

Unique Regulatory and Documentation Standards for Inpatient Behavioral Health

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John A. Coleman, MSW, ACSW
Vice President, Clinical Services



Why are Behavioral Health Standards Different From Other Inpatient Requirements?

- Behavioral Health does not follow predictable clinical pathways
 - Inpatient Psych. has been exempt from DRGs
 - Cause, effect, and treatment are more complex
- Special Conditions apply to
 - Freestanding Psychiatric Hospitals
 - “Exempt” Psychiatric Units
 - Inpatient Prospective Payment System (IPPS)
- Provider (Psychiatrist and other professionals) have the obligation to determine what treatment is *“reasonable and necessary”* for the patient.

“Reasonable and Necessary”

- Requires Physician Certification and Re-Certification
- Services provided under an *individualized* plan of treatment
- Services must be reasonably expected to improve the patient’s condition or result in diagnostic conclusions
- Services must be supervised and evaluated by a Physician

CMS Conditions of Participation (CoP)

General Provisions

482.2 Provision of Emergency Services

Administration

482.21 Compliance with Federal, State, and Local Laws

482.12 Governing Body

482.13 Patient Rights

See Handout – page 2

CMS Conditions of Participation (CoP)

Basic Hospital Functions

- 482.21 Quality Assurance
- 482.22 Medical Staff
- 482.23 Nursing Services
- 482.24 Medical Records
- 482.25 Pharmacy
- 482.26 Radiology
- 482.27 Laboratory
- 482.28 Food and Dietary
- 482.30 Utilization Review
- 482.41 Physical Environment
- 482.42 Infection Control
- 482.43 Discharge Planning
- 482.44 Organ Tissue and Eye Procurement

CMS Conditions of Participation (CoP)

Optional Hospital Services

- 482.51 Surgical Services
- 482.52 Anesthesia
- 482.53 Nuclear Medicine
- 482.54 Outpatient Services
- 482.55 Emergency Services
- 482.56 Rehabilitation Services
- 482.57 Respiratory Care Services

CMS Conditions of Participation (CoP)

Requirements for Specialty Hospitals

- 482.60 Special Conditions: Psychiatric Hospitals
- 482.61 Medical Record Requirements: Psychiatric
- 482.62 Staffing Requirements: Psychiatric
- 482.66 Long Term Care

EMTALA/COBRA

- 489.20 Anti-Dumping and Emergency Transfer

Tag

Condition

Standards

Interpretive Guidelines - Psychiatric Hospitals

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
B103	<p>§482.61 Condition of Participation: <u>Special medical record requirements for psychiatric hospitals</u> The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.</p>	<p>§482.61 GUIDANCE: The clinical record should provide information that indicates need for admission and treatment, treatment goals, changes in status of treatment and discharge planning, and follow-up and the outcomes experienced by patients.</p> <p>The structure and content of the individual patient's record must be an accurate functional representation of the actual experience of the individual in the facility. It must contain enough information to indicate that the facility knows the status of the patient, has adequate plans to intervene, and provides sufficient evidence of the effects of the intervention, and how their interventions served as a function of the outcomes experienced. You must be able to identify this through interviews with staff, and when possible with individuals being served, as well as through observations.</p>
	<p>(a) <u>Standard: Development of assessment/diagnostic data</u></p>	
B104	<p>Medical records must stress the psychiatric components of the record, including history of findings and treatment provided for the psychiatric condition for which the patient is hospitalized.</p>	
B105	<p>(1) The identification data must include the patient's legal status.</p>	<p>§482.61(a)(1) GUIDANCE: Definition: Legal Status is defined in the State statutes and dictates the circumstances under which the patient was admitted and/or is being treated - i.e., voluntary, involuntary, committed by court; evaluation and recertification are in accordance with state requirements.</p> <p>Determine through interview with hospital staff the terminology they use in defining "legal status." If evaluation and recertification is required by the State, determine that legal documentation supporting this status is present. Changes in legal status should also be recorded with the date of change.</p>

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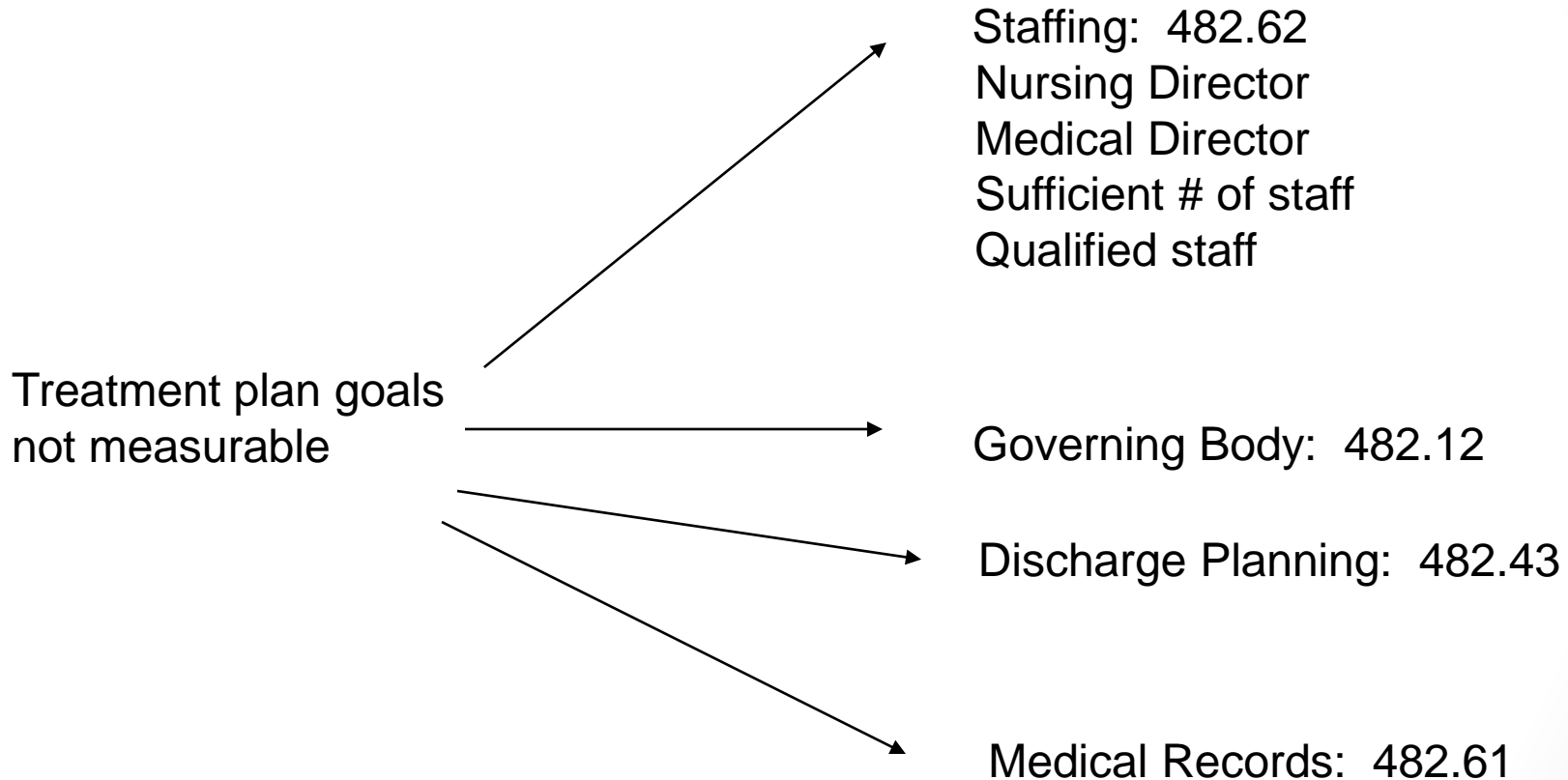
AA-24

Interpretive Guidelines

What Do CMS Conditions Obligate You To?

- All Hospitals participating in Medicare or Medicaid must fully comply with *all* CoP's.
- Most State Licensure surveys utilize the CMS Conditions of Participation.
 - Joint Commission "Deemed Status"
- Being out-of-compliance with one or more *standards* requires a corrective action plan.
- Being out on a *condition* (CoP) means your hospital is in jeopardy of losing:
 - Medicare Funding
 - Medicaid Funding
 - License To Operate Hospital In Your State

One Standard Can Trigger Multiple Citations



Medical Record Special Condition

42 CFR 482.61

Assessments

- *B104 through B117*

READY

Treatment Plan

- *B118 through B124*

AIM

Progress Notes

- *B125 through B132*

FIRE

Discharge Plan and Summary

- *B133 through B135*

Assessments

B104–B117

B104 History of Illness

B105 Legal Status

B106 Admitting Diagnosis

B107 Reasons for Admission to Hospital

B108 Psychosocial Assessment

B109 Neurological Exam

Psychiatric Evaluation

§482.61(b)

B110 Psychiatric Evaluation

B111 Completed within 60 hours of admission

B112 Includes Medical History

B113 Records mental status

B114 Notes onset of illness and circumstances leading to admission

B115 Describes patients attitudes and behaviors

B116 Estimate of intellectual function, memory, orientation

B117 Descriptive inventory of patient assets

See Handout – pages 3-6

Also pages 12-14

Admission Physical Examination

§482.61(a)(5)

B109 Physical Examination

- Thorough History and Physical upon admission
- Include all laboratory examinations
- Sufficient to cover all structural, functional, systemic, and metabolic disorders
- Past physical disorders
- Substance abuse
- Neurological screening to include testing of Cranial Nerves II-XII
- Look for signs of current illness
- Determine if psychiatric symptoms may be due to medical condition or substance-related disorder

See Handout – pages 7-8

Neurological Screening

includes Cranial Nerves II-XII

§482.61(a)(5)

CRANIAL NERVES: (Circle each test used)		YES	NO
OLFACTORY I:	Smells freshly burned match, fresh coffee, or alcohol swab	r	r
OPTICAL II:	Distinguishes number of fingers in central field. Distinguishes movements in peripheral field.	r	r
OCULOMOTOR III: TROCHLEAR IV: ABDUDENS VI:	Gazes symmetrically up, down, sideways	r	r
TRIGEM V:	Distinguishes 1 from 2 point touch symmetrically on forehead, cheeks, and chin; chews symmetrically.	r	r
FACIAL VII:	Upper: frowns symmetrically Lower: smiles symmetrically	r r	r r
AUDITORY VIII:	Hears finger rubbing or snapping equally in both ears	r	r
GLOSSO-PHARYNGEAL IX: VAGUS:	Has gag reflex Can make guttural sounds	r r	r r
ACCESSORY XI:	Shrugs shoulders symmetrically	r	r
HYPOLGLOSSAL XII:	Can stick tongue out without tremors or fasciculations	r	r

General Guidelines for Assessments

- Distinguish *history-taking* from assessment
 - History is a un-interpreted data; a profile of significant symptoms or circumstances
 - Assessment is an evaluation of this data by a qualified clinician who then draws *conclusions* and *recommendations*.
- Give Supporting Evidence
- Summarize conclusions in an evaluation
 - Declare medical necessity
 - Severity of illness
- Offer specific recommendations for treatment
 - All major clinical disciplines and treatment modalities
 - Intensity of Service

See Handout: Example – pages 12-13

Treatment Planning

B118–B125

B118 *Each patient has **individualized**, comprehensive treatment plan*

B119 *Based on inventory of patient's strengths and disabilities*

Treatment Plan Must Include:

B120 *Substantiated diagnosis*

B121 *Short-term and Long-range goals*

B122 *Specific treatment modalities*

B123 *Responsibilities of each member of the treatment team*

B124 *Adequate documentation to justify diagnosis and interventions*

B125 *Documentation of all active therapeutic efforts*

See Handout – pages 15-16

Progress Notes

B126 - B132

Progress Notes Required By:

B126 Physician

B127 Nursing

B128 Social Worker

B129 Other significantly-involved disciplines

B130 Frequency of notes sufficient for patients condition

B131 Progress notes include recommendations for revisions in the treatment plan

B132 Assess progress (or lack thereof) towards established treatment goals

Discharge Planning

B134 - B135

B134 *Discharge Summary contains recommendations for appropriate services following discharge.*

- *Aftercare appointments (complete with dates)*
- *Discharge medications*
- *Housing needs*
- *Financial needs relative to aftercare*
- *Recommended family resources/involvement*
- *Recreational and leisure needs*

B135 *Brief summary of patient's condition on discharge*

See Handout – pages 9-10

Special Condition Staffing – Psychiatric

42 CFR § 482.62

Sufficient and Qualified Personnel - B137 – B140

Medical Director and medical staff - B141 – B145

Nursing Services - B146 – B150

- (masters-level RN)

Psychological Services - B151

Social Services - B152 – B155

- (MSW leads social services)

Therapeutic Activities

B156 – B158

Patient Rights

42 CFR § 482.13

A 751

Notice of Rights

A 752

Grievance Process

A 760

Pt. Involvement in Tx Plan

A 761

Advanced Directives

A 763

Privacy and Safety

- Right to safe environment

A 766

Confidentiality

A 767

Pt. Right to Access PHI

A 769-791

Seclusion & Restraint

References

- To obtain hard copy of Special Conditions of Participation for Psychiatric Units
 - *See your Horizon Program Director*
- To download a full set of Conditions of Participation
 - http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

How Does Your Behavioral Health Unit Stand?

Tools at your disposal:

- Daily Concurrent Record Review
 - Make corrections while you still can
- Horizon Monthly Audit
 - Sample size for external review
- Horizon Annual Comprehensive Audit
- Horizon VP, Clinical Services
 - Site visits
 - Training

Questions?