

RECREATION THERAPY AND CREATIVE ARTS THERAPY SERVICE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides policy for the national VHA Recreation Therapy and Creative Arts Therapy (RT/CAT) Service to ensure RT/CAT services and programs for Veterans are provided at Department of Veterans Affairs (VA) medical facilities, consistent with practice standards as defined by professional organizations.

2. SUMMARY OF MAJOR CHANGES:

a. Amendment dated October 24, 2025, adds responsibility for the VA Medical Facility Supervisor of Recreational Therapy and Creative Arts Therapy to ensure Artistic Displays and Performance Guidance is followed (paragraph 4.i.(14)).

b. As published, this directive:

(1) Added responsibilities for the Under Secretary for Health, Assistant Under Secretary for Health for Patient Care Services and Assistant Under Secretary for Health for Operations (see paragraph 4).

(2) Removed former Appendices B, D, E, G, H and I, and former paragraphs 7 and 8 on clinical training and research and special programs, respectively. This information is available on VHA [Recreation Therapy and Creative Arts Therapy Service SharePoint](#).

NOTE: *This is an internal VA website that is not available to the public. Access to this page is limited to RT/CAT staff across VHA and others upon request.*

3. RELATED ISSUES: VA Handbook 5005, Staffing, Part II, Appendix G60, Recreation and Creative Arts Therapist Qualification Standard, dated June 7, 2019; VHA Directive 1170.03(1), Physical Medicine and Rehabilitation Service, dated November 5, 2019.

4. RESPONSIBLE OFFICE: The Chief Patient Care Services Officer, Office of Rehabilitation and Prosthetic Services (12RPS) within the Office of Patient Care Services is responsible for the content of this directive. Questions may be addressed to the National Director, VHA RT/CAT Service at VHA12RPSRehabandProstheticsAction@va.gov or 202-461-7354.

5. RESCISSIONS: VHA Directive 1172.05, Recreation Therapy Service, dated February 1, 2017, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

September 7, 2022

VHA DIRECTIVE 1172.05(1)

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, APRN-BC, FAANP
Acting Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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RECREATION THERAPY AND CREATIVE ARTS THERAPY SERVICE

1. PURPOSE

This Veterans Health Administration (VHA) directive states policy for the VHA Recreation Therapy and Creative Arts Therapy (RT/CAT) Service. The VHA RT/CAT Service's practice includes evaluation, treatment, consultation, education, research, health maintenance/coaching, program development and oversight, and aids the Department of Veterans Affairs (VA) medical facility leadership and clinicians in establishing, maintaining and improving RT/CAT services and programs. This allows for progression of evolving professions to practice at the highest level of licensure, certification and training. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. BACKGROUND

a. Recreation Therapy (RT) is a health care discipline that provides evidenced-based clinical treatment services to restore, remediate and rehabilitate functional capabilities for Veterans with injuries, chronic illnesses and disabling conditions. RT services include assessment and treatment for physical, cognitive, emotional, psychosocial and leisure deficits. Services are provided based upon applying the best available research evidence, using expert clinical judgment in alignment with the Veteran's mission, aspiration and purpose, individual goals, references, and life pursuits.

b. Creative Arts Therapies (CATs) utilize creative modalities and evidence-based clinical treatment interventions to promote recovery, rehabilitation and wellness. CAT treatment objectives are to support, maintain, and improve psychosocial, physical, and cognitive health of individuals as well as enhance sensorimotor function, emotional resilience, and social and coping skills. CAT strives to facilitate Veterans' engagement in the creative process to positively impact their quality of life, while providing a sense of achievement and channeling energies into productive forms of behavior. CAT include the following clinical disciplines: Art Therapy, Dance/Movement Therapy, Drama Therapy and Music Therapy.

c. The VHA RT/CAT Service is a national program office under the Office of Rehabilitation and Prosthetic Services.

3. POLICY

It is VHA policy that Veterans at VA medical facilities have access to RT/CAT services through consultation from their primary care provider or from another provider who is caring for the condition for which RT/CAT services may be helpful. **NOTE:** *Availability of RT/CAT disciplines may vary across VA medical facilities, and these services may be supplemented through community care if there is not RT/CAT at the VA medical facility and an evidenced-based treatment for the specified condition is required.*

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting the Office of Rehabilitation and Prosthetic Services with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Chief Patient Care Services Officer, Office of Rehabilitation and Prosthetic Services.** The Chief Patient Care Services Officer, Office of Rehabilitation and Prosthetic Services is responsible for:

(1) Ensuring support and resources for successful implementation of this directive.

(2) Establishing annual performance metrics in collaboration with the National Director, VHA RT/CAT Service.

(3) Communicating programmatic changes, performance metrics and progress on strategic goals to the Assistant Under Secretary for Health for Patient Care Services.

(4) Establishing annual strategic goals based on VHA leadership priorities.

e. **National Director, VHA Recreation Therapy and Creative Arts Therapy Service, Office of Rehabilitation and Prosthetic Services.** The National Director, VHA RT/CAT Service, Office of Rehabilitation and Prosthetic Services is responsible for:

(1) Ensuring all VHA RT/CAT Service staff are aware of and compliant with the information provided in this directive. **NOTE:** *The National Director, VHA RT/CAT Service is made aware of compliance issues at VA medical facilities through memos provided by the VISN or VA medical facility Director and ensures appropriate corrective action is taken.*

(2) Collaborating with the Chief Patient Care Services Officer, Office of

Rehabilitation and Prosthetic Services on establishing annual performance metrics.

(3) Identifying and communicating performance concerns through outlier reports that are provided to the VISN or VA medical facility Director. **NOTE:** *Outlier reports include performance indicators related to workload, productivity and access that fall outside the normal range.*

(4) Reviewing action plans addressing performance concerns received from the VA medical facility Supervisor of RT/CAT.

(5) Ensuring the strategic direction, employment of evidence-based practices and continuous quality improvement for VHA RT/CAT services in support of VA and VHA strategic goals and objectives.

(6) Providing consultation and assistance to VA medical facilities regarding RT/CAT.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified. **NOTE:** *The VISN Director must send a memo to the National Director, VHA RT/CAT Service when compliance issues at VA medical facilities are identified.*

(2) Ensuring VA medical facilities develop action plans for any outlier reports received from the National Director, VHA RT/CAT Service describing performance indicators that fall outside the normal range and providing concurrence, as appropriate, on action plans before they are submitted to the National Director, VHA RT/CAT Service.

(3) Providing necessary support and resources for RT/CAT services within the VISN in support of VA and VHA strategic goals and objectives. **NOTE:** *The VISN Director may delegate this responsibility to each VA medical facility Director.*

(4) Ensuring the VISN Chief Medical Officer and VA medical facilities' executive leadership (e.g., Chief of Staff, Associate Director, Assistant Director, Associate Director for Patient Care Services) provide visible and supportive leadership in integrating RT/CAT services as an integral component into the VA health care system.

(5) Reviewing available data resources and reports from the VA medical facility Director that track annual performance metrics (e.g., RT/CAT workload, productivity, cost, utilization, access and other available and relevant metrics within the VISN). VHA Rehabilitation and Prosthetic Services data resources can be found at: <https://reports.vssc.med.va.gov/Reports/report/OPES/RehabSPARQ/SpecialtyQuadrant>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified. **NOTE:** *The VISN Director must send a memo to the National Director, VHA RT/CAT Service when compliance issues at VA medical facilities are identified.*

(2) Ensuring that the VA medical facility Supervisor of RT/CAT develops action plans for performance concerns (e.g., outlier reports) and submitting action plans to the VISN Director or National Director, VHA RT/CAT Service, as necessary.

(3) Using available VHA Rehabilitation and Prosthetic Services, VISN and VA medical facility data resources and reports from the VA medical facility Supervisor of RT/CAT to track and analyze annual performance metrics and report findings to the VISN Director. VHA Rehabilitation and Prosthetic Service data resources can be found at:

<https://reports.vssc.med.va.gov/Reports/report/OPES/RehabSPARQ/SpecialtyQuadrant>
. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Authorizing Recreation Therapists and Creative Arts Therapists to provide services, consistent with:

(a) The scope of the therapist's licensure and certification (see paragraph 5).

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

(c) Work as a non-licensed independent practitioner (non-LIP). **NOTE:** *A non-LIP is a health care provider who works autonomously to the full extent of their license, registration or certification but is not permitted by their license, registration, certification or Medical Staff Bylaws to practice independently (and be privileged). Non-LIPs generally provide care through treatment plans developed by LIPs, orders or under the oversight or direction of LIPs.*

(5) Ensuring the VA medical facility's provision of RT/CAT services as determined by need to support rehabilitation services in meeting the needs of Veterans across the spectrum of care, in accordance with accrediting organizations, other VA policies (e.g., VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program, dated July 16, 2019; VHA Handbook 1142.01, Criteria and Standards for VA Community Living Centers, dated August 13, 2008; VHA Directive 1172.01, Polytrauma System of Care, January 24, 2019; VHA Directive 1141.02(1), Medical Foster Home Procedures, August 9, 2017; VHA Directive 1174, Blind and Visual Impairment Rehabilitation Continuum of Care, dated April 19, 2021; VHA Directive 1176(2), Spinal Cord Injuries and Disorders System of Care, dated September 30, 2019).

(6) Incorporating Recreation Therapists and Creative Arts Therapists into a wide spectrum of health care teams including but not limited to: Mental Health, Residential Rehabilitation, Community Living Centers (CLCs), Medical Foster Homes (MFHs), inpatient physical rehabilitation, Polytrauma, Spinal Cord Injury/Disorder System of Care, Blind Rehabilitation and Addictions. Recreation Therapists and Creative Arts

Therapists may also serve as extended members of primary care Patient Aligned Care Teams.

(7) Ensuring VA medical facility Human Resources adheres to VA Handbook 5005, Staffing, Part II, Appendix G60, Recreation and Creative Arts Therapist Qualification Standard, dated June 7, 2019, for mandatory procedures on staffing, recruitment and placement.

(8) Ensuring that the VA medical facility Supervisor of RT/CAT is designated to oversee implementation and evaluation of RT/CAT services and serves as liaison to other clinical and support services. **NOTE:** *The organization structure is determined at the VA medical facility level and must be aligned under clinical services and not administrative service lines. RT/CAT services may be organized as independent services or service lines.*

(9) Providing the appropriate space for efficient provision of RT/CAT services. **NOTE:** *Criterion for minimum space requirements is provided in VA Space Planning Criteria (PG-18-9), Chapter 269: Recreation Therapy Service, available at: <https://www.cfm.va.gov/til/space.asp>.*

(10) Providing the appropriate equipment, resources and necessary supplies to support efficient provision of RT/CAT services. This includes, but is not limited to:

(a) Therapeutic and rehabilitative equipment, devices, expendables and tools sufficient for the treatment and management of disorders associated with the practice of RT/CAT.

(b) Computers, internet connectivity and information technologies sufficient to run clinical equipment, analyze treatment results and provide staff and Veteran education.

h. VA Medical Facility Chief of Staff or Associate Director for Patient Care Services. The VA medical facility Chief of Staff or Associate Director for Patient Care Services, depending on the VA medical facility, is responsible for collaborating with the VA medical facility Supervisor of RT/CAT to develop consistent standard operating procedures to address RT/CAT practice, supervision and service administration.

i. VA Medical Facility Supervisor of Recreation Therapy and Creative Arts Therapy. **NOTE:** *For the purposes of this directive, the term VA medical facility Supervisor of RT/CAT is the title for the person responsible for the management of the RT/CAT Service at each VA medical facility. Where there is no service chief, a supervisory Recreation Therapist or Creative Arts Therapist is responsible. In those VA medical facilities where no supervisory Recreation Therapist or Creative Arts Therapist is assigned, a Recreation Therapist or Creative Arts Therapist (lead) or designee (i.e., the senior most Recreation Therapist or Creative Arts Therapist on staff) is responsible. The VA medical facility Supervisor of RT/CAT is responsible for:*

(1) Collaborating with the VA medical facility Chief of Staff or Associate Director for Patient Care Services to develop consistent standard operating procedures to address

RT/CAT practice, supervision and service administration.

(2) Planning, developing and coordinating delivery of evidence-based RT/CAT services that are individualized, focused on outcomes and available to all eligible Veterans.

(3) Collaborating with interdisciplinary community partners and VA medical facility services, departments, programs and staff to better ensure ease of access to RT/CAT services.

(4) Analyzing and tracking Veteran outcomes and annual performance metrics to monitor, assess and enhance the quality and effectiveness of RT/CAT services.

(5) Developing action plans to improve overall performance and productivity, as necessary based on outlier reports from the National Director, VHA RT/CAT Service and submitting action plans to the National Director, VHA RT/CAT Service through the VISN Director or VA medical facility Director, as required. **NOTE:** *Outlier reports include performance indicators related to workload, productivity and access that fall outside the normal range.*

(6) Supporting opportunities for clinical research to validate program effectiveness and develop evidence-based outcomes in the field of RT/CAT. **NOTE:** *VHA RT/CAT Service promotes RT/CAT research activities and appropriately applies research findings to the clinical setting in accordance with Office of Research and Development guidance located at:*

https://www.research.va.gov/resources/policies/general_admin.cfm.

(7) Ensuring established performance goals are met by VA RT/CATs, Therapy Assistants, Specialists, and Recreation Assistants/Aides.

(8) Promoting excellence in administrative, financial, clinical and strategic processes to determine needed support for RT/CAT staff (e.g., budget, supplies, equipment, space, education and training).

(9) Ensuring RT/CAT staff are listed in and have access to the appropriate VHA RT/CAT Outlook mail groups and SharePoint sites.

(10) Collaborating with professional organizations and accredited educational institutions to deliver state-of-the-art services and provide the highest-level clinical experience for RT/CAT students. **NOTE:** *Clinical training in RT/CAT may be provided at select VA medical facilities through affiliation relationships in accordance with Office of Academic Affiliations (OAA) guidelines located at: <https://www.va.gov/oaa/affiliation-agreements.asp>. See VHA Directive 1400.03, Educational Relationships, dated February 23, 2022.*

(11) Contributing to budget development and communicating to executive VA medical facility leadership about resources needed to accomplish the VHA RT/CAT Service mission using evidence-based data to justify requests.

(12) Ensuring all Recreation Therapists and Creative Arts Therapists that are directly involved in Veteran care obtain a National Provider Identification (NPI), designate their Taxonomy Codes and furnish both NPI and Taxonomy Code information to the designated NPI Maintenance Team Leader at their VA medical facility as requested, per VHA Directive 1066, Requirement for National Provider Identifier and Taxonomy Codes, dated February 10, 2021 (see Appendix B, paragraph 1 for further information).

(13) Reviewing person class code assignments at least once a year (see Appendix B).

(14) Ensuring RT/CAT staff who display Veteran artistry, to include visual art, creative writing, dance, drama, and music, follow the approved guidance (Artistic Displays and Performance Guidance located at: [RTCAT SharePoint Documents](#)).

j. **VA Medical Facility Recreation Therapist.** The VA medical facility Recreation Therapist is responsible for:

(1) Evaluating Veterans and establishing appropriate plans of care, treatment and interventions.

(2) Documenting daily treatment notes in the electronic health record (EHR) and co-signing notes for the Recreation Therapy Assistant.

(3) Capturing the clinical services provided in the Patient Care Encounter (PCE) system.

(4) Receiving health care provider orders and consultations for therapeutic interventions.

(5) Providing RT treatment interventions including, but not limited to those described in Appendix C and Appendix D, paragraph 1.

k. **VA Medical Facility Music Therapist.** The VA medical facility Music Therapist is responsible for:

(1) Evaluating Veterans and establishing appropriate plans of care, treatment and interventions.

(2) Documenting daily treatment notes in the EHR.

(3) Capturing the clinical services provided in the PCE system.

(4) Receiving health care provider orders and consultations for therapeutic interventions.

(5) Providing music therapy treatment interventions including, but not limited to those described in Appendix C and Appendix D, paragraph 2.

l. **VA Medical Facility Art Therapist.** The VA medical facility Art Therapist is responsible for:

(1) Evaluating Veterans and establishing appropriate plans of care, treatment and interventions.

(2) Documenting daily treatment notes in the EHR.

(3) Capturing the clinical services provided in the PCE system.

(4) Receiving health care provider orders and consultations for therapeutic interventions.

(5) Providing art therapy treatment interventions including, but not limited to those described in Appendix C and Appendix D, paragraph 3.

m. **VA Medical Facility Dance/Movement Therapist.** The VA medical facility Dance/Movement Therapist is responsible for:

(1) Evaluating Veterans and establishing plans of care, treatment and interventions.

(2) Documenting daily treatment notes in the EHR.

(3) Capturing the clinical services provided in the PCE system.

(4) Receiving health care provider orders and consultations for therapeutic interventions.

(5) Providing dance/movement therapy treatment interventions including, but not limited to those described in Appendix C and Appendix D, paragraph 4.

n. **VA Medical Facility Drama Therapist.** The VA medical facility Drama Therapist is responsible for:

(1) Evaluating Veterans and establishing plans of care, treatment and interventions.

(2) Documenting daily treatment notes in the EHR.

(3) Capturing the clinical services provided in the PCE system.

(4) Receiving health care provider orders and consultations for therapeutic interventions.

(5) Providing drama therapy treatment interventions including, but not limited to those described in Appendix C and Appendix D, paragraph 5.

o. **VA Medical Facility Recreation Therapy Assistant.** The VA medical facility Recreation Therapy Assistant is responsible for:

(1) Leading and facilitating RT services specified in the individual plan of care or for identified groups under the guidance and direction of Recreation Therapists or Creative Arts Therapists.

(2) Documenting daily treatment notes in the EHR.

(3) Capturing the clinical services provided in the PCE system. The VA medical facility Recreation Therapy Assistant providing care will be listed as the primary provider in the PCE system, with the supervising therapist listed as the secondary provider.

p. **VA Medical Facility Recreation Specialist.** The VA medical facility Recreation Specialist is responsible for:

(1) Applying knowledge of the goals, principles, methods and techniques of the broad field of recreation in evaluating needs and in planning, organizing, advising on and administering recreation activities and programs.

(2) Serving in key program areas which are designed to promote Veterans' physical, creative and social development.

q. **VA Medical Facility Recreation Assistant/Aide.** The VA medical facility Recreation Assistant/Aide is responsible for:

(1) Supporting, assisting and performing limited aspects of the work of VA medical facility Recreation Specialists and recreation program managers, with assignments characterized by use of practical knowledges plus skills with recreation equipment and materials.

(2) Coordinating volunteer-sponsored activities and resources.

5. SCOPE OF SERVICES

The scope of practice for individual RT/CAT staff members is based upon the individual's education and degree, certification or licensure status, experience and competencies (see Appendix A). RT/CAT services are offered across the continuum of care to improve Veterans' functional status. Veterans receive RT/CAT services in a variety of environments through many different care settings, such as CLCs, Hospice and Palliative Care, MFHs, Mental Health, Residential Rehabilitation, Blind Rehabilitation, Polytrauma, Spinal Cord Injury/Disorder System of Care and outpatient settings. Referrals to RT/CAT services originate from multiple sources. The provision of RT/CAT services is determined by Veterans' rehabilitative needs. Regardless of the origin of the referral for RT/CAT service, the Veteran must be assessed to determine the appropriate plan of care after a consult is initiated. Workload data for VHA RT/CAT Service utilize the Managerial Cost Accounting System Stop Code 202 (see Appendix B).

6. TRAINING

a. The following training is **required** for all RT/CAT staff to enable delivery of telehealth modality options for Veterans: VA Video Connect to Home (VVC): Integrated Training (Talent Management System (TMS) # 4556649). **NOTE:** See VHA Directive 1400.03 for required training for Health Professions Trainees.

b. The following training is **recommended** for RT/CAT staff providing services in a VA medical facility or other clinical setting: Synchronous Virtual Health Care Provider Training (TMS # 4481967).

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

8. REFERENCES

a. 38 U.S.C. § 7301(b).

b. VA Handbook 5005, Staffing, Part II, Appendix G60, Recreation and Creative Arts Therapist Qualification Standard, dated June 7, 2019.

c. VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018.

d. VHA Directive 1066, Requirement for National Provider Identifier and Taxonomy Codes, dated February 10, 2021.

e. VHA Directive 1082, Patient Care Data Capture, dated March 24, 2015.

f. VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021.

g. VHA Directive 1141.02(1), Medical Foster Home Procedures, dated August 9, 2017.

h. VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program, dated July 16, 2019.

i. VHA Directive 1172.01 Polytrauma System of Care, dated January 24, 2019.

j. VHA Directive 1174, Blind and Visual Impairment Rehabilitation Continuum of Care, dated April 19, 2021.

k. VHA Directive 1176(2), Spinal Cord Injury and Disorders System of Care, dated September 30, 2019.

- l. VHA Directive 1400.03, Educational Relationships, dated February 23, 2022.
- m. VHA Directive 1695, Veterans Transportation Services, dated September 18, 2019.
- n. VHA Handbook 1142.01, Criteria and Standards for VA Community Living Centers (CLC), dated August 13, 2008.
- o. VA Space Planning Criteria. Chapter 269: Recreation Therapy Service. <https://www.cfm.va.gov/til/space.asp>.
- p. American Art Therapy Association. <http://www.arttherapy.org>.
- q. American Dance Therapy Association. <http://www.adta.org>.
- r. American Music Therapy Association. <http://www.musictherapy.org>.
- s. American Therapeutic Recreation Association. <http://www.atra-online.com>.
- t. Art Therapy Credentials Board, Inc. <http://www.atcb.org>.
- u. Centers for Medicare and Medicaid Services. Minimum Data Set 3.0. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports>.
- v. Certification Board for Music Therapists. <http://www.cbmt.org>.
- w. Dance/Movement Therapy Certification Board. <https://www.adta.org/dmtcb>.
- x. National Council for Therapeutic Recreation Certification. <http://www.nctrc.org>.
- y. National Plan and Provider Enumeration System Provider Taxonomy. <https://nppes.cms.hhs.gov/#/>.
- z. National Provider Identifier Database Healthcare Provider Taxonomy Code Set. <https://npidb.org/taxonomy/>.
- aa. North American Drama Therapy Association. <http://www.nadt.org>.
- bb. Office of Academic Affiliations. Affiliation Agreements. <https://www.va.gov/oaa/affiliation-agreements.asp>.
- cc. Office of Research and Development. <http://vaww.research.va.gov/default.cfm>.
NOTE: This is an internal VA website that is not available to the public.
- dd. [Recreation Therapy and Creative Arts Therapy Service](#). **NOTE:** This is an internal VA website that is not available to the public. Access to this page is limited to RT/CAT staff across VHA and others upon request.

ee. VA Space Planning Criteria (PG-18-9), Chapter 269: Recreation Therapy Service, available at: <http://www.cfm.va.gov/til/space/spChapter269.pdf>.

ff. VHA Rehabilitation and Prosthetic Service Data Resources, available at: <https://reports.vssc.med.va.gov/Reports/report/OPES/RehabSPARQ/SpecialtyQuadrant>

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

gg. VHA Rehabilitation and Prosthetic Services Workload and Productivity Resources, available at:

<https://dvagov.sharepoint.com/sites/VHAREhab/data%20references/forms/allitems.aspx?id=%2Fsites%2FVHAREhab%2FData%20References%2FWorkload%20and%20Productivity%20Resources&viewid=2a478e49%2D34a8%2D4387%2Db1c3%2D311506508dd>. **NOTE:** *This is an internal VA website that is not available to the public.*

RECREATION AND CREATIVE ARTS THERAPISTS EDUCATION, CERTIFICATION AND PROFESSIONAL COMPETENCIES

1. CORE COMPETENCIES

Core competencies are discipline specific and defined by professional organizations that represent each professional discipline (i.e., American Therapeutic Recreation Association (ATRA), American Music Therapy Association (AMTA), American Art Therapy Association (AATA), North American Drama Therapy Association (NADT) and American Dance Therapy Association (ADTA)). The Recreation Therapist and Creative Arts Therapist core competencies are:

- a. Developing knowledge, skills and abilities in a therapeutic modality such as art, dance, drama, music or Recreation Therapy through education, continuous training and clinical practice to address the clinical and palliative care needs of Veterans.
- b. Developing and maintaining professional competence in foundational clinical skills to understand the unique conditions and behaviors related to various diagnoses, principles of therapy and methods of developing therapeutic relationships.
- c. Maintaining competencies in assessments, treatment plans, therapeutic interventions, clinical evaluations, documentation and ethical practices related to their specific discipline.
- d. 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 required that Recreation Therapists and Creative Arts Therapists obtain the appropriate professional credentials. All Recreation Therapists and Creative Arts Therapists are credentialed in VetPro in accordance with VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021. Recreation Therapists and Creative Arts Therapists must obtain the following:

- a. National Council for Therapeutic Recreation Certification Credential (see <http://www.nctrc.org> for further information), or
- b. Creative Arts Therapies credentialing from one of the following organizations:
 - (1) Art Therapist–Art Therapy Credentials Board. **NOTE:** For more information, see <http://www.atcb.org>.
 - (2) Dance/Movement Therapist–Dance/Movement Therapy Certification Board. **NOTE:** For more information, see <https://www.adta.org/dmtcb>.

(3) Drama Therapist–National Association for Drama Therapy. **NOTE:** For more information, see <http://www.nadt.org>.

(4) Music Therapist–Certification Board for Music Therapists. **NOTE:** For more information, see <http://www.cbmt.org>.

3. SCOPE OF PRACTICE

Each therapist is 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 encompasses Veteran assessment, treatment plan, implementation, evaluation of treatment plan and discharge/transition planning.

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 including, but not limited to: World Health Organization Quality of Life Instrument, Meaning of Life Questionnaire, Geriatric Depression Scale, Functional Independent Measure, 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 goals, long-term goals and discharge plans that reflect the Veteran's functionality, lifestyle, interests and values.

(2) Individualized treatment planning with measurable functional outcome goals described in behavioral terms.

(3) Treatment programs and interventions are intentionally designed to achieve intended outcomes, be evidence-based and have clear objectives.

c. **Implementation.** Implementation encompasses explaining the purpose and outcomes of the intervention/program and steps to be followed; conducting individual or group session(s), protocols and programs; observing responses to the intervention/program and documenting important data. Protocol examples are posted on the Recreation Therapy and Creative Arts Therapy Service SharePoint site, available at: <https://dvagov.sharepoint.com/sites/VHARecTherapy>. **NOTE:** This is an internal VA website that is not available to the public. Access to this page is limited to RT/CAT staff across VHA and others upon request.

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 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.

4. GENERAL SCHEDULE LEVELS

- a. Department of Veterans Affairs (VA) Medical Facility Recreation Therapist - GS-0638.
- b. VA Medical Facility Music Therapist - GS-0638.
- c. VA Medical Facility Art Therapist - GS-0638.
- d. VA Medical Facility Dance/Movement Therapist - GS-0638.
- e. VA Medical Facility Drama Therapist - GS-0638.
- f. VA Medical Facility Recreation Therapy Assistant - GS-0636.
- g. VA Medical Facility Recreation Specialist - GS-0188.
- h. VA Medical Facility Recreation Assistant/Aide - GS-0189.

REPORTING WORKLOAD AND PRODUCTIVITY FOR RECREATION THERAPY AND CREATIVE ARTS THERAPY

1. NATIONAL PROVIDER IDENTIFICATION

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

b. All Recreation Therapists and Creative Arts Therapists that are directly involved in Veteran care must obtain an NPI, designate their Taxonomy Codes and furnish both NPI and Taxonomy Code information to the designated NPI Maintenance Team Leader at their Department of Veterans Affairs (VA) medical facility as requested. **NOTE:** For further information, see the National Plan and Provider Enumeration System Provider Taxonomy available at <https://nppes.cms.hhs.gov/#/> and the Healthcare Provider Taxonomy code set available at <https://npidb.org/taxonomy>.

c. The appropriate NPIs for use in Veterans Health Administration (VHA) are:

(1) Art Therapist–221700000X.

(2) Dance Therapist–225600000X.

(3) Drama Therapist–101200000X.

(4) Music Therapist–225A00000X.

(5) Recreation Therapist–225800000X.

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

2. PERSON CLASS CODE

a. Health care providers are assigned a person class code in the Electronic Health Record in order to exercise clinical privileges, pass workload to the Patient Care Encounter application and for use in applicable third-party billing cases. A person class code is a unique identification number that reports each ambulatory encounter or ancillary service. Provider, procedure and diagnosis information is included in the Resident Assessment Instrument - Minimum Data Set (RAI-MDS) reported to the National Patient Care Database. Every Recreation Therapist and Creative Arts Therapist must be assigned a person class code in the Person Class File according to definitions provided in the Person Class Taxonomy.

b. Person class code assignments must be reviewed at least once a year by the VA medical facility Supervisor of Recreation Therapy (RT) and Creative Arts Therapy (CAT)

or designee.

c. The appropriate person class code assignments allowed for use in VHA are:

- (1) Art Therapist–V130201.
- (2) Dance Therapist–V130203.
- (3) Drama Therapist–V010704.
- (4) Music Therapist–V130205.
- (5) Recreation Therapist–V130209.
- (6) Recreation Therapy Assistant/Technologist–V130814.

3. WORKLOAD DATA

a. RT/CAT Service staff are required to enter workload data according to VHA Directive 1082, Patient Care Data Capture, dated March 24, 2015, and VA medical facility procedures, use Managerial Cost Accounting Stop Code 202 to capture workload for Veteran care and ensure workload entry is processed through the Patient Care Encounter system.

b. Such Recreation Therapy and Music Therapy treatment time must be recorded in section O-04 item F of the RAI-MDS, when the ordered therapist falls within an individualized short-term, goal-oriented rehabilitative-care program.

c. Recreation Therapy and Music Therapy staff document all other routine services provided to VA Community Living Center (CLC) Veterans, that are not specifically within the context of a formal Recreation Therapy or Music Therapy treatment program or rehabilitative-care program, in Section F0500 of the RAI-MDS.

d. A complete list of RT/CAT procedures, including the CPT code numbers is provided every calendar year and is available at <https://dvagov.sharepoint.com/sites/VHARehab/data%20references/forms/allitems.aspx?id=%2Fsites%2FVHARehab%2FData%20References%2FWorkload%20and%20Productivity%20Resources&viewid=2a478e49%2D34a8%2D4387%2Db1c3%2D311506508dd>. **NOTE:** This is an internal VA website that are not available to the public.

COMMUNITY REINTEGRATION

1. Community reintegration, as a treatment modality, is a valuable tool to ensure a Veteran's safe integration with the least restrictive environment. Community reintegration is both a training tool and a training protocol. Community reintegration may occur within the Department of Veterans Affairs (VA) medical facility environment or outside the predictable environment of the VA medical facility.

a. A provider referral or order is necessary for the Veteran to participate in community reintegration programs. Recreation Therapists and Creative Arts Therapists must enter adequate documentation in the care plan indicating that a community reintegration intervention is beneficial to the Veteran for therapeutic purposes to assess their ability to manage in community-based settings.

b. The assigned Recreation Therapist or Creative Arts Therapist is responsible for planning community reintegration with the Veteran. Planning is consistent with documented interdisciplinary treatment plans. Interdisciplinary team members are encouraged to collaborate with and participate in community reintegration intervention.

c. Recreation Therapy and Creative Arts Therapy (RT/CAT) staff members transporting Veterans in government vehicles during off-station activities are responsible for complying with VHA Directive 1695, Veterans Transportation Services, dated September 18, 2019.

2. RT/CAT staff members provide Veteran's with community reintegration training as part of individual treatment plans. The aim is to improve independent functions that were impaired by an identified illness or injury and is used when expected outcomes are attainable as specified in the plan.

a. The needs of the Veteran 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 Veteran functionalities, abilities, formal lists of required skills and results of treatment. Community reintegration program treatment goals are written to treat areas of need that may include, but are not limited to, the following skills and abilities:

(1) Problem Solving.

(2) Mobility.

(3) Directionality (e.g., route finding and navigation/navigational devices).

(4) Communication.

- (5) Money Management.
- (6) Safety/Pedestrian Safety.
- (7) Judgment.
- (8) Behavioral Control.
- (9) Architectural Barriers (e.g., doors, various terrains and level surfaces).
- (10) Task Segmentation/Sequence.
- (11) Leisure/Community Resources.
- (12) Self-advocacy Skills.

RECREATION THERAPY AND CREATIVE ARTS THERAPY INTERVENTIONS

Recreation Therapists and Creative Arts Therapists conduct clinical evaluations and provide treatment services to Veterans, their families and caregivers utilizing therapeutic interventions that result in positive functional outcomes. These can include wellness-based activities that allow for Veterans to gain a sense of meaning and purpose to support their overall well-being. Therapeutic interventions and activities both have important value as components of treatment and enhance the transfer of treatment outcomes into life activities through reintegration to the community. Recreation Therapy and Creative Arts Therapy (RT/CAT) services are designed to improve quality of life 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.

1. Recreation Therapy treatment interventions include, but are not limited to:

- a. Adaptive sports.
- b. Leisure education.
- c. Community reintegration (see Appendix C).
- d. Pain management.
- e. Balance and coordination.
- f. Assistive Technology.
- g. Promotion of physical activity.
- h. Cognitive retraining.
- i. Behavior modification.
- j. Sensory integration.

2. Music Therapy treatment interventions include, but are not limited to:

- a. Auditory processing.
- b. Sensory integration.
- c. Pain management.
- d. Hand/eye coordination.

- e. Assistive Technology.
- f. Memory recall.
- g. Fine/Gross motor movement.
- h. Cognitive processing.
- i. Behavior modification.
- j. Emotional regulation and processing.

3. Art Therapy treatment interventions include, but are not limited to:

- a. Visual processing.
- b. Active meditation.
- c. Assistive Technology.
- d. Memory recall.
- e. Fine/Gross motor movement.
- f. Cognitive processing.
- g. Behavior modification.
- h. Emotion regulation and processing.

4. Dance/Movement Therapy treatment interventions include, but are not limited to:

- a. Fine/Gross motor movement.
- b. Auditory processing.
- c. Sensory integration.
- d. Pain management.
- e. Hand/eye coordination.
- f. Assistive Technology.
- g. Memory recall.
- h. Cognitive processing.
- i. Behavior modification.

j. Emotional regulation and processing.

5. Drama Therapy treatment interventions include, but are not limited to:

a. Auditory processing.

b. Sensory integration.

c. Pain management.

d. Hand/eye coordination.

e. Memory recall.

f. Fine/gross motor movement.

g. Cognitive processing.

h. Behavior modification.

i. Emotional regulation and processing.