



American Therapeutic Recreation Association

818 18th Street NW • Suite 810 7369 • Washington, DC 20016 • (301) 683-8583 • www.atra-online.com

May 28, 2026

VIA ELECTRONIC SUBMISSION

The Honorable Mehmet Oz, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1843-P
7500 Security Boulevard
Baltimore, MD 21244-8016

RE: (CMS-1843-P) Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program for Federal Fiscal Year 2027; Proposed

Dear Administrator Oz:

The American Therapeutic Recreation Association (ATRA) appreciates the opportunity to comment on the Fiscal Year (FY) 2027 Skilled Nursing Facility Prospective Payment System Proposed Rule (Proposed Rule). ATRA is the largest professional association representing recreational therapy practitioners. Recreational therapists are nationally certified and, where applicable, state-licensed to provide activity-based treatment services for individuals with a range of disabling conditions across the lifespan. Recreational therapists work with older adults and people with chronic conditions in skilled nursing facilities (SNFs) throughout the U.S.

Recreational Therapists in Case-Mix Adjustment Therapy Component

Recreational therapists address older adults' physical, cognitive, psychosocial, and behavioral needs through evidence-based therapy services. ATRA encourages CMS to reevaluate the placement of recreational therapy within the payment system and consider inclusion of physician-ordered, medically necessary recreational therapy services within the case-mix adjusted therapy component, rather than grouping recreational therapy within the Nursing category. ATRA also encourages CMS to consider permitting recreational therapists to document recreational therapy services within Section O of the Minimum Data Set (MDS) when those services are physician-ordered and medically necessary.

While not all Medicare Part A beneficiaries in an SNF require skilled recreational therapy services (which are different from diversional activities), there are many who do. Recreational therapists provide nonpharmacological interventions to not only address behaviors and emotional issues for people with dementia or mental health diagnoses,^{1,2} but also physical functioning, coping skills, and community integration for older adults returning to community-based settings post-discharge.³ Recreational therapy interventions are impacted by non-therapy ancillary diagnoses (just as PT, OT and SLP are) in that certain diagnoses may warrant treatment while other diagnoses do not (e.g., a person who had a stroke with neglect will require different types of care versus someone with wound care). Recreational therapy interventions have demonstrated outcomes that contribute to increased quality of life, improved physical functioning, decreased symptoms of depression and anxiety, and improved overall health and well-being.^{4,5,6} With the decrease in availability and treatment time by physical and occupational therapists,⁷ recreational therapists may be able to support resident functioning and

engagement in areas such as mobility and falls prevention, as well as instrumental activities of daily living such as cooking, money management, and problem solving.

Proposal for SNF Measure Concepts Under Consideration for Future Years—RFI

Because advanced care planning often includes consideration of quality of life, meaningful engagement, independence, and community living goals, recreational therapists can play an important role in supporting these discussions and outcomes. **ATRA supports the consideration and development of a measure centered on advanced care planning.** This is a patient-centered individualized approach that supports people in communicating their goals, values, preferences, and wishes regarding future medical decisions. Recreational therapists are an important part of the life care planning process,⁸ another reason for adding recreational therapy to the services included as a skilled modality available in SNFs. Recreational therapists can address health promotion, reduce secondary conditions, promote quality of life, reduce social isolation and loneliness, and improve physical and cognitive functioning in the home and community, as well as in clinical settings. Recreational therapists assist in transitioning people from SNFs to their homes or lesser levels of care and their communities. Recreational therapists are able to follow through to implement life care plans in these non-clinical settings after discharge from a SNF.

Demonstration Project of Recreational Therapists within SNFs

ATRA also encourages CMS to create a demonstration project that collects relevant data on the utilization of recreational therapy within SNFs, and its potential impact on costs and quality of care. This was done in the early 2000s when SNF PPS was in its infancy but has not been undertaken since despite changes in practice and increased use of recreational therapy in SNFs. Using the results of this demonstration project would allow CMS to evaluate the utilization of recreational therapy services to address physical, cognitive, social, and behavioral health needs for residents with SNF stays and potentially improve overall outcomes and quality measures. Given recreational therapy's previous inclusion as a distinct service category within Section O, ATRA encourages CMS to reconsider and restore recreational therapy as a distinct and separate service category as part of this demonstration project data collection process. Collecting recreational therapy service minutes would be instrumental in understanding the scope and amount of recreational therapy treatment being provided to Medicare beneficiaries within SNFs.

We appreciate your attention to our comments and your interest in our participation in the process. Should you have further questions regarding this information, please contact us at brent@atra-online.com or dawn@atra-online.com. Thank you.

Respectfully submitted,



Brent D. Wolfe, Ph.D., LRT, CTRS, FDRT
ATRA Executive Director



Dawn DeVries, DHA, CTRS, FDRT
ATRA Advocacy & Legislative Affairs Director

¹ Fitzsimmons, S., Sardina, A., & Buettner, L. (2008). *Dementia practice guidelines for recreational therapists: Treatment of disturbing behaviors*. Hattiesburg, MS: American Therapeutic Recreation Association.

² Kolanowski, A., Fick, D. M., & Buettner, L. (2009). Recreational activities to reduce behavioral symptoms in dementia. *Geriatrics and Aging, 12*(1), 37-42.

- ³ Stumbo, N. J., Wilder, A., Zahl, M., DeVries, D., Pegg, S., Greenwood, J., & Ross, J. E. (2014). Community integration: Showcasing the evidence for therapeutic recreation services. *Therapeutic Recreation Journal*, 49(1), 35-60.
- ⁴ Bedini, L., Kelly, L., McKenzie, K., & Mitchell, K. L. (2019). Impact of a pilot adaptive sports intervention on residents at a skilled nursing facility. *Therapeutic Recreation Journal*, 53(4), 340–367.
- ⁵ DeVries, D., O’Leary, E., & Wahl, N. (2025). Shared reading with older adults who have dementia: A pilot study. *Therapeutic Recreation Journal*, 59(1), 94-117.
- ⁶ Coil, M. & Kemeny, B. (2023). Comparative effectiveness of recreational therapy using canine or equine assisted interventions for older adults with dementia. *American Journal of Recreation Therapy*, 21(4), 31-44.
- ⁷ Prusynski, R. A., Humbert, A., Amaravadi, H., Middleton, A., Leland, N. E., Saliba, D., Brown, C., Freburger, J., & Mroz, T. M. (2026). Patient functional outcomes in skilled nursing facilities: The mediating role of declining therapy. *Archives of Physical Medicine and Rehabilitation*, 107(4), 640-647. DOI: 10.1016/j.apmr.2025.09.018
- ⁸ Kemeny, B., Fawber, H., Finegan, J., & Marcinko, D. (2020). Recreational therapy: Implications for life care planning. *Journal of Life Care Planning*, 18(4), 35-48.