**Behavioral Health**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Behavioral Health Competencies**

| **Regulation** | **Recommended Action** |
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| **F741 §483.40(a)** “The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for: §483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)] §483.40(a)(2) Implementing non-pharmacological interventions.”[[1]](#footnote-1)Note: Recommended Actions also address the following related Behavioral Health Requirements of Participation.F740 Behavioral Health ServicesF742 Treatment/Services for Mental/Psychosocial ConcernsF743 No Pattern of Behavioral Difficulties Unless UnavoidableF744 Treatment/Services for Dementia\*F745 Provision of Medically Related Social Services\*Note: Dementia treatment and services will be addressed more specifically in another competency program.Note: Recommended Actions also address the following related Freedom from Abuse, Neglect, and Exploitation Requirements of Participation:F600 Free from Abuse and NeglectF604 Right to Be Free from Physical RestraintsF605 Right to Be Free from Chemical RestraintsF606 Not Employ/Engage Staff with Adverse ActionsF607 Develop/Implement Abuse/Neglect *etc.* PoliciesF608 Reporting of Reasonable Suspicion of a CrimeF609 Reporting of Alleged ViolationsF610 Investigate/Prevent/Correct Alleged ViolationNote: Recommended Actions also address the following related Physician Services Requirements of Participation:F710 Resident’s Care Supervised by a PhysicianNote: Recommended Actions also address the following related Nursing Services Requirements of Participation:F725 Sufficient Nursing StaffF726 Competent Nursing StaffNote: Recommended Actions also address the following related Pharmacy Services Requirements of Participation:F758 Drug Regimen is Free from Unnecessary Psychotropic Meds/PRN UseNote: Recommended Actions also address the following related Administration Requirements of Participation:F838 Facility AssessmentF842 Resident Records – Identifiable RecordsF850 Qualifications of Social Worker > 120 Beds | * Review/Update Facility-Wide Resource Assessment regarding census, acuity, and diagnoses of the facility’s resident population.
* Review/Update Facility-Wide Resource Assessment regarding nursing staff on a 24-hour basis including mix of RNs, LPNs/LVNs, CNAs; 8 hours RN 7 days per week; full time Director of Nursing.
* Review/Update Facility-Wide Resource Assessment regarding specialty unit; *e.g.,* sub-acute, ventilator, pediatric, behavioral health, dementia, *etc.* and associated staffing.
* Review/Update Facility-Wide Resource Assessment regarding licensed nurses’ competencies and skill sets and CNAs’ competencies and skill sets.
* Review/Update Facility-Wide Resource Assessment regarding physician and physician extender specialties; vendor contracts; current supplies and equipment.
* Review Quality Measures associated with psychoactive medication usage.
* Review hospitalizations associated with behavioral health conditions.
* Review past survey citations related to behavioral health issues.
* Initiate/Review all licensed nurses’, social services staff’s, activities/therapeutic recreation staff’s, and CNAs’ education files for behavioral health training and areas of weakness in this area as determined in performance reviews.
* Develop a training plan for designated staff behavioral health.
* Incorporate above training into orientation and annual in-service calendar.
* Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to behavioral health policies and procedures; *e.g.,*  CMS-20067 “Behavioral and Emotional Status Critical Element Pathway.”
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| **F635 §483.20(a) Admission orders** “At the time each resident is admitted, the facility must have physician orders for the resident’s immediate care.”[[2]](#footnote-2)Note: Recommended Actions also address the following related Comprehensive Resident Centered Care Plans Requirements of Participation:F655 Baseline Care Plan | * Review policies, procedures, and practices related to processing admission orders; *i.e.,* medication reconciliation, especially psychoactive medications and creation of the baseline care plan to include non-pharmacologic interventions.
* Develop a training plan for licensed nurses for processing admission orders and developing a baseline care plan related to behavioral health issues.
* Incorporate above training into orientation.
* Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to processing admission orders and developing a baseline care plan related to behavioral health issues.
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| **F636 §483.20 Resident Assessment**“The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident’s functional capacity.”[[3]](#footnote-3)Note: Recommended Actions also address the following related Resident Assessments Requirements of Participation:F637 Comprehensive Assessment after Significant ChangeF641 Accuracy of Assessments | * Review policies, procedures, and practices related to the comprehensive assessment process.
* Utilize QAPI for root cause analysis and performance improvement projects.
* Develop a training plan for IDT members for conducting a comprehensive assessment.
* Incorporate above training into orientation.
* Provide training and resources for management level staff regarding supervision and monitoring for compliance related to the comprehensive assessment process.
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| **F645 §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.**§483.20(k)(1) “A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or  (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission—(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.”[[4]](#footnote-4)§483.20(k)(2) “Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.”[[5]](#footnote-5)§483.20(k)(3) Definition. “For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.”[[6]](#footnote-6) | * Review policies, procedures, and practices related to the PASAAR process for MD & ID.
* Utilize QAPI for root cause analysis and performance improvement projects.
* Develop a training plan for IDT members with primary and back-up responsibilities for the PASAAR process for MD & ID.
* Incorporate above training into orientation.
* Provide training and resources for management level staff regarding supervision and monitoring for compliance related to the PASAAR process for MD & ID.
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| **F656 §483.21(b) Comprehensive Care Plans**§483.21(b)(1) “The facility must develop and implement a comprehensive person centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following — 1. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
2. (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
3. (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident’s medical record.
4. (iv)In consultation with the resident and the resident’s representative(s)— (A) The resident’s goals for admission and desired outcomes.

(B) The resident’s preference and potential for future discharge. Facilities must document whether the resident’s desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.”[[7]](#footnote-7)Note: Recommended Actions also address the following related Comprehensive Resident Centered Care Plans Requirements of Participation:F657 Care Plan Timing and RevisionF658 Services Provided Meet Professional StandardsF659 Qualified PersonsNote: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with the comprehensive care plan process. | * Review policies, procedures, and practices related to the comprehensive care plan process.
* Utilize QAPI for root cause analysis and performance improvement projects.
* Develop a training plan for IDT members for the comprehensive care plan process.
* Incorporate above training into orientation.
* Provide training and resources for management level staff regarding supervision and monitoring for compliance related to the comprehensive care plan process.
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| **F 699 Trauma Informed Care** “§483.25(m) Trauma-informed care The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents’ experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.”[[8]](#footnote-8) | * Review policies, procedures, and practices related to the provision of trauma informed care
* Review facility assessment and resident population for determination of trauma informed care, resource needs, care plan needs and staff training
* Review admission and readmission process for trauma informed care screening processes
* Determine applicable screening process for trauma informed care
* Review trauma informed care requirements with Medical Director and consulting practitioners for provision of behavioral health and trauma informed care needs.
* Develop a training plan and competency process for IDT and all staff members related to trauma informed care, facility processes and roles and responsibilities
* Incorporate above training into orientation, annual training, role specific training into overall facility training plan
* Provide training and resources for management level staff regarding supervision and roles and responsibilities related to trauma informed care
* Utilize resources such as QIO/QIN related to trauma informed care and behavioral health
* Utilize QAPI for root cause analysis and performance improvement projects as indicated
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**References and Resources**

* 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>
* 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>
* PASRR Technical Assistance Center

<https://www.pasrrassist.org/resources>

* Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/>
* CMS National Initiative on Behavioral Health and Antipsychotic Medication Reduction
* CMS HHS.gov:  [https://www.youtube.com/watch?v=U1\_rpO0bwbM](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.youtube.com_watch-3Fv-3DU1-5FrpO0bwbM&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=1w3R7cAldTRgLEL6nzwAWBh5Gsg9KCinxQw9Mvu5d0A&s=c6MxaBOWfZvHKOYMTKsRXQYHsH8He9tRT1XD99Z6gLI&e=)
* Treatment modalities for the management of distressed behaviors in elderly nursing home residents: [https://surveyortraining.cms.hhs.gov/pubs/VideoInformation.aspx?id=1021&cid=0000001231](https://urldefense.proofpoint.com/v2/url?u=https-3A__surveyortraining.cms.hhs.gov_pubs_VideoInformation.aspx-3Fid-3D1021-26amp-3Bcid-3D0000001231&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=1w3R7cAldTRgLEL6nzwAWBh5Gsg9KCinxQw9Mvu5d0A&s=reQaRYipX74cZ2jrZqIWWHwqOX80roduu9eUKzpSvsw&e=)
* Initiative to improve behavioral health and reduce the use of antipsychotic medications:

<https://surveyortraining.cms.hhs.gov/pubs/VideoInformation.aspx?id=1098&cid=0CMSSAT_ANTI_MEDS_LTC>

* Mental Illness in Nursing Homes:

<https://surveyortraining.cms.hhs.gov/pubs/VideoInformation.aspx?id=1066&cid=0000006243>

* State-specific PASRR processes and forms
* QIN/QIO related resources for Behavioral Health and Trauma Informed Care
1. 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. 2,3 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-2)
3. [↑](#footnote-ref-3)
4. 4,5 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-4)
5. [↑](#footnote-ref-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-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)