**Behavioral Health**

**Competency**

**General Information**

**Behavioral Health Competency**

**General Information:**

F741 Sufficient and Competent Staff – Behavioral Health from the CMS State Operations Manual, Appendix PP, indicates the facility must have sufficient and competent staff who provide direct services to residents with mental and psychosocial disorders as well as residents with a history of trauma and/or post-traumatic stress disorder. Residents requiring these services are determined by the resident assessments and individual plans of care. The facility-wide resource assessment will address the number, acuity, and diagnoses of the facility’s resident population to aid in determination of specific competencies.

Meaningful activities addressing the resident’s customary routines, interests, and preferences are expected since these promote engagement and positive relationships among residents and staff as well as an atmosphere conducive to mental and psychosocial well-being. Competencies regarding the implementation of non-pharmacologic behavioral interventions are a significant expectation.

**Description:**

CMS provides the following definitions to assist facilities in the attainment or maintenance of a resident’s highest practicable well-being:

* **“Highest practicable physical, mental, and psychosocial well-being”** is defined as the highest possible level of functioning and well-being, limited by the individual’s recognized pathology and normal aging process. Highest practicable is determined through the comprehensive resident assessment and by recognizing and competently and thoroughly addressing the physical, mental or psychosocial needs of the individual.”[[1]](#footnote-1)
* **“Mental disorder”** is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning

(American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth edition. Arlington, VA: American Psychiatric Association Publishing, 2013).”[[2]](#footnote-2)

* **“Mental and psychosocial adjustment difficulty”** refers to the development of emotional and/or behavioral symptoms in response to an identifiable stressor(s) that has not been the resident’s typical response to stressors in the past or an inability to adjust to stressors as evidenced by chronic emotional and/or behavioral symptoms. (Adapted from Diagnostic and Statistical Manual of Mental Disorders - Fifth edition. 2013, American Psychiatric Association.).”[[3]](#footnote-3)
* **“Medically-related social services”** means services provided by the facility’s staff to assist residents in attaining or maintaining their mental and psychosocial health.”[[4]](#footnote-4)
* **“Non-pharmacological intervention”** refers to approaches to care that do not involve medications, generally directed towards stabilizing and/or improving a resident’s mental, physical, and psychosocial well-being.”[[5]](#footnote-5)
* **“Substance use disorder”** is defined as recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems or disability (Adapted from: Substance Abuse and Mental Health Services Administration (SAMHSA) definition found at <http://www.samhsa.gov/disorders/substance-use>).”[[6]](#footnote-6)

Note: F744 Treatment/Services for Dementia is included among the Behavioral Health Services F tags; however, this topic will be addressed in a separate competency program.

Requirements of Participation related to trauma and Post-Traumatic Stress Disorder (PTSD) are part of Phase 3 (November 28, 2019, implementation). CMS includes the following background information regarding trauma and PTSD (Adapted from American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth edition. Arlington, VA: American Psychiatric Association Publishing, 2013):

*“A close relationship exists between mental and psychosocial adjustment difficulties, histories of trauma, and PTSD.*

* *Adjustment difficulties:*
* *Occur within 3 months of the onset of a stressor and last no longer than 6 months after the stressor or its consequences have ended;*
* *Are characterized by distress that is out of proportion to the severity or intensity of the stressor, taking into account external context and cultural factors, and/or a significant impairment in social, occupational, or other important areas of functioning;*
* *May be related to a single event or involve multiple stressors and may be recurrent or continuous;*
* *May cause a depressed mood, anxiety, and/or aggression;*
* *May be diagnosed following the death of a loved one when the intensity, quality, or persistence of grief exceeds what normally might be expected; and*
* *Can occur for individuals with or without PTSD or a history of trauma.*
* *History of trauma:* 
  + *Involves psychological distress, following a traumatic or stressful event, that is often variable;*
* *May be connected to feelings of anxiety and/or fear;*
* *Often involves expressions of anger or aggressiveness; and*
* *Some individuals who experience trauma will develop PTSD.*
* *PTSD*
  + - *Involves the development of symptoms following exposure to one or more traumatic, life-threatening events;*
    - *Usually develops within the first 3 months after the trauma occurs, although there may be a delay in months or even years;*
    - *Symptoms may include, but are not limited to, the re-experiencing or re-living of the stressful event (e.g., flashbacks or disturbing dreams), emotional and behavioral expressions of distress (e.g., outbursts of anger, irritability, or hostility), extreme discontentment or inability to experience pleasure, as well as dissociation (e.g., detachment from reality, avoidance, or social withdrawal), hyperarousal (e.g., increased startle response or difficulty sleeping); and*
    - *May be severe or long-lasting when the stressor is interpersonal and intentional (e.g., torture or sexual violence).”[[7]](#footnote-7)*

**Suggestions for Resources/Data to Support Competency for Behavioral Health**

The skills and competencies needed by staff to work effectively with residents having behavioral health needs should be identified through an evidence-based process that includes:

* Analysis of Minimum Data Set (MDS) data, particularly:
  + Section C. Cognitive Patterns
  + Section D. Mood
  + Section E. Behavior
  + Section F. Activities
  + Section O. Special Treatment/Procedures/Programs – Psychological Therapy (O0400D)
  + Care Area Assessments – Psychosocial Well-Being, Mood State, and Behavioral Symptoms
* Review of Quality Measures, particularly those related to psychoactive medications
* Resident specific and population needs based upon assessments and care plans and facility-wide resource assessment
* Literature review
* Federal and state regulatory review, including the Behavioral and Emotional Status Critical Element Pathway (CMS-20067)

Staff must have knowledge of the specific disease processes associated with behavioral health diagnoses and the ability to communicate and to interact with residents so that the psychological and emotional well-being of each resident is enhanced.

“Under §483.152 Requirements for approval of a nurse aide training and competency evaluation program, nurse aides are required to complete and provide documentation of training that includes, but is not limited to, competencies in areas such as:

* Communication and interpersonal skills
* Promoting residents’ independence
* Respecting residents’ rights
* Caring for the residents’ environment
* Mental health and social service needs
* Care of cognitively impaired residents”[[8]](#footnote-8)

The CMS State Operations Manual, Appendix PP, identifies several resources related to behavioral health competencies:

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth edition. Arlington, VA: American Psychiatric Association Publishing, 2013

Substance Abuse and Mental Health Services Administration (SAMHSA) at: <http://www.samhsa.gov/disorders/substance-use>

**Suggested Competencies for Staff**

Licensed Nurses and Social Services Staff

* Common disease processes associated with behavioral health diagnoses
  + Depression
  + Anxiety
  + Substance use, abuse, dependence
  + Trauma and PTSD
  + Manic depression
  + Schizophrenia
  + Psychotic disorder
  + Note: Dementias will be covered in a separate competency program
* Mental status evaluation
* Evaluation of medical causes of new or worsening behavioral symptoms
* Psychoactive medication management
* Non-pharmacologic behavioral interventions
* Suicide/Homicide risk evaluation
* State-specific PASARR process -- Level I and II
* Person-centered care plan process
* Communication
* Documentation
* MDS 3.0
  + Section C. Cognitive Patterns
  + Section D. Mood
  + Section E. Behavior
  + Section F. Activities
  + Care Area Assessments – Psychosocial Well-Being, Mood State, and Behavioral Symptoms

CNAs

* Communication and interpersonal skills
* Promoting residents’ independence
* Respecting residents’ rights
* Caring for the residents’ environment
* Mental health and social service needs

Note: Care of cognitively impaired residents will be covered in a separate competency program

**F-Tag Reference General Information:**

Examples of citations during a survey that are related to behavioral health include:

F600 Free from Abuse and Neglect

F604 Right to Be Free from Physical Restraints

F605 Right to Be Free from Chemical Restraints

F606 Not Employ/Engage Staff with Adverse Actions

F607 Develop/Implement Abuse/Neglect *etc.* Policies

F608 Reporting of Reasonable Suspicion of a Crime

F609 Reporting of Alleged Violations

F610 Investigate/Prevent/Correct Alleged Violation

F635 Admission Physician Orders for Immediate Care

F636 Comprehensive Assessments and Timing

F637 Comprehensive Assessment After Significant Change

F641 Accuracy of Assessments

F645 PASARR Screening for MD & ID

F655 Baseline Care Plan

F656 Develop/Implement Comprehensive Care Plan

F657 Care Plan Timing and Revision

F658 Services Provided Meet Professional Standards

F659 Qualified Persons

F699 Trauma Informed Care

F725 Sufficient Nursing Staff

F726 Competent Nursing Staff

F740 Behavioral Health Services

F741 Sufficient/Competent Staff – Behavioral Health Needs

F742 Treatment/Services for Mental/Psychosocial Concerns

F743 No Pattern of Behavioral Difficulties Unless Unavoidable

F744 Treatment/Services for Dementia

F745 Provision of Medically Related Social Services

F758 Drug Regimen is Free from Unnecessary Psychotropic Meds/PRN Use

F838 Facility-Wide Resource Assessment

F842 Resident Records – Identifiable Records

F850 Qualifications of Social Worker > 120 Beds

**References**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

LTC Survey Pathways (Download)

[https://www.cms.gov/medicare/provider-enrollment-and- certification/guidanceforlawsandregulations/nursing-homes.html](https://www.cms.gov/medicare/provider-enrollment-and-%20%20certification/guidanceforlawsandregulations/nursing-homes.html)

Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.16. October 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth edition. Arlington, VA: American Psychiatric Association Publishing, 2013

Substance Abuse and Mental Health Services Administration (SAMHSA) at: <http://www.samhsa.gov/disorders/substance-use>

1. 1,2 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. 4,5,6 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-7)
8. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-8)