CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Servic es (CMS)

Transmittal 110 **Date: April 11, 2014**

SUBJECT: State Operations Manual (SOM) Appendix W Revisions For Intermediate Care Facilities For Individuals With Intellectual Disabilities (ICF/IID)

I. SUMMARY OF CHANGES: The SOM Appendix W-Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs have been revised to reflect the current ICF/IID nomenclature.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 11, 2014
IMPLEMENTATION DATE: April 11, 2014

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix W/C-0368/§483.10(h) Work
R	Appendix W/C-0402/§483.45 Specialized Rehabilitative Services
R	Appendix W/C-0403/§483.45(b) Qualifications

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

C-0368

(Rev.110, Issued: 04-11-14, Effective: 04-11-14, Implementation: 04-11-14)

§483.10(h) Work

The resident has the right to--

(1) Refuse to perform services for the facility;

(2) Perform services for the facility, if he or she chooses, when--

(i) The facility has documented the need or desire for work in the plan of care;

(ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;

(iii) Compensation for paid services is at or above prevailing rates; and

(iv) The resident agrees to the work arrangement described in the plan of care.

Interpretive Guidelines §483.10(h)

All resident work, whether of a voluntary or paid nature, must be part of the plan of care. A resident's desire for work is subject to medical appropriateness. As part of the plan of care, the resident must agree to a therapeutic work assignment. The resident also has the right to refuse such treatment at any time that he or she wishes. At the time of development or review of the plan, voluntary or paid work can be negotiated.

The "**prevailing rate**" is the wage paid to workers in the community surrounding the facility for the same type, quality, and quantity of work requiring comparable skills.

Survey Procedures §483.10(h)

- Are residents engaged in work (e.g., doing housekeeping, doing laundry, preparing meals)?

- Pay special attention to the possible work activities of residents with *intellectual disabilities* or mental illness.

- If a resident is performing work, determine whether it is voluntary, and whether it is described in the plan of care. Is the work mutually agreed upon between the resident and the treatment team?

C-0402

(Rev.110, Issued: 04-11-14, Effective: 04-11-14, Implementation: 04-11-14)

§483.45 Specialized Rehabilitative Services

§483.45(a) Provision of Services

If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and *intellectual disabilities*, are required in the resident's comprehensive plan of care, the facility must--

(1) Provide the required services; or

(2) Obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.

Interpretive Guidelines §483.45(a)

The intent of this regulation is to assure that residents receive necessary specialized rehabilitative services as determined by the comprehensive assessment and care plan, to prevent avoidable physical and mental deterioration and to assist them in obtaining or maintaining their highest practicable level of functional and psychosocial well being.

Specialized rehabilitative services are considered a facility service and are included within the scope of facility services. They must be provided to residents who need them even when the services are not specifically enumerated in the State plan. No fee can be charged a Medicaid recipient for specialized rehabilitative services because they are covered facility services.

A facility is not obligated to provide **specialized rehabilitative services** if it does not have residents who require these services. If a resident develops a need for these services after admission, the facility must either provide the services, or, where appropriate, obtain the service from an outside resource.

For a resident with mental illness (MI) or *intellectual disabilities* (*ID*) to have his or her specialized needs met, the individual must receive all services necessary to assist the individual in maintaining or achieving as much independence and self determination as possible. Specialized services for mental illness or *intellectual disabilities* refers to those services to be provided by the State which can only be delivered by personnel or programs other than those of the nursing facility (NF) because the overall level of NF services is not as intense as necessary to meet the individual's needs.

"Mental health **rehabilitative services** for MI and *ID*" refers to those services of lesser frequency or intensity to be implemented by all levels of nursing facility staff who come into contact with the resident who is mentally ill or who has *intellectual disabilities*.

These services are necessary regardless of whether or not they require additional services to be provided for or arranged by the State as specialized services.

Mental health rehabilitative services for MI and *ID* may include, but are not limited to—

- Consistent implementation during the resident's daily routine and across settings, of systematic plans that are designed to change inappropriate behaviors;

- Drug therapy and monitoring of the effectiveness and side effects of medications which have been prescribed to change inappropriate behavior or to alter manifestations of psychiatric illness;

- Provision of a structured environment for those individuals who are determined to need such structure (e.g., structured socialization activities to diminish tendencies toward isolation and withdrawal);

- Development, maintenance and consistent implementation across settings of those programs designed to teach individuals the daily living skills they need to be more independent and self determining including, but not limited to, grooming, personal hygiene, mobility, nutrition, vocational skills, health, drug therapy, mental health education, money management, and maintenance of the living environment;

- Crisis intervention services;

- Individual, group, and family psychotherapy;

- Development of appropriate personal support networks; and

- Formal behavior modification progress.

Survey Procedures §483.45(a)

Determine the extent of follow through with the comprehensive care plan. Verify from the chart that the resident is receiving frequency and type of therapy as outlined in the care plan.

1. **Physical Therapy**

    - What did the facility do to improve the resident's muscle strength? The resident's balance?

    - What did the facility do to determine if an assistive device would enable the resident to reach or maintain his/her highest practicable level of physical function?

- If the resident has an assistive device, is he/she encouraged to use it on a regular basis?

- What did the facility do to increase the amount of physical activity the resident could do (for example, the number of repetitions of an exercise, the distance walked)?

- What did the facility do to prevent or minimize contractures, which could lead to decreased mobility and increased risk of pressure ulcer occurrence?

2. Occupational Therapy

- What did the facility do to decrease the amount of assistance needed to perform a task?

- What did the facility do to decrease behavioral symptoms?

- What did the facility do to improve gross and fine motor coordination?

- What did the facility do to improve sensory awareness, visual-spatial awareness, and body integration?

- What did the facility do to improve memory, problem solving, attention span, and the ability to recognize safety hazards?

3. Speech, Language Pathology

- What did the facility do to improve auditory comprehension?

- What did the facility do to improve speech production?

- What did the facility do to improve expressive behavior?

- What did the facility do to improve the functional abilities of residents with moderate to severe hearing loss who have received an audiology evaluation?

- For the resident who cannot speak, did the facility assess for a communication board or an alternate means of communication?

4. Rehabilitative Services For MI And *ID*

- What did the facility do to decrease incidents of inappropriate behaviors, for individuals with *ID*, or behavioral symptoms for persons with MI? To increase appropriate behavior?

- What did the facility do to identify and treat the underlying factors behind tendencies toward isolation and withdrawal?

- What did the facility do to develop and maintain necessary daily living skills?

- How has the facility modified the training strategies it uses with its residents to account for the special learning needs of its residents with MI or *ID*?

- Questions to ask individuals with MI or *ID*--

    - Who do you talk to when you have a problem or need something?

    - What do you do when you feel happy? Sad? Can't sleep at night?

    - In what activities are you involved, and how often?

C-0403

(Rev.110, Issued: 04-11-14, Effective: 04-11-14, Implementation: 04-11-14)

§483.45(b) Qualifications

Specialized rehabilitative services must be provided under the written order of a MD/DO by qualified personnel.

Interpretive Guidelines §483.45(b)

A qualified professional provides specialized rehabilitative services for individuals under a MD/DO's order. Once the assessment for specialized rehabilitative services is completed, a care plan must be developed, followed, and monitored by a licensed professional. Once a resident has met his or her care plan goals, a licensed professional can either discontinue treatment or initiate a maintenance program which either nursing or restorative aides will follow to maintain functional and physical status.

"**Qualified personnel**" means that professional staff are licensed, certified or registered to provide specialized therapy/rehabilitative services in accordance with applicable State laws. Health rehabilitative services for MI and *ID* must be implemented consistently by all staff unless the nature of the services is such that they are designated or required to be implemented only be licensed or credentialed personnel.

Survey Procedures §483.45(b)

- Determine if there are any problems in quality of care related to maintaining or improving functional abilities. Determine if these problems are attributable in part to the qualifications of specialized rehabilitative services staff.

- Determine from the care plan and record that qualified personnel provide rehabilitative services under the written order of a MD/DO. If a problem in a resident's rehabilitative care is identified that is related to the qualifications of the care providers, it might be necessary to validate the care provider's qualifications.

- If the facility does not employ professional staff who have experience working directly with or designing training or treatment programs to meet the needs of individuals with MI or *ID*, how has the facility arranged for the necessary direct or staff training services to be provided?