



Behavioral Health Services



*Division of Nursing
Homes*

483.40 Behavioral Health Services Overview

- F740 – Introduction to Behavioral Health Services
- F741 – Sufficient and Competent Staff
- F742 – Treatment/Services to Correct Assessed Problem or Attain Highest Practicable Well-being
- F743 – No Assessed Diagnosis or Pattern/Development of Pattern that was Unavoidable
- F744 – Appropriate Treatment/Services for a Resident with Dementia
- F755 – Medically-related Social Services

Implementation Schedule

This section will be implemented in Phase 2, with the following exceptions:

- F741, as linked to history of trauma and/or post-traumatic stress disorder (PTSD), will be implemented in Phase 3.
- F742, F743, and F745 were implemented in Phase 1.



F740 – Introduction to Behavioral Health Services

§483.40 Behavioral health services.

Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.

F740 – Introduction to Behavioral Health Services



“Behavioral health care and services” encompasses treatments and supports for behavioral factors in chronic illness care, care of physical symptoms associated with stress rather than diseases, as well as mental health conditions and diagnoses.

F740 – Provision of Care and Services

- Necessary care and services are person-centered;
- Meaningful activities are provided; and
- Environment is conducive to the resident's well-being.

F740 – Person-centered Care

Person-centered environment includes, but is not limited to:

- Interdisciplinary team approach to care -
 - Qualified staff;
 - Individualized approaches;
 - Supportive environment; and
 - Inclusion of the resident, their family, or resident representative.
- Resident Assessment Instrument (RAI) Process.



F740 – RAI Process



RAI Process includes:

- Minimum Data Set (MDS);
- Care Area Assessment Process;
- Care Plan Development;
- Care Plan Implementation; and
- Evaluation.

F740 – Key Elements of Noncompliance

The surveyor's investigation will generally show that the facility failed to:

- Identify, address, and/or obtain necessary services for the behavioral health care needs of residents;
- Develop and implement person-centered care plans that include and support the behavioral health care needs, identified in the comprehensive assessment;
- Develop individualized interventions related to the resident's diagnosed conditions;
- Review and revise behavioral health care plans that have not been effective and/or when the resident has a change in condition;
- Learn the resident's history and prior level of functioning in order to identify appropriate goals and interventions;
- Identify individual resident responses to stressors and utilize person-centered interventions developed by the IDT to support each resident;
or
- Achieve expected improvements or maintain the expected stable rate of decline based on the progression of the resident's diagnosed condition.

F741 - Sufficient and Competent Staff

§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:

F741 - Sufficient and Competent Staff (cont.)

§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.

F741 – Provision of Care and Services

Facility staff must:

- Address the behavioral health needs that can be met and the numbers and types of staff needed;
- Have sufficient direct care staff with knowledge of behavioral health care and services;
- Demonstrate attempts to access professional behavioral health resources; and
- Take reasonable steps to seek alternative sources for services that are not covered by Medicare or Medicaid.

F741 – Staff Competencies

Staff competencies for residents living with behavioral health needs include, but are not limited to:

- Communication and interpersonal skills;
- Promoting residents' independence;
- Respecting residents' rights;
- Caring for the residents' environment;
- Mental health and social service needs;
- and
- Care of cognitively impaired residents.



F741 – Non-pharmacological Interventions

Examples of non-pharmacological interventions include:

- Ensuring adequate hydration, nutrition, and pain relief;
- Individualizing sleep and dining routines;
- Adjusting the environment;
- Assigning staff to optimize familiarity and consistency;
and
- Supporting the resident through meaningful activities.



F741 – Key Elements of Noncompliance

The surveyor's investigation will generally show that the facility failed to:

- Rule out underlying causes for the resident's behavioral health care needs through assessment, diagnosis, and treatment by qualified professionals;
- Identify competencies and skills sets needed in the facility to work effectively with residents with behavioral health needs;
- Provide sufficient staff who have the knowledge, training, competencies, and skills sets to address behavioral health care needs;
- Demonstrate reasonable attempts to secure professional behavioral health services, when needed;

F741 – Key Elements of Noncompliance (cont.)

- Utilize and implement non-pharmacological approaches to care, based upon the comprehensive assessment, and in accordance with the resident's abilities, customary daily routine, life-long patterns, and choices;
- Monitor and provide ongoing assessment of the resident's behavioral health needs, as to whether the interventions are improving or stabilizing the resident's status or causing adverse consequences;
- Attempt alternate approaches to care for the resident's assessed behavioral health needs, if necessary; or
- Accurately document all relevant actions in the resident's medical record.

F742 - Treatment/Services to Correct Assessed Problem or Attain Highest Practicable Well-being

§483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that—

§483.40(b)(1)

A resident who displays *or is diagnosed with* mental disorder or psychosocial adjustment difficulty, *or who has a history of trauma and/or post-traumatic stress disorder*, receives appropriate treatment and services to correct the assessed problem *or to attain the highest practicable mental and psychosocial well-being*;

F742 – Mental and Psychosocial Adjustment Difficulty

“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.)

F742 – Provision of Care and Services

Residents who experience mental or psychosocial adjustment difficulty, or who have a history of trauma and/or PTSD require specialized care and services to meet their individual needs. The facility must ensure that an interdisciplinary team (IDT), which includes the resident, the resident's family and/or representative, whenever possible, develops and implements approaches to care that are both clinically appropriate and person-centered. Expressions or indications improvement or decline in resident functioning should be documented in the resident's record and steps taken to determine the underlying cause of the negative outcome.



F742 – Provision of Care and Services (cont.)

- The facility must provide the “appropriate treatment and services” to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being. The determination of what is “appropriate” is person-centered and would be based on the individualized assessment and comprehensive care plan. To the extent that the care plan identifies particular treatment and services, the facility must make reasonable attempts to provide directly or assist residents with accessing such services.
- A facility must determine through its facility assessment what types of behavioral health services it may be able to provide.
- Some examples of treatment and services for psychosocial adjustment difficulties may include providing residents with opportunities for autonomy; arrangements to keep residents in touch with their communities, cultural heritage, former lifestyle, and religious practices; and maintaining contact with friends and family.
- The coping skills of a person with a history of trauma or PTSD will vary, so assessment of symptoms and implementation of care strategies should be highly individualized. Facilities should use evidence-based interventions, if possible.

F742 – Adjustment Difficulties, Trauma, and PTSD

Background:

- Adjustment difficulties
- History of trauma
- PTSD



F742 – Key Elements of Noncompliance

The surveyor's investigation will generally show that the facility failed to:

- Assess the resident's expressions or indications of distress to determine if services were needed;
- Provide services and individualized care approaches that address the assessed needs of the resident and are within the scope of the resources in the facility assessment;
- Develop an individualized care plan that addresses the assessed emotional and psychosocial needs of the resident;

F742 – Key Elements of Noncompliance (cont.)

- Assure that staff consistently implement the care approaches delineated in the care plan;
- Monitor and provide ongoing assessment as to whether the care approaches are meeting the emotional and psychosocial needs of the resident; or
- Review and revise care plans that have not been effective and/or when the resident has a change in condition and accurately document all of these actions in the resident's medical record.

F743 – No Assessed Diagnosis or Pattern/Development of Pattern that was Unavoidable

§483.40(b)(2) A resident whose assessment did not reveal *or who does not have a diagnosis of a mental or psychosocial adjustment difficulty or a documented history of trauma and/or post-traumatic stress disorder* does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that development of such a pattern was unavoidable; *and*

F743 – No Assessed Diagnosis or Pattern/Development of Pattern that was Unavoidable



- Currently located at F320 in the Quality of Care regulatory group.
- Moved to Behavioral Health Services section.
- Involves the addition of language related to residents who have a history of trauma and/or PTSD.

F743 – Unavoidable Pattern of Behaviors

Unavoidable pattern of behaviors involves the occurrence of a pattern even though comprehensive assessments were completed, individualized interventions were implemented, and care plans were revised, as needed.

F743 – Provision of Care and Services

Facility staff must:

- Monitor the resident closely;
- Assess and plan care for identified concerns;
- Document changes in the resident's record;
- Share concerns and determine underlying causes;
- Ensure follow-up assessment, if needed; and
- Discuss any necessary revisions.



F743 – Key Elements of Noncompliance

The surveyor's investigation will generally show that the facility failed to:

- Identify that a resident developed decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, and may have made verbalizations indicating these;
- Evaluate whether the resident's distress was attributable to their clinical condition and demonstrate that the change in behavior was unavoidable;
- Ensure an accurate diagnosis of a mental disorder or psychosocial adjustment difficulty, or PTSD was made by a qualified professional;
- Adequately assess and/or develop care plans for services and individualized care approaches that support the needs of residents who develop these patterns;

F743 – Key Elements of Noncompliance (cont.)

- Provide services with an individualized care approach that support the needs of residents with these indicators;
- Provide staff with training opportunities related to the person-centered care approaches that have been developed and implemented;
- Assure that staff consistently implement the approaches delineated in the care plan;
- Monitor and provide ongoing assessment as to whether the care approaches are meeting the needs of the resident; or
- Review and revise care planned interventions and accurately document the reason for revision in the resident's medical record.

F744 – Appropriate Treatment/Services for a Resident with Dementia

§483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.

F744 – Appropriate Treatment/Services for a Resident with Dementia

- Separate tag for dementia treatment and services.
- Language from current F309 was utilized and expanded upon in the development of the interpretative guidelines.
- Involves a person-centered environment, interdisciplinary approach, and non-pharmacological interventions.

F744 – Provision of Care and Services

- Dementia causes significant intellectual functioning impairments.
- Residents living with dementia require specialized services and supports.
- Facility's approach to care for a resident living with dementia must follow a systematic care process.



F744 – Medication Use

Medication use in residents living with dementia should only occur when:

- Determination of underlying cause of distress has been made; and
- Non-pharmacological approaches are not effective; or
- Distress worsens.



F744 – Surveyor Investigation



The survey team must determine:

- If a deficiency exists due to deterioration that occurred; or
- If the facility failed to provide necessary care for the resident.

F744 – Key Elements of Noncompliance

The surveyor's investigation will generally show that the facility failed to:

- Assess resident treatment and service needs through the RAI process;
- Identify, address, and/or obtain necessary services for the dementia care needs of residents;
- Develop and implement person-centered care plans that include and support the dementia care needs, identified in the comprehensive assessment;
- Develop individualized interventions related to the resident's symptomology and rate of progression;
- Review and revise care plans that have not been effective and/or when the resident has a change in condition;
- Modify the environment to accommodate resident care needs; or
- Achieve expected improvements or maintain the expected stable rate of decline.

F745 – Medically-related Social Services

§483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.

F745 – Medically-related Social Services

- Currently located at F250 in the Quality of Life regulatory group.
- Moved to Behavioral Health Services section.
- Ensures that the facility provides sufficient and appropriate social services to meet the resident's needs.



F745 – Provision of Care and Services

Facility staff must:

- Provide medically-related social services for each resident; and
- Identify the need for medically-related social services and ensure that these services are provided.

F745 – Examples

Examples of medically-related social services include, but are not limited to:

- Advocating for residents and assisting them in the assertion of their rights;
- Providing or arranging for needed mental and psychosocial counseling services;
- Identifying and seeking ways to support residents' individual needs;
- Encouraging staff to maintain or enhance each resident's dignity; and
- Identifying and promoting individualized, non-pharmacological approaches to care.



F745 – Social Workers

- A qualified social worker does not have to provide all of these services, except as required by State law.
- Concerns involving qualified social workers
 - Refer to F850, Social Worker

Surveyor Tools



- Behavioral & Emotional Status Critical Element Pathway
- Dementia Care Critical Element Pathway
- Psychosocial Severity Outcome Guide

Questions

For additional questions related to Behavioral Health Services, please contact:

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