

# State Operations Manual

## Appendix F-Community Mental Health Centers (CMHC) Interpretive Guidance

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*(Rev. 218, Issued: 03-08-24)*

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## Appendix F- Community Mental Health Centers (CMHC) Interpretive

### Guidance

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## **PART 1—Survey Process for Psychiatric Community Mental Health Centers**

### **2252 –CMHC Survey Process**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

#### **2252A – Survey Types**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

##### **2252A.1 -Initial Surveys**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

The priority for initial surveys will be based on the most current Mission and Priority Document (MPD). In no case may a survey be scheduled before an approval recommended notice has been received by the SA/RO from the applicable MAC. The SA provides information to the applicant as necessary regarding the survey and certification process as part of the application process. Initial surveys require that the SA review all available facility documentation in ASPEN prior to the survey; conduct a survey to determine compliance of the CMHC with the Conditions of Participation (CoP) and other Federal participation requirements.

As part of the initial survey process, the SA confirms that the facility:

1. Is fully operational;
2. Is primarily engaged in providing care and services to all clients regardless of payer type.
3. Has the capacity to provide screening services for admission to State mental health facilities (unless otherwise directed by State law): and
4. Has served, or is serving, at least five non-Medicare clients, in order for CMS to be reasonably assured that the facility is complying with the COPs. The five clients must represent any one of the following service categories.
  - a. Children;
  - b. Elderly;
  - c. Chronically mentally ill; and
  - d. Residents of its service area who have been discharged from inpatient treatment at a mental health facility.

##### **2252A.2 –Recertification Surveys**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

SAs are required, per the most current MPD, to conduct recertification surveys for all CMHCs located in their state with no more than a 5-year survey interval. Recertification surveys require that the SA review all applicable documentation in ASPEN prior to the survey; and conduct a survey to determine compliance of the CMHC with the CoPs and other Federal participation requirements.

### **2252A.3 – Complaint Surveys**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

For complaint investigations procedures in CMHCs, see the provisions of Section 5200.1, “General Procedures” of the State Operations Manual (SOM.).

### **2252B. -Change in Provider Location**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

When the SA or RO is notified that a CMHC is moving, or has moved, its location, the SA or RO reviews the information to determine whether the CMHC is serving the same designated service area. If that is the case, the CMHC may maintain its current CMS Certification Number (CCN) and provider agreement. If a CMHC that is not operated by the State relocates to a different designated service area than the one originally approved by the CMS RO, the CMHC will be considered a new provider, its certification will be voluntarily terminated, and the provider must reapply for initial certification.

In addition, the SA or RO that receives the notification reviews the information submitted by the provider to determine whether the move has created possible CoP compliance concerns that may indicate the need for an on-site survey.

### **2252C – Survey Frequency**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

SAs are to conduct recertification surveys of all CMHCs in the State in accordance with the survey interval stated in the most current MPD. Complaint investigations do not count towards the recertification survey interval unless a full survey is conducted.

### **2252D – Survey Procedures**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

#### **2252D.1 Pre-Survey Procedure**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

It is CMS policy that all surveys are unannounced. While the unannounced surveys may sometimes result in some minor inconveniences, this policy and practice represents public attitudes and expectations toward effective compliance with the statutes, regulations and survey standards. See also §2700A.

## **2252D.2 On-Site Survey Process**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

### **2252D.2a Entrance Conference**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

The entrance conference sets the tone for the entire survey. The surveyor should be well prepared, courteous, and make requests, not demands. Upon arrival, the team lead surveyor does the following:

1. Presents the appropriate identification;
2. Introduces other team members who must also furnish appropriate identification;
3. Informs the Center's administrator, director, or supervisor of the purpose of the survey;
4. Provides expected duration and time schedule of the survey and projected day and time of exit conference;
5. Provides the Center with an overview of the survey process;
6. Requests that the Center identify which staff are furnishing services (employees and contract staff) and will be available throughout the survey for questions/assistance; and
7. Provides a list of the Center staff that will need to be interviewed during the course of the survey.

Also during the entrance conference, the surveyors should inform the Center that the survey process will include:

1. A physical, onsite tour of the Center;
2. Direct observations and interviews with clients, families/guardians, and personnel involved in client care; and
3. Review of relevant client records.

### **2252D.3 Survey Team Composition**

**(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation:03-08-24)**

Survey team size and composition will vary according to the size of the Center and the purpose of the survey. While there is no requirement, CMS recommends that surveyors

performing CMHC surveys have a background in psychiatric care or mental health services. Every CMHC surveyor must, at a minimum, successfully complete the basic CMHC surveyor training.

Professional disciplines and experience represented on the survey team should reflect the expertise needed to determine compliance with the CoPs and other Federal participation requirements (i.e. Partial Hospitalization Services *and Intensive Outpatient Services*). All survey team members must meet education and training qualifications as specified in the SOM at §4009.

## **2252D.4- Information Gathering**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

### **2252D.4a TASK 1 – Representative Sample of Clients-Selection Methodology**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

Purpose of the Sample - The purpose of drawing a sample of clients from the Center is to reflect a proportionate representation of all clients from the four core CMHC service areas. The sampling methodology outlined below is not intended to create a "statistically valid" sample. The methodology allows for flexibility in sample selection based on the surveyor's observations while on-site at the Center.

#### Sample Considerations:

1. Survey team should not allow the facility to select the sample.
2. Sample selection should be completed by the survey team shortly after the entrance conference.
3. Survey team must randomly select a sample from the list of all the clients served by the facility in the last three months, if this does not provide a sufficient minimum sample then expand up to a six month list of clients served by the facility.

#### Sample Selection Criteria:

1. The sample size of a minimum of six (6) clients must be selected from the list of CMHC clients, with at least 50% of the sample consisting of clients who are physically present and available for interview and observation. At least one client selected from the sample must be a discharged client.
2. If a complaint is being investigated at the time of the survey, include the client(s) named in the complaint in the survey sample.
3. After the sample is selected, additional information about the center's practices, as well as additional client information, may emerge. Surveyors may add clients

to the sample based on observations or incidents that occur during the survey. Surveyors must document the reason for adding clients to the sample. If the CMHC requests that a client or clients be excluded from the sample for clinical reasons, the client(s) may be removed from the interview portion but the surveyor will conduct observation and interview for the client(s). The CMHC should provide clinical justification, contained in each client's medical record, to support removal of the interview portion of a sampled client.

4. Do not select clients who were admitted within the last 7 business days prior to the survey as the client may not have completed all necessary evaluations and assessments.

#### Sample Documentation:

Surveyors may use form CMS-807, Surveyor Notes Worksheet, to list the clients selected for the sample. The team leader must ensure that information related to the sample is well documented and includes the following:

1. The record number of each client chosen to be part of the sample;
2. The client-identifier code for assigned by the surveyor as a reference to protect the client's confidentiality;
3. The reason each additional client was added to the sample e.g. complaint investigation; and
4. The number, if any, of clients removed from the sample, including the reason for withdrawing the client from the sample.

#### **2252D.4b TASK 2 – Record Review of Individuals in the Sample (Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

Review each sample client's treatment record to determine compliance with the CoPs and other regulatory requirements as evidenced by:

1. A completed initial evaluation within 24 hours of client admission to CMHC (§485.914(b));
2. A comprehensive assessment completed within four days of the client's admission and updated no more than every 30 calendar days (§485.914(c)(2));
3. Client and/or parent/guardian active participation in the development and review of the active treatment plan and process (§485.916(b));
4. An individual plan of care (active treatment plan) completed within seven working days of the client's admission and updated no more than every 30 calendar

days((§485.916(b) & (§485.916(d));

5. Documented client services that are aligned with the active treatment plan (§485.916(c));
6. Clients notification of his/her rights both verbally and in writing ((§485.910(a));
7. Qualified staff to perform necessary interventions who are qualified in accordance with the CoPs (§485.904); and
8. Documentation of client complaints and the resolution of those complaints ((§485.910(b)(iii) & (§485.910(c)).

While reviewing the records, pay attention to key requirements such as compliance with treatment team member's credentials and evidence that the credentials have been verified by the CMHC. Also look for records of accidents and incidents which may suggest client abuse, neglect, bullying or vulnerability to injury. If there is any evidence of physical, verbal, emotional, or sexual abuses, surveyors must follow-up on the status of the CMHC's investigation and if indicated, implement the immediate jeopardy procedures. (Refer to Appendix Q of the SOM for information on immediate jeopardy procedures).

#### **2252D.4c TASK 3- Review of Other Records**

*(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)*

Additional records, such as the 24-hour emergency call log, group attendance records, policies and procedures, and other CMHC records, may also be relevant to determine CMHC compliance with other provision of services requirements under §485.918(b) of the regulation as well as other Federal participation requirements (i.e. Partial Hospitalization Services *and Intensive Outpatient Services*).

1. Records of Client Deaths – Request a list of all clients who died in the past 12 months while receiving care at the Center. Evidence should exist of documented contact with appropriate Federal, State, and local agencies notifying them of the circumstances surrounding the client's death and the results of investigations by the CMHC and/or any of the appropriate Federal, State, or local agencies.
2. Policy and Procedures – Review the Center's policies and procedures when there are questions identified during interviews, observations and record reviews.
3. Serious Incident and Accident Report– The client's treatment record should contain sufficient information to fully detail any serious incident or accident. If the record does not contain sufficient information, request any additional documentation from the CMHC regarding the incident and investigation.
4. CMHC Personnel Qualifications- Review personnel files for all professionals who furnish services directly for current licensing, certifications, and/or registrations. Those professionals 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, certification, and/or registration and expiration dates as applicable.

#### **2252D.4d TASK 4 – Direct Client Observation**

*(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation:03-08-24)*

The purpose of direct client observation is to evaluate the existence of effective therapeutic relationships between the Center staff and the client and compliance with the CoPs and other Federal participation requirements (i.e. Partial Hospitalization Services *and Intensive Outpatient Services*). Staff must respect the rights of the clients and interact with them in a mutually productive manner. Direct observation also helps to determine how effectively staff manage the milieu and efficacy of the application of de-escalation and other behavior management techniques. De-escalation techniques include: limit setting, therapeutic communication, redirection, conflict resolution, active listening techniques, and visualization.

Observe each client in the sample in as many treatment settings (therapy groups, activities, treatment team meetings, other types of meetings, and milieu interactions in the client's environment) as possible. Visit as many treatment areas as time permits, and observe client activities during different time periods. Survey team members may need to adjust their schedules so that observations can be made during most of the client treatment hours. Surveyors must never request the Center alter a client's treatment hour or schedule to accommodate the surveyor's schedule.

If during client observation, the surveyor observes or is informed that their note taking appears to create agitation or distraction for the clients, the surveyor should do their documentation after the observation is completed. Form [CMS 3070I](#) is an optional form but can be used to record observations if the surveyor so chooses. After observations are completed, the surveyor compares activities he/she observed with the activities indicated by the client's program/ active treatment plan for consistency.

Record the following information for each observation:

1. Date and location;
2. Beginning and ending times of observation;
3. Number of clients present;
4. Approximate number of staff present;
5. What the client on the sample is doing (regardless of whether or not a scheduled therapeutic modality was in progress);
6. What the staff are doing;
7. The presence of disruptive behavior and staff's intervention (if any); and

8. Any other pertinent information.

## **2252D.4e TASK 5 – Interviews**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

### **1. Client Interview**

When interviewing a CMHC client, take into consideration the client's age and psychiatric condition. Interviews with clients should consist of questions directed at determining if the client understands his or her active treatment plan; progress towards their treatment goals; and also the type and quality of the client's therapeutic relationship with program staff. It is usual practice to interview clients in privacy. However, a client should be given an opportunity to have a staff member present or within visual proximity if the client so chooses although the staff member should not participate in the interview process.

A client may be exempted from an interview if a member of the client's treatment team indicates that the interview would negatively affect the client's treatment due to his or her psychiatric condition. When a client is exempted from an interview, the survey activities for that client will consist of observations, staff interviews, parent and/or guardian interviews and record reviews. Client treatment records should support the decision of the treatment team decision. Client confidentiality during the interview must be respected, but if the surveyor is told by the client that he/she is having thoughts of harm to self or others, this information must be shared with the Center staff.

### **2. Interview Setting**

Surveyors must respect a client's rights and ensure the setting of the interview is comfortable for the client. The surveyor should:

1. Request permission from the client to speak with them;
2. Provide the client with information such as the surveyor's name and the purpose of the survey and interview;
3. Ensure client privacy by conducting the interview in an appropriate location (e.g., low stimulus, on or off unit depending on client restrictions, staff visible for surveyor and client protection). Staff should be easily available during the interviews and may be visually present in the room if the client chooses, but should not be able to overhear conversation.

### **3. Staff Interviews**

It is important to interview the Center staff when questions or concerns are identified during observations or record review. Include each of the following questions as applicable in staff interviews.

1. Do you participate in the interdisciplinary treatment team? If yes, what role do you play?

2. Did you contribute to the active treatment plan objectives/goals for sample clients and updates?
3. How often is each client's active treatment plan reviewed?
4. What is your role in the discharge planning process and describe the discharge planning process at the Center.
5. Give examples of de-escalation techniques you were taught and how you utilize them when dealing with clients.
6. How do you integrate active treatment plan goals and objectives into the client's day to day treatment environment?
7. How do you motivate the clients to engage in their treatment services and the CMHC social environment?
8. Were you trained on the CMHCs policies and procedures? Last training?
9. Describe Quality Assessment and Performance Improvement (QAPI) activities at the Center and how they are monitored?
10. Do you feel you are adequately prepared (through education and training) to engage clients and guide their progress in treatment?

Confirm consistency between the staff responses and observations, treatment and other record reviews and client interviews.

#### **4. Interviews with Department Heads and/or Center Administrator**

Conduct these interviews near the end of the survey. Interviewing directors or other Center leaders can prove useful to address questions that were not fully answered during Center staff interviews.

#### **5. Interview Documentation**

Surveyors may use form CMS-807 to record each interview conducted with clients/parents/legal guardians and staff. Clearly delineate the documentation as an interview. Include the following information in every recorded entry:

1. Clients:
  - a. The record number, any client-identifier codes assigned as a reference to protect the client's confidentiality;
  - b. Summary of information obtained; and
  - c. Date and time of the interview.

2. Parent/ Legal Guardian/Spouse:
  - a. Relationship to the client;
  - b. Method of interview (face-to-face or telephone contact);
  - c. Summary of information obtained; and
  - d. Date and time of the interview.
3. Staff/ Management/ Directors:
  - a. Position, title and assignment of staff member;
  - b. Relationship to the client or reason for interview;
  - c. Summary of information obtained; and
  - d. Date and time of the interview.

**2252D.4f TASK 6 – Inspection of Each Area of the Center Serving Clients**  
**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

Visit all areas in the Center where services are provided to clients or where they are permitted to spend their time, both during program and leisure time, as these are places where unanticipated behavior may occur. Check the area for safety, appropriateness of the area for delivery of services, and accessibility for clients. Examples of areas to visit are: bathrooms, activity areas, visitation areas, therapy rooms, seclusion/time-out room, dining areas, examination rooms, treatment rooms, and classrooms.

During the tour, converse with clients and staff. Ask open-ended questions in order to confirm observations, obtain additional information, or corroborate information regarding perceived problems.

Observe staff interactions with both clients and other staff members regarding the protection of individual rights and staff functioning within their scope of responsibilities. The tour can be conducted at any time during the course of the survey.

**2252D.4g TASK 7 – Team Assessment of Compliance**  
**(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation:03-08-24)**

In preparation for the exit conference, the surveyors should conduct a pre-exit team meeting. The team leader must ensure that all survey team members have completed their respective survey tasks. The surveyors will share their respective findings, and make team decisions regarding any non-compliance with each CoP and other Federal participation requirement (i.e. Partial Hospitalization Services *and Intensive Outpatient Services*).

If at any time during the survey one or more team members identify a possible immediate jeopardy situation, the team should meet immediately to confer. See Appendix Q for guidance regarding determination of immediate jeopardy.

## **2252E-Exit Conference.**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

Following the pre-exit meeting, the survey team should conduct an exit conference with the CMHC administrator and/or designee, and other staff invited by the CMHC. The purpose of the exit conference is to communicate the survey team findings.

Although it is CMS's general policy to conduct an exit conference, be aware of situations that may justify discontinuation of an exit conference.

For example, if the CMHC is represented by a lawyer (all participants in the exit conference should identify themselves), surveyors may refuse to conduct or continue with the exit conference if the center lawyer tries to turn it into an evidentiary hearing, or the staff creates an environment that is hostile, overly intimidating, or inconsistent with the informal and preliminary nature of an exit conference. Refer to §2724 of the SOM.

## **PART 2—Interpretive Guidelines for Community Mental Health Centers.**

### Regulation

#### **485 Subpart J- Condition of Participation: Community Mental Health Centers (CMHCs)**

##### **§483.900 Basis and Scope**

*(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation:03-08-24)*

- (a) Basis. This subpart is based on the following sections of the Social Security Act:
- (1) Section 1832(a)(2)(J) of the Act specifies that payments may be made under Medicare Part B for partial hospitalization services *and intensive outpatient services* furnished by a *community mental health center* (CMHC) as described in section 1861(ff)(3)(B) of the Act.
  - (2) Section 1861(ff) of the Act describes the items and services that are covered under Medicare Part B as “partial hospitalization services” *and “intensive outpatient services”* and the conditions under which the items and services must be provided. In addition, section 1861(ff) of the Act specifies that the entities authorized to provide partial hospitalization *and intensive outpatient* services under Medicare Part B include CMHCs and defines that term.
  - (3) Section 1866(e)(2) of the Act specifies that a provider of services for purposes of provider agreement requirements includes a CMHC as defined in section 1861(ff)(3)(B) of the Act, but only with respect to providing partial hospitalization services *and intensive outpatient services*.
- (b) Scope. The provisions of this subpart serve as the basis of survey activities for the purpose of determining whether a CMHC meets the specified requirements that are considered necessary to ensure the health and safety of clients; and for the purpose of determining whether a CMHC qualifies for a provider agreement under Medicare.

##### **§485.902 Definitions.**

*(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)*

*The following definitions are relevant to this appendix.*

**Active treatment plan**, *as defined in §485.902*, means an individualized client plan that focuses on the provision of care and treatment services that address the client’s physical, psychological, psychosocial, emotional, and therapeutic needs and goals as identified in the comprehensive assessment.

*Children* refers to an unmarried person younger than 22 years old. See <https://www.medicare.gov/basics/children-and-end-stage-renal-disease> for further information.

**Community mental health center (CMHC)**, *as defined in §410.2, means an entity that— (1) Provides outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and clients of its mental health service area who have been discharged from inpatient treatment at a mental health facility; (2). Provides 24-hour-a-day emergency care services; (3) Provides day treatment or other partial hospitalization services, or intensive outpatient services, or psychosocial rehabilitation services; (4) Provides screening for patients being considered for admission to State mental health facilities to determine the appropriateness of this admission; (5) Meets applicable licensing or certification requirements for CMHCs in the State in which it is located; and (6) Provides at least 40 percent of its services to individuals who are not eligible for benefits under title XVIII of the Social Security Act.*

**Comprehensive assessment**, *as defined in §485.902, means 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.*

**Day Treatment Services** *generally include person-centered, culturally and linguistically appropriate, comprehensive, coordinated, structured treatment services and activities. A day treatment program consists of a scheduled series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency in order to assist the persons served in achieving the goals identified in their person-centered plans. Day treatment programs are offered four or more days per week, typically with support available in the evenings and on weekends. A day treatment program may prevent or minimize the need for a more intensive level of treatment. It may also function as a step- down from inpatient care or partial hospitalization or, as transitional care following an inpatient or partial hospitalization stay to facilitate return to the community.*

**Elderly** *refers to an individual who is aged 65 years and older.*

**Employee of a CMHC**, *as defined in §485.902, means an individual— (1) Who works for the CMHC and for whom the CMHC is required to issue a W–2 form on his or her behalf; or (2) For whom an agency or organization issues a W–2 form, and who is assigned to such CMHC if the CMHC is a subdivision of an agency or organization.*

**Initial evaluation**, *as defined in §485.902, means an immediate care and support assessment of the client’s physical, psychosocial (including a screen for harm to self or others), and therapeutic needs related to the psychiatric illness and related conditions for which care is being furnished by the CMHC.*

**Intensive outpatient (IOP) services**, *as defined in §410.2, means a distinct and organized intensive ambulatory treatment program that offers less than 24-hour daily care other than in an individual’s home or in an inpatient or residential setting and furnishes the services as described in §410.44. Patients require at least 9 hours per week of therapeutic services.*

***Partial Hospitalization Services, as defined in §410.2, means a distinct and organized intensive ambulatory treatment program that offers less than 24-hour daily care other than in an individual's home or in an inpatient or residential setting and furnishes the services as described in §410.43.***

***Psychosocial Rehabilitation Services (PSR) are activities aimed at reintegrating the individual back into society by improving their functioning and ability to comply with rules and expectations of the community and are consistent with the identified goals or objectives of the client's active treatment plan. This includes the fullest possible integration of the client as an active and productive member of his or her family, community, and/or culture with the least amount of structured professional intervention. Services may be provided individually or in a group setting.***

**Representative, as defined in §485.902, means an individual who has the authority under State law to authorize or terminate medical care on behalf of a client who is mentally or physically incapacitated. This includes a legal guardian.**

**Restraint, as defined in §485.902, means— (1) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a client to move his or her arms, legs, body, or head freely, not including devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a client for the purpose of conducting routine physical examinations or tests, or to protect the client from falling out of bed, or to permit the client to participate in activities without the risk of physical harm (this does not include a client being physically escorted); or (2) A drug or medication when it issued as a restriction to manage the client's behavior or restrict the client's freedom of movement, and which is not a standard treatment or dosage for the client's condition.**

**Seclusion, as defined in §485.902, means the involuntary confinement of a client alone in a room or an area from which the client is physically prevented from leaving.**

**Volunteer, as defined in §485.902, means an individual who is an unpaid worker of the CMHC; or if the CMHC is a subdivision of an agency or organization, is an unpaid worker of the agency or organization and is assigned to the CMHC. All volunteers must meet the standard training requirements under §485.918(d).**

## **M0100**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

### **§485.904 Condition of Participation: Personnel**

## **Qualifications**

### **M0101**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§495.904(a) Standard: General qualification requirements. 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, certifications, or registrations. All personnel qualifications must be kept current at all times.

#### **Interpretive Guidelines §485.904(a)**

“All professionals” are the personnel listed in §§485.904(b)(1)-(11).

### **M0102**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.904(b) Standard: Personnel qualifications for certain disciplines. The following qualifications must be met:

### **M0103**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.904(b)(1) Administrator of a CMHC. 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 Guidelines §485.904(b)(1)**

There must be evidence that the CMHC Governing Body established education and experience requirements for the Administrator as well as responsibilities associated with day-to-day operations of the CMHC and ensures that the Administrator meets such qualifications. There should also be evidence of the Administrator’s involvement in the day-to-day operations of the CMHC.

Examples of evidence could include:

1. Involvement of the Administrator in personnel actions,
2. Involvement of the Administrator in documentation of adverse events and the review and approval of responses to adverse events, and
3. Involvement of Administrator in establishment of organizational policies and procedures.

## **M0104**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.904(b)(2) Clinical psychologist. An individual who meets the qualifications at §410.71(d) of this chapter.

### **Interpretive Guidelines §485.904(b)(2)**

Per §410.71(d) a clinical psychologist must meet the following qualifications:

- (1) Holds a doctoral degree in psychology; and
- (2) Is licensed or certified, on the basis of the doctoral degree in psychology, by the State in which he or she practices, at the independent practice level of psychology to furnish diagnostic, assessment, preventive, and therapeutic services directly to individuals.”

## **M0105**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.904(b)(3) Clinical social worker. An individual who meets the qualifications at §410.73(a) of this chapter.

### **Interpretive Guidelines §485.904(b)(3)**

Per §410.73(a) a clinical social worker must:

- (1) Possesses a master’s or doctor’s degree in social work;
- (2) After obtaining the degree, has performed at least 2 years of supervised clinical social work; and
- (3) Either is licensed or certified as a clinical social worker by the State in which the services are performed or, in the case of an individual in a State that does not provide for licensure or certification as a clinical social worker—
  - (i) Is licensed or certified at the highest level of practice provided by the laws of the State in which the services are performed; and
  - (ii) Has completed at least 2 years or 3,000 hours of post master’s degree supervised clinical social work practice under the supervision of a master’s degree level social worker in an appropriate setting such as a hospital, SNF, or clinic.

## **M0106**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.904(b)(4) Social worker. 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 Guidelines §485.904(b)(4)**

If a facility chooses to employ a social worker with a Bachelor's degree in social work, psychology, or sociology, there must be evidence that the services of the social worker are provided under the supervision of a clinical social worker with an MSW or a doctoral degree in social work. The MSW or PhD supervisor role is that of an active advisor, consulting with the BSW on assessing the needs of clients, developing and updating the social work portion of the active treatment plan, and delivering care to clients. The supervision may occur over the telephone, through electronic communication, or any combination thereof.

#### **M0107**

*(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)*

§485.904(b)(5) *Mental health counselor. An individual who meets the applicable education, training, and other requirements of §410.54 of this chapter.*

#### *Interpretive Guidelines §485.904(b)(5)*

*From §410.54(a):*

*(a) Definition: mental health counselor. For purposes of this part, a mental health counselor is defined as an individual who -*

- (1) Possesses a master's or doctor's degree which qualifies for licensure or certification as a mental health counselor, clinical professional counselor, professional counselor under the State law of the State in which such individual furnishes the services defined as mental health counselor services;*
- (2) After obtaining such a degree, has performed at least 2 years or 3,000 hours of post master's degree clinical supervised experience in mental health counseling in an appropriate setting such as a hospital, SNF, private practice, or clinic; and*
- (3) Is licensed or certified as a mental health counselor, clinical professional counselor, professional counselor by the State in which the services are performed.*

#### **M0108**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.904(b)(6) Occupational therapist. A person who meets the requirements for the definition of "occupational therapist" at §484.115 of this chapter.

#### **Interpretive Guidelines §485.904(b)(6)**

Per §484.115 an Occupational Therapist:

- (a)(1) Is licensed or otherwise regulated, if applicable, as an occupational therapist by the State in which practicing, unless licensure does not apply;
- (2) Graduated after successful completion of an occupational therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and
- (3) Is eligible to take, or has successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(b) On or before December 31, 2009—

- (1) Is licensed or otherwise regulated, if applicable, as an occupational therapist by the State in which practicing; or
- (2) When licensure or other regulation does not apply—
  - (i) Graduated after successful completion of an occupational therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or successor organizations of ACOTE; and
  - (ii) Is eligible to take, or has successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc., (NBCOT).

(c) On or before January 1, 2008—

- (1) Graduated after successful completion of an occupational therapy program accredited jointly by the committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or
- (2) Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy.

(d) On or before December 31, 1977—

- (1) Had 2 years of appropriate experience as an occupational therapist; and
- (2) Had achieved a satisfactory grade on an occupational therapist proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

(e) If educated outside the United States, must meet all of the following:

- (1) Graduated after successful completion of an occupational therapist education program accredited as substantially equivalent to occupational therapist entry level education in the United States by one of the following:
  - (i) The Accreditation Council for Occupational Therapy Education (ACOTE).
  - (ii) Successor organizations of ACOTE.
  - (iii) The World Federation of Occupational Therapists.
  - (iv) A credentialing body approved by the American Occupational Therapy Association.
- (2) Successfully completed the entry level certification examination for occupational therapists developed and administered by the National Board for

Certification in Occupational Therapy, Inc. (NBCOT).

(3) On or before December 31, 2009, is licensed or otherwise regulated, if applicable, as an occupational therapist by the State in which practicing.

### **M0109**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.904(b)(7) Physician. An individual who meets the qualifications and conditions as defined in section 1861(r) of the Act, and provides the services at §410.20 of this chapter, and has experience providing mental health services to clients.

### **M0110**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.904(b)(8) Physician assistant. 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 Guidelines §485.904(b)(8)**

Physician assistants must meet all of the following qualifications:

- (1) Have graduated from a physician assistant educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs; or
- (2) Have passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants; and
- (3) Be licensed by the State to practice as a physician assistant.

1861(s)(2)(K)(i) of the Act and §410.74 establish the condition that a physician assistant performs the services under the general supervision of a physician (The supervising physician need not be physically present when the physician assistant is performing the services unless required by State law; however, the supervising physician must be immediately available to the physician assistant for consultation.)

### **M0111**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.904(b)(9) Advanced practice nurse. An individual who meets the following qualifications:

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

#### **Interpretive Guidelines §485.904(b)(9)**

Each nurse practitioner must meet all of the qualifications as stated from §410.75(b):

(b) Qualifications. For Medicare Part B coverage of his or her services, a nurse practitioner must be 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:

- (1) Obtained Medicare billing privileges as a nurse practitioner for the first time on or after January 1, 2003, and meets the following requirements:
  - (i) Be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners.
  - (ii) Possess a master's degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree.
- (2) Obtained Medicare billing privileges as a nurse practitioner for the first time before January 1, 2003, and meets the standards in paragraph (b)(1)(i) of this section.
- (3) Obtained Medicare billing privileges as a nurse practitioner for the first time before January 1, 2001.

Each clinical nurse specialist meets all of the qualifications as stated from §410.76(b):

(b) Qualifications. For Medicare Part B coverage of his or her services, a clinical nurse specialist must—

- (1) Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law;
- (2) Have a master's degree in a defined clinical area of nursing from an accredited educational institution or a Doctor of Nursing Practice (DNP) doctoral degree; and
- (3) Be certified as a clinical nurse specialist by a national certifying body that has established standards for clinical nurse specialists and that is approved by the Secretary.

## **M0112**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.904(b)(10) Psychiatric registered nurse. 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 Guidelines §485.904(b)(10)**

Education and/or training should be completed post RN degree.

## **M0113**

***(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)***

§485.904(b)(11) Psychiatrist. 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, *training* or experience, and is fully licensed to practice medicine in the State in which he or she practices.

## **M0115**

***(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)***

*§485.904(b)(12) Marriage and family therapist. An individual who meets the applicable education, training, and other requirements of §410.53 of this chapter.*

*Interpretive Guidelines §485.904(b)(12)*

*From §410.53(a):*

*(a) Definition: marriage and family therapist. For purposes of this part, a marriage and family therapist is defined as an individual who -*

- (1) Possesses a master's or doctor's degree which qualifies for licensure or certification as a marriage and family therapist pursuant to State law of the State in which such individual furnishes the services defined as marriage and family therapist services;*
- (2) After obtaining such degree, has performed at least 2 years or 3,000 hours of post master's degree clinical supervised experience in marriage and family therapy in an appropriate setting such as a hospital, SNF, private practice, or clinic; and*
- (3) Is licensed or certified as a marriage and family therapist by the State in which the services are performed.*

## **M0120**

***(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)***

§485.910 Condition of Participation: Client Rights. 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.

## **M0121**

***(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)***

§485.910(a) Standard: Notice of rights and responsibilities.

## **M0122**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(a)(1) 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 or client's representative or surrogate understands. Written notice must be understandable to persons who have limited English proficiency.

### **Interpretive Guidelines §485.910(a)(1)**

Surveyors must see evidence clients have been informed of their rights both verbally and in writing at the time of the initial evaluation.

Review records and interview staff to examine how the CMHC communicates information about client rights to patients with diverse backgrounds, including clients who need assistive devices or translation services. Verify that:

1. At the time of initial evaluation the facility gave the client (and/or representative or guardian) a copy of the client's rights and that the rights include, at a minimum, those listed at §485.910(b) and §485.910(c), and
2. The Center documents if the client (and/or representative or guardian) understood their rights.

During interviews with clients, ask about their knowledge of their rights. Can the client, representative or guardian describe in their own words their understanding of the client's rights through interview and/or documentation?

## **M0123**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(a)(2) During the initial evaluation, the CMHC must inform and distribute written information to the client concerning its policies on filing a grievance.

### **Interpretive Guidelines §485.910(a)(2)**

During record review and interviews, verify that the facility distributed written information to clients and informed them of the policy on filing a grievance as evidenced by client signature at time of initial evaluation.

## **M0124**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(a)(3) 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 Guidelines §485.910(a)(3)**

There must be evidence in the client record of a signed copy of notice of rights and responsibilities which is distributed by the CMHC at time of admission and signed by the client (and/or representative).

### **M0125**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(b) Standard: Exercise of rights and respect for property and person.

(1) The client has the right to—

### **M0126**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(b)(1)(i) Exercise his or her rights as a client of the CMHC.

### **M0127**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(b)(1)(ii) Have his or her property and person treated with respect.

### **Interpretive Guidelines §485.910(b)(1)(ii)**

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.

### **M0128**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(b)(1)(iii) 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 Guidelines §485.910(b)(1)(iii)**

Review the facility's grievance process. Consider if the facility's grievance process is posted in an area accessible to clients. During the client and/or guardian interviews confirm their understanding of the process for filing a grievance. Based upon information received during observations and interviews, request documentation of the facility actions taken, including corrective actions, as a result of any grievance. Evaluate whether the facility's grievance procedures are followed.

## **M0129**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(b)(1)(iv) Not be subjected to discrimination or reprisal for exercising his or her rights.

### **Interpretive Guidelines §485.910(b)(1)(iv)**

Acts of discrimination and/or reprisal may result in negative repercussions to the treatment progress of the client.

Examples of acts of discrimination or reprisal by the staff can include the use of intimidation, denial of appropriate services, retaliation, or neglect specifically occurring after a client files a grievance.

## **M0132**

**(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)**

§485.910(b)(2) If a client has been adjudged incompetent under State law by a court *of* 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 Guidelines §485.910(b)(2)**

If the record indicates there is legal guardianship, verify that the legal guardian has been informed of the client's rights. There should be evidence in the record that the facility provides sufficient information to enable the guardian to be actively involved in the exercise of the rights. Evidence of a guardian being actively may include such activities as participation in treatment decision making, filing grievances if indicated and serving as an advocate for client personal property and care planning needs.

## **M0133**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(b)(3) 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 Guidelines §485.910(b)(3)**

Verify that the designated legal representative was informed of the client's rights. The record should reflect the extent to which the legal representative participates in the exercise of the client's rights as allowed by State law.

## **M0136**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(c) Standard: Rights of the client. The client has the right to—

**M0137**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(c)(1) Be involved in developing his or her active treatment plan.

**Interpretive Guidelines §485.910(c)(1)**

Verify in the client's records and through interview that the clients participate in the development of the initial treatment plan at the time of the admission process, work jointly with the staff to set treatment priorities, and agree to the treatment plan established.

**M0138**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(c)(2) Refuse care or treatment.

**Interpretive Guidelines §485.910(c)(2)**

Clients have the right to refuse therapies or activities. If they do refuse, then the facility has a responsibility to discuss the rationale for refusal with the client and/or representative and make an effort to keep the client engaged in treatment. If those discussions do not result in the resumption of participation by the client, other considerations such as modifications to the treatment plan, changes in staff working with the client or review of medication compliance should be considered.

**M0139**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(c)(3) 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 Guidelines §485.910(c)(3)**

The facility stores all medical records (current and closed) in a secure manner so that only authorized persons may access the records. For facilities using an electronic medical record system there must be established procedures to ensure the safeguard of electronic information including persons authorized to access the database.

The release of patient medical record information occurs only in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). If the State has additional or more restrictive laws governing medical record access, the facility should also comply with these requirements.

## **M0140**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(c)(4) Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client property.

### **Interpretive Guidelines §485.910(c)(4)**

The facility must proactively ensure that clients are free from any threat to their physical and/or psychological health and safety.

**Abuse** means the willful infliction of injury, unreasonable confinement, and intimidation, punishment resulting in physical harm, mental anguish, or exploitation.

**Neglect** means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness or otherwise disregard for a client. In cases of client to client aggression the facility must implement a higher level of observation and monitoring to prevent such aggression. A failure to identify the need for heightened observation resulting in clients being victimized or injured represents neglect on the part of the facility.

**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 client. This includes derogatory terms to describe persons with disabilities.

**Psychological abuse** includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation, sexual coercion and intimidation.

**Sexual abuse** includes any incident where a client is coerced or manipulated to participate in any sexual activity for which the client 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/herself. The clients in a CMHC may be more vulnerable to sexual abuse and exploitation due to their current psychological condition and/or possible history of abuse and/or neglect.

An injury should be classified as in “injury of unknown source” and reported to the facility Administrator immediately when both of the following conditions are met:

1. The source of the injury was not observed by any person or the source of the injury could not be explained by the client; and

2. 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.

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

**Mistreatment** includes abuse, theft of client property, frequent use of intrusive behavioral management programs, and a lack of staff training or inadequate staffing levels that restrict client treatment progress.

### **M0141**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(c)(5) Receive information about specific limitations on services that he or she will be furnished.

#### **Interpretive Guidelines §485.910(c)(5)**

At the time of admission, the facility provides the prospective client and/or his/her representative with a list (either written or verbally) of the services provided by the facility. This is done to ensure that the client/representative understands what services are available to enable them to make an informed decision regarding admission to the facility. Documentation that this information was provided and the patient was allowed an opportunity to ask questions may be found in the admission progress notes, initial intake or other admission documents.

### **M0142**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(c)(6) 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 Guidelines §485.910(c)(6)**

Clients must not be coerced or pressured into providing services for the CMHC (e.g., required against their will to perform janitorial services, cooking, or repairs). If clients are performing services for the CMHC, there must be documentation or other evidence that the client and/or representative must be paid the prevailing wage for the same type of service by a person doing the same work in the general community. It is acceptable for the facility to reimburse the client at a pro-rated basis according to established standards for productivity.

### **M0146**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(d) Standard: Addressing violations of client rights. The CMHC must adhere to the following requirements:

### **M0147**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(d)(1) Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, 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 Guidelines §485.910(d)(1)**

For the purposes of this regulation and §485.910(d)(2), "immediately" means in the absence of extenuating circumstances there should be no delay between staff awareness of the occurrence and reporting to the Administrator as well as for the CMHC to investigate all alleged violations.

Extenuating circumstances may include securing the situation and/or removing other clients from harm. These would be the only reasons to delay in reporting or investigating.

For those adverse events identified as abuse, neglect, or mistreatment, facility documentation should include, at a minimum, the following:

1. Date adverse event occurred;
2. Time adverse event occurred;
3. Time reported to Administrator;
4. The person(s) involved;
5. The location of the adverse event;
6. Any physical and/or emotional injuries to client; and
7. Description of the event including any witness statements.

The facility policies and procedures should detail who (either by name or title) will be acting in the Administrator's absence, if an adverse event occurs when the Administrator is not on duty (vacation, holiday, etc.). The person(s) acting as Administrator in his/her absence must have the authority to immediately investigate allegations and take whatever corrective action is necessary to assure client health/safety.

In instances where the Administrator of the facility may be involved in an adverse event

of neglect, mistreatment, or verbal, mental, sexual and physical abuse, and misappropriation of client property, the staff should follow the facility 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.

### **M0148**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(d)(2) 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 Guidelines §485.910(d)(2)**

The facility must have policies and procedures for the identification, reporting, investigation and resolution of alleged violations.

Verify that as soon as the facility was made aware of an alleged incident, it began the process of an investigation and took measures to ensure patient safety throughout the investigation. Documentation should include evidence of:

1. The immediate action taken by the Administrator upon receipt of the report to include actions to protect the alleged victim of the violation;
2. The Administrator's plan for an investigation;
3. Evidence that the process follows the facility policy for investigation; and
4. The outcome of the investigation.

### **M0149**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(d)(3) 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 Guidelines §485.910(d)(3)**

The facility implements appropriate corrective action following the verification of any allegation of a violation of a patient right. All corrective actions are designed to prevent the recurrence of any such violations. The facility may not implement any corrective action plan that is inconsistent with State law. Example: The use of video cameras, with the acknowledgement and permission of clients and or their representatives may still be

prohibited by State law.

### **M0150**

*(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)*

§485.910(d)(4) Ensure that, within 5 working days of becoming aware of the violation, *all* violations are reported to State survey and certification agency, and verified violations are reported to State and local entities having jurisdiction.

### **M0151**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e) Standard: Restraint and seclusion.

### **M0152**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e)(1) 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 Guidelines §485.910(e)(1)**

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. Restraint and seclusion are used only in life-threatening situations that requires transfer of the client to a hospital.

Generally, 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 includes the threat of the use of restraint or seclusion in order to force the client to do something they do not want to do.

The use of a time out methodology, a technique for removing a client from positive reinforcement, does not constitute restraint or seclusion. In these instances, the client is offered the opportunity to withdraw from the immediate stimulation in order to regain self-control. The client is not required to go to a particular location nor are they prevented from leaving the alternate location.

### **M0153**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e)(2) 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 Guidelines §485.910(e)(2)**

The duration of any single restraint or seclusion order may only be for a maximum period of one hour. If necessary, the physician may issue an additional one hour order to cover the time required for transportation to arrive. Verify through record review that the call for client transportation to a hospital was made immediately following receipt of the physician's order for restraint or seclusion.

#### **M0154**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e)(3) The CMHC must obtain a corresponding order for the client's immediate transfer to a hospital when restraint or seclusion is ordered.

#### **M0155**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e)(4) Orders for the use of restraint or seclusion must never be written as a standing order or on an as-needed basis.

#### **Interpretive Guidelines §485.910(e)(4)**

The individual program plan may include precedents that would indicate the need to contact the physician for restraint/seclusion orders. However, the plan may not include any use of restraints or seclusion as part of the client's program on a routine basis.

#### **M0156**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e)(5) 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:

#### **M0159**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e)(5)(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 Guidelines §485.910(e)(5)(i)**

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

### **M0160**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e)(5)(ii) 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 Guidelines §485.910(e)(5)(ii)**

There must be evidence in the client medical record of any restraint/seclusion event. The documentation of the restraint/seclusion episode verifies that the type or technique of restraint is in consideration of and in proportion to the physical attributes of the client (ex: size), age, physical limitations/disabilities or past psychological trauma.

### **M0161**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e)(5)(iii) The use of restraint or seclusion must be implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by State law.

### **M0162**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e)(5)(iv) The condition of the client who is restrained or secluded must be continuously monitored by a physician or by trained staff who have completed the training criteria specified in paragraph (f) of this section.

#### **Interpretive Guidelines §485.910(e)(5)(iv)**

Continuous monitoring means that a physician or a trained CMHC staff member maintains direct visualization of the client at all times that restraint or seclusion are in place. The use of video monitoring from a distance does not suffice for direct monitoring by the staff.

Monitoring at a minimum includes:

1. Checking for signs of physical distress (vital signs, respiratory concerns, nausea, sweating, tremors skin color changes, complaints of pain);
2. Checking for signs of psychological distress (crying, disorientation, hallucinations); and
3. Checking for thoughts or plans of harm to self or others if released from restraint or seclusion.

### **M0163**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(e)(5)(v) When a restraint or seclusion is used, there must be documentation in the client's clinical record of the following:

### **M0164**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

*(A)* A description of the client's behavior and the intervention used.

### **M0165**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

*(B)* Alternatives or other less restrictive interventions attempted (as applicable).

### **M0166**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

*(C)* The client's condition or symptom(s) that warranted the use of the restraint or seclusion.

### **M0167**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

*(D)* The client's response to the intervention(s) used, including the rationale for continued use of the intervention.

### **M0168**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

*(E)* The name of the hospital to which the client was transferred.

### **M0169**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(f) Standard: Restraint or seclusion: staff training requirements.  
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 immediate physical threat to himself or herself, staff or other individuals and only in facilities where restraint and seclusion are permitted.

### **M0170**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(f)(1) 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 the CMHC must be trained in the use of alternative methods to restraint and seclusion.

Training will occur as follows:

### **Interpretive Guidelines §485.910(f)(1)**

In order to verify that staff have “demonstrated competency,” each of the above training sessions must include a hands-on portion. “Appropriate staff” would be considered all staff who, because of their roles working directly with the client, may be involved with the application or monitoring of seclusion or restraint or conducting observations of a client in restraint or seclusion.

Verify through training records that all appropriate staff have successfully completed the hands-on portion of the seclusion and restraint training curriculum (application, implementation, monitoring, assessment, and providing care) as well as any written or oral examination as required by CMHC policy.

If there are any issues or concerns regarding the timing, content or post training evaluations of the restraint/seclusion training identified during the course of the survey, request the facility policy for restraint and seclusion training to ensure that the training is provided consistent with the policy.

### **M0171**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

*(i)* Before performing any of the actions specified in this paragraph (f).

### **M0172**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

*(ii)* As part of orientation.

### **M0173**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

*(iii)* Subsequently on a periodic basis, consistent with the CMHC’s policy.

### **M0174**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(f)(2) 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:

### **M0175**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(f)(2)(i) Techniques to identify staff and client behaviors, events, and environmental factors that may trigger circumstances that could require the use of restraint or seclusion.

#### **Interpretive Guidelines §485.910(f)(2)(i)**

The training should include (not all inclusive):

1. How the individual treatment plans/evaluations may provide information on what staff behaviors, events or environmental factors may be triggers for clients;
2. How informal communications among staff and/or with clients may serve as triggers; and
3. How participation on the treatment team can help effectively identify/communicate specific triggers for the clients.

### **M0176**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

**§485.910(f)(2)(ii) The use of nonphysical intervention skills.**

#### **Interpretive Guidelines §485.910(f)(2)(ii)**

Look for evidence of staff training for nonphysical interventions such as effective verbal and non-verbal de-escalation techniques. Nonphysical intervention techniques will vary from client to client depending on their clinical diagnosis/symptoms and clinical history. Some nonphysical intervention techniques may be applicable to all clients and some may be client specific techniques.

Examples of nonphysical intervention de-escalation training include:

1. Correct presentation by staff; Staff should present themselves in a calm physical stance such as arms in an open position and/or down by their side. Staff should use a lower and slower tone of voice when attempting to de-escalate an agitated client.
2. Encouraging the client to move to an area of less stimulation; and
3. Introducing a distraction that the client enjoys.

## **M0177**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(f)(2)(iii) ) 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.

## **M0178**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(f)(2)(iv) 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 Guidelines §485.910(f)(2)(iv)**

Training for staff should include their understanding that some clients are at a greater risk during the application of restraints or seclusion for accidental harm due to medical and/or behavioral conditions. Members of the treatment team should share their knowledge of a client's physical and/or behavioral limitations with direct care staff.

There must be evidence, through documentation and interviews, that the staff training addresses recognition of general signs of physical and psychological distress.

Examples of psychological distress include:

1. Crying;
2. Verbal escalation;
3. Increase or introduction of curse words; and
4. Non-logical word association or verbal expression.

## **M0179**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(f)(2)(v) 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 Guidelines §485.910(f)(2)(v)**

There must be evidence through documentation and interviews that staff training included the skills required for staff to recognize signs that the restraint or seclusion episode may be safely discontinued such as the client has regained control of their emotions, control of their cognitive capacity and/or control of their physical behavior. Staff involved in a restraint or seclusion episode should have experience working with

the client in order to recognize the signs that the client has gained enough control of their mental and physical faculties to safely discontinue the intervention.

### **M0180**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(f)(2)(vi) 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 Guidelines §485.910(f)(2)(vi)**

There must be evidence through documentation and interviews that staff training addresses the psychological and physical assessments that must be completed throughout the restraint or seclusion and the frequency of these assessments.

### **M0181**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(f)(3) Trainer requirements. Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address clients' behaviors.

#### **Interpretive Guidelines §485.910(f)(3)**

The CMHC maintains documentation that each trainer has appropriate education, training and experience.

1. Training: The trainer must have completed a formal training program on how to train others on the safe application of restraint and seclusion. This training must be an industry recognized training program which issues a certification for successful completion.
2. Experience: Prior to becoming a trainer, there is evidence the individual had experience in the safe application of restraint and seclusion. The facility policy should establish the minimum number of actual interventions or years of applications experience required for the role of trainer.
3. Education: Facility policy should establishes the minimal educational requirement for the role of trainer.

### **M0182**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(f)(4) Training documentation. The CMHC must document in the staff personnel records that the training and demonstration of competency were successfully completed.

### **M0183**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(g) Standard: Death reporting requirements. The CMHC must report deaths associated with the use of seclusion or restraint.

### **M0184**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(g)(1) The CMHC must report to CMS each death that occurs while a client is in restraint or seclusion awaiting transfer to the hospital.

### **M0185**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(g)(2) 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 Guidelines §485.910(g)(2)**

At the time of the entrance conference request a list of all deaths at the facility which are associated with or occurred while the client was in restraint or seclusion. During interviews with staff inquire as to any deaths that have occurred at the facility while a client was in restraint or seclusion. Review documentation of reporting to the CMS Regional office to verify timely reporting.

### **M0186**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.910(g)(3) Staff must document in the client's clinical record the date and time the death was reported to CMS.

### **M0187**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914 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.

### **M0190**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(a) Standard: Admission.

## **M0191**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(a)(1) The CMHC must determine that each client is appropriate for the services it provides as specified in §410.2.

## **M0192**

***(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)***

§485.914(a)(2) For clients assessed and admitted to receive partial hospitalization services and intensive outpatient services, the CMHC must also meet separate requirements as specified in §485.918(f) *and (g), as applicable*.

## **M0194**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(b) Standard: Initial evaluation.

## **M0195**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(b)(1) A licensed mental health professional employed by the CMHC and acting within his or her state scope of practice requirements must complete the initial evaluation within 24 hours of the client's admission to the CMHC.

### **Interpretive Guidelines §485.914(b)(1)**

The policies of the facility should list the categories of staff who may conduct the initial evaluation. The mental health professional conducting the evaluation should be licensed in the State in which the facility is located and have experience in mental health.

The licensed mental health care professional conducting the initial evaluation is a full or part time employee of the CMHC. There should be evidence that the CMHC issues a W-2 for the employee or documents evidencing that the licensed mental health professional is employed under contract with the CMHC.

Initial evaluations initiated on Fridays may be completed on the following Monday in compliance with the 24 hour time frame.

## **M0196**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(b)(2) The initial evaluation, at a minimum, must include the following:

**M0197**

(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)

(i) The admitting diagnosis as well as other diagnoses.

**M0198**

(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)

(ii) The source of referral.

**M0199**

(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)

(iii) The reason for admission as stated by the client or other individuals who are significantly involved.

**M0200**

(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)

(iv) Identification of the client's immediate clinical care needs related to the psychiatric diagnosis.

**M0201**

(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)

(v) A list of current prescriptions and over-the-counter medications, as well as other substances that the client may be taking.

**M0202**

(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)

(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 provided.

**Interpretive Guidelines §485.914(b)(2)(vi)**

A determination as to whether a client may be at risk for hospitalization if they do not receive partial hospitalization services may include assessment of the clinical care needs of the client in the following areas:

- (1) Supportive structured environment;
- (2) Severity of diagnosis;
- (3) History of hospitalizations; and

(4) Stability of medications.

### **M0203**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(b)(3) Based on the findings of the initial evaluation, the CMHC must determine the appropriate members of each client's interdisciplinary treatment team.

#### **Interpretive Guidelines §485.914(b)(3)**

The members of each interdisciplinary team are determined by the areas of individual client needs identified during the evaluation. For example, a client whose evaluation identified a psychosocial need indicates the need for a social worker to be on the team; a finding that a client requires ongoing psychological assessment would indicate the need for a psychologist to be on the team.

### **M0204**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c) Standard: Comprehensive assessment.

### **M0205**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(1) 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.

### **M0206**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(2) 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.

### **M0207**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(3) 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 Guidelines §485.914(c)(3)**

All clinical needs identified by the comprehensive assessment should be reflected in the

treatment plan. The team may prioritize the needs but should at a minimum develop a plan to address each need.

### **M0208**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4) The comprehensive assessment, at a minimum, must include the following:

### **M0209**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(i) The reasons for the admission.

#### **Interpretive Guidelines §485.914 (c)(4)(i)**

The comprehensive assessment may determine the reason for admission from a wide range of sources: referrals of clients who have been discharged from a hospital or referred by a medical or psychiatric professional; initial assessment; and/or admission documents.

### **M0210**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(ii) 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 Guidelines §485.914(c)(4)(ii)**

In those instances where the client's medical issues impact the treatment plan, the facility may need to contact the client's primary health care provider for information. In order to do so the client must consent to the exchange of information. Admission consents signed by the client may cover these exchanges or separate consents may be obtained.

### **M0211**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(iii) Information concerning previous and current mental status, including but not limited to, previous therapeutic interventions and hospitalizations.

#### **Interpretive Guidelines §485.914(c)(4)(iii)**

The current mental status would state the level of alertness or confusion the client exhibits and may be stated broadly as alert and oriented or may be stated generally as

confused, etc. It is important for the treatment team at the CMHC to have an understanding of the history of all previous and current psychiatric treatment interventions and/or hospitalizations to support the development of a clinically accurate person-centered active treatment plan.

## **M0212**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(iv) Information regarding the onset of symptoms of the illness and circumstances leading to the admission.

### **Interpretive Guidelines §485.914(c)(4)(iv)**

The assessment will include details of both past and present psychiatric symptoms as they relate to dates and/or age of onset, periods of remission and relapse. There may be information about circumstances in the client's life at the time of symptom onset and/or absence. Other information that should be taken into consideration as a potential contributing factor is the existence of co-morbid diagnoses as well as substance abuse/dependence.

## **M0213**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(v) A description of attitudes and behaviors, including cultural and environmental factors that may affect the client's treatment plan.

### **Interpretive Guidelines §485.914(c)(4)(v)**

A description of attitudes may include observations of body language, verbal aggression, refusal to speak, intimidating demeanor and intimidating posturing, etc. A description may also include any ethnic, minority or general cultural attributes that could have a potential impact on living with a mental illness.

## **M0214**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(vi) An assessment of intellectual functioning, memory functioning, and orientation.

### **Interpretive Guidelines §485.914(c)(4)(vi)**

Testing for intellectual functioning requires the use of a standardized test instrument which assesses the client's IQ and/or the client's cognitive ability or function (ex: mathematics, logical reasoning, decision making, etc.)

The comprehensive assessment evaluates the client's short and long term memory and is usually done through questions presented by the tester. The documentation of their

memory capability should include the method of testing and the basis for the client's assigned capacity.

Orientation is determined by evaluation of the level of awareness the client has for person, place, time and situation. The assessment could be completed by a Mini-Mental Status Examination and/or a complete neuropsychological examination. The same test procedure (to determine orientation) should be used on all subsequent orientation tests for the client.

## **M0215**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(vii) Complications and risk factors that may affect the care planning.

### **Interpretive Guidelines §485.914(c)(4)(vii)**

Complications and risk factors impact the way the treatment plan is developed, monitored and revised. Examples of complications/risks include:

1. Lack of resources for a stable home environment;
2. The client lives alone;
3. The client has trouble finding transportation to the CMHC;
4. The client is weak or has no social and healthcare support system;
5. Multiple medication interactions;
6. The circumstances that triggered an initial suicide attempt have not changed;
7. Repeat suicide attempts (triggering event would occur again);
8. History of not taking medications;
9. A history of an eating disorder; and
10. Medical comorbidities.

## **M0216**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(viii) Functional status, including the client's ability to understand and participate in his or her own care, and the client's strengths and goals.

## **M0217**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(ix) Factors affecting client safety or the safety of others, including behavioral and physical factors, as well as suicide risk factors.

**Interpretive Guidelines §485.914(c)(4)(ix)**

Each comprehensive assessment must include a client's potential for harming his or herself or others. There should be documentation of any previous and/or recent attempts to harm his or herself or others, and any history of verbal or physical intimidation and/or purposeful behavior intended to provoke physical action by others (clients and/or staff). The assessment also includes identification of any high risk behaviors such as criminal activities or substance abuse.

**M0218**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(x) A drug profile that includes a review of all of the client's prescription and over-the-counter medications; herbal remedies; and other alternative treatments or substances that could affect drug therapy.

**M0219**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(xi) The need for referrals and further evaluation by appropriate health care professionals, including the client's primary health care provider (if any) when warranted.

**M0220**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(xii) Factors to be considered in discharge planning.

**Interpretive Guidelines §485.914(c)(4)(xii)**

Discharge planning should start from the point of admission, with identification of the expected physical and emotional needs of the client after discharge as well as any community services that may be needed. Documentation in the client's medical record demonstrates that communications with relevant individuals and/or services were initiated by the CMHC early in the episode of care in an effort to gain all necessary information to increase the possibility of eventual and successful discharge.

**M0221**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(xiii) Identification of the client's current social and health care support systems.

## **M0222**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(c)(4)(xiv) 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 Guidelines §485.914(c)(4)(xiv)**

During the process of the assessment, the environmental or safety needs that may not be met for the client in their home are identified. Examples are clothing in poor condition, poor hygiene, evidence of recent or pattern of unusual physical injuries, lack of medical care, lack of shelter, lack of heat, lack of food or signs of physical or sexual abuse. Referrals to community resources are made as indicated.

## **M0223**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(d) Standard: Update of the comprehensive assessment

## **M0224**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(d)(1) The CMHC must update each client's 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 and in accordance with current standards of practice.

### **Interpretive Guidelines §485.914(d)(1)**

A change in a "client's status", which can be frequent, includes any change in health, social, or medical conditions which may affect the client's response to therapy.

There should be some indication in the client's record at the time of each comprehensive assessment that the facility made an attempt to contact the primary physician (if any) for an update of the plan. This contact may be via a telephone call or in writing by mail. The contact seeks input from the primary physician.

## **M0225**

**(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)**

§485.914(d)(2) For clients that receive *partial hospitalization program (PHP) or intensive outpatient (IOP)* services, the assessment must be updated no less frequently than every 30 days.

## **M0226**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(d)(3) 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 Guidelines §485.914(d)(3)**

The update should document any changes from the initial assessment and identify any treatment interventions which need to be ended, revised or replaced. All goals should be reviewed to determine whether they remain realistic, are prioritized appropriately and/or need to be revised to best achieve a desired outcome for the client.

## **M0227**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(e) Standard: Discharge or transfer of the client.

## **M0228**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

**§485.914(e)(1) 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 Guidelines §485.914(e)(1)**

Clinical standards of practice would generally indicate that all client transfers from a CMHC to an emergency room would include a transfer note summarizing the current treatment regimen, including all current medications and any PRN medications that were given prior to the transfer to the emergency room. This means that the CMHC is arranging transportation from the CMHC to the hospital emergency department, the CMHC would need to provide current client treatment information in the transfer note.

## **M0229**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(e)(2) 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.**

**M0230**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(e)(3) The CMHC discharge summary must include—

**M0231**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(e)(3)(i) A summary of the services provided, including the client's symptoms, treatment, and recovery goals and preferences, treatments and therapies.

**M0232**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(e)(3)(ii) The client's current active treatment plan at the time of discharge.

**M0233**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(e)(3)(iii) The client's most recent physician orders.

**M0234**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(e)(3)(iv) Any other documentation that will assist in post-discharge continuity of care.

**M0235**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.914(e)(4) The CMHC must adhere to all Federal and State-related requirements pertaining to the medical privacy and the release of client information.

**Interpretive Guidelines §485.914(e)(4)**

The CMHC must follow their policy regarding release of client information and the policy and procedures must conform to Federal and State requirements. The HIPAA Privacy Rule is located at 45 CFR Part 160 and Subparts A and E of Part 164.

**M0236**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916 Condition of participation: Treatment team, person-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.

### **M0237**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(a) Standard: Delivery of services.

### **M0238**

**(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)**

§485.916(a)(1) An interdisciplinary treatment team, led by a physician, *nurse practitioner (NP)*, *physician assistant (PA)*, *clinical nurse specialist (CNS)*, clinical psychologist, clinical social worker, *marriage and family therapist (MFT)*, or *mental health counselor (MHC)*, must provide the care and services offered by the CMHC.

### **M0239**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(a)(2) Based on the findings of the comprehensive assessment, the CMHC must determine the 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 Guidelines §485.916(a)(2)**

There should be documentation in the client's medical record, specifically in either the comprehensive assessment or treatment plan, which indicates the specific licensed mental health professional team member that has been assigned the role of providing treatment plan coordination. While CMHCs are not required to provide services directly that are not associated with the admitting diagnosis and the scope of the services provided by the CMHC, they are expected to make appropriate and timely referrals for such services.

### **M0240**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(a)(3) 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 Guidelines §485.916(a)(3)**

The interdisciplinary treatment team membership must be based on the client's assessed needs. The CMHC should be able to demonstrate a relationship between the client's needs identified in the client's comprehensive assessment and active treatment plan and the members serving on the interdisciplinary team. There is no minimum number of members on the team.

### **M0242**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(a)(4) 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 Guidelines §485.916(a)(4)**

One of the CMHC interdisciplinary teams is designated to develop policies and procedures on team member coordination, team member communication and expectations for the supervision of active treatment services provided by CMHC staff. These policies and procedures are periodically (usually yearly) reviewed and revised as needed by the team.

### **M0244**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(b) Standard: Person-centered active treatment plan. 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, and 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 primary 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 Guidelines §485.916(b)**

The client's medical record includes documentation that the interdisciplinary treatment team, the client, and his/her primary care giver(s) (such as family or guardian) collaborated in the development of the treatment plan. The client and/or primary care giver(s) must be invited to be a part of the treatment planning team. If it is not possible to receive input from the client or primary care giver(s) prior to or during the planning meeting, the team must discuss the plan with them and receive their concurrence. If the

client or primary care giver(s) does not respond to requests for concurrence, the team proceeds with the plan and documents all attempts to receive concurrence.

There should be documentation in the client's medical record that the facility met face to face, by phone or other electronic medium with the client and caregiver(s), as applicable, to discuss their role in the client's care, and that the client and caregiver(s) accepted, agreed, and understood their role in implementing the active treatment plan.

If the client or caregiver(s) does not agree to participate in the development of the treatment plan, there should be documentation of attempts by the CMHC to encourage participation.

### **M0247**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(c) Standard: Content of the person-centered active treatment plan. 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:

### **M0248**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

(1) Client diagnoses.

### **M0249**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

(2) Treatment goals.

### **M0250**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

(3) Interventions.

### **M0251**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

(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.

### **M0252**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

- (5) Drugs, treatments, and individual and/or group therapies.

### **M0253**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

- (6) Family psychotherapy with the primary focus on treatment of the client's conditions.

### **M0254**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

- (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.

### **M0255**

***(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)***

§485.916(d) Standard: Review of the person-centered active treatment plan. The CMHC 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 day. 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 ***or intensive outpatient service requirements as specified under §424.24(d) of this chapter, as applicable***, if such services are included in the active treatment plan.

### **M0256**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(e) Standard: Coordination of services. 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:

### **M0257**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(e)(1) Ensure that the interdisciplinary treatment team maintains responsibility for directing, coordinating, and supervising the care and services provided.

### **M0258**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(e)(2) Ensure that the care and services are provided in accordance with the active treatment plan.

### **M0259**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(e)(3) Ensure that the care and services provided are based on all assessments of the client.

### **M0260**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(e)(4) 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 Guidelines §485.916(e)(4)**

The client's medical record must include documentation of collaboration and coordination among the client's service providers regardless as to whether they are direct employees or contract employees. The sharing of information must be accomplished in a secure manner to maintain confidentiality and may be done through phone calls, secure email and/or US mail.

### **M0261**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.916(e)(5) Provides for ongoing sharing of information with other health care and non-medical providers, including the primary health care 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.

### **M0265**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917 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 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.

### **Interpretive Guidelines §485.917**

The condition requires each CMHC to develop its own QAPI program to meet its needs. 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.), direct observation of clinical performance and operating systems, and interviews with clients and/or staff.

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

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

Evaluate the QAPI program for its CMHC-wide effectiveness on the quality of care provided and activities that impact upon client health and safety. 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. QAPI 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 additional improvements can be made. The 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.

### **M0269**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

**§485.917(a) Standard: Program scope.**

**M0270**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(a)(1) The CMHC program must be able to demonstrate measurable improvement in indicators related to improving behavioral health outcomes and CMHC services.

**Interpretive Guidelines §485.917(a)(1)**

The CMHC QAPI plan includes specific indicators regarding behavioral health outcomes. Examples of these outcome indicators include but are not limited to:

1. Readmission to hospitals;
2. Reports of medication non-compliance;
3. Suicide attempts;
4. Number of emergency room visits;
5. Rate of chemical dependency relapse; and
6. Trends in lack of attendance at treatment modalities.

The CMHC establishes a baseline measure for each of its indicators and measures improvement/decline for each indicator over a period of time set in CMHC policy as approved by the governing body. The QAPI data must indicate an **overall** improvement for each of its established indicators. The CMHC QAPI policy and procedures must address what actions are necessary if there is no improvement or if there is a decline for an individual indicator.

**M0271**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(a)(2) 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, CMHC services, and operations.

**Interpretive Guidelines §485.917(a)(2)**

The review of the QAPI data verifies that the CMHC develops the individual indicators of their particular QAPI plan and these indicators address all facility programs and services. Indicators should be measurable to enable the CMHC to demonstrate, through the use of objective data, that improvements have or have not taken place in: actual care outcomes;

processes of care; client satisfaction levels; CMHC operations; or other performance indicators.

CMHCs must collect and analyze client care and administrative quality data generated by the medical and professional/technical staffs and use those data to identify, prioritize, implement, and evaluate performance improvement projects to improve the quality of services furnished to CMHC clients. CMHCs are required to assess quality in all areas of operations that might be adversely affecting patient care or CMHC services. There is a specific requirement for CMHCs to track adverse client events (as they are defined in CMHC policy), including the use of restraint and seclusion, and reduce their occurrence where possible.

In order to assess compliance with the QAPI requirements and to determine the adequacy and appropriateness of a CMHC's QAPI program, there must be evidence of the following:

1. The CMHC's QAPI plan identifies individual indicators reflective of program services;
2. Summary analysis reports are submitted to the Governing Body;
3. The names of the individuals responsible for the QAPI program;
4. The QAPI program has been implemented and is functioning including evidence of:
  - a. Any regular QAPI committee meeting minutes;
  - b. Investigation and analysis of all sentinel and adverse events;
  - c. Recommendations/implementation for systemic change to prevent recurrence of sentinel or adverse events;
  - d. Identified performance measures that are tracked and analyzed; and
  - e. Sufficient resources available to implement the CMHC's QAPI program.

### **M0273**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(b) Standard: Program data.

### **M0274**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(b)(1) The program must use quality indicator data, including client care, and

other relevant data, in the design of its program.

### **Interpretive Guidelines §485.917(b)(1)**

Program data, used for the facility QAPI program, come from many sources. The specific data to be collected are defined by the facility QAPI plan. Examples include:

1. Client Non-Compliance with Treatments;
2. Type and Frequency of Specific Adverse Events Such as Suicide Rates; and
3. Client Admissions/Readmissions to an inpatient psychiatric facility.

The impact of the facility's program may be assessed by looking at data gathered and compared at different points in time, and actions taken based on that comparison. The CMHC analyzes the QAPI data periodically (based on CMHC policy and procedure) and uses the analysis to evaluate the effectiveness of its program.

### **M0275**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(b)(2) The CMHC must use the data collected to do the following:

### **Interpretive Guidelines §485.917(b)(2)**

Whatever data collection measures the CMHC chooses to utilize as part of their QAPI program to assess quality must be monitored regularly so that opportunities for improvement can be identified and promptly implemented.

### **M0276**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(b)(2)(i) Monitor the effectiveness and safety of services and quality of care.

### **M0277**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(b)(2)(ii) Identify opportunities and priorities for improvement.

### **M0278**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(b)(3) The frequency and detail of the data collection must be approved by the CMHC's governing body.

### **Interpretive Guidelines §485.917(b)(3)**

Data should be collected in accordance with the time frames indicated in the CMHC's

QAPI policy.

**M0281**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(c)(1) Standard: Program activities. The CMHC's performance improvement activities must:

**M0282**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(c)(1)(i) Focus on high risk, high volume or problem-prone areas.

**M0283**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(c)(1)(ii) Consider incidence, prevalence, and severity of problems.

**M0284**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(c)(1)(iii) Give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care.

**M0285**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(c)(2) 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 Guidelines §485.917(c)(2)**

In general, an adverse event would be an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof to a client. The CMHC maintains documentation of identification, tracking and analysis of all adverse events. The CMHC must implement preventive actions to avoid a recurrence of an adverse event and document the employee(s) responsible for implementation, tracking of the implementation and analyze the impact of the preventive action. Staff training would need to occur after each event to teach and call attention to prevention efforts and all appropriate performance improvement activities (prevention activities) would be incorporated into annual training programs.

**M0286**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(c)(3) The CMHC must take actions aimed at performance improvement and, after implementing those actions, the CMHC must measure its success and track performance to ensure that improvements are sustained.

### **M0291**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(d) Standard: Performance improvements projects. CMHC's must develop, implement and evaluate performance improvement projects.

### **M0292**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(d)(1) 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 Guidelines §485.917(d)(1)**

The CMHC identifies a performance issue from sources such as adverse events tracking documents, reports from staff and/or clients, complaints from clients or families, and feedback from affiliated programs or organizations.

There is no requirement for CMHCs to conduct a specific number of performance improvement projects. The CMHC should select the number and topics of projects based on the results of their internal quality monitoring and other quality information outcomes, such as the results of State surveys.

When determining the number and scope of performance improvement programs to be conducted in a year, the CMHC should consider its past performance of services and operations. Performance improvement projects must be documented in written form and include the elements outlined in this standard.

### **M0293**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(d)(2) 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 Guidelines §485.917(d)(2)**

The reasons for selecting a particular performance improvement project should be based upon data and analysis of those data. The development of each performance improvement project includes the establishment of an appropriate measurement and evaluation methodology that will be used to document and track the projects progress.

Performance improvement projects are evaluated on an ongoing basis throughout the life of the project in order to redirect the project if needed.

### **M0296**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(e) Standard: Executive responsibilities. The CMHC's governing body is responsible for ensuring the following:

### **M0297**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(e)(1) That an on-going QAPI program for quality improvement and client safety is defined, implemented, maintained, and evaluated annually.

#### **Interpretive Guidelines §485.917(e)(1)**

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

### **M0298**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(e)(2) 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 evaluated for effectiveness.

### **M0299**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.917(e)(3) That one or more individual(s) who are responsible for operating the QAPI program are designated.

#### **Interpretive Guidelines §485.917(e)(3)**

There is no requirement that this person be full time QAPI. The employee is selected based upon training or experience with a QAPI program.

### **M0304**

**(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)**

§485.918 Condition of Participation: Organization, governance, administration of services, partial hospitalization services, *and intensive outpatient services*.

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 service area who have been discharged from an inpatient mental health facility.

### **M0305**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(a) Standard: Governing body and administrator

### **M0306**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(a)(1) 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.

#### **Interpretive Guidelines §485.918(a)(1)**

The CMHC must provide documentation listing the members of the governing body. At least one member of the governing body must possess knowledge and experience as a mental health clinician. The mental health clinician who is a member of the governing body may be a clinical psychologist, clinical social worker, social worker, mental health counselor, physician or physician assistant, psychiatric registered nurse or psychiatrist.

### **M0307**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(a)(2) 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 Guidelines §485.918(a)(2)**

The administrator is an employee, not a contractor, who is issued a W-2 by the CMHC. There must evidence that the CMHC Governing Body establishes education and experience requirements for the Administrator and ensures the Administrator meets the qualifications; establishes the responsibilities associated with day-to-day operations of the CMHC and ensures that the Administrator meets such responsibilities. There must be evidence of the Administrator involvement in the day-to-day operations of the CMHC.

Examples of evidence could include:

1. Involvement of the Administrator in personnel actions,
2. Involvement of the Administrator in the review and approval of

documentation about adverse events, and

3. Involvement of the Administrator in establishment of organizational policies and procedures.

### **M0309**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b) Standard: Provision of services.

### **M0310**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1) 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:

### **M0311**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(i) Provides outpatient services, including specialized outpatient services for children, elderly individuals, individuals with serious mental illness, and residents of its mental health service area who have been discharged from inpatient mental health facilities.

#### **Interpretive Guidelines §485.918(b)(1)(i)**

If the facility currently serves a client in one or more of these groups, determine through observations and interviews whether the services are meeting the client's specialized needs through treatment programming. If the facility is not currently serving one or more of these groups, evaluate whether the facility would have the capability to do so through a review of treatment materials, policies and procedures, staffing and treatment space. Closed medical records may also substantiate that such services are provided by the facility.

### **M0312**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(ii) Provides 24-hour-a-day emergency care services.

#### **Interpretive Guidelines §485.918(b)(1)(ii)**

The clients of the CMHC must be able to make live contact with a clinician any time (day or night) who has the qualifications to evaluate and address the client's clinical needs either over the phone and, if necessary, by a face to face clinical evaluation in an agreed upon safe setting. On-call clinical personnel should have access to client records they need to provide 24 hour emergency services. A recorded message in lieu of a live

person for the emergency care services does not meet this requirement.

### **M0313**

**(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)**

§485.918(b)(1)(iii) Provides day treatment, partial hospitalization services, *or intensive outpatient services, other than in an individual's home or in an inpatient or residential setting, or psychosocial rehabilitation services.*

#### **Interpretive Guidelines §485.918 (b)(1)(iii)**

The CMHC can provide any one *or combination* of day treatment, partial hospitalization services, *or intensive outpatient services* (other than in an individual's home or in an inpatient or residential setting), or psychosocial rehabilitation services to be in compliance with this standard. Compliance with this standard is assessed separately from the assessment regarding compliance with the restriction that a CMHC may only enter into a provider agreement under Medicare to furnish partial hospitalization services *and intensive outpatient services*. Further information is available in SOM Chapter 2 sections 2250C & 2251.

### **M0314**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(iv) 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 Guidelines §485.918(b)(1)(iv)**

The CMHC must be able to produce copies of previous screenings and written policies and procedures on completion of a screening. The CMHC will be considered to be in compliance with this requirement if there is a State law which prohibits the CMHC from conducting the screening or if the State has laws that designate or require another entity/agency in the State to conduct screenings for possible admission to a State mental health facility.

### **M0315**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(v) 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.

### **M0316**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(v)(A) 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.

### **M0317**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(v)(B) 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) is not met.

### **M0318**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(vi) Provides individual and group psychotherapy utilizing a psychiatrist, psychologist, or other licensed mental health counselor, to the extent authorized under State law.

### **M0319**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(vii) Provides physician services.

#### **Interpretive Guidelines §485.918(b)(1)(vii)**

The role of the physician in the CMHC may include review and implementation of the treatment plan, participation on the treatment team and management of medical issues including medication therapy. There is no requirement that a physician be a full time employee of the CMHC. He/she may provide physician services to CMHC clients under written contract.

### **M0320**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(viii) Provides psychiatric nursing services.

#### **Interpretive Guidelines §485.918(b)(1)(vii)**

The role of a psychiatric nurse in the CMHC may include review and implementation of the treatment plan, participation on the treatment team and management of medical issues. There is no requirement that a psychiatric nurse be a full time employee of the

CMHC. He/she may provide psychiatric nursing services to CMHC clients under written contract.

### **M0321**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(ix) Provides clinical social work services.

#### **Interpretive Guidelines §485.918(b)(1)(ix)**

Services provided by a clinical social worker can range from providing individual, family and group counseling, clinical evaluations/assessments, case management and/or treatment team member/leader.

### **M0322**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(x) Provides family counseling services, with the primary purpose of treating the individual's condition.

### **M0323**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(xi) Provides occupational therapy services.

#### **Interpretive Guidelines §485.918(b)(1)(xi)**

It is not required that an occupational therapist be a full time employee of the CMHC. Occupational therapists may provide services to CMHC clients under written contract.

### **M0324**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(xii) Provides services of other staff trained to work with psychiatric clients.

### **M0325**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(xiii) Provides drugs and biologicals furnished for therapeutic purposes that cannot be self-administered.

#### **Interpretive Guidelines §485.918(b)(1)(xiii)**

CMHCs are required to provide drugs and biologicals furnished for therapeutic purposes

that cannot be self-administered. Therefore it is not uncommon for medication services (physician orders, ordering medications from the pharmacy, storage of medication and administration of non-self-administered medication) to be available.

### **M0326**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(xiv) Provides client training and education as related to the individual's care and active treatment.

#### **Interpretive Guidelines §485.918(b)(1)(xiv)**

Training and education may be interchangeable terms in the CMHC. Some clients may require structured training such as formal vocational rehabilitation assignments or training on safe and appropriate community integration such as the correct way to budget or accomplish independent living skills.

Educational services, consistent with the individualized treatment plan, may include activities such as providing diagnosis specific training around symptoms, medication compliance, and the connection between physical and mental health, community resource education specific to the individual psychiatric needs, family dynamics and relationships.

### **M0327**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(xv) Provides individualized therapeutic activity services that are not primarily recreational or diversionary.

### **M0328**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(1)(xvi) Provides diagnostic services.

#### **Interpretive Guidelines §485.918(b)(1)(xvi)**

The facility must be able to provide all diagnostic services associated with the client's psychiatric disorder. The facility is not required to provide medical diagnostic services but must assist the client to obtain needed service.

### **M0329**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(b)(2) The CMHC and individuals furnishing services on its behalf must meet applicable State licensing and certification requirements.

### **M0333**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(c) Standard: Professional management responsibility.

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:

**M0334**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

(1) Authorized by the CMHC.

**M0335**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

(2) Furnished in a safe and effective manner.

**M0336**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

(3) Delivered in accordance with established professional standards, the policies of the CMHC, and the client's active treatment plan.

**M0337**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(d) Standard: Staff training.

**M0338**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(d)(1) 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 Guidelines §485.918(d)(1)**

The facility has a structured training program for all staff, including contract staff, which begins with orientation and continues throughout the employment or contract. The training topics are both general as related to the client population and specific to particular roles as indicated.

Request a copy of the CMHC's policy and procedure regarding the education of staff, volunteers and contract staff on providing person centered care.

Staff training includes but is not limited to the following:

1. How to complete appropriate documentation of a client's participation in the treatment program;
2. Understanding the staff and client responsibilities associated with the individual treatment plan;
3. Understanding the facility training policies and procedures;
4. Understanding of the different types of treatment interventions and expected outcomes; and
5. An understanding of psychiatric disorders based on the staff role and responsibilities.

Training components include a successful competency evaluation by all staff, employees, volunteers and those under contract.

### **M0339**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(d)(2) A CMHC must provide an initial orientation for each individual furnishing services that addresses the specific duties of his or her job.

#### **Interpretive Guidelines §485.918(d)(2)**

Initial orientation should match and address responsibilities associated with each staff member's position/role in the CMHC. Staff qualifications will determine what service interventions and/or service milieu duties they will be responsible for providing to clients. Clinical or licensed clinical staff will typically be involved in providing direct clinical services such as individual therapy, group therapy, 24 hour crisis services and development and/or involvement with a client's treatment plan.

There must be evidence that the CMHC has policies for providing an initial orientation to each individual furnishing services which addresses specific duties of his/her job.

### **M0340**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(d)(3) 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.

### **M0345**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(e) Standard: Physical environment.

### **M0346**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(e)(1) Environmental conditions. 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.

### **M0347**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(e)(2) 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 Guidelines §485.918(e)(2)**

The CMHC must maintain and have available all safety and occupancy inspection certificates, such as a Fire Marshall inspection.

### **M0348**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(e)(3) Infection control. There must be policies, procedures, and monitoring for the prevention, control, and investigation of infection and communicable diseases with the goal of avoiding sources and transmission of infection.

#### **Interpretive Guidelines §485.918(e)(3)**

A CMHC's infection control program must provide for the prevention, control, and investigation of infection and communicable diseases. This includes policies, procedures, and monitoring activities. There should be evidence that the program is active as evidenced by availability of meeting minutes, staff training and/or reporting to CMHC leadership.

The CMHC's policies and procedures are consistent with nationally accepted infection control standards of practice, as established by the Center for Disease Control and Prevention for prevention, control and investigation of infection and communicable disease.

### **M0349**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(e)(4) Therapy sessions. The CMHC must ensure that individual or group therapy sessions are conducted in a manner that maintains client privacy and ensures client dignity.

#### **Interpretive Guidelines §485.918(e)(4)**

Group and individual therapy sessions must ensure that privacy and client dignity are maintained as evidenced by:

1. The session is provided in an area that only allows the client(s) in the treatment session to hear;
2. Staff use respectful words and tone when addressing clients; and
3. No discussions outside of group therapy sessions regarding the names of group members or the content of the group discussion.

### **M0354**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(f) Standard: Partial hospitalization services.

A CMHC providing partial hospitalization services must—

### **M0355**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(f)(1) Provide services as defined in § 410.2 of this chapter.

#### **Interpretive Guidelines §485.918(f)(1)**

The services as defined in § 410.2 are:

- (1) Provides outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of its mental health service area who have been discharged from inpatient treatment at a mental health facility;
- (2) Provides 24-hour-a-day emergency care services;
- (3) Provides day treatment or other partial hospitalization services, or psychosocial rehabilitation services;
- (4) Provides screening for patients being considered for admission to State mental health facilities to determine the appropriateness of this admission;
- (5) Meets applicable licensing or certification requirements for CMHCs in the State in which it is located; and
- (6) Provides at least 40 percent of its services to individuals who are not eligible for

benefits under title XVIII of the Social Security Act.

## **M0356**

*(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)*

§485.918(f)(2) Provide the services and meet the requirements specified in §410.43 of this chapter.

### **Interpretive Guidelines §485.918(f)(2)**

The services specified in § 410.43(a) are:

(a) Partial hospitalization services are services that—

(1) Are reasonable and necessary for the diagnosis or active treatment of the individual's condition;

(2) Are reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization;

(3) Are furnished in accordance with a physician certification and plan of care as specified under § 424.24(e) of this chapter; and

(4) Include any of the following:

(i) Individual and group therapy with physicians or psychologists or other mental health professionals (*including substance use disorder professionals*) to the extent authorized under State law.

(ii) Occupational therapy requiring the skills of a qualified occupational therapist, provided by an occupational therapist, or under appropriate supervision of a qualified occupational therapist by an occupational therapy assistant as specified in part 484 of this chapter.

(iii) Services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients (*including patients with substance use disorder*).

(iv) Drugs and biologicals furnished for therapeutic purposes, subject to the limitations specified in § 410.29.

(v) Individualized activity therapies that are not primarily recreational or diversionary.

(vi) Family counseling, the primary purpose of which is treatment of the individual's condition.

(vii) Patient training and education, to the extent the training and educational activities are closely and clearly related to the individual's care and treatment.

(viii) Diagnostic services.

The requirements specified in § 410.43(c) are:

- (c) Partial hospitalization programs are intended for patients who—
- (1) Require a minimum of 20 hours per week of therapeutic services as evidenced in their plan of care;
  - (2) Are likely to benefit from a coordinated program of services and require more than isolated sessions of outpatient treatment;
  - (3) Do not require 24-hour care;
  - (4) Have an adequate support system while not actively engaged in the program;
  - (5) Have a mental health *or substance use disorder* diagnosis;
  - (6) Are not judged to be dangerous to self or others; and
  - (7) Have the cognitive and emotional ability to participate in the active treatment process and can tolerate the intensity of the partial hospitalization program.

### **M0357**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(f)(3) Meet the requirements for coverage as described in § 410.110 of this chapter.

#### **Interpretive Guidelines §485.918(f)(3)**

Requirements for coverage as described in § 410.110 are:

Medicare part B covers partial hospitalization services furnished by or under arrangements made by a CMHC if they are provided by a CMHC as defined in § 410.2 that has in effect a provider agreement under part 489 of this chapter and if the services are—

- (a) Prescribed by a physician and furnished under the general supervision of a physician;
- (b) Subject to certification by a physician in accordance with § 424.24(e)(1) of this subchapter; and
- (c) Furnished under a plan of treatment that meets the requirements of § 424.24(e)(2) of this subchapter.

### **M0358**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(f)(4) Meet the content of certification and plan of treatment requirements as described in §424.24 (e) of this chapter.

#### **Interpretive Guidelines §485.918(f)(4)**

The content of certification and plan of treatment requirements as described in §424.24 are:

- (e) Partial hospitalization services: Content of certification and plan of treatment requirements—(1) Content of certification.

- (i) The individual would require inpatient psychiatric care if the partial hospitalization services were not provided.
  - (ii) The services are or were furnished while the individual was under the care of a physician.
  - (iii) The services were furnished under a written plan of treatment that meets the requirements of paragraph (e)(2) of this section.
- (2) Plan of treatment requirements.
- (i) The plan is an individualized plan that is established and is periodically reviewed by a physician in consultation with appropriate staff participating in the program, and that sets forth—
    - (A) The physician’s diagnosis;
    - (B) The type, amount, duration, and frequency of the services; and
    - (C) The treatment goals under the plan.
  - (ii) The physician determines the frequency and duration of the services taking into account accepted norms of medical practice and a reasonable expectation of improvement in the patient’s condition.
- (3) Recertification requirements—
- (i) Signature. The physician recertification must be signed by a physician who is treating the patient and has knowledge of the patient’s response to treatment.
  - (ii) Timing. The first recertification is required as of the 18th day of partial hospitalization services. Subsequent recertification’s are required at intervals established by the provider, but no less frequently than every 30 days.
  - (iii) Content. The recertification must specify that the patient would otherwise require inpatient psychiatric care in the absence of continued stay in the partial hospitalization program and describe the following:
    - (A) The patient’s response to the therapeutic interventions provided by the partial hospitalization program.
    - (B) The patient’s psychiatric symptoms that continue to place the patient at risk of hospitalization.
    - (C) Treatment goals for coordination of services to facilitate discharge from the partial hospitalization program.

### **M0363**

**(Rev. 196, Issued: 01-10-20, Effective: 01-10-20, Implementation: 01-10-20)**

§485.918(g) Standard: 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 and local law provides for licensing of CMHCs, the CMHC must be licensed. The CMHC staff must follow the CMHC’s policies and procedures.

### **M0364**

**(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)**

*§485.918(g) Standard: Intensive outpatient services. A CMHC providing intensive outpatient services must—*

**M0365**

***(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)***

*§485.918(g)(1) Provide services as defined in § 410.2 of this chapter.*

*Interpretive Guidelines §485.918(g)(1)*

*The CMHC services as defined in 42 CFR §410.2 are:*

*(1) Provides outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of its mental health service area who have been discharged from inpatient treatment at a mental health facility;*

*(2) Provides 24-hour-a-day emergency care services;*

*(3) Provides day treatment or other partial hospitalization services, or intensive outpatient services, or psychosocial rehabilitation services;*

*(4) Provides screening for patients being considered for admission to State mental health facilities to determine the appropriateness of this admission;*

*(5) Meets applicable licensing or certification requirements for CMHCs in the State in which it is located; and*

*(6) Provides at least 40 percent of its services to individuals who are not eligible for benefits under title XVIII of the Social Security Act.*

**M0366**

***(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)***

*§485.918(g)(2) Provide the services and meet the requirements specified in §410.44 of this chapter.*

*Interpretive Guidelines §485.918(g)(2)*

*§410.44 Intensive outpatient services: Conditions and exclusions.*

*a) Intensive outpatient services are services that—*

*(1) Are reasonable and necessary for the diagnosis or active treatment of the individual's condition;*

*(2) Are reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization;*

*(3) Are furnished in accordance with a physician certification and plan of care as specified under §424.24(d) of this chapter; and*

*(4) Include any of the following:*

*(i) Individual and group therapy with physicians or psychologists or other mental health professionals (including substance use disorder professionals) to the extent authorized under State law.*

*(ii) Occupational therapy requiring the skills of a qualified occupational therapist, provided by an occupational therapist, or under appropriate supervision of a qualified occupational therapist by an occupational therapy assistant as specified in part 484 of this chapter.*

*(iii) Services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients (including patients with substance use disorder).*

*(iv) Drugs and biologicals furnished for therapeutic purposes, subject to the limitations specified in §410.29.*

*(v) Individualized activity therapies that are not primarily recreational or diversionary.*

*(vi) Family counseling, the primary purpose of which is treatment of the individual's condition.*

*(vii) Patient training and education, to the extent the training and educational activities are closely and clearly related to the individual's care and treatment.*

*(viii) Diagnostic services.*

*(b) The following services are separately covered and not paid as intensive outpatient services:*

*(1) Physician services that meet the requirements of §415.102(a) of this chapter for payment on a fee schedule basis.*

*(2) Physician assistant services, as defined in section 1861(s)(2)(K)(i) of the Act.*

*(3) Nurse practitioner and clinical nurse specialist services, as defined in section 1861(s)(2)(K)(ii) of the Act.*

*(4) Qualified psychologist services, as defined in section 1861(ii) of the Act.*

*(5) Services furnished to SNF residents as defined in §411.15(p) of this chapter.*

*(c) Intensive outpatient programs are intended for patients who –*

*(1) Require a minimum of 9 hours per week of therapeutic services as evidenced in their plan of care;*

*(2) Are likely to benefit from a coordinated program of services and require more than isolated sessions of outpatient treatment;*

- (3) Do not require 24-hour care;*
- (4) Have an adequate support system while not actively engaged in the program;*
- (5) Have a mental health or substance use disorder diagnosis;*
- (6) Are not judged to be dangerous to self or others; and*
- (7) Have the cognitive and emotional ability to participate in the active treatment process and can tolerate the intensity of the intensive outpatient program.*

### **M0367**

***(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)***

*§485.918(g)(3) Meet the requirements for coverage as described in §410.111 of this chapter.*

#### *Interpretive Guidelines §485.918(g)(3)*

*§410.111 Requirements for coverage of intensive outpatient services in CMHCs.*

*Medicare part B covers intensive outpatient services furnished by or under arrangements made by a CMHC if they are provided by a CMHC as defined in §410.2 that has in effect a provider agreement under part 489 of this chapter and if the services are—*

- (a) Prescribed by a physician and furnished under the general supervision of a physician;*
- (b) Subject to certification by a physician in accordance with §424.24(d)(1) of this chapter; and*
- (c) Furnished under a plan of treatment that meets the requirements of §424.24(d)(2) of this chapter.*

### **M0368**

***(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)***

*§485.918(g)(4) Meet the content of certification and plan of treatment requirements as described in §424.24(d) of this chapter.*

#### *Interpretive Guidelines §485.918(g)(4)*

*The intensive outpatient services requirements specified in §424.24(d) are:*

*Content of certification and plan of treatment requirements—*

*(1) Content of certification.*

- (i) The individual requires such services for a minimum of 9 hours per week.*
- (ii) The services are or were furnished while the individual was under the care of a physician.*

*(iii) The services were furnished under a written plan of treatment that meets the requirements of paragraph (d)(2) of this section.*

*(2) Plan of treatment requirements.*

*(i) The plan is an individualized plan that is established and is periodically reviewed by a physician in consultation with appropriate staff participating in the program, and that sets forth—*

*(A) The physician's diagnosis;*

*(B) The type, amount, duration, and frequency of the services; and*

*(C) The treatment goals under the plan.*

*(ii) The physician determines the frequency and duration of the services taking into account accepted norms of medical practice and a reasonable expectation of improvement in the patient's condition.*

*(3) Recertification requirements—*

*(i) Signature. The physician recertification must be signed by a physician who is treating the patient and has knowledge of the patient's response to treatment.*

*(ii) Timing. Recertifications are required at intervals established by the provider, but no less frequently than every 60 days.*

*(iii) Content. The recertification must specify that the patient continues to require at least 9 hours of intensive outpatient services and describe the following:*

*(A) The patient's response to the therapeutic interventions provided by the intensive outpatient program.*

*(B) The patient's psychiatric symptoms that continue to place the patient at risk of relapse or hospitalization.*

*(C) Treatment goals for coordination of services to facilitate discharge from the intensive outpatient program.*

**M0369**

***(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)***

§485.918(h) Standard: 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 and local law provides for licensing of CMHCs, the CMHC must be licensed. The CMHC staff must follow the CMHC's policies and procedures.

***REFER TO E-TAGS (Appendix Z)***

***(Rev. 218; Issued: 03-08-24; Effective: 03-08-24; Implementation: 03-08-24)***

*§483.920 Condition of Participation: Emergency Preparedness*

*The Community Mental Health Center (CMHC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The CMHC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:*

**Interpretive Guidelines §483.920**

*The Center must comply with all Emergency Preparedness requirements under this condition. This condition consists of multiple standards. Please refer to State Operations Manual Appendix Z – Emergency Preparedness Requirements for All Providers and Suppliers.*

### Transmittals Issued for this Appendix

<b>Rev #</b>	<b>Issue Date</b>	<b>Subject</b>	<b>Impl Date</b>	<b>CR#</b>
<u>R218SOM</u>	03/08/2024	Revisions to the State Operating Manual (SOM), Appendix F-Community Mental Health Centers	03/08/2024	N/A
<u>R196SOM</u>	01/10/2020	New to State Operating Manual (SOM), Appendix F-Community Mental Health Center (CMHC)	01/10/2020	N/A