

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 1 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0000 - Initial Comments**

**Title** Initial Comments

**CFR**

**Type** Memo Tag

**Regulation Definition**

**Interpretive Guideline**

**FED - M0100 - PERSONNEL QUALIFICATION**

**Title** PERSONNEL QUALIFICATION

**CFR** 485.904

**Type** Condition

**Regulation Definition**

**Interpretive Guideline**

[ Personnel Qualifications ]

**FED - M0101 - GENERAL QUALIFICATION REQUIREMENTS**

**Title** GENERAL QUALIFICATION REQUIREMENTS

**CFR** 485.904(a)

**Type** Standard

**Regulation Definition**

**Interpretive Guideline**

All professionals who furnish services directly, under an individual contract, or under arrangements with a CMHC, must be legally authorized (licensed, certified or registered) in accordance with applicable Federal, State and Local laws, and must act only within the scope of their State licenses,

"All professionals" is defined as personnel listed in §485.904(b).

Interview the facility director about how services are furnished. Determine what services are contracted and what services are offered under other arrangements.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 2 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

certifications, or registrations. All personnel qualifications must be kept current at all times.

Request a list of all professionals furnishing services at the CMHC.

Review personnel folders for all professionals who furnish services directly for current licensing, certifications, and/or registrations.

Those individuals providing services under other arrangements may not have a personnel folder, but surveyors should still verify the facility has a copy of current licensing, certifications, and/or registrations.

Surveyors should see evidence the facility has verified licensure and license expiration date as applicable.

**FED - M0102 - PERSONNEL QUALIFICATION**

**Title** PERSONNEL QUALIFICATION

**CFR** 485.904 (b)

**Type** Standard

**Regulation Definition**

Personnel qualifications for certain disciplines. The following qualifications must be met:

**Interpretive Guideline**

**FED - M0103 - ADMINISTRATOR OF A CMHC**

**Title** ADMINISTRATOR OF A CMHC

**CFR** 485.904 (b)(1)

**Type** Element

**Regulation Definition**

A CMHC employee who meets the education and experience requirements established by the CMHC's governing body for that position and who is responsible for the day-to-day operation of the CMHC.

**Interpretive Guideline**

Surveyors will need to find the CMHC Governing Body established requirements for the Administrator qualifications and to make sure the Administrator of the CMHC is meeting said qualification requirements.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 3 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0104 - CLINICAL PSYCHOLOGIST**

**Title** CLINICAL PSYCHOLOGIST

**CFR** 485.904 (b)(2)

**Type** Element

**Regulation Definition**

An individual who meets the qualifications at 410.71(d) of this chapter.

**Interpretive Guideline**

Surveyors must find evidence in the employee records of the following;

- o Doctoral degree in Psychology, and
- o Licenses or certified in the State which independent practice level, and
- o Services such as diagnostic, assessment, preventative and therapeutic are rendered to individuals.

Surveyors finding Doctoral or Masters level Psychologist staff with no clinical licensure should find evidence in the employee record of being under the formal supervision of a like licensed professional and provide services only within the scope of their practice and that allowed by the State they are providing such services. Bachelor's level professionals in these fields would require formal clinical supervision as required by their State licensing board toward required hours of obtaining licensure.

See 42 CFR §410.71(d) for more details.

**FED - M0105 - CLINICAL SOCIAL WORKER**

**Title** CLINICAL SOCIAL WORKER

**CFR** 485.904 (b)(3)

**Type** Element

**Regulation Definition**

An individual who meets the qualifications at section 410.73 (a) of this chapter.

**Interpretive Guideline**

Surveyors must find evidence in the employee records of clinical Social Worker of the following:

- o Masters of Doctoral Degree in Social Work
- o Minimum of 1 year supervised clinical experience in providing care in a psychiatric health care setting
- o Licensed or certified at the independent practice level to perform psychotherapy by the laws of the state in which services are performed, or
  - Have a Bachelor's degree in social work from an institution
  - accredited by the Council of

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 4 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

Social work Education; or a Bachelor's degree in psychology or sociology, and  
- be supervised by an MSW, and  
- have 1 year of social work experience in a psychiatric healthcare setting.

Surveyors finding Masters level Social Worker staff with no clinical licensure should find evidence in the employee record of being under the formal supervision of a like licensed professional and provide services only within the scope of their practice and that allowed by the State they are providing such services. Bachelor's level professionals in these fields would require formal clinical supervision as required by their State licensing board toward required hours of obtaining licensure.  
See 42 CFR §410.73(a) for more details.

**FED - M0106 - SOCIAL WORKER**

**Title** SOCIAL WORKER

**CFR** 485.904 (b)(4)

**Type** Element

**Regulation Definition**

An individual who--  
(i) Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education, or a baccalaureate degree in psychology or sociology, and is supervised by a clinical social worker, as described in paragraph (b)(3) of this section; and  
(ii) Has 1 year of social work experience in a psychiatric healthcare setting.

**Interpretive Guideline**

Surveyors must find evidence in the employee records of Social Worker qualifications as stipulated in the regulation definition. See

**FED - M0107 - MENTAL HEALTH COUNSELOR**

**Title** MENTAL HEALTH COUNSELOR

**CFR** 485.904 (b)(5)

**Type** Standard

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 5 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

A professional counselor who is certified and/or licensed by the State in which he or she practices and has the skills and knowledge to provide a range of behavioral health services to clients. The mental health counselor conducts assessments and provides services in areas such as psychotherapy, substance abuse, crisis management, psycho-education, and prevention programs.

**Interpretive Guideline**

Surveyor must find evidence in the employee record for Mental Health Counselor qualifications as stipulated in the regulatory definition.

**FED - M0108 - OCCUPATIONAL THERAPIST**

**Title** OCCUPATIONAL THERAPIST

**CFR** 485.904 (b)(6)

**Type** Element

**Regulation Definition**

A person who meets the requirements for the definition of occupational therapist at section 484.4 of this chapter.

**Interpretive Guideline**

Surveyors must find evidence in the employee records of a Occupational Therapist of the following qualifications:

- o Licensed as an Occupational Therapist by the State in which they are practicing,
- o Graduated from a Occupational Therapist educational program Accredited by the Accreditation Council for the Occupational Therapist Education (ACOTE) of the American Occupational Therapy Association (AOTA), or successor Associations of ACOTE . . . see 42 CFR §484.4 for more details.

**FED - M0109 - PHYSICIAN**

**Title** PHYSICIAN

**CFR** 485.904 (b)(7)

**Type** Element

**Regulation Definition**

An individual who meets the qualifications and conditions as defined in section 1861(r) of the Act and provides the services at section 410.20 of this chapter and has experience providing

**Interpretive Guideline**

Surveyors must find evidence in the employee records of a Physician of the following qualifications:

- o a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 6 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

mental health services to clients.

§1101(a)(7), and

- o provides the services at §410.20 of this chapter;
  - Physician' services, including diagnosis, therapy, surgery, consultations and home, office and institutional calls, and
  - has experience providing mental health services to clients.

See §1861(r) of the Act for more details on qualifications.

**FED - M0110 - PHYSICIAN ASSISTANT**

**Title** PHYSICIAN ASSISTANT

**CFR** 485.904 (b)(8)

**Type** Element

**Regulation Definition**

An individual who meets the qualifications and conditions as defined in section 1861(s)(2)(K)(i) of the act and provides the services, in accordance with State law, at 410.74 of this chapter.

**Interpretive Guideline**

Surveyors must find evidence in the employee records of a Physician Assistant of the following qualifications :

- o Having graduated from a educational program that is accredited by the Commission on accreditation of Allied Health Educational Programs, or
- o Have passed the National Certification Examination that is administered by the National Commission on Certification of Physicians Assistants, and
- o Be licensed in the States where services are rendered.

See §1861(s)(2)(K)(i) of the Act and 42 CFR §410.74 for more details.

**FED - M0111 - ADVANCED PRACTICE NURSE**

**Title** ADVANCED PRACTICE NURSE

**CFR** 485.904 (b)(9)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 7 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

An individual who meets the following qualifications:

- (i) Is a nurse practitioner who meets the qualifications at Sec. 410.75 of this chapter; or
- (ii) Is a clinical nurse specialist who meets the qualifications at Sec. 410.76 of this chapter.

**Interpretive Guideline**

Surveyors should find evidence in the employee record for a Advanced nurse practitioner of the following :

- o a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law, and must meet one of the following:
- o certification as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners.
- o a master's degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree.

See 42 CFR §§410.75 and 410.76 for more details.

**FED - M0112 - PSYCHIATRIC REGISTERED NURSE**

**Title** PSYCHIATRIC REGISTERED NURSE

**CFR** 485.904 (b)(10)

**Type** Element

**Regulation Definition**

A registered nurse, who is a graduate of an approved school of professional nursing, is licensed as a registered nurse by the State in which he or she is practicing, and has at least 1 year of education and/or training in psychiatric nursing.

**Interpretive Guideline**

Surveyors should find evidence in the employee record for a Psychiatric Registered Nurse as stipulated in the regulatory definition.

- o Education and/or training are referring to the clinical time spent during the nurses RN program and the "training" is meant to encompass formal training and work training/experience.

**FED - M0113 - PSYCHIATRIST**

**Title** PSYCHIATRIST

**CFR** 485.904 (b)(11)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 8 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

An individual who specializes in assessing and treating persons having psychiatric disorders; is board certified, or is eligible to be board certified by the American Board of Psychiatry and Neurology or has documented equivalent education or experience, and is fully licensed to practice medicine in the State in which he or she practices.

**Interpretive Guideline**

Surveyors should find evidence in the employee record for a Psychiatrist of the following:

- o An individual who specializes in assessing and treating persons having psychiatric disorders;
- o Certified by the American Board of Psychiatry and Neurology or is eligible to be board certified or has documented equivalent education, training or experience, and Fully licensed to practice medicine in the State in which services are rendered.

**FED - M0120 - CLIENT RIGHTS**

**Title** CLIENT RIGHTS

**CFR** 485.910

**Type** Condition

**Regulation Definition**

The client has the right to be informed of his or her rights. The CMHC must protect and promote the exercise of these client rights.

**Interpretive Guideline**

**FED - M0121 - NOTICE OF RIGHTS AND RESPONSIBILITIES**

**Title** NOTICE OF RIGHTS AND RESPONSIBILITIES

**CFR** 485.910 (a)

**Type** Standard

**Regulation Definition**

Notice of rights and responsibilities.

**Interpretive Guideline**



**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 9 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0122 - NOTICE OF RIGHTS AND RESPONSIBILITIES**

**Title** NOTICE OF RIGHTS AND RESPONSIBILITIES

**CFR** 485.910 (a) (1)

**Type** Element

**Regulation Definition**

During the initial evaluation, the CMHC must provide the client and the client's representative (if appropriate) or surrogate with verbal and written notice of the client's rights and responsibilities. The verbal notice must be in a language and manner that the client's representative or surrogate understands. Written notice must be understandable to persons who have limited English proficiency.

**Interpretive Guideline**

Surveyors must see written evidence clients have been informed of their rights.

- o Review records and interview staff to examine how the CMHC communicates information about their rights to diverse patients, including individuals who need assistive devices or translation services.
- o Verify that the facility gave the client a copy of their rights and that the rights include at a minimum §§485.910(b) and 485.910(c), client understood their rights, and client signed the copy of their rights.

During interviews with clients, ask about their knowledge of their rights.

**FED - M0123 - NOTICE OF RIGHTS AND RESPONSIBILITIES**

**Title** NOTICE OF RIGHTS AND RESPONSIBILITIES

**CFR** 485.910 (a) (2)

**Type** Element

**Regulation Definition**

During the initial evaluation, the CMHC must inform and distribute written information to the client concerning its policies on filing a grievance.

**Interpretive Guideline**

Request a copy of the facility policy on filing a grievance. During record review and interview, verify that the facility distributed written information to clients and informed them of the policy on filing a grievance as evidenced by client signature.

**FED - M0124 - NOTICE OF RIGHTS AND RESPONSIBILITIES**

**Title** NOTICE OF RIGHTS AND RESPONSIBILITIES

**CFR** 485.910 (a) (3)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 10 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

The CMHC must obtain the client's and /or the client representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.

**Interpretive Guideline**

Request a copy of the client rights distributed at admission. Utilizing that list, interview clients about how they are allowed to exercise these rights

**FED - M0125 - EXERCISE OF RIGHTS**

**Title** EXERCISE OF RIGHTS

**CFR** 485.910 (b)

**Type** Standard

**Regulation Definition**

Exercise of rights and respect for property and person.

**Interpretive Guideline**

**FED - M0126 - EXERCISE OF RIGHTS**

**Title** EXERCISE OF RIGHTS

**CFR** 485.910 (b)(1)(i)

**Type** Element

**Regulation Definition**

[The client has the right to]  
Exercise his or her rights as a client of the CMHC.

**Interpretive Guideline**

Make observations of clients and staff to verify staff treated clients and their property with respect. Note staff tone of voice towards clients, staff body language, and the privacy afforded to clients. Personal property includes but is not limited to bags, coats, cell phones and purses. An example of personal property not being respected is when a surveyor sees client coats strewn across the CMHC floor and discovers because clients do not have an area to keep their personal belongings. An example of a person being respected is allowing them to keep their belongings with them while at the CMHC, unless contraindicated by the clients treatment plan.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

*Printed 01/29/2015*

Page 11 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0127 - CLIENT'S PROPERTY**

**Title** CLIENT'S PROPERTY

**CFR** 485.910 (b)(1)(ii)

**Type** Element

**Regulation Definition**

[The client has the right to]

Have his or her property and person treated with respect.

**Interpretive Guideline**

Determine whether there is a secured area for clients to leave their personal belongings during treatment.

**FED - M0128 - RIGHT TO A GRIEVANCE PROCESS**

**Title** RIGHT TO A GRIEVANCE PROCESS

**CFR** 485.910 (b)(1)(iii)

**Type** Element

**Regulation Definition**

[The client has the right to]

Voice grievances and understand the CMHC grievance process; including but not limited to grievances regarding mistreatment and treatment or care that is (or fails to be) finished.

**Interpretive Guideline**

Determine the facility's grievance process. Verify that the facility's grievance process is openly posted for clients to easily see. Request the facility's grievance log. Determine how the facility has responded to the grievance and implemented any necessary corrective action.

**FED - M0129 - RIGHT TO NOT BE SUBJECTED TO DISCRIMINATION**

**Title** RIGHT TO NOT BE SUBJECTED TO DISCRIMINATION

**CFR** 485.910 (b)(1)(iv)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 12 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

[The client has the right to]

Not be subjected to discrimination or reprisal for exercising his or her rights.

**Interpretive Guideline**

Identify through observation and interview a client has exercised a right and has thereby gone against what the CMHC staff is asking of them to do. Interview clients about that incident and verify whether or not they have been discriminated against in response to that incident.

**FED - M0132 - CLIENT REPRESENTATIVE**

**Title** CLIENT REPRESENTATIVE

**CFR** 485.910(b)(2)

**Type** Element

**Regulation Definition**

If a client has been adjudged incompetent under State law by a court or proper jurisdiction, the rights of the client are exercised by the person appointed in accordance with State law to act on the client's behalf.

**Interpretive Guideline**

If the record indicates there is legal guardianship, verify that the legal guardian has been informed of the client's rights.

**FED - M0133 - RIGHT TO DESIGNATE A REPRESENTATIVE**

**Title** RIGHT TO DESIGNATE A REPRESENTATIVE

**CFR** 485.910(b)(3)

**Type** Element

**Regulation Definition**

If a State court has not adjudged a client incompetent, any legal representative designated by the client in accordance with State law may exercise the client's rights to the extent allowed under State law.

**Interpretive Guideline**

If the record indicates that a client has not been adjudicated but has designated a legal representative, verify that the legal representative has been informed of the client's rights.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 13 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0136 - CLIENT'S RIGHTS**

**Title** CLIENT'S RIGHTS

**CFR** 485.910(c)

**Type** Standard

**Regulation Definition**

**Interpretive Guideline**

The client has the right to-

**FED - M0137 - RIGHT TO PARTICIPATE IN TREATMENT PLANNING**

**Title** RIGHT TO PARTICIPATE IN TREATMENT PLANNING

**CFR** 485.910(c)(1)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

[The client has the right to]

Be involved in developing his or her active treatment plan.

Verify in the record the client participated in intake, worked jointly with staff to set treatment priorities, and agreed to the treatment process.

**FED - M0138 - RIGHT TO REFUSE CARE OR TREATMENT**

**Title** RIGHT TO REFUSE CARE OR TREATMENT

**CFR** 485.910(c)(2)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

[The client has the right to]

Refuse care or treatment.

Clients should have the right to refuse individual therapies or activities for valid reasons and if they do refuse then the facility has a responsibility to address those. If through interview or observation surveyors find instances where a client has not been able to refuse an isolated treatment or drug, and the client was forced to continue, investigate the rationale of the facility.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 14 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0139 - RIGHT TO CONFIDENTIAL CLINICAL RECORD**

**Title** RIGHT TO CONFIDENTIAL CLINICAL RECORD

**CFR** 485.910(c)(3)

**Type** Element

**Regulation Definition**

[The client has the right to]

Have a confidential clinical record. Access to or release of client information and the clinical record client information is permitted only in accordance with 45 CFR parts 160 and 164.

**Interpretive Guideline**

Follow Federal, State, and local laws in regards to HIPAA, psychiatric record release and storage, and electronic records.

**FED - M0140 - RIGHT TO BE FREE FROM MISTREATMENT**

**Title** RIGHT TO BE FREE FROM MISTREATMENT

**CFR** 485.910(c)(4)

**Type** Element

**Regulation Definition**

[The client has the right to]

Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client property.

**Interpretive Guideline**

The facility must proactively assure that individuals are free from any threat to their physical and psychological health and safety.

"Abuse" for the purposes of this guideline, is considered the willful infliction of injury, unreasonable confinement, intimidation, punishment resulting in physical harm, mental anguish, exploitation and/or otherwise disregard for an individual.

Physical abuse refers to any intentional physical motion or action, (e.g., hitting, slapping, punching, kicking, pinching, etc.) causing pain, trauma or bodily harm.. It includes the use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.

Verbal abuse refers to any use of insulting, demeaning, disrespectful, oral, written or gestured language which could cause emotional trauma for the individual. This includes derogatory terms to describe persons with disabilities.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

*Printed 01/29/2015*

Page 15 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

Psychological abuse includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation, sexual coercion and intimidation. Since many individuals residing in ICFs/MR are unable to communicate feelings of fear, humiliation, etc. associated with abusive episodes, the assumption must be made that any actions that would usually be viewed as psychologically or verbally abusive by a member of the general public, would also be viewed as abusive by the individual residing in the ICF/MR, regardless of that individual's perceived ability to comprehend the nature of the incident.

Sexual abuse includes any incident where an individual is coerced or manipulated to participate in any sexual activity for which the individual did not give permission (or gave permission without the attendant understanding required to give permission) or sexual assault against a client who is unable to defend himself. The clients residing in the ICF/MR may be more vulnerable to sexual abuse and exploitation due to an underlying need to be accepted by their peers or a need to please authority figures such as facility staff and adults from the community.

An injury should be classified as in "injury of unknown source" and reported to the facility administrator when both of the following conditions are met:

- o The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and
- o The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

"Neglect" means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

Misappropriation of client property is taking client's property without their permission. Unless contraindicated by treatment plan determine if there is a secured area for clients to keep their belongings during treatment.

Through observation, interviews, and record review, verify clients have been free from mistreatment (e.g. abuse, neglect, harassment, disregard, and exploitation). Patterns of alleged abuse, accidents, intrusive behavior programs, lack of staff training and inadequate staffing levels, may suggest mistreatment of individuals.

Determine how the facility assesses incidences of client to client aggression to assure that the opportunity for aggression is not a function of facility failure to put in place adequate safeguards (i.e., neglect)

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 16 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0141 - RIGHT TO INFORMATION ABOUT SERVICES**

**Title** RIGHT TO INFORMATION ABOUT SERVICES

**CFR** 485.910(c)(5)

**Type** Element

**Regulation Definition**

[The client has the right to]

Receive information about specific limitations on services that he or she will be furnished.

**Interpretive Guideline**

Verify through record review and interview that clients has been informed of the services the CMHC provides and has had the opportunity to ask questions about services provided (e.g., different groups or therapies provided, hours of operation, contact information for the facility, case management services, transportation, and medication administration/supervision services).

**FED - M0142 - RIGHT TO BE FREE FROM FORCED LABOR**

**Title** RIGHT TO BE FREE FROM FORCED LABOR

**CFR** 485.910(c)(6)

**Type** Element

**Regulation Definition**

[The client has the right to]

Not be compelled to perform services for the CMHC, and to be compensated by the CMHC for any work performed for the CMHC at prevailing wages and commensurate with the client's abilities.

**Interpretive Guideline**

Look for evidence that clients who are working for the CMHC have not been coerced or pressured into providing services for the CMHC, ex: janitorial, cooking, repairs

Is their evidence of these arrangements documented, is this arrangement tied to their treatment plan? If a client voluntarily accepts or chooses to do work for the CMHC they must make minimum wages or prevailing wages for that kind of work. The client should not be doing work beyond their capacity.

**FED - M0146 - ADDRESSING VIOLATION OF CLIENT RIGHTS**

**Title** ADDRESSING VIOLATION OF CLIENT RIGHTS

**CFR** 485.910(d)

**Type** Standard



**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 17 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

The CMHC must adhere to the following requirements:

**Interpretive Guideline**

For the purposes of this regulation "immediately" means in the absence of extenuating circumstances there should be no delay between staff awareness of the occurrence and reporting to the administrator or other officials in accordance with State law.

**FED - M0147 - VIOLATION OF CLIENT RIGHTS**

**Title** VIOLATION OF CLIENT RIGHTS

**CFR** 485.910(d)(1)

**Type** Element

**Regulation Definition**

Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown, and misappropriation of client property by anyone, including those furnishing services on behalf of the CMHC, are reported immediately to the CMHC's administrator by CMHC employees, volunteers and contracted staff.

**Interpretive Guideline**

Extenuating circumstances involve securing the situation and ensuring the safety of all clients and staff by removing them from alleged harm. This would be the only reason why there may be a delay in beginning reporting or investigating.

Review all incident reports. Determine whether the facility has properly identified issues of mistreatment, neglect, abuse, misappropriation of client property, and injuries of unknown source.

The injury should be classified as in injury "of unknown source" when :

- o The source of the injury was not observed by any person or the source of the injury cannot be explained by the individual; and
- o The injury is suspicious because of the extent of the injury or the location of the injury (in a location generally vulnerable to trauma) or the number of injuries observed at any particular point in time or the incidence of injuries over time.

**FED - M0148 - VIOLATION INVESTIGATION**

**Title** VIOLATION INVESTIGATION

**CFR** 485.910(d)(2)

**Type** Element

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 18 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

Immediately investigate all alleged violations involving anyone furnishing services on behalf of the CMHC and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and documentation of all alleged violations must be conducted in accordance with procedures established by the CMHC.

**Interpretive Guideline**

The facility should have incident reports on all injuries of unknown origin. Injuries of unknown origin that give rise to a concern that they may be the result of abuse, neglect, or mistreatment which staff believe may have occurred in the facility, should be reported to the administrator.

For those incidents identified as abuse, neglect, or mistreatment. Review facility documentation to ensure at the minimum the following information:

- o time
- o date
- o the persons involved, and
- o the location of incident.

**FED - M0149 - CORRECTIVE ACTION FOR CLIENT RIGHT VIOLATION**

**Title** CORRECTIVE ACTION FOR CLIENT RIGHT VIOLATION

**CFR** 485.910(d)(3)

**Type** Element

**Regulation Definition**

Take appropriate corrective action in accordance with State law if the alleged violation is investigated by the CMHC's administration or verified by an outside entity having jurisdiction, such as the State survey and certification agency or the local law enforcement agency; and

**Interpretive Guideline**

Verify through record review the date and time the violation(s) was communicated verbally to the administrator. When the Administrator is not on duty (weekends, vacation, holidays, etc.) the facility policies and procedures should detail who (either by name or title) will be acting in the Administrator's absence. The person(s) acting as Administrator in his/her absence must have the authority to immediately take whatever corrective action is necessary to assure client health/safety. In instances where a staff member is concerned the administrator of the facility may be involved in an incident of neglect, abuse, or mistreatment, the staff member should follow policy for reporting to the appropriate person above the level of the Administrator. The facility should have a written policy that directs the staff in these situations.

**FED - M0150 - REPORTING CLIENTRIGHTS VIOLATION**

**Title** REPORTING CLIENTRIGHTS VIOLATION

**CFR** 485.910(d)(4)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 19 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

Ensure that, within 5 working days of becoming aware of the violation, verified violations are reported to State survey and certification agency, and verified violations are reported to State and local entities having jurisdiction.

**Interpretive Guideline**

Verify that as soon as staff were aware (no later than the end of the working day) of an alleged incident that they began an investigation and took measures to ensure patient safety. Evidence would include documentation of :

- o the administrators notification,
- o the immediate action taken by the administrator upon receipt of the report,
- o the administrators plan for continuing the investigation,
- o interviews with staff and/or clients, and
- o the protections put in place for patients.

Request the facility policies and procedures on investigations to verify they are consistent with this regulation.

If there are state laws that cover CMHCs, the corrective action is in compliance with licensure or other applicable state laws.

At 5 days following the reported issue, the administrator must make a determination that there is sufficient evidence that further investigation will confirm that the incident is verified; thus the facility must report the incident to the appropriate agency(s)/ officials by no later than the end of the fifth day.

**FED - M0154 - RESTRAINT AND SECLUSION**

**Title** RESTRAINT AND SECLUSION

**CFR** 485.910(e)

**Type** Standard

**Regulation Definition**

Restraint and seclusion.

**Interpretive Guideline**

**FED - M0155 - RESTRAINT AND SECLUSION**

**Title** RESTRAINT AND SECLUSION

**CFR** 485.910(e)(1)

**Type** Element

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 20 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

All clients have the right to be free from physical or mental abuse, and corporal punishment. All clients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion, defined in §485.902, may only be imposed to ensure the immediate physical safety of the client, staff, or other individuals.

**Interpretive Guideline**

Restraint and seclusion should only be used in very rare instances where documentation clearly supports that a client continued to escalate to the point where no less restrictive interventions could prevent them from hurting themselves or others. It is a life-threatening situation that requires transfer to a hospital.

At no time may a CMHC facility use restraint or seclusion as a routine part of the programming in the facility.

The use of time out (removal of clients from positive reinforcement) that does not include physical contact does not constitute restraint or seclusion.

Coercion is forcing a person to behave in an involuntary manner by use of threats or intimidation (physical or psychological). For purposes of this regulation coercion is the threat of the use of restraint or seclusion in order to force the client to do something they do not want to do.

**FED - M0156 - ORDER FOR USE OF RESTRAINT AND SECLUSION**

**Title** ORDER FOR USE OF RESTRAINT AND SECLUSION

**CFR** 485.910(e)(2)

**Type** Element

**Regulation Definition**

The use of restraint or seclusion must be in accordance with the written order of a physician or other licensed independent practitioner who is authorized to order restraint and seclusion in accordance with State law and must not exceed one 1- hour duration per order.

**Interpretive Guideline**

During record review, request the restraint and seclusion log as well as a copy of the hospital transfer log. If the restraint log does not directly lead to a transfer to a hospital, a deficiency is evident.

The facility has a policy on the use of restraint and seclusion and that this policy includes a description of the tiered intervention measure (least to most restrictive) utilized prior to attempting the application of restraint or seclusion.

**FED - M0157 - ORDER FOR RESTRAINT OR SECLUSION**

**Title** ORDER FOR RESTRAINT OR SECLUSION

**CFR** 485.910(e)(3)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 21 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

The CMHC must obtain a corresponding order for the client's immediate transfer to a hospital when restraint or seclusion is ordered.

**Interpretive Guideline**

A physician is any licensed medical doctor. The regulation requires that restraint and seclusion only be used in preparation for transport; therefore the duration of the physician's order may be written to cover the length of time from the application of intervention until transport. Verify through record review that the call for client transfer to a hospital was made prior to or simultaneously with the call to the physician.

**FED - M0158 - ORDER FOR USE OF RESTRAINT OR SECLUSION**

**Title** ORDER FOR USE OF RESTRAINT OR SECLUSION

**CFR** 485.910(e)(4)

**Type** Element

**Regulation Definition**

Orders for the use of restraint or seclusion must never be written as a standing order or on an as-needed basis.

**Interpretive Guideline**

**FED - M0159 - USE OF RESTRAINT OR SECLUSION**

**Title** USE OF RESTRAINT OR SECLUSION

**CFR** 485.910(e)(5)(i)

**Type** Element

**Regulation Definition**

When a client becomes an immediate threat to the physical safety of himself or herself, staff or other individuals, the CMHC must adhere to the following requirements:  
(i) Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the client or other individuals from harm.

**Interpretive Guideline**

Verify the rationale for continued use of the intervention also includes the time at which the intervention was transferred to transport personnel.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 22 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0160 - USE OF RESTRAINT OR SECLUSION**

**Title** USE OF RESTRAINT OR SECLUSION

**CFR** 485.910(e)(5)(ii)

**Type** Element

**Regulation Definition**

The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the client or other individuals from harm.

**Interpretive Guideline**

There must be documentation in the clients record of less restrictive interventions attempted prior to seclusion or restraint use and the outcome of those interventions.

**FED - M0161 - USE OF RESTRAINT OR SECLUSION**

**Title** USE OF RESTRAINT OR SECLUSION

**CFR** 485.910(e)(5)(iii)

**Type** Element

**Regulation Definition**

The use of restraint or seclusion must be implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by State law.

**Interpretive Guideline**

Surveyor must be familiar with the applicable State laws regarding restraint and seclusion in healthcare facilities and must utilize those State laws as part of their survey process.

**FED - M0162 - MONITORING DURING RESTRAINT OR SECLUSION**

**Title** MONITORING DURING RESTRAINT OR SECLUSION

**CFR** 485.910(e)(5)(iv)

**Type** Element

**Regulation Definition**

The condition of the client who is restrained or secluded must be continuously monitored by a physician or by trained staff

**Interpretive Guideline**

Verify through record review that the client was monitored. The requirements for monitoring can be found at §485.910(f)(2)(vi). Cite a deficiency here if the client was not appropriately monitored.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 23 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

who have completed the training criteria specified in paragraph (f) of this section.

**FED - M0163 - DOCUMENTATION FOR RESTRAINT OR SECLUSION**

**Title** DOCUMENTATION FOR RESTRAINT OR SECLUSION

**CFR** 485.910(e)(5)(v)

**Type** Element

**Regulation Definition**

When restraint or seclusion is used, there must be documentation in the client's clinical record of the following:

- (A) A description of the client's behavior and the intervention used.
- (B) Alternatives or other less restrictive interventions attempted (as applicable).
- (C) The client's condition or symptom(s) that warranted the use of the restraint or seclusion.
- (D) The client's response to the intervention(s) used, including the rationale for continued use of the intervention.
- (E) The name of the hospital to which the client was transferred.

**Interpretive Guideline**

**FED - M0168 - STAFF TRAINING FOR RESTRAINT OR SECLUSION**

**Title** STAFF TRAINING FOR RESTRAINT OR SECLUSION

**CFR** 485.910(f)

**Type** Standard

**Regulation Definition**

Restraint or seclusion:  
The client has the right to safe implementation of restraint or seclusion by trained staff. Application of restraint or seclusion in a CMHC must only be imposed when a client becomes an

**Interpretive Guideline**

Verify the staff person who performed the monitoring was a physician or completed the training specified in §485.910 (f). A description of the client's behavior must include the behavior that led to the emergency intervention as well as the antecedents to that behavior.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 24 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

immediate physical threat to himself or herself, staff or other individuals and only in facilities where restraint and seclusion are permitted.

**FED - M0169 - STAFF TRAINING FOR RESTRAINT OR SECLUSION**

**Title** STAFF TRAINING FOR RESTRAINT OR SECLUSION

**CFR** 485.910(f)(1)

**Type** Element

**Regulation Definition**

[ Training intervals.]

In facilities where restraint and seclusion are permitted, all appropriate client care staff working in the CMHC must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a client in restraint or seclusion and use of alternative methods to restraint and seclusion. In facilities where restraint and seclusion are not permitted, appropriate client care staff working in CMHC must be trained in the use of alternative methods to restraint and seclusion. Training will occur as follows:

- (i) Before performing any of the actions specified in this paragraph (f).
- (ii) As part of orientation.
- (iii) Subsequently on a periodic basis, consistent with the CMHC's policy.

**Interpretive Guideline**

In order to verify that staff have "demonstrated competency" there must be a hands-on portion of training.

Verify through staff training records that staff have passed a hands-on portion of the seclusion and restraint training curriculum (application, implementation, monitoring, assessment, and providing care) as well as any written or oral examinations.

Verify that the staff orientation curriculum includes training on seclusion and restraint. Training curriculum should include a description of all course materials taught.

Request the facility policy for restraint and seclusion training. Verify the periodic basis on which this training must occur.

"Appropriate staff" would be considered all staff that have direct client responsibilities.

**FED - M0170 - RESTRAINT OR SECLUSION TRAINING CONTENT**

**Title** RESTRAINT OR SECLUSION TRAINING CONTENT

**CFR** 485.910(f)(2)

**Type** Element



**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 25 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

[ Training content.]  
The CMHC must require all appropriate staff caring for clients to have appropriate education, training, and demonstrated knowledge based on the specific needs of the client population in at least the following:

**Interpretive Guideline**

Verify that the staff orientation curriculum on seclusion and restraint

**FED - M0171 - TRAINING CONTENT**

**Title** TRAINING CONTENT

**CFR** 485.910(f)(2)(i)

**Type** Element

**Regulation Definition**

Techniques to identify staff and client behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion.

**Interpretive Guideline**

**FED - M0172 - TRAINING CONTENT**

**Title** TRAINING CONTENT

**CFR** 485.910(f)(2)(ii)

**Type** Element

**Regulation Definition**

The use of nonphysical intervention skills.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 26 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0173 - TRAINING CONTENT**

**Title** TRAINING CONTENT

**CFR** 485.910(f)(2)(iii)

**Type** Element

**Regulation Definition**

In facilities where restraint and seclusion are permitted, choosing the least restrictive intervention based on an individualized assessment of the client's medical and behavioral status or condition.

**Interpretive Guideline**

**FED - M0174 - TRAINING CONTENT**

**Title** TRAINING CONTENT

**CFR** 485.910(f)(2)(iv)

**Type** Element

**Regulation Definition**

The safe application and use of all types of restraint or seclusion used in the CMHC, including training in how to recognize and respond to signs or physical and psychological distress.

**Interpretive Guideline**

There must be evidence through documentation and interview of staff that the training addresses recognition of client specific and general precursors of physical and psychological distress.

**FED - M0175 - TRAINING CONTENT**

**Title** TRAINING CONTENT

**CFR** 485.910(f)(2)(v)

**Type** Element

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 27 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

In facilities where restraint and seclusion are permitted, clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.

**Interpretive Guideline**

There must be evidence through documentation and interview of staff that training included of both physical and behavioral signs that a client has regained control of their emotions, cognitive capacity and physical control that can warrant the end of a safe conclusion of the restraint or seclusion event.

**FED - M0176 - TRAINING CONTENT**

**Title** TRAINING CONTENT

**CFR** 485.910(f)(2)(vi)

**Type** Element

**Regulation Definition**

In facilities where restraint and seclusion are permitted, monitoring the physical and psychological well-being of the client who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirement specified by the CMHC's policy.

**Interpretive Guideline**

There must be evidence through documentation and interview of staff that training included review and a demonstrated understanding of the CMHC policy and procedures regarding the process and qualified staff required to provide safe and appropriate monitoring of a client during restraint or seclusion.

**FED - M0177 - TRAINER REQUIREMENTS**

**Title** TRAINER REQUIREMENTS

**CFR** 485.910(f)(3)

**Type** Element

**Regulation Definition**

Trainer requirements. Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address clients' behaviors.

**Interpretive Guideline**

There must be evidence through documentation that the individual conducting the training has enough experience with restraint and seclusion with psychiatric patients/clients in a psychiatric or mental health setting. You would expect to see education and/or training that is representative of a counseling/social service profession and/or formal training and demonstrated competency with restraint and seclusion with patients/clients in a psychiatric or mental health setting.

Request a list of all staff that provides restraint and seclusion training.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 28 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

Verify through personnel record review that those trainers have the required education, training, and experience.

Education: A bachelors degree in a mental health field or a bachelor's degree in a health care related field and at least a year working in a mental health care setting.

Training: A formal training program on how to train others on the safe application of restraint and seclusion. This training must include both a written and hands-on component.

Experience: Prior to becoming a trainer, there is evidence the individual has participated in the safe application restraint and seclusion.

**FED - M0178 - TRAINING DOCUMENTATION**

**Title** TRAINING DOCUMENTATION

**CFR** 485.910(f)(4)

**Type** Element

**Regulation Definition**

The CMHC must document in the staff personnel records that the training and demonstration of competency were successfully completed.

**Interpretive Guideline**

There must be evidence through staff personnel records of having successfully completed both hands on and testing for restraint and seclusion. Actual hands on competency of restraint and seclusion is vital, vs just a verbal or written test.

**FED - M0182 - DEATH REPORTING REQUIREMENT**

**Title** DEATH REPORTING REQUIREMENT

**CFR** 485.910 (g)

**Type** Standard

**Regulation Definition**

The CMHC must report deaths associated with the use of seclusion or restraint.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 29 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0183 - DEATH REPORTING REQUIREMENT**

**Title** DEATH REPORTING REQUIREMENT

**CFR** 485.910 (g)(1)

**Type** Element

**Regulation Definition**

The CMHC must report to CMS each death that occurs while a client is in restraint or seclusion awaiting transfer to the hospital.

**Interpretive Guideline**

"Following knowledge of the client's death" means once the facility has credible evidence that a death occurred within one week after a restraint or seclusion the facility has 24 hours from that point to report the death.

A CMHC may not be notified of client's death till sometime after the one week period listed in the regulation, but the key is the point at which they were notified, not the day the person actually died.

**FED - M0184 - DEATH REPORTING REQUIREMENT**

**Title** DEATH REPORTING REQUIREMENT

**CFR** 485.910 (g)(2)

**Type** Element

**Regulation Definition**

Each death referenced in paragraph (g)(1) of this section must be reported to CMS Regional Office by telephone no later than close of business the next business day following knowledge of the client's death.

**Interpretive Guideline**

Request all restraint and seclusion incidences since the time of the last survey. Interview staff and verify through the client records if a death resulted from any of the restraint and seclusion incidents. For any deaths that occurred, verify by calling the Regional Office the death was reported to CMS and was reported within the required time frame.

**FED - M0185 - DEATH REPORTING REQUIREMENT**

**Title** DEATH REPORTING REQUIREMENT

**CFR** 485.910 (g)(3)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 30 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

Staff must document in the client's clinical record the date and time the death was reported to CMS.

**Interpretive Guideline**

This documentation would also need to include who or what entity is reporting the clients death to the CMHC.

**FED - M0187 - ADMISSION, INITIAL EVALUATION ETC.**

**Title** ADMISSION, INITIAL EVALUATION ETC.

**CFR** 485.914

**Type** Condition

**Regulation Definition**

Condition of Participation: Admission, initial evaluation, comprehensive assessment, and discharge or transfer of the client.

The CMHC must ensure that all clients admitted into its program are appropriate for the services the CMHC furnishes in its facility.

**Interpretive Guideline**

**FED - M0190 - ADMISSION**

**Title** ADMISSION

**CFR** 485.914(a)

**Type** Standard

**Regulation Definition**

Admission.

**Interpretive Guideline**

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 31 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0191 - ADMISSION**

**Title** ADMISSION

**CFR** 485.914(a)(1)

**Type** Element

**Regulation Definition**

The CMHC must determine that each client is appropriate for the services it provides as specified in 410.2.

**Interpretive Guideline**

Verify through observation, interview, and record review that the facility is offering appropriate services and that the client is an appropriate candidate based on variables such as; a client's level of functioning.

**FED - M0192 - ADMISSION**

**Title** ADMISSION

**CFR** 485.914(a)(2)

**Type** Element

**Regulation Definition**

For clients assessed and admitted to receive partial hospitalization services, the CMHC must also meet separate requirements as specified in 485.918 (f).

**Interpretive Guideline**

For those clients in the sample that have been admitted for partial hospitalization services, verify the CMHC meets §485.918 (f).

**FED - M0194 - INITIAL EVALUATION**

**Title** INITIAL EVALUATION

**CFR** 485.914 (b)

**Type** Standard

**Regulation Definition**

Initial evaluation.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 32 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0195 - INITIAL EVALUATION**

**Title** INITIAL EVALUATION

**CFR** 485.914 (b)(1)

**Type** Element

**Regulation Definition**

A licensed mental health professional employed by the CMHC and acting within his or her state scope of practice requirements complete the initial evaluation within 24 hours of the client's admission to the CMHC.

**Interpretive Guideline**

Determine through record review that a licensed mental health professional employed by the CMHC, acting within the scope of their States practice requirements is completing the initial evaluation. The documentation must show the date and time of the evaluation must be within 24 hours of admission.

**FED - M0196 - INITIAL EVALUATION**

**Title** INITIAL EVALUATION

**CFR** 485.914 (b)(2)

**Type** Element

**Regulation Definition**

The initial evaluation, at a minimum, must include the following:

- (i) The admitting diagnosis as well as other diagnoses.
- (ii) The source of referral.
- (iii) The reason for admission as stated by the client or other individuals who are significantly involved.
- (iv) Identification of the client's immediate clinical care needs related to the psychiatric diagnosis.
- (v) A list of current prescriptions and over-the-counter medications, as well as other substances that the client may be taking.
- (vi) For partial hospitalization services only, include an explanation as to why the client would be at risk for hospitalization if the partial hospitalization services were not

**Interpretive Guideline**

Surveyors need to find evidence of initial evaluations that address the clinical care needs of the client, which will include any psychological, medical, social, or physical conditions that impact the psychiatric condition.

Verify that the client's environment was assessed (e.g. housing, clothing, food), that the client was assessed for harm to self or others, that the clients medication needs were identified and addressed, and that the clients intellectual functioning was assessed in case a guardian is required.

Verify through record review that the explanation includes an assessment of areas such as:

- o Supportive structured environment
- o Severity of diagnosis
- o History of hospitalizations



**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 33 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

provided.

- o Stability of medication

The explanation must include a statement that explains how the intensity and frequency of partial hospitalization treatment is required for the client's identified needs.

**FED - M0197 - INITIAL EVALUATION**

**Title** INITIAL EVALUATION

**CFR** 485.914 (b)(3)

**Type** Element

**Regulation Definition**

Based on the findings of the initial evaluation, the CMHC must determine the appropriate members of each client's interdisciplinary treatment team.

**Interpretive Guideline**

The makeup of the interdisciplinary treatment team should correspond with the initial evaluation identified clinical issues and needs. Each treatment team member must play a specific role and some cases may play multiple roles in providing treatment services and/or leading the treatment team.

**FED - M0199 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)

**Type** Standard

**Regulation Definition**

Comprehensive assessment.

**Interpretive Guideline**

**FED - M0200 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(1)

**Type** Element

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 34 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

The comprehensive assessment must be completed by licensed mental health professionals who are members of the interdisciplinary treatment team, performing within their State's scope of practice.

**Interpretive Guideline**

Surveyors will need to find evidence in personnel records that all professionals involved in completing the comprehensive assessment have licensure.

**FED - M0201 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(2)

**Type** Element

**Regulation Definition**

The comprehensive assessment must be completed in a timely manner, consistent with the client's immediate needs, but no later than 4 working days after admission to the CMHC.

**Interpretive Guideline**

Dates and times on documentation and the comprehensive assessment must correlate to no later than 4 working days after admission.

**FED - M0202 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(3)

**Type** Element

**Regulation Definition**

The comprehensive assessment must identify the physical, psychological, psychosocial, emotional, therapeutic, and other needs related to the client's psychiatric illness. The CMHC's interdisciplinary treatment team must ensure that the active treatment plan is consistent with the findings of the comprehensive assessment.

**Interpretive Guideline**

During the survey process, the surveyor will determine that the active treatment plan addresses all the needs identified in the comprehensive assessment. If a need is not addressed in the current active treatment plan there must be a justification in the plan for why it is not being addressed at the present time.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 35 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0203 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(i)

**Type** Element

**Regulation Definition**

[The comprehensive assessment, at a minimum, must include the following:]

The reasons for the admission.

**Interpretive Guideline**

Reason for the Admission:

The expectation is that at admission there is a diagnosis from a referral source. There must also be a statement indicating that the client meets the CMHC's admission policies.

**FED - M0204 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(ii)

**Type** Element

**Regulation Definition**

A psychiatric evaluation, completed by a psychiatrist, non-physician practitioner or psychologist practicing within the scope of State licensure that includes their medical history and severity of symptoms. Information may be gathered from the client's primary health care provider (if any), contingent upon the client's consent.

**Interpretive Guideline**

Psychiatric Evaluation: Surveyors must find evidence of full psychiatric evaluation and completed by a psychiatrist, non-physician practitioner or psychologist. Depending on the State and licensure regulations this must be considered within the scope of the professional practice. The evaluation must include a medical history and a description of the severity of symptoms. This severity of symptoms may appear in the evaluation under Axis #5 in the current Diagnostic and Statistical Manual - Multi-Axial System.

**FED - M0205 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(iii)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 36 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

Information concerning previous and current mental status; including but not limited to, previous therapeutic interventions and hospitalizations.

**Interpretive Guideline**

Evidence of a current mental status exam must be present as well as any information from previous treatment mental status exams. Release of information will need to be granted by the client or guardian for previous and/or current psychiatric treatment services but not limited to mental status exam by a PCP or Pediatrician.

**FED - M0206 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(iv)

**Type** Element

**Regulation Definition**

Information regarding the onset of symptoms of the illness and circumstances leading to the admission.

**Interpretive Guideline**

Details of both past and present psychiatric symptoms as it relates to dates and/or age of onset, periods of remission and relapse. Circumstances in client's life being experienced at the time of symptom presence and/or absence. Other information that should be taken into consideration as potential contributing factors is the existence of co-morbid diagnosis as well as substance abuse/dependence. This information should mirror what is documented in the initial evaluation at time of admission. Certain additional information will be available since admission, specifically as the treatment team works with the client over the first 30 days after admission.

**FED - M0207 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(v)

**Type** Element

**Regulation Definition**

A description of attitudes and behaviors, including cultural and environmental factors that may affect the clients treatment plan.

**Interpretive Guideline**

A "description of attitude and behavior" is the diagnostic (interviewer's) impression of the client. Some examples may include belligerent, passive, non-verbal, or hostile. Any ethnic, minority or general cultural attributes that could have a potential impact on living with a mental illness.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 37 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0208 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(vi)

**Type** Element

**Regulation Definition**

An assessment of intellectual functioning, memory functioning, and orientation.

**Interpretive Guideline**

In order to comply with the requirement for assessment of intellectual functioning, memory functioning, and orientation, the following two conditions must be met.

- o The name of the test method or tool used to assess cognitive deficits (e.g., "oriented x3) which the staff used to assess the patient's level of cognitive functioning. Examples include but are not limited to "Oriented x3" which indicates questions that assessed awareness of person, place, and time; Mini-Mental Status Examination; and/or a complete neuropsychological examination. The test method or tool used must be able to be replicated.  
AND
- o Documentation of an absence of cognitive deficits (e.g., "thought process intact" or "cognitively coherent") or presence of cognitive deficits (e.g., disorientation or memory impairment).

**FED - M0209 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(vii)

**Type** Element

**Regulation Definition**

Complications and risk factors that may affect the care planning.

**Interpretive Guideline**

Complications could include but are not limited to circumstances that triggered an initial suicide attempt have not changed, client lives alone, trouble finding transportation to CMHC, weak or no social and healthcare support system.

Risks could include but are not limited to multiple medication interactions, repeat suicide attempt (triggering event would occur again), history of not taking medications, history of eating disorder

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 38 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0210 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(viii)

**Type** Element

**Regulation Definition**

Functional status, including the client's ability to understand and participate in his or her own care, and the client's strengths and goals.

**Interpretive Guideline**

Verify the assessment includes a description of the client's strengths, weaknesses, and goals. Functional status can be impaired by a number of variables (e.g., side-effects of psychotropic or medical medications, existing stressors (real or imagined), cognitive limitations).

**FED - M0211 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(ix)

**Type** Element

**Regulation Definition**

Factors affecting client safety or the safety of others, including behavioral and physical factors, as well as suicide risk factors.

**Interpretive Guideline**

Identifying "factors affecting client safety" means performing an assessment of a client's potential for harming self or others. Documentation of previous and/or recent attempts to harm self or others. Verbal or physical intimidation and/or purposeful behavior intended to provoke physical action by others (clients and/or staff).

**FED - M0212 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(x)

**Type** Element

**Regulation Definition**

A drug profile that includes a review of all of the client's prescription and over-the-counter medications; herbal

**Interpretive Guideline**

Verify in the clients record ( look at HHA Hospice and Nursing home about how to verify the drug profile was completed). A physician or nurse must perform the drug profile.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 39 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

remedies; and other alternative treatments or substances that could affect drug therapy.

**FED - M0213 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(xi)

**Type** Element

**Regulation Definition**

The need for referrals and further evaluation by appropriate health care professionals, including the client's primary healthcare provider (if any) when warranted.

**Interpretive Guideline**

Staff must assess client needs for referral for medical conditions and or/co-morbidities unrelated to client's mental illness. For example staff notices a client squinting; a referral may be necessary ophthalmologist. Staff notices a limp; a referral may be necessary to an internist. If no referrals are necessary, there should be a statement in the assessment indicating that no referrals are needed at this time.

**FED - M0214 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(xii)

**Type** Element

**Regulation Definition**

Factors to be considered in discharge planning.

**Interpretive Guideline**

At a minimum discharge planning should include: living environment, support systems, therapy goals, and mental health and medical care needs.

**FED - M0215 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(xiii)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 40 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

Identification of the client's current social and health care support systems.

**Interpretive Guideline**

Upon admission, the facility should determine whether or not the client has a caregiver. If a caregiver is identified list their name, contact information, and legal status in relationship to the client. Attempts should be made to coordinate with the client's current healthcare professionals and/or primary care provider (PCP) while the client is CMHC services.

**FED - M0216 - COMPREHENSIVE ASSESSMENT**

**Title** COMPREHENSIVE ASSESSMENT

**CFR** 485.914 (c)(4)(xiv)

**Type** Element

**Regulation Definition**

For pediatric clients, the CMHC must assess the social service needs of the client, and make referrals to social services and child welfare agencies as appropriate.

**Interpretive Guideline**

Identification of expected clients physical and emotional needs and services should begin from point of admission. Documentation in the client's medical record should demonstrate that communications with outside stakeholders (family, guardian, healthcare providers or other service providers) have been taking place in an effort to gain information but also to plan for eventual discharge.

Identification of current social and health care support network should begin from point of admission. Documentation in the client's medical record should demonstrate that communications with outside support network (family, guardian, pastor, healthcare providers or other service providers) have been taking place in an effort to gain information but also to help support the client during CMHC services and to transition for eventual discharge.

Upon admission, the CMHC should determine whether or not the client ( per parent/guardian) is in need of any social and/or child welfare services as evidenced by documentation of visual and/or self-reported need by client and/or parent/guardian. Documented attempts should be made to coordinate with the client's current healthcare professionals and/or Pediatrician while the client is in CMHC services.

**FED - M0219 - UPDATE OF COMPREHENSIVE ASSESSMENT**

**Title** UPDATE OF COMPREHENSIVE ASSESSMENT

**CFR** 485.914(d)

**Type** Standard



**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 41 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

**Interpretive Guideline**

Update of the comprehensive assessment.

**FED - M0220 - UPDATE OF COMPREHENSIVE ASSESSMENT**

**Title** UPDATE OF COMPREHENSIVE ASSESSMENT

**CFR** 485.914(d)(1)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

The CMHC must update the comprehensive assessment via the CMHC interdisciplinary treatment team, in consultation with the client's primary health care provider (if any), when changes in the client's status, responses to treatment, or goal achievement have occurred.

Surveyors should see evidence of the treatment team's documentation indicating positive or negative movement in the clients' mental status and/or treatment regimen, with a direct correlation to the treatment plan. A change in a "client's status", which can be frequent, includes any change in health, social, or medical conditions which may affect the clients response to therapy. Documented evidence should be found indicating attempts and/or disclosure (prior client release required) the treatment regimen status update to the PCP.

**FED - M0221 - UPDATE OF COMPREHENSIVE ASSESSMENT**

**Title** UPDATE OF COMPREHENSIVE ASSESSMENT

**CFR** 485.914(d)(2)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

The assessment must be updated no less frequently than every 30 days.

Verify through record review that the updates were completed after any change in client status and no less frequently than every 30 days.

**FED - M0222 - UPDATE OF COMPREHENSIVE ASSESSMENT**

**Title** UPDATE OF COMPREHENSIVE ASSESSMENT

**CFR** 485.914(d)(3)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 42 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

The update must include information on the client's progress toward desired outcomes, a reassessment of the client's response to care and therapies, and the client's goals.

**Interpretive Guideline**

In the updated Comprehensive Assessment, Surveyors will find evidence of a thorough evaluation of the client's physical, psychological, psychosocial, emotional, and therapeutic needs related to the diagnosis under which care is being furnished by the CMHC.

**FED - M0225 - DISCHARGE OR TRANSFER OF CLIENT**

**Title** DISCHARGE OR TRANSFER OF CLIENT

**CFR** 485.914(e)

**Type** Standard

**Regulation Definition**

Discharge or transfer of the client.

**Interpretive Guideline**

**FED - M0226 - DISCHARGE OR TRANSFER OF CLIENT**

**Title** DISCHARGE OR TRANSFER OF CLIENT

**CFR** 485.914(e)(1)

**Type** Element

**Regulation Definition**

If the client is transferred to another entity, the CMHC must, within 2 working days, forward to the entity, a copy of--  
(i) The CMHC discharge summary.  
(ii) The client's clinical record, if requested.

**Interpretive Guideline**

If a client is transferred, verify that documentation in the record confirms that the CMHC forwarded all the required information under this standard.

**FED - M0227 - DISCHARGE OR TRANSFER OF CLIENT**

**Title** DISCHARGE OR TRANSFER OF CLIENT

**CFR** 485.914(e)(2)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 43 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

If a client refuses the services of a CMHC, or is discharged from a CMHC due to noncompliance with the treatment plan, the CMHC must forward to the primary health care provider (if any) a copy of--

- (i) The CMHC discharge summary.
- (ii) The client's clinical record, if requested.

**Interpretive Guideline**

If the client refuses services or is discharged, verify that documentation in the record confirms that the CMHC forwarded all the required information under this standard. Medical records would need to be sent per a secure method to protect client privacy. The client and/or guardian have a right to receive a copy of their own medical records at discharge or any time during the course of treatment.

**FED - M0228 - DISCHARGE OR TRANSFER OF CLIENT**

**Title** DISCHARGE OR TRANSFER OF CLIENT

**CFR** 485.914(e)(3)(i)

**Type** Element

**Regulation Definition**

The CMHC discharge summary must include-

- (i) A summary of the services provided, including the client's symptoms, treatment and recovery goals and preferences, treatments, and therapies.

**Interpretive Guideline**

The discharge summary would be required to include:

- o a summary of the services provided while a client of the CMHC,
- o including the client's symptoms,
- o treatment and recovery goals
- o and preferences, treatments, and therapies;

**FED - M0229 - DISCHARGE OR TRANSFER OF CLIENT**

**Title** DISCHARGE OR TRANSFER OF CLIENT

**CFR** 485.914(e)(3)(ii)

**Type** Element

**Regulation Definition**

The client's current active treatment plan at the time of discharge.

**Interpretive Guideline**

The discharge summary would be required to include: the client's current active treatment plan at the time of discharge;

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 44 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0230 - DISCHARGE OR TRANSFER OF CLIENT**

**Title** DISCHARGE OR TRANSFER OF CLIENT

**CFR** 485.914(e)(3)(iii)

**Type** Element

**Regulation Definition**

The client's most recent physician orders.

**Interpretive Guideline**

The discharge summary would be required to include: the client's most recent physician orders.

**FED - M0231 - DISCHARGE OR TRANSFER OF CLIENT**

**Title** DISCHARGE OR TRANSFER OF CLIENT

**CFR** 485.914(e)(3)(iv)

**Type** Element

**Regulation Definition**

Any other documentation that will assist in post-discharge continuity of care.

**Interpretive Guideline**

The discharge summary would be required to include: any other documentation that would assist in post-discharge continuity of care.

**FED - M0232 - DISCHARGE OR TRANSFER OF CLIENT**

**Title** DISCHARGE OR TRANSFER OF CLIENT

**CFR** 485.914(e)(4)

**Type** Element

**Regulation Definition**

The CMHC must adhere to all Federal and State-related requirements pertaining to the medical privacy and the release of client information.

**Interpretive Guideline**

Evidence of documentation and/or a Release of Information form will be found in the client's medical record. If the client has no current PCP, then records can be released, per client's formal permission, to appropriate medical and/or mental health providers involved in clients post discharge services. Clients would need to give the CMHC treatment team permission at time of admission or as soon thereafter as possible for release of information from a current or previous medical or psychiatric provider.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 45 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0235 - TX TEAM TX. PLAN, & COORDINATION OF SERV.**

**Title** TX TEAM TX. PLAN, & COORDINATION OF SERV.

**CFR** 485.916

**Type** Condition

**Regulation Definition**

Condition of participation: Treatment team, client-centered active treatment plan, and coordination of services.

The CMHC must designate an interdisciplinary treatment team that is responsible, with the client, for directing, coordinating, and managing the care and services furnished for each client. The interdisciplinary treatment team is composed of individuals who work together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of CMHC clients.

**Interpretive Guideline**

The CMHC must designate an interdisciplinary group or groups composed of individuals who work together to meet the physical, medical, psychosocial, emotional and therapeutic needs of the CMHC clients. Interdisciplinary group members must provide the care and services offered by the CMHC, and the group, in its entirety, must supervise the care and services.

**FED - M0236 - DELIVERY OF SERVICE**

**Title** DELIVERY OF SERVICE

**CFR** 485.916(a)

**Type** Standard

**Regulation Definition**

DELIVERY OF SERVICE

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 46 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0237 - INTERDISCIPLINARY TREATMENT TEAM**

**Title** INTERDISCIPLINARY TREATMENT TEAM

**CFR** 485.916(a)(1)

**Type** Element

**Regulation Definition**

An interdisciplinary treatment team, led by a physician, NP, PA, CNS, clinical psychologist, or clinical social worker, must provide the care and services offered by the CMHC.

**Interpretive Guideline**

Members of the Interdisciplinary treatment team (ITT) must be appropriately trained in the CMHC philosophy and competent to perform in their assigned area(s). The CMHC may involve other members of the care team in the ITT's activities.

Procedures

Ask the ITT leader to describe the CMHC's system related to:

- o Developing and revising client care goals/objectives.
- o Facilitating exchange of information among staff and client/caregiver.
- o Developing a mechanism whereby a continual flow of information regarding client/family needs is made available to the ITT staff.

**FED - M0238 - COORDINATION OF TREATMENT**

**Title** COORDINATION OF TREATMENT

**CFR** 485.916(a)(2)

**Type** Element

**Regulation Definition**

Based on the findings of the comprehensive assessment, the CMHC must determine and appropriate licensed mental health professional, who is a member of the client's interdisciplinary treatment, team to coordinate care and treatment decisions with each client, to ensure that each client's needs are assessed and to ensure that the active treatment plan is implemented as indicated.

**Interpretive Guideline**

There should be a direct link between the needs identified in the client/family assessment and the active treatment plan developed by the CMHC. CMHCs may identify needs in the comprehensive assessment that are not related to the mental illness, and should document that they are aware of these needs and note who is addressing them. CMHCs are not required to provide direct services to meet needs unrelated to the mental illness. CMHCs are responsible for including services and treatments in the active treatment plan that addresses how they will meet the client needs and goals.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 47 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

Procedures

Ask the coordinator to describe the CMHC's system related to:

- o Developing and revising client care goals/objectives.
- o Facilitating exchange of information among staff and client/caregiver.
- o Developing a mechanism whereby a continual flow of information regarding client/family issues/goals are made available to the ITT staff.
- o Ask the administrator to identify the individual(s) designated as the coordinator(s).
- o How does this person assure that coordination of care and continuous assessment of needs occur among staff providing services to the client/family so that all members of the ITT are kept informed of the client/family's status?

**FED - M0239 - COMPOSITION OF INTERDISCIPLINARY TX. TEAM**

**Title** COMPOSITION OF INTERDISCIPLINARY TX. TEAM

**CFR** 485.916(a)(3)

**Type** Element

**Regulation Definition**

The interdisciplinary treatment team may include:

- (i) a doctor of medicine, osteopathy or psychiatry (who is an employee of or under contract with the CMHC).
- (ii) A psychiatric registered nurse.
- (iii) A clinical social worker.
- (iv) A clinical psychologist.
- (v) An occupational therapist.
- (vi) Other licensed mental health professionals, as necessary.
- (vii) other CMHC staff or volunteers, as necessary.

**Interpretive Guideline**

A client centered interdisciplinary approach recognizes the contribution of professionals and their interactions with each other in order to meet the client's active treatment needs.

These interactions must include at a minimum, an interdisciplinary team meeting no less than every 30 days.  
Interpretive Guidelines §485.916(a)(3)(i)-(vii)

The number of individuals on the ITT is not as important as their qualifications and abilities. For example, if a group member meets the CMHC criteria and is licensed as a registered nurse and also meets the Medicare criteria to be considered a social worker under the CMHC benefit, he/she would be qualified to serve on the ITT as both a nurse and a social worker.

Procedures

Determine through interview, observation and record review that all disciplines comprising the ITT contribute to the client's comprehensive and ongoing assessments and active treatment care planning process.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 48 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0242 - RESPONSIBILITY OF INTERDISCIPLINARY TX. TEAM**

**Title** RESPONSIBILITY OF INTERDISCIPLINARY TX. TEAM

**CFR** 485.916(a)(4)

**Type** Element

**Regulation Definition**

If the CMHC has more than one interdisciplinary team, it must designate the treatment team responsible for establishing policies and procedures governing the coordination of services and the day-to-day provision of CMHC care and services

**Interpretive Guideline**

If the CMHC has more than one ITT, it may select members from different ITTs to serve on the ITT that establishes the CMHC's policies, as long as at least four of the disciplines are represented (e.g., physician, RN, social worker, counselor, clinical psychologist, other licensed mental health professionals).

**FED - M0244 - PERSON-CENTERED ACTIVE TREATMENT PLAN**

**Title** PERSON-CENTERED ACTIVE TREATMENT PLAN

**CFR** 485.916(b)

**Type** Standard

**Regulation Definition**

All CMHC care and services furnished to clients must be consistent with an individualized, written, active treatment plan that is established by the CMHC interdisciplinary treatment team, the client, the client's primary care giver(s), in accordance with the client's recovery goals and preferences, within 7 working days of admission to the CMHC. The CMHC must ensure that each client and the client's caregiver(s), as applicable, receive education and training provided by the CMHC that are consistent with the client's and caregiver's responsibilities as identified in the active treatment plan.

**Interpretive Guideline**

Verify that each client in the sample has an individualized active treatment plan developed within 7 working days of admission. Verify in the record whether or not a primary caregiver has been identified.  
If a caregiver was identified in the record, verify through documentation that they have consented to allow the facility to share programmatic information with them.

For continuity of care, the CMHC must communicate to the caregiver, either by phone, or face to face, their responsibilities as designated in the active treatment plan. These responsibilities could include the caregiver's role in supporting the client's active treatment plan (i.e., this could include observations, responses, reporting problems, follow through with appointments, and medication administration, etc).

Look for documentation that the facility met with the caregiver, as applicable, to discuss the caregiver's role in the care, and that the caregiver accepted, and agreed, and understand their role in implementing the active treatment plan. This should show up as a record like an attestation signed by the client or a note in the clinical record.



**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 49 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

If the caregiver does not agree to participate in the plan, look for documentation that additional efforts were made to engage the caregiver and reinforce the understanding of the importance of their role in the client's treatment.

**FED - M0247 - CONTENT OF ACTIVE TREATMENT PLAN**

**Title** CONTENT OF ACTIVE TREATMENT PLAN

**CFR** 485.916(c)

**Type** Standard

**Regulation Definition**

The CMHC must develop a person-centered individualized active treatment plan for each client. The active treatment plan must take into consideration client recovery goals and the issues identified in the comprehensive assessment. The active treatment plan must include all services necessary to assist the client in meeting his or her recovery goals, including the following:

- (1) Client diagnoses.
- (2) Treatment goals.
- (3) Interventions.
- (4) A detailed statement of the type, duration, and frequency of services, including social work, psychiatric nursing, counseling, and therapy services, necessary to meet the client's specific needs.
- (5) Drugs, treatments, and individual and/or group therapies.
- (6) Family psychotherapy with the primary focus on treatment of the client's conditions.
- (7) The interdisciplinary treatment team's documentation of the client's or representative's and primary caregiver's (if any) understanding, involvement, and agreement with the plan of care, in accordance with the CMHC's policies.

**Interpretive Guideline**

Procedures and Probes

- o Determine through interview/observation and record review if the active treatment plan identifies all the services needed to address problems identified in the initial, comprehensive and updated assessments.
- o Is there evidence of clients receiving the medication/treatments ordered?
- o Are active treatment plans individualized and client-specific?
- o Does the active treatment plan integrate changes based on assessment findings?
- o Is there documentation to support that the development of the active treatment plan was a collaborative effort involving all members of the ITT and attending physician, if any. The attending physician and the ITT members do not have to sign the plan of care but there must be documentation of their involvement.

Standing orders or routine orders must be individualized to address the specific client's needs and signed by the client's physician.

The ITT should be proactive in developing each client's active treatment plan of care by planning ahead for anticipated client changes and needs. Decisions should reflect the client preferences rather than be solely a response to a crisis.

Ask the clinical manager and other ITT members to describe:

- o What criteria are used to assess the needs of the client and family?
- o Who is involved in this process?
- o How the ITT decides what services the client will receive?
- o How the CMHC evaluates if the services provided are continuing to meet the clients' needs?
- o How the CMHC monitors the delivery of services, including those provided under arrangement

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 50 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

or contract, to ensure compliance with the CMHC philosophy?

During the client/family, ask if they are aware of all the services included in the CMHC benefit. If they are not able to describe them, ask to see any information/documentation the CMHC may have left with them describing these services. Ask the client/family how often they come to the CMHC, what services are provide and if they are provided in a timely manner. Are they satisfied with the level of services they are receiving?

During your clinical record review and visit with the client, determine if there is any indication the client needs CMHC services that he/she is not receiving.

While the client/family must be included in developing/updating the plan of care, they do not need to be present during ITT meetings.

**FED - M0252 - REVIEW OF PERSON-CENTERED ACTIVE TX. PLAN**

**Title** REVIEW OF PERSON-CENTERED ACTIVE TX. PLAN

**CFR** 485.916(d)

**Type** Standard

**Regulation Definition**

The CMHC's interdisciplinary treatment team must review, revise, and document the individualized active treatment plan as frequently as the client's condition requires, but no less frequently than every 30 calendar days.

A revised active treatment plan must include information from the client's initial evaluation and comprehensive assessments, the client's progress toward outcomes and goals specified in the active treatment plan, and changes in the client's goals.

The CMHC must also meet partial hospitalization program requirements specified under §424.24 (e) of this chapter if such services are included in the active treatment plan.

**Interpretive Guideline**

Communication with the attending physician may be through phone calls, electronic methods, orders received, or other means according to CMHC policy and client needs.

During the clinical record review determine that the active treatment plan is updated at least every 30 days or sooner if the client's condition warrants.

**Procedures and Probes**

Ask the CMHC to describe the active treatment plan of care review process. How does the CMHC ITT (in collaboration with the individual's PCP, if any) ensure that each client's individualized active treatment plan is reviewed, and revised if warranted, and that progress and updates regarding the client's recovery goals is clearly documented.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 51 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0256 - COORDINATION OF SERVICES**

**Title** COORDINATION OF SERVICES

**CFR** 485.916(e)

**Type** Standard

**Regulation Definition**

The CMHC must develop and maintain a system of communication that assures the integration of services in accordance with its policies and procedures and, at a minimum, would do the following:

**Interpretive Guideline**

Procedures and Probes

- o Ask the administrator and staff how the CMHC maintains a system of communication that assures the integration of services.
- o Determine through record review that each client's active treatment plan designates the client's plan coordinator.
- o Interview the plan coordinator (as defined in interpretive guidelines at §485.916(a) to determine how the interdisciplinary treatment team directs, coordinates, and supervises care.

Verify through documentation review that the plan coordinator has communicated with the:

- o Interdisciplinary team,
  - o All disciplines providing care and services to the client, and
  - o All health care providers furnishing services to a client for conditions unrelated to the psychiatric conditions
- At a minimum of every 30 days. Documentation must include evidence that the parties listed above received and reviewed input on the care and services provided to the client from the plan coordinator.

**FED - M0257 - COORDINATION OF SERVICES**

**Title** COORDINATION OF SERVICES

**CFR** 485.916(e)(1)

**Type** Element

**Regulation Definition**

Ensure that the interdisciplinary treatment team maintains responsibility for directing, coordinating, and supervising the care and services provided.

**Interpretive Guideline**

Procedures and Probes

- o Ask the administrator and staff how the CMHC maintains a system of communication that assures the integration of services.
- o Determine through record review that each client's active treatment plan designates the client's plan

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 52 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

coordinator.

- o Interview the plan coordinator (as defined in interpretive guidelines at §485.916(a) to determine how the interdisciplinary treatment team directs, coordinates, and supervises care.

Verify through documentation review that the plan coordinator has communicated with the:

- o Interdisciplinary team,
  - o All disciplines providing care and services to the client, and
  - o All health care providers furnishing services to a client for conditions unrelated to the psychiatric conditions
- At a minimum of every 30 days. Documentation must include evidence that the parties listed above received and reviewed input on the care and services provided to the client from the plan coordinator.

**FED - M0258 - COORDINATION OF SERVICES**

**Title** COORDINATION OF SERVICES

**CFR** 485.916(e)(2)

**Type** Element

**Regulation Definition**

Ensure that the care and services are provided in accordance with the active treatment plan.

**Interpretive Guideline**

Procedures and Probes

- o Ask the administrator and staff how the CMHC maintains a system of communication that assures the integration of services.
- o Determine through record review that each client's active treatment plan designates the client's plan coordinator.
- o Interview the plan coordinator (as defined in interpretive guidelines at §485.916(a) to determine how the interdisciplinary treatment team directs, coordinates, and supervises care.

Verify through documentation review that the plan coordinator has communicated with the:

- o Interdisciplinary team,
  - o All disciplines providing care and services to the client, and
  - o All health care providers furnishing services to a client for conditions unrelated to the psychiatric conditions
- At a minimum of every 30 days. Documentation must include evidence that the parties listed above received and reviewed input on the care and services provided to the client from the plan coordinator.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 53 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0259 - COORDINATION OF SERVICES**

**Title** COORDINATION OF SERVICES

**CFR** 485.916(e)(3)

**Type** Element

**Regulation Definition**

Ensure that the care and services provided are based on all assessments of the client.

**Interpretive Guideline**

Procedures and Probes

- o Ask the administrator and staff how the CMHC maintains a system of communication that assures the integration of services.
- o Determine through record review that each client's active treatment plan designates the client's plan coordinator.
- o Interview the plan coordinator (as defined in interpretive guidelines at §485.916(a) to determine how the interdisciplinary treatment team directs, coordinates, and supervises care.

Verify through documentation review that the plan coordinator has communicated with the:

- o Interdisciplinary team,
  - o All disciplines providing care and services to the client, and
  - o All health care providers furnishing services to a client for conditions unrelated to the psychiatric conditions
- At a minimum of every 30 days. Documentation must include evidence that the parties listed above received and reviewed input on the care and services provided to the client from the plan coordinator.

**FED - M0260 - COORDINATION OF SERVICES**

**Title** COORDINATION OF SERVICES

**CFR** 485.916(e)(4)

**Type** Element

**Regulation Definition**

Provide for and ensure the ongoing sharing of information among all disciplines providing care and services, whether the care and services are provided by employees or those under contract with the CMHC.

**Interpretive Guideline**

What systems are in place to facilitate the exchange of information and coordination of services among staff?

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 54 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0261 - COORDINATION OF SERVICES**

**Title** COORDINATION OF SERVICES

**CFR** 485.916(e)(5)

**Type** Element

**Regulation Definition**

Provides for ongoing sharing of information with other health care providers including the primary healthcare provider furnishing services to a client for conditions unrelated to the psychiatric condition for which the client has been admitted, and non-medical supports addressing environmental factors such as housing and employment.

**Interpretive Guideline**

Probes

- o What systems are in place to facilitate the exchange of information and coordination of services among staff and with other non-CMHC healthcare providers?
- o How does the CMHC ensure that coordination of care occurs between services provided directly and those under arrangement?
- o Is there documentation in the clinical record of the sharing of information between all disciplines providing care and with other healthcare providers furnishing services to the client?

**FED - M0265 - QUALITY ASSESSMENT & PERFORM. IMPROVEMENT**

**Title** QUALITY ASSESSMENT & PERFORM. IMPROVEMENT

**CFR** 485.917

**Type** Condition

**Regulation Definition**

Condition of Participation: Quality assessment and performance improvement.

The CMHC must develop, implement, and maintain an effective, ongoing, CMHC-wide data-driven quality assessment and performance improvement program (QAPI). The CMHC's governing body must ensure that the program: reflects the complexity of its organization and services; involves all CMHC services (including those services furnished under contract or arrangement); focuses on indicators related to improved behavioral health or other

**Interpretive Guideline**

The condition requires each CMHC to develop its own QAPI program to meet its needs. Quality improvement in CMHCs is a developing field. The methods used by the CMHC for self-assessment are flexible and may include a review of current documentation (e.g., review of clinical records, incident reports, complaints, client satisfaction surveys, etc.); client care direct observation of clinical performance, operating systems and interviews with clients and/or staff. The information gathered by the CMHC should be based on criteria and/or measures generated by the medical and professional/technical staffs and reflect CMHC practice patterns, staff performance, and client outcomes.

Ongoing means that there is a continuous and periodic collection and assessment of data. Assessment of such data enables areas of potential problems to be identified and indicates additional data that should be collected and assessed in order to identify whether a problem exists.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 55 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

healthcare outcomes; and takes actions to demonstrate improvement in CMHC performance. The CMHC must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.

The following elements should be considered within the QAPI plan however it is structured:

- o Program objectives;
- o All client care disciplines;
- o Description of how the program will be administered and coordinated;
- o Methodology for monitoring and evaluating the quality care;
- o Priorities for resolution of problems;
- o Monitoring to determine effectiveness of action;
- o Oversight responsibility reports to governing body; and
- o Documentation of the review of its own QAPI program.

The fundamental purpose of the QAPI CoP is to set a clear expectation that CMHCs must take a proactive approach to improve their performance, and focus on improved client care and activities that impact client health and safety. We stress improvement in systems in order to improve processes and client outcomes.

CMHCs must have all of the components of a QAPI program in place CMHC- wide. We expect CMHCs to demonstrate, with objective data, that improvements have taken place in actual care outcomes, processes of care, client satisfaction levels, CMHC operations, or other performance indicators.

The QAPI program will be evaluated for its CMHC-wide effectiveness on the quality of care provided and activities that impact upon client health and safety. The impact of the program can be assessed by looking at data gathered and compared at different points in time, and actions taken based on that comparison. The CMHC should be analyzing data and evaluating the effectiveness of their own program continually.

The organized CMHC-wide QAPI program must be ongoing and have a written plan of implementation. Opportunities to improve care should be applied on a CMHC-wide basis, when appropriate. The CMHC takes and documents remedial action when problems are identified and evaluated the outcome of these actions. The results must be transmitted to the governing body to fulfill its responsibility to ensure an effective QAPI program.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 56 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

Quality Assessment Performance Improvement is a process of continual assessment of a CMHC's performance with implementation of solutions, assessment of the effectiveness of the solutions, and evaluations to determine how you can do even better. QAPI program fosters the continual striving of improvement of the delivery of care and services provided by a CMHC. Performance improvement fosters a "blame-free" environment and encourages CMHCs to evaluate the operating systems and processes in the agency instead of fixing one problem at a time.

Procedures and Probes

CMHCs are required to collect and analyze client care and administrative quality data and to use that data to identify, prioritize, implement, and evaluate performance improvement projects to improve the quality of services furnished to CMHC clients.

In order to assess compliance with the QAPI requirements and to assess the adequacy and appropriateness of a CMHC's QAPI program, request the following:

- o The CMHC's aggregated data and its analysis of that data;
- o The CMHC's QAPI plan;
- o The individuals responsible for the QAPI program;
- o Evidence that the QAPI system has been implemented and is functioning effectively, including evidence of:
  - Regular meetings;
  - Investigation and analysis of sentinel and adverse events;
  - Recommendations or options for systemic change to prevent recurrence of sentinel or adverse events;
  - Identified performance measures that are tracked and analyzed; and
  - Regular review and use of the QAPI analyses by CMHC management and the governing body to make systemic improvements.
- o Any other necessary resources needed to assess a CMHC's compliance.

This information will allow you to match the data provided by the CMHC with the actual experiences of CMHC employees and clients to ensure that the QAPI program is prevalent throughout the CMHC's operations and services, and that it is positively influencing client care.

Focus on areas such as how and why the CMHC chose its quality measures, how it ensures consistent data collection,



**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 57 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

how it uses data in client care planning, and how it aggregates and analyzes data. Ask the CMHC how it uses the data analysis to select performance improvement projects, how it implements such projects, and how it uses the data to evaluate the effectiveness of those projects.

While a copy of QAPI meeting minutes may be an acceptable method of demonstrating that regular meetings were held, alternate evidence may be acceptable. Surveyors may not require copies of meeting minutes unless the meeting minutes are judged to be essential to an assessment of whether the QAPI actually analyzed an adverse or sentinel event that is the subject of a complaint investigation or standard survey. Essential in this context means that there is not alternate evidence that suffices to address the central question of whether an assessment that meets CMS requirements was conducted. Alternate evidence, for example, may be a recommendation for systemic change that was sufficiently detailed that a reasonable person would conclude the recommendation was based on competent analysis.

**FED - M0269 - QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT**

**Title** QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT

**CFR** 485.917(a)

**Type** Standard

**Regulation Definition**

Program scope.

**Interpretive Guideline**

**FED - M0270 - MEASUREMENT & TRACKING OF QUALITY INDICATOR**

**Title** MEASUREMENT & TRACKING OF QUALITY INDICATOR

**CFR** 485.917(a)(1)

**Type** Element

**Regulation Definition**

The CMHC program must be able to demonstrate measurable improvement in indicators related to improving behavioral health outcomes and CMHC services.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 58 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0271 - MEASURE, TRACK, & ANALYZE QAPI**

**Title** MEASURE, TRACK, & ANALYZE QAPI

**CFR** 485.917(a)(2)

**Type** Element

**Regulation Definition**

The CMHC must measure, analyze, and track quality indicators, adverse client events, including the use of restraint and seclusion, and other aspects of performance that enable the CMHC to assess processes of care, the CMHC services, and operations.

**Interpretive Guideline**

CMHCs are required to assess quality in all areas of operations that might be adversely affecting patient care or core CMHC services. There is a specific requirement to track adverse events (as they are defined in CMHC policy) and reduce their occurrence where possible. They must be able to show (using quantitative data or other means) that they can improve quality, as measured by their own indicators or measures.

Procedures and Probes

- o Does the CMHC adhere to its definition of 'adverse event' when tracking and monitoring and implementing preventive actions for these events?
  
- o Does the CMHC's QAPI program measure, analyze and track quality indicators related to processes of care, CMHC services and operations?

**FED - M0273 - PROGRAM DATA**

**Title** PROGRAM DATA

**CFR** 485.917(b)

**Type** Standard

**Regulation Definition**

Program data.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 59 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0274 - USE OF QUALITY INDICATOR DATA**

**Title** USE OF QUALITY INDICATOR DATA

**CFR** 485.917(b)(1)

**Type** Element

**Regulation Definition**

The program must use quality indicator data, including client care, and other relevant data, in the design of its program.

**Interpretive Guideline**

CMHCs must not limit their QAPI data collection efforts to the data collected during patient assessments. Data collection must look beyond patient assessment data to examine all facets of a CMHC's operation. All client services and all activities that may impact client care should be evaluated as part of the QAPI program. This would include but not be limited to: physician services, nursing services, medical social services, counseling services, clinical records, infection control, pharmaceutical services, client rights, administrative services, contract services, volunteers, other CMHC staff and adverse events. Whatever measures the CMHC chooses to assess quality should be monitored regularly so that opportunities for improvement can be identified and prioritized. Data should be collected in a timely manner so that measures can be reported on the schedule set up by the CMHC.

Procedures and Probes

- o Is the CMHC's QAPI program data-driven?
- o Is there evidence that the CMHC uses the data collected to identify opportunities for improvement?

**FED - M0275 - USE OF QUALITY INDICATOR DATA**

**Title** USE OF QUALITY INDICATOR DATA

**CFR** 485.917(b)(2)(i)

**Type** Element

**Regulation Definition**

The CMHC must use the data collected to do the following:  
(i) Monitor the effectiveness and safety of services and quality of care.

**Interpretive Guideline**

CMHCs must not limit their QAPI data collection efforts to the data collected during patient assessments. Data collection must look beyond patient assessment data to examine all facets of a CMHC's operation. All client services and all activities that may impact client care should be evaluated as part of the QAPI program. This would include but not be limited to: physician services, nursing services, medical social services, counseling services, clinical records, infection control, pharmaceutical services, client rights, administrative services, contract services, volunteers,

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 60 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

other CMHC staff and adverse events. Whatever measures the CMHC chooses to assess quality should be monitored regularly so that opportunities for improvement can be identified and prioritized. Data should be collected in a timely manner so that measures can be reported on the schedule set up by the CMHC.

Procedures and Probes

- o Is the CMHC's QAPI program data-driven?
- o Is there evidence that the CMHC uses the data collected to identify opportunities for improvement?

**FED - M0276 - USE OF QUALITY INDICATOR DATA**

**Title** USE OF QUALITY INDICATOR DATA

**CFR** 485.917(b)(2)(ii)

**Type** Element

**Regulation Definition**

Identify opportunities and priorities for improvement.

**Interpretive Guideline**

CMHCs must not limit their QAPI data collection efforts to the data collected during patient assessments. Data collection must look beyond patient assessment data to examine all facets of a CMHC's operation. All client services and all activities that may impact client care should be evaluated as part of the QAPI program. This would include but not be limited to: physician services, nursing services, medical social services, counseling services, clinical records, infection control, pharmaceutical services, client rights, administrative services, contract services, volunteers, other CMHC staff and adverse events. Whatever measures the CMHC chooses to assess quality should be monitored regularly so that opportunities for improvement can be identified and prioritized. Data should be collected in a timely manner so that measures can be reported on the schedule set up by the CMHC.

Procedures and Probes

- o Is the CMHC's QAPI program data-driven?
- o Is there evidence that the CMHC uses the data collected to identify opportunities for improvement?

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 61 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0277 - USE OF QUALITY INDICATOR DATA**

**Title** USE OF QUALITY INDICATOR DATA

**CFR** 485.917(b)(3)

**Type** Element

**Regulation Definition**

The frequency and detail of the data collection must be approved by the CMHC's governing body.

**Interpretive Guideline**

The governing body may assume hands-on control of the QAPI program to ensure that the program is in compliance with this rule, or it may choose to appoint one or more individuals to handle the structure and administration of the QAPI program. The governing body retains ultimate responsibility for the actions of the designated individual(s).

**FED - M0281 - PROGRAM ACTIVITIES**

**Title** PROGRAM ACTIVITIES

**CFR** 485.917(c)

**Type** Standard

**Regulation Definition**

Program activities. (1) The CMHC's performance improvement activities must:

**Interpretive Guideline**

**FED - M0282 - PROGRAM ACTIVITIES**

**Title** PROGRAM ACTIVITIES

**CFR** 485.917(c)(1)(i)

**Type** Element

**Regulation Definition**

Focus on high risk, high volume or problem prone areas.

**Interpretive Guideline**

The CMHC should have evidence of their QAPI program focus on identified highest risk areas and/or clients being served. Things such as re-admission, after-care, care coordination and low outcome interventions.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 62 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0283 - PROGRAM ACTIVITIES**

**Title** PROGRAM ACTIVITIES

**CFR** 485.917(c)(1)(ii)

**Type** Element

**Regulation Definition**

Consider incidence prevalence, and severity of problems.

**Interpretive Guideline**

**FED - M0284 - PROGRAM ACTIVITIES**

**Title** PROGRAM ACTIVITIES

**CFR** 485.917(c)(1)(iii)

**Type** Element

**Regulation Definition**

Give priority to improvements that affect behavioral outcomes, client safety, and client centered quality of care.

**Interpretive Guideline**

Outcomes are the results of care provided, what have been found to be the most effective and the least effective outcomes for client populations based on diagnosis and/or treatment interventions.

**FED - M0285 - PERFORMANCE IMPROVEMENT ACTIVITIES**

**Title** PERFORMANCE IMPROVEMENT ACTIVITIES

**CFR** 485.917(c)(2)

**Type** Element

**Regulation Definition**

Performance improvement activities must track adverse client events, analyze their causes, and implement preventive actions and mechanism that include feedback and learning throughout the CMHC.

**Interpretive Guideline**

CMHCs may choose to develop their own definition for the term "adverse event" or use a definition developed by a national accrediting organization or industry organization. Once a CMHC has identified the definition of an adverse event, it is responsible for adhering to the definition when tracking and analyzing these events and when implementing preventive actions. In general, an adverse event would be any action or inaction by a CMHC that caused harm to a CMHC patient. However, CMHCs are not bound to use this generic description.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 63 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0286 - PERFORMANCE IMPROVEMENT ACTIVITIES**

**Title** PERFORMANCE IMPROVEMENT ACTIVITIES

**CFR** 485.917(c)(3)

**Type** Element

**Regulation Definition**

The CMHC must take actions aimed performance improvement and , after implementing those actions, the CMHC MUST measure its success and track performance to ensure that improvements are sustained.

**Interpretive Guideline**

CMHCs must consider how often certain quality issues arise and the severity of potential harm when prioritizing opportunities for improvement. When adverse event monitoring reveals a problem area, the CMHC must implement changes designed to decrease occurrence of the adverse event. The CMHC must assure that the new process is implemented CMHC-wide and that it is effective in reducing the adverse event. For performance improvement in all areas of operations, the CMHC must monitor the level of improvement over time to be sure that it is sustained.

Procedures and Probes

- o Determine if the CMHC has taken appropriate action to correct problems identified by the QAPI program. Examine reports and minutes of QAPI meetings to determine if the CMHC has documented the remedial action and its outcome. Examples of appropriate remedial action may include, but are not limited to changes in policies and procedures.
- o Is there evidence that the CMHC continues to monitor performance to ensure that improvements are sustained?

**FED - M0291 - PERFORMANCE IMPROVEMENT PROJECT**

**Title** PERFORMANCE IMPROVEMENT PROJECT

**CFR** 485.917(d)

**Type** Standard

**Regulation Definition**

Performance improvements projects. CMHC's must develop, implement and evaluate performance improvement projects.

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 64 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0292 - PERFORMANCE IMPROVEMENT PROJECT**

**Title** PERFORMANCE IMPROVEMENT PROJECT

**CFR** 485.917(d)(1)

**Type** Element

**Regulation Definition**

The number and scope of distinct performance improvement projects conducted annually, based on the needs of CMHC's population and internal organizational needs, must reflect the scope, complexity, and past performance of the CMHC's services and operations.

**Interpretive Guideline**

There is no requirement for CMHCs to conduct a specific number of performance improvement projects. They must select the number and topics of projects based on the results of their quality monitoring and other quality information such as the results of State or accreditation surveys. Performance improvements projects must be documented in written form and include the elements outlined in the standard.

Procedures and Probes

Do the number and scope of performance improvement projects conducted by the CMHC accurately reflect the scope, complexity and past performance of the CMHC? Are all performance improvement projects appropriately documented?

**FED - M0293 - DOCUMENTATION OF PERFORM. IMPROV'T PROJECT**

**Title** DOCUMENTATION OF PERFORM. IMPROV'T PROJECT

**CFR** 485.917(d)(2)

**Type** Element

**Regulation Definition**

The CMHC must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

**Interpretive Guideline**



**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 65 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0296 - EXECUTIVE RESPONSIBILITIES: QAPI**

**Title** EXECUTIVE RESPONSIBILITIES: QAPI

**CFR** 485.917(e)

**Type** Standard

**Regulation Definition**

The CMHC's governing body is responsible for ensuring the following:

**Interpretive Guideline**

Review and approval of QAPI improvement plans  
List all person(s) that make up the QAPI committee by name, title, and qualifications

**FED - M0297 - QAPI PROGRAM**

**Title** QAPI PROGRAM

**CFR** 485.917(e)(1)

**Type** Element

**Regulation Definition**

That an on-going QAPI program for quality improvement and client safety is defined, implemented, maintained, and evaluated annually.

**Interpretive Guideline**

There must be documented evidence that the QAPI program reports and data have been reviewed and approved by the governing body annually.

**FED - M0298 - QAPI PROGRAM**

**Title** QAPI PROGRAM

**CFR** 485.917(e)(2)

**Type** Element

**Regulation Definition**

That the CMHC-wide quality assessment and performance improvement efforts address priorities for improved quality of care and client safety, and that all improvement actions are

**Interpretive Guideline**

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 66 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

evaluated for effectiveness.

**FED - M0299 - QAPI PROGRAM**

**Title** QAPI PROGRAM

**CFR** 485.917(e)(3)

**Type** Element

**Regulation Definition**

That one or more individual(s) who are responsible for operating their quality assessment and performance improvement program are designated.

**Interpretive Guideline**

The governing body is responsible for assuring that the QAPI program is working to address any problem areas in client care and CMHC operations, and to improve performance in these areas. The governing body must also appoint individuals who will operate the QAPI program for the CMHC.

Probes

- o Do CMHC records indicate that the CMHC's governing body is involved in oversight of the QAPI program?
- o Is there an individual appointed by the governing body who is responsible for operating the QAPI program?

**FED - M0304 - ORGANIZATION, GOVERNANCE, ADMIN. & PHP**

**Title** ORGANIZATION, GOVERNANCE, ADMIN. & PHP

**CFR** 485.918

**Type** Condition

**Regulation Definition**

Condition of Participation: Organization, governance, administration of services, and partial hospitalization services.

**Interpretive Guideline**

The CMHC must organize, manage, and administer its resources to provide CMHC services, including specialized services for children, elderly individuals, individuals with serious mental illness, and residents of its mental health services area who have been discharged from an inpatient

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 67 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

mental health facility.

**FED - M0305 - GOVERNING BODY AND ADMINISTRATION**

**Title** GOVERNING BODY AND ADMINISTRATION

**CFR** 485.918(a)

**Type** Standard

**Regulation Definition**

**Interpretive Guideline**

Governing body and administrator.

**FED - M0306 - GOVERNING BODY AND ADMINISTRATION**

**Title** GOVERNING BODY AND ADMINISTRATION

**CFR** 485.918(a)(1)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

A CMHC must have a designated governing body made up of two or more designated persons one of which may be the administrator, that assumes full legal authority and responsibility for the management of the CMHC, the services it furnishes, its fiscal operations, and continuous quality improvement. One member of the governing body must possess knowledge and experience as a mental health clinician.

Ask staff to describe the administrative structure.  
Facility must provide documentation listing who is the governing body or designated person.

**FED - M0307 - GOVERNING BODY AND ADMINISTRATION**

**Title** GOVERNING BODY AND ADMINISTRATION

**CFR** 485.918(a)(2)

**Type** Element

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 68 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

The CMHC's governing body must appoint an administrator who reports to the governing body and is responsible for the day-to-day operation of the CMHC. The administrator must be a CMHC employee and meet the education and experience requirements established by the CMHC's governing body.

**Interpretive Guideline**

Governing body or designated person(s) appoints the administrator.

Governing body must establish through facility policy the educational and experience requirements for the administrator.

**FED - M0309 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918(b)

**Type** Standard

**Regulation Definition**

Provision of services.

**Interpretive Guideline**

Find a majority of clients that are not receiving services consistent with §485.918 (b) (i-xvi) they should investigate what percentage of the clients is admitted for partial hospitalization.

**FED - M0310 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918(b)(1)

**Type** Element

**Regulation Definition**

A CMHC must be primarily engaged in providing the following care and services to all clients served by the CMHC regardless of payer type, and must do so in a manner that is consistent with the following accepted standards of practice:

**Interpretive Guideline**

Clients must not be segregated into services based on payer type. Standards of care address the use of the most effective, current, ethical and evidence based clinical services. Evidence should exist to demonstrate that all staff (clinical and non-clinical) are trained and/or educated on the most appropriate standards of care for psychiatric clients in a CMHC outpatient setting.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 69 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0311 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918(b)(1)(i)

**Type** Element

**Regulation Definition**

Provides outpatient services, including specialized outpatient services for children, elderly individuals, individuals with serious mental illness, and residents of its mental health services area who have been discharged from inpatient mental health facilities.

**Interpretive Guideline**

Specialized services may include diagnosis specific and/or treatment issue specific treatment program approaches.

**FED - M0312 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918(b)(1)(ii)

**Type** Element

**Regulation Definition**

Provides 24-hour-a-day emergency care services.

**Interpretive Guideline**

The regulation does not speak to a specific structure for the 24 hr. a day emergency services. This goes back to the standard of care in an outpatient setting. In most outpatient mental health care settings the clients/patients have the ability to make live contact with a clinical care provider any time (day or night) who has the capacity to evaluate and address the clients clinical needs either over the phone and if necessary by a face to face clinical evaluation in an agreed upon safe clinical setting. The emergency services should not consist of a recording that tells a caller to call 911 if they are in an emergency.

**FED - M0313 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918(b)(1)(iii)

**Type** Element

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 70 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

Provides day treatment, partial hospitalization services, other than in an individual's home or in an inpatient or residential setting, or psychosocial rehabilitation services.

**Interpretive Guideline**

**FED - M0314 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(iv)

**Type** Element

**Regulation Definition**

Provides screening for clients being considered for admission to State mental health facilities to determine the appropriateness of such services, unless otherwise directed by State law.

**Interpretive Guideline**

Medicare statutory requirements applicable to PHP are set forth in § 1861(ff) (<http://www.cms.hhs.gov/regulations>) of the Act. Based on that section, the term "partial hospitalization services" means the items and services that are prescribed by a physician provided under a program under the supervision of a physician pursuant to an individualized written plan of treatment established and periodically reviewed by a physician (in consultation with appropriate PHP staff), which sets forth the physician's diagnosis, the type, amount, frequency, and duration of services provided under the PHP treatment plan and the goals for treatment.

Screening for Patients Being Considered for Admission to State Mental Health Facilities to Determine the Appropriateness of Such Admission -Constitutes the performance of at least one of the steps in a process by which an individual is clinically evaluated, pursuant to State law, for the appropriateness of admission to a State mental health facility by an entity that has both the appropriate clinical personnel, and authorization under State law, to perform all of the steps in the clinical evaluation process except those required to be provided by a 24-hour facility.

NOTE: Some State laws allow only certain entities to perform this type of screening. When a situation is discovered where the State limits screening to specific entities, the RO should discuss the matter with the Regional Attorney before denying entry to the CMHC applicant or terminating existing CMHCs because they are unable to conduct screening because of the State requirements. (See 2252.H below for changes to this requirement that resulted from the passage of BIPA.)

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 71 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0315 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(v)

**Type** Element

**Regulation Definition**

Provides at least 40 percent of its items and services to individuals who are not eligible for benefits under title XVIII of the Act, as measured by the total number of CMHC clients treated by the CMHC for whom services are not paid for by Medicare, divided by the total number of clients treated by the CMHC for each 12-month period of enrollment.

**Interpretive Guideline**

**FED - M0316 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(v)(A)

**Type** Element

**Regulation Definition**

A CMHC is required to submit to CMS a certification statement provided by an independent entity that certifies that the CMHC's client population meets the 40 percent requirement specified in paragraph (b) (1) (v) of this section.

**Interpretive Guideline**

**FED - M0317 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(v)(B)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 72 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

The certification statement described in paragraph (b) (1) (v) (A) of this section is required upon initial application to enroll in Medicare, and as a part of revalidation, including any off cycle revalidation, thereafter carried out pursuant to §424.530 of this chapter. Medicare enrollment will be denied or revoked in instances where the CMHC fails to provide the certification statement as required. Medicare enrollment will also be denied or revoked if the 40 percent requirement as specified in this paragraph (b) (1) (v) of this section is not met.

**Interpretive Guideline**

**FED - M0318 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(vi)

**Type** Element

**Regulation Definition**

Provides individual and group psychotherapy utilizing a psychiatrist, psychologist, or other licensed mental health counselor, to the extent authorized under State law.

**Interpretive Guideline**

**FED - M0319 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(vii)

**Type** Element

**Regulation Definition**

Provides physician services.

**Interpretive Guideline**



Agency for Health Care Administration  
ASPEN: Regulation Set (RS)

Printed 01/29/2015

Page 73 of 85

Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER

FED - M0320 - PROVISION OF SERVICE

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(viii)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Provides psychiatric nursing services.

FED - M0321 - PROVISION OF SERVICE

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(ix)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Provides clinical social work services.

FED - M0322 - PROVISION OF SERVICE

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(x)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Provides family counseling services, with the primary purpose of treating the individual's condition.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 74 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0323 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(xi)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Provides occupational therapy services.

**FED - M0324 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(xii)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Provides services of other staff trained to work with psychiatric clients.

**FED - M0325 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(xiii)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Provides drugs and biologicals furnished for therapeutic purposes that cannot be self-administered.

Agency for Health Care Administration  
ASPEN: Regulation Set (RS)

Printed 01/29/2015

Page 75 of 85

Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER

FED - M0326 - PROVISION OF SERVICE

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(xiv)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Provides client training and education as related to the individual's care and active treatment.

FED - M0327 - PROVISION OF SERVICE

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(xv)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Provides individualized therapeutic activity services that are not primarily recreational or diversionary.

FED - M0328 - PROVISION OF SERVICE

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(1)(xvi)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Provides diagnostic services.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 76 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0329 - PROVISION OF SERVICE**

**Title** PROVISION OF SERVICE

**CFR** 485.918 (b)(2)

**Type** Element

**Regulation Definition**

The CMHC and individuals furnishing services on its behalf must meet applicable State licensing and certification requirements.

**Interpretive Guideline**

**FED - M0333 - PROFESSIONAL MANAGEMENT RESPONSIBILITY**

**Title** PROFESSIONAL MANAGEMENT RESPONSIBILITY

**CFR** 485.918 (c)

**Type** Standard

**Regulation Definition**

A CMHC that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management and oversight of staff and services for all arranged services. As part of retaining financial management responsibility, the CMHC must retain all payment responsibility for services furnished under arrangement on its behalf. Arranged services must be supported by a written agreement which requires that all services be as follows:

- (1) Authorized by the CMHC.
- (2) Furnished in a safe and effective manner.
- (3) Delivered in accordance with established professional standards, the policies of the CMHC, and the client's active treatment plan.

**Interpretive Guideline**

Surveyor must verify there is a written contract for each contracted service and each contract include that the CMHC will pay contractor directly and the contractor will not bill separately.

As a result of BIPA amendments to the Act (See 2250 C), a CMHC that is precluded by State law from providing the core service related to screening described in §1913(c)(1)(E) of the Public Health Service Act (PHSA) may provide the screening under a contract with an approved organization or entity that is determined to be acceptable by CMS on behalf of the Secretary. Thus, effective March 1, 2001, screening may be performed by a CMHC via a contract in spite of the State law preclusion. The BIPA language applies to both those CMHCs participating currently in the Medicare program as well as new applicants requesting participation in the program.

It is important to distinguish the term "contract" used in the BIPA amendments and the term "under arrangement" defined in Section 2250 of the SOM and in the Medicare General Information, Eligibility, and Entitlement Manual, Pub. 100-1, Chapter 5, 10.3 ([http://www.cms.hhs.gov/manuals/101\\_general/ge101c05.asp](http://www.cms.hhs.gov/manuals/101_general/ge101c05.asp)). A CMHC may provide one or more core services "under arrangement" with another entity if the service is authorized by State law, the CMHC retains full legal responsibility, and a written agreement is in place as explained in 2250 of the SOM. All

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

*Printed 01/29/2015*

Page 77 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

requirements for performing a core service either directly or "under arrangement" remain intact and unaffected by the BIPA amendments.

The BIPA amendments allow a CMHC to provide screening by "contract" in the limited circumstance when the CMHC has not been given the authority to provide the service itself under State law. For purposes of §1861(ff)(3)(B) (<http://www.cms.hhs.gov/regulations>), we believe a "contract" ought to provide the following:

- o The name, address, and provider number, if applicable, of the contractor(s);
- o That the contractor meet applicable licensing or certification requirements in the State in which the CMHC is located to conduct screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission;
- o That the contractor must provide the CMHC with the results of the screening for the patient(s) for which the CMHC requested screening;
- o The date the contract became effective, the term of the contract, and the manner of the contract's termination or renewal; and
- o A statement that the contract will be made available to CMS, the State survey agency, the CMHC's Medicare fiscal intermediary (FI) and the onsite contractor upon request.

The CMS regional office, on behalf of the Secretary, may approve an entity or organization as a contractor for the purpose of the BIPA screening provision if the organization's or entity's contract with the CMHC meets all of the terms of the contract as described above. The CMS will not grant a "blanket approval" for an entity or organization to conduct screening under a contract with a CMHC, but instead, must review each contract to ensure that it meets the prescribed contract terms. A contractor may contract with more than one CMHC to provide screening, and a CMHC may contract with more than one entity or organization to provide screening.

Although the State, the MAC or the onsite contractor may recommend to CMS that the CMHC's contract to conduct screening in accordance with §1861(ff)(3)(B)(i)(II) (<http://www.cms.hhs.gov/regulations>) be approved, CMS itself must determine if the screening is with an approved organization or entity. The CMHC must maintain documentary evidence that screening occurred in a particular case and provide a copy of the contract for screening to CMS upon request.

# Agency for Health Care Administration

## ASPEN: Regulation Set (RS)

Printed 01/29/2015

Page 78 of 85

### Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER

The BIPA amendments make no substantive changes to the PHSA/CMS requirement that the CMHC must provide the core services described in §1913(c)(1) of the PHSA (including screening) and not just be capable of providing the services. Therefore, the "Threshold and Service Requirements" contained in the SOM must continue to be followed.

When screening is going to be provided under contract, under the newly revised terms of §1861(ff)(3)(B) (<http://www.cms.hhs.gov/regulations>), the CMHC must maintain and provide documentary evidence to CMS that the screening occurred even though the CMHC may not be legally responsible for the screening results. Providing a service under contract does not mean merely referring an individual to another organization or entity.

Core Services Provided Under Arrangement - A CMHC may provide one or more core services under arrangement with another individual, group, or entity only when the following criteria are met:

- o Service Authorized by State Law - In no case may a CMHC provide a service under arrangement when the CMHC has not been given authority to provide the service itself directly under State statute, licensure, certification, or regulation. However, as a result of the BIPA provisions, and under the circumstance described previously, a CMHC or proposed CMHC may provide screening via a contract.
- o Full Legal Responsibility - A CMHC that provides a core service under arrangement with another entity remains the legally responsible authority through which comprehensive mental health services are provided. It is not sufficient for the arrangement to be a referral process where the CMHC does not assume overall management responsibility for the provision of core services by a separate individual, group, or entity. The CMHC must retain complete accountability for the services provided under arrangement. The CMHC must retain legal, professional, and administrative responsibility to coordinate care, supervise and evaluate the services, and ensure the delivery of high quality mental health treatment.
- o Written Agreement - If a CMHC provides services under arrangement with another party or person, there must be a written agreement or contract between the two parties that specifies the services to be rendered, and the manner in which the CMHC exercises its legal, professional and administrative responsibility for these services. Furthermore, for the agreement to serve as the vehicle through which the CMHC meets the requirement to provide one or more of the core services, the terms of the agreement must be adhered to in practice. The provider's professional supervision over arranged-for services requires application of many of the same quality controls as are applied to services furnished by salaried employees. The provider must accept the patient for treatment in accordance with its admission policies, and maintain a complete and timely clinical record on the patient, which includes diagnoses, medical history, physician's orders, and progress notes relating to all services received, and must maintain liaison with the attending physician regarding the progress of the patient and the need for revised orders.

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 79 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

In order to verify the nature of the relationship between the CMHC and the other party, the agreement must be accessible to CMS or its agents, and the documentation for all services rendered under arrangement must be maintained by the CMHC at the site identified in the provider agreement.

**FED - M0337 - STAFF TRAINING**

**Title** STAFF TRAINING

**CFR** 485.918 (d)

**Type** Standard

**Regulation Definition**

Staff training.

**Interpretive Guideline**

Request a copy of the CMHC policy regarding how education is provided.

**FED - M0338 - STAFF TRAINING**

**Title** STAFF TRAINING

**CFR** 485.918 (d)(1)

**Type** Element

**Regulation Definition**

A CMHC must provide education about CMHC care and services, and person-centered care to all employees, volunteers, and staff under contract who have contact with clients and their families.

**Interpretive Guideline**

**FED - M0339 - STAFF TRAINING**

**Title** STAFF TRAINING

**CFR** 485.918 (d)(2)

**Type** Element

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 80 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**Regulation Definition**

A CMHC must provide an initial orientation for each individual furnishing services that addresses the specific duties of his or her job.

**Interpretive Guideline**

Request a copy the CMHC policy for providing an initial orientation to each individual. Evidence of staff competency testing for comprehension and application of policy and procedures must be available.

**FED - M0340 - STAFF TRAINING**

**Title** STAFF TRAINING

**CFR** 485.918 (d)(3)

**Type** Element

**Regulation Definition**

A CMHC must assess the skills and competence of all individuals furnishing care and, as necessary, provide in-service training and education programs where indicated. The CMHC must have written policies and procedures describing its method(s) of assessing competency and must maintain a written description of the in-service training provided during the previous 12 months.

**Interpretive Guideline**

Verify through record review and interview that the facility is following its own policy for providing this initial orientation.

Request a copy of the facility's policy and procedure on assessing staff skills and competency. Verify the policy includes what indicates additional in-service training and/or education programs are necessary.

Request a copy of the written description used for in-service training in the last 12 months.

**FED - M0345 - PHYSICAL ENVIRONMENT**

**Title** PHYSICAL ENVIRONMENT

**CFR** 485.918 (e)

**Type** Standard

**Regulation Definition**

Physical environment.

**Interpretive Guideline**



**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 81 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0346 - ENVIRONMENTAL CONDITION**

**Title** ENVIRONMENTAL CONDITION

**CFR** 485.918 (e)(1)

**Type** Element

**Regulation Definition**

The CMHC must provide a safe, functional, sanitary, and comfortable environment for clients and staff that is conducive to the provision of services that are identified in paragraph (b) of this section.

**Interpretive Guideline**

Request written documentation that the CMHC meets all State and Local health and safety requirements.

**FED - M0347 - CMHC BUILDING**

**Title** CMHC BUILDING

**CFR** 485.918 (e)(2)

**Type** Element

**Regulation Definition**

Building. The CMHC services must be provided in a location that meets Federal, State, and local health and safety standards and State health care occupancy regulations.

**Interpretive Guideline**

Verify facility's policies and procedures are consistent with OSHA and CDC guidelines for prevention, control and investigation of infection and communicable disease.

**FED - M0348 - INFECTION CONTROL**

**Title** INFECTION CONTROL

**CFR** 485.918(e)(3)

**Type** Element

**Regulation Definition**

There must be policies, procedures, and monitoring for the

**Interpretive Guideline**

Determine through record review and interview how the facility monitors the process for prevention, control and

**Agency for Health Care Administration**  
**ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 82 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

prevention, control, and investigation of infection and communicable diseases with the goal of avoiding sources and transmission of infection.

investigations of infections and communicable disease.

**FED - M0349 - THERAPY SESSION**

**Title** THERAPY SESSION

**CFR** 485.918 (e)(4)

**Type** Element

**Regulation Definition**

The CMHC must ensure that individual or group therapy sessions are conducted in a manner that maintains client privacy and ensures client dignity.

**Interpretive Guideline**

Verify the facility follows Federal, State, and local laws in regard to HIPAA.  
Observe group and individual sessions to ensure:

- o The session is provided in an area that only allows the patient(s) in the treatment session to hear.
- o Staff use respectful words and tone when addressing clients.

**FED - M0354 - PARTIAL HOSPITALIZATION SERVICES**

**Title** PARTIAL HOSPITALIZATION SERVICES

**CFR** 485.918 (f)

**Type** Standard

**Regulation Definition**

A CMHC providing partial hospitalization services must-

**Interpretive Guideline**

Partial hospitalization programs are to provide intensive psychiatric care of an acute nature, utilizing the clinically recognized therapeutic items and services identified in §1861(ff) (<http://www.cms.hhs.gov/regulations>) of the Act. The treatment program of a PHP is:

- o Similar to that of a highly structured, short-term hospital inpatient program;
- o At a level more intense than outpatient day treatment or psychosocial rehabilitation;
- o Active treatment that incorporates an individualized treatment plan which describes a coordination of services wrapped around the particular needs of the patient;
- o Provided through a multi-disciplinary team approach to patient care under the direction of a physician, who certifies the patient's need for PHP services;

# Agency for Health Care Administration

## ASPEN: Regulation Set (RS)

Printed 01/29/2015

Page 83 of 85

### Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER

- o The program reflects a high degree of structure and scheduling;
- o In accordance with current practice guidelines, the treatment goals developed for each partial hospitalization patient should be measurable, functional, time-framed, medically necessary, and directly related to the reason for admission.

To be covered by Medicare, PHPs must be distinct from other outpatient, day treatment, or psychosocial rehabilitation programs.

### FED - M0355 - PARTIAL HOSPITALIZATION SERVICES

**Title** PARTIAL HOSPITALIZATION SERVICES

**CFR** 485.918 (f)(1)

**Type** Element

#### Regulation Definition

Provide services as defined in section 410.2 of this chapter.

#### Interpretive Guideline

Partial hospitalization programs are to provide intensive psychiatric care of an acute nature, utilizing the clinically recognized therapeutic items and services identified in §1861(ff) (<http://www.cms.hhs.gov/regulations>) of the Act. The treatment program of a PHP is:

- o Similar to that of a highly structured, short-term hospital inpatient program;
- o At a level more intense than outpatient day treatment or psychosocial rehabilitation;
- o Active treatment that incorporates an individualized treatment plan which describes a coordination of services wrapped around the particular needs of the patient;
- o Provided through a multi-disciplinary team approach to patient care under the direction of a physician, who certifies the patient's need for PHP services;
- o The program reflects a high degree of structure and scheduling;
- o In accordance with current practice guidelines, the treatment goals developed for each partial hospitalization patient should be measurable, functional, time-framed, medically necessary, and directly related to the reason for admission.

To be covered by Medicare, PHPs must be distinct from other outpatient, day treatment, or psychosocial rehabilitation programs.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 84 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0356 - PARTIAL HOSPITALIZATION SERVICES**

**Title** PARTIAL HOSPITALIZATION SERVICES

**CFR** 485.918 (f)(2)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Provide the services and meet the requirements specified in §410.43 of this chapter.

**FED - M0357 - PARTIAL HOSPITALIZATION SERVICES**

**Title** PARTIAL HOSPITALIZATION SERVICES

**CFR** 485.918 (f)(3)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Meet the requirements for coverage as described in §410.110 of this chapter.

**FED - M0358 - PARTIAL HOSPITALIZATION SERVICES**

**Title** PARTIAL HOSPITALIZATION SERVICES

**CFR** 485.918 (f)(4)

**Type** Element

**Regulation Definition**

**Interpretive Guideline**

Meet the content of certification and plan of treatment requirements as described in section 424.24 (e) of this chapter.

**Agency for Health Care Administration  
ASPEN: Regulation Set (RS)**

Printed 01/29/2015

Page 85 of 85

**Aspen Federal Regulation Set: M 1.00 COMMUNITY MENTAL HEALTH CENTER**

**FED - M0363 - COMPLIANCE WITH LAWS AND REGULATIONS**

**Title** COMPLIANCE WITH LAWS AND REGULATIONS

**CFR** 485.918 (g)

**Type** Standard

**Regulation Definition**

Compliance with Federal, State, and local laws and regulations related to the health and safety of clients. The CMHC and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations related to the health and safety of clients. If State or local law provides for licensing of CMHC's the CMHC must be licensed. The CMHC staff must follow the CMHC's policies and procedures.

**Interpretive Guideline**

**FED - M9999 - Closing Comments**

**Title** Closing Comments

**CFR**

**Type** Memo Tag

**Regulation Definition**

**Interpretive Guideline**