



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 15-28-CMHC

DATE: February 27, 2015
TO: State Survey Agency Directors
FROM: Director, Survey and Certification Group
SUBJECT: Community Mental Health Center (CMHC) Frequently Asked Questions (FAQs)

Memorandum Summary

In response to the numerous questions received during the recent CMHC basic surveyor training courses, we have compiled a list of FAQs and responses. The FAQs are provided to promote greater surveyor consistency nationally and will be incorporated into Interpretive Guidance as indicated.

The attached list of FAQs was compiled from questions that were posed by course participants during the 2014 CMHC basic surveyor training classes. The FAQs and associated responses, as an adjunct to the recent basic courses, will ensure greater surveyor consistency nationally and clarify questions that have been raised regarding the implementation of the new CMHC Conditions of Participation (CoPs). The FAQ responses will be incorporated into the Interpretive Guidance as indicated.

As we continue with implementation of the new CMHC CoPs during FY 2015, we anticipate additional questions from the surveyors and will update the FAQ list periodically.

For questions about this memorandum, and related questions regarding CMHC, contact Peter Ajuonuma peter.ajuonuma@cms.hhs.gov or Donald Howard donald.howard@cms.hhs.gov.

/s/

Thomas E. Hamilton

Attachment – CMHC Surveyor Training FAQs

cc: Survey and Certification Regional Office Management



2015

Community Mental Health Center



Frequently Asked Questions

CMHC Frequently Asked Questions (FAQs)

General Topics

- 1) Is there a list of CMHCs with active PHP's (and thus need to be surveyed)? As a surveyor, how will I find out which CMHCs will need to meet the Condition of Participation (COP) and be surveyed?**

Answer: The list of currently certified CMHCs can be obtained from the ASPEN database. Currently there are 517 “active” certified CMHCs. All certified CMHCs must be surveyed, unless the provider requests voluntarily termination or has ceased operation.

- 2) Since the United States has changed the definition of the age of adult to age 18, should the CMS definition of child as under age 21, be changed?**

Answer: Under HHS Policy for Protection of Human Research Subjects, the term “Children” is defined as persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted ([45 CFR § 46.402\(a\)](#)). Note that definition of legal age of adulthood varies from State to State.

- 3) Would we expect the CMHC to contact the physician for excessively sedated clients?**

Answer: Yes, you should look for evidence that the prescribing physician or the physician on the client’s treatment team was made aware of the client’s status, and that appropriate intervention/care was taken to manage the client’s condition. The situation may warrant transferring the client to an urgent/emergency care services or higher level of care, depending on the CMHC’s hospitalization policy. Refer to Tag M-0363, under CoP §485.918 Condition of Participation: Organization, governance, administration of services, and partial hospitalization services.

- 4) Who are Medicare Administrative Contractors (MACs)?**

Answer: Medicare Administrative Contractors (MACs) are individual private organizations that contract with the CMS to carry out Medicare parts A and B administrative duties such as: provider/supplier enrollment, Medicare claims processing, and education of Medicare providers/suppliers on billing issues.

- 5) Can you please explain the 40% rule again?**

Answer: The 40 % requirement is a statutory requirement which is implemented as a regulation under §485.918, CoP: Organization, governance, administration of services, and partial hospitalization services. This CoP is contained in Tag M-0315, M-0316 and M-0317, which states the CMHC must certify by an independent entity that at least 40% of its services are provided to non-Medicare beneficiaries. This requirement is monitored by the MAC and must be met before a CMHC initial certification or re-certification survey can be scheduled. Surveyors are not expected to verify this requirement while on survey.

CMHC Frequently Asked Questions (FAQs)

6) In regard to the 40% rule, if SA receives a complaint stating that a private pay or non-Medicare client is being refused admission or services, would the letter stating the facility is in compliance with the 40% rule be enough to make the complaint unsubstantiated?

Answer: No. The calculation of the 40% rule is done by the MAC at recertification. The complaint may involve time period subsequent to the calculation, the complaint stands on its own and should be investigated separately. Investigation of the complaint looks at the specifics of denial of service and not compliance of the 40% rule. Refer to section 2253(A)(2) of the SOM.

7) Please address sharing of psychiatric/mental health information related to HIPAA.

Answer: The Privacy Rule distinguishes between mental health information in a mental health professional's private notes and that contained in the medical record. It does not provide a right of access to psychotherapy notes, which the Privacy Rule defines as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the patient's medical record. See 45 CFR 164.501. Psychotherapy notes are primarily for personal use by the treating professional and generally are not disclosed for other purposes. Thus, the Privacy Rule includes an exception to an individual's (or personal representative's) right of access for psychotherapy notes. See 45 CFR 164.524(a)(1).

8) Does HIPAA provide extra protections for mental health information compared with other health information?

Answer: Generally, the Privacy Rule applies uniformly to all protected health information, without regard to the type of information. One exception to this general rule is for psychotherapy notes, which receive special protections. The Privacy Rule defines psychotherapy notes as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the patient's medical record. Psychotherapy notes do not include any information about medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, or results of clinical tests; nor do they include summaries.

9) How will the SA handle CMHCs with alternative sites (satellite locations)?

Answer: The CMHC regulation does not authorize alternate, satellite, or additional sites under the same CCN provider number.

CMHC Frequently Asked Questions (FAQs)

10) Are we expected to see an actual infection control program with tracking and trending? Or should our survey only be based on staff education on infection control issues?

Answer: There should be actual infection control practices, which can both be observed and also be tracked with documentary evidence. Refer to Tag M-0348 and M-0363 under §485.918 Condition of Participation: Organization, governance, administration of services, and partial hospitalization services.

11) What does CPI stand for and what is the focus?

Answer: The acronym “CPI” stands for: Center for Program Integrity. CPI is an entity at the CMS, which works directly with the MACs. The role of the CPI is to ensure that correct payments are made to legitimate providers for covered, appropriate and reasonable services for eligible beneficiaries in the Medicare and Medicaid programs. The CPI coordinates with other CMS components to ensure improved program integrity and reduce fraud.

12) Do CMHCs provide medication and pharmacy services?

Answer: It is not uncommon for medication services to be available at a CMHC but these services are not covered by Medicare unless they are provided in the Partial Hospital Program (PHP). Refer to the SOM section 2250D and Standard §485.918(b)(xiii)/ Tag M-0325. The new CoPs do not directly address medication services, but when a CMHC provides medication or assists clients in taking their medication, all components of medication administration safety must be addressed.

13) Are there any accrediting organizations for CMHCs?

Answer: Currently there is no accrediting organization for the CMHCs.

14) Who is responsible for sending out the 2567 after a survey by the SA?

Answer: The SA

[Survey Process](#)

15) Does a CMHC survey require a team or multiple surveyors?

Answer: The individual state survey agency makes a determination as to the survey team composition based on the facility size, location, and availability of survey resources.

16) When is the most appropriate time to do a sample selection? Is it most appropriate to do it prior to entry, or after receiving a roster matrix from the facility?

Answer: Sample selection is done after the roster matrix is received at the facility. Refer to SOM section 2253(C)(4a).

CMHC Frequently Asked Questions (FAQs)

17) Are CMHC surveys unannounced, are we supposed to call to get the working hours of the facility?

Answer: All CMHC surveys are unannounced and surveyors are not allowed to call the facility ahead of time to get the operating hours of the facility. Refer to SOM section 2700A.

18) When we survey a CMHC using the new COPs, will it be considered an initial survey?

Answer: No, the first CMHC survey using the new CoPs is regarded as a re-certification survey.

19) How often do CMHCs need to be surveyed?

Answer: CMHCs are expected to be surveyed a minimum of every 5 years.

20) Will the states need to start processing initial certifications of CMHCs like other providers including getting them entered into ASPEN?

Answer: Yes, the State Survey Agency will process CMHC initial certifications in the same manner as other initial certifications beginning October 31, 2014.

21) Would CMS decertify those CMHCs that don't meet the new CMHC CoP requirements?

Answer: The termination process may be initiated when a facility fails to comply with the CoPs. Refer to SOM section 2252N.

22) Where do we document the rationale for adding or subtracting a client from the sample?

Answer: Use form CMS-807 for sample documentation. Refer to SOM section 2253(C)(4a)

23) Is there a specific set of tags that refer to the record review?

Answer: Record review is part of the survey process and it is covered under SOM section 2253(C)(4b) &(4c).

24) Does CMHC sample size depend on the number of beds or number of clients served?

Answer: Because CMHC is not an inpatient unit, its sample selection size should be based on number and categories of clients served. The sample should also represent different categories of clients served by the facility. The size of the facility population affects the sample size, in other words the greater the population the higher the number of clients you will include in the sample. Although a larger sample is more helpful, ensure the sample don't exceed the maximum number of sample recommended by section 2253(C)(4a) of the SOM.

25) Is the sample selection for a complaint survey the same as the sample selection for an initial survey or recertification?

Answer: Yes, the sample selection process for initial, complaint, and recertification surveys are the same.

CMHC Frequently Asked Questions (FAQs)

26) Do we ask permission from clients to observe their care, especially during individual therapy?

Answer: You are not required to obtain permission from clients in order to complete your observation, but it is a good practice to have a staff member inform the client of your presence and introduce you to the client. During observation, it is very important to respect client's rights and privacy, and the surveyor should use good judgment to discontinue or suspend observation if it is having negative impact on client's treatment. Refer to SOM section 2253(C)(4d).

27) Must a surveyor observe all the clients for whom he/she reviewed an active clinical record?

Answer: No, a surveyor can only observe the clients that are physically available at the facility during the survey. Refer to SOM section 2253(C)(4d).

28) How many client observations would be appropriate?

Answer: There is no minimum number of required observations. Observe as many treatment areas as possible, to enable better assessment of the facility compliance. Refer to SOM section 2253(C)(4d).

29) Would you have to write a deficiency out under one or more standards before you write under the COP?

Answer: Yes, there must be at least one standard level deficiency for the CoP to be out of compliance. Refer to SOM section 2253(C)(4g) and 42 CFR § 488.26 Determining Compliance.

30) Can an attorney ask questions at the entrance/exit conference? -does that include during an entrance conference as well? Does that go for all facility types? Where is the documentation that an attorney cannot ask questions at an entrance or exit conference?

Answer: The facility attorney may attend the exit conference at the invitation of the provider and may ask questions. But the team may refuse to continue the conference if the facility's attorney attempts to turn the conference into an evidentiary hearing; or any time the provider creates an environment that is hostile, overly intimidating, or inconsistent with the informal and preliminary nature of an exit conference. Refer to SOM section 2724.

31) Initial certifications - As the RO turns over applications for CMHC to the SA, do the surveyors on the initial site visit need to choose a sample size of the required elements for each year that the applicant has been waiting?

Answer: No, the surveyor will choose a sample size based on the current client and program parameters. Refer to SOM section 2253(C)(4a).

32) What about new applicants? Do we do a survey prior to issuing a certification or is this based on paperwork?

Answer: An onsite survey must be completed before certification can be approved for new applicants. Refer to SOM section 2253B.

CMHC Frequently Asked Questions (FAQs)

33) Will a survey still be required for a CMHC CHOW?

Answer: The CHOW requirements apply to CMHC as they do all other provider types. Refer to section 2252A of the SOM.

34) If a state has 7 CMHCs, but none have active PHP programs, does the SA have any role for recertification?

Answer: For a new CMHC that is not seeking Medicare certification, there is no role for the SA. For Existing Medicare certified CMHCs, the facility will be subject to a survey by the SA against the new CoPs, which include the requirement for a partial hospitalization program. Refer to SOM section 2253A.1.

35) When a client appears to be excessively sedated would the surveyor investigate the possibility of chemical restraint since the clients are coming from home?

Answer: Excessive sedation may be due to many medical and non-medical issues, such as: lack of sleep, diabetic hypoglycemia, or consumption of alcohol and/or street drugs. When the surveyor notices a client during survey that reflects a serious safety situation, he/she should investigate to see if the facility has provided intervention as necessary. Based on the seriousness of the situation, a lack of appropriate intervention may necessitate an immediate jeopardy consideration. Refer to SOM section 2253A.2 and Appendix Q.

36) If the Immediate Jeopardy (IJ) situation occurred in the past but the CMHC has since changed its process, does that take it out of IJ status?

Answer: If a situation that constituted IJ happened in the past, but the facility made appropriate corrections and sustained the corrections such that at the time of the survey the facility is in compliance, then the IJ would not be cited. The provider is expected to not just provide a quick fix that addresses the event that caused the IJ. It is expected that the facility applies the Quality Assurance and Performance Improvement (QAPI) approach in order to systematically review, evaluate and refine anything that is needed to sustain their fix.

37) Some SAs practice has been to remain at the facility until the IJ is removed but not necessarily corrected. Can you give an example of when you would leave the facility even though the IJ wasn't lifted?

Answer: The surveyor notifies the administration of the CMHC of the findings resulting in an IJ immediately upon identification. If the IJ is removed while the surveyor is onsite the surveyor is not required to cite the IJ. The SOM does not require that the surveyor remain onsite until the IJ is corrected although procedures may vary among SAs

CMHC Frequently Asked Questions (FAQs)

38) How many days would you expect an average CMHC survey to last?

Answer: The length of time a particular survey will take will depend on: (1) the size of the facility or number of clients served; (2) the nature of the situation(s) encountered, for instance if IJ or serious safety situation exist; (3) cooperation and compliance of the facility staff; (4) number of surveyors on the team; and (5) individual State survey agency management protocol. But generally a survey will last between two to three days.

39) Are the Medicare forms used for Acute-care settings similar to the forms completed for the CMHC's?

Answer: Forms used for CMHC surveys have some similarities, such as the CMS-807, 2567, 2567b, and 3070I. All survey forms are available at the CMS website: <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html>. Search CMS form list, then enter the form number.

40) Would CMS be accepting the Acceptable Allegation of Compliance (AOC) or Plan of Correction (POC) from the SA?

Answer: The SA receives the POC and the facility's allegation of compliance. Once the follow-up visit is completed the SA forwards it to the RO with the survey package.

41) Does the SA send copies of the CMHC contracts for services to the RO? If so, would that be for initial certification only?

Answer: The SA should follow normal processing procedures for sending certification kits to their Regional Office. Unless there is a deficiency noted on a contract, and the surveyor feels the need to make copies of the contract to support the cited deficiency; the surveyor does not need to send copies of contract to the RO.

42) Does CMS have a policy on whether surveyors should make their own copies, or may they request CMHC staff to provide copies?

Answer: If the provider is the one to copy a document for the surveyor, the surveyor is expected to stay with the document while copying is done so that the "chain of custody" is not broken with the document. This assures that the evidence remains in control of the surveyor.

[Medicare Certified Partial Hospital Program \(PHP\) Services](#)

43) If a CMHC meets all the other requirements for a Medicare certified CMHC but does not run a PHP are they considered a CMHC?

Answer: They are not meeting the definition of a Medicare certified CMHC and will not meet the CoPs at the time of survey.

CMHC Frequently Asked Questions (FAQs)

44) How would a CMHC show that a PHP is up and running and what type of agreement would they have to have?

Answer: The CMHC must have an active PHP, not just the capability to have a PHP. Refer to Tag M-0354 under §485.918 Condition of Participation: Organization, governance, administration of services, and partial hospitalization services. The surveyor assesses this program through record review, observations and interview.

45) Does the CMHC have to take children if they only take adults by policy?

Answer: Yes, a Medicare certified CMHC serves both children and adult; they cannot exclude any category of client through policy or by choice. Refer to Tag M-0311 under §485.918 Condition of Participation: Organization, governance, administration of services, and PHP services.

46) How is client absenteeism dealt with related to meeting the PHP 20 hour per week minimum?

Answer: The treatment team via an individualized treatment plan should make arrangements for alternative treatment for a client who does not respond well to conventional treatment approaches. There should be evidence that the treatment team explored the reason for absenteeism and addressed it with the client and/or representative. Refer to Tag M-0138 under §485.910 Condition of Participation: Client Rights.

47) Is there a time limit between when a client is admitted to a CMHC and when he/she will be discharged?

Answer: Discharge from CMHC program will depend on the individual treatment plan and how client responds to treatment.

48) What is a Partial Hospitalization Program (PHP)?

Answer: PHP is a structured, comprehensive, short-term, and intensive outpatient mental health program that provides less than 24 hours treatment for individuals who are either currently discharged from an inpatient psychiatric care or are recovering from acute mental health treatment. It is a step below inpatient hospitalization but more concentrated than traditional Intensive Outpatient Program (IOP). Clients are generally referred to partial hospitalization programs when they are experiencing acute psychiatric symptoms that are difficult to manage but do not require 24-hour inpatient hospitalization. Most clients who participate in PHP attend structured therapeutic programming according to their individualized treatment schedule, and they normally attend the program during the day, and return home in the evenings. PHP services may include: structured therapeutic interventions; individual and group psychotherapy; community reintegration services; medication stabilization services; and family consultation and education. Refer to Tag M-0354 under §485.918 CoP: Organization, governance, administration of services, and partial hospitalization services.

CMHC Frequently Asked Questions (FAQs)

49) Does day care treatment and PHP mean the same?

Answer: No, they are not the same. Day care treatment is less structured and not as intensive like PHP. Day care treatment does not address the necessary treatment approaches/services found in PHP, such as individual therapy, group therapy, psychiatric medication management etc.

Medicare Certified Community Mental Health Center (CMHC)

50) Can CMHC be licensed only or certified only?

Answer: Not every State licenses CMHCs and thus there may be instances where a CMHC is certified only. However, to participate in the Medicare program, a CMHC must be licensed if the State in which they are located has such licensure.

51) Does CMHC have a required number of in-service hours for employees?

Answer: No, this would be determined by the CMHC policy and procedures. The CMHC regulation does not specifically address this topic.

52) Does the CMHC provide and administer medication; or does the client provide the medication and the CMHC administer it? How about administration of injectable?

Answer: As an outpatient program, most CMHCs may not administer medications routinely. But when a CMHC does administer medications or manage a client's medication administration such as an injectable, the facility must show that medication administration, storage, and monitoring meet the medication safety standard. Refer to Tag M-0325 under §485.918.

53) If there is an emergency that occurs during the treatment program, would it be best for the CMHC staff to call 911 or law enforcement?

Answer: It depends on the nature of emergency situation. The CMHC should have policies and procedures to address emergency situations. But in most cases 911 would be used. Refer to Tag M-0363 under §485.918 Condition of Participation: Organization, governance, administration of services, and partial hospitalization services.

54) Some CMHC's may want to limit the population it serves by specific age range or the diagnosis, is that ok?

Answer: No, the CMHC may not discriminate against clients based on their age or diagnosis. Refer to Tag M-0309 under §485.918 Condition of Participation: Organization, governance, administration of services, and partial hospitalization services.

CMHC Frequently Asked Questions (FAQs)

55) Are the CMHCs required to treat persons with developmental disabilities who also have a mental illness?

Answer: Yes, the CMHCs cannot discriminate based on a person's age, disability or situation. If the CMHC determines through evaluation and assessment that a client's functional level would result in the treatment programs/therapies not being clinically appropriate, then they must assist on the coordination of referrals or transfer of the client to an appropriate treatment provider or program.

56) Are children and adults allowed to program together?

Answer: There is no specific CMHC regulation that prohibits this. The facility is responsible to ensure that clients are placed in appropriate groups, based on their clinical need and developmental appropriateness.

57) How is the CMHC geographic service area determined? For clients who have been discharged from inpatient mental health facility, how will they know which CMHC to go to?

Answer: CMHCs are required to meet the mental health needs of the residents in a particular "service area" in which they are located. This service area is determined during the initial enrollment process of the facility. Clients who are located in the service areas are generally referred to the CMHC covering their area upon discharge by the discharging facility or through case management referral. Although, parameters and process for referral or designation may vary from state to state.

[Client Rights](#)

58) Are there any restraints that are not allowed?

Answer: Restraints are not allowed for disciplinary action, punishment, or treatment. Restraints may be used only as a last option, for safety of the client or others, after all least restrictive measures failed. Refer to Tag M-0155 under §485.910 Condition of Participation: Client Rights. The client has the right to be informed of his or her rights.

59) Does restraint include chemical restraint?

Answer: Yes, medication is considered a chemical restraint when it is not a standard treatment for the client's medical or psychiatric condition and is administered to manage a client's behavior in a way that reduces the safety risk to the client or others, as well as has a temporary effect of restricting the client's freedom of movement.

CMHC Frequently Asked Questions (FAQs)

60) What would be the client abuse reporting requirements?

Answer: State laws vary on abuse reporting requirements. Follow the provisions of individual states and local regulations. Refer to Tag M-0149 under §485.910 Condition of Participation: Client Rights.

61) If the client died in the hospital after a transfer from CMHC, following a restraint or seclusion intervention, does that indicate that the CMHC is responsible for reporting the death even if the client died after transferred to a hospital? I would think that once out of the CMHC, that facility would no longer have jurisdiction?

Answer: Whether the client expired in the hospital or at home, the CMHC must report to CMS all deaths that occur following the use of restraint or seclusion in the CMHC. The CMHC is required to make this report to the CMS Regional Office not later than close of business the next business day following its knowledge of the client's death. Refer to Tag M-0182, M-0183, and M-0184, under §485.910 Condition of Participation: Client Rights.

62) Tag M-0148 states that the CMHC must "Immediately investigate all alleged violations involving anyone furnishing services on behalf of CMHC." Is there any specified time requirement, such as 8 hours or 24 hours? How do I know what is "immediately"?

Answer: CMS would expect that the facility initiate its investigation of the allegation on the same day upon which it is received and also on that same day implement safeguards to protect clients until such time that the investigation is completed and any corrective actions are implemented.

63) Do discharge/transfer requirements include transfer to the hospital due to restraint or acute decompensation?

Answer: Yes, a CMHC may transfer a client to a hospital or emergency care center, for treatment of an acute condition or an injury a client sustained during restraint or seclusion. Refer to Tag M-0225 under §485.914 Condition of Participation: Admission, initial evaluation, comprehensive assessment, and discharge or transfer of the client.

[24-hour-a-day Emergency Care Services](#)

64) Is there any guidance on the 24 hour hotline in the regulations?

Answer: The regulations require CMHCs to provide 24-hour-a-day emergency care services to its clients, but do not stipulate the specifics on how these services are to be structured. Refer to the interpretive guidelines at Tag M-0312, under §485.918 Condition of Participation: Organization, governance, administration of services, and partial hospitalization services.

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65) Should we cite M-0312 if the emergency hotline provides access to only automated or voice recording, or if there is no access to live clinician?

Answer: Since there are no specific details or description of how these services are to be structured, it is recommended that a deficiency be cited under tag M-0310 “(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:” and M-0312 “(ii) Provides 24-hour-a-day emergency care services.”

66) Do the CMHC 24 hour emergency services need to have direct access to the client’s Medical Records when receiving a call?

Answer: On-call clinical personnel may have access to client records that they need to perform their job but this is not a specific regulatory requirement.

Personnel Qualifications

67) In the CMHC a Licensed Practitioner i.e. PA, would not require MD oversight for writing orders, medications, consents for medications, treatments, etc. Is that correct?

Answer: Practice authority for licensed practitioners such as Physician Assistance (PA) and Nurse Practitioners (NP) may differ from state to state. While most states may require, PAs and NPs to have physician’s supervision, others may not. So the surveyor must follow the laws of the state in which the CMHC is located.

68) Are the CMHC facilities required to perform a background check on licensed and non-licensed staff members?

Answer: Per regulation, the CMHCs are to follow all state and local laws. Many states require national background checks, while others do not require it. There are no specific background check requirements in the CoPs. Refer to Tag M-0101 under §485.904 Condition of Participation: Personnel Qualifications.

69) When a CMHC provides transportation, does CMS require a review of the driver's license, auto insurance and a background (criminal review) check?

Answer: If the Driver is an employee of the CMHC, the facility must ensure that the driver is qualified and safe to transport client. This would be captured at Tag M-0363 under §485.918 Condition of Participation: Organization, governance, administration of services, and partial hospitalization services.

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70) What documentation would you expect to see for Psychiatric Nurse qualifications of one year of training or education as indicated in tag M-0112?

Answer: Nurses employed by the CMHC are required to have one year of specialized training and education, in the mental health field. This can be fulfilled by evidence of at least one year post RN education training, certification, or experience working with psychiatric patients. Time spent in their clinical rotation as a nursing student cannot count towards this one year.

71) While the administrator must be an employee of the CMHC, is there minimum on-site work hour's expectation per week?

Answer: The regulation does not specify any required amount of onsite work-hour for the CMHC administrator. Since the administrator is responsible for the day to day operations of the facility, his/her physical presence at the facility may vary. Some CMHCs may in addition designate a manager or supervisory staff, who reports to the administrator, to assist in the day-to-day operations of the facility. The governing body and the administrator assume full legal authority and responsibility for the management of the CMHC. Refer to Tag M0306 under §485.918 Condition of Participation: Organization, governance, administration of services, and partial hospitalization services.

72) In some states, there has been a change in which the PA, NP and CNS orders do not require to be cosigned by a physician in the Long Term Care (LTC) settings, and are only required to consult a physician if they feel the patient's condition warrants it. Does this apply to CMHC?

Answer: Surveyors must follow the applicable State law on this issue. Refer to Tag M-0101 under General qualification requirements, §495.904. 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 authority. All licenses must be kept current at all times.

73) Are the psychiatrists and physicians required to be onsite to prescribe services?

Answer: CMHCs are required to have qualified medical personnel that will be available to assess, diagnose, and prescribe therapeutic interventions. If the CMHC does not have a psychiatrist on staff, they must demonstrate that one is available when needed to provide required services. This can be psychiatrist under contract. Refer to Tag M-0319

CMHC Frequently Asked Questions (FAQs)

74) Are any of the clinical staff required to have Cardiopulmonary Resuscitation (CPR) certification and if so what emergency equipment/supplies should be available at the center for medical emergencies?

Answer: Every healthcare provider is required to provide basic CPR certification for their staff. The level of certification is determined by the level of care the facility provides and the individual State licensing requirements. Given the nature of the CMHC provider type, there should be some equipment for basic first aid and life support (most state laws require mandatory AEDs). This would also apply to CPR and may also be addressed through the CMHC policy and procedures. Therefore you may not see crash carts and heavy emergency equipment, as long as there is a contract for providing emergency medical treatment or transfer of client to emergency care center when the need arises. Refer to Tags M-0337 and M-0363 under §485.918 Condition of Participation: Organization, governance, administration of services, and partial hospitalization services.

Treatment Documentation

75) What is considered a current psychiatric evaluation?

Answer: A psychiatric evaluation (refer to tag M-0204) is part of the comprehensive assessment which is to be completed no later than 4 working days after admission. The comprehensive assessment must be updated no less frequently than every 30 days. Refer to Tag M-0199 for the requirements of a Comprehensive Assessment.

76) Can a Registered Nurse who is not an advanced practice nurse lead the treatment team?

Answer: No, the regulation requires an advanced prepared nurse (Nurse Practitioner or Clinical Nurse Specialist (CNS)) who is at least masters prepared, to lead the CMHC interdisciplinary team. Also the CMHC interdisciplinary team can be led by a physician, Physician Assistant, Clinical Psychologist, or Clinical Social Worker, per regulation.

77) How many days after admission is the treatment team required to develop client treatment plan?

Answer: It must be established within 7 business days of admission. Refer to Tag M-0244.

78) Is it acceptable for a treatment team to specify a time-period longer than 30 days for the review of a treatment plan?

Answer: At a minimum the treatment plan must be reviewed at least every 30 days but the goals on a treatment plan could be set out further than 30 days. The treatment team would still need to provide a progress update for that goal every 30 days. Evidence of treatment

CMHC Frequently Asked Questions (FAQs)

plan updates happening beyond 30 days means that the facility is not in compliance with the regulation at Tag M-0252 under § 485.916 Condition of participation: Treatment team, client-centered active treatment plan, and coordination of services.

79) What if the client has treatment goals for areas where that goal has already been met?

Answer: The reason the treatment plan is reviewed regularly is to monitor client progress, in order to evaluate client progress towards goal. When a goal is resolved, it should be updated in the treatment plan as complete/achieved. Documentation is also entered in the progress notes and other medical records documentation. Each goal should be specific enough to avoid overlapping with other goals. It is possible that a goal may be seen as in concert with another goal, but should not be duplicative. The treatment plan does need to address the issues identified in the comprehensive assessment. Refer to Tag M-0247 under §485.916(c), content of the active treatment plan.

80) If the Client is not capable, then does the Representative have to sign the Treatment plan?

Answer: Technically there is no regulation that requires the signature of either the client and/or representative. There must be evidence that they actively participated in the development and agreement of the treatment plan. Refer to Tag M- 0244 and M-0247 under § 485.916 Condition of participation: Treatment team, client-centered active treatment plan, and coordination of services.

81) Is it 2 working days or 48 hours for the CMHC to provide a copy of the discharge summary to another treatment provider?

Answer: Within 2 working days. Refer to Tag M-0226 under §485.914 Condition of Participation: Admission, initial evaluation, comprehensive assessment, and discharge or transfer of the client.

[Quality Assessment and Performance Improvement \(QAPI\)](#)

82) Is there a minimum number of performance improvement projects a CMHC is required to carry out within a specified period of time?

Answer: The CMHC is required to perform at least one performance improvement project annually. Refer to Tag M-0291 and M-0292 under §485.917 Condition of Participation: Quality assessment and performance improvement.