a trend noted by U.S. Department of Labor: "As the large baby-boom generation ages, they will need recreational therapists to help treat age-related injuries and illnesses, such as strokes. Recreational therapists will also be needed to help patients manage chronic conditions such as diabetes and obesity." (Department of Labor, Occupational Outlook Handbook, January 8, 2014, <https://www.bls.gov/ooh/>).

d. VHA Recreation Therapy is a national program under the Office of Rehabilitation and Prosthetic Services.

### 3. DEFINITIONS

a. **Adaptive Sports.** Recreational activities, areas and facilities used primarily for the benefit of patients/residents participating in Recreation Therapy Service programs will be under the direction and responsibility of the Chief, Recreation Therapy Service and/or designee. Adaptive sports equipment may be considered for issuance to any Veteran who exhibits the loss or loss of use of a body part or function for which adaptive equipment is indicated. The prescribed equipment must be of a nature that specifically compensates for their loss of use and is designed for individuals with physical disabilities. Recreational Sports Equipment may be issued to those Veterans who are seeking to enhance their health and attain higher rehabilitative goals through recreational sports activities.

b. **Certified Therapeutic Recreation Specialist.** A health care practitioner credentialed by the National Council for Therapeutic Recreation Certification (NCTRC) to practice therapeutic recreation at the professional level.

c. **Creative Arts Therapist.** A health care practitioner who use arts modalities and creative processes for the purpose of ameliorating disability and illness and optimizing health and wellness. Treatment outcomes include, improving communication and expression, and increasing physical, emotional, cognitive and/or social functioning.

d. **Creative Arts Therapy.** The use of creative arts as a form of therapy that incorporates visual arts, dance, music, drama, and other media.

e. **Evidence-based Practice.** A level of clinical practice that is based upon theoretical constructs and, through the process of rigorous research, has been shown to be effective in treatment, or at least found to be reliable and valid using quantitative statistical measures. Evidence-based practice models developed for various clinical approaches by clinicians in VHA facilities are posted on the Recreation Therapy Service SharePoint site ([https://vaww.portal.va.gov/sites/rec\\_therapy/default.aspx](https://vaww.portal.va.gov/sites/rec_therapy/default.aspx)). **NOTE:** *This is an internal VA Web site not available to the public. Only Recreation Therapy Service personnel have access to this site.*

f. **Recreation Therapist.** A trained professional who works with patients and residents to restore motor, social and cognitive functioning, build confidence, develop coping skills, and integrate skills learned in treatment settings into community settings. Intervention areas vary widely and are based upon patient or resident interest and/or functional capabilities.

g. **Recreation Therapy.** Recreation therapy is a health care discipline designed to provide treatment services to restore, remediate, and/or rehabilitate functional capabilities for Veterans with injuries, chronic illnesses, and disabling conditions.

h. **Recreation Therapy Assistant.** The recreation therapy assistant is responsible for leading and facilitating recreation therapy services specified in the patient/resident plan of care or for identified patient/resident groups under the guidance and direction of

recreation therapists, certified therapeutic recreation specialists, and/or creative arts therapists.

#### 4. POLICY

It is VHA policy that patients and residents have access to recreation therapy services. This may be through consultation from the patient's primary care provider, or another VHA clinician providing care for the condition for which recreation therapy services may be helpful. This will be consistent with facility policy and clinical practice for all specialty care access. **NOTE:** *Availability of recreation and creative arts therapy disciplines may vary across VA medical facilities, and these services may be supplemented through fee-basis, contract, or sent for community care.*

#### 5. RESPONSIBILITIES

a. **Office of Rehabilitation and Prosthetic Services, National Director, Recreation Therapy Service.** The National Director, Recreation Therapy Service is responsible for:

(1) Ensuring all VHA recreation and creative arts staff are aware of and compliant with the information provided in this directive.

(2) Ensuring the strategic direction, employment of evidence-based practices, and continuous quality improvement for VHA Recreation Therapy program in support of VA and VHA strategic goals and objectives.

(3) Providing consultation and assistance to facilities regarding recreation and creative arts therapy.

b. **Veterans Integrated Service Network (VISN) Director.** Each VISN Director is responsible for ensuring that:

(1) Necessary support and resources are provided to Recreation Therapy Services within each VISN as outlined in the appendices of this directive, and in support of VA and VHA strategic goals and objectives.

(2) VISN Director may delegate authority to each VA medical facility Director to ensure necessary support and resources are provided to Recreation Therapy Services in support of VA and VHA strategic goals and objectives.

(3) VISN Chief Medical Officer and facilities' management provide visible and supportive leadership in integrating Recreation Therapy Services as an integral component into the VA health care system.

c. **VA Medical Facility Director.** Each VA medical facility Director is responsible for:

(1) Authorizing privileges allowing Recreation and Creative Arts Therapists to provide services, consistent with:

(a) The scope of the therapist's licensure and certification;

(b) The individual therapist's clinical competence as determined by education, training, professional experience, and peer references;

(c) The facility's provision of recreation therapy services as determined by need to support rehabilitation services in meeting needs of patients/residents across the spectrum of care, in accordance with accrediting organizations, other VA policies (directives, handbooks) and OPM Guidelines.

(2) Incorporating Recreation and Creative Arts Therapists into a wide spectrum of health care team including but not limited to: Mental Health, Residential Rehabilitation, Psychiatry, CLC, Medical Foster Home, inpatient physical rehabilitation, Polytrauma, Spinal Cord Injury/Disorder System of Care, Blind Rehab, Addictions, etc. Recreation and Creative Arts Therapists may also serve as extended members of primary care, Patient Aligned Care Teams, if warranted.

(3) Providing space, equipment and supplies sufficient for timely and efficient provision of Recreation and Creative Arts Therapy services. **NOTE:** *Criterion for minimum space requirements is established and provided in VA Space Planning Criteria, Chapter 269: Veterans Health Administration: <http://www.cfm.va.gov/til/space/spChapter269.pdf> (Recreation Service)*

(4) Ensuring that the Chief, Recreation Therapy Service or a supervisory recreation therapist or creative arts therapist is designated to oversee implementation and evaluation of recreation therapy services, and serves as liaison to other clinical and support services. **NOTE:** *The organization structure is determined at the facility level. Recreation Therapy Programs may be organized as independent services or service lines.*

d. **Chief and/or Lead Recreation Therapist.** The chief, and/or lead recreation therapist is responsible for:

(1) Planning, organizing, and coordinating delivery of evidence-based Recreation Therapy Services that are individualized for patients or residents, results-driven, and available to all eligible Veterans in a timely and equitable manner.

(2) Fostering a collaborative relationship with their VA facility services and professional staff members to integrate recreation therapy services for Veterans, and coordinate and integration with community programs and resources for Veterans' benefit.

(3) Analyzing, tracking, and trending variations in patient resident outcomes and performance indicators to monitor, assess, and enhance the quality and effectiveness of recreation and creative arts therapy and services.

(4) Supporting opportunities for clinical research to develop evidence-based outcomes in the field of recreation and creative arts therapy.

(5) Developing performance plans for recreation and creative arts therapists that reflect highest standards of professional competency, quality assurance, and productivity.

(6) Promoting excellence in administrative, financial, clinical, and strategic processes to project and provide needed support for recreation therapy staff members (e.g., budget, supplies, equipment, space, education and training).

(7) Ensuring recreation therapy staff members are listed in, and have access to, the VHA Recreation Therapy Outlook mail group and SharePoint Site.

(8) Collaborating with professional organizations and accredited educational institutions to deliver state-of-art services, and provide the highest level clinical experience for recreation and creative arts therapy students (see references).

**NOTE:** *Facilities most commonly assign the Chief, Recreation Therapy to report to the Chief of Staff or serve as a section chief to a service chief or person of equivalent organizational rank. For the purpose of this Directive, the term Chief, Recreation Therapy Service will be used as the title for the person responsible for the management of the Recreation Therapy Service. Where there is no service chief, a supervisory recreation/ or creative arts therapist is responsible. In those facilities where no supervisory recreation/ or creative arts therapist is assigned, a recreation/ or creative arts program manager (lead) or designee is responsible.*

## 6. SCOPE OF SERVICES

The scope of practice for recreation and creative arts therapy staff is based upon the individual's education and degree, certification status, experience, and competencies (see appendix A). Patients/residents across the continuum of care may demonstrate a need for recreation therapy services to improve their functional status.

Patients/residents may receive recreation therapy services in a variety of environments across the Department of Veterans Affairs (VA) continuum of care, through a spectrum of patient care settings, such as Community Living Centers (CLC), Hospice and Palliative Care, Medical Foster Home (MFH), Inpatient Mental Health, Residential Rehabilitation, outpatient settings, and into the home and community (see appendix B). Referrals to recreation therapy services originate from multiple sources throughout the care continuum. The provision of recreation therapy services is determined by rehabilitative needs of patients/residents. Regardless of the origin of the referral for recreation therapy service, a patient/resident must be assessed to determine the appropriate plan of care after a consult is initiated. Workload data for Recreation Therapy Service will utilize the Managerial Cost Accounting System (MCA), [formerly



known as Decision Support System (DSS)]. Outpatient Identifier (stop-code) 202 for outpatient care (see appendix C).

## 7. CLINICAL TRAINING AND RESEARCH

Recreation Therapy promotes affiliation with accredited academic institutions to offer clinical training for recreation, art, dance, drama and music therapy students at VA facilities. Recreation Therapy further promotes research activities directed toward improving the quality and effectiveness of recreation and creative arts therapy in the delivery of health care services (see appendix D).

## 8. SPECIAL PROGRAMS

Recreation Therapy utilizes the following resources and programs in support of recreation and creative arts services:

a. **Volunteer Support.** Recreation Therapy Service can use services offered by volunteer groups, individuals, and organizations through the Veterans Affairs Voluntary Service (VAVS) and other sources. Volunteer support augments Recreation Therapy services by *developing and offering recreational resources through community-based leisure services* (see appendix E).

b. **Community Activities.** Community activities offer a treatment modality that provides a singular patient/resident a valuable tool to ensure safe integration with the least restrictive environment (see appendix F). Outings offer resident groups meaningful opportunities and experiences intended to enhance participation, sense of well-being, and to promote or enhance physical, cognitive, and emotional health (see appendix G).

c. **General Post Funds.** Recreation Therapy Service is responsible for maintaining the local control point of all General Post Fund (GPF) accounts earmarked for patients' or resident's recreational purposes, consistent with delegation of this responsibility as determined by local medical facility policy (see appendix H).

d. **Motion Picture License Corporation (MPLC).** VA facilities can rent, purchase, or borrow movies produced from over 40 MPLC studios/producers, and show them via a closed-circuit system or anywhere within the facility under provision of a license secured by Recreation Therapy Service (see appendix I).

e. **National Veterans Sports Programs and Special Events.** Recreation Therapy Service is responsible for establishing local policy for participation of patients or residents in VA National Veterans Sports Programs and Special Events.

## 9. REFERENCES

- a. 17 U.S.C., Sections 101 and 106, Copyrighted Motion Pictures.
- b. 38 U.S.C., Section 7301(b), Functions of Veterans Health Administration.

- c. VHA Directive 1203, Rehabilitation Research and Development.
- d. VHA Directive 1065, Productivity and Staffing Guidance for Specialty Provider Group Practice.
- e. VHA Directive 1230, Outpatient Scheduling Processes and Procedures.
- f. VHA Directive 2008-022, Patient Transportation Program, or subsequent policy issue.
- g. VHA Directive 4721, VHA General Post Fund.
- h. VHA Directive 2012-030, Credentialing of Health Care Professionals, or subsequent policy issue.
- i. VHA Handbook 1142.01, Criteria and Standards for VA Community Living Centers (CLC).
- j. VHA Handbook 1120.02, Health Promotion and Disease Prevention Core Program Requirements.
- k. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics.
- l. VHA Handbook 1162.02, Mental Health Residential Rehabilitation Treatment Program (MH RRTP).
- m. VHA Handbook 1160.06, Inpatient Health Services Handbook.
- n. VHA Handbook 1620.01, Voluntary Service Procedures.
- o. VHA Handbook 1400.04, Supervision of Associated Health Trainees.
- p. VHA Handbook 1141.02, Medical Foster Home Procedures.
- q. American Art Therapy Association, <http://www.arttherapy.org>
- r. American Dance Therapy Association, <http://www.adta.org>
- s. American Music Therapy Association, <http://www.musictherapy.org>
- t. American Therapeutic Recreation Association, <http://www.atra-online.com/>
- u. Art Therapy Credentials Board, Inc., <http://www.atcb.org>
- v. Centers for Medicare and Medicaid Services, Minimum Data Set 3.0, <http://www.cms.gov>
- w. The Certification Board for Music Therapists, <http://www.cbmt.org>.

- x. Dance/Movement Therapy Certification Board, <http://adta.wildapricot.org/DMTCB>
- y. Marcia Jean Carter, Glen E. Van Andel, and Gary M. Robb, “Therapeutic Recreation A Practical Approach”, Prospect Heights, Illinois, *Waveland Press, Inc.* 2003.
- z. North American Drama Therapy Association, <http://www.nadt.org>
- aa. National Council for Therapeutic Recreation Certification, <http://www.nctrc.org/>
- bb. National Council for Therapeutic Recreation Certification. 2004. Scope of Practice in Recreational Therapy, <http://nctrc.org/>
- cc. NUCC, Provider Taxonomy: <http://www.wpc-edi.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/>
- dd. Registered Drama Therapist, <http://www.nadt.org/education-and-credentialing.html>

**RECREATION AND CREATIVE ARTS THERAPISTS EDUCATION, CERTIFICATION,  
AND PROFESSIONAL COMPETENCIES****1. CORE COMPETENCY**

Core competencies are discipline specific and defined by professional organizations that represent each professional discipline (i.e., ATRA, AMTA, AATA, NADT, and ADTA). The recreation and creative arts therapist core competencies are:

- a. Through education, continuous training and clinical practice, therapists are responsible for developing knowledge, skills and abilities in a therapeutic modality such as art, dance, drama, music, or recreation therapy, to address the clinical and palliative care needs of patients or residents.
- b. Developing and maintaining professional competence in clinical foundations to understand the unique conditions and behaviors related to various diagnoses, principles of therapy, and methods of developing therapeutic relationships.
- c. Therapists are responsible for developing competencies in assessments, treatment plans, therapeutic interventions, clinical evaluations, documentation, and ethical practices related to their specific discipline.
- d. Therapists are responsible for understanding the reasons for interdisciplinary treatment, the need to accept and appropriately respond to supervision, and analyzing, and revising clinical practice.

**2. CREDENTIALING**

It is recommended that recreation and creative arts therapists obtain the appropriate professional credentials. All recreation and creative arts therapists with licensure, certification, or registration seeking to be credentialed will be credentialed in VetPro in accordance with VHA Directive 2012-030, Credentialing of Health Care Professionals. Recreation and creative arts therapists are encouraged to obtain the following:

- a. National Council for Therapeutic Recreation Certification Credential, or
- b. Creative Arts Therapies credentialing from one of the following organizations:
  - (1) Art Therapist–Art Therapy Credentials Board (ATCB).
  - (2) Dance Therapist–Dance/Movement Therapy Certification Board (DMTCB).
  - (3) Drama Therapist–National Association for Drama Therapy (NADT).
  - (4) Music Therapist–Certification Board for Music Therapists (CBMT).

### 3. SCOPE OF PRACTICE

Each therapist will be granted a Scope of Practice based upon the individual's formal education, certification status, experience, competencies, abilities, and other relevant information, such as clinical specialty areas. The Scope of Practice for recreation and creative arts therapists cannot exceed the "Standards of Practice" and codes of ethics to enhance consumer safety as defined by their respective professional organization (i.e., ATRA, AMTA, AATA, NADT, and ADTA). The Scope of Practice encompasses patient assessment, treatment plan, implementation, evaluation of treatment plan, and discharge/transition planning, APIE). APIE is systematic process comprised of problem-solving procedures used by therapists to help patients improve their level of health by meeting their identified needs. **NOTE:** See image below for APIE algorithm.

a. **Assessment.** Assessment is used to collect systematic, comprehensive, and accurate data necessary to determine a course of action and to develop individualized treatment plans. This includes, but is not limited to, evaluation of functional skills and abilities within specific domains (i.e., cognitive, social, physical, and emotional). Standardized assessment tools are also used to evaluate placement in appropriate treatment interventions (e.g., World Health Organization Quality of Life Instrument, Meaning of Life Questionnaire, Geriatric Depression Scale, Functional Independent Measure (FIM), Leisure Competence Measure, and Resident Assessment Instrument-Minimum Data Set).

b. **Treatment.** Treatment planning is based upon assessment in order to treat and manage discrete and complex health care cases. Treatment planning includes:

(1) Short-term, long-term and discharge plans that reflect the patient's or resident's functionality, lifestyle, interests, and values.

(2) Individualized treatment planning with measurable functional outcome goals described in behavioral terms (e.g., type of interventions, frequency, duration and intensity of treatments).

(3) Specific treatment interventions as appropriate, including but not limited to:

(a) Adapted Sports.

(b) Community Reintegration.

(c) Sensory Stimulation.

(d) Cognitive Retraining.

(e) Stress Management.

(f) Behavior Modification.

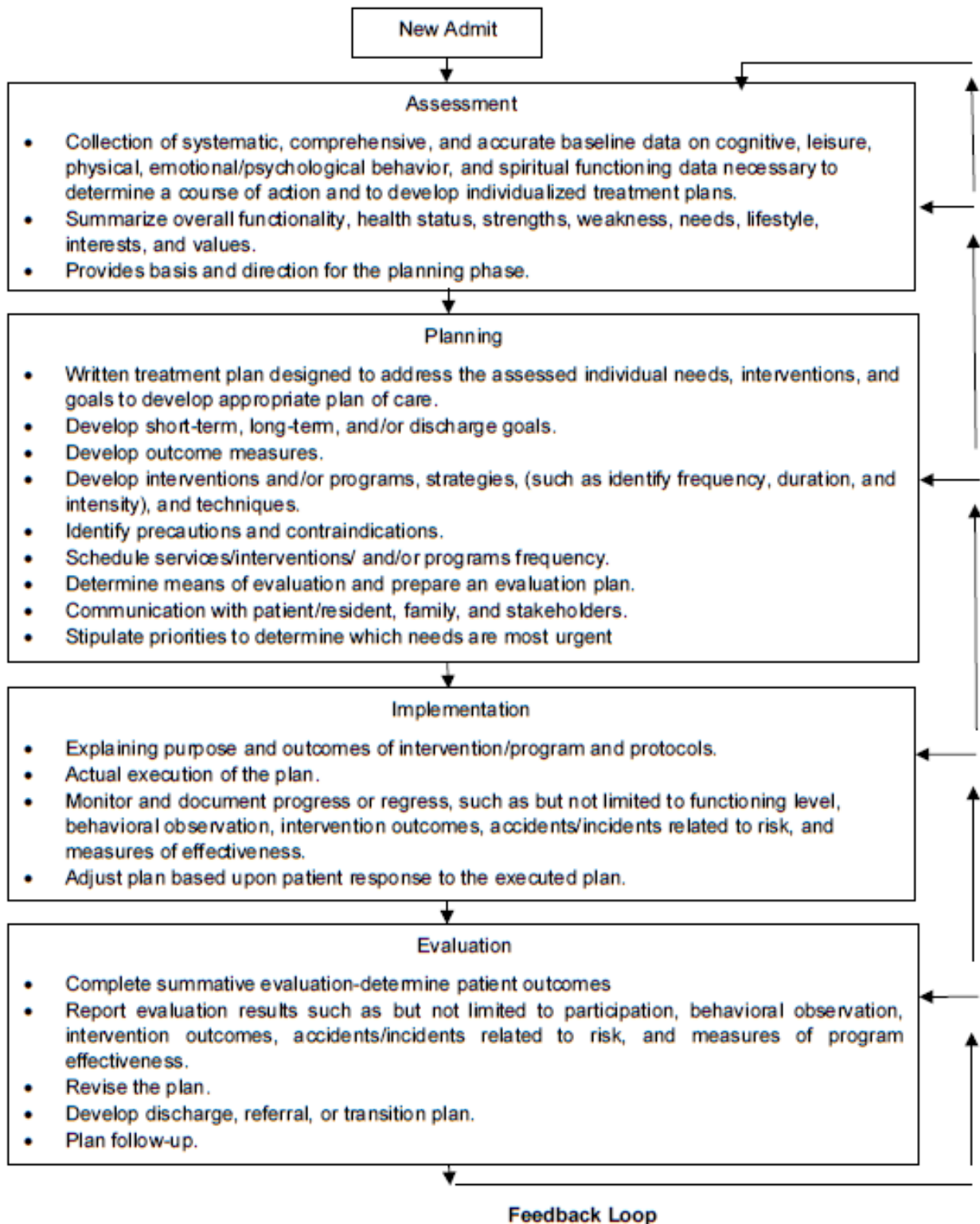
(g) Leisure/Community Education.

- (h) Values Clarification.
- (i) Leisure Awareness.
- (j) Pain Management.
- (k) Art/Drama/Dance/Music Therapy.
- (l) Animal Assisted Therapy.
- (m) Assistive Technology.
- (n) Promotion of Physical Activity.

c. **Implementation.** Implementation encompasses: explaining the purpose and outcomes of the intervention/program and steps to be followed; conducting individual and/or group session(s), protocols, and/or programs; observing responses to intervention/ program; and documenting important data. Protocol examples are posted on the Recreation Therapy Service SharePoint site [https://vaww.portal.va.gov/sites/rec\\_therapy/default.aspx](https://vaww.portal.va.gov/sites/rec_therapy/default.aspx). **NOTE:** *This is an internal VA Website not available to the public.*

d. **Evaluation of Services Delivered.** Evaluation of services delivered involves collection and review of systematic, comprehensive, and accurate data necessary to determine changes in functioning, effectiveness of a plan and/or program, and need for additional, alternative, or discharge of services. Such data includes, but is not limited to participation, behavioral observations, progress/regress, functioning level, intervention outcomes, accidents and incidents relating to risk, and measures of program effectiveness.

**ASSESSMENT, PLAN, IMPLEMENT, AND EVALUATION (APIE)**



## ROLE OF RECREATION THERAPY SERVICE IN THE COMMUNITY LIVING CENTER (CLC)

1. Recreation and creative arts therapists provide treatment services to Veterans residing in community living centers (CLC) in two major areas: therapy interventions that result in positive functional outcomes, and meaningful activities that lead to Veterans' experience and sense of well-being. Both therapy interventions and meaningful activities have important value as components of treatment. Multi-dimensional assessments are conducted to determine whether residents' needs dictate specific therapy, or general activity programming designed to engage residents in meaningful ways to spend their time and be part of a supportive community. **NOTE:** See attachment below for algorithm to determine candidacy for recreation therapy treatment – physician order, and recreation therapy meaningful activity track-non-skilled in a CLC.

a. VHA CLCs have shifted from a medical model of care to a resident-centered model of care to enhance residents' daily routine, quality of life, and overall well-being. The care in a resident-centered CLC is focused on their preferences and customary routine. Residents direct each decision about his or her care and daily routine.

b. Therapists, assistants, and aides strive to ensure patient/resident independence, through specialized treatment services or general programming. Greater independence leads to greater opportunities to actively engage in meaningful activities offered within their community living environment. Many activities can be adapted in various ways to accommodate changes in the resident's function or physical and/or cognitive limitations.

c. Meaningful activities offer residents another dimension to interact, socialize, and engage. Meaningful activities do not necessarily involve complex recreation therapy procedures, and can be led by volunteers, nursing, nutrition and food service staff members, or community members. Interdisciplinary involvement in spontaneous activities more closely resembles normal life and provides residents the necessary strategies to sustain quality of life, which is the primary goal of CLC culture transformation.

2. CLC residents may be more involved in the ongoing activities in their living area, such as chores, preparing foods, meeting with other residents to choose spontaneous activities, and leading an activity. Such activities can be conducted in large or small group settings and can be spontaneous, engaging residents in activities during their daily routine that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.

a. Meaningful activities include any endeavor other than routine Activities of Daily Living. These activities can occur at any time, are not limited to formal activities provided only by Recreation and/or Creative Arts Therapists, and includes activities provided by other CLC staff members, volunteers, visitors, residents, and family members. The use of meaningful activities ensures life satisfaction, engagement, and wellness for the residents.



b. Meaningful activities include all of the following:

(1) Intellectual Activities that stimulate thinking or memory.

(2) Creative Activities such as music or art, which can enhance memory.

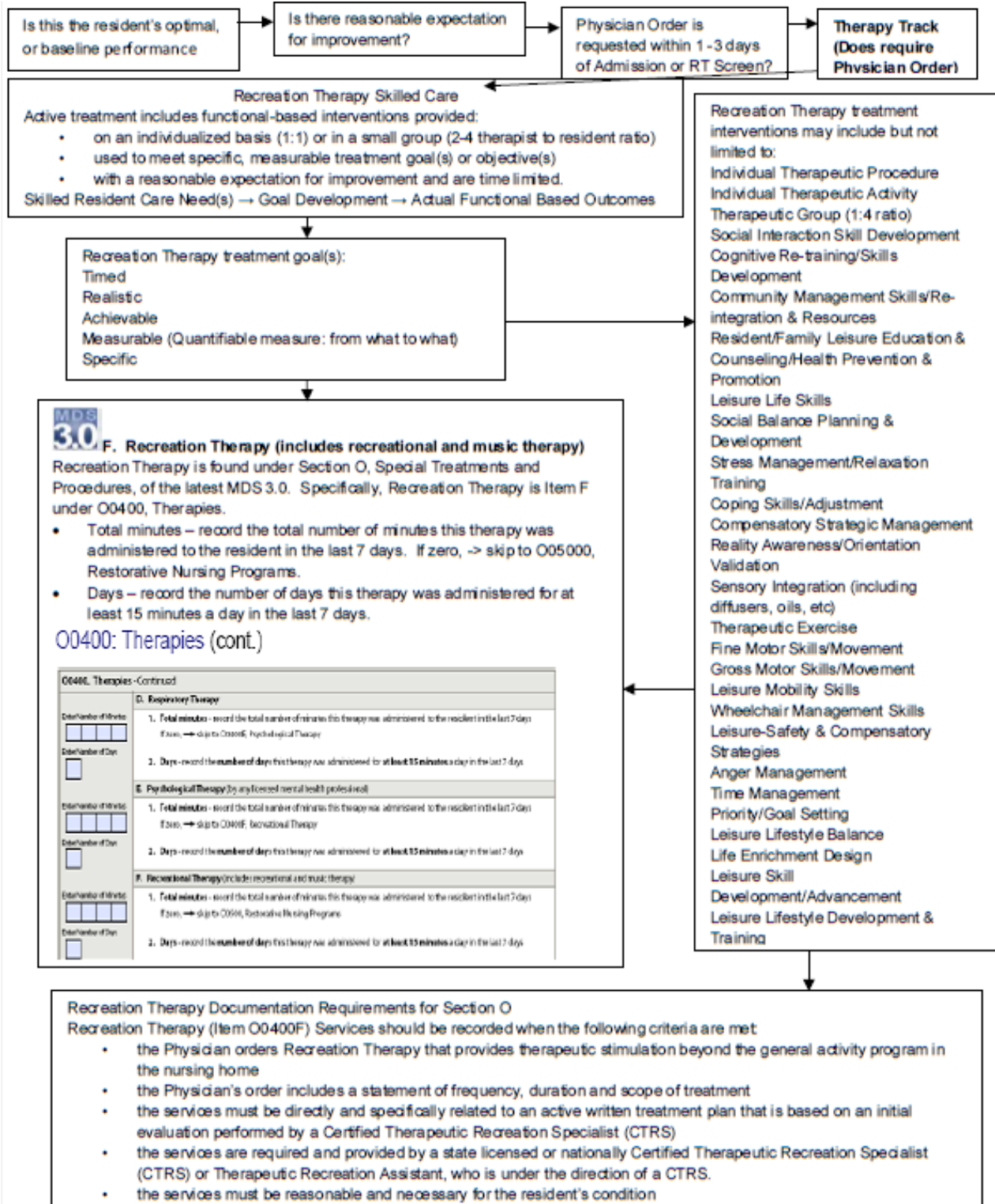
(3) Functional Activities such as setting the table, folding laundry, sweeping the floor, and other light chores.

(4) Physical Activities such as walking or chair exercise.

(5) Social Activities such as enjoying refreshments, or caring about others in similar situations.

(6) Spiritual Activities such as singing hymns or listening to music popular during the era of the resident's military service.

## DETERMINING CANDIDACY FOR RECREATION THERAPY TREATMENT – PHYSICIAN ORDER

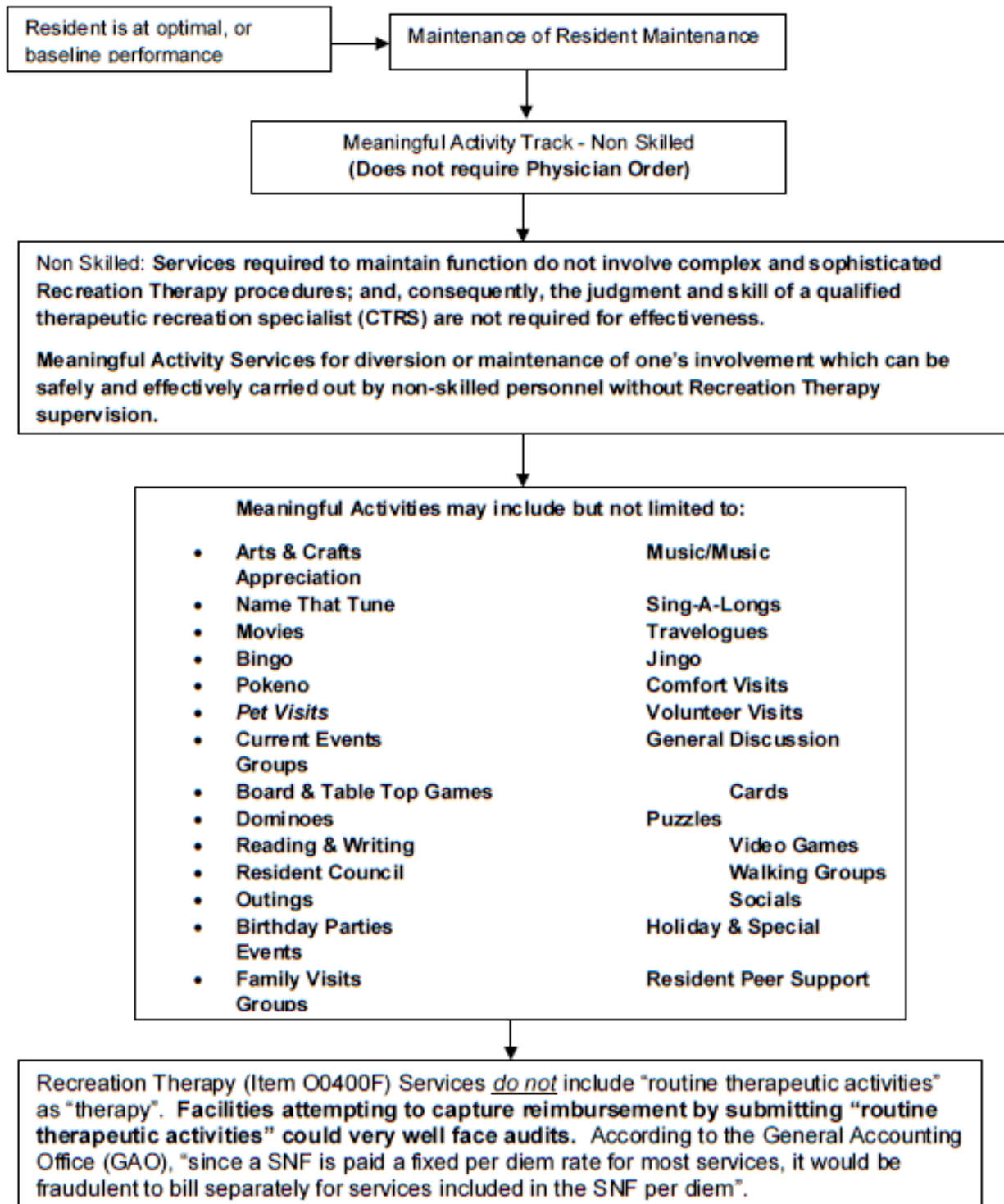


**SOME SPECIFIC PROBLEMS RELEVANT TO RECREATION THERAPY, AND  
REQUIRING ACTIVE TREATMENT BY CTRS**

Decreased ambulation status  
Decreased range of motion  
Decreased muscle strength  
Decreased motor skills  
Decreased flexibility  
Decreased energy level  
Decreased cardio-respiratory skills  
Possible loss of skills in any life area (physical functioning/mobility, leisure interests/abilities, family involvement/interaction, etc.)  
Decreased functional independence  
Decreased body mechanics  
Decreased activity tolerance  
Decreased aerobic exercise fitness  
Decreased fitness training  
Maximized stiffness  
Poor community awareness  
Questionable social cognition (social interaction, community, problem-solving and memory skills)  
Questionable judgment within an unstructured environment off campus  
Possible inability to negotiate architectural barriers within an unstructured environment off campus  
Poor route finding skills within an unstructured environment off campus  
Questionable community management/route management/money management and environmental safety skills  
Questionable level of independent function in the community prior to hospital discharge  
Questionable judgment within an unstructured environment off campus  
Questionable/poor decision making skills  
Questionable/poor executive functioning skills  
Questionable/poor total lifestyle functioning skills  
Questionable/poor coping skills  
Questionable/poor management of stress communication skills  
Poor concentration skills  
Loss of recent and remote memory  
Poor orientation  
Confusion/disorientation/forgetfulness  
Questionable reality contact  
Questionable social communication skills (comprehension and expression)  
Questionable/loss of judgment and ability to abstract  
Poor perception between person served and the perception of others (reality awareness, self-responsibility)  
Questionable/poor sensory integration  
Loss of sensory/environmental awareness

**\*NOTE:** *Physician Order is not specific to just Recreation Therapy. Music Therapy will also follow the same track for Physician Orders.*

**DETERMINING CANDIDACY FOR RECREATION THERAPY MEANINGFUL  
ACTIVITY TRACK – NON-SKILLED**



**NOTE:** Recreational therapists should not be confused with recreation specialists, who organize meaningful and/or recreational activities primarily for enjoyment.

**REPORTING WORKLOAD AND PRODUCTIVITY FOR RECREATION AND  
CREATIVE ARTS THERAPY****1. PROVIDER IDENTIFICATION (NPI)**

A unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS) is used to identify health care providers during health care transactions.

a. All recreation and creative arts therapists that are directly involved in patient or resident care must obtain an NPI, designate their Taxonomy Codes, and furnish both NPI and Taxonomy Code information to the designated NPI Maintenance Team Leader as requested.

b. The appropriate NPIs for use in VHA are:

(1) Art Therapist–221700000X.

(2) Dance Therapist–225600000X.

(3) Music Therapist–225A00000X.

(4) Recreation Therapist–225800000X

(5) Recreation Therapy Assistant-Specialist/Technologist– 226000000X

**2. PERSON CLASS CODE**

Health care providers are assigned a Person Class in Veterans Health Information Systems and Technology Architecture (VistA) in order to exercise clinical privileges, pass workload to the Patient Care Encounter application, and for use in applicable third-party billing cases. Person Class is a unique identification number that reports each ambulatory encounter and/or ancillary service. Provider, procedure, and diagnosis information is included in the minimum data set reported to the National Patient Care Database. Every recreation and creative arts therapist shall be assigned a person class code in the Person Class File according to definitions provided in the Person Class Taxonomy.

a. Person Class assignments shall be reviewed at least annually by the Chief, Recreation Therapy Service or designee.

b. The appropriate Person Class assignments allowed for use in VHA are:

(1) Art Therapist–130201;

(2) Dance Therapist–130203;

(3) Music Therapist–130205;

(4) Recreation Therapist–130209; and

(5) Recreation Therapy Assistant/Technologist–130814

### 3. WORKLOAD DATA

Recreation/creative arts therapy staff are required to enter workload data according to national directives and local medical center policies and for using MCA Outpatient Identifier (stop-code) “202” to capture workload for patient care and ensure workload entry is processed through the Patient Care Encounter (PCE).system.

(a) Such Recreation Therapy and Music Therapy treatment time must be recorded in section O-04 item F. of the Minimum Data Set (MDS), when the ordered therapist fall within an individualized short-term, goal-oriented rehabilitative-care program.

(b) Recreation/creative arts therapy staff document all other routine services provided to VA CLC residents that are not specifically within the context of a formal recreation/ creative arts therapy treatment program or rehabilitative-care program in Section F0500 of the MDS.

**NOTE:** A complete list of Recreation Therapy procedures, including the CPT code numbers, is available at [https://vaww.portal.va.gov/sites/rec\\_therapy/Event%20Capture/Forms/AllItems.aspx](https://vaww.portal.va.gov/sites/rec_therapy/Event%20Capture/Forms/AllItems.aspx). A complete list of productivity and CPT references are accessible through the Rehabilitation and Prosthetic Services share point site at <http://vaww.infoshare.va.gov/sites/rehab/Data%20References/Forms/AllItems.aspx> (these are internal VA Websites not available to the public). Effective October 1, 2016, MFH 177202 Clinic is to be mapped to MFH Department, (ALBCC: 207TK1; DCM Department: 5TK1).

## AFFILIATION AGREEMENTS, STAFF TRAINING AND DEVELOPMENT, AND RESEARCH

### 1. AFFILIATION AGREEMENTS

Clinical training in recreation and creative arts therapies may be provided at selected VA medical facilities through affiliation relationships in accordance with OAA guidelines.

(a) Chief, Recreation Therapy Service or designee is responsible for approving academic affiliations and overseeing training programs in accordance with, VHA Handbook 1400.04, Supervision of Associated Health Trainees, and VHA Educational Affiliation Agreements, or subsequent policy issue.

(b) Officials at the sponsoring educational institution and VA medical facility must co-sign an Affiliation Agreement in order to establish a training program at such medical facility. The office of the Assistant Chief of Staff for Education or Designated Education Officer will assist in ensuring that appropriate procedures are followed in establishing an affiliation agreement (see <http://www.va.gov/oaa/agreements.asp> for further information on affiliation agreements). The Office of Academic Affiliations (OAA) must approve all affiliation agreements with any affiliation agreement which deviates from the standard, approved templates provided on OAA's Web site.

### 2. STAFF TRAINING AND DEVELOPMENT

Continuing education is expected of every recreation therapy and creative arts therapy employee. Within the local recreation and creative arts therapy program, continuing education needs must be assessed annually, and a staff training and development plan prepared for each employee. Recreation therapy and creative arts therapy educational activities may be administered by the Employee Education System (EES), educational institutions, department in-services, grand rounds, etc. Mandatory training requirements are posted at <http://vawww.ees.lrn.va.gov/Training/mandatory/>.

**NOTE:** *This is an internal VA Web site that is not available to the public.*

### 3. RESEARCH

Recreation Therapy Service promotes recreation/creative arts therapy research activities, and appropriately applies research findings to the clinical setting.

a. Chief Recreation Therapy Service and/or designee is responsible for promoting a receptive climate for Recreation Therapy Service staff members to initiate or assist in research activities directed towards the development of reliable data in all patient care settings, where recreation and creative arts therapy programs are provided.

b. All research must be in accordance with VHA Handbook 1058.01, Research Compliance Reporting Requirements. Recreation and creative arts therapy research is always conducted under the auspices of the local Research Service subject to pertinent regulations and guidelines.

c. Recreation and creative arts therapy research, including the preparation and publication of professional papers, is accomplished with policies and procedures prescribed by Office of Research and Development (ORD) (see <http://www.research.va.gov/>) **NOTE:** *This is an internal VA Web site that is not available to the public.*

d. Recreation and creative arts therapy research must be to improve the quality, effectiveness, and efficiency of health care. All research activities including questionnaires, studies, surveys, etc., in which Recreation Therapy Service personnel participate must be approved in conjunction with medical center research policies and procedures.



## VOLUNTEER SUPPORT

1. The Chief, Recreation Therapy Service and/or designee is responsible for the instruction, authorization, and acceptance of volunteer assistance specifically assigned to recreation/creative arts therapy programs in accordance with VHA Handbook 1620.01, Voluntary Service Procedures. Responsibilities include:

a. Assigning volunteers to assist Recreation Therapy Service staff members in programs that reflect their competencies;

b. Reviewing recreation/creative arts therapy volunteer position descriptions periodically and revise as warranted;

c. Documenting a plan for annual orientation, training, education and performance evaluations for each volunteer assigned to Recreation Therapy Service; and;

d. Ensuring Recreation Therapy Service staff members and/or designated point of contact (i.e. nursing staff members) will be on duty at all times when recreational activities are conducted by volunteers.

e. Volunteers may lead two or more diversional activities simultaneously in different areas of the facility, provided a VHA employee is on duty and available to assist and/or oversee activities.

2. Community-based leisure services augmented by volunteer support include but not limited to:

a. Bingo;

b. Special Events;

c. Dinners/Barb-B-Que's;

d. Comfort Carts;

e. Sing-a-Longs;

f. Unit Visits;

g. Monthly Birthday Parties;

h. Books, Magazines, Compact Discs, etc.;

i. Animal Assisted Activities

## COMMUNITY REINTEGRATION

1. Community reintegration, as a treatment modality, offers a singular patient/ resident a valuable tool to ensure safe integration with the least restrictive environment. Community reintegration is both a training tool and a training protocol. Community reintegration may occur within the medical center environment or outside the predictable environment of the medical center.

a. A provider referral or order is necessary for a pass to be issued to patient(s)/ resident(s) to participate in community reintegration programs. Therapist must enter adequate documentation in the care plan indicating that a pass is beneficial to the patient/ resident for therapeutic purposes to assess their ability to manage in community based settings.

b. The interdisciplinary team, in collaboration with assigned Recreation Therapy Service staff members, is responsible for planning community reintegration for patients/residents. Planning will be consistent with documented interdisciplinary treatment plans. Interdisciplinary team members are encouraged to participate in resident outings.

c. Patient/resident need, interest, acuity level, tolerance, length of stay, amount of away time, etc, are taken into consideration when planning and conducting community reintegration.

d. Recreation Therapy Service staff members occasionally transporting patients or residents in government vehicles during off-station activities are responsible for complying with VHA Directive 2008-020, Patient Transportation Program, or subsequent policy issue.

2. Community reintegration training is performed as part of the patient/resident individual treatment plan. The aim is to improve functions that were impaired by an identified illness or injury, and when expected outcomes are attainable as specified in the plan.

a. The needs of the patient/resident determine the purpose and setting of the Community reintegration plan.

b. Through an efficient experiential process, community reintegration provides the therapist a methodology for recording patient's/resident's functionalities, abilities, formal lists of required skills, and results of treatment. Community Reintegration program treatment goals are written to treat patient/resident areas of need that may include but are not limited to the following skills and abilities:

(1) Problem Solving

(2) Mobility

(3) Directionality (such as route finding, navigation/navigational devices)

- (4) Communication
- (5) Money Management
- (6) Safety/Pedestrian Safety
- (7) Judgment
- (8) Behavioral Control
- (9) Architectural barriers (such as doors, rough ground, level surfaces)
- (10) Task Segmentation/Sequence
- (11) Leisure/Community/Avocational Resources
- (12) Self-advocacy Skills

## COMMUNITY OUTINGS

1. Community outings offer patients'/ residents' opportunities and experiences intended to enhance their participation, sense of well-being, and to promote or enhance physical, cognitive, and emotional health.

a. Community outings are therapeutic in nature with general goals and objectives being restorative, educational or quality of life. Outings are considered standard practice for residents in residential treatment programs including community living centers.

b. Outings provide residents a sense of social connectedness, community values and resources, personal interdependency, and belonging. Residents utilize skills learned in their intensive community reintegration program thereby empowering them to have a well-rounded community experience.

2. When planning and conducting community outings, consideration should be given to patients' needs, interest, acuity level, tolerance, length of stay, amount of away time, and other factors as appropriate. Outings may include but not limited to:

- a. Parks;
- b. Zoos;
- c. Sporting Events;
- d. Boat Rides;
- e. Picnics;
- f. Community events;
- g. Concerts; and
- h. Museums (Art, History, Technology, etc.).

3. A provider referral or order is necessary for a pass to be issued to patient(s)/ resident(s) to participate in community outings. Therapists must enter adequate documentation in the care plan indicating that a pass is beneficial to the patient/ resident for therapeutic purposes to assess their ability to manage in community based settings.

4. The interdisciplinary team, in collaboration with assigned Recreation Therapy Service staff members, is responsible for planning community reintegration and community outings for patients/residents. Planning will be consistent with documented interdisciplinary treatment plans. Interdisciplinary team members are encouraged to participate in resident outings.

5. Patient need, interest, acuity level, tolerance, length of stay, amount of away time, etc. are taken into consideration when planning and conducting off-station community outings.

6. Recreation Therapy Service staff members occasionally transporting patients or residents in government vehicles during off-station activities are responsible for complying with VHA Directive 2008-020, Patient Transportation Program, or subsequent policy issue.

### GENERAL POST FUNDS (GPF)

1. The Voluntary Service Officer has unrestricted authority to accept all gifts and donations for entry into the General Post Fund for the benefit of the medical center and its patients, except for donations for research and education purposes. Recipients of donations, other than the stated exceptions, will notify the Voluntary Service Officer upon receipt.
2. The Chief of Fiscal Service is authorized to establish General Post Fund Accounts. The General Post Fund is a trust fund authorized by United States Code. If an account is not established, a request must be submitted to Fiscal Service requesting a specific GPF account.
3. VHA Directive 4721, VHA General Post Fund, (GPF) and VHA Handbook 4721, VHA Fund Procedures provide guidance for approvals, establishing an account, and expenditures of GPF.
4. Recreation Therapy Service staff members are responsible for complying with VHA Directive 4721, VHA General Post Fund, related to accepting gifts and donations.

**MOTION PICTURE LICENSE CORPORATION (MPLC)**

1. VHA Recreation Therapy Service has secured a license with the MPLC that gives VA personnel the authority to show videocassette and videodisc motion pictures in VA facilities, in accordance with Title 17 United States Code (U.S.C.), Sections 101 and 106, copyrighted Motion Pictures.

2. Under this agreement, VA personnel can rent, purchase, or borrow videocassettes or videodiscs produced by over 40 MPLC studios/producers, and show them via a closed-circuit system or anywhere within the facility. A list of approved movie titles covered by this contract with MPLC is posted on the Recreation Therapy Service SharePoint site:

[https://vaww.portal.va.gov/sites/rec\\_therapy/File%20Directory/Forms/AllItems.aspx?RootFolder=%2fsites%2frec%5ftherapy%2fFile%20Directory%2fMotion%20Picture%20License&FolderCTID=&View=%7b66B0AF4E%2dA132%2d4303%2d8E1E%2d687625895801%7d](https://vaww.portal.va.gov/sites/rec_therapy/File%20Directory/Forms/AllItems.aspx?RootFolder=%2fsites%2frec%5ftherapy%2fFile%20Directory%2fMotion%20Picture%20License&FolderCTID=&View=%7b66B0AF4E%2dA132%2d4303%2d8E1E%2d687625895801%7d). **NOTE:** *This is an internal VA Web site not available to the public.*