

# Guidance for Use of Group Intervention From the Centers for Medicare and Medicaid

## ***Least Restrictive Environment***

Physical and occupational therapists, like other related service providers, use a variety of service delivery models when working with children in public schools. Direct one-on-one student (1:1) intervention, group intervention, consultation and training with adults in the child's environment, and activity/environmental adaptations and modifications are just a few. IDEA mandates that as related services, physical and occupational therapy must support the student's IEP by addressing necessary skills in the least restrictive environment, e.g. in the general education curriculum to the maximum extent possible.

The models of service delivery used with students are selected through collaboration with other members of the individualized education program (IEP) team. Teams should prioritize improving a student's performance in the school environment, rather than on discrete skills training or on how a student performs in a therapy room. With this approach, the therapist can ensure that intervention is relevant to the school setting, and other education professionals can help generalize student's learning throughout all school activities. Recommended practice emphasizes using a flexible combination of service delivery models, which may combine the frequency and intensity of different options based on student need.

## ***Need Drives Service Type***

Group service delivery is used in public schools when the students involved benefit from the intervention with other students present. Examples of how some students might benefit from group service include, but are not limited to:

- the child is a strong visual learner and demonstrates ability/emerging ability to use peers as models
- the child is working on skills requiring the presence of peers, e.g. social skills, coping/self-monitoring skills, following classroom and campus rules and routines, play skills, communication
- the child needs greater access to Standard Course of Study
- the child demonstrates limited ability to transfer learned skills/concepts across settings
- the classroom staff needs training in how to engage students in group instruction

While group service delivery by a physical or occupational therapist is not reimbursable by Medicaid, use of groups should occur when it is what students need. Reimbursement does not drive service delivery decisions in public schools—student need does. That said, there may be instances when services rendered with more than one student present are reimbursable.

## ***Determining When Group Service Delivery is Occurring***

The following guidance describes when work with multiple students is and is not considered group therapy: When 1:1 student contact occurs, the therapist bills for individual therapy. This is done by counting the total number of minutes of service to each student to determine how many units of service to bill each student. Direct 1:1 minutes may occur continuously (e.g., 15 minutes straight) or in notable episodes (e.g., 10 minutes now, 5 minutes later). Each 1:1 episode, though, should be of sufficient length of time to provide the appropriate skilled intervention in accordance with the IEP. Also, the manner of practice should clearly distinguish it from care provided simultaneously to two or more students.

Group intervention consists of simultaneous treatment to two or more students who may or may not be doing the same activities. If the therapist is dividing attention among the students, providing only brief, intermittent personal contact, or giving the same instructions to two or more students at the same time, then group intervention is occurring and would not be billed by the OT or PT.

**1:1 Example-**

In a 45-minute period, a therapist works with 3 students – A, B, and C—providing feeding intervention with direct 1:1 contact in the following sequence: Student A receives 8 minutes, Student B receives 8 minutes and Student C receives 8 minutes. After this initial 24-minute period, the therapist returns to work with Student A for 10 more minutes (18 minutes total), then Student B for 5 more minutes (13 minute total), and finally Student C for 6 additional minutes (14 minutes total). When students are not receiving direct 1:1 contact with the therapist, they each eat on their own or are assisted by another adult. The therapist appropriately bills for one 15-minute unit of feeding intervention for each student, corresponding to the time of skilled intervention with each child.

**Group Example-**

In a 25-minute period, a therapist works with 2 students, A and B, and divides his/her time between them. The therapist moves back and forth between the 2 students, spending a minute or two at a time, and provides occasional assistance and modifications to Student A's meal time routine and offers verbal cues for Student B's spoon use. The therapist does not track continuous or notable, identifiable episodes of direct 1:1 contact with either student and would document this as a group intervention, which is not reimbursed.

***Team Intervention or "Co-Treatment"***

Therapists and/or therapy assistants working together as a "team" to intervene with one or more students cannot each bill separately for the same or different service provided at the same time to the same student. The therapist cannot bill for his/her services and those of another therapist or therapy assistant, when both provide the same or different services at the same time to the same student. Where a physical and occupational therapist both provide services to one student at the same time, only one therapist can bill for the entire service or the PT and the OT can divide the service units. For example, a PT and OT work together with one student for 30 minutes on switch access. The PT could bill for 1 unit and the OT could bill for 1 unit; or, either one, but not both, of the therapists could bill for 2 units.

***References***

Individuals with Disabilities Education Improvement Act of 2004, Pub. L. 108-446, 20 U.S.C. § 1400 *et seq.*

OT Practice (Sept 2002). School-Based Practice Moving Beyond 1:1 Service Delivery. Edited by Yvonne Swinth and Barbara Hanft.

Policies Governing Services for Children with Disabilities, 2007. North Carolina Department of Public Instruction.