

Eli's Rehab Report

Reader Questions: Follow the Correct Group Therapy Practices for Your Setting

Question: I've heard that long-term care settings can concurrently treat two patients with different care plans. Is this considered group therapy, and can this type of treatment occur in a hospital inpatient rehab setting? If not, what kind of group treatment is allowed, if any?

Arkansas Subscriber

Answer: Concurrent treatment as you described above is not considered "group therapy," and therapists are not allowed to do concurrent treatment in an inpatient rehab facility (IRF). Concurrent treatment, also known as "dovetailing," is only allowed in the skilled nursing facility (SNF) setting, reimbursed under Part A benefits.

According to chapter 3 of the RAI User's Manual for SNFs, a therapist in the SNF Part A setting can begin working one-on-one with a patient. Once the resident can continue with supervision, the therapist can move on to a second resident to get her started on a different task, while continuing to supervise the first resident. To count as supervision, however, the therapist must be able to make eye contact with the patients and offer verbal cues.

Important: "Time supervising the resident is a part of total treatment time," The RAI manual clarifies. For example, as his last treatment for the day, a resident gets rehab on an exercise bicycle. The therapist takes two minutes one-on-one to set the resident up with the cycling apparatus then supervises the resident for two five-minute cycling periods while starting therapy (perhaps of a different kind) on another patient. The first patient takes a two-minute rest between the exercise periods and takes one minute to get out of the apparatus. The therapist should count the total therapy time at 15 minutes. "The key is that the resident was receiving treatment the entire time and had the presence of a therapist in the room, supervising the entire treatment process," the RAI manual says.

Inpatient rehab facilities can still do group therapy, just not dovetailing. Legitimate group therapy in the IRF setting means that a therapist or a therapist assistant works with two or more patients at the same time doing the same things - and does not spend any significant amount of one-on-one time with either patient.

Keep in mind: In the IRF setting for Medicare and many other payers, what matters is that the patients receive three hours of skilled therapy on at least five out of seven days. Many payers would not consider a significant amount of group therapy, if any, as skilled therapy in the IRF setting, as the patient is supposed to require an intensive rehab therapy program.

Reader Questions were answered by **Rick Gawenda, PT**, director of PM&R at Detroit Receiving Hospital and owner of Gawenda Seminars and Consulting.