



Community Mental Health Centers Basic Training (CMHC)

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Contents

CMS Training Disclaimer	3
System Requirements	4
Module 1: CMHC Overview.....	6
Lesson 1: CMHC Overview	6
Lesson 2: Partial Hospitalization Services	38
Lesson 3: CMHC CoPs Challenge	56
Lesson 4: Survey Task Overview	76
Module 2: Offsite Preparation	86
Lesson 1: Presurvey Procedure Overview.....	86
Lesson 2: Composition of a Survey Team	108
Module 3: Entrance Conference	116
Lesson 1 Entrance Conference.....	116
Lesson 2: Immediate Jeopardy	130
Lesson 3: Onsite Tour.....	151
Lesson 4: Client Sampling	167
Module 4: Information Gathering.....	180
Lesson 1: Observations	180
Lesson 2: Client Interviews	230
Lesson 3: Staff Interviews	254
Lesson 4: Record Review Clients.....	280
Lesson 5: Record Review: Facility	326
Lesson 6: Record Review Personnel	395
Module 5: Determining Compliance.....	403
Lesson 1: Determining Compliance	403
Module 6: Exit Conference	413
Lesson 1: Exit Conference	413
Lesson 2: Post Survey Tasks	424
Help.....	436

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMS Training Disclaimer



This training is intended for learning purposes only, it is not official guidance. For official policies and guidance please refer to CMS laws and regulations, including the State Operations Manual (SOM) and CMS official guidance memos. Additional information is listed on the [QSEP Training Disclaimer Page](#).

Quality, Safety & Oversight Group - **QSOG**
Quality, Safety & Education Division - **QSED**

Transcript:

This training is intended for learning purposes only; it is not official guidance. For official policies and guidance, please refer to CMS laws and regulations, including the State Operations Manual (SOM) and CMS official guidance memos. Additional information is listed on the [QSEP Training Disclaimer Page](#).

Quality, Safety & Oversight Group - QSOG

Quality, Safety & Education Division - QSED

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

System Requirements

A blue rectangular graphic with the CMS logo at the top. The logo consists of a white swoosh above the letters 'CMS' in a bold, white, sans-serif font. Below 'CMS' is the text 'CENTERS FOR MEDICARE & MEDICAID SERVICES' in a smaller, white, sans-serif font. Below the logo, the text 'System Requirements' is written in a yellow, sans-serif font. Underneath, there are three paragraphs of white text. The first paragraph mentions an 'Accessible Version' link. The second paragraph mentions an 'Adobe Acrobat Reader' link. The third paragraph mentions a 'helpdesk@qsep.org' link.

System Requirements

If you are using a screen reader or require a text-only version of this training, select the [Accessible Version](#) link to download a PDF of the training.

The only browser plug-in that you may need for this training is Adobe Acrobat Reader. If you do not already have this plug-in installed, select the [Adobe Acrobat Reader](#) link to install the current version. If you are unable to download Adobe Acrobat Reader, contact your information technology (IT) support for assistance.

For technical support, including help with issues loading the training, please contact the QSEP helpdesk at helpdesk@qsep.org.

Transcript:

If you are using a screen reader or require a text-only version of this training, select the Accessible Version link to download a PDF of the training.

The only browser plug-in that you may need for this training is Adobe Acrobat Reader. If you do not already have this plug-in installed, select the [Adobe Acrobat Reader](#) link to install the current version. If you are unable to download the Adobe Acrobat Reader, contact your information technology (IT) support for assistance.

For technical support, please contact the QSEP helpdesk at helpdesk@qsep.org

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Module 1: CMHC Overview

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Module 1: CMHC Overview

Lesson 1: CMHC Overview

CMHC Survey Overview: Overview

The screenshot shows a presentation slide with a blue header containing the CMS logo and the text 'Module 1: CMHC Overview' and 'Lesson 1: CMHC Overview'. The main content area is titled 'CMHC Survey Overview: Overview' and features a vertical list of six modules, each in a light blue box with a white border. A woman in a black top is standing in front of the slide, holding a tablet. The slide number '1 of 32' is visible in the bottom right corner.

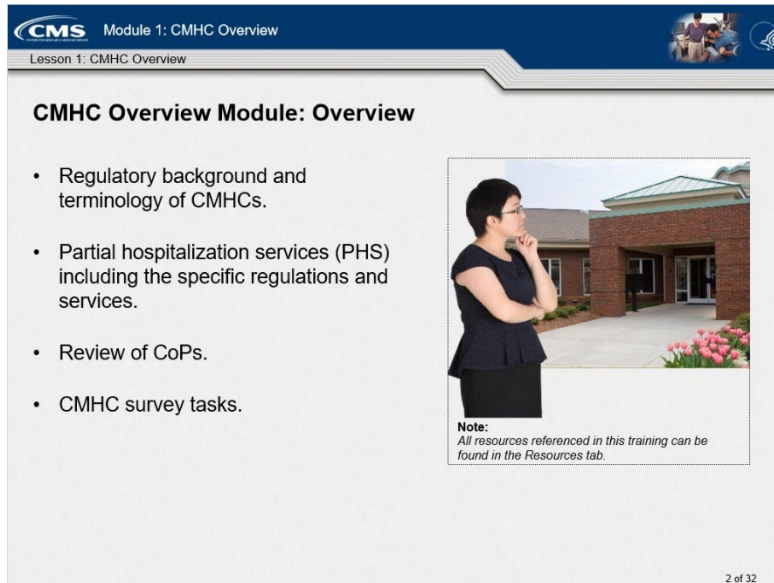
Module	Topic
Module 1	Community Mental Health Center (CMHC) Overview
Module 2	Offsite Preparation
Module 3	Entrance Conference
Module 4	Information Gathering
Module 5	Determining Compliance
Module 6	Exit Conference

Transcript:

The purpose of this training is for you to learn the community mental health center, or CMHC, survey process, identify survey tasks, describe the surveyor role in assessing CMHC compliance, and determine CMHC compliance and noncompliance with the conditions of participation, or CoPs. This training is composed of six modules, the CMHC Overview, Offsite Preparation, Entrance Conference, Information Gathering, Determining Compliance, and the Exit Conference. Let's begin Module 1.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC Overview Module: Overview



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 1: CMHC Overview', and 'Lesson 1: CMHC Overview'. The main title is 'CMHC Overview Module: Overview'. A bulleted list on the left contains four items: 'Regulatory background and terminology of CMHCs.', 'Partial hospitalization services (PHS) including the specific regulations and services.', 'Review of CoPs.', and 'CMHC survey tasks.'. To the right is an image of a woman in a dark top standing in front of a brick building. Below the image is a 'Note' box stating: 'All resources referenced in this training can be found in the Resources tab.'. The slide number '2 of 32' is in the bottom right corner.

- Regulatory background and terminology of CMHCs.
- Partial hospitalization services (PHS) including the specific regulations and services.
- Review of CoPs.
- CMHC survey tasks.

Note:
All resources referenced in this training can be found in the Resources tab.

2 of 32

Transcript:

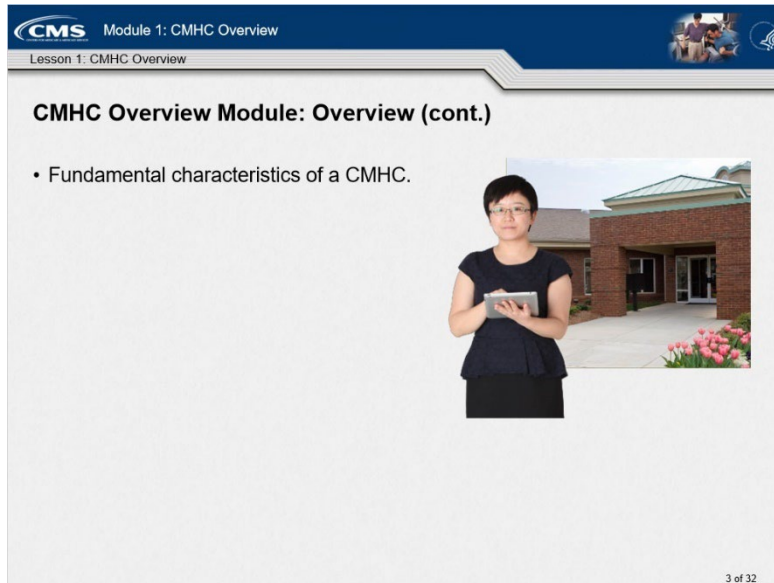
The purpose of this module is for you to review the regulatory background and terminology of CMHCs. You will explore partial hospitalization services, also known as PHS, and the specific regulation. After completing a review of the CoPs, you will examine the tasks for the CMHC survey.

Note:

All resources referenced in this training can be found in the Resources tab.
Let's begin with Lesson 1.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC Overview Module: Overview (cont.)



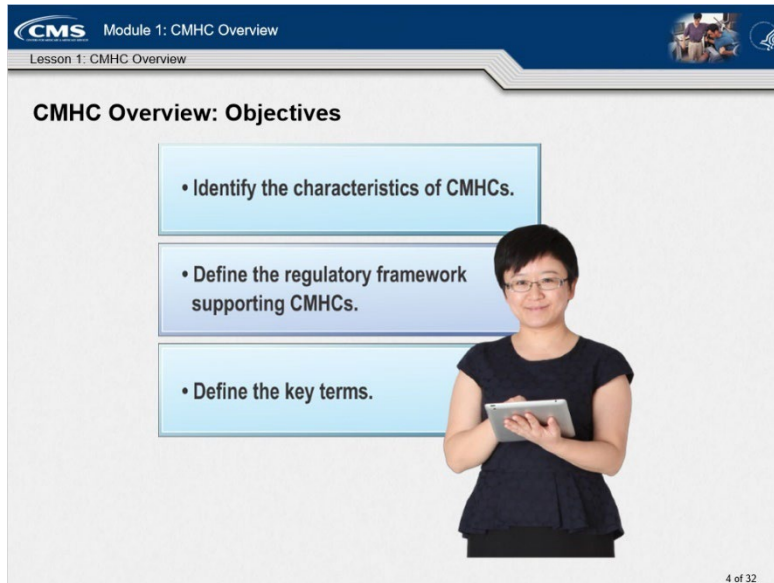
The screenshot shows a training slide with a blue header containing the CMS logo and the text 'Module 1: CMHC Overview' and 'Lesson 1: CMHC Overview'. The main content area has a white background with the title 'CMHC Overview Module: Overview (cont.)' and a single bullet point: '• Fundamental characteristics of a CMHC.' To the right of the text is a photograph of a woman with short dark hair and glasses, wearing a dark blue top, holding a tablet. The background of the photo shows a brick building and some pink flowers. In the bottom right corner of the slide, it says '3 of 32'.

Transcript:

The purpose of this lesson is to learn the fundamental characteristics of a CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC Overview: Objectives



The image is a screenshot of a training slide. At the top left, there is a blue header with the CMS logo and the text 'Module 1: CMHC Overview' and 'Lesson 1: CMHC Overview'. At the top right, there is a small circular icon showing a group of people. The main content area has a light gray background with the title 'CMHC Overview: Objectives' in bold. Below the title are three light blue rectangular boxes, each containing a bullet point: '• Identify the characteristics of CMHCs.', '• Define the regulatory framework supporting CMHCs.', and '• Define the key terms.'. A woman with short dark hair and glasses, wearing a dark blue top, stands in front of the slide, holding a tablet. In the bottom right corner of the slide, there is a small text '4 of 32'.

Transcript:

After completing this lesson, you will be able to identify the characteristics of CMHCs, define the regulatory framework supporting CMHCs, and the key terms.

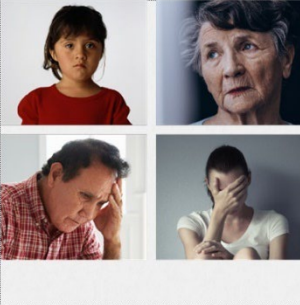
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

What Is a CMHC?

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

What Is a CMHC?

- CMHCs provide outpatient services for:
 - Children and the elderly.
 - Persons with persistent mental illness.
 - Local clients released from an inpatient facility.
- CMHCs are defined in Title 42 of the Code of Federal Regulations (CFR) §410.2.



5 of 32

Transcript:

A CMHC provides outpatient services for children, the elderly, individuals who are chronically mentally ill, and recently discharged inpatient clients.

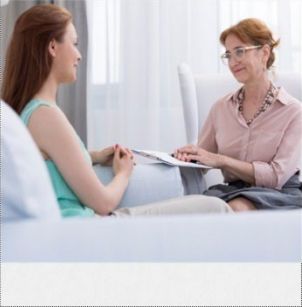
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Services Provided by CMHCs

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Services Provided by CMHCs

- CMHCs provide:
 - Screening services for admission to state mental facilities.
 - PHS.
 - Psychosocial rehabilitation (PSR) services.
 - 24-hour emergency care.
 - Day treatment services.
- CMHCs must meet state licensing or certification requirements.



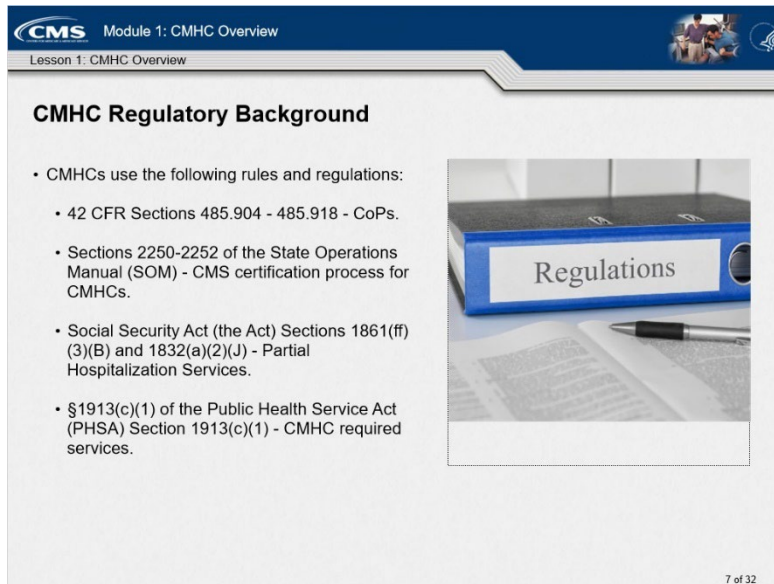
6 of 32

Transcript:

CMHCs provide patient admission screening to state mental hospitals as well as PHS. They also provide psychosocial rehabilitation, or PSR services, 24-hour emergency care, and day treatment services. The CMHC must meet all state licensing and certification requirements.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC Regulatory Background



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 1: CMHC Overview', and 'Lesson 1: CMHC Overview'. The main title is 'CMHC Regulatory Background'. To the right is an image of a blue binder labeled 'Regulations' on top of some papers with a pen. The slide contains a bulleted list of regulations and acts.

CMHC Regulatory Background

- CMHCs use the following rules and regulations:
 - 42 CFR Sections 485.904 - 485.918 - CoPs.
 - Sections 2250-2252 of the State Operations Manual (SOM) - CMS certification process for CMHCs.
 - Social Security Act (the Act) Sections 1861(ff)(3)(B) and 1832(a)(2)(J) - Partial Hospitalization Services.
 - §1913(c)(1) of the Public Health Service Act (PHSA) Section 1913(c)(1) - CMHC required services.

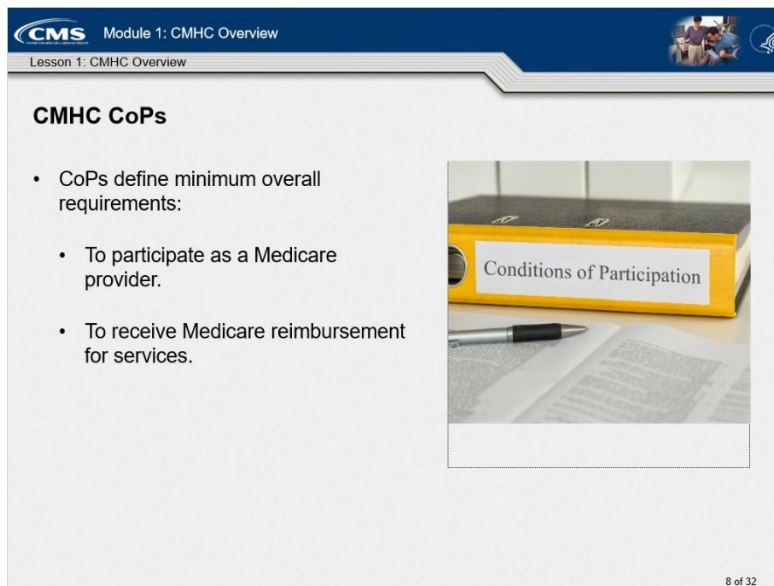
7 of 32

Transcript:

As part of your prerequisites, you should have reviewed the Code of Federal Regulations, or CFR, and the State Operations Manual, or SOM. The CFR covers the services and CoPs of CMHCs, while the SOM covers the facility certification process. Additionally, the Social Security Act, commonly referred to as the Act, authorizes CMHCs to provide PHS while the Public Health Service Act, also known as PHSA, outlines the required services for CMHCs.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC CoPs



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 1: CMHC Overview', and 'Lesson 1: CMHC Overview'. The main title is 'CMHC CoPs'. The slide contains a bulleted list of requirements and an image of a yellow box labeled 'Conditions of Participation' on top of a document with a pen.

CMHC CoPs

- CoPs define minimum overall requirements:
 - To participate as a Medicare provider.
 - To receive Medicare reimbursement for services.

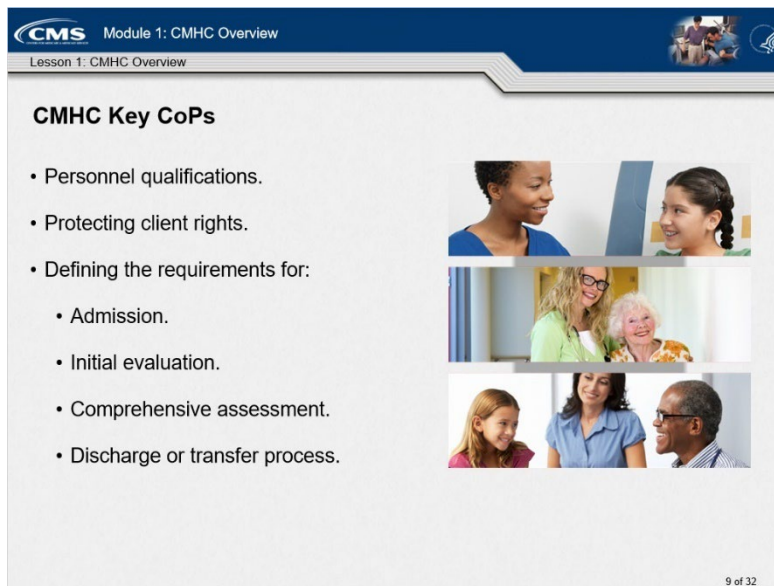
8 of 32

Transcript:

The CoPs define the minimum overall requirements that the CMHC must meet to participate in the Medicare program and receive Medicare reimbursement for services rendered.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC Key CoPs



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 1: CMHC Overview', and 'Lesson 1: CMHC Overview'. The main content is titled 'CMHC Key CoPs' and lists six bullet points. To the right of the text are three small images: the top one shows two women talking, the middle one shows a woman with a child, and the bottom one shows a woman and a man talking. The slide number '9 of 32' is in the bottom right corner.

CMHC Key CoPs

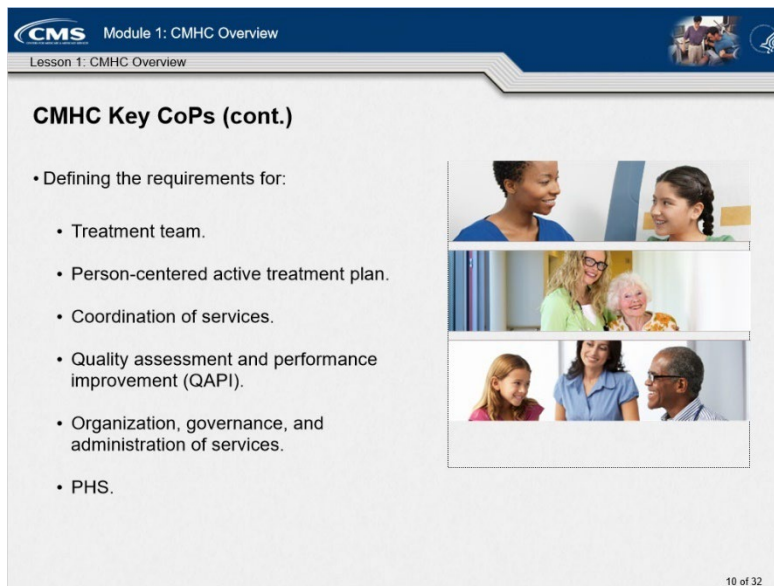
- Personnel qualifications.
- Protecting client rights.
- Defining the requirements for:
 - Admission.
 - Initial evaluation.
 - Comprehensive assessment.
 - Discharge or transfer process.

Transcript:

The key CoPs focus on personnel qualifications and protecting client rights. The CoPs also define the requirements for admission, initial evaluation, comprehensive assessment, and the discharge or transfer process.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC Key CoPs (cont.)



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 1: CMHC Overview', and 'Lesson 1: CMHC Overview'. The main title is 'CMHC Key CoPs (cont.)'. To the left is a bulleted list of requirements. To the right are three stacked images: a woman and a girl, a woman and an elderly woman, and a woman, a girl, and a man.

CMHC Key CoPs (cont.)

- Defining the requirements for:
 - Treatment team.
 - Person-centered active treatment plan.
 - Coordination of services.
 - Quality assessment and performance improvement (QAPI).
 - Organization, governance, and administration of services.
 - PHS.


10 of 32

Transcript:

The key CoPs also define the requirements for treatment team, person-centered active treatment plan, coordination of services, and quality assessment and performance improvement or QAPI. The requirement for the organization, governance, administration of services, and PHS are also determined by these CoPs.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


CMHC Medicare Certification



The slide features a blue header with the CMS logo and the text 'Module 1: CMHC Overview' and 'Lesson 1: CMHC Overview'. The main content area is white with a blue border. It contains a title, a bulleted list, and a photograph of a woman holding a tablet in front of a brick building. A small page number '11 of 32' is in the bottom right corner.

CMHC Medicare Certification

- CMHCs are surveyed to:
 - Determine whether they meet participation requirements for Medicare.
 - Evaluate their performance and effectiveness in providing safe and acceptable quality of care.



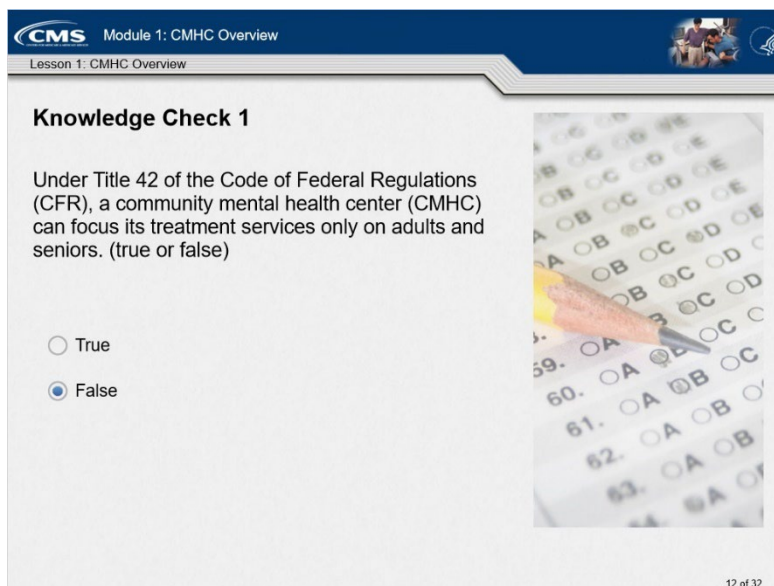
11 of 32

Transcript:

CMHCs undergo survey procedures to determine whether they meet all applicable participation requirements for Medicare. Surveys are also implemented to evaluate CMHCs' performance and effectiveness in providing safe and acceptable quality of care.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 1: CMHC Overview', and 'Lesson 1: CMHC Overview'. The main content area is titled 'Knowledge Check 1' and contains a question: 'Under Title 42 of the Code of Federal Regulations (CFR), a community mental health center (CMHC) can focus its treatment services only on adults and seniors. (true or false)'. Below the question are two radio button options: 'True' and 'False'. The 'False' option is selected. To the right of the text is an image of a pencil pointing to a multiple-choice test sheet. The footer of the slide indicates '12 of 32'.

Transcript:

Under Title 42 of the Code of Federal Regulations (CFR), a community mental health center (CMHC) can focus its treatment services only on adults and seniors. (true or false)

A.True.

B.False.

Correct Feedback:

That's correct. CMHCs provide structured specialized outpatient services to children, the elderly, and individuals who have chronic mental illness or who have been discharged from an inpatient mental health facility.

Incorrect Feedback:

That's not quite right. CMHCs provide structured specialized outpatient services to children, the elderly, and individuals who have chronic mental illness or who have been discharged from an inpatient mental health facility.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Day Treatment Services

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Day Treatment Services

- Day treatment services must:
 - Be individualized and culturally and linguistically appropriate.
 - Provide comprehensive, coordinated, and structured care.
 - Assist clients in achieving the goals identified in their person-centered plans.



13 of 32

Transcript:

Generally, the day treatment services include individualized and culturally and linguistically appropriate, comprehensive, coordinated, and structured treatment services and activities to assist clients in achieving the goals identified in their person-centered plans.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Day Treatment Services (cont.)

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Day Treatment Services (cont.)

- Consists of a scheduled series of face-to-face therapeutic sessions.
- Organized at various levels of intensity and frequency.



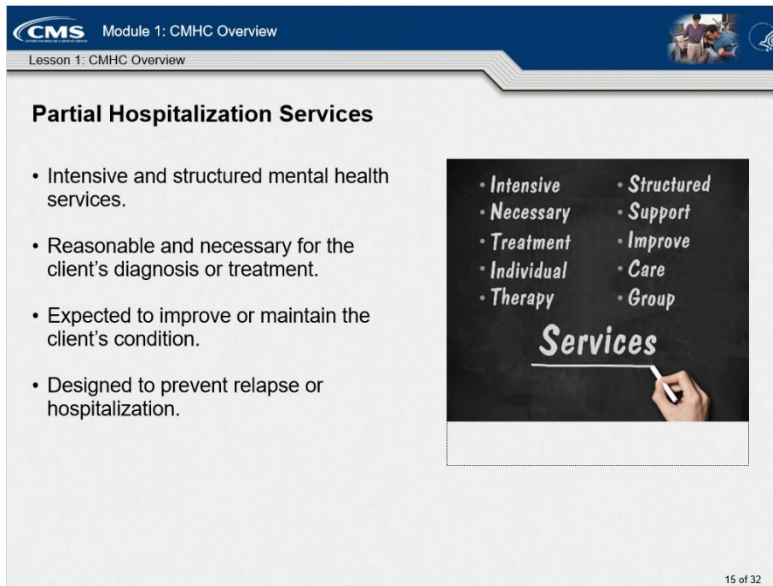
14 of 32

Transcript:

As outlined in the SOM definitions, a day treatment program consists of a scheduled series of face-to-face therapeutic sessions organized at various levels of intensity and frequency.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Partial Hospitalization Services



The slide features a blue header with the CMS logo and the text 'Module 1: CMHC Overview' and 'Lesson 1: CMHC Overview'. The main content area is white with a dark blue sidebar on the left containing the title 'Partial Hospitalization Services'. To the right of the sidebar is a list of four bullet points. Further right is a blackboard graphic with the word 'Services' written in white, and a hand holding a white marker pointing to it. The blackboard also has two columns of terms: 'Intensive', 'Necessary', 'Treatment', 'Individual', 'Therapy' on the left, and 'Structured', 'Support', 'Improve', 'Care', 'Group' on the right.

Partial Hospitalization Services

- Intensive and structured mental health services.
- Reasonable and necessary for the client's diagnosis or treatment.
- Expected to improve or maintain the client's condition.
- Designed to prevent relapse or hospitalization.

Intensive *Structured*
Necessary *Support*
Treatment *Improve*
Individual *Care*
Therapy *Group*

Services

15 of 32

Transcript:

In general, partial hospitalization services refers to a broad range of intensive, structured mental health services. The Act defines partial hospitalization services as “reasonable and necessary for the diagnosis or active treatment of the individual’s condition, reasonably expected to improve or maintain the individual’s condition and functional level, and to prevent relapse or hospitalization.”

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Psychosocial Rehabilitation Services

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Psychosocial Rehabilitation Services

- PSR services include:
 - Goals from the client's active treatment plan.
 - Individual intervention.
 - Group intervention.
 - Reintegration of a client into his or her family, community, and culture.



16 of 32

Transcript:

The SOM defines PSR services as activities that are based on the goals of a client's active treatment plan. Structured professional intervention is provided individually or in a group setting with the focus on achieving reintegration of a client as an active and productive member of the family, community, and culture.

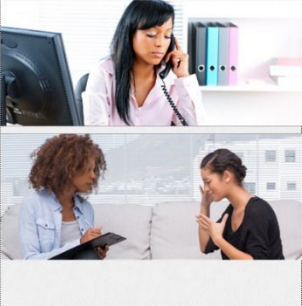
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

24-Hour Emergency Care Services

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

24-Hour Emergency Care Services

- 24-hour emergency care includes:
 - Clinical screening by phone.
 - In-person assessment when required.
 - Services in accordance with industry best practices and standards.



17 of 32

Transcript:

Generally, 24-hour emergency care services include access to clinical screening by phone and, if needed, an in-person screening to determine if a higher level of care is necessary. It should be noted that there are no specific requirements to define the exact structure of this service. However, the service should be provided according to industry and best clinical practice standards.

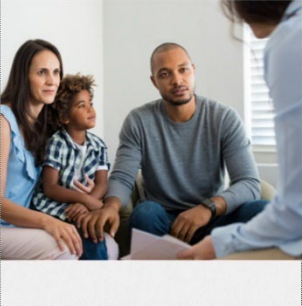
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC Individual and Family Therapy Services

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

CMHC Individual and Family Therapy Services

- Related to client's diagnosis.
- Provided for client and may include close family or other relatives.



18 of 32

Transcript:

CMHCs provide diagnosis-related counseling services for the individual client as well as the client's immediate family. Counseling may also include extended family members involved in the client's life.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Group Therapy Services

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Group Therapy Services

- Includes no more than 10 in a group.
- Focused on a clinical treatment need area.
- Included in the client's individual treatment plan.



19 of 32

Transcript:

Group therapy is a type of counseling service that includes other clients, usually no more than 10. The therapy sessions are typically focused on a clinical treatment need area. Once a client is evaluated and has been identified as requiring group therapy, it is included in the client's individual client-centered treatment plan.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Occupational Therapy Services

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Occupational Therapy Services

- Based on the client's diagnosis and treatment plan.
- May include activities that focus on:
 - Interpersonal skills.
 - Communication techniques.



20 of 32

Transcript:

Occupational therapy services provided in a CMHC are based on the client's diagnosis and treatment plan. Occupational therapy may include activities that focus on enhancing or developing interpersonal relationship skills and communication techniques.

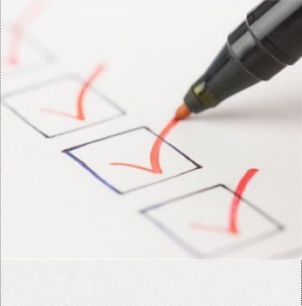
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Diagnostic Services

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Diagnostic Services

- CMHCs provide diagnostic testing services including psychological testing.
- The facility must be able to provide all diagnostic services associated with the client's psychiatric disorder.



21 of 32

Transcript:

Diagnostic testing services, such as psychological testing, are also provided by a CMHC. The facility must be able to provide all diagnostic services associated with the client's psychiatric disorder.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Drugs and Biologicals

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Drugs and Biologicals

- CMHCs provide drugs and biologicals that cannot be self-administered.
- *Provide* means the CMHC administers the medication.



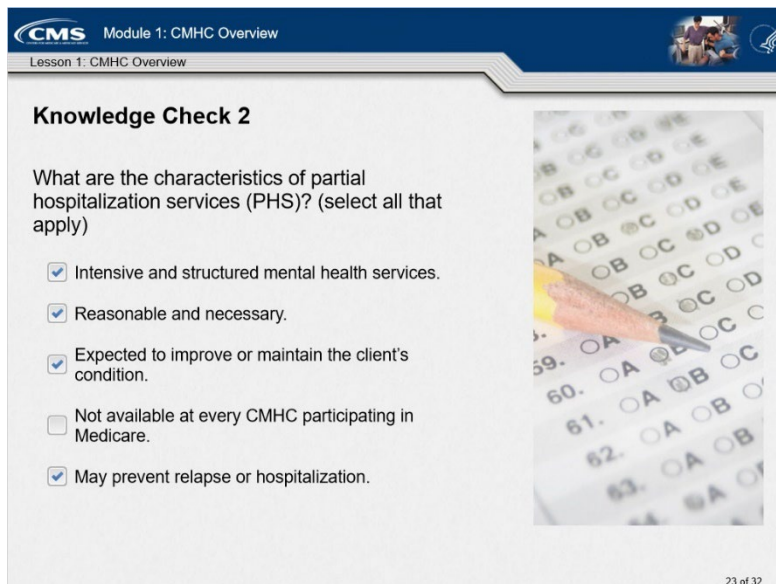
22 of 32

Transcript:

A CMHC will also provide drugs and biologicals that cannot be self-administered. For purposes of this requirement, the word provide means the CMHC administers the medication.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 2



The screenshot shows a slide from a CMS training module. The header includes the CMS logo, 'Module 1: CMHC Overview', and 'Lesson 1: CMHC Overview'. The main content area is titled 'Knowledge Check 2' and contains a question: 'What are the characteristics of partial hospitalization services (PHS)? (select all that apply)'. Below the question are five multiple-choice options, each with a checkbox. The first four options are checked, and the fifth is not. To the right of the text is a graphic of a pencil pointing to a grid of letters and numbers. The footer of the slide indicates '23 of 32'.

Knowledge Check 2

What are the characteristics of partial hospitalization services (PHS)? (select all that apply)

- Intensive and structured mental health services.
- Reasonable and necessary.
- Expected to improve or maintain the client's condition.
- Not available at every CMHC participating in Medicare.
- May prevent relapse or hospitalization.

23 of 32

Transcript:

What are the characteristics of partial hospitalization services (PHS)? (select all that apply)

A. Intensive and structured mental health services.

B. Reasonable and necessary.

C. Expected to improve or maintain the client's condition.

D. Not available at every CMHC participating in Medicare.

E. May prevent relapse or hospitalization.

Correct Feedback:

That's correct. PHS are intensive and structured services that are defined by the Social Security Act (the Act) as "reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level, and to prevent relapse or hospitalization."

Incorrect Feedback:

That's not quite right. PHS are intensive and structured services that are defined by the Social Security Act (the Act) as "reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level, and to prevent relapse or hospitalization."


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition: Restraint

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Definition: Restraint

- Restraint immobilizes or reduces the ability of a client to move using:
 - Manual methods.
 - Physical or mechanical devices, materials, or equipment.
 - Drugs or medications.



24 of 32

Transcript:

According to the CFR, restraint immobilizes or reduces the ability of a client to move his or her arms, legs, body, or head freely. Restraint can be accomplished by using any manual method, physical or mechanical device, material, or equipment. Restraint can also be accomplished using a drug or medication when the medication is not a standard treatment or dosage for the client's condition.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition: Seclusion

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Definition: Seclusion

- The client is:
 - Involuntarily confined.
 - Alone in a room or area.
 - Physically prevented from leaving.



25 of 32

Transcript:

Seclusion means the involuntary confinement of a client alone in a room or an area that the client is physically prevented from leaving.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition: Active Treatment Plan

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Definition: Active Treatment Plan

- Individualized client plans provide care and treatment of the client's:
 - Physical and therapeutic needs.
 - Psychological, psychosocial, and emotional needs.
- Active treatment plans are based on the comprehensive assessment.



26 of 32

Transcript:

An active treatment plan is an individualized client plan that focuses on providing care and treatment services to address the client's physical, therapeutic, psychological, psychosocial, and emotional needs based on the comprehensive assessment.

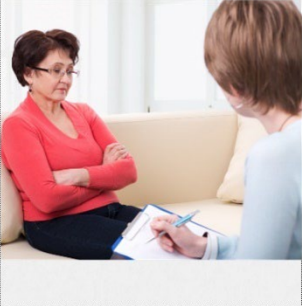
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition: Initial Evaluation

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Definition: Initial Evaluation

- Assess the immediate care, support, physical, psychosocial, and therapeutic needs of clients.
- Screen clients to determine if they are a danger to themselves or others.



27 of 32

Transcript:

The initial evaluation is an immediate care and support assessment of clients' physical, psychosocial, and therapeutic needs, related to their psychiatric illnesses. The initial evaluation also includes a screening to determine if any clients are a danger to themselves or others.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition: Comprehensive Assessment

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Definition: Comprehensive Assessment

- Evaluates a client's:
 - Emotional, psychological, and psychosocial needs.
 - Physical and therapeutic needs.
- Relates to the specific care diagnosis.



28 of 32

Transcript:

The comprehensive assessment is a thorough evaluation of the client's emotional, psychological, psychosocial, physical, and therapeutic needs related to the diagnosis under which the CMHC is providing care.

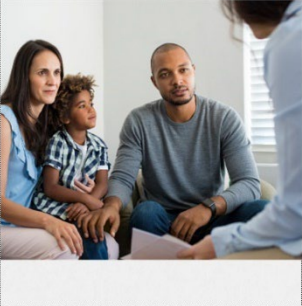
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition: Representative

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Definition: Representative

- A representative or legal guardian has the authority under state law to:
 - Authorize medical care.
 - Terminate medical care.



29 of 32

Transcript:

A representative, which can include a legal guardian, has the authority under state law to authorize or terminate medical care on behalf of a client who is mentally or physically incapacitated.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition: Volunteer

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

Definition: Volunteer

- A volunteer:
 - Is an unpaid worker.
 - Must meet the CMHC training requirements.



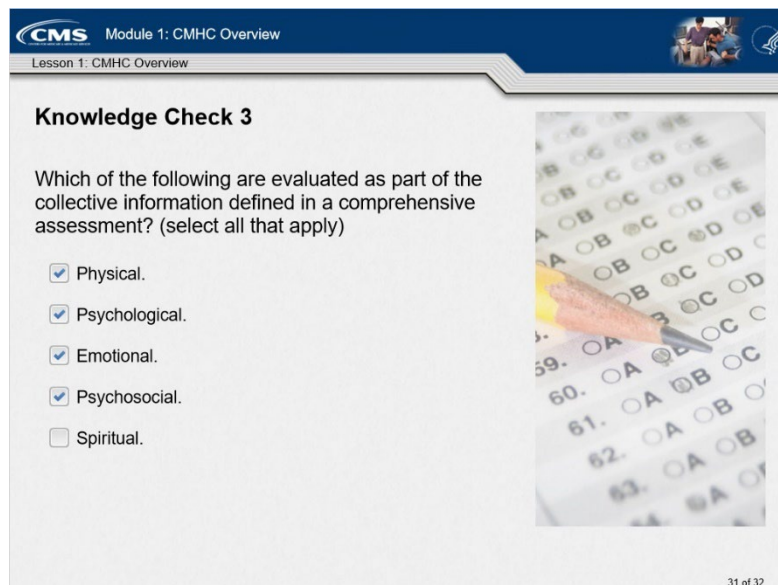
30 of 32

Transcript:

A volunteer is an unpaid worker for a CMHC, an agency, or an organization that has assigned an individual to the CMHC. All volunteers must meet the CMHC standard training requirements as specified under Title 42 of the CFR.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 3



Knowledge Check 3

Which of the following are evaluated as part of the collective information defined in a comprehensive assessment? (select all that apply)

- Physical.
- Psychological.
- Emotional.
- Psychosocial.
- Spiritual.

31 of 32

Transcript:

Which of the following are evaluated as part of the collective information defined in a comprehensive assessment? (select all that apply)

A. Physical.

B. Psychological.

C. Emotional.

D. Psychosocial.

E. Spiritual.

Correct Feedback:

That's correct. A comprehensive assessment is a thorough evaluation of the client's physical, psychological, psychosocial, emotional, and therapeutic needs related to the diagnosis under which care is being provided by the CMHC. Although spirituality can be an important aspect of a client's life, it is not included in the regulatory definition of a comprehensive assessment.

Incorrect Feedback:

That's not quite right. A comprehensive assessment is a thorough evaluation of the client's physical, psychological, psychosocial, emotional, and therapeutic needs related to the diagnosis under which care is being provided by the CMHC. Although spirituality can be an important aspect of a client's life, it is not included in the regulatory definition of a comprehensive assessment.

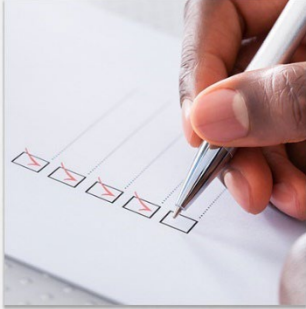
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC Overview: Summary

CMS Module 1: CMHC Overview
Lesson 1: CMHC Overview

CMHC Overview: Summary

- Identify the fundamental characteristics of CMHCs.
- Identify the regulatory framework supporting CMHCs.
- Define the key terms related to CMHCs.



32 of 32

Transcript:

In this lesson, you learned how to identify the fundamental characteristics of CMHCs, the regulatory framework that supports CMHCs, and defined the key terms related to CMHCs.

Now we will move on to the next lesson, Partial Hospitalization Services.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 2: Partial Hospitalization Services

Partial Hospitalization Services: Overview

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Partial Hospitalization Services: Overview

- The regulations concerning PHS.
- The definition of PHS.
- The services a PHS provider offers.
- The services a PHS provider does not offer.
- The clients a PHS provider serves.



1 of 18

Transcript:

In this lesson, you will explore the related regulations and definition of PHS. You will also learn what services are offered within PHS, what services are not offered, and the clients a PHS provider serves.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Partial Hospitalization Services: Objectives

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Partial Hospitalization Services: Objectives

- Identify the regulatory background of PHS.
- Identify the definition of PHS.
- Identify the services offered within PHS.
- Identify the services excluded from PHS.
- Identify the clients that benefit from PHS.



2 of 18

Transcript:

After completing this lesson, you will be able to identify the regulatory background and definition of PHS, the services offered within PHS, the services excluded from PHS, and the clients that benefit from PHS.

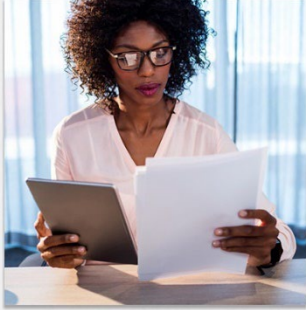
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Note Regarding Partial Hospitalization Services

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Note Regarding Partial Hospitalization Services

- Regulatory descriptions are available for PHS.
- Regulatory descriptions are not currently available for day treatment or PSR.



3 of 18

Transcript:

Note, the reason for a PHS overview, and not one for DT or PSR services, is that there are currently no regulatory descriptions available for DT or PSR services.

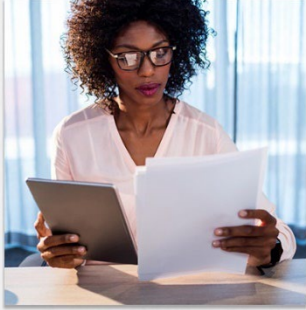
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Partial Hospitalization Programs and Partial Hospitalization Services

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Partial Hospitalization Programs and Partial Hospitalization Services

- PHS and partial hospitalization programs (PHP) refer to the same type of service.
- PHS is the term used in this training.



4 of 18

Transcript:

Partial hospitalization programs, or PHP, refer to the same type of service as PHS. For the purposes of this training, we will refer to the program as PHS.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition and Regulatory Background of PHS

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Definition and Regulatory Background of PHS

- PHS provides:
 - Distinct, organized, and intensive ambulatory treatment services.
 - Less than 24-hour daily care.
- PHS are not provided in a home, an inpatient facility, or a residential setting.
- Title 42 CFR §410.2 - Definitions and §410.43 — Partial Hospitalization Services.



5 of 18

Transcript:

The CFR states that PHS are distinct, organized, and intensive ambulatory treatment services. These services must offer less than 24-hour daily care that is not in a home, an inpatient facility, or a residential setting.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Standards of Services Offered Within PHS

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Standards of Services Offered Within PHS

- Services offered by PHS:
 - Are reasonable and necessary for the client's diagnosis or active treatment.
 - Must follow industry standards for treatment of psychiatric disorders.



6 of 18

Transcript:

The services offered by a PHS provider must be reasonable and necessary for the diagnosis or active treatment of an individual. They must follow industry standards for treatment of psychiatric disorders.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Standards of Services Offered Within PHS (cont.)

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Standards of Services Offered Within PHS (cont.)

- Services offered by PHS:
 - Can include individual, group, and family therapy.
 - Provide specialized treatment techniques including dialectical behavioral therapy (DBT) and addiction therapy.



7 of 18

Transcript:

The services offered by a PHS can include individual, group, and family therapy. Specialized treatment techniques such as dialectical behavioral therapy, or DBT, and addiction therapy, can also be provided for clients.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Expectations of Services Offered Within PHS

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Expectations of Services Offered Within PHS

- Improve the client's condition and symptoms.
- Help a client maintain functioning level.
- Prevent hospital readmission.
- Avert the need for a higher level of care than PHS.
- 42 CFR §410.43(a)(2) - PHS Expectations.



8 of 18

Transcript:

The services offered within PHS are expected to improve the client's condition and symptoms. At a minimum, services should help a client maintain functioning level and help prevent hospital readmission or the need for a higher level of care than PHS.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Requisites of Care Offered Within PHS

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Requisites of Care Offered Within PHS

- PHS must be provided under a physician's certification.
- Client's active treatment plan must align with the services offered.
- Services require evidence that PHS are necessary:
 - To maintain client stability.
 - To prevent hospitalization.
- 42 CFR §410.43(a)(3) — PHS Authority.



9 of 18

Transcript:

The services offered within PHS are provided under a physician's certification and are aligned with the active treatment plan. Treatment to maintain a stable psychiatric condition or functional level requires evidence that less-intensive treatment options cannot provide the level of support necessary to maintain the stability of the client and prevent hospitalization.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Types of Services Offered Within PHS

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Types of Services Offered Within PHS

- PHS provides:
 - Drugs and biologicals.
 - Therapies that are individualized and not recreational or diversionary.
 - Family counseling to treat the client's condition.
- 42 CFR §410.43(a) — PHS Services.



10 of 18

Transcript:

Services offered within PHS must include the administration of drugs and biologicals provided for therapeutic purposes. In addition, individualized activity therapies may also be offered. These activities must not be primarily recreational or diversionary in nature. PHS must also offer family counseling, primarily to treat the client's condition.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Types of Services Offered Within PHS (cont.)

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Types of Services Offered Within PHS (cont.)

- PHS provides:
 - Diagnostic testing.
 - Training and education closely and clearly related to the client's care and treatment.
- 42 CFR §410.43(a) — PHS Services and in the Act §1861(ff) — PHS Description.



11 of 18

Transcript:

The various services offered within PHS also includes diagnostic services. Training and education may also be provided for the client. The training and educational activities must be closely and clearly related to the client's care and treatment.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Types of Services Excluded from PHS

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Types of Services Excluded from PHS

- PHS do not provide:
 - Services for hospital inpatients.
 - Meals.
 - Medications that are self-administered.
 - Transportation.
 - Vocational training.
 - The Act §1861(ff) — PHS Description.



12 of 18

Transcript:

Some services are not included within PHS. This includes services for hospital inpatients. Meals, self-administered medications, transportation, and vocational training are also not provided within PHS.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Who Administers PHS?

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Who Administers PHS?

- Services are provided by:
 - Social workers and psychiatric nurses.
 - Staff that are appropriately trained to work with psychiatric patients.
- The Act §1861(ff) — PHS Description.



13 of 18

Transcript:

PHS are provided by social workers, trained psychiatric nurses, and other staff who have been trained to work with psychiatric patients.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Who Administers PHS? (cont.)

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Who Administers PHS? (cont.)

- Therapy sessions must be administered by:
 - Physicians, psychologists, and other mental health professionals.
 - Occupational therapists and occupational therapy assistants.
- 42 §410.43(a) — PHS Services.



14 of 18

Transcript:

Therapy sessions must be administered by physicians, psychologists, or other mental health professionals. Occupational therapy must be provided by an occupational therapist or an occupational therapy assistant under their supervision.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Clients Served by PHS

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Clients Served by PHS

- PHS are intended for clients who:
 - Require a minimum of 20 hours per week of services.
 - Have a mental health diagnosis.
 - Will most likely benefit from a coordinated program.
 - Require less than 24-hour care.
- 42 CFR §410.43(c) — PHS Intended Clients.



15 of 18

Transcript:

The PHS are intended for clients who require a minimum of 20 hours per week of therapeutic services as evidenced in their plan of care and have a mental health diagnosis. PHS are intended for clients who are likely to benefit from a coordinated program of services. They must require more than isolated sessions of outpatient treatment, but less than 24-hour care.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Clients Served by PHS (cont.)

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Clients Served by PHS (cont.)

- PHS are intended for clients who:
 - Have a support system when not actively engaged in the program.
 - Are not a threat to themselves or other people.
 - Have the cognitive and emotional capacity to participate.
 - Can tolerate the intensity of the program.



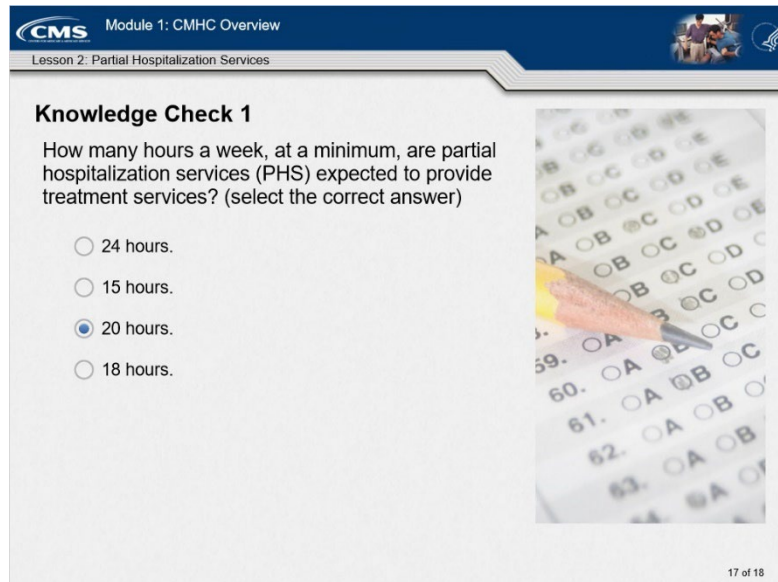
16 of 18

Transcript:

PHS are intended for clients who have an adequate support system while not actively engaged in the program and are not judged to be dangerous to themselves or others. Clients must have the cognitive and emotional ability to participate in the active treatment process and be able to tolerate the intensity of PHS.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



Knowledge Check 1

How many hours a week, at a minimum, are partial hospitalization services (PHS) expected to provide treatment services? (select the correct answer)

- 24 hours.
- 15 hours.
- 20 hours.
- 18 hours.

17 of 18

Transcript:

How many hours a week, at a minimum, are partial hospitalization services (PHS) expected to provide treatment services? (select the correct answer)

24 hours.

15 hours.

20 hours.

18 hours.

Correct Feedback:

That's correct. PHS are intended for clients who require a minimum of 20 hours per week of therapeutic services as evidenced in their plan of care. Clients must be likely to benefit from a coordinated program of services. They must also need more than isolated sessions of outpatient treatment, but less than 24-hour care.

Incorrect Feedback:

That's not quite right. PHS are intended for clients who require a minimum of 20 hours per week of therapeutic services as evidenced in their plan of care. Clients must be likely to benefit from a coordinated program of services. They must also need more than isolated sessions of outpatient treatment, but less than 24-hour care.

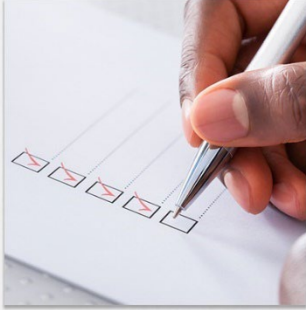
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Partial Hospitalization Services: Summary

CMS Module 1: CMHC Overview
Lesson 2: Partial Hospitalization Services

Partial Hospitalization Services: Summary

- Identify the regulatory background of PHS.
- Identify the definition of PHS.
- Identify the services offered within PHS.
- Identify the services excluded from PHS.
- Identify the clients that benefit from PHS.



18 of 18

Transcript:

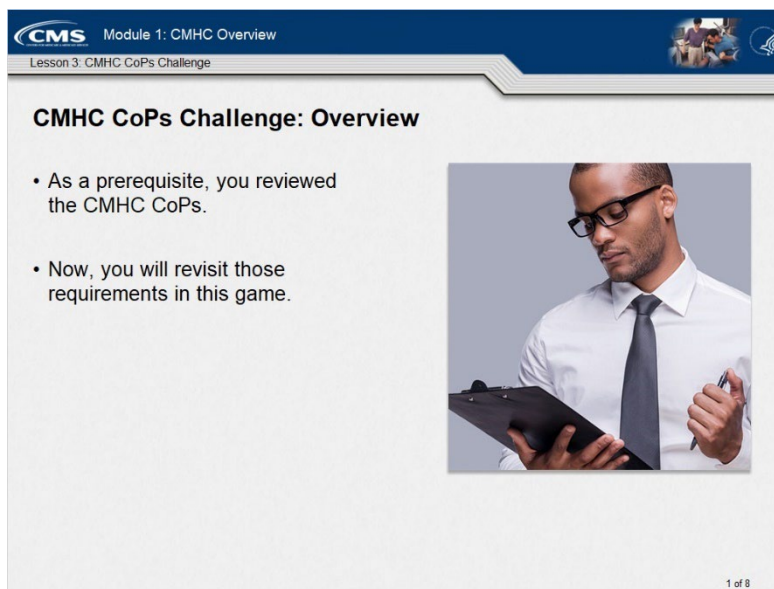
In this lesson, you have become familiar with the regulatory background and definition of PHS, the services offered within PHS, the services excluded from PHS, and the clients that benefit from PHS.

Let's move on to the next lesson, the CMHC CoPs Challenge.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 3: CMHC CoPs Challenge

CMHC CoPs Challenge: Overview



The slide features a blue header with the CMS logo and the text 'Module 1: CMHC Overview' and 'Lesson 3: CMHC CoPs Challenge'. The main content area has a white background with the title 'CMHC CoPs Challenge: Overview' and two bullet points. To the right of the text is a photograph of a man in a white shirt and tie, wearing glasses, looking at a clipboard. A small '1 of 8' indicator is in the bottom right corner of the slide.

CMHC CoPs Challenge: Overview

- As a prerequisite, you reviewed the CMHC CoPs.
- Now, you will revisit those requirements in this game.

1 of 8

Transcript:

As a prerequisite, you reviewed the CoPs specific to CMHCs. Now, we are going to revisit those requirements with a CoPs challenge game.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC CoPs Challenge: Objective

CMS Module 1: CMHC Overview
Lesson 3: CMHC CoPs Challenge

CMHC CoPs Challenge: Objective

- Determine the applicable CoPs and M-Tags as they apply to the CMHC's survey.



2 of 8

Transcript:

After completing this lesson, you will be able to determine the applicable conditions of participation, or CoPs and M-Tags as they apply to the CMHC's survey.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC Challenge Board

CMS Module 1: CMHC Overview
Lesson 3: CMHC CoPs Challenge

CMHC Challenge Board

- Welcome to the CMHC CoP Challenge.
- During this activity you will answer questions associated with the CoPs and M-Tags that you will reference during a CMHC survey.



3 of 8

Transcript:

Welcome to the CMHC CoP Challenge. During this activity you will answer questions associated with the CoPs and M-Tags that you will reference during a CMHC survey.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC Challenge Board (cont.)

CMS Module 1: CMHC Overview
Lesson 3: CMHC CoPs Challenge

CMHC Challenge Board (cont.)

- To play the game, please select from any of the categories:
- You will then see the definition or scenario and be asked to select the appropriate answer.
- If you select the correct answer, you earn points and will be returned to the selection screen.
- If you select an incorrect answer, you will see the correct answer with the applicable regulations.



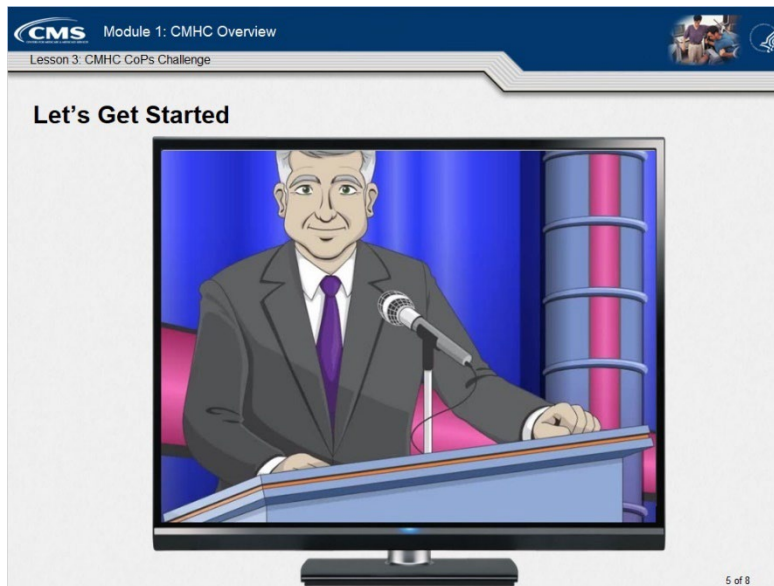
4 of 8

Transcript:

To play the game, please select from any of the categories. You will then see the definition or scenario and be asked to select the appropriate answer. If you select the correct answer, you earn points and will be returned to the selection screen. If you select an incorrect answer, you will see the correct answer with the applicable regulations.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Let's Get Started



Transcript:

Welcome to the CMHC Challenge! This is your opportunity to review the Conditions of Participation relevant to CMHC. During this activity, you will be asked to identify the various roles, services, client rights, and documentation that you may encounter during a CMHC survey. I am your host and I will here to guide you along the way. Are you ready? Let's get started.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC CoP Challenge

CMHC Challenge

CMHC CoPs Challenge!			
Category 1 Who Are They	Category 2 At Your Service	Category 3 Clients' Right	Category 4 It's A Must
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400
500	500	500	500

Transcript:

Category 1–100

An individual on whose behalf the CMHC is required to issue a Form W-2, or an individual for whom an agency or organization is contracted by the CMHC. (select the correct answer)

Category1-100-Question

a volunteer of a CMHC

an employee of a CMHC

a client of a CMHC

a member of the governing body of a CMHC

Correct Feedback:

That's right. An individual who is issued a W-2 form either by the CMHC or an organization that is contracted with the CMHC, is an employee as per 42 CFR §485.902.

Incorrect Feedback:

That's not quite right. An individual who is issued a W-2 form either by the CMHC or an organization that is contracted with the CMHC is an employee as per 42 CFR §485.902.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Category1-200

Transcript:

An individual who reports to the governing body and is responsible for the day-to-day operation of the CMHC, who is a CMHC employee, and who meets the educational and experience requirements established by the governing body. (select the correct answer)

Category1-200-Question

the administrator

the volunteer

the psychologist

the social worker

Correct Feedback:

That's right. A CMHC employee who reports to the governing body and is responsible for the day-to-day operation of the CMHC is the administrator as defined in 42 CFR §485.918(a)(2) and M0307.

Incorrect Feedback:

That's not quite right. A CMHC employee who reports to the governing body and is responsible for the day-to-day operation of the CMHC is the administrator as defined in 42 CFR §485.918(a)(2) and M0307.

Category1-300

Transcript:

An individual who can exercise or enforce a client's rights to treatment and CMHC services, after the client has been adjudged as incompetent to make treatment decisions, under state law, by a court of proper jurisdiction. (select all that apply)

Category1-300-Question

a client's psychiatrist?

a client's representative?

a client's primary care physician?

a person self-appointed to act on the client's behalf?

Correct Feedback:

That's correct. An individual, either appointed by a court of proper jurisdiction or selected by the client to exercise or enforce the client's rights to treatment and CMHC services is a client's representative.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Incorrect Feedback:

That's not quite right. An individual, either appointed or selected by the client to exercise or enforce the client's rights to treatment and CMHC services is a client's representative.

Category1-400

Transcript:

Individuals who are responsible for directing, coordinating, and managing the care and services provided for each CMHC client and who work together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of CMHC clients. (select the correct answer)

Category1-400-Question

the client representative

the administrator

members of the interdisciplinary treatment team

the duty on nurses

Correct Feedback:

That's right. Individuals who are responsible for directing, coordinating, and managing the care and services and who work together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of CMHC clients are part of the interdisciplinary treatment team as referenced in 42 CFR §485.916(a)(1) and M0237.

Incorrect Feedback:

That's not quite right. Individuals who are responsible for directing, coordinating, and managing the care and services and who work together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of CMHC clients are part of the interdisciplinary treatment team as referenced in 42 CFR §485.916(a)(1) and M0237.

Category1-500

Transcript:

Two or more designated persons, one of whom may be the administrator, who assume full legal authority and responsibility for the management of a CMHC, the services it provides, its fiscal operations, and continuous quality improvement. (select the correct answer)

Category1-500-Question

the CMHC governing body

the interdisciplinary team

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

the psychiatric nurses

the occupational therapists

Correct Feedback:

That's right. A CMHC's governing body consists of two or more designated persons who assume full legal authority and responsibility for the management, services, fiscal operations, and continuous quality improvement of a CMHC as per 42 CFR §485.918(a)(1) and M0306.

Incorrect Feedback:

That's not quite right. A CMHC's governing body consists of two or more designated persons who assume full legal authority and responsibility for the management, services, fiscal operations, and continuous quality improvement of a CMHC as per 42 CFR §485.918(a)(1) and M0306.

Category 2

Category2-100

Transcript:

An entity that provides outpatient services, including specialized outpatient services for children and the elderly, and that also provides 24-hour-a-day emergency care services and partial hospitalization services.

Category2-100-Question

partial hospitalization services (PHS)

a CMHC

a residential facility

a psychiatric hospital

Correct Feedback:

That's right. A CMHC is an entity that provides outpatient services, including specialized outpatient services for children and the elderly, and that also provides 24-hour emergency care services and PHS as per 42 CFR §485.902.

Incorrect Feedback:

That's not quite right. A CMHC is an entity that provides outpatient services, including specialized outpatient services for children and the elderly, and that also provides 24-hour emergency care services and PHS as per 42 CFR §485.902.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Category2–200

Transcript:

A distinct and organized intensive outpatient treatment program provided under a physician's certification and plan of care, which offers less than 24-hour daily care, that is not in the individual's home. This treatment program is reasonable and necessary for the diagnosis or active treatment, improvement, or maintenance of an individual's condition and functional level and helps to prevent relapse or hospitalization. (select the correct answer)

Category2-200-Question

a day program

partial hospital services

occupational therapy

psychosocial therapy

Correct Feedback:

That's right. PHS are distinct and organized intensive outpatient treatment programs that provide less than 24-hour care, are not in an individual's home, and are reasonable and necessary as per 42 CFR §485.918(f) and M0355.

Incorrect Feedback:

That's not quite right. PHS are distinct and organized intensive outpatient treatment programs that provide less than 24-hour care, are not in an individual's home, and are reasonable and necessary as per 42 CFR §485.918(f) and M0355.

Category2–300

Transcript:

What is the CoP that requires the CMHC to focus on high-risk, high-volume, or problem-prone areas, consider incidence, prevalence, and severity of problems, and give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care? (select the correct answer)

Category2-300-Question

annual improvement report

quality improvement plan (QIP)

continuous improvement plan (CIP)

quality assessment and performance improvement (QAPI)

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Correct Feedback:

That's right. The QAPI requires that the CMHC assess

high-risk, high-volume, or problem prone areas for improvement, giving priority to improvements that affect behavioral outcomes, client safety and person-centered quality of care as outlined in 42 CFR §485.917(c) and M2081 to M0284.

Incorrect Feedback:

That's not quite right. The QAPI requires that the CMHC assess high-risk, high-volume, or problem prone areas for improvement, giving priority to improvements that affect behavioral outcomes, client safety and person-centered quality of care as outlined in 42 CFR §485.917(c) and M2081 to M0284.

Category2-400

Transcript:

This is the responsibility of retaining administrative and financial management and oversight of staff and services for all arranged services if a CMHC has a written agreement with another agency, individual, or organization to provide any services under arrangement. The CMHC must retain all payment responsibility for services provided under arrangement on its behalf, as part of its financial management responsibility. (select the correct answer)

Category2-400-Question

administrative responsibility

governing body responsibility

professional management responsibility

oversight responsibility

Correct Feedback:

That's right. It is the responsibility of the professional management to retain administrative and financial management of the CMHC, as well as provide oversight of staff, services, arranged services or any services provided under agreement as referenced in 42 CFR §485.918(c) and M0333.

Incorrect Feedback:

That's not quite right. It is the responsibility of the professional management to retain administrative and financial management of the CMHC, as well as provide oversight of staff, services, arranged services or any services provided under agreement as referenced in 42 CFR §485.918(c) and M0333.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Category2–500

Transcript:

These regulatory provisions, commonly referred to as a M-tag and statute, require that a CMHC and its staff must operate and furnish services in compliance with all applicable Federal, state, and local laws and regulations related to the health and safety of clients. (select all that apply)

Category2-500-Question

42 CFR §485.904(a)

42 CFR §485.918(g)

42 CFR §485.916(b)

M0235

M0363

M0101

Correct Feedback:

That's right. The regulatory provision that requires a CMHC and its staff to operate and furnish services in compliance with all applicable Federal, state, and local laws and regulations related to the health and safety of clients is 42 CFR §485.918(g) and the M-tag is M0363.

Incorrect Feedback:

That's not quite right. The regulatory provision that requires a CMHC and its staff to operate and furnish services in compliance with all applicable Federal, state, and local laws and regulations related the health and safety of clients is 42 CFR §485.918(g) and the M-tag is M0363.

Category 3 Clients Have the Right

Category3-100

Transcript:

This focuses on the provision of care and treatment services that address a client's physical, psychological, psychosocial, emotional, and therapeutic needs and goals as identified in the comprehensive assessment. (select the correct answer)

Category3-100-Question

a person-centered active treatment plan

an interdisciplinary treatment plan

a plan of treatment

a quality improvement plan

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Correct Feedback:

That's right. A person-centered active treatment plan focuses on the provision of care and treatment that addresses the client's physical, psychological, psychosocial, emotional and therapeutic needs and goals as identified in the comprehensive assessment referenced in 42 CFR §485.902.

That's not quite right. A person-centered active treatment plan focuses on the provision of care and treatment that addresses the client's physical, psychological, psychosocial, emotional and therapeutic needs and goals as identified in the comprehensive assessment referenced in 42 CFR §485.902.

Category 3-200

Transcript:

A thorough evaluation of a client's physical, psychological, psychosocial, emotional, and therapeutic needs related to the diagnosis under which care is being provided by a CMHC. (select the correct answer)

Category 3-200-Question

- a therapeutic assessment
- an active treatment plan
- a quality improvement plan
- a comprehensive assessment**

Correct Feedback:

That's right. A comprehensive assessment is an evaluation of a client's physical, psychological, psychosocial, emotional, and therapeutic needs related to their diagnosis as per 42 CFR §485.902.

Incorrect Feedback:

That's not quite right. A comprehensive assessment is an evaluation of a client's physical, psychological, psychosocial, emotional, and therapeutic needs related to their diagnosis as per 42 CFR §485.902.

Category 3-300

Transcript:

Requires that the CMHC provide the client, and the client's representative or surrogate, with verbal and written information regarding the client's rights and responsibilities during the initial evaluation. This must be done in a language and manner that the client or client's representative or surrogate understands. (select the correct answer)

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Category 3-300-Questions

the active treatment plan

the notice of rights and responsibilities

the interdisciplinary treatment plan

the notice of admissions regulations

Correct Feedback:

That's right. The regulation 42 CFR §485.910(a) or M0121, requires that a CMHC provide the client and the client's representative or surrogate with verbal and written information regarding the client's rights and responsibilities during the initial evaluation, in a language and manner that the client or their representative understands.

Incorrect Feedback:

That's not quite right. The regulation 42 CFR §485.910(a) or M0121, requires that a CMHC provide the client and the client's representative or surrogate with verbal and written information regarding the client's rights and responsibilities during the initial evaluation, in a language and manner that the client or their representative understands.

Category 3-400

Transcript:

What must include all services necessary to assist a client in meeting his or her recovery goals. This includes client diagnoses, treatment goals, interventions, the type, duration, and frequency of services necessary to meet the client's specific needs and drugs, treatments, and therapies? (select the correct answer)

Category 3-400-Question

an initial assessment

a notice of client rights and responsibilities

a record of discharge

the person-centered active treatment plan

Correct Feedback:

That's right. The person-centered active treatment plan must include all the services necessary to assist a client in meeting his or her recovery goals as referenced in 42 CFR §485.916(c) and M0247.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Incorrect Feedback:

That's not quite right. The person-centered active treatment plan must include all the services necessary to assist a client in meeting his or her recovery goals as referenced in 42 CFR §485.916(c) and M0247.

Category 3-500

Transcript:

The time requirement for the CMHC, to establish an individualized, written, active treatment plan in accordance with the client's recovery goals and preferences. (select the correct answer)

Category 3-500-Question

48 working hours of admission to the CMHC

4 working days of admission to the CMHC

30 calendar days of admission to the CMHC

7 working days of admission to the CMHC

Correct Feedback:

That's right. The CMHC is required to establish an individualized, written, active treatment plan within 7 working days of the client's admission into the CMHC as per reference 42 CFR §485.916(b) and M0244.

Incorrect Feedback:

That's not quite right. The CMHC is required to establish an individualized, written, active treatment plan within 7 working days of the client's admission into the CMHC as per reference 42 CFR §485.916(b) and M0244.

Category 4 It's A Must

Category 4-100

Transcript:

The law that includes CMHCs as entities that are authorized to provide partial hospitalization services, PHS, under Part B of the Medicare program, effective October 1, 1991. (select the correct answer)

Category 4-100-Question

the Code of Federal Regulation (CFR)?

the CoPs

the Social Security Act (the Act)

the State Operations Manual (SOM)

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Correct Feedback:

That's right. Effective October 1, 1991, the Act authorized CMHCs to provide PHS under Part B of the Medicare program. This is referenced in 42 CFR §485.900 (sections 1861(ff)(3)(a) and 1832(a)(2)(J)).

Incorrect Feedback:

That's not quite right. Effective October 1, 1991, the Act authorized CMHCs to provide PHS under Part B of the Medicare program. This is referenced in 42 CFR §485.900 (sections 1861(ff)(3)(a) and 1832(a)(2)(J)).

Category 4-200

Transcript:

This assessment must include the admitting diagnosis and other diagnoses, the source of the referral, the reason for admission, identification of the client's immediate clinical care needs, and a list of current prescriptions and over-the-counter medications. (select the correct answer)

Category 4-200-Question

the active treatment plan

the initial evaluation

the discharge summary

the quality improvement plan

Correct Feedback:

That's right. An initial evaluation must include the admitting diagnosis and any other diagnoses, the source referral, the reason for admission, identification of the client's immediate clinical care needs, and a list of the client's current prescriptions and over-the-counter medications as referenced in 42 CFR §485.914(b)(2) and M0196.

Incorrect Feedback:

That's not quite right. An initial evaluation must include the admitting diagnosis and any other diagnoses, the source referral, the reason for admission, identification of the client's immediate clinical care needs, and a list of the client's current prescriptions and over-the-counter medications as referenced in 42 CFR §485.914(b)(2) and M0196.

Category 4-300

Transcript:

This assessment must be completed in a timely manner, no later than four working days after a client's admission to the CMHC, be consistent with the client's immediate needs, and must be updated fewer than every 30 days. (select the correct answer)

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Category 4-300-Question

the initial assessment

a comprehensive assessment

the active treatment plan

the discharge summary

Correct Feedback:

That's right. A comprehensive assessment must be completed within four working days of a client's admission to the CMHC and updated at least every 30 days as referenced in 42 CFR §485.914(c)(2) and M0201.

Incorrect Feedback:

That's not quite right. A comprehensive assessment must be completed within four working days of a client's admission to the CMHC and updated at least every 30 days as referenced in 42 CFR §485.914(c)(2) and M0201.

Category 4-400

Transcript:

This document must include a summary of the services provided, including the client's symptoms, treatments, and therapies, their current active treatment plan, their most recent physician orders, and any other documentation that will assist in coordinating the client's continuity of aftercare. (select the correct answer)

Category 4-400-Question

an active treatment plan

a comprehensive assessment

a discharge summary

an initial assessment

Correct Feedback:

That's right. As referenced in 42 CFR §485.914(e)(3) and in M0228 to M0231, a discharge summary must include a summary of all the services provided to a client including their symptoms, treatments, therapies, their current active treatment plan, most recent physician orders and any other documentation that will assist in the postdischarge continuity of care.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Incorrect Feedback:

That's not quite right. As referenced in 42 CFR §485.914(e)(3) and in M0228 to M0231, a discharge summary must include a summary of all the services provided to a client including their symptoms, treatments, therapies, their current active treatment plan, most recent physician orders and any other documentation that will assist in the postdischarge continuity of care.

Category 4-500

Transcript:

The frequency with which the CMHC interdisciplinary treatment team must review, revise, and document a client's individualized active treatment plan. (select the correct answer)

Category 4-500-Question

30 calendar days

25 calendar days

20 working days

14 calendar days

Correct Feedback:

That's right. As cited in 42 CFR §485.916(d) and M0252, an interdisciplinary treatment team must review, revise, and document a client's individualized active treatment plan as frequently as the client's condition requires, at least every 30 calendar days.

Incorrect Feedback:

That's not quite right. As cited in 42 CFR §485.916(d) and M0252, an interdisciplinary treatment team must review, revise, and document a client's individualized active treatment plan as frequently as the client's condition requires, at least every 30 calendar days.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC CoPs Challenge: Score



Transcript

Result slide properties

Passing Score: 80%


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMHC CoP Challenge: Summary

CMS Module 1: CMHC Overview
Lesson 3: CMHC CoPs Challenge

CMHC CoP Challenge: Summary

- Determine the applicable CoPs and M-Tags as they apply to a CMHC survey.



8 of 8

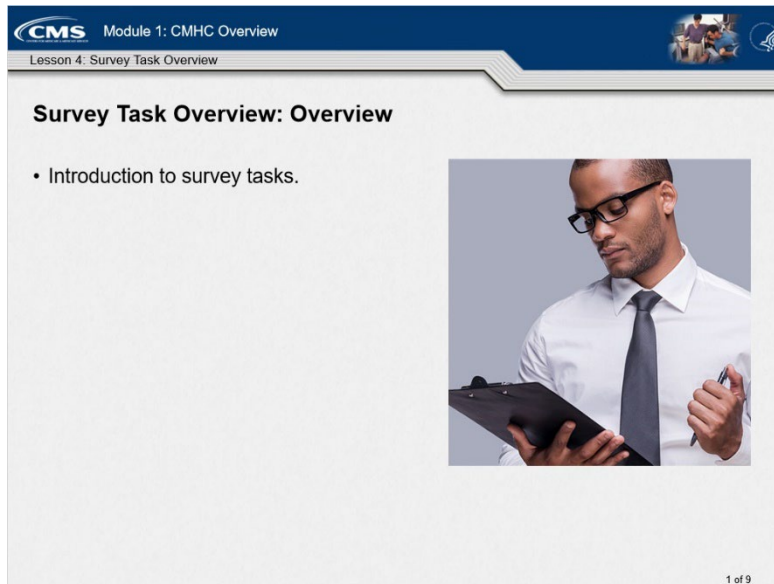
Transcript:

In this lesson you learned how to determine the applicable CoPs and M-Tags as they apply to a CMHC survey. Let's move on to the last lesson in this module, Survey Process Overview.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 4: Survey Task Overview

Survey Task Overview: Overview



The screenshot shows a training slide with a blue header bar. The header bar contains the CMS logo, the text 'Module 1: CMHC Overview', and a small group photo. Below the header, the slide title 'Survey Task Overview: Overview' is displayed. A bullet point reads 'Introduction to survey tasks.' To the right of the text is a photograph of a man in a white shirt and tie, wearing glasses, looking at a tablet. The slide number '1 of 9' is visible in the bottom right corner.

Transcript:

The purpose of this lesson is to introduce the survey tasks. You will cover the survey process in more detail later in this training.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Task Overview: Objectives

CMS Module 1: CMHC Overview
Lesson 4: Survey Task Overview

Survey Task Overview: Objectives

- Identify the tasks associated with the CMHC survey.



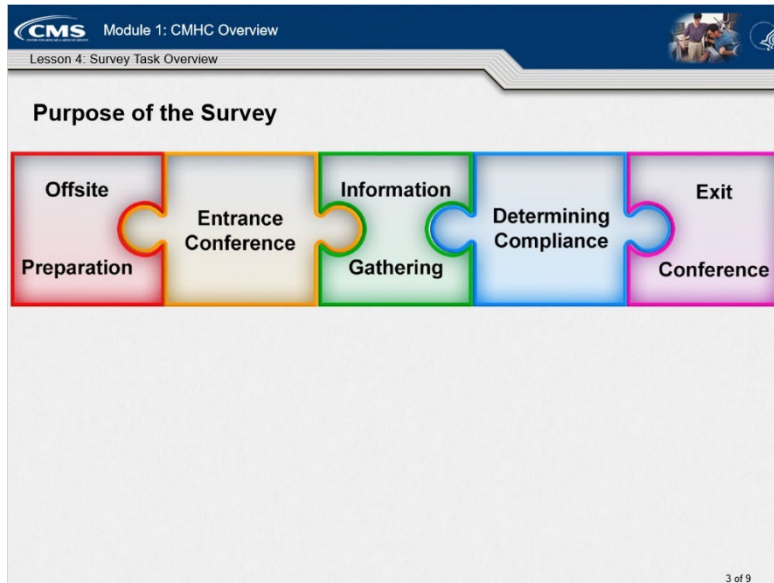
2 of 9

Transcript:

After completing this lesson, you will be able to identify the tasks associated with the CMHC survey.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Purpose of the Survey

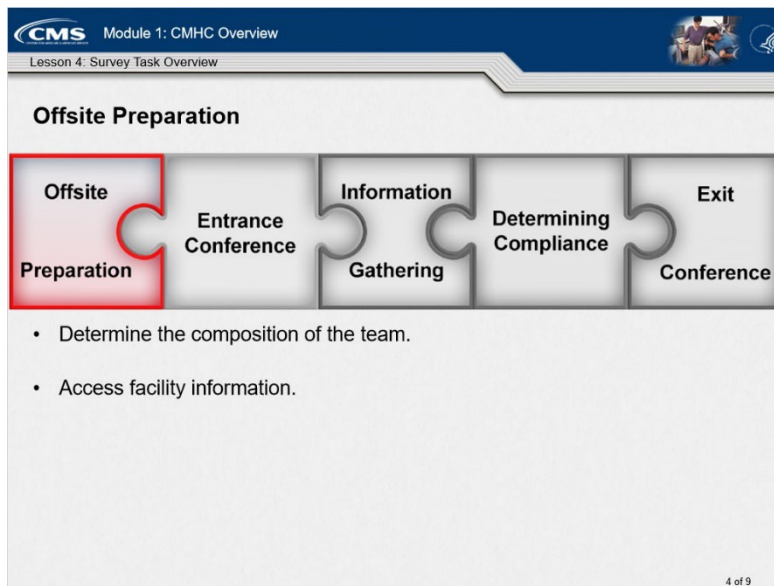


Transcript:

The survey process includes the following tasks: offsite preparation, entrance conference, information gathering, determining compliance and exit conference.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Offsite Preparation



The slide is titled "Offsite Preparation" and is part of a training module. It features a header with the CMS logo and "Module 1: CMHC Overview" and "Lesson 4: Survey Task Overview". The main content is a horizontal sequence of five puzzle pieces representing a process flow: "Offsite Preparation", "Entrance Conference", "Information Gathering", "Determining Compliance", and "Exit Conference". The "Offsite Preparation" piece is highlighted with a red border. Below the puzzle pieces, there is a list of tasks:

- Determine the composition of the team.
- Access facility information.

4 of 9

Transcript:

As you begin preparing for a CMHC survey, you need to conduct offsite preparation tasks. These tasks include determining the composition of the team, and accessing facility information. Offsite preparation enables you to gather necessary information such as prior complaints or form 2567's, needed before the team enters the facility.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Entrance Conference

The slide is titled "Entrance Conference" and is part of "Module 1: CMHC Overview" and "Lesson 4: Survey Task Overview". It features a process flow diagram with five interconnected puzzle pieces. The pieces are labeled as follows: "Offsite Preparation", "Entrance Conference" (highlighted in orange), "Information Gathering", "Determining Compliance", and "Exit Conference". Below the diagram is a bulleted list of topics: "Entrance conference.", "Sample selection.", "Facility tour.", and "Immediate Jeopardy (IJ)". The slide number "5 of 9" is visible in the bottom right corner.

Entrance Conference

- Entrance conference.
- Sample selection.
- Facility tour.
- Immediate Jeopardy (IJ).

Transcript:

During the entrance conference you will meet the facility staff and administrators and obtain information that will form your sample selection. You will also conduct the facility tour, which provides an opportunity to observe any immediate safety concerns. The safety concerns could indicate immediate jeopardy, IJ.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Information Gathering

The screenshot shows a training module interface. At the top, it says 'CMS Module 1: CMHC Overview' and 'Lesson 4: Survey Task Overview'. The main title is 'Information Gathering'. Below this is a process flow diagram consisting of five puzzle pieces: 'Offsite Preparation', 'Entrance Conference', 'Information Gathering' (highlighted in green), 'Determining Compliance', and 'Exit Conference'. Below the diagram is a list of tasks:

- Observe the facility.
- Review client records.
- Review policies and procedures.
- Interview clients.
- Interview family members.
- Interview the staff.

6 of 9

Transcript:

Tasks completed during the information gathering phase include observing the facility, clients and staff, reviewing client records, policies and procedures and conducting interviews. Information gathering phase is the most critical aspect of the survey process, because it provides the information needed for determining compliance.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Determining Compliance

The slide features a blue header with the CMS logo and text: 'Module 1: CMHC Overview' and 'Lesson 4: Survey Task Overview'. Below the header, the title 'Determining Compliance' is centered. A horizontal row of five interlocking puzzle pieces is shown. From left to right, the pieces are labeled: 'Offsite Preparation', 'Entrance Conference', 'Information Gathering', 'Determining Compliance' (highlighted in blue), and 'Exit Conference'. Below the puzzle pieces, a bulleted list contains three items: 'Analyze information.', 'Consolidate and compare information.', and 'Create the preexit report.' The slide number '7 of 9' is located in the bottom right corner.

Transcript:

The determining compliance task involves the survey team analyzing the information gathered, then consolidating and comparing the information. During this process, you will also create the pre-exit report.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Exit Conference

The slide is titled "Exit Conference" and is part of "Module 1: CMHC Overview" and "Lesson 4: Survey Task Overview". It features a process flow diagram with five puzzle-piece stages: "Offsite Preparation", "Entrance Conference", "Information Gathering", "Determining Compliance", and "Exit Conference". The "Exit Conference" stage is highlighted with a pink border. Below the diagram is a list of tasks:

- Meet with the facility representative.
- Provide the initial report.
- Advise the administrator and staff on the post survey process.

8 of 9

Transcript:

During the exit conference you will meet with the facility representative and provide the initial compliance report. Administrator and staff will also be advised of the next steps in the post survey process.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Task overview: Summary

CMS Module 1: CMHC Overview
Lesson 4: Survey Task Overview

Survey Task overview: Summary

- Identify the tasks associated with the survey.



9 of 9

Transcript:

In this lesson, you learned to identify the tasks associated with the survey. Let's move on to Module 2, Offsite Preparations.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

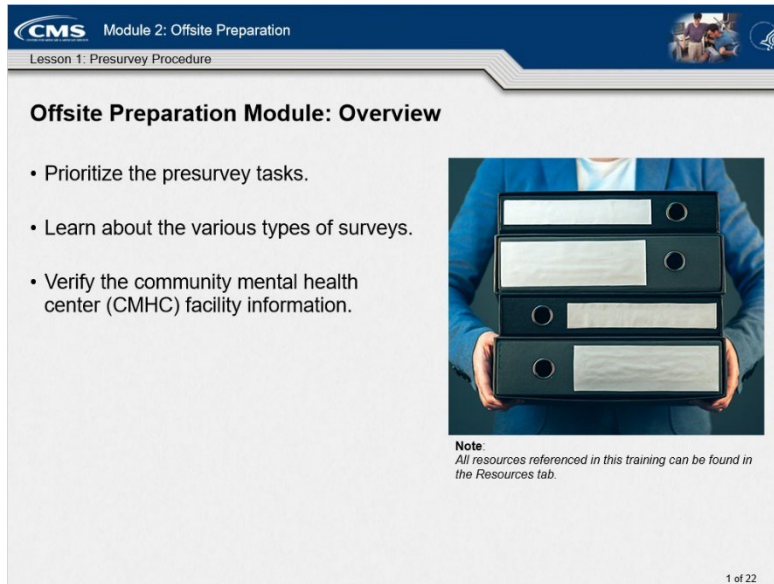
Module 2: Offsite Preparation

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Module 2: Offsite Preparation

Lesson 1: Presurvey Procedure Overview

Offsite Preparation Module: Overview



The screenshot shows a training slide with a blue header containing the CMS logo and the text 'Module 2: Offsite Preparation' and 'Lesson 1: Presurvey Procedure'. The main content area has a white background with the title 'Offsite Preparation Module: Overview' and a bulleted list of three items. To the right of the list is an image of a person in a blue suit holding a stack of four black folders. Below the image is a 'Note' section. The slide number '1 of 22' is in the bottom right corner.

- Prioritize the presurvey tasks.
- Learn about the various types of surveys.
- Verify the community mental health center (CMHC) facility information.

Note:
All resources referenced in this training can be found in the Resources tab.

Transcript:

The purpose of this module is to prioritize the presurvey tasks, learn about the various types of surveys, and verify the community mental health center, CMHC, facility information.

Note:

All resources referenced in this training can be found in the Resources tab.

Let's begin with Lesson 1.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Presurvey Procedure: Overview

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Presurvey Procedure: Overview

- What to do before conducting a survey at a CMHC.



2 of 22

Transcript:

In this lesson you will learn what to do before conducting a survey at a CMHC.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Presurvey Procedure: Objectives

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Presurvey Procedure: Objectives

- Identify the necessary information to review before the CMHC survey.
- Identify the required information to request from a CMHC.
- Recognize the three types of surveys.



3 of 22

Transcript:

After completing this lesson, you will be able to identify the necessary information to review before the CMHC survey, identify the required information to request from a CMHC, and recognize the three types of surveys.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Presurvey Information Review

CMS Module 2: Offsite Preparation

Lesson 1: Presurvey Procedure

Presurvey Information Review

- Documentation available from the CMS survey documentation system:
 - Prior CMHC surveys.
 - Previous CMS 2567 forms.
 - Complaint investigations.



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DEFICIENCY OR DEFICIENCIES	CAUSE	PLAN OF CORRECTION	DATE CORRECTED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

4 of 22

Transcript:

Before conducting a survey, determine if any previous surveys were undertaken for the CMHC and review them. Check the CMS survey documentation system to see what survey documentation is available. Along with searching for prior surveys, look for completed CMS 2567 forms and complaint investigations.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Presurvey Information Review (cont.)

CMS Module 2: Offsite Preparation

Lesson 1: Presurvey Procedure

Presurvey Information Review (cont.)

- Review the CMS survey documentation system for:
 - Reports on any deaths or serious incidents.
 - Existing plans of correction.



5 of 22

Transcript:

In addition to searching for documentation, review the CMS survey documentation system for reports on any deaths, serious incidents, and existing plans of correction.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Types: Overview

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Survey Types: Overview

- Three types of surveys:
 - Initial determines if a CMHC meets the Conditions of Participation (CoPs).
 - Recertification determines if a CMHC is still in compliance with CoPs.
 - Complaint determines if a violation of the CoPs has occurred at a CMHC.



6 of 22

Transcript:

There are three types of surveys, the initial, recertification, and complaint survey. The initial survey determines if a CMHC meets the Conditions of Participation, or CoPs, state licensing requirements, and the requirements of operation as stated in the State Operation Manual, or SOM. The recertification survey ensures the CMHC remains in compliance with CoPs, and the complaint survey is initiated only as needed.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Types: Initial Survey

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Survey Types: Initial Survey

- Initiated by the State Agency (SA) after review of all applicable documentation.
- Evaluates if facility is fully operational.
- Determines if facility provides care to all payer types.



7 of 22

Transcript:

The State Agency, or SA, begins the initial CMHC survey after all related documentation is reviewed. In addition to the standard survey process, an initial survey looks at the status of the facility to make sure it is fully operational and that it provides care to all payer types.

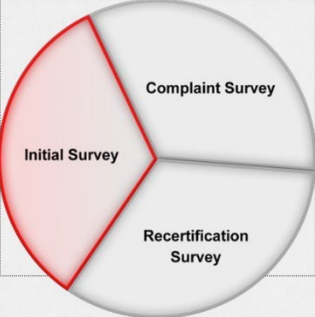
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Types: Initial Survey (cont.)

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Survey Types: Initial Survey (cont.)

- At least 5 current or past non-Medicare clients from one of the 4 client types:
 - Children.
 - The elderly.
 - The chronically mentally ill.
 - Those discharged from a state facility.
- The SOM §2252A.1 – CMHC Presurvey Procedure.



8 of 22

Transcript:

Initial surveys also look for evidence that the CMHC serves, or has served, at least five non-Medicare clients from one or more of the four service categories. These categories include children, the elderly, the chronically mentally ill, and those discharged from a state facility.

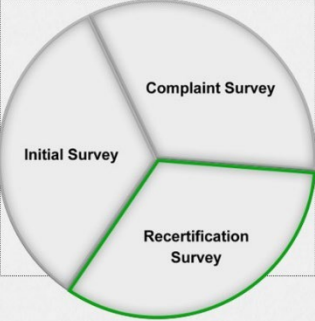
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Types: Recertification Survey

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Survey Types: Recertification Survey

- Determine continued compliance with CoPs.
- Verify that the Federal participation requirements continue to be met.
- Must be conducted at least every 5 years or stated in the most current CMS Mission and Priority Document (MPD).
- Have structure and goals similar to initial surveys.
- The SOM §2252A.2.



9 of 22

Transcript:

The recertification survey determines if a CMHC still meets all the applicable CoPs and other Federal participation requirements. Recertification surveys are required at least every five years or as required per the most current CMS Mission and Priority Document, or MPD, and are similar to initial surveys in their structure and goals.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Types: Complaint Survey

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Survey Types: Complaint Survey

- Conducted in response to complaints about the CMHC.
- Focused on specific complaints.
- Not counted as part of the recertification cycle.
- The SOM Chapter 5 §5200.1.



A pie chart illustrating the three types of surveys: Complaint Survey (top right, light blue), Initial Survey (left, light gray), and Recertification Survey (bottom right, light gray). The Complaint Survey slice is the largest.

10 of 22

Transcript:

When someone files a complaint against the CMHC the state conducts a complaint survey. These surveys focus on the specific complaints and are not counted as part of the recertification cycle.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

CMS Policy of Unannounced Surveys

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

CMS Policy of Unannounced Surveys

- No prior notification is given for any type of survey.
- May cause an inconvenience to the providers.
- Intended to increase the credibility of survey results.



11 of 22

Transcript:

No matter the type of survey, all surveys are unannounced per CMS policy. While unannounced surveys may cause an inconvenience to the providers, the policy is intended to increase the credibility of the survey results.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Vignette: Melody Prepares to Conduct a Recertification Survey

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Survey Vignette: Melody Prepares to Conduct a Recertification Survey

- Let's look at how Melody, the team leader, prepares for a recertification survey.



12 of 22

Transcript:

Let's look at how Melody, the team leader, prepares for a recertification survey.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Vignette: Melody Prepares to Conduct a Recertification Survey

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Survey Vignette: Melody Prepares to Conduct a Recertification Survey

- Melody uses a personal recertification survey checklist to help her prepare for a survey.
- The checklist keeps track of the necessary information to request from the CMHC.
- Melody uses a similar checklist when she prepares for initial and complaint surveys.

MELODY'S CMHC SURVEY CHECKLIST

PART I: BEFORE THE SURVEY CHECK ASPEN FOR:

- Prior surveys of the CMHC.
- CMS 2567 forms that have been completed.
- Information about possible complaints.
- Reports of any deaths or serious accidents.
- Current plans of correction.

Comments/Notes:

Note: Complete Part I: ASPEN document review BEFORE the survey.

13 of 22

Transcript:

I have created my own personal checklist to help make sure that I haven't forgotten anything I need to do before I start a recertification survey for my assigned CMHC. This checklist keeps track of what I need to request once I am at the CMHC and ensures no important requests are overlooked. I make similar checklists when I prepare for initial and complaint surveys.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Vignette: Melody's Recertification Checklist has Two Parts

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Survey Vignette: Melody's Recertification Checklist has Two Parts

- Melody's checklist has two parts:
 - First part is completed before going to the CMHC.
 - Second part is reviewed before going to the CMHC.
 - Second part is completed during the survey of the CMHC.



14 of 22

Transcript:

My recertification checklist has two parts. I complete the first part before I go to the CMHC. The second part I review before I go to the CMHC so I know what information to request at the entrance conference. I check off the items in the second part of my checklist when I receive them during my onsite survey.

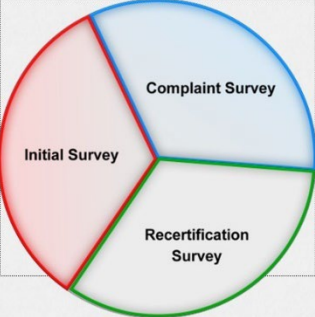
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Vignette: Part 1 of Melody's Recertification Checklist

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Survey Vignette: Part 1 of Melody's Recertification Checklist

- Recertification surveys: Check the CMS survey documentation system for all items in Part 1 of the checklist.
- Initial surveys: Look for information or records posted by the SA or other entities.
- Complaint surveys: Focus on reports of complaints, accidents, and plans of correction.



15 of 22

Transcript:

No matter what survey I am conducting, I always check the CMS survey documentation system. Since I am conducting a recertification survey, I check the CMS survey documentation system for the information in Part 1 of my checklist. In an initial survey, I check the CMS survey documentation system to see if any information or records have been posted by the SA or other entities. For the complaint survey, I use the CMS survey documentation system to look for information about complaints, accidents, and plans of correction.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Information to Request

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Information to Request

- The survey team leader will request:
- All CMHC clients within 3 to 6 months prior to survey.
 - All current onsite clients.
- Information must include:
 - Client's name and diagnosis.
 - Admission date and date of birth.
 - Payer source, attending physician, and level of service provided.



16 of 22

Transcript:

The team leader must request a list of people who were clients within three months prior to the survey date, as well as a list of current onsite clients. If this does not provide a sufficient number of clients for the sample then the time frame can be expanded to six months prior to the survey date. The information must include each client's name, diagnosis, admission date, birth date, payer source, attending physician, and the level of service provided.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Information to Request (cont.)

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Information to Request (cont.)

- Requested records include:
 - Treatment services client may be receiving other than day treatment, psychosocial rehabilitation services (PSR), or PHS.
 - Language or communication barriers with the client, family, or client's representatives.
 - Title 42 of the CFR §485.918(b)(1) – Provisions of services.



17 of 22

Transcript:

All requested records must include whether the client is receiving treatment services other than day treatment, psychosocial rehabilitation services, commonly referred to as PSR, or PHS. The records must also specify whether there are any language or communication barriers with the client, family, or client's representatives.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Information to Request (cont. 1)

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Information to Request (cont. 1)

- Team leaders must request records, from the past 3 months, of clients who have been:
 - Involved in incidents or accidents.
 - Discharged from the CMHC.
 - Accessed 24-hour emergency care services.

MELODY'S CMHC SURVEY CHECKLIST

PART II: REVIEW BEFORE THE SURVEY AND COMPLETE AT CMHC

- Request a list of all clients who have visited CMHC within the last 3 months.
- Request a list of all current onsite clients.
- Make sure the list has client names, diagnoses, admission and birth dates, payer source, attending physician, and level of service provided.
- Requested records need to include all treatment services they are receiving, any language or communication barriers with the clients, their families, or the clients' representatives.
- Request records of any clients who have been sequestered or restrained.
- Request records of any clients discharged from the CMHC.
- Request records of any clients involved in incidents or accidents.
- Request records of any clients who accessed 24-hour emergency care services.
- If relevant, ensure list of state psychiatric placement coverage.
- Request any client death records related to restraint or seclusion in the last 12 months.

Comments/Notes:

Note: Review Part II of the checklist BEFORE the CMHC survey. Complete the checklist as you receive the requested information.

18 of 22

Transcript:

When requesting information from the CMHC, the team leader must request a list of clients who have been involved in incidents or accidents, such as restraint or seclusion, discharged from the facility or accessed 24-hour emergency care services in the past three months.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Information to Request (cont. 2)

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Information to Request (cont. 2)

- Look for evidence that seclusion or restraint caused any client's death in the last 12 months.
- Request those specific clients' death records.

MELODY'S CMHC SURVEY CHECKLIST

PART II: REVIEW BEFORE THE SURVEY AND COMPLETE AT CMHC

- Request a list of all clients who have visited CMHC within the last 3 months.
- Request a list of all current onsite clients.
- Make sure the list has client names, diagnoses, admission and birth dates, payer source, attending physician, and level of service provided.
- Requested records need to include all treatment services they are receiving, any language or communication barriers with the clients, their families, or the clients' representatives.
- Request records of any clients who have been secluded or restrained.
- Request records of any clients discharged from the CMHC.
- Request records of any clients involved in incidents or accidents.
- Request records of any clients who accessed 24-hour emergency care services.
- If relevant, request list of state psychiatric placement coverage.
- Request any client death records related to restraint or seclusion in the last 12 months.

Comments/Notes:

Note: Review Part I of the checklist BEFORE the CMHC survey. Complete the checklist as you receive the requested information.

19 of 22

Transcript:

If there is evidence that seclusion or restraint caused any client's death in the twelve months prior to the CMHC survey, it is necessary to request those client death records.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Vignette: Part 2 of Melody's Recertification Checklist

CMS Module 2: Offsite Preparation
Lesson 1: Presurvey Procedure

Survey Vignette: Part 2 of Melody's Recertification Checklist

- Part 2 of the checklist is used for recertification surveys.
- Complaint surveys request information related to the complaint.

**MELODY'S CMHC SURVEY
CHECKLIST**

PART II: REVIEW BEFORE THE SURVEY AND COMPLETE AT CMHC

- Request a list of all clients who have visited CMHC within the last 3 months.
- Request a list of all current onsite clients.
- Make sure the list has client names, diagnoses, admission and birth dates, payer source, attending physician, and level of service provided.
- Requested records need to include all treatment services they are receiving, any language or communication barriers with the clients, their families, or the clients' representatives.
- Request records of any clients who have been sequestered or restrained.
- Request records of any clients discharged from the CMHC.
- Request records of any clients involved in incidents or accidents.
- Request records of any clients who accessed 24-hour emergency care services.
- Request, ensure list of state psychiatric placement coverage.
- Request any client death records related to restraint or seclusion in the last 12 months.

Comments/Notes:

Note: Review Part I of the checklist BEFORE the CMHC survey. Complete the checklist as you receive the requested information.

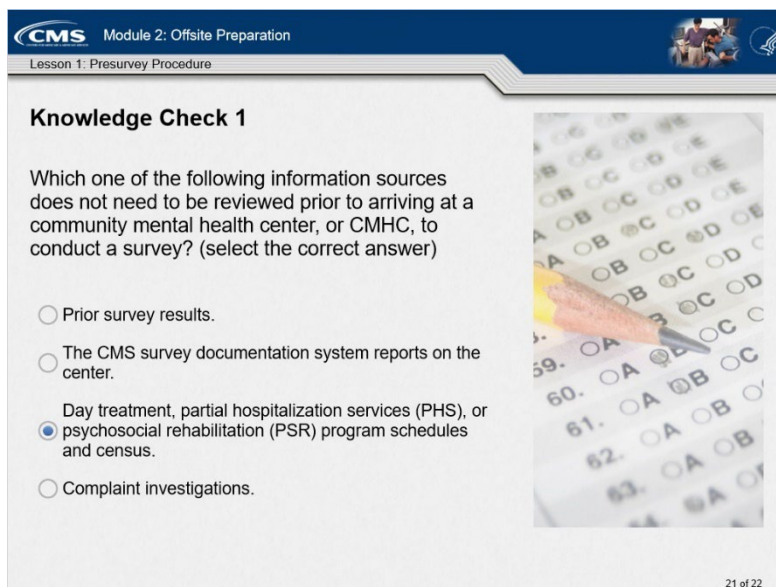
20 of 22

Transcript:

I use Part 2 of my checklist when I arrive at the CMHC for the recertification survey. If I am completing a complaint survey, I disregard part 2 and ask only for information related to the complaint.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



The screenshot shows a slide from a CMS training module. The header includes the CMS logo, 'Module 2: Offsite Preparation', and 'Lesson 1: Presurvey Procedure'. The main content area is titled 'Knowledge Check 1' and contains a multiple-choice question. To the right of the question is an image of a pencil pointing to a grid of letters and numbers. The question asks which information source does not need to be reviewed before a survey at a CMHC. The options are: Prior survey results, The CMS survey documentation system reports on the center, Day treatment, partial hospitalization services (PHS), or psychosocial rehabilitation (PSR) program schedules and census, and Complaint investigations. The third option is selected with a blue radio button. The slide number '21 of 22' is in the bottom right corner.

Knowledge Check 1

Which one of the following information sources does not need to be reviewed prior to arriving at a community mental health center, or CMHC, to conduct a survey? (select the correct answer)

- Prior survey results.
- The CMS survey documentation system reports on the center.
- Day treatment, partial hospitalization services (PHS), or psychosocial rehabilitation (PSR) program schedules and census.
- Complaint investigations.

21 of 22

Transcript:

Which one of the following information sources does not need to be reviewed prior to arriving at a CMHC to conduct a survey? (select the correct answer)

Prior survey results.

The CMS survey documentation system reports on the center.

Day treatment, partial hospitalization services (PHS), or psychosocial rehabilitation (PSR) program schedules and census.

Complaint investigations.

Correct Feedback:

That's right. You do not need to compile information regarding the program schedules and census on day treatment, partial hospitalization services (PHS), or psychosocial rehabilitation (PSR) programs prior to arriving at a community mental health center CMHC.

Incorrect Feedback:

That's not quite right. You do not need to compile information regarding the program schedules and census on day treatment, partial hospitalization services (PHS), or psychosocial rehabilitation (PSR) programs prior to arriving at a community mental health center CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Presurvey Procedure: Summary

CMS Module 2: Offsite Preparation

Lesson 1: Presurvey Procedure

Presurvey Procedure: Summary

- Recognize the three types of surveys.
- Identify the necessary information to review before the CMHC visit.
- Identify the required information to request from the CMHC.



22 of 22

Transcript:

In this lesson, you learned to recognize the three types of surveys, identify the necessary information to review before the CMHC survey, and identify the required information to request from the CMHC. Let's move on to Lesson 2, Composition of a Survey Team.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Lesson 2: Composition of a Survey Team

Composition of a Survey Team: Overview

CMS Module 2: Offsite Preparation
Lesson 2: Composition of a Survey Team

Composition of a Survey Team: Overview

- Composition of a survey team.



1 of 7

Transcript:

The purpose of this lesson is for you to learn about the composition of a survey team.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Composition of a Survey Team: Objectives

CMS Module 2: Offsite Preparation
Lesson 2: Composition of a Survey Team

Composition of a Survey Team: Objectives

- Identify the factors influencing the composition of the CMHC survey team.
- Define the role and responsibilities of the survey team leader.
- Identify what determines the size of the survey team.



2 of 7

Transcript:

After completing this lesson, you will be able to identify the factors influencing the composition of the survey team, define the role and responsibilities of the survey team leader, and identify what determines the size of the survey team.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Team Requirements

CMS Module 2: Offsite Preparation
Lesson 2: Composition of a Survey Team

Survey Team Requirements

- No direct requirement.
- Factors determining the composition of the CMHC survey team include:
 - Surveyor background in mental health.
 - Completion of CMHC surveyor training.
 - Requirements for survey team members outlined in SOM §4009 and §2252D.3.



3 of 7

Transcript:

There are many factors that influence the structure of a survey team. While CMS recommends that surveyors have a background in psychiatric care or mental health services, it is not a requirement. Other factors are the surveyor's experience and education, and completion of CMHC surveyor training.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Roles and Responsibilities of Lead Surveyor

CMS Module 2: Offsite Preparation
Lesson 2: Composition of a Survey Team

Roles and Responsibilities of Lead Surveyor

- Survey team leaders must:
 - Be identified in teams comprised of two or more members.
 - Serve as the primary team contact for the CMHC.
 - Facilitate the survey process.
 - Ensure that all survey topics are covered.



4 of 7

Transcript:

A lead surveyor is a very important member of the survey team. If there are two or more members in a survey team, there must be a team lead. As the primary point of contact for the CMHC, the lead surveyor facilitates the survey process and ensures all survey topics are covered.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Survey Team Size

CMS Module 2: Offsite Preparation
Lesson 2: Composition of a Survey Team

Survey Team Size

- CMHC survey teams typically have at least 2 members, however, the team:
 - May vary according to the size of the CMHC facility.
 - Varies with the purpose of the survey.
 - Can have only one member.
- CMHC survey team sizes are determined by the SA.



5 of 7

Transcript:

Typically, CMHC survey teams have at least two members. However, the size of the survey team varies according to the size of the CMHC facility and the purpose of the survey. The SA determines whether two or more surveyors are assigned to a team. Occasionally, one surveyor is assigned.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

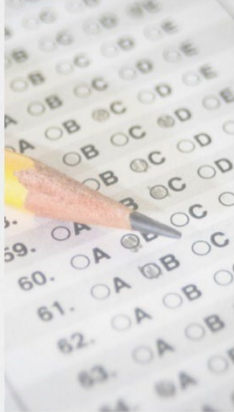
Knowledge Check 1

CMS Module 2: Offsite Preparation
Lesson 2: Composition of a Survey Team

Knowledge Check 1

The composition and responsibilities of an assigned survey team depend upon the size and number of programs at the CMHC. (true or false)

True.
 False.



6 of 7

Transcript:

The composition and responsibilities of an assigned survey team depend upon the size and number of programs at the CMHC. (true or false)

True.

False.

Correct Feedback:

That's right. The composition and responsibilities of a survey team depend on the size and number of programs at a CMHC.

Incorrect Feedback:

That's not quite right. The composition and responsibilities of a survey team depend on the size and number of programs at a CMHC.

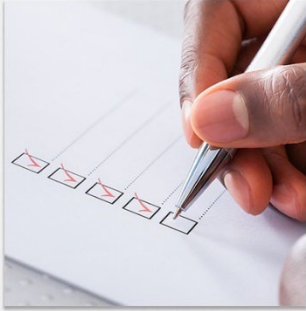
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Composition of a Survey Team: Summary

CMS Module 2: Offsite Preparation
Lesson 2: Composition of a Survey Team

Composition of a Survey Team: Summary

- Identify the factors influencing the composition of the CMHC survey team.
- Define the role and responsibilities of the survey team leader.
- Identify what determines the size of the survey team.



7 of 7

Transcript:

In this lesson, you learned to identify the factors influencing the composition of the CMHC survey team, define the roles and responsibilities of the survey team leader, and identify what determines the size of the survey team. Let's move on to Module 3, Entrance Conference.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Module 3: Entrance Conference

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Module 3: Entrance Conference

Lesson 1 Entrance Conference

Module: Overview

CMS Module 3: Entrance Conference

Lesson 1: Entrance Conference

Module: Overview

- Components of the entrance conference.
- Determine the sample selection.
- Coordinate the facility tour.
- Define Immediate Jeopardy (IJ).



Note:
All resources referenced in this training can be found in the Resources tab.

1 of 14

Transcript:

The purpose of this module is for you to learn about the components of an entrance conference, determine the sample selection, coordinate the facility tour, and define Immediate Jeopardy, or IJ.

Let's begin with Lesson 1.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Entrance Conference: Overview

CMS Module 3: Entrance Conference
Lesson 1: Entrance Conference

Entrance Conference: Overview

- Components of an entrance conference at a community mental health center (CMHC).



2 of 14

Transcript:

The purpose of this lesson is for you to learn about the components of an entrance conference for a community mental health center, CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Entrance Conference: Objectives

CMS Module 3: Entrance Conference

Lesson 1: Entrance Conference

Entrance Conference: Objectives

- Identify the purpose of the entrance conference.
- Identify the duties of the lead surveyor.
- Identify what information to request during the entrance conference.



3 of 14

Transcript:

After completing this lesson, you will be able to identify the purpose of an entrance conference, identify the duties of the lead surveyor, and identify what information to request during the entrance conference.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Purpose of the Entrance Conference

CMS Module 3: Entrance Conference
Lesson 1: Entrance Conference

Purpose of the Entrance Conference

- Entrance conference is critical to the success of your survey:
 - First meeting with facility management.
 - Sets tone for the entire survey.
 - Explains survey process to facility management.
 - Addresses survey logistics.
 - Facilitated by the lead surveyor.



4 of 14

Transcript:

The entrance conference is a critical first meeting with the CMHC administrator, director, or center supervisor. It is important that you begin the conference with a greeting and friendly small talk. The meeting sets the tone for the survey, explains the survey process, and addresses related logistics. The lead surveyor facilitates this meeting.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Lead Surveyor Duties

CMS Module 3: Entrance Conference

Lesson 1: Entrance Conference

Lead Surveyor Duties

- Lead surveyor duties and structure of entrance conference defined in SOM.
- Lead surveyor and team members present appropriate identification.
- Lead surveyor:
 - Introduces other survey team members.
 - Explains purpose of the survey.
 - Identifies expected duration of the survey and its schedule.
 - Identifies projected date and time of the exit conference.



5 of 14

Transcript:

The State Operations Manual, or SOM, defines the lead surveyor's duties and approach to the entrance conference. It is important that all surveyors smile and appear friendly. The lead surveyor and team members present appropriate identification to the CMHC administrator or representative. The lead surveyor introduces the other survey team members. The lead surveyor informs the administrator of the purpose of the survey, the expected duration and schedule, and the projected date and time of the exit conference.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lead Surveyor Duties (cont.)

CMS Module 3: Entrance Conference
Lesson 1: Entrance Conference

Lead Surveyor Duties (cont.)

- Lead surveyor also:
 - Provides an overview of the survey process to CMHC management.
 - Requests a list of staff available during the survey for questions and assistance.
 - Provides a list of staff members who will need to be interviewed.



6 of 14

Transcript:

The lead surveyor role in this process is very important. The lead surveyor must demonstrate solid leadership qualities and provides the CMHC with an overview of the survey process. The overview is a general review or outline of the survey process. The lead surveyor requests that the CMHC identify which staff are furnishing services and will be available throughout the survey for questions and assistance. The leader provides a list of the staff that the team will need to interview during the survey.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lead Surveyor Duties (cont. 1)

CMS Module 3: Entrance Conference
Lesson 1: Entrance Conference

Lead Surveyor Duties (cont. 1)

- Lead surveyor explains survey process, which will include:
 - Onsite tour following entrance conference.
 - Direct observations of the facility and its operations.
 - Interviews with clients, families and guardians, and staff involved in client care.
 - Review of client records.
- Duties outlined in the SOM §2252D.2a.



7 of 14

Transcript:

It is vital that the lead surveyor expresses excellent oral communication skills. Part of the lead surveyor's responsibilities is to explain the survey process. The CMHC must understand that the process is a series of steps. The process includes an onsite tour by the survey team as soon as possible after the entrance conference. The process also includes direct observations; interviews with clients or guardians, their families, and the staff involved in their care; and a review of relevant client records.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lead Surveyor Duties (cont. 2)

CMS Module 3: Entrance Conference
Lesson 1: Entrance Conference

Lead Surveyor Duties (cont. 2)

- Lead surveyor requests that the CMHC provide:
 - Copies of group and individual therapy schedules.
 - A conference room for surveyor use during the survey.
- Lead surveyor answers questions and provides clarification.



8 of 14

Transcript:

To facilitate the survey process, the lead surveyor will ask the CMHC administrator to provide copies of group and individual therapy schedules, as well as a conference room for the surveyors to use during the survey. Keep in mind that this may take some planning on the part of the CMHC, because these items may not be readily available. The lead surveyor will answer questions and provide clarification if needed.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lead Surveyor Duties (cont. 3)

CMS Module 3: Entrance Conference
Lesson 1: Entrance Conference

Lead Surveyor Duties (cont. 3)

- Lead surveyor also requests the CMHC to provide:
 - A process for obtaining photocopies as needed.
 - Team access to all treatment areas.
 - Phone numbers of key center employees.



9 of 14

Transcript:

This process might be overwhelming for the CMHC. To help them through the process, the lead surveyor will also ask the CMHC to establish a process for obtaining photocopies of any material as needed, arrange team access to all treatment areas, and provide phone numbers of key center employees.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Request Information

CMS Module 3: Entrance Conference
Lesson 1: Entrance Conference

Request Information

- Records include other treatment services client may be receiving.
- Any language or communication barriers with the client, family, or representatives.
- Documented in Title 42 of the CFR §485.918(b)(1).



10 of 14

Transcript:

The lead surveyor must also request that all records include detailed information, such as whether the client is receiving treatment services other than day treatment, partial hospitalization service, or PHS, or psychosocial rehabilitation, or PSR; and whether there are any language or communication barriers.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Request Information (cont. 1)

CMS Module 3: Entrance Conference
Lesson 1: Entrance Conference

Request Information (cont. 1)

- Lead surveyor must request records, from the last 3 months, of clients who have been:
 - Discharged from the CMHC.
 - Involved in incidents or accidents.
 - Connected to 24-hour emergency care services.
- If applicable, request list of State psychiatric placement screenings.



11 of 14

Transcript:

In this next step of the process, the lead surveyor will gather sensitive information. The leader must also request a list of clients who, in the last 3 months prior to the survey, were involved in incidents or accidents, discharged from the facility or accessed 24-hour emergency care services. A list of State psychiatric placement screenings should also be requested, if applicable.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Request Information (cont. 2)

CMS Module 3: Entrance Conference
Lesson 1: Entrance Conference

Request Information (cont. 2)

- Client death records related to restraint or seclusion in the 12 months prior to survey.



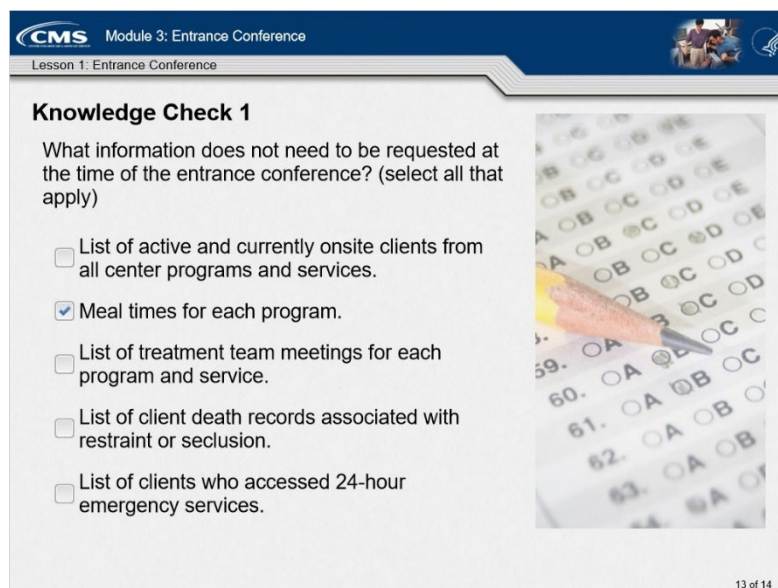
12 of 14

Transcript:

An important part of this documentation gathering process is that the lead surveyor makes sure the information includes any client death records associated with restraint or seclusion in the 12 months prior to the survey.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



The screenshot shows a training slide with a blue header containing the CMS logo and the text 'Module 3: Entrance Conference' and 'Lesson 1: Entrance Conference'. The main content area is titled 'Knowledge Check 1' and contains a question: 'What information does not need to be requested at the time of the entrance conference? (select all that apply)'. Below the question are five multiple-choice options, each with a checkbox. The second option, 'Meal times for each program.', is selected. To the right of the text is a graphic of a pencil pointing to a multiple-choice test question. The slide number '13 of 14' is visible in the bottom right corner.

Knowledge Check 1

What information does not need to be requested at the time of the entrance conference? (select all that apply)

- List of active and currently onsite clients from all center programs and services.
- Meal times for each program.
- List of treatment team meetings for each program and service.
- List of client death records associated with restraint or seclusion.
- List of clients who accessed 24-hour emergency services.

13 of 14

Transcript:

What information does not need to be requested at the time of the entrance conference? (select all that apply)

List of active and currently onsite clients from all center programs and services.

Meal times for each program.

List of treatment team meetings for each program and service.

List of client death records associated with restraint or seclusion.

List of clients who accessed 24-hour emergency services.

Correct Feedback:

That's right. Surveyors need to know the therapy schedules for clients, but not their meal times.

Incorrect Feedback:

That's not quite right. Surveyors need to know the therapy schedules for clients, but not their meal times.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Entrance Conference: Summary

CMS Module 3: Entrance Conference
Lesson 1: Entrance Conference

Entrance Conference: Summary

- Identify the purpose of the entrance conference.
- Identify the duties of the lead surveyor.
- Identify what information to request during the entrance conference.



14 of 14

Transcript:

In this lesson, you learned to identify the purpose of an entrance conference, identify the duties of the lead surveyor, and identify what information to request during the entrance conference.

Let's move on to the next lesson in this module, Immediate Jeopardy.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 2: Immediate Jeopardy


Immediate Jeopardy: Overview

CMS Module 3: Entrance Conference

Lesson 2: Immediate Jeopardy

Immediate Jeopardy: Overview

- Recognize immediate jeopardy (IJ) for CMHC use:
 - Complaints.
 - Incident reports.
 - Observations.
- The SOM Appendix Q provides guidance.



1 of 21

Transcript:

The purpose of this lesson is to recognize immediate jeopardy, or IJ, for complaints, incident reports and observations for a CMHC. The SOM Appendix Q provides guidance for determining IJ.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Immediate Jeopardy: Objectives

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Immediate Jeopardy: Objectives

- Identify circumstances at a CMHC that pose IJ.
- Identify complaints, reports, and observations to determine IJ.
- Identify IJ documentation



2 of 21

Transcript:

After completing this lesson, you will be able to identify circumstances at a CMHC that pose IJ; identify complaints, reports, and observations to determine IJ; and identify IJ documentation.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition of Immediate Jeopardy

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Definition of Immediate Jeopardy

- Crisis situation.
- Lack of compliance with 1 or more Conditions of Participation (CoPs).
- Likely to cause serious injury, harm, impairment, or death.
- CFR Part 489.3.



3 of 21

Transcript:

Immediate Jeopardy is a crisis situation at a CMHC that puts the health of an individual or individuals at risk. The crisis situation is related to the CMHC's lack of compliance with one or more conditions of participation, or CoPs, and has caused or is likely to cause serious injury, harm, impairment, or death.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition of Abuse

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Definition of Abuse

- Abuse of an individual or individuals refers to:
 - Deliberate injury or unreasonable confinement.
 - Intimidation or punishment.
- Results in physical harm, pain, or mental anguish.
- CFR Part 488.301.



4 of 21

Transcript:

A crisis situation at a CMHC may be due to abuse of an individual or individuals by CMHC staff or other clients. Abuse refers to the deliberate injury, unreasonable confinement, intimidation, or punishment of an individual that results in physical harm, pain, or mental anguish.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Definition of Neglect

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Definition of Neglect

- Lack of needed goods or services may cause:
 - Physical harm.
 - Pain.
 - Mental anguish.
 - Emotional distress.
- CFR §488.301.



5 of 21

Transcript:

Immediate Jeopardy can also be the result of neglect. If CMHC staff do not provide goods or services necessary for treatment, a client or clients may suffer physical harm, pain, mental anguish, or emotional distress.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Determining Immediate Jeopardy

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Determining Immediate Jeopardy

- Survey goal to determine if CMHC is providing quality care.
- Determination of Immediate Jeopardy requires only:
 - 1 individual to be at risk.
 - High potential for serious harm, injury, or death.
- SOM Appendix Q.



6 of 21

Transcript:

When conducting a CMHC survey, the goal is to make sure quality care is being provided to all individuals at the CMHC, and identify when it is not. As a surveyor, recognizing provider noncompliance is key to preventing serious harm, injury, or even death. By reporting individuals at risk, you may prevent risk to other individuals. Similarly, any high potential for serious harm, injury, or death should also be considered IJ.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Determining Immediate Jeopardy (cont.)

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Determining Immediate Jeopardy (cont.)

- Investigate a possible IJ situation:
 - Determine if CMHC created or allowed the situation to continue.
 - Determine if CMHC has implemented corrective or preventive measures.



7 of 21

Transcript:

Once you identify a possible IJ situation, you need to gather evidence to confirm or rule out IJ. Consider the following questions: Did the CMHC create the situation or allow the situation to continue, resulting in serious harm or potential for serious harm? Has the CMHC had an opportunity to implement corrective or preventive measures?


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Determining Immediate Jeopardy (cont. 1)

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Determining Immediate Jeopardy (cont. 1)

- If investigation determines IJ:
 - Choose the Federal regulation(s) to address the deficient practice.
 - Cite Federal requirement for CMHCs to provide quality care.
- SOM Appendix Q.



ID	CHAPTER	SECTION	SUBSECTION	TITLE
	Appendix Q	Guidelines for Determining Immediate Jeopardy/VHI-Enforcement/ A-Termination for Title XIX-Only NFs, ICFs/HD		
	Appendix Q	Guidelines for Determining Immediate Jeopardy/Attachment		
	Appendix Q	Guidelines for Determining Immediate Jeopardy/Attachment		
	C	Overview Recommended Key Components of Systemic Approach to Prevent Abuse and Neglect		

8 of 21

Transcript:

If after completing the investigation you and your team have determined that the situation is a case of IJ, choose the specific Federal regulation or regulations to address the deficient practice. If a regulation is not found specific to the situation, cite the Federal requirement that all CMHCs providing Medicare and Medicaid have a responsibility to provide quality care.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Immediate Jeopardy Issues and Triggers

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Immediate Jeopardy Issues and Triggers

- Section IV of Appendix Q of the SOM includes a detailed chart of:
 - Noncompliance issues.
 - Associated triggers.
 - IJ examples.



9 of 21

Transcript:

When you and your team consider evidence that you have gathered concerning possible IJ situations, look at Appendix Q in Section IV of the SOM. This section provides a detailed chart of noncompliance issues and their triggers. The triggers provide examples of situations that are most likely to result in IJ.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Immediate Jeopardy Issues and Triggers

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Immediate Jeopardy Issues and Triggers

- Appendix Q of the SOM includes steps for determining IJ:
 - Preparation.
 - Investigation.
 - Decision making.
 - Implementation.



10 of 21

Transcript:

Appendix Q of the SOM also provides detailed descriptions of the recommended steps for determining IJ. These steps include preparation, investigation, decision making, and implementation.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Steps in Determining Immediate Jeopardy: Preparation

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Steps in Determining Immediate Jeopardy: Preparation

- Be familiar with the content of Appendix Q:
 - Follow the guidelines.
 - Decrease the chances of missing IJ.



11 of 21

Transcript:

When determining IJ, you and your team should already be familiar with the content of Appendix Q. Keeping the guidelines foremost in your minds will decrease the possibility of missing an IJ situation.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Steps in Determining Immediate Jeopardy: Preparation (cont.)

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Steps in Determining Immediate Jeopardy: Preparation (cont.)

- Be familiar with the 7 key components to prevent abuse and neglect:
 - Screening.
 - Training.
 - Prevention.
 - Identification.
 - Investigation.
 - Protection.
 - Reporting/response.



12 of 21

Transcript:

Make sure that you and your team are familiar with the seven key components of a CMHC's systematic approach to prevent abuse and neglect in Attachment C. The seven key components include: screening, training, prevention, identification, investigation, protection, and reporting and response.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Steps in Determining Immediate Jeopardy: Investigation

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Steps in Determining Immediate Jeopardy: Investigation

- IJ investigation must be conducted in an impartial and objective manner.
- Obtain accurate data that is sufficient to support a reasonable conclusion.



13 of 21

Transcript:

The investigation of possible IJ must be conducted in an impartial, objective manner. You and your team want to make sure that you have obtained accurate data that is sufficient to support a reasonable conclusion. Section V provides detailed guidelines concerning observation, interview notes, and record review that are critical to the investigation.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Steps in Determining Immediate Jeopardy: Investigation (cont.)

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Steps in Determining Immediate Jeopardy: Investigation (cont.)

- If you or a team member suspect an IJ situation notify your team leader.
- Your team leader will coordinate the investigation, including:
 - Contacting the State Agency (SA).
 - Gathering all needed information about the IJ.
- Appendix Q, Section V.



14 of 21

Transcript:

If you or another team member suspect an IJ situation, you need to notify your team leader immediately. Your team leader will coordinate all efforts to investigate, including contacting the State Agency, or SA, per the SA protocol and gathering information to address who, what, when, and why the IJ occurred. Section V of Appendix Q includes guiding questions and examples of actual cases and related team actions.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Steps in Determining Immediate Jeopardy: Decision Making

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Steps in Determining Immediate Jeopardy: Decision Making

- Your team will use evidence gathered to evaluate:
 - Care and services issues.
 - How often the issues occurred.
 - How likely the issues will reoccur.
- The information needs to be sufficient to address harm, immediacy, and culpability.
- Appendix Q, Section V, page 16.



15 of 21

Transcript:

You and your team will use the evidence you have gathered to evaluate the care and services issues that you're investigating, how often the issues occurred, and how likely the issue will reoccur. The information you have gathered needs to be sufficient to address the three components of IJ: harm, immediacy, and culpability.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Steps in Determining Immediate Jeopardy: Decision Making (cont.)

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Steps in Determining Immediate Jeopardy: Decision Making (cont.)

- Once the team has collected sufficient data concerning the IJ, the team meets and shares collected data.
- Identify the 3 components of IJ:
 - Harm.
 - Immediacy.
 - Culpability.



16 of 21

Transcript:

Once your team leader is satisfied that the team has collected sufficient data concerning the IJ, your team will meet and share the collected data. The team will identify the critical components of Immediate Jeopardy.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Steps in Determining Immediate Jeopardy: Decision Making (cont. 1)

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Steps in Determining Immediate Jeopardy: Decision Making (cont. 1)

- Decide if there is enough information to determine IJ.
- Gather more information if needed.
- Identify and clarify inconsistencies or contradictions in the data.
- Appendix Q, Section V.



17 of 21

Transcript:

The team will evaluate if there is enough information to determine IJ. If not, continue the investigation and gather more information. If you have enough information, identify and clarify any inconsistencies or contradictions in the data, determine the specific Federal regulation for the situation, and consult with the SA if needed. Appendix Q includes examples of the decision-making process and outcomes.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Steps in Determining Immediate Jeopardy: Implementation

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Steps in Determining Immediate Jeopardy: Implementation

- Review team actions related to implementation:
 - Team leader notifies SA.
 - Team leader notifies CMHC administration verbally.
 - CMHC should implement corrective measures immediately.
 - Appendix Q, Section VI Implementation.



18 of 21

Transcript:

The next step in the Immediate Jeopardy process is implementation. If your team reaches a consensus that IJ is present at a CMHC, your team leader will contact the State Agency for an expedited review. Your team leader will also contact other agencies as needed. Your team should also notify the CMHC. Review details concerning SA and team actions in Appendix VI Implementation to ensure proper procedures are followed.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Determining Immediate Jeopardy: Documentation

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Determining Immediate Jeopardy: Documentation

- Condition level of IJ must be noted on Form 2567.
- Detailed instructions are provided in Appendix Q, Section VII.



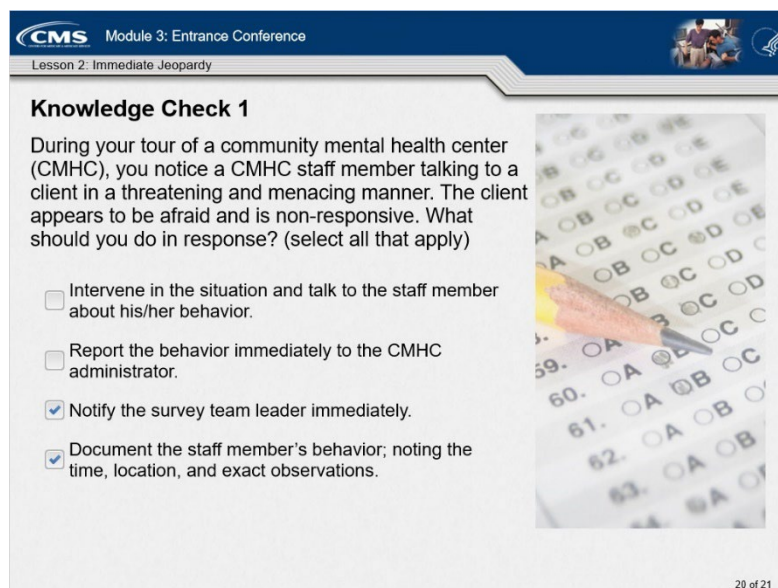
19 of 21

Transcript:

The condition level of IJ at the CMHC must be noted on Form 2567. For detailed instructions on how to cite the condition level see Appendix Q, Section VII.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 3: Entrance Conference', and 'Lesson 2: Immediate Jeopardy'. The main content is a 'Knowledge Check 1' question about a threatening staff member at a CMHC. Below the question are four multiple-choice options, with the last two selected. An image of a pencil pointing to a multiple-choice question is also visible on the right side of the slide.

Knowledge Check 1

During your tour of a community mental health center (CMHC), you notice a CMHC staff member talking to a client in a threatening and menacing manner. The client appears to be afraid and is non-responsive. What should you do in response? (select all that apply)

- Intervene in the situation and talk to the staff member about his/her behavior.
- Report the behavior immediately to the CMHC administrator.
- Notify the survey team leader immediately.
- Document the staff member's behavior; noting the time, location, and exact observations.

20 of 21

Transcript:

During your tour of a community mental health center (CMHC), you notice a CMHC staff member talking to a client in a threatening and menacing manner. The client appears to be afraid and is non-responsive. What should you do in response? (select all that apply)

Intervene in the situation and talk to the staff member about his/her behavior.

Report the behavior immediately to the CMHC administrator.

Document the staff member's behavior; noting the time, location, and exact observations.

Notify the survey team leader immediately.

Correct Feedback:

That's right. You should document the staff member's behavior; noting the time, location, and exact observations. You should also notify your survey team leader immediately when you suspect an Immediate Jeopardy (IJ) situation.

Incorrect Feedback:

That's not quite right. You should document the staff member's behavior; noting the time, location, and exact observations. You should also notify your survey team leader immediately when you suspect an Immediate Jeopardy (IJ) situation.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Immediate Jeopardy: Summary

CMS Module 3: Entrance Conference
Lesson 2: Immediate Jeopardy

Immediate Jeopardy: Summary

- Identify circumstances at a CMHC that pose IJ.
- Identify complaints, reports, and observations to determine IJ.
- Identify IJ documentation.



21 of 21

Transcript:

In this lesson, you learned to identify circumstances at a CMHC that pose IJ; identify complaints, reports, and observations to determine IJ; and identify IJ documentation. Let's move on to the next lesson, Onsite Tour.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 3: Onsite Tour


Onsite Tour: Overview

CMS Module 3: Entrance Conference

Lesson 3: Onsite Tour

Onsite Tour: Overview

- Onsite tour components.



1 of 16

Transcript:

The purpose of this lesson is for you to learn about what to look for in your onsite tour.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Onsite Tour: Objectives

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Onsite Tour: Objectives

- Identify tour logistics.
- Identify what to look for in each type of area in a CMHC.
- Identify the CoPs that correlate to observations.
- Identify areas that will require further investigation.



2 of 16

Transcript:

After completing this lesson, you will be able to identify tour logistics, identify what to look for in each type of area in a CMHC, identify the CoPs that correlate to observations, and identify areas that will require further investigation.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Tour Logistics

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Tour Logistics

- Tour all areas as soon as possible after the entrance conference.
- The staff is welcome to accompany you.
- Look for potential deficiencies.
- Identify areas that warrant further observation or inspection.



3 of 16

Transcript:

Conduct a tour of all areas of the CMHC as soon as possible after the conclusion of the entrance conference. The staff of the CMHC is welcome to accompany you. This is your first opportunity to see any potential deficiencies or to identify areas of the CMHC that warrant further observation or inspection.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Touring Treatment and Therapy Rooms

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Touring Treatment and Therapy Rooms

- When touring treatment and therapy rooms note if rooms are:
 - Free of hazards.
 - Suitable for the assigned treatment type.
 - M0310-Ensure Client Privacy and Dignity Provision of Services.
 - M0328-Ensure Client Privacy and Dignity Diagnostic Services.
 - M0349- Ensure Client Privacy and Dignity in Therapy Sessions.
- CFR 485.918(b)(1)(i), 485.918(b)(1)(xvi), and 485.918(e)(4).



4 of 16

Transcript:

Within a CMHC, the areas used for treatment and therapy programs should be free of potential hazards. Each room's condition and contents must accommodate the assigned treatment type and needs. During the tour focus on three M-Tags: M0310, M0328, and M0349. All of the M-Tags ensure the client privacy and dignity in different settings.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Touring Treatment and Therapy Rooms (cont.)

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Touring Treatment and Therapy Rooms (cont.)

- Rooms used by the treatment team and their clients or representatives should be:
 - Private, ensuring dignity.
 - Functional and comfortable.
 - Designed to provide confidentiality.



5 of 16

Transcript:

When touring rooms used by the interdisciplinary treatment team and where a client or their representative will be present, verify that the rooms are private and ensure dignity. The rooms should be functional and comfortable and provide for confidentiality when discussing treatment issues and topics.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Touring Common and Social Areas

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Touring Common and Social Areas

- When touring the common and social areas of a CMHC, verify if they are:
 - Conducive to easy interactions.
 - Free of potential hazards.
 - Functional and comfortable.
- Exits are marked appropriately.
- 42 CFR §485.918(e)(1) and reference M-Tag M0346.



6 of 16

Transcript:

The CMHC must provide a safe, functional, sanitary, and comfortable environment for clients and staff. To that end, client common and social areas must be conducive to easy interactions and free of potential hazards. The space should be functional and comfortable, and all exits need to be marked appropriately. The M-Tag M0346 focuses on functionality and comfort.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Touring Client Property Storage

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Touring Client Property Storage

- Accommodation for respectful treatment of client property and person.
 - Personal belonging storage.
 - Personal belonging access.
 - Personal privacy.
- 42 CFR §485.910(b)(1)(ii) and reference M-Tag M0127.



7 of 16

Transcript:

The CMHC must provide accommodations for respectful treatment of the client and the client's personal property. Respectful treatment includes designated storage, ample access to the storage, and providing privacy for the client as referenced by M0127.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Touring Rooms Used in Restraint and Seclusion

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Touring Rooms Used in Restraint and Seclusion

- If the CMHC uses restraint and seclusion, they must have space that is:
 - Designated and appropriate.
 - Free of potential hazards.
 - Clean and sanitary.
- Equipment used in restraint and seclusion must be stored properly.
- CFR §485.910(e)(1) and reference M-Tag M0155.



8 of 16

Transcript:

In facilities that use restraint or seclusion, look for a designated and appropriate space that is free of potential hazards, clean and sanitary. Equipment used in restraint and seclusion must be stored properly

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Touring Rooms Used in Restraint and Seclusion (cont.)

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Touring Rooms Used in Restraint and Seclusion (cont.)

- Look for CMHC and staff records for alternate methods and associated training.
- Title 42 CFR §485.910(e)(1) and reference M-Tag M0155.



9 of 16

Transcript:

Most CMHCs don't use restraint or seclusion due to the associated risks and because they lack appropriate space. These CMHCs must have an alternative method for managing clients who are a threat to themselves or others.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Touring Records Management Space

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Touring Records Management Space

- Rooms where client records are stored and managed must:
 - Have sufficient storage for all records.
 - Ensure confidentiality and be secure.
 - Post signs showing adherence to the Health Insurance Portability and Accountability Act (HIPAA).
 - Title 42 CFR §485.910(c)(3) and §485.914(e)(4) and referenced in M-Tags M0139 and M0232.



10 of 16

Transcript:

During the tour, ask to see the areas reserved for the storage and management of client records. This area must have sufficient storage for all records, ensure confidentiality, and be secure. Signs that the CMHC follows the Health Insurance Portability and Accountability Act, or HIPAA, must be posted.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Touring Medication Services and Storage Rooms

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Touring Medication Services and Storage Rooms

- Medication services and storage rooms:
 - Must be designated.
 - Have adequate lighting.
 - Ensure client privacy and dignity.
 - Provide for safe and secure storage of all medications.
- 42 CFR §485.918(b)(1)(xiii) and reference M-Tag M0325.



11 of 16

Transcript:

Medication services and storage must be designated rooms with adequate lighting. The rooms must ensure client privacy and dignity. The rooms must provide for safe and secure storage of all medications.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Touring Bathroom Facilities

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Touring Bathroom Facilities

- Bathroom facilities need to be:
 - Clean and sanitary.
 - Private.
 - Designed to provide dignity.
- Designated bathroom(s) in compliance with the Americans with Disabilities Act (ADA).
- 42 CFR §485.918(e)(3) and reference M-Tag M0348.



12 of 16

Transcript:

Bathroom facilities need to be clean and sanitary in appearance and allow for client privacy and dignity. There must be a designated bathroom or bathrooms that are in compliance with the Americans with Disabilities Act, or ADA

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Staff Observations While Touring

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Staff Observations While Touring

- Staff observation occurs throughout the survey.
- The onsite tour is your first look at staff members.
- You should note if enough staff are present to provide services.



13 of 16

Transcript:

Although you will be observing staff members throughout your survey, this is your first opportunity. It is important to note if staffing is sufficient for the services being provided.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Staff Observations While Touring (cont.)

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Staff Observations While Touring (cont.)

- Staff should:
 - Be present with clients at all times.
 - Respect and support the client, both verbally and nonverbally.
 - Protect clients' right to privacy and dignity.
- Title 42 CFR §485.918(e)(4) and referenced by M-Tag M0349.
- Title 42 CFR §485.910(b)(1) and referenced by M-Tag M0127.



14 of 16

Transcript:

Observe if staff are present with clients at all times. Staff should respect and support the client, both verbally and nonverbally. Staff must protect clients' right to privacy and dignity.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

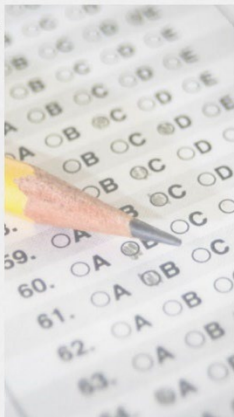
Knowledge Check 1

CMS Module 3: Entrance Conference
Lesson 3: Onsite Tour

Knowledge Check 1

During your tour, you notice clients' personal belongings such as purses, coats, and backpacks on the floor in a corner of a common area room. Under what Condition of Participation, or CoP, would this issue and potential deficiency be cited? (select the best answer)

- Admission, initial evaluation, comprehensive assessment, and discharge or transfer of client (§485.914).
- Treatment team, person-centered active treatment plan, and coordination of services (§485.916).
- Client rights (§485.910).
- Quality assessment and performance improvement (§485.917).
- Emergency preparedness (§485.920).



15 of 16

Transcript:

During your tour, you notice clients' personal belongings such as purses, coats, and backpacks on the floor in a corner of a common area room. Under what Condition of Participation, or CoP, would this issue and potential deficiency be cited? (select the best answer)

Admission, initial evaluation, comprehensive assessment, and discharge or transfer of client (§485.914).

Treatment team, person-centered active treatment plan, and coordination of services (§485.916).

Client rights (§485.910).

Quality assessment and performance improvement (§485.917).

Emergency preparedness (§485.920).

Correct Feedback:

That's right. Under §485.910(b)(1)(ii) and referenced by M-Tag M0127, the client has the right to have his or her property and person treated with respect.

Incorrect Feedback:

That's not quite right. Under §485.910(b)(1)(ii) and referenced by M-Tag M0127, the client has the right to have his or her property and person treated with respect.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Onsite Tour: Summary

CMS Module 3: Entrance Conference

Lesson 3: Onsite Tour

Onsite Tour: Summary

- Identify tour logistics.
- Identify what to look for in each type of area in a CMHC.
- Identify the CoPs that correlate to observations.
- Identify areas that will require further investigation.



16 of 16

Transcript:

In this lesson, you learned to identify tour logistics, what to look for in each type of area in a CMHC, the CoPs that correlate to observations, and areas that will require further investigation. Let's move on to the last lesson, Client Sampling.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Lesson 4: Client Sampling

Client Sampling: Overview

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Client Sampling: Overview

- Client sample selection.
- Documentation of sample selection.



1 of 12

The image is a composite of two photographs. The top photograph shows four business professionals (three men and one woman) sitting around a conference table, engaged in a discussion. The bottom photograph shows a close-up of a hand reaching into a binder to select a document from a stack of papers.

Transcript:

The purpose of this lesson is for you to identify how a client sample is selected and the proper way to document a sample selection.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Sampling: Objectives

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Client Sampling: Objectives

- Identify how a client sample is selected.
- Identify what steps are used to select a representative sample.
- Identify how to properly record pertinent information about the sample.



2 of 12

Transcript:

After completing this lesson, you will be able to identify how a client sample is selected, identify what steps are used to select a representative sample, and how to properly record pertinent information about the sample.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Sample Purpose and Process Overview

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Client Sample Purpose and Process Overview

- Reflects an accurate representation of clients.
- Standardizes the sampling method.
- Allows for flexibility based on factors unique to each CMHC.
- Outlined in the SOM §2252D.4a.



3 of 12

Transcript:

The purpose of a sample of clients is to reflect an accurate representation of all clients from the four core service areas. The sample selection process standardizes the sampling method to select a client sample. The methodology allows for flexibility in sample selection based on factors unique to each center, as outlined in the SOM.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Sample Selection Process

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Sample Selection Process

- Flexibility in relation to the size and workload of the CMHC.
- All selected for sample must have been CMHC clients in the last 3 to 6 months.
- At least 6 clients must be selected.
- At least 3 clients selected must be onsite and available for interview.
- At least 1 client selected must have been discharged.



4 of 12

Transcript:

As mentioned previously, there is some flexibility in the sample selection process related to the size and workload of the CMHC. The team must randomly select the sample from a list of all clients the CMHC has served in the last three to six months. At least six clients must be selected with at least half onsite and available for interview. At least one client must be discharged.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Sample Selection Process (cont.)

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Sample Selection Process (cont.)

- If a complaint is being investigated, all clients involved must be in the survey sample.
- Remove any client admitted within 7 business days prior to the survey.



5 of 12

Transcript:

If a complaint is being investigated at the time of the survey, include records of all clients named in the complaint as part of the survey sample. For all survey samples, remove any client admitted within seven business days prior to the survey. Clients who have been recently admitted may not have enough information on file, which takes time away from observations and interviews of clients with upcoming discharges.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Records of the Deceased

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Records of the Deceased

- Add clients who died while in or after restraint or seclusion within the last year.
- Evidence of contact with Federal, state, and local agencies notifying them of:
 - The circumstances surrounding the client's death.
 - Results of investigation by the CMHC and other appropriate agencies.



6 of 12

Transcript:

Death records need to be reviewed, as applicable during a survey. Clients should be added to the sample if they died while in or after restraint or seclusion within the last year. Evidence should exist of documented contact with federal, state, and local agencies, notifying them of the circumstances surrounding the client's death and resulting outcomes from investigation by the CMHC and other appropriate agencies.

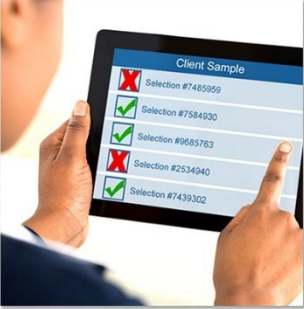
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Management of Survey Sample

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Management of Survey Sample

- Surveyors may add clients based on observations, interviews, or incidents.
- A CMHC may request that a client not be included for clinical reasons.
- CMHCs requesting that multiple clients be removed may need further review.



7 of 12

Transcript:

The sample list of clients for a survey can change. Surveyors may add clients to the sample, based on findings from observations, interviews, or incidents that occur during the survey. A CMHC may request that a client not be included for clinical reasons; however, you may still observe and do a record review. Be watchful of a CMHC requesting that several clients be removed from the sample.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Sample Documentation

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Sample Documentation

- What to document:
 - The clients selected for the sample and the sample distribution.
 - The record number and unique identifier code for each client in the sample.
 - The reason a client was added to the sample after initial selection.
 - The number of clients removed from the sample and the justification.
- Form CMS-807, Surveyor Notes Worksheet, can be used.



The image shows a 'SURVEYOR NOTES WORKSHEET' form. At the top, it says 'STATEMENT OF HEALTH AND HUMAN SERVICES' and 'DATA AND REPORTS AND RECORDS SYSTEMS'. Below that, it has fields for 'Agency Name', 'Surveyor Name', 'Member Number', 'Surveyor Number', 'Investigation Dates From', and 'To'. The main body of the form is a table with two columns: 'TAG/CONCERNS' and 'DOCUMENTATION'. The table has multiple rows for data entry.

8 of 12

Transcript:

Surveyors can use Form CMS-807, Surveyor Notes Worksheet, to list the clients selected for the sample and the distribution of the sample. You must ensure that the sample is well documented, including the client's record number; a unique identifier code; the reason a client was added to the sample, such as a complaint or observation; and the number of clients removed from the sample and the justification.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Requesting Additional Records

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Requesting Additional Records

- Review CMHC policies and procedures when questions or concerns arise:
 - During interviews, observations, and record reviews.
 - Concerning 24-hour emergency care.
 - Regarding screenings for admittance to state mental health facilities.



9 of 12

Transcript:

It is important for you to have as much information as possible. Therefore, in addition to the client records, you should review policies and procedures when questions or concerns arise during interviews, observations, and record reviews. This may include questions or concerns regarding the 24-hour emergency care services or screening for admittance to state mental health facilities.

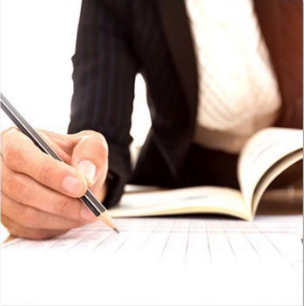
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Requesting Additional Records (cont.)

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Requesting Additional Records (cont.)

- Review serious incident and accident reports, including:
 - Client's treatment record.
 - Documentation about incidents and investigations.
- When not allowed, ask for a written summary.



10 of 12

Transcript:

Requesting records can be a tedious process. Therefore, you should also review any serious injury and occurrence reports, unless prohibited by state law. If the state law prohibits review of the actual report, request a written summary.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

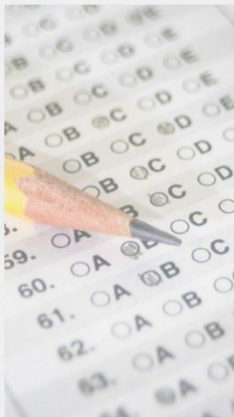
Knowledge Check 1

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Knowledge Check 1

A review of the policies and procedures of a CMHC, is not always a/an _____ activity when reviewing additional records in the sample selection process. (fill in the blank)

Optional
 Required
 Informal



11 of 12

Transcript:

A review of the policies and procedures of a CMHC, is not always a/an _____ activity when reviewing additional records in the sample selection process. (fill in the blank)

Optional

Required

Informal

Correct Feedback:

That's right. A review of the policies and procedures of a CMHC is not always required when reviewing additional records in the sample selection process. Reviews of policies and procedures typically occur as the result of an observed deficiency or an interview or complaint.

Incorrect Feedback:

That's not quite right. A review of the policies and procedures of a CMHC is not always required when reviewing additional records in the sample selection process. Reviews of policies and procedures typically occur as the result of an observed deficiency or an interview or complaint.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Sampling: Summary

CMS Module 3: Entrance Conference
Lesson 4: Client Sampling

Client Sampling: Summary

- Identify how a client sample is selected.
- Identify what steps are used to select a representative sample.
- Identify how to properly record pertinent information about the sample.



12 of 12

Transcript:

In this lesson, you learned to identify how a client sample is selected, identify what steps are used to select a representative sample, and how to properly record pertinent information about the sample. Let's move on to Module 4, Information Gathering.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

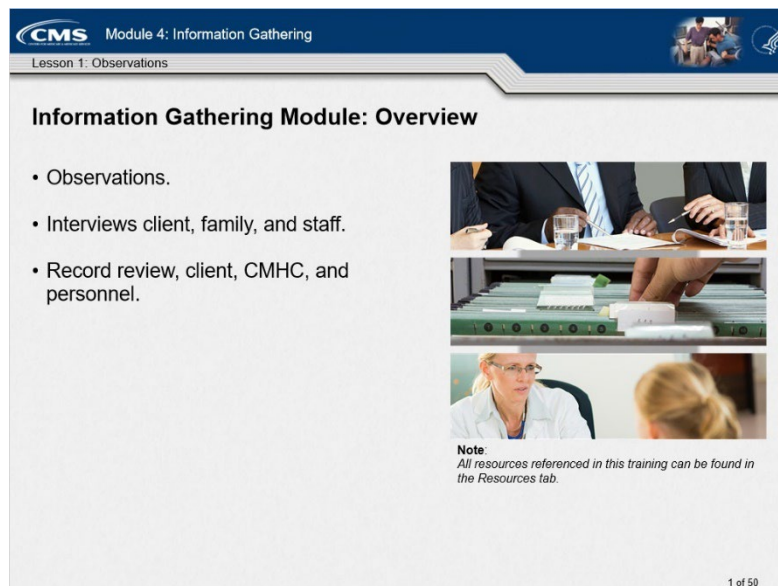
Module 4: Information Gathering

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Module 4: Information Gathering

Lesson 1: Observations

Information Gathering Module: Overview



The screenshot shows a training slide with a blue header containing the CMS logo and the text 'Module 4: Information Gathering' and 'Lesson 1: Observations'. The main content area has a white background with the title 'Information Gathering Module: Overview' and a bulleted list of activities. To the right of the list are three stacked images: a meeting, a person at a desk, and a person in a white coat. A note at the bottom right of the slide states that all resources are in the Resources tab. The slide number '1 of 50' is in the bottom right corner.

- Observations.
- Interviews client, family, and staff.
- Record review, client, CMHC, and personnel.

Note:
All resources referenced in this training can be found in the Resources tab.

1 of 50

Transcript:

The purpose of this module is for you to learn how to request, gather, analyze, and disseminate evidence of a community mental health center's, or CMHC's, compliance with the requirements in the condition of participation, or CoP.

Let's begin with Lesson 1: Observations.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observations: Overview



The screenshot shows a training slide with a blue header. The header contains the CMS logo, the text 'Module 4: Information Gathering', and a small image of people. Below the header, the slide title 'Observations: Overview' is displayed. A bullet point lists 'Methods for observation and observing for compliance with CoPs.' To the right of the text is a magnifying glass over the word 'COMPLIANCE'. The slide number '2 of 50' is in the bottom right corner.

Observations: Overview

- Methods for observation and observing for compliance with CoPs.

COMPLIANCE

2 of 50

Transcript:

The purpose of this lesson is for you to learn about methods for observation and observing for compliance to CFR regulations.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observations: Objectives

CMS Module 4: Information Gathering
Lesson 1: Observations

Observations: Objectives

- Identify the purpose of direct client observation.
- Identify potentially unsafe conditions and practices.
- Identify the adequacy, structure, and management of the therapeutic environment.
- Recognize observational cues to determine facility compliance.



3 of 50

Transcript:

After completing this lesson, you will be able to identify the purpose of direct client observation, potentially unsafe conditions and practices, the adequacy, structure, and management of the therapeutic environment, and recognize observational cues to determine facility compliance.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing in a Community Mental Health Center, or CMHC

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing in a Community Mental Health Center, or CMHC

- CMHC client-staff interactions are key to evaluating care quality and appropriateness.
- CMHC clients are diverse and may have both physical and mental diagnoses.
- CMHC Staff need to be aware of:
 - Individual diagnoses.
 - Treatment plans.
 - Appropriate interventions.



4 of 50

Transcript:

Observations of clients, staff, and their interactions allow a survey team to assess the quality and appropriateness of the care that is provided. Clients served by CMHCs are diverse and complex, due to many having both physical and mental diagnoses. Observe if staff is aware of client diagnoses, treatment plans, and provide the appropriate interventions.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing in a Community Mental Health Center (cont.)

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing in a Community Mental Health Center (cont.)

- When interacting with clients, some CMHC staff may lack:
 - Training.
 - Experience.
 - Education.
- CMHC staff may have poor or countertherapeutic interactions with clients.



5 of 50

Transcript:

Observing staff interactions with clients can reveal if staff lack training, experience, and education. An example is when some staff demonstrate poor or countertherapeutic interactions with clients.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Client Behaviors

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Client Behaviors

- Observing client behaviors reveals if:
 - Client diagnoses and treatment plans are understood.
 - Appropriate interventions are used in response to client behaviors.



6 of 50

Transcript:

Observing clients also allows surveyors to determine if the staff is knowledgeable about individual diagnoses and treatment plans. Surveyors must be able to look for evidence that CMHC staff are able to recognize client behaviors and intervene correctly.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing Client Behaviors (cont.)

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing Client Behaviors (cont.)

- Observing client behaviors ensures:
 - Established safeguards to promote client health and safety.
 - Sufficient staff to address client needs and behaviors.
 - Observing if environment is favorable to training and suitable client behaviors.



7 of 50

Transcript:

Observing client behaviors also helps to determine if safeguards are in place to ensure client health and safety. Adequate observation ensures that there are sufficient staff to address client needs and behaviors, and that the environment is favorable to training and promoting suitable client behaviors.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Observation Pre-Observation Steps

CMS Module 4: Information Gathering
Lesson 1: Observations

Client Observation Pre-Observation Steps

- Obtain a copy of client treatment plan.
- Ask staff to indicate sample clients for discrete observation.
- Observe clients in both individual and group settings.
- Observe in both structured and unstructured treatment settings.



8 of 50

Transcript:

Prior to observation, have a copy of a client's treatment plan. Ask a staff member to identify sample clients, so observations can be done unobtrusively. Observe the client alone and in structured or unstructured treatment settings, such as scheduled groups or experiential activities.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Observation Pre-Observation Steps (cont.)

CMS Module 4: Information Gathering
Lesson 1: Observations

Client Observation Pre-Observation Steps (cont.)

- Meet with the group leader prior to indicating your observation role.
- The group should be told by the leader:
 - Who you are.
 - Why you are there.



9 of 50

Transcript:

Prior to an observation, introduce yourself to the facilitator before the session begins. It is important that you maintain a professional and friendly demeanor. Request that no comments be directed to you during your observation. The session facilitator should introduce you, and inform the individual or group of your purpose.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Client Observation in a Group Setting

CMS Module 4: Information Gathering

Lesson 1: Observations

Client Observation in a Group Setting

- Take notes after observation is complete.
- Observe as many treatment sessions as possible.
- Observe until you can determine the client's degree of participation.
- Conduct at least 1 observation of each client in your sample.



10 of 50

Transcript:

Notes on an observed activity should not be taken until after the observation is complete and you are not observed by clients. Observe each sampled client in as many treatment sessions as possible. Observe long enough to assess the sampled client's level of participation. Conduct at least one observation of each client in your sample.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Observation in a Group Setting (cont.)

CMS Module 4: Information Gathering
Lesson 1: Observations

Client Observation in a Group Setting (cont.)

- Observe staff for:
 - Behavior management skills.
 - Techniques to engage resistant clients.
- Observe clients:
 - At different times of the day.
 - In different types of sessions.
- Adjust your schedule to accommodate the client's treatment schedule.



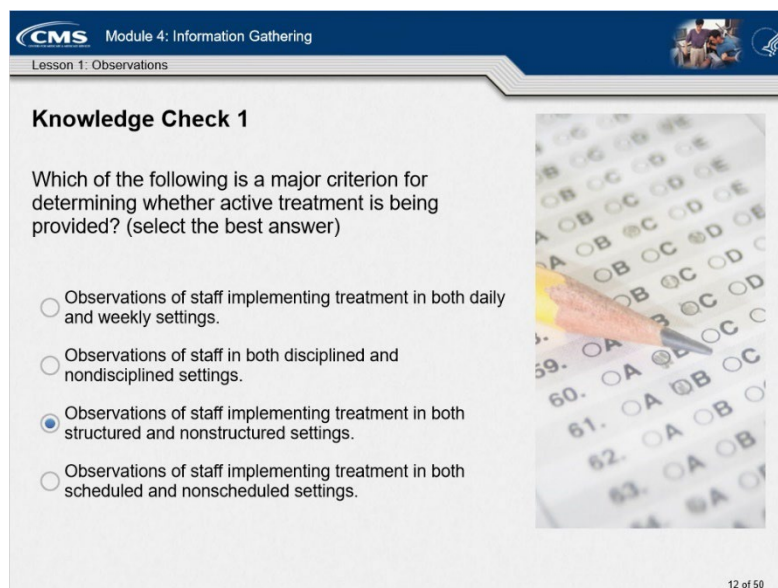
11 of 50

Transcript:

Observe whether staff uses appropriate behavior management skills and techniques to engage resistant clients. Conduct observations of a variety of sessions at different times of the day. Adjust your schedule to accommodate the client's treatment schedule.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



The screenshot shows a slide from a CMS training module. The header includes the CMS logo, 'Module 4: Information Gathering', and 'Lesson 1: Observations'. The slide title is 'Knowledge Check 1'. The question asks for the major criterion for determining active treatment. Four radio button options are listed, with the third option selected. An image of a pencil pointing to a multiple-choice test is on the right. The slide number '12 of 50' is in the bottom right corner.

Knowledge Check 1

Which of the following is a major criterion for determining whether active treatment is being provided? (select the best answer)

- Observations of staff implementing treatment in both daily and weekly settings.
- Observations of staff in both disciplined and nondisciplined settings.
- Observations of staff implementing treatment in both structured and nonstructured settings.
- Observations of staff implementing treatment in both scheduled and nonscheduled settings.

12 of 50

Transcript:

Which of the following is a major criterion for determining whether active treatment is being provided? (select the best answer)

Observations of staff implementing treatment in both daily and weekly settings.

Observations of staff in both disciplined and nondisciplined settings.

Observations of staff implementing treatment in both structured and nonstructured settings.

Observations of staff implementing treatment in both scheduled and nonscheduled settings.

Correct Feedback:

That's right. Staff must be observed in both a structured and nonstructured setting to determine if active treatment is being provided.

Incorrect Feedback:

That's not quite right. Staff must be observed in both a structured and nonstructured setting to determine if active treatment is being provided.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing CMHC Services for Compliance

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing CMHC Services for Compliance

- Observations should note:
 - Signs of organization, management, and administration of resources.
 - Evidence that the CMHC serves the required populations.
 - If required client populations are not present, check records and staff interviews for evidence of current or prior services.
 - Documented in Title 42 CFR §485.918 and referenced by M-Tag M0304.



13 of 50

Transcript:

The CMHC must organize, manage, and administer its resources to provide services, including services for children, the elderly, individuals with serious mental illness, and service area residents who have recently been discharged from an inpatient facility. Observe for evidence of compliance with the CoP requirements. If required client populations are not present at CMHC during the survey, check records and staff interviews to see if there is evidence that they are or have been receiving services.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Client Rights and Program Services

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Client Rights and Program Services

- Evaluate staff and client interactions:
 - Are the staff complying with the client's rights?
 - Are the client's rights being safeguarded?
 - Are the clients receiving the correct services?
- Documented in Title 42 CFR §485.910, §485.918, and §485.918(b), and referenced by M-Tags M0120, M0304, and M0309.



14 of 50

Transcript:

Surveyor evaluates staff and client interactions by observing if client rights are being respected and protected and observing for evidence of provision of services to clients.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing Rights Notice

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing Rights Notice

- If possible, observe a client initial evaluation for:
 - Delivery of rights and responsibilities verbally and in writing.
 - Verbal delivery is understood by the client or their representatives.
 - Notice in writing is comprehensible to client.
- Documented in Title 42 CFR §485.910 (a)(1) and referenced by M-Tag M0122.



15 of 50

Transcript:

During the initial evaluation, the CMHC must provide the client, the client's representative or surrogate with verbal and written notice of the client's rights and responsibilities. The verbal notice must be in a language and manner that the client or client's representative or surrogate understands. Written notice must be understandable to persons who have limited English proficiency.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Exercise of Client Rights and Respect

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Exercise of Client Rights and Respect

- When observing client rights, look for:
 - Staff body language.
 - The level of privacy given clients.
 - Treatment of client personal property.
 - Client mistreatment.
- Documented in Title 42 CFR §485.910(b) and §485.910(b)(1)(i-iv), and referenced by M-Tags M0125 through M0129.



16 of 50

Transcript:

The client has the right to exercise their rights as a client of the CMHC and have their property and person treated with respect. The client may voice grievances and understand the grievance process. The client may not be subjected to discrimination or reprisal for exercising their rights. Observe staff for body language, the privacy they give to clients, and how they respect client property.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing the Rights of the Client

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing the Rights of the Client

- If possible, observe a client involved in the:
 - Development of their active treatment plan.
 - Modification of their active treatment plan.
- Documented in Title 42 CFR §485.916(c) and referenced in M-Tag M0247.



17 of 50

Transcript:

The active treatment plan must have an account of interventions and service type, duration, and frequency, to meet the client's needs and documentation of client or representative involvement and agreement with the plan.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing the Rights of the Client (cont.)

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing the Rights of the Client (cont.)

- Observe a client declining care or treatment, if possible.
- Observe staff ability to maintain confidentiality of client clinical record.
- Observe release of client records, if possible.
- Documented in Title 42 CFR §485.910(c), §485.910(c)(1-3), and Title 45 CFR parts 160 and 164 and referenced by M-Tags M0136 through M0139.



18 of 50

Transcript:

The client has the right to refuse care or treatment and have a confidential clinical record. Access to or release of client information and the clinical record is permitted only in accordance with CFR requirements.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing the Rights of the Client (cont. 1)

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing the Rights of the Client (cont. 1)

- During observation, look for indications of:
 - Mistreatment, neglect, verbal, mental, sexual and physical abuse.
 - Injuries from unknown sources.
 - Seizure of property.
 - Forced work for the CMHC.
 - Being paid to work for CMHC at a lower rate than industry standard for their skill level.
- Documented in Title 42 CFR §485.910(c)(4) and §485.910(c)(6) and referenced by M-Tags M0140 and M0142.



19 of 50

Transcript:

The client also has the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of an unknown source, and misappropriation of client property. The client cannot be compelled to perform services for the CMHC. Furthermore, they must be compensated by the CMHC for any work performed for the CMHC at prevailing wages and commensurate with the client's abilities.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Client Treatment Participation

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Client Treatment Participation

- Observe sample client's attendance of treatment sessions.
- Observe who is leading the intervention.
- Documented in Title 42 CFR §485.916(b) and referenced by M-Tag M0244.



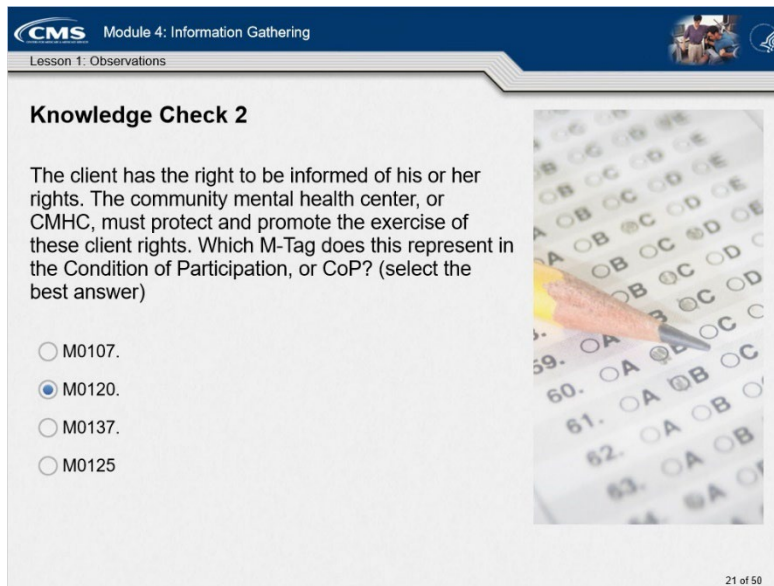
20 of 50

Transcript:

When documenting your observations, include your sample client's attendance. Use a copy of your sample client's treatment plan to determine if they are attending the treatments, as stated in their treatment plan, as well as the steps taken by the individual guiding those interventions.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 2



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 4: Information Gathering', and 'Lesson 1: Observations'. The main content area is titled 'Knowledge Check 2' and contains a question about client rights and M-Tags. A pencil is shown pointing to the selected answer, M0120. The slide number '21 of 50' is visible in the bottom right corner.

Knowledge Check 2

The client has the right to be informed of his or her rights. The community mental health center, or CMHC, must protect and promote the exercise of these client rights. Which M-Tag does this represent in the Condition of Participation, or CoP? (select the best answer)

- M0107.
- M0120.
- M0137.
- M0125

21 of 50

Transcript:

The client has the right to be informed of his or her rights. The community mental health center, or CMHC, must protect and promote the exercise of these client rights. Which M-Tag does this represent in the Condition of Participation, or CoP? (select the best answer)

M0107.

M0120.

M0137.

M0125

Correct Feedback:

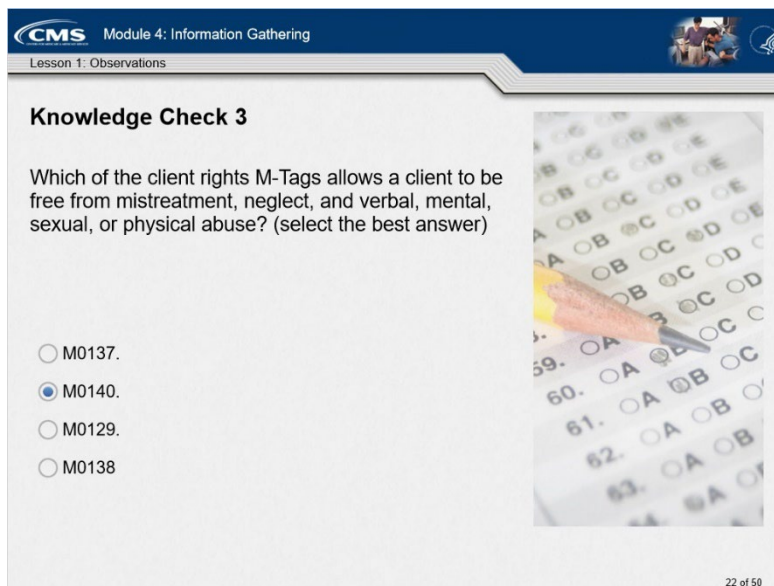
That's right. M-Tag 120 pertains to CoP Client Rights.

Incorrect Feedback:

That's not quite right. M-Tag 120 pertains to CoP Client Rights.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 3



Knowledge Check 3

Which of the client rights M-Tags allows a client to be free from mistreatment, neglect, and verbal, mental, sexual, or physical abuse? (select the best answer)

- M0137.
- M0140.
- M0129.
- M0138

22 of 50

Transcript:

Which of the client rights M-Tags allows a client to be free from mistreatment, neglect, and verbal, mental, sexual, or physical abuse? (select the best answer)

M0137.

M0140.

M0129.

M0138

Correct Feedback:

That's right. As documented in Title 42 CFR §485.910(c)(4) and referenced in M-Tag M0140, clients have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse.

Incorrect Feedback:

That's not quite right. As documented in Title 42 CFR §485.910(c)(4) and referenced in M-Tag M0140, clients have the right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Structured Program Services

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Structured Program Services

- What to observe:
 - Individual and group therapy sessions.
 - Interdisciplinary team services.
- Sessions that are primarily for recreational or leisure activities are out of compliance.
- Documented in Title 42 CFR §485.918(b)(1)(vi), §485.918(b)(1)(vii), §485.918(b)(1)(xii), and §485.918(b)(1)(xv), and referenced by M-Tags M0318, M0319, M0324, and M0327.



23 of 50

Transcript:

Observation of formal services should include individual and group therapy sessions with physicians, psychologists, or other mental health professionals. These sessions should not be primarily recreational or diversionary.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Structured Program Services (cont.)

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Structured Program Services (cont.)

- Observations should include:
 - Administration of drugs and biologicals. Watch for self-administration.
 - Family counseling related to client's illness.
 - Documented in Title 42 CFR §485.918(b)(1)(xiii) and §485.918(b)(1)(x), and referenced by M-Tags M0325 and M0322.



24 of 50

Transcript:

Observation of formal services should also include administration of drugs and biologicals furnished for therapeutic purposes, which cannot be self-administered, as determined by regulations. You should also observe any family counseling where the primary purpose is treatment of the individual's condition.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing Structured Program Services (cont. 1)

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing Structured Program Services (cont. 1)

- Observations should include:
 - Client training and education.
 - Diagnostic services, including psychological testing.
- Documented in Title 42 CFR §485.918(b)(1)(xiv) and §485.918(b)(1)(xvi), and referenced in M-Tags M0326 and M0328.



25 of 50

Transcript:

Observation of formal services should include client training and education, to the extent that training and educational activities are closely and clearly related to the individual's care and treatment, such as a group where the goal is to educate the client about their clinical diagnosis, symptoms, and treatment options. Observation of diagnostic services could include psychological testing.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing Provision of Services

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing Provision of Services

- When observing for provision of services, take note of:
 - Different payer types, if possible. Confirm with a records check.
 - What services are available at time of admission.



26 of 50

Transcript:

A CMHC must be primarily engaged in providing care and services to all clients regardless of payer type. They must have services available to a client at time of admission.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Provision of Services (cont.)

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Provision of Services (cont.)

- If you observe that a service does not seem available:
 - Can it be furnished quickly?
 - Verify with interviews and records review why that service is unavailable.
- Documented in Title 42 CFR §485.918(b) and §485.918(b)(1), and referenced by M-Tags M0309 and M0310.



27 of 50

Transcript:

Some CMHCs have professionals or services contracted and can provide services quickly. Sometimes they aren't actively providing a service due to a lack of need. Look for evidence that they provided the service in the past and that they can again.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing 24-Hour Emergency Care

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing 24-Hour Emergency Care

- When observing for emergency care services, look for:
 - Evidence that a clinical care provider provides care 24 hours a day.
 - An area reserved for emergency care.
- Call the emergency line off hours to confirm no recorded message is in place.
- Follow up with interviews and record review if evidence of emergency care cannot be observed.
- Defined in Title 42 CFR §485.918(b)(1)(ii) and referenced by M-Tag M0312.



28 of 50

Transcript:

Now that we have explored the provision of service, the next topic is observing 24-hour emergency care. The CMHC must provide 24-hour emergency care services. There is no exact requirement for 24-hour emergency care. Use the CFR requisite that services are provided in “a manner consistent with the following accepted standards of practice” to decide compliance. Emergency care must provide live access to a clinician, and ensure suitable followup and notation in the client’s medical record.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing CMHC Services

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing CMHC Services

- CMHC must provide at least one of the following:
 - Day treatment.
 - Psychosocial rehabilitation services (PSR).
 - Partial hospitalization services (PHS).



29 of 50

Transcript:

The CMHC must provide at least one of these services: day treatment, psychosocial rehabilitation services, or PSR, or partial hospitalization services, or PHS. These services must be provided at the CMHC and not in a home, inpatient or residential setting.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Day Treatment and Psychosocial Rehabilitation Services (PSR)

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Day Treatment and Psychosocial Rehabilitation Services (PSR)

- Observe if services take place in a designated, scheduled space and time.
- Observe that these services are being provided by the appropriate staff.
- Follow up with a record review and interview for more details on compliance.
- Documented in Title 42 CFR §485.918(b)(1)(iii) and referenced by M-Tag M0313.



30 of 50

Transcript:

As you observe the day treatment, include the space being used to provide these services, staff providing the services, schedule of services being provided, and attendance by client sample. Follow up with a record review and interview for more details on compliance.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Partial Hospitalization Services (PHS)

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Partial Hospitalization Services (PHS)

- Observe PHS with CFR requirements in mind.
- Observe if services take place in a designated, scheduled area and time.
- Observe that services are being provided by the appropriate staff.
- Follow up with a record review and interview for more details on compliance.
- Documented in Title 42 CFR §485.918(b)(1)(iii) and referenced by M-Tag M0313.
- PHS requirements are documented in Title 42 CFR §485.918(f 1-4), §410.110, §410.2, §424.24(e), and §410.43, and referenced by M-Tags M0354, M0355, M0356, M0357, and M0358.



31 of 50

Transcript:

As you are observing PHS consider the requirements in the CFR. Observation of PHS will include the space being used to provide these services, staff providing the services, schedule of services being provided, and attendance by client sample.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing Screening

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing Screening

- Check if the state prohibits the CMHC from screening.
- Observe for evidence of screening for state mental health facility admissions.
- Review documentation and staff interviews to supplement observations.
- Documented in Title 42 CFR §485.918(b)(1)(iv) and referenced in M-Tag M0314.



32 of 50

Transcript:

CMHCs must offer screening for clients being considered for admission to state mental health facilities to determine the appropriateness of such services, unless otherwise directed by state law. You may not have an opportunity to observe a client being screened for possible admission to a state facility. Use document review and staff interviews to determine compliance.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Psychotherapy

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Psychotherapy

- Observe individual and group psychotherapy with a licensed practitioner.
- Observing a therapy session may be difficult, as it disrupts therapy.
- Document observation of the interview to provide evidence that it occurred.
- Review documentation and staff interviews to supplement observations.
- Documented in Title 42 CFR §485.918(b)(1)(vi) and referenced in M-Tag M0318.



33 of 50

Transcript:

The CMHC must provide individual and group psychotherapy with a psychiatrist, psychologist, or other licensed mental health counselor, to the extent authorized under state law. Individual therapy may be hard to observe due to the disruption to the therapeutic dynamic. Even with consent, observing a session may reduce its benefit. The CoP is met if you have interview or records proof that individual therapy is occurring.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Physician and Psychiatric Nurse Services

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Physician and Psychiatric Nurse Services

- Observe services as clients enter for an appointment with a doctor or psychiatric nurse.
- Observe for provision of drugs, medications, or biologicals.
- Observe nurses during therapy, education groups, or assessments.
- Documented in Title 42 CFR §485.918(b)(1)(vii-viii) and referenced in M-Tags M0319 and M0320.



34 of 50

Transcript:

The CMHC must provide physician and psychiatric nursing services. Physician services may be observed as clients enter an appointment with the doctor. Nursing services are more common since they have a dual role as a medical and mental health professional. If the CMHC provides drugs, medications or biologicals, they may be providing that service. Nurses may run therapy or education groups or conduct assessments.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Additional Services

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Additional Services

- Observe for evidence of:
 - Social work services provided by a licensed professional.
 - Family counseling.
 - Occupational therapy (OT).
 - Other services offered by trained staff.
 - Drug and biological administration.
- Documented in Title 42 CFR §485.918(b)(1)(ix-xiii) and referenced in M-Tags M0321 through M0325.



35 of 50

Transcript:

A CMHC must provide clinical social work services by a state licensed professional. The CMHC must also provide family counseling and occupational therapy, or OT, services. OT therapists may provide services under contract. The CMHC must provide services of other staff trained to work with psychiatric clients and administer drugs and biologicals furnished for therapeutic purposes that cannot be self-administered.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing Additional Services (cont.)

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing Additional Services (cont.)

- Observe that client training and education is aligned with their active treatment.
- Observe diagnostic services.
- Documented in Title 42 CFR §485.918(b)(1)(xiv-xvi) and §485.918(b)(2), and referenced in M-Tags M0326 through M0329.



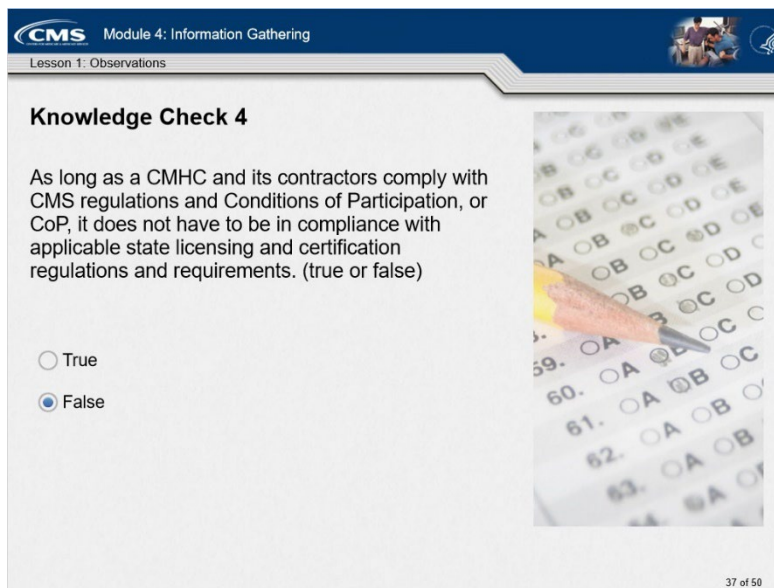
36 of 50

Transcript:

The CMHC must provide client training and education as related to the individual's care and active treatment, and offer individualized therapeutic activity services that are not primarily recreational or diversionary, and provide diagnostic services. The CMHC and individuals furnishing services on its behalf must meet applicable state licensing and certification requirements.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 4



The screenshot shows a training slide with a blue header containing the CMS logo and the text 'Module 4: Information Gathering' and 'Lesson 1: Observations'. The main content area has the title 'Knowledge Check 4' and a question: 'As long as a CMHC and its contractors comply with CMS regulations and Conditions of Participation, or CoP, it does not have to be in compliance with applicable state licensing and certification regulations and requirements. (true or false)'. Below the question are two radio button options: 'True' and 'False'. The 'False' option is selected. To the right of the text is an image of a pencil pointing to a multiple-choice test sheet. The slide number '37 of 50' is visible in the bottom right corner.

Transcript:

As long as a CMHC and its contractors comply with CMS regulations and Conditions of Participation, or CoP, it does not have to be in compliance with applicable state licensing and certification regulations and requirements. (true or false)

True.

False.

Correct Feedback:

That's right. A CMHC and its contractors must comply with all state licensing and certification regulations and requirements.

Incorrect Feedback:

That's not quite right. A CMHC and its contractors must comply with all state licensing and certification regulations and requirements.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 5

Knowledge Check 5

Which M-Tags identify the provision of services that a community mental health center, or CMHC, must provide? (select the best answer)

M0309 to M0329.

M0337 to M0340.

M0345 to M0349.

38 of 50

Transcript:

Which M-Tags identify the provision of services that a community mental health center, or CMHC, must provide? (select the best answer)

M0309 to M0329.

M0337 to M0340.

M0345 to M0349.

Correct Feedback:

That's right. The M-Tags that identify the provision of services that a CMHC must provide are found in M0309 through M0329.

Incorrect Feedback:

That's not quite right. The M-Tags that identify the provision of services that a CMHC must provide are found in M0309 through M0329.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing the Governing Body

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing the Governing Body

- You may not meet a member of the governing body unless the administrator is a member.
- Look for evidence that the governing body is legally responsible for the CMHC's operations.
- Documented in Title 42 §485.918(a) and §485.918(a)(1), and referenced by M-Tags M0305 and M0306.



39 of 50

Transcript:

You may not encounter a member of the governing body, unless the administrator is on the board. The governing body has full legal authority and responsibility for the CMHC's operations and services and the responsibility for ensuring that the CMHC is managed by the administrator and any managers they appoint.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observing the Administrator

CMS Module 4: Information Gathering

Lesson 1: Observations

Observing the Administrator

- Observation starts with the entrance conference and lasts the duration of the survey.
- Observe if the administrator or designated managers are running the CMHC.
- Documented in Title 42 §485.918(a) and §485.918(a)(1), and referenced by M-Tags M0305 and M0306.



40 of 50

Transcript:

The moment for observing the administrator begins at the entrance conference and may continue during the survey. The CMHC is managed by the administrator and any managers they appoint.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing the Interdisciplinary Team

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing the Interdisciplinary Team

- Active treatment team based on comprehensive assessment.
- Active treatment team members:
 - Physician or physician assistant (PA).
 - Clinical nurse (CNS) or nurse practitioner (NP).
 - Clinical psychologist.
 - Clinical social worker.



41 of 50

Transcript:

For each client of the CMHC, there must be evidence of an active treatment team consisting of disciplines based on the needs identified in the client's comprehensive assessment. An interdisciplinary treatment team, led by a physician, nurse practitioner, or NP, physician assistant, or PA, clinical nurse specialist, or CNS, clinical psychologist, or clinical social worker, must provide the care and services offered by the CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing the Interdisciplinary Team (cont.)

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing the Interdisciplinary Team (cont.)

- Observe if interdisciplinary treatment team members seem competent and properly trained. Note their level of involvement and alignment with client needs.
- If you are unable to verify this requirement through observation, verify compliance from client interview and records review.
- Documented in Title 42 CFR §485.916(a) (1) and referenced by M-Tag M0237.



42 of 50

Transcript:

Members of the interdisciplinary treatment team must be appropriately trained and competent to provide CMHC services. As you observe group therapies, individual therapy or case management, treatment team meetings or treatment plan development or updates, expect these professionals to be involved, dependent on the treatment needs of the client. If you are unable to verify this requirement through observation, verify compliance from client interview and records review.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Staff Competence

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Staff Competence

- Observe how well the staff lead a group or activity.
- Observe the client level of focus.
- Observe what techniques the staff use to retain client focus.
- Cross check with staff training record reviews and staff interviews.
- Documented in Title 42 CFR §485.918(d) (3) and referenced by M-Tag M0340.



43 of 50

Transcript:

When documenting your observations regarding the ability of a staff member to lead a group or activity and keep clients on task, document the staff skills and competencies that were used. A CMHC must assess the skills and competence of staff furnishing care and provide training and education as needed. There must be written policies and procedures on how to assess competency and a description of training provided during the last year.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing Disruptive Behavior

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing Disruptive Behavior

- Note disruptive behavior you observe.
- Document your observations of the staff reaction and resolution of behavior(s).
- Cross check your observations with staff training record review and staff interviews.
- Documented in Title 42 CFR §485.910(f)(2) and §485.910(f)(2)(ii), and referenced in M-Tags M0170 and M0172.



44 of 50

Transcript:

When documenting your observations regarding the presence of disruptive behaviors, note the staff's ability to manage this behavior and reference staff training. The CMHC must require all staff caring for clients to have appropriate education, training, and demonstrated knowledge of the use of nonphysical intervention skills, based on the specific needs of the client population.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Observing the Active Treatment Plan

CMS Module 4: Information Gathering
Lesson 1: Observations

Observing the Active Treatment Plan

- Observe that treatments are provided to clients in alignment with their active treatment plan.
- Observe who is providing the treatments.
- Confirm staff education and training through a record review and staff interview.
- Documented in Title 42 CFR §485.916(b) and referenced by M-Tag M0244.



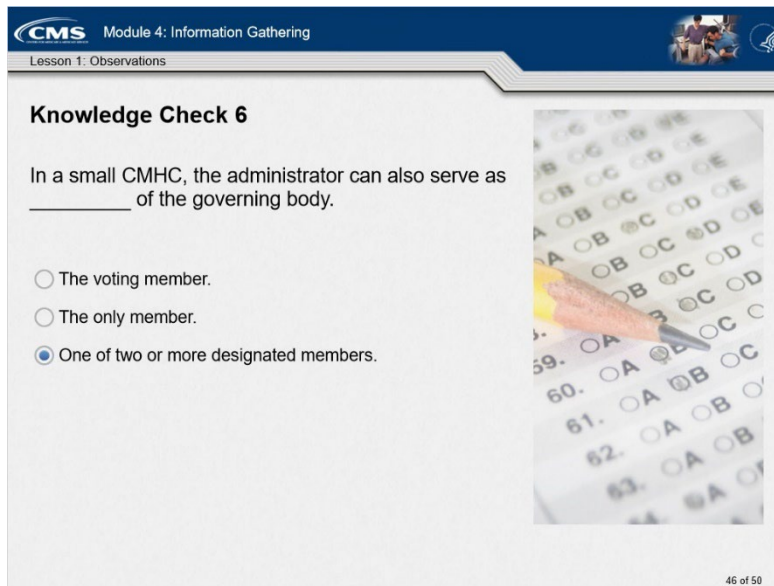
45 of 50

Transcript:

All CMHC care and services furnished to clients must be consistent with an individualized, written, active treatment plan established by the interdisciplinary treatment team and consistent with treatment goals and objectives. Each client and client's caregiver(s), as applicable, receive education and training consistent with the client's and caregiver's responsibilities, as identified in the active treatment plan.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 6



Knowledge Check 6

In a small CMHC, the administrator can also serve as _____ of the governing body.

- The voting member.
- The only member.
- One of two or more designated members.

46 of 50

Transcript:

In a small CMHC, the administrator can also serve as _____ of the governing body.

The voting member.

The only member.

One of two or more designated members.

Correct Feedback:

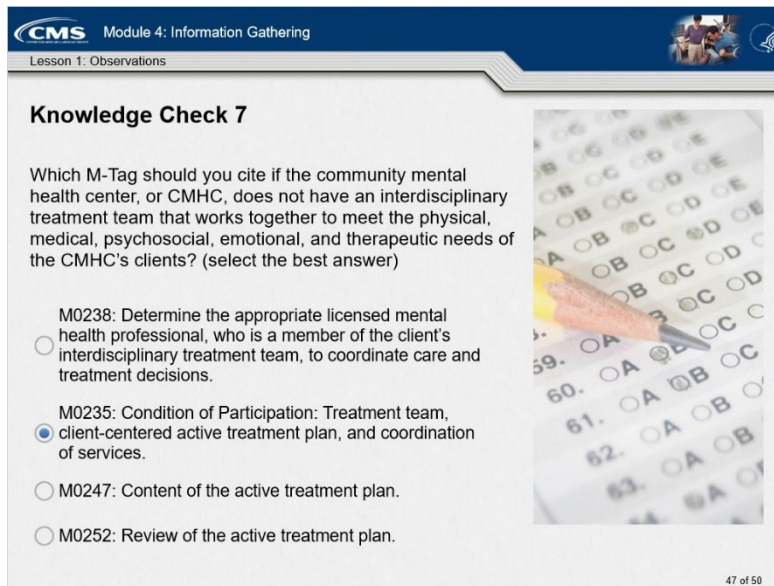
That's right. A CMHC must have a designated governing body made up of 2 or more designated members.

Incorrect Feedback:

That's not quite right. A CMHC must have a designated governing body made up of 2 or more designated members.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 7



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 4: Information Gathering', and 'Lesson 1: Observations'. The main title is 'Knowledge Check 7'. The question asks which M-Tag to cite if a community mental health center (CMHC) lacks an interdisciplinary treatment team. Four options are listed: M0238, M0235 (selected), M0247, and M0252. A pencil is shown pointing to the selected option. The slide number '47 of 50' is in the bottom right corner.

Knowledge Check 7

Which M-Tag should you cite if the community mental health center, or CMHC, does not have an interdisciplinary treatment team that works together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of the CMHC's clients? (select the best answer)

- M0238: Determine the appropriate licensed mental health professional, who is a member of the client's interdisciplinary treatment team, to coordinate care and treatment decisions.
- M0235: Condition of Participation: Treatment team, client-centered active treatment plan, and coordination of services.
- M0247: Content of the active treatment plan.
- M0252: Review of the active treatment plan.

47 of 50

Transcript:

Which M-Tag should you cite if the community mental health center, or CMHC, does not have an interdisciplinary treatment team that works together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of the CMHC's clients? (select the best answer)

M0238: Determine the appropriate licensed mental health professional, who is a member of the client's interdisciplinary treatment team, to coordinate care and treatment decisions.

M0235: Condition of Participation: Treatment team, client-centered active treatment plan, and coordination of services.

M0247: Content of the active treatment plan.

M0252: Review of the active treatment plan.

Correct Feedback:

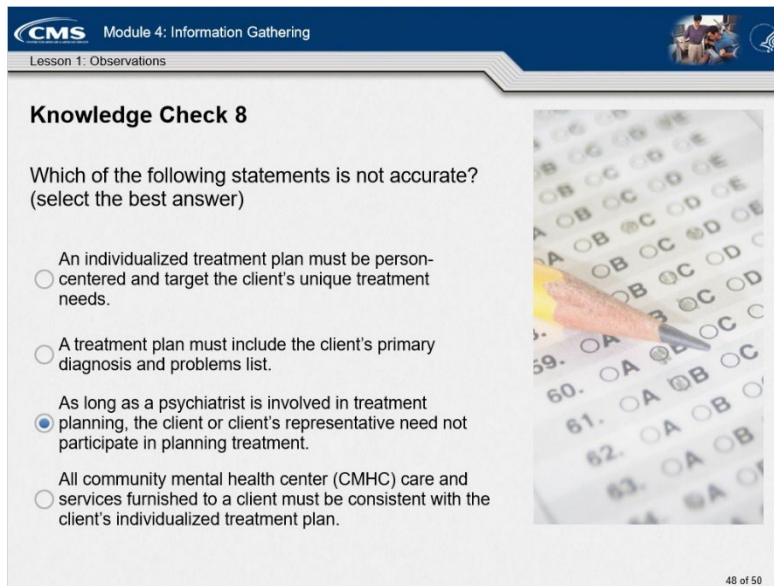
That's right. If there is no designated treatment team, then this would significantly impact the client treatment and progress as well as a number of the other tags/regulatory requirements not being met.

Incorrect Feedback:

That's not quite right. If there is no designated treatment team, then this would significantly impact the client treatment and progress as well as a number of the other tags/regulatory requirements not being met.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 8



CMS Module 4: Information Gathering
Lesson 1: Observations

Knowledge Check 8

Which of the following statements is not accurate?
(select the best answer)

- An individualized treatment plan must be person-centered and target the client's unique treatment needs.
- A treatment plan must include the client's primary diagnosis and problems list.
- As long as a psychiatrist is involved in treatment planning, the client or client's representative need not participate in planning treatment.
- All community mental health center (CMHC) care and services furnished to a client must be consistent with the client's individualized treatment plan.

48 of 50

Transcript:

Which of the following statements is not accurate? (select the best answer)

An individualized treatment plan must be person-centered and target the client's unique treatment needs.

A treatment plan must include the client's primary diagnosis and problems list.

As long as a psychiatrist is involved in treatment planning, the client or client's representative need not participate in planning treatment.

All community mental health center (CMHC) care and services furnished to a client must be consistent with the client's individualized treatment plan.

Correct Feedback:

That's right. The CMHC must develop a person-centered individualized active treatment plan for each client. The active treatment plan must take into consideration client recovery goals and the issues identified in the comprehensive assessment.

Incorrect Feedback:

That's not quite right. The CMHC must develop a person-centered individualized active treatment plan for each client. The active treatment plan must take into consideration client recovery goals and the issues identified in the comprehensive assessment.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 9

Knowledge Check 9

Which of the following are required to be part of an active treatment plan? (select all that apply)

- List of all facilities where the client was treated before admission to the community mental health center program.
- Client diagnosis and problems list.
- Treatment goals and intervention.
- Planning for discharge and aftercare.

49 of 50

Transcript:

Which of the following are required to be part of an active treatment plan? (select all that apply)

List of all facilities where the client was treated before admission to the community mental health center program.

Client diagnosis and problems list.

Treatment goals and intervention.

Planning for discharge and aftercare.

Correct Feedback:

That's right. The history of facilities where the client received treatment is contained in the initial evaluation, but primarily in the comprehensive assessment.

Incorrect Feedback:

That's not quite right. The history of facilities where the client received treatment is contained in the initial evaluation, but primarily in the comprehensive assessment.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Observations: Summary

CMS Module 4: Information Gathering

Lesson 1: Observations

Observations: Summary

- Identify the purpose of direct client observation.
- Identify potentially unsafe conditions and practices.
- Identify the adequacy, structure, and management of the therapeutic environment.
- Recognize observational cues to determine facility compliance.



50 of 50

Transcript:

In this lesson, you learned to identify the purpose of direct client observation, potentially unsafe conditions and practices, the adequacy, structure, and management of the therapeutic environment, and recognize observational cues to determine facility compliance. Let's move on to the next lesson in this module, Client Interview.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 2: Client Interviews

Client Interviews: Overview



The slide features a dark blue header with the CMS logo and the text 'Module 4: Information Gathering' and 'Lesson 2: Client Interviews'. Below the header, the title 'Client Interviews: Overview' is displayed. A bulleted list contains the text 'Client interview techniques and regulations.' To the right of the text is a photograph of three people in a professional setting: a woman on the left, a man in the center holding a clipboard, and a woman on the right. The slide number '1 of 24' is located in the bottom right corner.

Transcript:

The purpose of this lesson is for you to learn about recommended interview techniques for clients and how to connect interviews to regulatory requirements.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Interviews: Objectives

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Client Interviews: Objectives

- Identify the recommended interview techniques used when surveying clients.
- Identify how client interviews are used in evaluating compliance with the CoPs.



2 of 24

Transcript:

After completing this lesson, you will be able to identify the recommended interview techniques used when surveying clients and how client interviews are used in evaluating compliance with the CoPs.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Interview Procedures

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Interview Procedures

- Identify an interview location that is quiet and private.
- Allow a staff member to be present if the client prefers.
- Do not allow a staff member to participate in the interview.
- Ask the client again if they would prefer a private meeting if they:
 - Are looking to the staff member for approval.
 - Seem hesitant to answer questions.



3 of 24

Transcript:

Prior to conducting interviews, identify a location for the interviews that is quiet and private. Although most clients will speak with you in private, some may want a staff member present. Staff members may be present during an interview, but they should not participate. If you observe the client continually looking to the staff member for approval or seeming to hesitate to answer your questions, ask him or her again if they would prefer to meet with you alone.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Importance of Family Interviews

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Importance of Family Interviews

- Family should be part of the interview process to determine their perspective on compliance.



4 of 24

Transcript:

A major goal of treatment at a CMHC is the reintegration of the client back into the family and the community. Since the family is often involved with the client care and services, the family should be part of the interview process to determine their perspective on compliance.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Introductions

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Client Introductions

- Ask a staff member to identify the client.
- Confirm that the client is:
 - Not in crisis.
 - Able to communicate.
- Have a staff member introduce you.



5 of 24

Transcript:

When you begin the interview process for a specific client, have a staff member identify the client. You need to confirm that the client is able to speak with you and not experiencing a crisis and able to communicate. Have the staff member introduce you.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Approaching the Client

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Approaching the Client

- Be aware of the client diagnosis before you begin.
- Adapt based on the client's diagnosis.
- Explain to the client the purpose of the interview.
- Ask the client if they agree to be interviewed.



6 of 24

Transcript:

A client may have anxiety, suspicion, or paranoia that could affect your interview; be aware of the client diagnosis before you begin. Adapt your approach based on the client's diagnosis, explain the purpose of the interview, and ask them if they would like to participate.

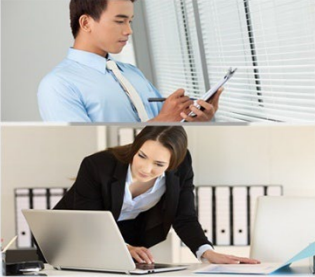
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Interview Refusals

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Client Interview Refusals

- Ask the client if there is a better time.
- Keep the client in your sample if a second interview is refused.
- Use client record review or direct observation.
- Document all attempted and refused interviews.



7 of 24

Transcript:

There will be instances when a client refuses to be interviewed. Ask if you can return later or establish a better time. Avoid scheduling interviews during a meal or favorite activity. If the client continues to refuse to be interviewed a second time, do not delete them from your sample, but instead focus on the review of the client's records and your direct observations. Make sure to document all attempted and refused interviews.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Client Interview Introductions

CMS Module 4: Information Gathering

Lesson 2: Client Interviews

Client Interview Introductions

- Begin the interview by repeating your name, and why you are there.
- Use wording like: “This survey is routine for all community mental health centers, and part of the process is to interview clients about their treatment. Clients are randomly chosen. I went down the list of people receiving services and just happened to select you.”
- Use the phrase “talk to” instead of “interview” to reduce client anxiety.



8 of 24

Transcript:

As you begin to interview a client, repeat your name and why you are there. To put the client at ease you may want to begin with wording like: “This survey is routine for all community mental health centers, and part of the process is to interview clients about their treatment. Clients are randomly chosen. I went down the list of people receiving services and just happened to select you.” You may adjust your wording to your client’s needs, such as using the phrase “talk to” in place of the word “interview.”

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Interview Techniques

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Client Interview Techniques

- Use silence and ask open-ended, not leading, questions.
- Don't interrupt.
- Reserve 10 to 15 minutes for a typical interview, and more if the client was involved in an incident.
- Watch for signs of irritation and be willing to stop the interview.
- Allow time for client questions.
- Thank the client for their time.



9 of 24

Transcript:

When you are interviewing a client, there are some techniques that may help. Use silence to encourage client participation and ask open-ended questions. Avoid leading questions and be ready to redirect the conversation if needed. Do not interrupt the client. Interviews generally last 10 to 15 minutes unless a client has been involved in a major incident. If the client begins to show signs of irritation, stop the interview. Be sure to allow time for client questions and to thank the client for their time.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Active Listening Skills

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Active Listening Skills

- Use active listening skills such as:
 - Give undivided attention.
 - Provide feedback.
- Show attention by posture and nonverbal cues.
- Be aware of the client's illness and adapt accordingly.
- Paraphrase and summarize periodically to enhance clarity and understanding.



10 of 24

Transcript:

Active listening skills can be invaluable when interviewing CMHC clients. Make sure to give the client your undivided attention and show that you are listening through feedback, posture, and nonverbal cues. You should adjust your posture and tone to adapt to the client's diagnosis. Make sure to paraphrase and summarize what the client has said to enhance clarity and understanding. Don't interrupt the client, and treat them as you think they want to be treated.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Determine Treatment

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Determine Treatment

- Ask questions that help you to verify compliance with the CoPs such as:
 - How long have you been in treatment here?
 - Tell me what was happening that led up to your starting treatment here.
 - Who is your doctor/therapist? How often do you see him or her and for how long?
 - What groups do you attend? What is the most helpful group for you? Why?
 - Are there any groups that you feel should be eliminated? Why?



11 of 24

Transcript:

When you are interviewing a client, make sure you ask both general and specific questions that allow you to verify regulatory compliance. On the following screens you will find some general questions for your use. Questions on this screen include the length of client treatment, the circumstances that brought them to the CMHC, who is on their interdisciplinary treatment team, what treatments they get, and for how long. Ask the client if they attend any groups, which ones, and what they like or dislike.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Understanding Treatment

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Understanding Treatment

- Ask questions that help you to verify compliance with the CoPs such as:
 - Are you taking any medications while you are here? What are they? Are they helping you? Do you have any side effects?
 - Where will you go when you finish your treatment here?
 - Do you have any physical problems that are being treated while you are here?
 - Do you have any recreation or physical activity groups?
 - Have there been times when you have been concerned for your safety or the safety of others while at the CMHC?



12 of 24

Transcript:

Here are more general questions for your reference. These questions include asking the client what their medicinal requirements are while at the CMHC, and who dispenses any medications. You could ask questions about their plans after they finish treatment and if they have any physical problems that are being treated at the CMHC. You may also ask about recreation or physical activity groups and if the client has ever been concerned for their safety or the safety of others while at the CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Assessing Treatment

CMS Module 4: Information Gathering

Lesson 2: Client Interviews

Assessing Treatment

- Ask questions that help you understand the climate of the CMHC, such as:
 - Do you feel you've been helped since you have been here and would you refer other people who need help to this center?
 - Who is the staff member who has helped you the most? How?
 - Are there any staff members who you do not feel are helpful to clients? Why?
 - If you were the boss here, what would you change?



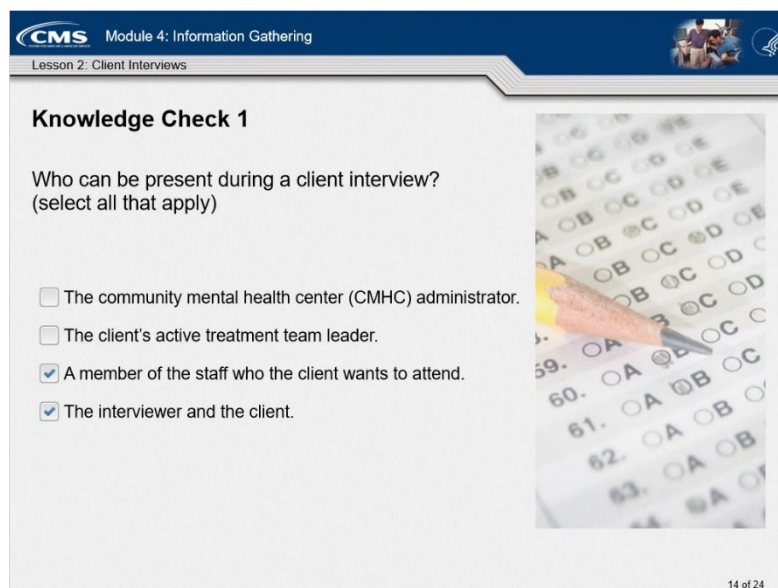
13 of 24

Transcript:

During your interview, make sure to ask clients about the climate of the CMHC. You could ask the client if they feel they have been helped since coming to the CMHC and if they would refer others to this center. Ask if there is any staff member who has helped them the most and how, and if there is any staff who weren't helpful and how. Ask the client if there is anything they would change if they were in charge at the CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



Knowledge Check 1

Who can be present during a client interview?
(select all that apply)

- The community mental health center (CMHC) administrator.
- The client's active treatment team leader.
- A member of the staff who the client wants to attend.
- The interviewer and the client.

14 of 24

Transcript

Who can be present during a client interview? (select all that apply)

The community mental health center (CMHC) administrator.

The client's active treatment team leader.

A member of the staff who the client wants to attend.

The interviewer and the client.

Correct Feedback:

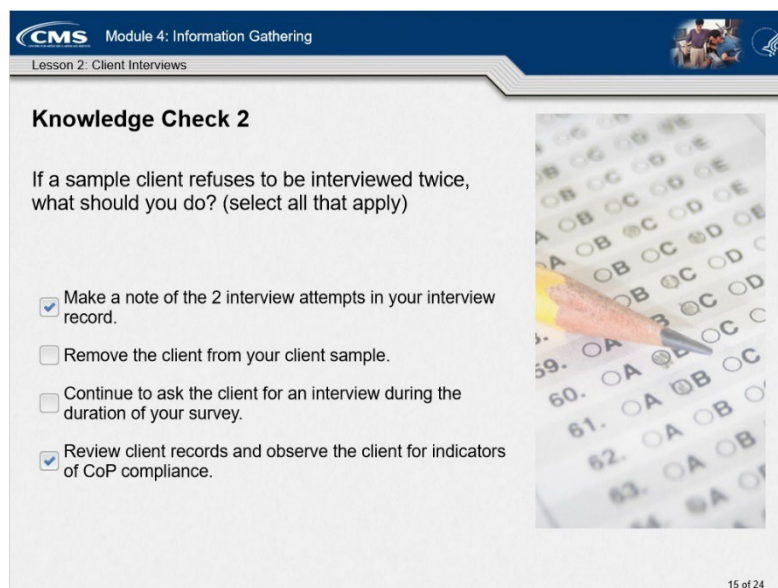
That's correct. Only a staff member who is requested by the client may be present with the interviewer and the client during an interview.

Incorrect Feedback:

That's incorrect. Only a staff member who is requested by the client may be present with the interviewer and the client during an interview.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 2



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 4: Information Gathering', and 'Lesson 2: Client Interviews'. The main content area is titled 'Knowledge Check 2' and contains a question: 'If a sample client refuses to be interviewed twice, what should you do? (select all that apply)'. Below the question are four multiple-choice options with checkboxes. The first, third, and fourth options are checked. To the right of the text is a photograph of a pencil pointing to a survey form with multiple-choice questions. The footer of the slide indicates '15 of 24'.

Knowledge Check 2

If a sample client refuses to be interviewed twice, what should you do? (select all that apply)

- Make a note of the 2 interview attempts in your interview record.
- Remove the client from your client sample.
- Continue to ask the client for an interview during the duration of your survey.
- Review client records and observe the client for indicators of CoP compliance.

15 of 24

Transcript:

If a sample client refuses to be interviewed twice, what should you do? (select all that apply)

Make a note of the 2 interview attempts in your interview record.

Remove the client from your client sample.

Continue to ask the client for an interview during the duration of your survey.

Review client records and observe the client for indicators of CoP compliance.

Correct Feedback:

That's correct. If the client refuses your initial interview, ask if you can return later and identify a better time. If they refuse a second time, do not delete them from the sample and use review of client record and direct observation to gain information. Be sure to document interview requests and document refusals.

Incorrect Feedback:

That's incorrect. If the client refuses your initial interview, ask if you can return later and identify a better time. If they refuse a second time, do not delete them from the sample and use review of client record and direct observation to gain information. Be sure to document interview requests and document refusals.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


24-Hour Emergency Care Services

CMS Module 4: Information Gathering

Lesson 2: Client Interviews

24-Hour Emergency Care Services

- When asking about 24-hour-a-day emergency care services, ask:
 - Have you ever needed to contact emergency care services and, if so, how was it?
 - How would someone in crisis contact emergency care services?
 - If they don't know about the 24-hour emergency care, how would they find out?
- Documented in Title 42 CFR 485.918(b)(1)(ii) and referenced in M0312.



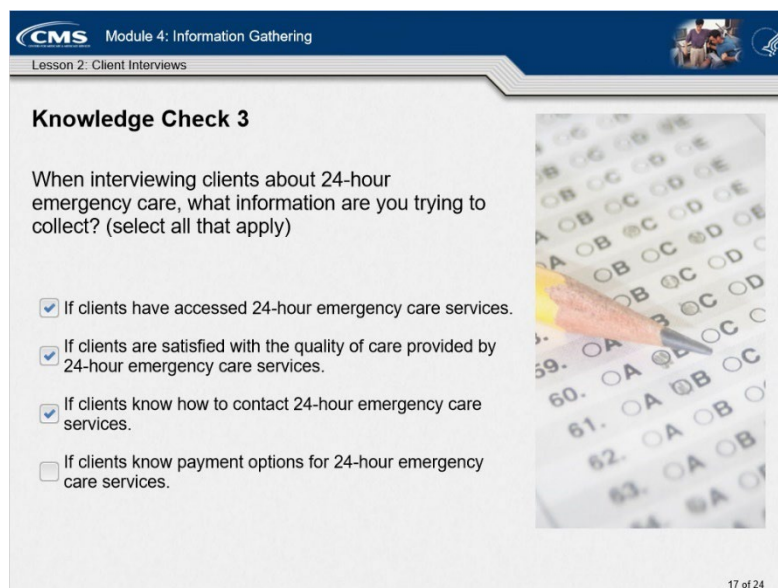
16 of 24

Transcript:

When interviewing about 24-hour emergency care services, you will ask your client if they have ever accessed the CMHC 24-hour emergency care services and how their experience was. If they haven't accessed the emergency care services, ask your client to describe how someone would access and receive help using the CMHC's 24-hour emergency care service. If your client doesn't know how to access the CMHC's emergency services, ask them how they would find out.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 3



The screenshot shows a slide from a CMS training module. The header includes the CMS logo, 'Module 4: Information Gathering', and 'Lesson 2: Client Interviews'. The main title is 'Knowledge Check 3'. The question asks for information to collect when interviewing clients about 24-hour emergency care. There are four multiple-choice options, with the first three selected. An image of a pencil pointing to a bubble test is on the right. The slide number '17 of 24' is in the bottom right corner.

Knowledge Check 3

When interviewing clients about 24-hour emergency care, what information are you trying to collect? (select all that apply)

- If clients have accessed 24-hour emergency care services.
- If clients are satisfied with the quality of care provided by 24-hour emergency care services.
- If clients know how to contact 24-hour emergency care services.
- If clients know payment options for 24-hour emergency care services.

17 of 24

Transcript:

When interviewing clients about 24-hour emergency care, what information are you trying to collect? (select all that apply)

If clients have accessed 24-hour emergency care services.

If clients are satisfied with the quality of care provided by 24-hour emergency care services.

If clients know how to contact 24-hour emergency care services.

If clients know payment options for 24-hour emergency care services.

Correct Feedback:

That's correct. The regulatory requirements provide no directive or guidance on what comprises emergency care services. The expectation is that the CMHC will provide industry standards with regard to emergency care services. That's correct. When interviewing clients, you are collecting information concerning client access to and satisfaction with the quality of care provided through a CMHC's 24-hour emergency care services. You are also checking to see if they know how to contact 24-hour emergency care services.

Incorrect Feedback:

That's not quite right. When interviewing clients, you are collecting information concerning client access to and satisfaction with the quality of care provided through a CMHC's 24-hour emergency care services. You are also checking to see if they know how to contact 24-hour emergency care services.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Treatment Services

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Treatment Services

- Ask the client to:
 - Describe what treatment services they participate in.
 - How the treatment services are helping them.
 - Documented in Title 42 CFR §485.918(b)(1)(iii-xvi) and §485.916(c), and referenced by M-Tags M0313, M0318-M0328, M0247, and M0355.



18 of 24

Transcript:

During your interview, make sure to ask a client about the specific services they receive. Ask the client to describe what services they take part in and how they are helping them meet their goals. You will compare this to the needs and goals documented in the client's comprehensive assessment and active treatment plan. Questions of this nature can provide proof of compliance with the CoPs that involve the provision of services, the active treatment plan and the comprehensive assessment.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Active Treatment Plan

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Active Treatment Plan

- When interviewing the client about their active treatment plan, ask:
 - Do you know you have an active treatment plan?
 - Do you understand your active treatment plan?
 - Do you understand your active treatment plan's goals and interventions?



19 of 24

Transcript:

A client's active treatment plan is an integral part of their care at a CMHC. When you interview a client, you need to ask them specific questions about their active treatment plan. You will need to ask them if they are aware of the treatment plan, and understand it and its goals and interventions.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Accessing Active Treatment Plan

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Accessing Active Treatment Plan

- When interviewing the client about their active treatment plan, ask:
 - Do you remember being involved in developing your active treatment plan?
 - Do you understand your role in your active treatment plan?
 - Do you feel involved in your active treatment?
 - Encourage elaboration in client responses: "Can you tell me more?"
 - Do you think the CMHC is holding up its end of the plan, and if not, what would help?
- Documented in Title 42 CFR §485.916(b) and referenced in M-Tag M0244.



20 of 24

Transcript:

More questions about your client's active treatment plan can include if they were involved in developing their plan and if they understand their part in it. Ask if your client thinks that they are involved in the plan and encourage elaboration. Lastly, you will want to ask your client if they think that the CMHC is holding up its end of the plan, and if not, what could be done to help.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Treatment Team

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Treatment Team

- Ask clients about their interdisciplinary team:
 - Who is on their team, and what is their role?
 - Do team members regularly attend treatment team meetings?
 - Can they give an example of when their team coordinated their care with other team members or an outside service provider?
- Documented in Title 42 CFR 485.916(a)(3) and §485.916(e)(5), and referenced in M-Tags M0239 and M0261.



21 of 24

Transcript:

The interdisciplinary treatment team is responsible for services provided to each client. When asking a client about their team, ask them to identify what persons and clinical disciplines are on their team and if the members of the team regularly attend treatment team meetings. Ask them to give an example of when their team coordinated care or shared treatment information with an outside care service provider.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Rights

CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Client Rights

- When asking clients about their rights, ask the client if they know:
 - What their client rights are.
 - If they signed a list of client rights during the admissions process.
 - Who they can contact if they wish to file a complaint.
 - They can refuse services, and the impact of that decision.
- Documented in Title 42 CFR §485.910(a)(1-3) and §485.910(c)(2), and referenced in M-Tags M0120-M124 and M0138.



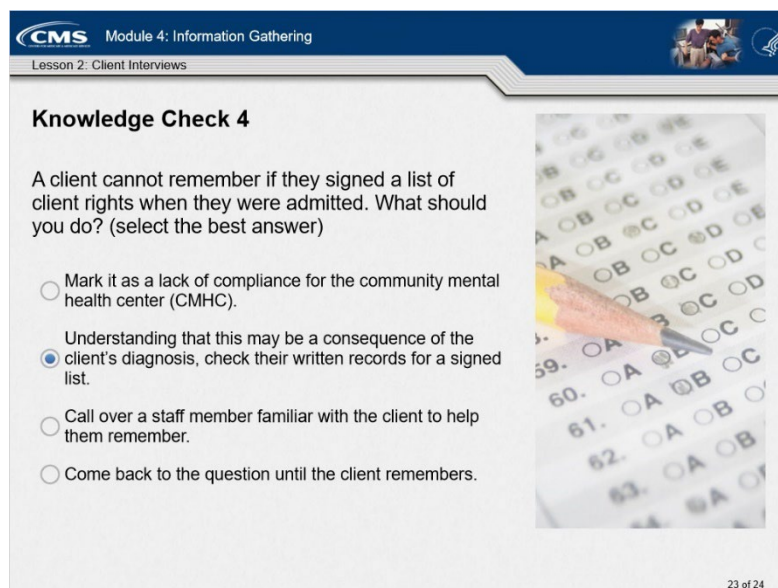
22 of 24

Transcript:

When you interview your client, ask them to describe what their rights are as a client of the CMHC. Ask them if they recall signing a list of rights during their admission. The client should also be aware of the complaint process. Ask your client about the grievance process and who they should go to if they feel their rights have been violated. You should also ask your client if they know they can refuse care, and the impact of that decision.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 4



CMS Module 4: Information Gathering
Lesson 2: Client Interviews

Knowledge Check 4

A client cannot remember if they signed a list of client rights when they were admitted. What should you do? (select the best answer)

- Mark it as a lack of compliance for the community mental health center (CMHC).
- Understanding that this may be a consequence of the client's diagnosis, check their written records for a signed list.
- Call over a staff member familiar with the client to help them remember.
- Come back to the question until the client remembers.

23 of 24

Transcript:

A client cannot remember if they signed a list of client rights when they were admitted. What should you do? (select the best answer)

Mark it as a lack of compliance for the community mental health center (CMHC).

Understanding that this may be a consequence of the client's diagnosis, check their written records for a signed list.

Call over a staff member familiar with the client to help them remember.

Come back to the question until the client remembers.

Correct Feedback:

That's correct. Some clients' mental state or diagnosis may interfere with correctly answering interview questions. Always confirm answers with a record review and observation.

Incorrect Feedback:

That's incorrect. Some clients' mental state or diagnosis may interfere with correctly answering interview questions. Always confirm answers with a record review and observation.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Client Interviews: Summary

CMS Module 4: Information Gathering

Lesson 2: Client Interviews

Client Interviews: Summary

- Identify the recommended interview techniques used when surveying clients.
- Identify how client interviews are used in evaluating compliance with the CoPs.



24 of 24

Transcript:

In this lesson, you learned to identify the recommended interview techniques used when surveying clients and how client interviews are used in evaluating compliance with the CoPs. Let's move on to the next lesson in this module, Staff Interviews.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 3: Staff Interviews


Staff Interviews: Overview

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Staff Interviews: Overview

- How to effectively interview CMHC staff.



1 of 26

Transcript:

The purpose of this lesson is to develop the skills necessary to effectively interview CMHC staff for CoP compliance.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Staff Interviews: Objectives

CMS Module 4: Information Gathering
Lesson 3: Staff Interviews

Staff Interviews: Objectives

- Establish a process for selecting staff to interview.
- Identify appropriate interview techniques.
- Develop specific questions that will help you determine CoP compliance.
- Identify questions for emergency preparedness compliance.



2 of 26

Transcript:

After completing this lesson, you will be able to establish a process for selecting staff to interview, identify appropriate interview techniques, develop specific questions that will help to confirm CoP compliance, and identify questions for emergency preparedness compliance.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Getting Started: Techniques for Interviewing Staff Members

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Getting Started: Techniques for Interviewing Staff Members

- Specific questions directly related to CoPs are discussed in this lesson.
- Techniques allow the staff to elaborate:
 - Use silence to encourage elaboration.
 - Do not interrupt.
 - Employ active listening techniques.



3 of 26

Transcript:

In this lesson you will explore specific questions regarding the administration, staff, and services that CMHC staff members should know. Ask general questions in a conversational manner to uncover specific information. Use silence to allow for elaboration, don't interrupt, and use active listening to engage interviewees.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Getting Started: General Staff Interview Questions

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Getting Started: General Staff Interview Questions

- General staff interview questions include:
 - How do you know if the client is progressing toward treatment goals and discharge?
 - What changes have been or could be made to a treatment plan to help the client reach their goals?
 - Are you adequately prepared through education and training to engage clients?
 - Do you have the appropriate education and training to help the client progress in their treatment?



4 of 26

Transcript:

General staff interview questions include: How do you know if the client is progressing toward treatment goals and discharge? What changes have been or could be made to a treatment plan to help the client reach their goals? Are you adequately prepared through education and training to engage clients? Do you have the appropriate education and training to help the client progress in their treatment?

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Identifying Staff to Interview

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Identifying Staff to Interview

- Select the following staff to interview:
 - The CMHC administrator.
 - Sample clients' interdisciplinary teams.
 - Mental health technicians.
- Select a large enough group so that all services are represented.



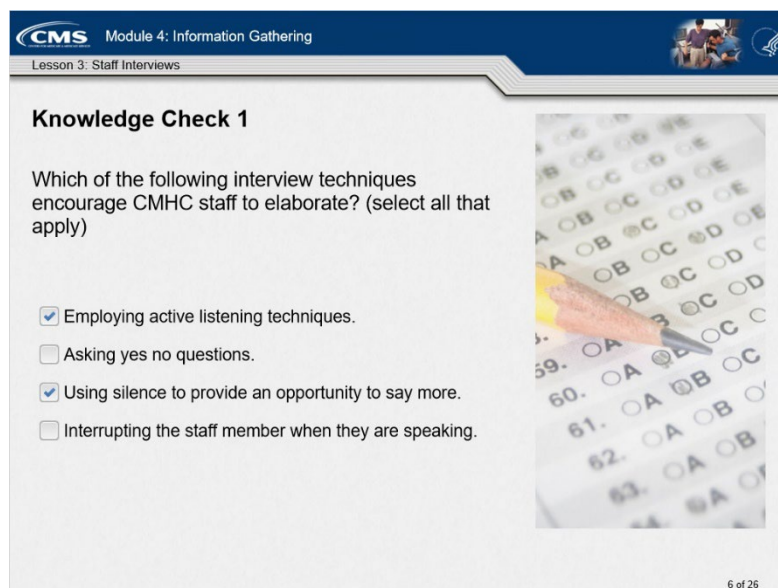
5 of 26

Transcript:

Before you begin, create a list of the staff you need to interview. This list should include the administrator and members of the interdisciplinary teams assigned to clients in the sample group; include a mental health technician in direct contact with clients. Ensure that all services provided by the CMHC are represented in your selections.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



The screenshot shows a slide from a CMS training module. The header includes the CMS logo, 'Module 4: Information Gathering', and 'Lesson 3: Staff Interviews'. The main content is a 'Knowledge Check 1' question: 'Which of the following interview techniques encourage CMHC staff to elaborate? (select all that apply)'. There are four options with checkboxes: 'Employing active listening techniques.' (checked), 'Asking yes no questions.' (unchecked), 'Using silence to provide an opportunity to say more.' (checked), and 'Interrupting the staff member when they are speaking.' (unchecked). To the right of the text is an image of a pencil pointing to a multiple-choice test sheet. The slide number '6 of 26' is in the bottom right corner.

Transcript:

Which of the following interview techniques encourage CMHC staff to elaborate? (select all that apply)

Employing active listening techniques.

Asking yes no questions.

Using silence to provide an opportunity to say more.

Interrupting the staff member when they are speaking.

Correct Feedback:

That's correct. Interview techniques that encourage elaboration include employing active listening techniques and using silence to provide an opportunity for CMHC staff to say more.

Incorrect Feedback:

That's not quite right. Interview techniques that encourage elaboration include employing active listening techniques and using silence to provide an opportunity for CMHC to say more.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Types of Information

CMS Module 4: Information Gathering
Lesson 3: Staff Interviews

Types of Information

- Roles and responsibilities.
- Policies and procedures.
- Emergency preparedness.



7 of 26

Transcript:

Interviews are conducted to determine compliance. When interviewing staff members and administrators try to obtain information concerning roles and responsibilities, policies and procedures, and emergency preparedness.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Understanding Administrative Hierarchy

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Understanding Administrative Hierarchy

- The staff should know:
 - Who the administrator is.
 - Who is in their administrative hierarchy.
- The administrator's role is documented in Title 42 CFR §485.918(a)(2) and referenced by M-Tag M0307.



8 of 26

Transcript:

Staff members should have a general understanding of the administrative hierarchy of the CMHC. When asking staff about the CMHC's administrator and the administrative structure, ask different staff members who is responsible for the CMHC's day-to-day operations.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Interdisciplinary Team Roles and Responsibilities

CMS Module 4: Information Gathering
Lesson 3: Staff Interviews

Interdisciplinary Team Roles and Responsibilities

- Staff members should know:
 - Team role.
 - Team leader selection.
 - Clinical disciplines for the team.
 - Team coordination of care.
- Documented in Title 42 CFR §485.916(a)(1), §485.916(a)(2), and §485.916(e), and referenced by M-Tags M0237, M0238, and M0256.



9 of 26

Transcript:

When interviewing staff members about the interdisciplinary treatment team, ask them to describe their role, and the process for deciding who should lead, determine the clinical disciplines, and coordinate care provided by the team.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Using 24-Hour Emergency Care

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Using 24-Hour Emergency Care

- Ask staff to describe:
 - How the emergency care program works.
 - How a client contacts the emergency care program.
 - What follow up the client can expect.
 - Where and how to document calls.
- Documented in Title 42 CFR §485.918(b)(1)(ii) and referenced by M-Tag M0312.



10 of 26

Transcript:

Ask the staff members to describe how a client experiencing a psychiatric crisis would contact the 24-hour emergency care service. Determine understanding of the process for responding to emergency care calls, how the CMHC follows up with the client, and how and where to document the calls.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Treatment Options

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Treatment Options

- Staff should be able to:
 - Outline services available to the client.
 - List the days and hours of each program.
 - Identify criteria for client admission.
 - Identify any issues that might make a client inappropriate for the CMHC.
- Documented in Title 42 CFR §485.918(b)(1)(iii) and §485.918(f)(2), and referenced by M-Tags M0313 and M0356.



11 of 26

Transcript:

During the survey you will ask staff members about day treatment, PHS, and PSR; the range of services that must be available to clients; and days and hours of program availability. Determine the criteria that make a client appropriate for day treatment, PHS, or PSR, and what issues make a client inappropriate for care at the CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Admission Screening

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Admission Screening

- When interviewing staff members about screening, ask them to describe:
 - Which clinical disciplines conduct the screenings.
 - Content of the screenings.
- Documented in Title 42 CFR §485.918(b)(1)(iv) and referenced by M-Tag M0314.



12 of 26

Transcript:

CMHCs provide screening for clients being considered for admission to state mental health facilities, unless prohibited by state law. If the CMHC screens for admission to state mental health facilities, ask staff members to describe the screening process. The staff should be able to describe which clinical disciplines at the CMHC conduct the screenings and what screenings include.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Completing Comprehensive Assessments

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Completing Comprehensive Assessments

- When completing a comprehensive assessment staff should know:
 - Who is responsible.
 - When an assessment is completed.
 - How often the assessment is updated.
 - What treatments are included.
- Defined in Title 42 CFR §485.914(c)(1), §485.914(c)(2), §485.914(c)(3), and §485.914(d)(2), and referenced by M-Tags M0200, M0201, M0202, and M0221.



13 of 26

Transcript:

When completing comprehensive assessments, staff should be able to describe who is responsible for completing a comprehensive assessment and when an assessment is completed, and determine how often the assessment is updated. The staff should describe what treatment topics or elements must be included in a comprehensive assessment.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Understanding Quality Assessment and Performance Improvement

CMS Module 4: Information Gathering
Lesson 3: Staff Interviews

Understanding Quality Assessment and Performance Improvement

- 1 or more staff members for the QAPI program demonstrate understanding of:
 - Documentation.
 - Operations.
- Documented in Title 42 CFR §485.917(a)(2), §485.917(d)(2), and §485.917(e)(3), and referenced in M-Tags M0271 and M0293.



14 of 26

Transcript:

The CMHC should have one or more staff responsible for the documentation and operation of the QAPI program.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Coordinating Quality Assessment and Performance Improvement

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Coordinating Quality Assessment and Performance Improvement

- The staff should demonstrate an understanding of the performance improvement program.
- Explain results and improvements.
- Documented in Title 42 CFR §485.917(a)(2), §485.917(d)(2), and §485.917(e)(3), and referenced in M-Tags M0271 and M0293.



15 of 26

Transcript:

During the interview the staff members should describe any indicators or adverse client events they are measuring as part of the program. The staff should highlight what performance improvement projects are being conducted, explain why, and describe improvements they have seen.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Rights

CMS Module 4: Information Gathering
Lesson 3: Staff Interviews

Client Rights

- Staff should understand:
 - What constitutes a violation of client rights.
 - The process for dealing with an alleged violation.
- Documented in Title 42 CFR §485.910(d)(1) and §485.910(d)(2), and referenced in M-Tags M0147 and M0148.



16 of 26

Transcript:

When interviewing staff members about client rights, they should know what constitutes a client rights violation and the process for handling an alleged violation.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Use of Restraint or Seclusion

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Use of Restraint or Seclusion

- Is restraint or seclusion allowed at their CMHC?
- If they are allowed, the staff should know:
 - What less-restrictive interventions are and when to use them.
 - What training they have had on restraint, seclusion, and less-restrictive interventions.
- Documented in Title 42 CFR §485.910(e)(5)(i) and §485.910(f)(1), and referenced in M-Tags M0159 and M0168.



17 of 26

Transcript:

When interviewing staff members about restraint or seclusion, they should understand if restraint or seclusion is allowed at their CMHC and describe less-restrictive interventions that should be used before employing restraint or seclusion. The staff should be able to relate the training they experienced regarding restraint, seclusion, and less-restrictive interventions.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Alternatives to Restraint or Seclusion

CMS Module 4: Information Gathering
Lesson 3: Staff Interviews

Alternatives to Restraint or Seclusion

- If restraint or seclusion are not permitted, ask about:
 - Alternative intervention methods.
 - Training methodologies.
- Documented in Title 42 CFR §485.910(e)(5)(i) and §485.910(f)(1), and referenced in M-Tags M0159 and M0168.



18 of 26

Transcript:

If it's determined that restraint or seclusion are not permitted, ask about alternative intervention methods and associated training.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Emergency Preparedness Plan Policy

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Emergency Preparedness Plan Policy

- When interviewing the CMHC's administration regarding their emergency preparedness plan, include questions concerning:
 - The details of the emergency preparedness plan.
 - Hazards found during the risk assessment.
 - How the risk assessment was done.
- Defined in Title 42 CFR §485.920 and §485.920(a) and referenced by E-Tags E-0001 and E-0004.



19 of 26

Transcript:

The CMHC must establish and maintain an emergency preparedness program that describes the approach to meeting the health, safety, and security needs of its staff and patient population during an emergency or disaster situation. Ask the facility leadership to describe the emergency preparedness program, including hazards identified in the risk assessment and how the risk assessment was conducted.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Emergency Preparedness Plan Services

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Emergency Preparedness Plan Services

- When interviewing the CMHC's administrator include questions concerning:
 - What clients at the CMHC would be most at risk during an emergency.
 - What services the CMHC could provide during an emergency.
 - What plans exist to maintain operations during an emergency.
 - The delegation of authority during an emergency.
- Documented in Title 42 CFR §485.920(a)(3) and referenced by E-Tag E-0007.



20 of 26

Transcript:

When interviewing the administrator regarding the emergency preparedness program, ask them to describe the CMHC's client populations that would be at risk during an emergency event and what services the facility would be able to provide during an emergency. Have the administrator explain the plans to continue operations during an emergency, the delegation of authority, and succession plans.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Collaboration with State and Federal Agencies

CMS Module 4: Information Gathering
Lesson 3: Staff Interviews

Collaboration with State and Federal Agencies

- When interviewing the CMHC's administrator about emergency preparedness, ask:
 - How the CMHC plans to coordinate with local, tribal, regional, state, and Federal emergency officials.
 - How the CMHC plans to transport clients in the event of an evacuation.
- Documented in Title 42 CFR §485.920(a)(4) and §485.920(b)(6), and referenced by E-Tags E-0009 and E-0025.



21 of 26

Transcript:

When interviewing the administrator about the CMHC's emergency preparedness program, ask them to describe how they will ensure cooperation and collaboration with local, tribal, regional, state, and Federal emergency preparedness officials' efforts for an integrated response during a disaster or emergency. The administrator should also be able to explain transportation plans in the event of an evacuation.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Tracking System

CMS Module 4: Information Gathering
Lesson 3: Staff Interviews

Emergency Preparedness Tracking System

- The staff describes or demonstrates the emergency tracking system.
- Documented in Title 42 CFR §485.920(d)(1) and §485.920(b)(1), and referenced by E-Tags E-0018 and E-0037.



22 of 26

Transcript:

When interviewing staff members about the CMHC's emergency preparedness program, they should be able to describe or demonstrate the tracking system used to locate patients and staff.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Emergency Preparedness Program Training

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Emergency Preparedness Program Training

- Ask staff questions regarding the facility's initial and annual emergency preparedness training courses.
- Verify their knowledge of emergency procedures.
- Documented in Title 42 CFR §485.920(d)(1) and §485.920(b)(1), and referenced by E-Tags E-0018 and E-0037.



23 of 26

Transcript:

Ask staff questions regarding the facility's initial and annual emergency preparedness training courses. Use these questions to verify their knowledge of emergency procedures.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Integrated Emergency Plans

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Integrated Emergency Plans

- When interviewing the administrator about an integrated emergency response program, ask:
 - If the CMHC utilizes an integrated emergency preparedness plan.
 - How the integrated plan is updated.
 - If the CMHC participated in the drafting and updating of the plan.
- Documented in Title 42 CFR §485.920(e) and referenced by E-Tag E-0042.



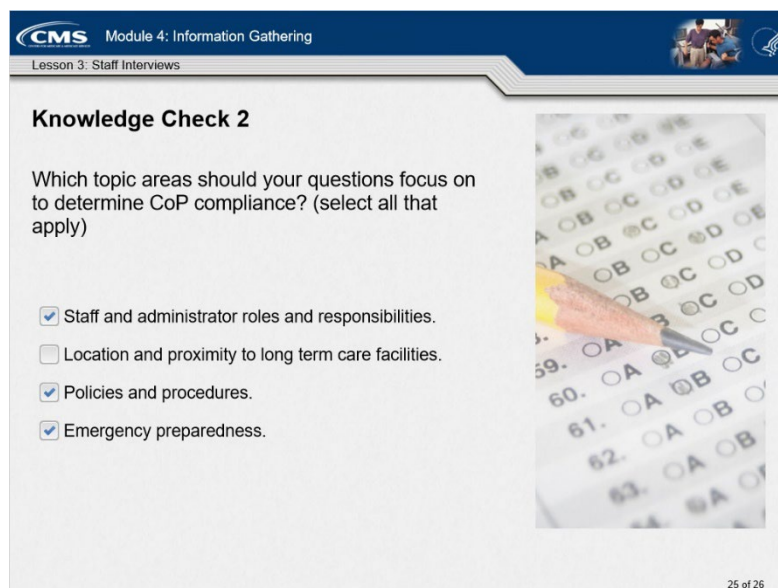
24 of 26

Transcript:

If a CMHC is part of a larger healthcare system with multiple, separately certified healthcare facilities, it may elect to participate in an integrated emergency preparedness program. An integrated plan must meet all requirements of an emergency preparedness program. Ask the administrator to describe how the integrated program is updated and how the CMHC participated in both its drafting and updating.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 2



The screenshot shows a slide from a CMS training module. The header includes the CMS logo, 'Module 4: Information Gathering', and 'Lesson 3: Staff Interviews'. The main content area is titled 'Knowledge Check 2' and contains a question: 'Which topic areas should your questions focus on to determine CoP compliance? (select all that apply)'. There are four multiple-choice options, each with a checkbox. The first, third, and fourth options are checked, while the second is not. To the right of the text is a photograph of a pencil pointing to a multiple-choice test paper. The footer of the slide indicates '25 of 26'.

Knowledge Check 2

Which topic areas should your questions focus on to determine CoP compliance? (select all that apply)

- Staff and administrator roles and responsibilities.
- Location and proximity to long term care facilities.
- Policies and procedures.
- Emergency preparedness.

25 of 26

Transcript:

Which topic areas should your questions focus on to determine CoP compliance?

Staff and administrator roles and responsibilities.

Location and proximity to long term care facilities.

Policies and procedures.

Emergency preparedness

Correct Feedback:

That's correct. Your questions should focus on staff roles and responsibilities, CMHC policies and procedures and CMHC emergency preparedness.

Incorrect Feedback:

That's not quite right. Your questions should focus on staff and administrator roles and responsibilities, CMHC policies and procedures and emergency preparedness.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Staff Interviews: Summary

CMS Module 4: Information Gathering

Lesson 3: Staff Interviews

Staff Interviews: Summary

- Establish a process for selecting staff to interview.
- Identify appropriate interview techniques.
- Develop specific questions that will help you determine CoP compliance.
- Identify questions for emergency preparedness compliance.



26 of 26

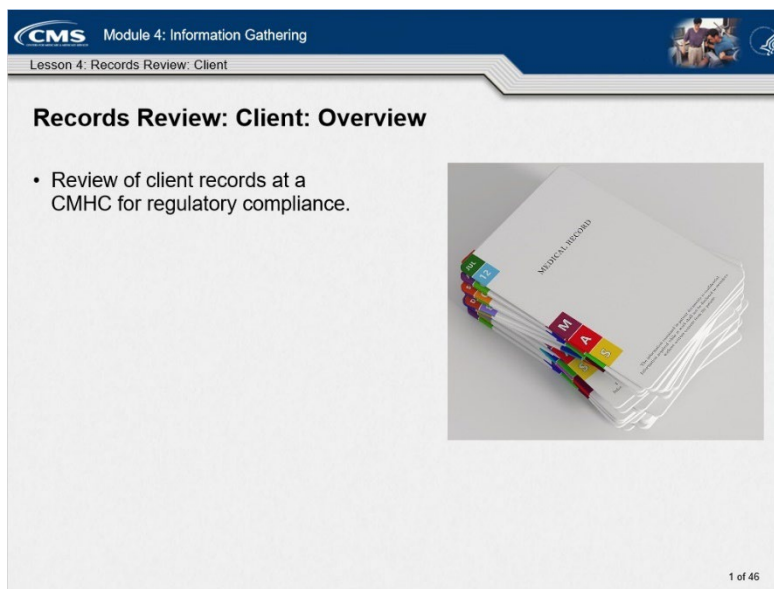
Transcript:

In this lesson, you learned how to establish a process for selecting staff to interview, identify appropriate interview techniques, develop specific questions that will help to confirm CoP compliance, and identify questions for emergency preparedness compliance. Let's move on to the next lesson in this module, Client Records Review.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 4: Record Review Clients

Records Review: Client: Overview



The screenshot shows a training slide with a blue header. The header contains the CMS logo, the text 'Module 4: Information Gathering', and a small image of people. Below the header, the slide title 'Lesson 4: Records Review: Client' is visible. The main content area has the title 'Records Review: Client: Overview' and a bullet point: 'Review of client records at a CMHC for regulatory compliance.' To the right of the text is an image of a stack of white folders with colorful tabs labeled 'M', 'A', 'S', 'I', 'D'. The bottom right corner of the slide indicates '1 of 46'.

Transcript:

The purpose of this lesson is for you to learn what to look for in a review of client records at a CMHC, and to identify the corresponding regulations.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Records Review: Client: Objectives

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Records Review: Client: Objectives

- Identify the purpose of a document review of a CMHC.
- Identify document types reviewed when surveying a CMHC.
- Identify what information should be included in the facility's records.
- Identify how to evaluate regulatory requirements and facility compliance.



2 of 46

Transcript:

After completing this lesson, you will be able to identify the purpose of a record review, identify the types of documents reviewed when surveying a CMHC, identify the information that should be included in the facilities' records, and identify how to evaluate regulatory requirements and facility compliance.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


General Tips for Document Review

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

General Tips for Document Review

- Records reviews may start in the afternoon of your first day at the facility.
- Have a list of documents you want to review and check off when completed.
- Share the responsibility of records review and monitor as the survey progresses.
- Note document subject and location and include exact quotes as needed.
- Ask the CMHC to make copies of extensive documents.



3 of 46

Transcript:

In general, you will not start your survey with a records review; however, you may start on the first afternoon of your site visit. Check off documents from your list as they are completed. When possible, distribute the records review among team members and reassess all reviews as the survey progresses. Make notes as to document location and content and use exact quotes when necessary. Have the facility make copies of lengthy documents.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


General Tips for Document Review (cont.)

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

General Tips for Document Review (cont.)

- If you are not confident reviewing records, push yourself to become more at ease with the process.
- Arrange the room so it is conducive for reviewing records.
- Provide the CMHC with the list of required documents at the entrance conference.
- Ask who your documentation contact will be.



4 of 46

Transcript:

Some surveyors are comfortable with documents; others are not. Push yourself to become comfortable with all surveyor activities. Take time to organize the room where you will be examining the documents. This will help you be organized and methodical during the review process.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Client Records to Review

CMS Module 4: Information Gathering
Lesson 4: Records Review: Client

Client Records to Review

- Admission, discharge, and transfer information.
- Person-centered individualized treatment plan.
- Initial evaluation and comprehensive assessment.



5 of 46

Transcript:

During the course of a client record review you will evaluate admission, discharge, and transfer information. You will also assess the individualized treatment plan, initial evaluations, and comprehensive assessments for your client sample


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Progress Notes for Client Records to Review

CMS Module 4: Information Gathering
Lesson 4: Records Review: Client

Progress Notes for Client Records to Review

- Progress notes as applicable for evidence of:
 - Death reporting.
 - Restraint or seclusion.
 - Client rights notification.



6 of 46

Transcript:

In the client record review you will pay attention to progress notes for evidence of death reporting, restraint or seclusion, and client rights notifications.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Primary Purpose of Client Record Review

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Primary Purpose of Client Record Review

- Confirm the following documentation was created and updated accordingly:
 - An initial evaluation conducted and completed within 24 hours of admission.
 - A comprehensive assessment completed within 4 days of admission, updated at least every 30 days.
 - A person-centered active treatment plan completed within 7 working days of admission and updated at least every 30 days.



7 of 46

Transcript:

The primary purpose of a client record review is to confirm that an initial evaluation was conducted and completed within 24 hours of admission and that the comprehensive assessment was completed within 4 days of admission. You must also confirm that the comprehensive assessment is updated at least every 30 days. You will need to validate that a person-centered active treatment plan was completed within 7 working days of admissions and is also updated at least every 30 days.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Primary Purpose of Client Record Review (cont.)

CMS Module 4: Information Gathering
Lesson 4: Records Review: Client

Primary Purpose of Client Record Review (cont.)

- Confirm evidence of the following:
 - Active participation of client or representative in treatment plan and process.
 - Client complaints, abuse, or neglect from your interviews and observations.
 - Provision of rights and responsibilities notice signed by the client.
 - Services provided to client align with treatment plan.



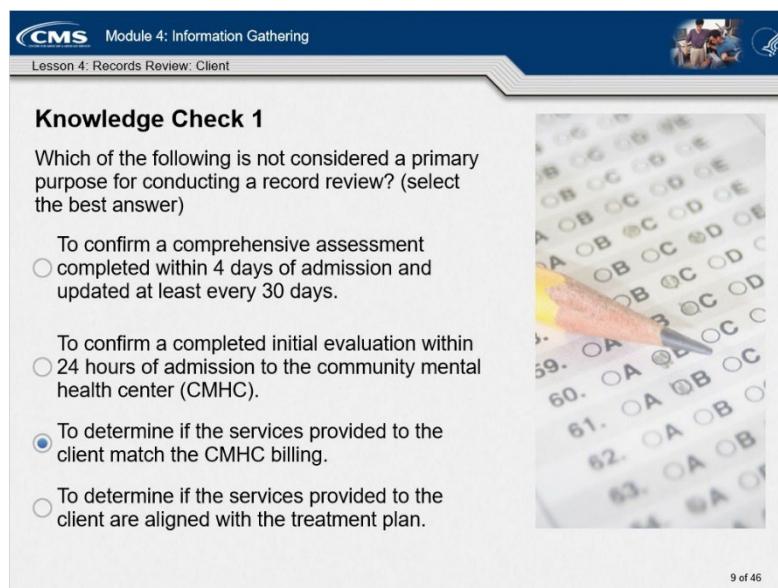
8 of 46

Transcript:

Another primary purpose of a client record review is also to confirm the active participation of the client and/or his or her parent or guardian in the treatment plan and process. You will also validate information received during interview and observations regarding client complaint, abuse, or neglect. The provision of client rights and responsibilities signed by the client must be verified. You must seek evidence that the services provided to the client align with their active treatment plan.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1

The image is a screenshot of a training slide from CMS. The slide has a blue header with the CMS logo and the text 'Module 4: Information Gathering' and 'Lesson 4: Records Review: Client'. The main content area is white and contains the title 'Knowledge Check 1' and a question: 'Which of the following is not considered a primary purpose for conducting a record review? (select the best answer)'. There are four multiple-choice options, with the third option selected. To the right of the text is a photograph of a pencil pointing to a multiple-choice test question. The slide number '9 of 46' is visible in the bottom right corner.

Knowledge Check 1

Which of the following is not considered a primary purpose for conducting a record review? (select the best answer)

- To confirm a comprehensive assessment completed within 4 days of admission and updated at least every 30 days.
- To confirm a completed initial evaluation within 24 hours of admission to the community mental health center (CMHC).
- To determine if the services provided to the client match the CMHC billing.
- To determine if the services provided to the client are aligned with the treatment plan.

9 of 46

Transcript:

Which of the following is not considered a primary purpose for conducting a record review? (select the best answer)

To confirm a comprehensive assessment completed within 4 days of admission and updated at least every 30 days.

To confirm a completed initial evaluation within 24 hours of admission to the community mental health center (CMHC).

To determine if the services provided to the client match the CMHC billing.

To determine if the services provided to the client are aligned with the treatment plan.

Correct Feedback:

That's right. Determining if the services provided to the client match CMHC billing is not a purpose of conducting a records review.

Incorrect Feedback:

That's not quite right. Determining if the services provided to the client match CMHC billing is not a purpose of conducting a records review.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Admissions Records

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Admissions Records

- Validate that CMHC services are appropriate for the client.
- Confirm admissions decision using discharge and referral information.
- Confirm that the client is admitted into PHS:
 - Requires structured services at this level.
 - Is stable enough to return home daily.
- Validate Admissions to PHS using an inpatient care discharge plan.
- Documented in Title 42 CFR §485.914(a), §485.914(a)(2), §485.918(f), and §410.2, and referenced by M-Tags M0191 and M0192.



10 of 46

Transcript:

When examining admissions records for the clients in your sample, validate that the services the CMHC offers are appropriate for the client, and confirm the admission decision using discharge and referral information. If the client is admitted into PHS, you will need to verify that they require structured services, but are stable enough to return home daily. If discharged from inpatient care, verify PHS is appropriate.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Initial Evaluation

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Initial Evaluation

- Must complete initial evaluation by a mental health professional who is:
 - Licensed as an RN, social worker, or counselor.
 - Employed by the CMHC.
 - Acting within practice requirements for their state.
- May be in conjunction with a call to 24-hour emergency care.
- Must be completed within 24 hours of the client's admission to the CMHC.
- Documented in Title 42 CFR §485.914(b)(1) and referenced by M-Tags M0194 and M0195.



11 of 46

Transcript:

As part of the initial evaluation review, you will need to verify that a licensed mental health professional such as a licensed RN, social worker or counselor, employed by the CMHC, completed the initial evaluation. Some initial evaluations are completed concurrently with a call to 24-hour emergency care. Confirm that the initial evaluation was completed within 24 hours of the client's admission to the CMHC and that the professional involved is acting within his or her state scope of practice.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Initial Evaluation (cont.)

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Initial Evaluation (cont.)

- Must include:
 - The admitting diagnosis and other diagnoses.
 - The source of referral and the reason for admission.
 - A report of the client's immediate clinical care needs.
 - A list of current medications.
- If PHS is included, there should be a reason why the client would be at risk for hospitalization without it.
- Documented in Title 42 CFR §485.914(b)(2) and referenced by M-Tag M0196.



12 of 46

Transcript:

When reading through an initial evaluation, keep in mind that it must include the admitting diagnosis as well as other diagnoses, the referral source, and the reason for admission. The initial evaluation must also include the identification of the client's immediate clinical care needs, and a list of current medications that the client may be taking. If the client is admitted into PHS, there should also be an explanation of why the client would be at risk for hospitalization if not provided PHS.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

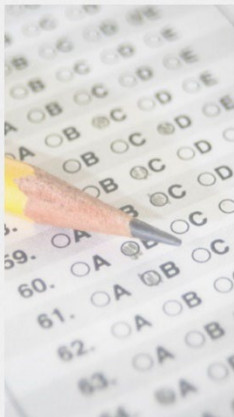
Knowledge Check 2

CMS Module 4: Information Gathering
Lesson 4: Records Review: Client

Knowledge Check 2

What is one way that a community mental health center, or CMHC, may document that partial hospitalization services, or PHS, are appropriate for a client? (select the best answer)

- A previous mental health diagnosis.
- A record of initial call by client to 24-hour emergency care services.
- A discharge plan from an inpatient acute care facility.
- A client is a danger to themselves or others.



13 of 46

Transcript:

What is one way that a community mental health center, or CMHC, may document that partial hospitalization services, or PHS, are appropriate for a client? (select the best answer)

A previous mental health diagnosis.

A record of initial call by client to 24-hour emergency care services.

A discharge plan from an inpatient acute care facility.

A client is a danger to themselves or others.

Correct Feedback:

That's right. If a client has been recently discharged from an inpatient acute care facility and in his or her discharge plan it recommends PHS, that is sufficient documentation to support the CMHC assigning that level of care. Having a previous mental health diagnosis or calling 24-hour emergency care is insufficient on its own for PHS. If the client is a danger to themselves or others, they may require a level of care above what the CMHC provides.

Incorrect Feedback:

That's not quite right. If a client has been recently discharged from an inpatient acute care facility and in his or her discharge plan it recommends PHS, that is sufficient documentation to support the CMHC assigning that level of care. Having a previous mental health diagnosis or calling 24-hour emergency care is insufficient on its own for PHS. If the client is a danger to themselves or others, they may require a level of care above what the CMHC provides.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Comprehensive Assessment

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Comprehensive Assessment

- A comprehensive assessment must be completed:
 - By licensed mental health professionals who are members of the treatment team.
 - No later than 4 working days after admission.
- Identifies the needs of the client.
- Serves as the basis for the active treatment plan.
- Documented in Title 42 CFR §485.914(c) and referenced by M-Tags M0199, M0200, and M0201.



14 of 46

Transcript:

When evaluating the comprehensive assessment, you will be validating not only its contents, but who completed it and if it was done in a timely manner. Verify that the comprehensive assessment was completed by a licensed mental health professional who is part of the client's interdisciplinary treatment team and that it was completed no later than 4 working days after admission to the CMHC. The comprehensive assessment must identify the needs of the client and is the basis for an active treatment plan.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Comprehensive Assessment Content

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Comprehensive Assessment Content

- A comprehensive assessment must include the client's:
 - Reason for admission and psychiatric evaluation.
 - Medical history and severity of symptoms.
 - Prior and current mental status.
 - Information about the onset of symptoms.
 - Circumstances leading to admission.
- Documented in Title 42 CFR §485.914(c)(4) and referenced by M-Tags M0203 through M0206.



15 of 46

Transcript:

There are 14 CoPs that outline what must be covered by a comprehensive assessment. When reading a comprehensive assessment, verify that it contains the reason the client was admitted to the CMHC, a psychiatric evaluation, and the client's medical history and severity of symptoms. Confirm that the assessment also includes information concerning the client's previous and current mental status and information about the onset of symptoms and the circumstances leading to CMHC admission.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Comprehensive Assessment Content (cont.)

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Comprehensive Assessment Content (cont.)

- The comprehensive assessment must also include:
 - Description of attitudes and behaviors that may affect the treatment plan.
 - Evaluation of intellectual and memory functioning.
 - Assessment of functional status, strengths, and goals.
 - Evidence that the client can participate in their own care.
- Referenced by M-Tags M0207 through M0210.



16 of 46

Transcript:

In evaluating a comprehensive assessment, there must be a description of attitudes and behaviors that may affect a client's treatment plan such as cultural and environmental factors, complications, and risk factors. You must also look for an assessment of intellectual and memory functioning. There must be an assessment of the functional status of the client and his or her strengths and goals. Look for evidence that the client can understand and participate in his or her own care.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Comprehensive Assessment Content (cont. 1)

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Comprehensive Assessment Content (cont. 1)

- Other content a comprehensive assessment must include are:
 - Factors affecting client safety or the safety of others.
 - Review of medications and alternative treatments that could influence drug therapy.
 - Requirement for referrals and further evaluation.
 - Description of discharge planning factors.
 - Identification of client's support system.
- Referenced by M-Tags M0211 through M0215.



17 of 46

Transcript:

As you wrap up your review of the content of the comprehensive assessment, there must be a description of the factors that could affect the client's safety or the safety of others. A list of all medications and alternative treatments that could influence drug treatment must be included. Verify that the assessment addresses the need for referrals and further evaluations, contains a description of discharge planning factors and identification of the client's support systems.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Pediatric Comprehensive Assessment

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Pediatric Comprehensive Assessment

- Includes all pertinent information from the standard comprehensive assessment.
- Includes evaluation of social service needs.
- Includes recommendations for social services and child welfare agencies as needed.
- Documented in Title 42 CFR §485.914(c)(4)(xiv) and referenced by M-Tag M0216.



18 of 46

Transcript:

Lastly, when evaluating a comprehensive assessment for a pediatric client, you must find all previously discussed content from a client's standard comprehensive assessment, plus an assessment of any social service needs. Referrals to social services and child welfare agencies should be included as needed.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Updating a Comprehensive Assessment

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Updating a Comprehensive Assessment

- Updates should be made:
 - To reflect changes in client's status at least every 30 days.
 - When responses to treatment change.
 - When a goal is achieved.
- Documented in Title 42 CFR §485.914(d) and referenced by M-Tags M0219 through M0221.



19 of 46

Transcript:

A comprehensive assessment is a living document. When reviewing comprehensive assessments look for evidence that the assessment is updated according to client needs at least every 30 days. The assessment should be updated when there are changes in a client's status, responses to treatment, or when a goal is achieved.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Updating a Comprehensive Assessment (cont.)

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Updating a Comprehensive Assessment (cont.)

- Updates should include:
 - Evidence on client's progress.
 - Review of client's response to care and therapies.
- Documented in Title 42 CFR §485.914(d) and referenced by M-Tag M0222.



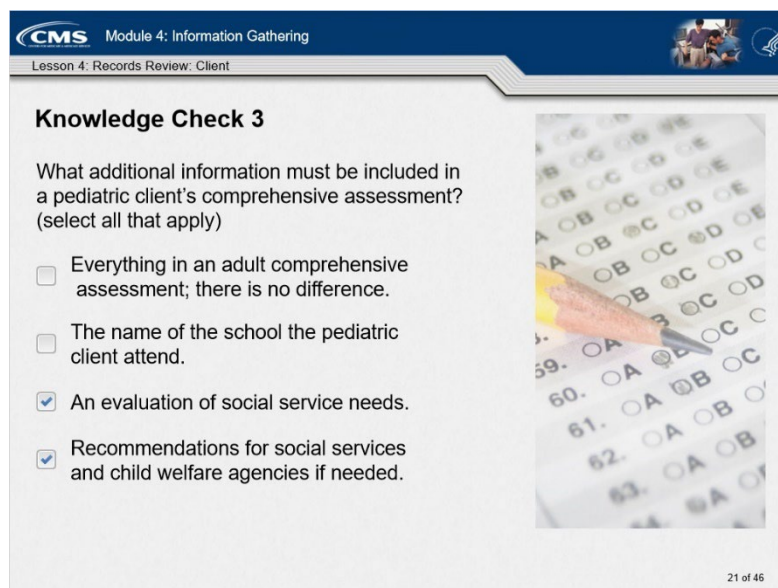
20 of 46

Transcript:

When reviewing comprehensive assessment updates, they must include information on the client's progress toward desired outcomes and reassessment of the client's response to care and therapies.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 3



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 4: Information Gathering', and 'Lesson 4: Records Review: Client'. The main content area is titled 'Knowledge Check 3' and contains a question: 'What additional information must be included in a pediatric client's comprehensive assessment? (select all that apply)'. There are four multiple-choice options, with the last two being selected. To the right of the text is an image of a pencil pointing to a multiple-choice test. The footer of the slide indicates '21 of 46'.

Knowledge Check 3

What additional information must be included in a pediatric client's comprehensive assessment? (select all that apply)

- Everything in an adult comprehensive assessment; there is no difference.
- The name of the school the pediatric client attend.
- An evaluation of social service needs.
- Recommendations for social services and child welfare agencies if needed.

21 of 46

Transcript:

What additional information must be included in a pediatric client's comprehensive assessment? (select all that apply)

Everything in an adult comprehensive assessment; there is no difference.

The name of the school the pediatric client attend.

An evaluation of social service needs.

Recommendations for social services and child welfare agencies if needed.

Correct Feedback:

That's right. A pediatric client's comprehensive assessment has all the components of an adult comprehensive assessment but must also include an evaluation of his or her social service needs and recommendations for social services and child welfare agencies if needed.

Incorrect Feedback:

That's not quite right. A pediatric client's comprehensive assessment has all the components of an adult comprehensive assessment but must also include an evaluation of his or her social service needs and recommendations for social services and child welfare agencies if needed.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Information Coordination

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Information Coordination

- CMHCs must communicate information regarding a client.
- Communications should include the interdisciplinary treatment team, other service providers, and nonmedical support.
- Verification through client's medical records.
- Collaboration should be evident in treatment team meeting notes.
- Detailed in Title 42 CFR §485.916(e) and referenced by M-Tags M0260 and M0261.



22 of 46

Transcript:

The CMHC must communicate information regarding the client's treatment, progress, and goals among not only the interdisciplinary treatment team, but also other service providers such as the client's primary health care provider and nonmedical supports. You can verify this collaboration in the client's medical records. Look for evidence of shared information in the medical record, like client progress notes indicating treatment team meetings, who attended, and what was discussed.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Coordination of Services

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Coordination of Services

- Verify CMHC coordination of services through client's medical records.
- Verify in the client's medical records.
 - Ensure active treatment plan:
 - Is up to date.
- Reflects all assessments of the client.
- Referenced by M-Tags M0257 through M0259.



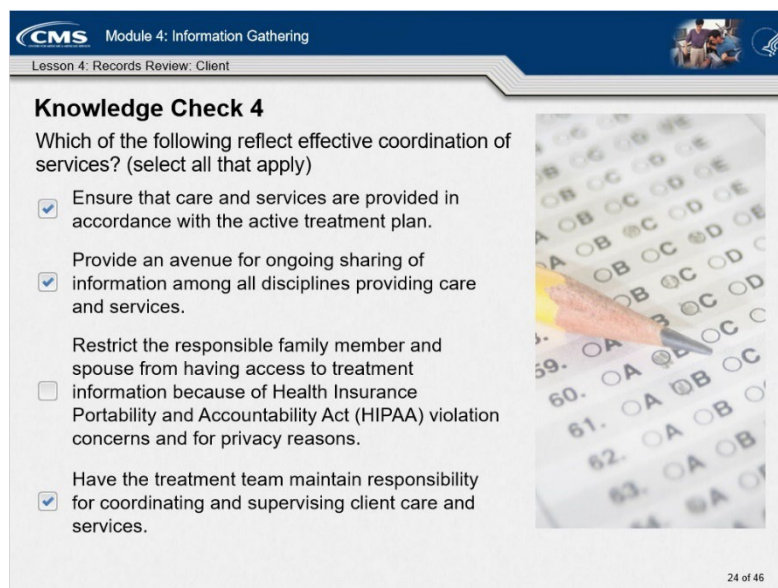
23 of 46

Transcript:

As the treatment team coordinates information on the care of a client, this effort must be reflected in the services that client is receiving. You will look for evidence of this coordination of services in the client's medical records, verify that changes recommended in team meetings are reflected in the care and services provided, and ensure that the active treatment plan is up to date and based on all assessments.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 4



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 4: Information Gathering', and 'Lesson 4: Records Review: Client'. The main content is a 'Knowledge Check 4' question: 'Which of the following reflect effective coordination of services? (select all that apply)'. There are four options with checkboxes: 1. 'Ensure that care and services are provided in accordance with the active treatment plan.' (checked), 2. 'Provide an avenue for ongoing sharing of information among all disciplines providing care and services.' (checked), 3. 'Restrict the responsible family member and spouse from having access to treatment information because of Health Insurance Portability and Accountability Act (HIPAA) violation concerns and for privacy reasons.' (unchecked), and 4. 'Have the treatment team maintain responsibility for coordinating and supervising client care and services.' (checked). To the right of the text is an image of a pencil pointing to a multiple-choice test. The slide number '24 of 46' is in the bottom right corner.

Transcript:

Which of the following reflect effective coordination of services? (select all that apply)

Ensure that care and services are provided in accordance with the active treatment plan.

Provide an avenue for ongoing sharing of information among all disciplines providing care and services.

Restrict the responsible family member and spouse from having access to treatment information because of Health Insurance Portability and Accountability Act (HIPAA) violation concerns and for privacy reasons.

Have the treatment team maintain responsibility for coordinating and supervising client care and services.

Correct Feedback:

That's right. Effective coordination of services includes ensuring that services are provided according to an active treatment plan; efficient information sharing among care providers; and effective coordination of the treatment team's activities.

Incorrect Feedback:

That's not quite right. Effective coordination of services includes ensuring that services are provided according to an active treatment plan; efficient information sharing among care providers; and effective coordination of the treatment team's activities.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Interdisciplinary Treatment Team

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Interdisciplinary Treatment Team

- Team composed of professionals who work together to meet the client's needs.
- Team composition determined in comprehensive assessment or treatment plan.
- Team composition requirements confirm in records of team meetings.
- Documented in Title 42 CFR §485.914(b)(3) and §485.916(a)(1), and referenced by M-Tags M0197 and M0235.



25 of 46

Transcript:

An interdisciplinary treatment team should be assembled for each client. The team is composed of professionals who work together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of the client. Look to the client's comprehensive assessment or treatment plan for the required team composition and confirm that the client's team meets these requirements by correlating team meetings and professional responsibilities at that CMHC.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Interdisciplinary Team Composition

CMS Module 4: Information Gathering
Lesson 4: Records Review: Client

Interdisciplinary Team Composition

- The interdisciplinary treatment team may include:
 - A doctor of medicine, osteopathy, or psychiatry, or a clinical psychologist.
 - A psychiatric registered nurse, clinical social worker, or occupational therapist.
 - Additional licensed mental health professionals, staff or volunteers as needed.
 - No minimum size for an interdisciplinary team.
- Documented in §485.916(a)(3) and referenced by M-Tag M0239.



26 of 46

Transcript:

As you study the composition of the client's interdisciplinary treatment team, keep in mind that the team may be comprised of a doctor of medicine, osteopathy, or psychiatry; a psychiatric registered nurse; clinical social worker; clinical psychologist; occupational therapist; and other licensed mental health professionals. The treatment team may also include other CMHC staff or volunteers as needed. There is no minimum number of team members so long as the client's needs are met.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Interdisciplinary Team Leader

CMS Module 4: Information Gathering
Lesson 4: Records Review: Client

Interdisciplinary Team Leader

- Coordinates care and treatment decisions with the client.
- Selected based on the comprehensive assessment.
- Licensed mental health professional.
- Must be a:
 - Physician, clinical psychologist, or clinical social worker.
 - Nurse practitioner, physician assistant, or clinical nurse specialist.
- Documented in Title 42 CFR §485.916(a)(1-2) and referenced by M-Tag M0237 and M0238.



27 of 46

Transcript:

Lastly, an interdisciplinary team leader must be designated by the CMHC to coordinate care and treatment decisions with each client. The leader is selected based on the comprehensive assessment. The designated leader must be an appropriate licensed mental health professional who is a member of the client's interdisciplinary treatment team. The leader must be a physician, clinical psychologist, clinical social worker, nurse practitioner, physician assistant, or clinical nurse specialist.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 5

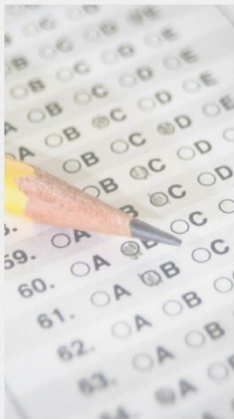
CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Knowledge Check 5

Which M-Tag will you cite if a community mental health center, or CMHC, does not have an interdisciplinary treatment team that works together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of its clients? (select the best answer)

- M0238: Determine the appropriate licensed mental health professional, who is a member of the client's interdisciplinary treatment team, to coordinate care and treatment decisions.
- M0235: Condition of Participation: Treatment team, client-centered active treatment plan, and coordination of services.
- M0247: Standard: Content of the active treatment plan.



28 of 46

Transcript:

Which M-Tag will you cite if a community mental health center, or CMHC, does not have an interdisciplinary treatment team that works together to meet the physical, medical, psychosocial, emotional, and therapeutic needs of its clients? (select the best answer)

M0238: Determine the appropriate licensed mental health professional, who is a member of the client's interdisciplinary treatment team, to coordinate care and treatment decisions.

M0235: Condition of Participation: Treatment team, client-centered active treatment plan, and coordination of services.

M0247: Standard: Content of the active treatment plan.

Correct Feedback:

That's right. If a CMHC does not have a team that works together to meet the needs of the client, this is a coordination of services issue, M0235. M0247 is for treatment plan content and M0238 talks about appointment of the treatment plan coordinator for an individual client.

Incorrect Feedback:

That's not quite right. If a CMHC does not have a team that works together to meet the needs of the client, this is a coordination of services issue, M0235. M0247 is for treatment plan content and M0238 talks about appointment of the treatment plan coordinator for an individual client.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Active Treatment Plan

CMS Module 4: Information Gathering
Lesson 4: Records Review: Client

Active Treatment Plan

- Central to the care and treatment the client receives.
- Written and individualized.
- Created by the interdisciplinary team, the client, and his or her primary caregivers.
- Completed within 7 working days.
- Aligned with the client's goals and preferences.
- Documented in Title 42 CFR §485.916(b) and referenced in M-Tag M0244.



29 of 46

Transcript:

Central to a client's treatment is the active treatment plan. All care and services provided to clients must be written in the individualized plan. When reviewing the client's plan, look for documentation proving that the plan was created and understood by the interdisciplinary team, the client, and the client's primary caregivers. You should see that the plan was completed within 7 working days of admission and is aligned with the client's goals and preferences in the comprehensive assessment.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Active Treatment Plan Training

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Active Treatment Plan Training

- Every client and their primary caregiver must:
 - Understand their role in the active treatment plan.
 - Receive education and training aligned with the plan.
- Evidence of training should be in medical records.
- Follow up on missing or vague references with observation or interview.
- Documented in Title 42 CFR §485.916(b) and referenced by M-Tag M0244.



30 of 46

Transcript:

Each client and the client's primary caregivers must understand their role in the active treatment plan. They should receive education and training provided by the CMHC correlating to their responsibilities in the plan. Evidence of this training should be in the client's medical records. You can confirm missing or vague notes with observation or client interview.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Active Treatment Plan Content

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Active Treatment Plan Content

- Verify that the active treatment plan includes:
 - All services the client needs to meet his or her recovery goals.
 - Client diagnoses, treatments, and goals.
 - Interventions, drugs, and individual and/or group therapies.
 - The type, duration, and frequency of services.
 - Family psychotherapy.
- Documented in Title 42 CFR §485.916(c) and referenced by M-Tag M0247.



31 of 46

Transcript:

As you review the active treatment plan, confirm that it includes all services necessary to assist the client in meeting his or her recovery goals. The plan must include client diagnoses, treatments, goals, interventions, drugs, and individual or group therapies. Confirm that the plan also includes the type, duration, and frequency of services necessary to meet the client's needs. Verify that the plan also includes family psychotherapy that is focused on the treatment of the client's condition.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Active Treatment Plan Review

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Active Treatment Plan Review

- Occurs as often as the client's condition requires; at least every 30 days.
- Encompasses the review and revision of the active treatment plan.
- Verify in your review of the active treatment plan and client medical records.
- Includes information on how the client is progressing and any updates to their goals.
- Documented in Title 42 CFR §485.916(d) and referenced by M-Tag M0252.



32 of 46

Transcript:

The CMHC's interdisciplinary treatment team must review, revise, and document the active treatment plan as frequently as the client's condition requires, but no less than every 30 calendar days. When reviewing your client's active treatment plan, look for documentation that the plan has been revised according to these indications and verified in the client's medical records. A revised active treatment plan must include the client's progress toward goals and changes in the client's goals.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 6

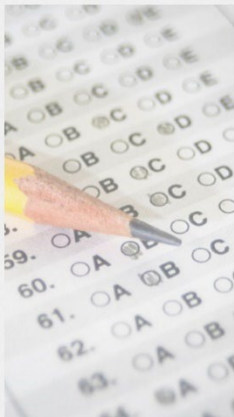
CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Knowledge Check 6

Which of the following statements is not accurate?
(select the best answer)

- Individualized treatment plans must be person centered and target client's unique treatment needs.
- Treatment plans must contain client's primary diagnosis and problems list.
- Treatment plans do not require the participation of the client or the client's representative as long as a psychiatrist is involved in treatment planning.
- Treatment plans must be reviewed at least every 30 days.



33 of 46

Transcript:

Which of the following statements is not accurate? (select the best answer)

Individualized treatment plans must be person centered and target client's unique treatment needs.

Treatment plans must contain client's primary diagnosis and problems list.

Treatment plans do not require the participation of the client or the client's representative as long as a psychiatrist is involved in treatment planning.

Treatment plans must be reviewed at least every 30 days.

Correct Feedback:

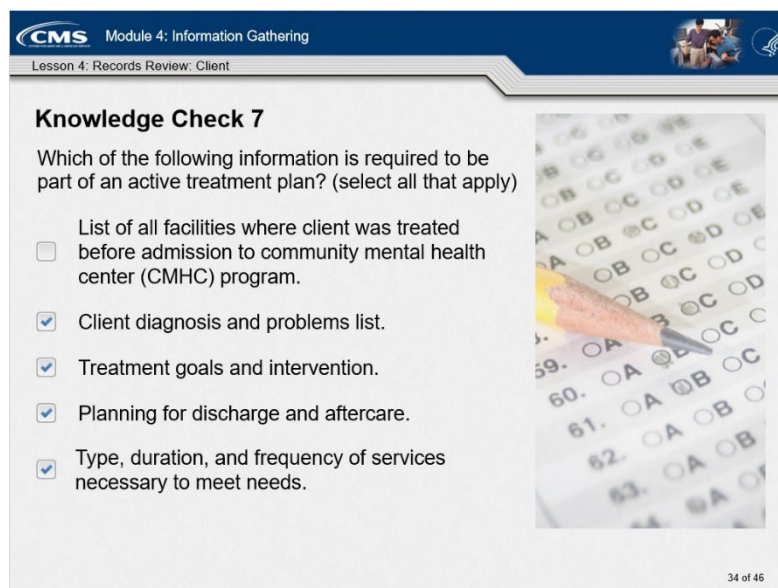
That's right. The client or their representative should be actively involved in the creation and implementation of an active treatment plan.

Incorrect Feedback:

That's not quite right. The client or their representative should be actively involved in the creation and implementation of an active treatment plan.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 7



Knowledge Check 7

Which of the following information is required to be part of an active treatment plan? (select all that apply)

- List of all facilities where client was treated before admission to community mental health center (CMHC) program.
- Client diagnosis and problems list.
- Treatment goals and intervention.
- Planning for discharge and aftercare.
- Type, duration, and frequency of services necessary to meet needs.

34 of 46

Transcript:

Which of the following information is required to be part of an active treatment plan? (select all that apply)

List of all facilities where client was treated before admission to community mental health center (CMHC) program.

Client diagnosis and problems list.

Treatment goals and intervention.

Planning for discharge and aftercare.

Type, duration, and frequency of services necessary to meet needs.

Correct Feedback:

That's right. Although medical history is part of the comprehensive assessment, it is not required to be in the active treatment plan.

Incorrect Feedback:

That's not quite right. Although medical history is part of the comprehensive assessment, it is not required to be in the active treatment plan.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 8

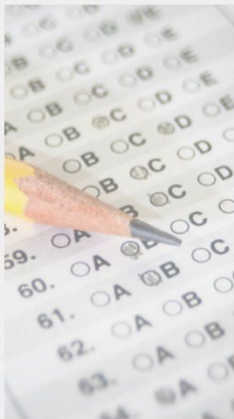
CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Knowledge Check 8

Which statement about “active treatment” is not correct? (select the best answer)

- It is a clinical process that includes assessment, diagnosis, intervention, and evaluation.
- It includes planning for discharge and aftercare.
- It takes place under the direction of a physician or licensed practitioner.
- It addresses only the patient's current problem list.



35 of 46

Transcript:

Which statement about “active treatment” is not correct? (select the best answer)

It is a clinical process that includes assessment, diagnosis, intervention, and evaluation.

It includes planning for discharge and aftercare.

It takes place under the direction of a physician or licensed practitioner.

It addresses only the patient's current problem list.

Correct Feedback:

That's right. An active treatment plan includes: assessment, diagnosis, intervention, evaluation, and discharge and aftercare plans. The treatment team is headed by a licensed practitioner who may be a physician, nurse practitioner, physician's assistant, clinical psychologist, clinical social worker, or clinical nurse specialist.

Incorrect Feedback:

That's not quite right. An active treatment plan includes: assessment, diagnosis, intervention, evaluation, and discharge and aftercare plans. The treatment team is headed by a licensed practitioner, who may be a physician, nurse practitioner, physician's assistant, clinical psychologist, clinical social worker, or clinical nurse specialist.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Restraint and Seclusion Overview

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Restraint and Seclusion Overview

- Not used by a majority of CMHCs.
- Not to be used as a means of coercion, discipline, convenience, or retaliation by staff.
- Only to be used to ensure immediate physical safety of client, staff, or other individuals.
- Only used as a mechanism of last resort.
- Only used after least-restrictive measures have failed and the situation still exists.
- Documented in Title 42 CFR §485.910(e)(1) and §485.902, and referenced by M-Tag M0155.



36 of 46

Transcript:

Many CMHCs don't use restraint and seclusion, preferring alternative methods instead. Clients have the right to be free from restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may be used only to ensure the physical safety of the client, staff, or other individuals. Restraint or seclusion should only be a last resort, after least-restrictive measures have failed and the situation still exists.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Restraint and Seclusion Orders

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Restraint and Seclusion Orders

- Restraint and seclusion orders:
 - Must be written by a licensed, authorized practitioner.
 - Must follow state law.
 - Cannot surpass 1 hour limit per written order.
 - Cannot be written as a standing order or on an as-needed basis.
 - Must be accompanied by an order for the client's prompt transfer to a hospital.
- Documented in Title 42 CFR §485.910(e)(2-3) and referenced by M-Tags M0156, M0157, and M0158.



37 of 46

Transcript:

If you find that the CMHC you are surveying uses restraint and seclusion, it must be done by the written order of a physician or other licensed practitioner who is authorized to order restraint and seclusion by state law. A written restraint and seclusion order must not exceed 1 hour duration per order and never be written as a standing order or on an as-needed basis. Once restraint or seclusion is ordered, the CMHC must also obtain a corresponding order for the client's immediate transfer to a hospital.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Restraint and Seclusion Monitoring

CMS Module 4: Information Gathering
Lesson 4: Records Review: Client

Restraint and Seclusion Monitoring

- Clients must be continuously monitored.
- Monitoring must be in person by a physician or specially trained staff.
- Monitoring must include checking:
 - Respiratory and circulatory status, skin integrity, and vital signs.
 - Any added requirement specified by the CMHC.
 - For intent to harm self or others if released.
- Documented in Title 42 CFR §485.910(e)(5)(iv) and §485.910(f)(2)(vi), and referenced by M-Tags M0162 and M0176.



38 of 46

Transcript:

The condition of a client who is restrained or secluded must be continuously monitored in person by a physician or specially trained staff. Monitoring the well-being of the client includes checking respiratory and circulatory status, skin integrity, vital signs and any requirement specified by the CMHC. The client must also be observed for intent to harm self or others if released from restraint or seclusion.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Restraint and Seclusion Documentation

CMS Module 4: Information Gathering
Lesson 4: Records Review: Client

Restraint and Seclusion Documentation

- Verify that the client's medical records document includes:
 - Medical orders were written in accordance with CoPs.
 - Description of the behavior, interventions, and response.
 - What triggered the behavior.
 - Rationale for continued use of the intervention.
 - The name of the hospital where the client was transferred.
- Documented in Title 42 CFR §485.910(e)(5)(v) and referenced by M-Tag M0163.



39 of 46

Transcript:

When restraint or seclusion is used there must be documentation in the client's medical record. You will need to verify that orders were written in accordance with the CoP guidelines. In the medical record, look for a description of the behavior; interventions, including less restrictive interventions; and the response to them. Look for a description of the triggering condition or symptoms, the rationale for continued intervention use, and the hospital the client was transferred to.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Death Reporting

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Death Reporting

- Deaths related to the use of seclusion or restraint must be:
- Reported to CMS Regional Office (RO) by telephone by the end of the next business day.
- Detailed in the client's medical record, including the date and time reported to CMS.
- Documented in Title 42 CFR §485.910(g) and referenced by M-Tags M0182 through M0185.



40 of 46

Transcript:

In the case of a death at a CMHC related to the use of restraint or seclusion, while the client is awaiting transfer to the hospital, the death must be reported to the CMS Regional Office, or RO, by telephone by the close of the next business day. Documentation of the call should be at the RO and in the client's medical record. Verify that the call was made within the allotted time and that the circumstances of the death are recorded in the client's medical record.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Transfer of the Client

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Transfer of the Client

- The discharge summary must be sent within 2 working days.
- The client's record must be sent within 2 working days, if requested.
- Verify that the paperwork was sent to the receiving facility within the time limit in the client's records.
- Documented in Title 42 CFR §485.914(e) (2) and referenced by M-Tag M0227.



41 of 46

Transcript:

There are two main ways that a client leaves the care of a CMHC — discharge and transfer. If the client is transferred to another facility, the CMHC must forward a copy of the discharge summary, and the client's record, if requested, within 2 working days. You can verify that the appropriate records were sent to the receiving facility within the time limit in the client's records at the CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Discharge of the Client

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Discharge of the Client

- The client's discharge summary and records must be sent to their primary health care provider.
- Verify copies of appropriate paperwork was sent to the designated party in the client's records.



42 of 46

Transcript:

A client can be discharged from a CMHC if they refuse the services of the facility or they are not in compliance with the treatment plan. If this occurs, the CMHC must send a copy of the discharge summary and the client's records to his or her primary health care provider, if any. You can verify that this was done in the client's records.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Discharge Summary

CMS Module 4: Information Gathering
Lesson 4: Records Review: Client

Discharge Summary

- Includes client's symptoms, treatments, and therapies.
- Contains client's treatment, recovery goals, and preferences.
- If requested, the CMHC must also send:
 - The client's active treatment plan and current doctor's orders.
 - Any other documents that would facilitate continuity of care.
- Documented in Title 42 CFR §485.914(e)(3)(i-iv) and referenced by M-Tag M0231.



43 of 46

Transcript:

If a client is discharged or transferred, a discharge summary must be created. When reviewing the discharge summary, look for a review of the services provided, including the client's symptoms, treatment, recovery goals, preferences, treatments, and therapies. If the client's records were requested, look for evidence that the CMHC also sent the client's current active treatment plan, most recent physician's orders, and any other documents that will assist in post-discharge continuity of care.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 9

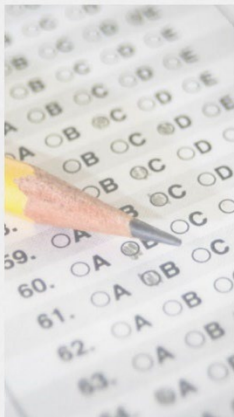
CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Knowledge Check 9

Under what circumstances must a death at a community mental health center, or CMHC, be reported to CMS? (select the best answer)

- Under any circumstances
- If the client was being served under partial hospitalization services (PHS).
- If the client was elderly.
- If the client was in restraint or seclusion.



44 of 46

Transcript:

Under what circumstances must a death at a community mental health center, or CMHC, be reported to CMS? (select the best answer)

Under any circumstances.

If the client was being served under partial hospitalization services (PHS).

If the client was elderly.

If the client was in restraint or seclusion.

Correct Feedback:

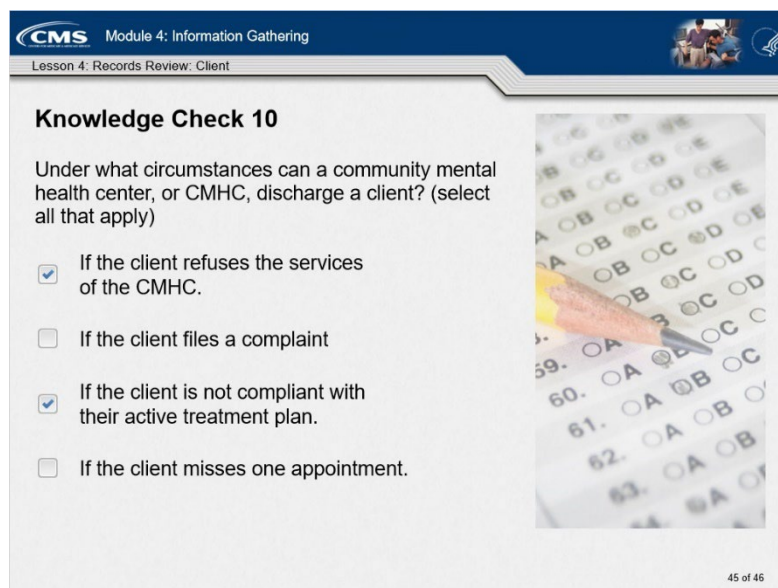
That's right. Only deaths associated with restraint or seclusion must be reported to CMS and that report must be made by telephone by the close of business the next business day.

Incorrect Feedback:

That's quite right. Only deaths associated with restraint or seclusion must be reported to CMS and that report must be made by telephone by the close of business the next business day.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 10



Knowledge Check 10

Under what circumstances can a community mental health center, or CMHC, discharge a client? (select all that apply)

- If the client refuses the services of the CMHC.
- If the client files a complaint
- If the client is not compliant with their active treatment plan.
- If the client misses one appointment.

45 of 46

Transcript:

Under what circumstances can a community mental health center, or CMHC, discharge a client? (select all that apply)

If the client refuses the services of the CMHC.

If the client files a complaint.

If the client is not compliant with their active treatment plan.

If the client misses one appointment.

Correct Feedback:

That's right. A CMHC can discharge a client for noncompliance or if they refuse the services of the CMHC.

Incorrect Feedback:

That's not quite right. A CMHC can discharge a client for noncompliance or if they refuse the services of the CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Records Review: Client: Summary

CMS Module 4: Information Gathering

Lesson 4: Records Review: Client

Records Review: Client : Summary

- Identify the purpose of a document review of a CMHC.
- Identify document types reviewed when surveying a CMHC.
- Identify what information should be included in the facility's records.
- Identify how to evaluate regulatory requirements and facility compliance.



46 of 46

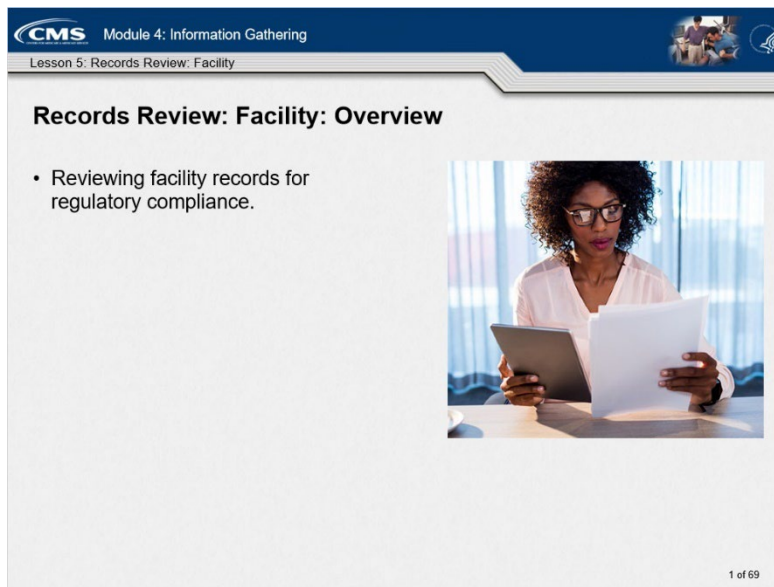
Transcript:

In this lesson, you learned to identify the purpose of a record review, identify the types of documents reviewed when surveying a CMHC, identify the information that should be included in the facilities' records, and identify how to evaluate regulatory requirements and facility compliance. Let's move on to the next lesson in this module, Records Review: Facility.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 5: Record Review: Facility

Records Review: Facility: Overview



The slide features a blue header with the CMS logo and the text "Module 4: Information Gathering" and "Lesson 5: Records Review: Facility". Below the header, the title "Records Review: Facility: Overview" is displayed. A bulleted list contains the text "Reviewing facility records for regulatory compliance." To the right of the list is a photograph of a woman with glasses and curly hair, wearing a white shirt, sitting at a desk and looking at a tablet and a document. The slide number "1 of 69" is located in the bottom right corner.

Transcript:

The purpose of this lesson is for you to learn about reviewing records for facility regulatory compliance.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Records Review: Facility: Objectives

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Records Review: Facility: Objectives

- Identify the purpose of a facility records review.
- Identify document types reviewed when surveying a CMHC.
- Identify what information should be included in the facility's records.
- Identify how to evaluate regulatory requirements and facility compliance.



2 of 69

Transcript:

After completing this lesson, you will be able to identify the purpose of a facility records review, identify the types of documents reviewed when surveying a CMHC, identify what information should be included in the facility's records, and identify how to evaluate regulatory requirements and facility compliance.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Document Review

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Document Review

- Records review may start in the afternoon of your first day at the facility.
- Check all records you review off your list.



3 of 69

Transcript:

The facility records review may start on the first afternoon of your site visit. You should have created a list of CMHC records to be reviewed, as you review specific records, check them off your list.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Administration and Program Services Compliance Policy

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Administration and Program Services Compliance Policy

- The CMHC must adhere to the regulations for:
- Organization and governance.
- Administration of CMHC services and PHS.
- CMHC specialized services for children, the elderly, the mentally ill, and local clients discharged from inpatient mental health facilities are also included.
- Title 42 CFR §485.918 and M-Tag M0304.



4 of 69

Transcript:

The CMHC must organize, manage, and administer its resources to provide CMHC services, including specialized services for children, the elderly, individuals with serious mental illness, and residents of its mental health services area who have been discharged from an inpatient mental health facility and PHS. Check records to confirm that the CMHC adheres to these requirements.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Assessing Administration and Program Services Compliance

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Assessing Administration and Program Services Compliance

- When reviewing records for compliance, look for:
 - Any program materials describing the CMHC mission, goals, programs, and services.
 - Any program descriptions given to clients or client representatives at admission.
 - Policies and procedures that describe services the CMHC provides and populations the CMHC serves.



5 of 69

Transcript:

When reviewing records for compliance, look for any program materials the CMHC provides to the public or potential clients, on paper or online, describing their mission, goals, programs, and available services. Also, look for program descriptions given to clients and representatives at admission. Lastly, look for policies and procedures that describe the services the CMHC provides and the populations that they serve.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Assessing the Governing Body

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Assessing the Governing Body

- Includes 2 or more selected individuals.
- 1 member may be the CMHC administrator.
- 1 member must have knowledge and experience as a mental health clinician.
- Title 42 CFR §485.918(a)(1) and M-Tags M0305 and M0306.



6 of 69

Transcript:

In the CMHC records review, you will need to evaluate relevant documentation to ensure that there is a governing body comprised of two or more designated persons, one of whom may be the administrator. You will also want to make sure that at least one member of the governing body has knowledge and experience as a mental health clinician.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Selection of an Administrator Policy

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Selection of an Administrator Policy

- The governing body institutes the administrator background requirements.
- There should be a statement on record by the governing body formally appointing the administrator.
- The administrator is a regular employee of the CMHC, not a contractor.
- CMHC staff should be aware of the administrative hierarchy of the facility.
- Title 42 CFR §485.918(a)(1) and M-Tag M0307.



7 of 69

Transcript:

The governing body must establish, through policy, the education and experience requirements for the administrator. Check for a statement on record by the governing body formally appointing an administrator. The administrator must be a regular CMHC employee, not a contractor. Check also to see if CMHC staff have a general understanding of the administrative hierarchy of the CMHC that enables them to effectively carry out their own responsibilities.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Administrator Responsibilities

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Administrator Responsibilities

- Check for evidence of administrator full legal authority and responsibility for:
 - Day-to-day management of the facility and the services offered.
 - Fiscal operations and continuous quality improvement.
- Confirm that the administrator was appointed by and reports to the governing body.
- Title 42 CFR §485.918(a)(2) and M-Tag M0307.



8 of 69

Transcript:

The CMHC administrator assumes full legal authority and responsibility for day-to-day management, services, fiscal operations, and continuous quality improvement of the facility. The administrator is appointed by and reports to the governing body. Check CMHC records for evidence of the extent of the administrator's legal authority and responsibility and confirm that the administrator was appointed by and reports to the governing body.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Provision of Services

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Provision of Services

- Review document to ensure that the CMHC provides outpatient services for:
 - Children, the elderly, individuals with serious mental illness.
 - Residents of its mental health service area who have been discharged from inpatient mental health facilities.
- Look for a program service description and related policies and procedures.
- Title 42 CFR §485.918(b)(1)(i) and M-Tag M0311.



9 of 69

Transcript:

Review documents to ensure that the CMHC provides outpatient services, including specialized outpatient services for children, the elderly, individuals with serious mental illness, and residents of its mental health service area who have been discharged from inpatient mental health facilities. Look specifically for a program service description and related policy and procedures.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.



Provision of Services for 24-Hour Emergency Care

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Provision of Services for 24-Hour Emergency Care

- Sources for proof of 24-hour care services include:
 - Logs.
 - Policies and procedures.
 - Client records.
 - Evidence of training in emergency care.
- Title 42 CFR §485.918(b)(1)(ii) and M-Tag M0312.



10 of 69

Transcript:

Review documents to ensure that the CMHC provides 24-hour emergency care services. Possible sources include separate logs, policies, procedures, individual client records, or evidence of staff training in emergency care services.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Provision of Services for Day Treatment and PHS

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Provision of Services for Day Treatment and PHS

- Possible sources of proof of day treatment, PHS or PSR include:
 - Program service descriptions.
 - Policies and procedures.
 - Training materials or documentation.
- Title 42 CFR §485.918(b)(1)(iii) and M-Tag 146.



11 of 69

Transcript:

Review documents such as program service descriptions, policies, procedures, and training materials or documentation to ensure that the CMHC provides day treatment or PHS that is not in an individual's home, inpatient or residential setting, or through PSR.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Provision of Screening for Mental Health Facilities

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Provision of Screening for Mental Health Facilities

- Possible sources for proof of screening for admission to mental health facilities include:
 - Descriptions of CMHC services.
 - Policies and procedures.
- Verify if such screening by the CMHC is permitted by state law.
- Title 42 CFR §485.918(b)(1)(iv) and M-Tag M0314.



12 of 69

Transcript:

Review documents to ensure that the CMHC provides screening for clients being considered for admission to state mental health facilities and determine the appropriateness of such services. When reviewing documentation, verify if this service is prohibited by state law. If such screening is not prohibited, look for compliance in descriptions of program services and in CMHC policies and procedures.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Forty Percent Requirement

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Forty Percent Requirement

- Surveyors do not monitor for 40% compliance.
- Surveyors may check the tag as complete.
- CMHC must meet this requirement before the survey is scheduled.
- Title 42 CFR §485.918(b)(1)(v) through §485.918(b)(1)(v)(B) and M-Tags M0315-M0317.



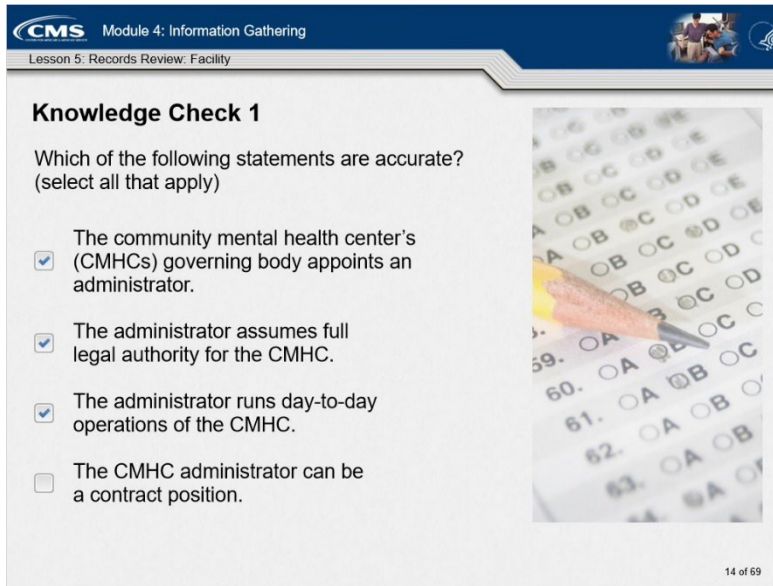
13 of 69

Transcript:

The Center for Program Integrity, or CPI, monitors the requirement that 40 percent of clients should come from outside of Medicaid and Medicare. Surveyors are not responsible for verifying compliance with this requirement. You may check the tag as meeting the terms of compliance, since the CMHC must meet this requirement before the survey is scheduled.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



The screenshot shows a slide from a CMS training module. The header includes the CMS logo, 'Module 4: Information Gathering', and 'Lesson 5: Records Review: Facility'. The slide title is 'Knowledge Check 1'. The question asks 'Which of the following statements are accurate? (select all that apply)'. There are four options, with the first three checked and the last one unchecked. To the right of the text is a photograph of a pencil pointing to a multiple-choice test sheet. The page number '14 of 69' is visible in the bottom right corner.

Knowledge Check 1

Which of the following statements are accurate?
(select all that apply)

- The community mental health center's (CMHCs) governing body appoints an administrator.
- The administrator assumes full legal authority for the CMHC.
- The administrator runs day-to-day operations of the CMHC.
- The CMHC administrator can be a contract position.

14 of 69

Transcript:

Which of the following statements are accurate? (select all that apply)

The community mental health center's (CMHCs) governing body appoints an administrator.

The administrator assumes full legal authority for the CMHC.

The administrator runs day-to-day operations of the CMHC.

The CMHC administrator can be a contract position.

Correct Feedback:

That's right. The CMHC's governing body appoints an administrator who reports to the governing body and is responsible for the day-to-day operations of the CMHC. The administrator assumes full legal authority for the CMHC and must be a CMHC employee.

Incorrect Feedback:

That's not quite right. The CMHC's governing body appoints an administrator who reports to the governing body and is responsible for the day-to-day operations of the CMHC. The administrator assumes full legal authority for the CMHC and must be a CMHC employee.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Assessing Documents

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Assessing Documents

- Ask for staff assistance when using their computers to access documents.
- There may be multiple programs or file locations.
- Ask for print copies of problematic documents to save time.
- Request immediate assistance if you encounter difficulties.
- If you cannot find a document, have a staff member look for it or confirm it's not there.



15 of 69

Transcript:

No matter how much computer expertise you have, request staff assistance so you understand the programs that they use and where documents are located. Ask the CMHC to print copies of any problematic documents to save time when you are deciding on and writing citations. If you encounter difficulties, immediately ask for assistance. It is the staff's responsibility to assist you with their center's computer system. If you cannot find a document, have a staff member look for it or confirm it's not there.



This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Agreements and Contracts Policies

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Agreements and Contracts Policies

- CMHC and individuals providing services must be licensed and certified by the state.
- CMHCs may have arrangements with others to provide services, but must:
 - Retain administrative role and financial and general oversight of all arranged services.
 - Retain all payment responsibility for arranged services.
- Title 42 §485.918(b)(2) and §485.918(c) and M-Tags M0329 and M0333.



16 of 69

Transcript:

The CMHC and individuals furnishing services must meet applicable state licensing and certification requirements. A CMHC that has an agreement with another agency, individual, or organization to provide services must retain administrative responsibilities and financial and general oversight of all arranged services. The CMHC must retain all payment responsibility for services provided under arrangement on its behalf.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Agreements and Contracts

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Agreements and Contracts

- All arranged services must have a written agreement.
- Services must be authorized by the CMHC and be safe and effective.
- Service delivery must be consistent with professional standards, CMHC policies, and the client's active treatment plan.
- Contractors must be paid by the CMHC, not by Medicare.
- Title 42 CFR §485.918(c) and M-Tag M0333.



17 of 69

Transcript:

Arranged services must have a written agreement requiring that all services be authorized by the CMHC; be provided in a safe and effective manner; and delivered consistent with professional standards, the policies of the CMHC, and the client's active treatment plan. Check for written contracts for each service stating that the CMHC will pay the contractor for their services and the contractor will not bill Medicare.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 2

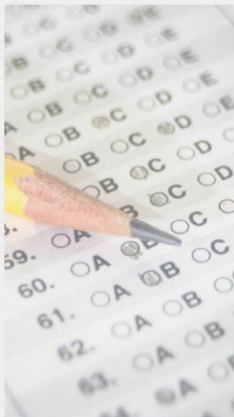
CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Knowledge Check 2

As long as community mental health center, or CMHC, contractors supply services according to terms of their contract with a CMHC and comply with Centers for Medicare & Medicaid Services, or CMS, regulations and Conditions of Participation, or CoPs, they are not required to show compliance with applicable state licensing and certification requirements. (true or false)

True.

False.



18 of 69

Transcript:

As long as community mental health center, or CMHC, contractors supply services according to terms of their contract with a CMHC and comply with Centers for Medicare & Medicaid Services, or CMS, regulations and Conditions of Participation, or CoPs, they are not required to show compliance with applicable state licensing and certification requirements. (true or false)

True.

False.

Correct Feedback:

That's right. As documented in §485.918(b)(2) of the Code of Federal Regulations (CFR), the CMHC and individuals furnishing services on its behalf must meet applicable state licensing and certification requirements.

Incorrect Feedback:

That's not quite right. As documented in §485.918(b)(2) of the Code of Federal Regulations (CFR), the CMHC and individuals furnishing services on its behalf must meet applicable state licensing and certification requirements.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Quality Assessment and Performance Improvement

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Quality Assessment and Performance Improvement

- A CMHC's QAPI program must:
- Be data driven.
- Reflect the complexity of the CMHC and all its services.
- Focus on improved healthcare outcomes.
- Take action to demonstrate improvement.
- The CMHC must document and be able to demonstrate its QAPI operation to CMS.
- Title 42 CFR §485.917 and M-Tag M0265.



19 of 69

Transcript:

The CMHC must develop, implement, and maintain a QAPI program. The CMHC's governing body must ensure the QAPI program is data driven, reflects the CMHC's complexity, and involves all services. The program focuses on improved healthcare outcomes and takes actions to demonstrate improvement. The CMHC must document its QAPI program and be able to demonstrate QAPI operation to CMS.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Assessing Quality Assessment and Performance Improvement Program

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Assessing Quality Assessment and Performance Improvement Program

- The QAPI program must show improvement in areas of concern such as:
- Recurring admission to hospitals.
- Medication and treatment compliance.
- Suicide attempts and emergency room visits.
- Rate of chemical dependency relapse.
- Title 42 CFR §485.917(a) and §485.917(a)(1), and M-Tags M0269 and M0270.



20 of 69

Transcript:

The QAPI program must be able to demonstrate improvement in areas of concern related to behavioral health outcomes. This includes specific indicators including, but not limited to, the need for a higher level of care. Some indicators are recurring admission to hospitals, medication and mental health treatment compliance, suicide attempts, number of emergency room visits, and rate of chemical dependency relapse.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Assessing Quality Assessment and Performance Improvement Indicators

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Assessing Quality Assessment and Performance Improvement Indicators

- A baseline measure is set for each indicator.
- Improvement or decline is measured periodically per the CMHC's policy.
- Data must indicate an improvement or changes made to facilitate improvement.
- Title 42 CFR §485.917(a) and §485.917(a)(1), and M-Tags M0269 and M0270.



21 of 69

Transcript:

The CMHC establishes a baseline measure for each indicator and measures improvement or decline for all indicators periodically based upon facility policy. The QAPI data must indicate an overall improvement for all the established indicators. If there is no improvement or a decline for an individual indicator, the CMHC must make necessary changes to improve outcomes that ultimately appear in the data as an improvement.



This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Reviewing Quality Assessment and Performance Improvement Data

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Reviewing Quality Assessment and Performance Improvement Data

- Verify the existence of individual indicators.
- Verify if indicators address all programs and services.
- Verify that indicators are measurable and document improvements.
- Title 42 CFR §485.917(a)(2) and M-Tag M0271.



22 of 69

Transcript:

When reviewing the QAPI data, you are verifying if the CMHC has developed the individual indicators of its QAPI plan and that these indicators address all facility programs and services. Indicators should be measurable so the CMHC can demonstrate, using objective data, that improvements have or have not taken place in actual care outcomes, processes of care, client satisfaction levels, CMHC operations, or other performance indicators.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Assessing Quality Assessment and Performance Improvement Compliance

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Assessing Quality Assessment and Performance Improvement Compliance

- To assess compliance with QAPI requirements, request or review:
 - The CMHC's QAPI plan to include all indicators.
 - Summary analysis reports submitted to the governing body.
 - Names of individuals responsible for the QAPI program.
- Title 42 CFR §485.917(a)(2) and M-Tag M0271.



23 of 69

Transcript:

To assess compliance with the QAPI requirements and to assess the adequacy and appropriateness of a CMHC's QAPI program, request and review the CMHC's QAPI plan to include all indicators, the summary analysis reports submitted to the governing body, and the names of the individuals responsible for the QAPI program.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Quality Assessment and Performance Improvement Data Evidence

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Quality Assessment and Performance Improvement Data Evidence

- Review evidence provided by:
 - Committee meeting minutes.
 - Investigation and analysis of events.
 - Recommendations and changes to prevent more events.
 - Performance measures that are tracked and analyzed.
 - Resources available to implement the QAPI program.
- Title 42 CFR §485.917(a)(2) and M-Tag M0271.



24 of 69

Transcript:

To assess compliance with the QAPI requirements and to assess the adequacy and appropriateness of a CMHC's QAPI program, look for evidence that the system has been applied and is effective. Possible evidence could include committee meeting minutes, investigations, analysis, recommendations and changes to prevent more events, performance measures that are tracked and analyzed, and resources available to implement the program.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Quality Assessment and Performance Improvement Data Sources

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Quality Assessment and Performance Improvement Data Sources

- Each CMHC specifies the data to be collected in its QAPI plan.
- Examples of data sources include:
 - Client noncompliance with treatments.
 - Type and frequency of specific adverse events such as suicides.
 - Client admissions and readmissions to an inpatient psychiatric facility.
- Title 42 CFR §485.917(b) and M-Tags 0273 through M0277.



25 of 69

Transcript:

Program data used for the CMHC QAPI program comes from many sources. The specific data to be collected is defined by the CMHC QAPI plan. Examples include client noncompliance with treatments, type and frequency of specific adverse events such as suicide rates, and client admissions or readmissions to an inpatient psychiatric facility. Examine and document all available program data collected for the QAPI program.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Quality Assessment and Performance Improvement Data Use

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Quality Assessment and Performance Improvement Data Use

- Data must be used to:
 - Assess the effectiveness and safety of services and quality of care.
 - Determine and prioritize opportunities for improvement.
- The frequency and detail of data collection must align with governing body requirements.
- Title 42 CFR §485.917(b)(2) and §485.917(b)(3), and M-Tags M0275, M0276, and M0277.



26 of 69

Transcript:

The CMHC must use the data collected to monitor the effectiveness and safety of services and quality of care. The CMHC must also use the data to identify opportunities and priorities for improvement. The frequency and detail of the data collection must be approved by the CMHC's governing body. Be sure to document how the CMHC uses collected data and if the frequency and detail of data collection aligns with the requirements of the CMHC's governing body.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Quality Assessment and Performance Improvement Program Activities

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Quality Assessment and Performance Improvement Program Activities

- The CMHC QAPI program must:
 - Focus on high risk, high volume, or problematic areas.
 - Consider incidence, frequency, and severity.
 - Give priority to improvements that affect behavioral outcomes, client safety, and client-centered quality of care.
- Title 42CFR §485.917(c) and M-Tags M0281 through M0284.



27 of 69

Transcript:

The CMHC QAPI program activities must focus on high risk, high volume, or problematic areas. Activities consider incidence prevalence and severity of problems, and give priority to improvements that affect behavioral outcomes, client safety, and client-centered quality of care.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Assessing Quality Assessment and Performance Improvement Program Activities

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Assessing Quality Assessment and Performance Improvement Program Activities

- The CMHC must record, track, and evaluate adverse events.
- An employee is assigned to implement, track, and reassess the course of action.
- Training occurs after each incident and is incorporated into annual training as needed.
- Check documentation for evidence that the CMHC is following required procedures for tracking and improving performance.
- Title 42 CFR §485.917(c)(2) and §485.917(c)(3), and M-Tags M0285 and M0286.



28 of 69

Transcript:

Performance improvement activities must track adverse client events. Once a corrective action is identified, an employee is assigned to implement, track, and reassess the course of action. Training occurs after each incident and is added into annual training programs as needed. Check documentation related to performance activities for evidence that the CMHC is following required procedures for tracking and improving performance.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Quality Assessment and Performance Improvement Projects

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Quality Assessment and Performance Improvement Projects

- CMHCs must develop, apply, and assess projects to improve performance.
- Projects are continuously evaluated until completed.
- Number of projects based on needs of population and internal organization.
- Projects must reflect CMHC scope, complexity, and past performance.
- Their purpose and progress must be documented by the CMHC.
- Title 42 CFR §485.917(d)(1), §485.917(d)(2), and §485.917(d), and M-Tags M0292-M0293



29 of 69

Transcript:

CMHCs must develop, apply, and assess projects to improve performance. Projects are evaluated throughout the life of the project. The number and scope of projects is based on the needs of a CMHC's population and internal organization, and must reflect its scope, complexity, and past performance. The CMHC must document in writing projects being conducted, why they are being conducted, and the measurable progress achieved. Check for documentation of CMHC performance improvement projects and their impact.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Quality Assessment and Performance Improvement Governing Body

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Quality Assessment and Performance Improvement Governing Body

- CMHC governing body ensures QAPI program definition, implementation, maintenance, and annual evaluation.
- QAPI program priorities include improving quality of care, client safety, and evaluating effectiveness of all actions.
- 1 or more individuals must be designated to operate the QAPI program.
- Title 42 CFR §485.917(e)(1)-§485.917(e)(3) and M-Tags M0297-M0299.



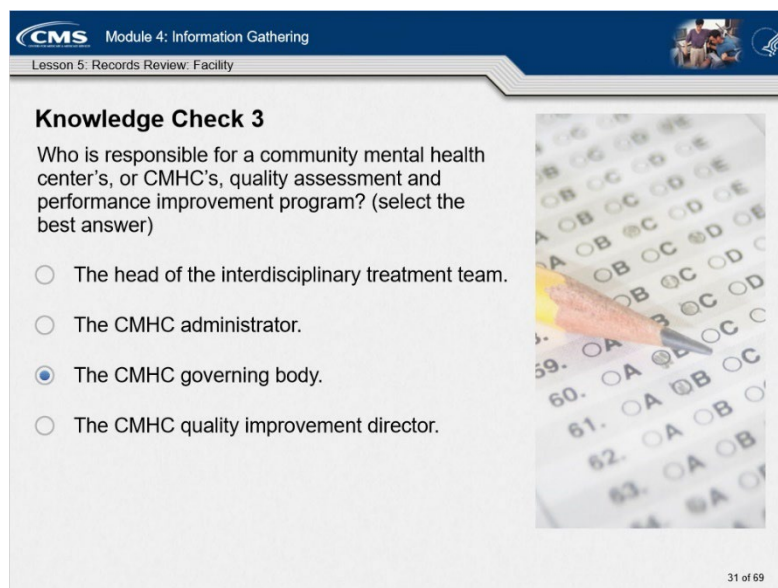
30 of 69

Transcript:

The CMHC's governing body is responsible for ensuring that an ongoing QAPI program is defined, implemented, maintained, and evaluated annually. The QAPI program efforts must address priorities for improved quality of care and client safety and ensure that all actions are evaluated for effectiveness. One or more individuals who are responsible for operating the QAPI program must be designated.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 3



Knowledge Check 3

Who is responsible for a community mental health center's, or CMHC's, quality assessment and performance improvement program? (select the best answer)

- The head of the interdisciplinary treatment team.
- The CMHC administrator.
- The CMHC governing body.
- The CMHC quality improvement director.

31 of 69

Transcript:

Who is responsible for a community mental health center's, or CMHC's, quality assessment and performance improvement program? (select the best answer)

The head of the interdisciplinary treatment team.

The CMHC administrator.

The CMHC governing body.

The CMHC quality improvement director.

Correct Feedback:

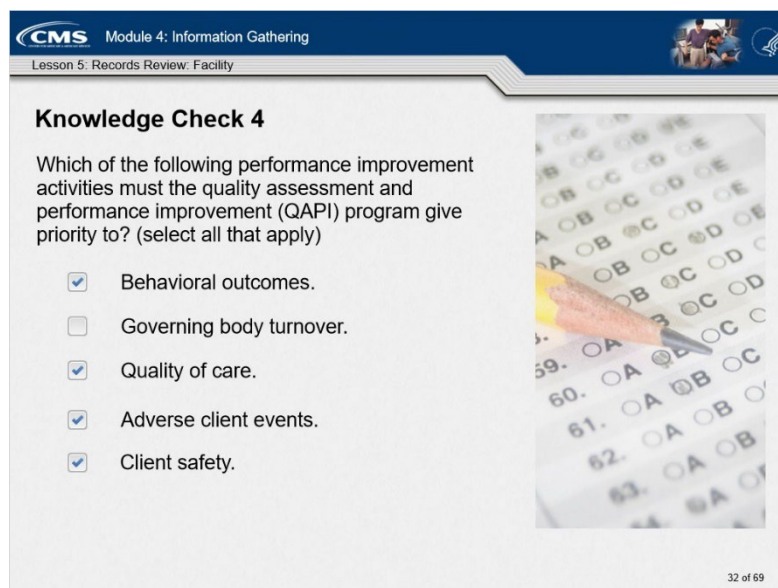
That's right. The governing body is responsible for the QAPI program.

Incorrect Feedback:

That's not quite right. The governing body is responsible for the QAPI program.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 4



Knowledge Check 4

Which of the following performance improvement activities must the quality assessment and performance improvement (QAPI) program give priority to? (select all that apply)

- Behavioral outcomes.
- Governing body turnover.
- Quality of care.
- Adverse client events.
- Client safety.

32 of 69

Transcript:

Which of the following performance improvement activities must the quality assessment and performance improvement (QAPI) program give priority to? (select all that apply)

Behavioral outcomes.

Governing body turnover.

Quality of care.

Adverse client events.

Client safety.

Correct Feedback:

That's right. The QAPI must give priority to improvements that affect behavioral outcomes, client safety, and client-centered quality of care. It must track adverse client events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the CMHC to increase client safety.

Incorrect Feedback:

That's not quite right. The QAPI must give priority to improvements that affect behavioral outcomes, client safety, and client-centered quality of care. It must track adverse client events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the CMHC to increase client safety.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

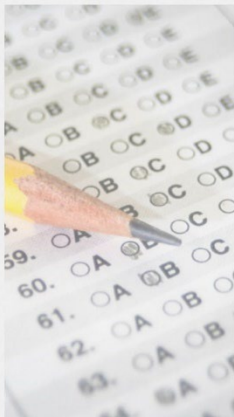
Knowledge Check 5

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Knowledge Check 5

Which of the following must a community mental health center CMHC document in writing for performance improvement projects? (select all that apply)

- What projects are being conducted.
- Why these projects are being conducted.
- How these projects might benefit other CMHCs.
- What measurable progress is being achieved.



33 of 69

Transcript:

Which of the following must a community mental health center CMHC document in writing for performance improvement projects? (select all that apply)

What projects are being conducted.

Why these projects are being conducted.

How these projects might benefit other CMHCs.

What measurable progress is being achieved.

Correct Feedback:

That's right. Although medical history is part of the comprehensive assessment, it is not required to be in the active treatment plan.

Incorrect Feedback:

That's not quite right. Although medical history is part of the comprehensive assessment, it is not required to be in the active treatment plan.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Environmental Safety Law Compliance

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Environmental Safety Law Compliance

- Make sure documentation meets requirements for providing a safe, functional, sanitary, and comfortable environment.
- Check for employee training materials on creating and maintaining the required environment.
- Check the QAPI program for policies and procedures on environment and asset replacement.
- Title 42 CFR §485.918(e)(1) and M-Tags M0345 and M0346.



34 of 69

Transcript:

CMHCs must provide an environment that is safe, functional, sanitary, and comfortable for clients and staff. You need to review documentation and staff training materials for compliance with Federal, state, and local health and safety regulations. Check the CMHC's QAPI program for policies and procedures concerning the environment and replacement of unsafe furniture and other assets.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Environmental Safety Law Compliance Policies and Procedures

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Environmental Safety Law Compliance Policies and Procedures

- CMHC must comply with Federal, state, and local health and safety standards and state healthcare occupancy regulations.
- Compliance evidence includes health and safety inspection certificates.
- Policies and procedures for building inspection frequency and repairs.
- Title 42 CFR §485.918(e)(2) and M-Tag M0347.



35 of 69

Transcript:

The CMHC building and infrastructure must meet Federal, state, and local health and safety standards and state healthcare occupancy regulations. Check for current health and safety inspection certificates and policies and procedures that detail the frequency of building inspections and who determines when repairs are needed.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Assessing Environmental Safety Law Compliance

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Assessing Environmental Safety Law Compliance

- Look for policies, procedures, and monitoring strategy for infection and contagious diseases.
- Look for evidence in QAPI tracking records, infection control reports and procedures, and employee and client training materials.
- Select the information icons documented in Title 42 CFR §485.918(e)(3) and M-Tag M0348.



36 of 69

Transcript:

A CMHC must establish policies, procedures, and a monitoring strategy for the prevention, control, and investigation of infections and communicable diseases. Check for evidence in QAPI program tracking records, reports, and procedures concerning infection control, policies, and employee and client training materials.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 6

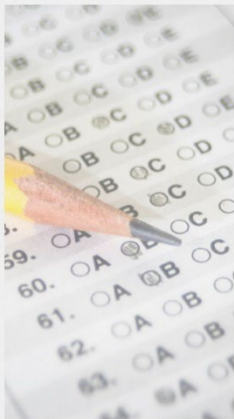
CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Knowledge Check 6

Community mental health center, or CMHC, staff members are not required to comply with any infection control standard that is not included in the center's policies and procedures. (true or false)

True.

False.



37 of 69

Transcript:

Community mental health center, or CMHC, staff members are not required to comply with any infection control standard that is not included in the center's policies and procedures. (true or false)

True.

False.

Correct Feedback:

That's right. Staff are responsible for helping the CMHC meet all Federal, state, and local health and safety standards and state healthcare occupancy regulations.

Incorrect Feedback:

That's not quite right. Staff are responsible for helping the CMHC meet all Federal, state, and local health and safety standards and state healthcare occupancy regulations.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Client Rights

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Client Rights

- Clients must be informed of their rights.
- CMHCs must protect and promote the exercise of their rights.
- Select the icons to access Title 42 CFR §485.910 and M-Tag M0120.



38 of 69

Transcript:

Clients have the right to be informed of their rights during the initial evaluation. CMHCs must also protect and promote the exercise of these client rights.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.



Notice of Client Rights and Responsibilities

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Notice of Client Rights and Responsibilities

- Look for proof that clients were notified of their rights verbally and in writing when admitted to the CMHC.
- Check records to confirm how CMHC shares this information with clients of diverse background or who need assistive devices or translation.
- Verify that the client, or their representative or guardian, received, understood, and signed a copy of their rights upon admission.
- Select the icons to access Title 42 CFR §485.910(a)(1) and M-Tags M0121 and M0122.



39 of 69

Transcript:

Surveyors must see evidence that clients have been informed of their rights, verbally and in writing, at time of admission. Review records on how the CMHC shares information about client rights to patients with diverse backgrounds, including clients who need assistive devices or translation. Verify that the client, representative, or guardian was given at admission a copy of their rights, understood them, and signed the copy on file at the CMHC.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Notice of Client Rights and Responsibilities Compliance

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Notice of Client Rights and Responsibilities Compliance

- The CMHC must provide the client information verbally and in writing about its grievance filing policy.
- The CMHC must post and make the grievance policy freely available.
- The CMHC must ask clients or their representatives to sign and confirm receipt of their rights and responsibilities.
- Title 42 CFR §485.910(a)(2) and §485.910(a)(3), and M-Tags M0123 and M0124.



40 of 69

Transcript:

During the initial evaluation, the CMHC must inform and distribute written information to the client concerning its policy on filing a grievance. Request a copy of the facility policy. The information should be openly available and posted. The CMHC must obtain the client's or client representative's signature confirming that he or she has received a copy of their rights and responsibilities.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Exercise of Client Rights

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Exercise of Client Rights

- The client has the right to:
 - Be involved in developing their treatment plan and to be free from abuse.
 - Refuse care or treatment and to keep their record confidential.
 - Receive information about limits on services provided.
 - Be paid for any work performed at the CMHC.
- Select the icons to access Title 42 CFR§485.910(c) and §485.910(c)(1-6), and M-Tags M0137-M0142.



41 of 69

Transcript:

The client has the right to be involved in developing their active treatment plan, to refuse care or treatment, to have a confidential clinical record, and to be free from abuse. The client also has the right to receive information about limitations on services provided, not to be forced to perform work for the CMHC, and to be compensated for any work performed at wages commensurate with the client's abilities.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Addressing Violations of Client Rights

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Addressing Violations of Client Rights

- Review all documents, including staff reports to the CMHC administrator that allege client rights violations.
- Review all documentation of corrective, investigative actions taken to address client rights violations, including reporting to state and local entities.
- Verify if reporting was completed within state and Federal timeframes.
- Title 42 CFR §485.910(d) and M-Tag M0146.



42 of 69

Transcript:

Review all documentation involving allegations of client rights violations, including reports to the administrator submitted by staff, process and corrective actions taken to investigate client rights violations, and documentation of client rights violations reported to state and local entities. Be sure to verify documentation completion fell within required state and Federal timeframes.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Violations of Client Rights Procedures

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Violations of Client Rights Procedures

- All alleged violations of client rights by anyone providing CMHC services must be:
 - Reported to the administrator.
 - Investigated and documented according to CMHC procedures.
 - Acted upon immediately to prevent more violations during investigations.
- Select icons to access Title 42 CFR §485.910(d)(1) and §485.910(d)(2), and M-Tags M0146-M0148.



43 of 69

Transcript:

The CMHC must ensure all alleged client rights violations are reported to the administrator, investigate all alleged violations involving anyone providing services for the CMHC, and act at once to prevent further potential violations while the alleged violation is being verified. Investigations and documentation of all alleged violations must be conducted in accordance with procedures established by the CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Corrective Action

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Corrective Action

- When checking records verify if the CMHC reported the alleged violation:
 - Within 5 working days to the State Agency (SA).
 - To state and local entities with jurisdiction.
- Select icons to access Title 42CFR §485.910(d)(3) and §485.910(d)(4), and M-Tags M0149 and M0150.



44 of 69

Transcript:

The CMHC must take corrective action in accordance with state law if the alleged violation is investigated by the CMHC's administration or verified by an outside entity having jurisdiction, such as the State Agency, or SA, or local law enforcement. Check records to confirm whether the CMHC reported violations within 5 working days and verify violations were reported to state and local entities having jurisdiction.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

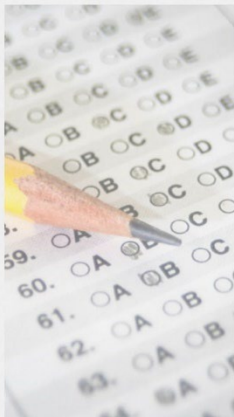
Knowledge Check 7

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Knowledge Check 7

Which of the following client rights is not guaranteed by community mental health center, or CMHC, regulations? (select the best answer)

- Right to refuse care.
- Right to remain free of abuse.
- Right to engage in customary spiritual practices.
- Right to know limits of services CMHC will provide.
- Right to be compensated for work performed for CMHC.



45 of 69

Transcript:

Which of the following client rights is not guaranteed by community mental health center, or CMHC, regulations? (select the best answer)

Right to refuse care.

Right to remain free of abuse.

Right to engage in customary spiritual practices.

Right to know limits of services CMHC will provide.

Right to be compensated for work performed for CMHC.

Correct Feedback:

That's right. The right to engage in customary spiritual practices is not guaranteed by the CMHC's regulations.

Incorrect Feedback:

That's not quite right. The right to engage in customary spiritual practices is not guaranteed by the CMHC's regulations.

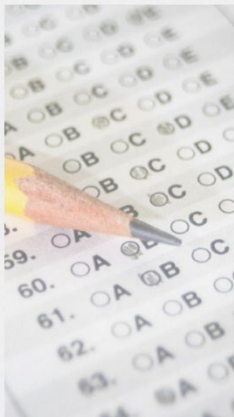
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 8

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Knowledge Check 8
Which of the client rights M-Tags allows a client to refuse treatment? (select the best answer)

M0137.
 M0126.
 M0129.
 M0138.



46 of 69

Transcript:

Which of the client rights M-Tags allows a client to refuse treatment? (select the best answer)

M0137.

M0126.

M0129.

M0138.

Correct Feedback:

That's right. As documented in Title 42 CFR §485.910 (c)(2), clients have the right to refuse therapies or activities.

Incorrect Feedback:

That's not quite right. As documented in Title 42 CFR §485.910 (c)(2), clients have the right to refuse therapies or activities.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 9

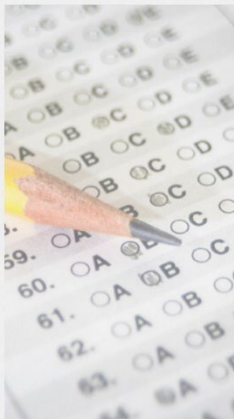
CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Knowledge Check 9

Details of client rights violations must be documented in: client medical records versus separate files in accordance with requirements under Title 42 CFR section 485.910(d)(2) and M-Tag M0148. (true or false)

True.

False.



47 of 69

Transcript:

Details of client rights violations must be documented in: client medical records versus separate files in accordance with requirements under Title 42 CFR section 485.910(d)(2) and M-Tag M0148. (true or false)

True.

False.

Correct Feedback:

That's right. This requirement does not specify that details of a client rights violation be documented in a client medical record; in fact, there are no requirements regarding the location of a client rights violation.

Incorrect Feedback:

That's not quite right. This requirement does not specify that details of a client rights violation be documented in a client medical record; in fact, there are no requirements regarding the location of a client rights violation.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness

- Review the CMHC emergency preparedness program to determine if it:
 - Complies with all relevant Federal, state, and local requirements.
 - Explains how the CMHC will meet staff and client needs in an emergency.
 - Describes how the CMHC will work with other healthcare providers and the community.
- Title 42 CFR §485.920 and E-Tag E-0001.



48 of 69

Transcript:

The CMHC must establish and maintain a comprehensive emergency preparedness program. The program must comply with all applicable Federal, state, and local requirements. It must describe the CMHC's approach to meeting the needs of its staff and clients during an emergency or disaster and how the facility will coordinate with other healthcare facilities and the community.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Plan

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Plan

- Ask for a copy of the CMHC emergency preparedness plan.
- Note the date of its last review and update.
- Verify that it is reviewed and updated annually.
- Verify that the plan has all mandatory elements.
- CFR §485.920(a) and E-Tag E-0004.



49 of 69

Transcript:

The CMHC must develop and maintain an emergency preparedness plan that is reviewed and updated at least annually. During your survey, verify that the facility has an emergency preparedness plan and ask for a copy. Review the plan to verify that it contains all the required elements and is reviewed and updated annually. Look for documentation of the date of the last review and the updates that were made to the plan.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.



Emergency Preparedness Plan Risk Assessment

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Emergency Preparedness Plan Risk Assessment

- Ask to see CMHC's risk assessment and strategies.
- Verify if the plan was based on and includes a risk assessment.
- Verify that it includes how to address events identified as risks.
- Verify that they are based on an all-hazards approach specific to the geographic location.
- Title 42 CFR §485.920(a)(1) and §485.920(a)(2), and reference E-Tag E-0006.



50 of 69

Transcript:

A CMHC's emergency preparedness plan must be based on and include a risk assessment, utilizing an all-hazards approach. The plan must include strategies for addressing events identified by risk assessment. Ask to see the facility's risk assessment and associated strategies and verify that they focus on hazards specific to the geographic location of the facility.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Plan Community Collaboration

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Plan Community Collaboration

- Verify the emergency preparedness plan process for:
 - Cooperating and collaborating with local, tribal, regional, state, and emergency officials.
 - Maintaining an integrated response during disasters or emergencies.
 - Contacting officials during disasters or emergencies.
 - Engaging officials in planning efforts when applicable.
- Title 43 CFR §485.920(a)(4) and E-Tag E-0009.



51 of 69

Transcript:

A CMHC's emergency preparedness plan must include a process for cooperation and collaboration with local, tribal, regional, state, and Federal emergency officials to maintain an integrated response during a disaster or emergency situation. This includes a method for contacting such officials and, when applicable, engaging their participation in collaborative and cooperative planning efforts.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Policies and Procedures

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Policies and Procedures

- Review emergency preparedness policies and procedures and verify that they are:
 - Current and reviewed and updated annually.
 - Based on risk assessment, and emergency and communication plans.
- Title 42 CFR §485.920(b) and E-Tag E-0013.



52 of 69

Transcript:

CMHCs must develop and implement emergency preparedness policies and procedures, based on the emergency plan, risk assessment, and communication plan. During a survey, review the policies and procedures and verify that they were based on the risk assessment and communication plan, and that they have been reviewed and updated on an annual basis.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Evacuation Tracking System

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Evacuation Tracking System

- Verify that CMHC can track the location of staff and clients.
- If staff and clients will be offsite, document where.
- Verify that the tracking system is included in the emergency plan.
- Documented in Title 42 CFR §485.920(b)(1) and referenced in E-Tag E-0018.



53 of 69

Transcript:

The CMHC must have a system to track the location of on-duty staff and sheltered clients in the CMHC's care during an emergency. If on-duty staff and sheltered clients are relocated during the emergency, the CMHC must document the name and location of the receiving facility or location. During a survey, verify that the tracking system is documented as part of the emergency plan policies and procedures of the facility.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Safe Evacuation

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Safe Evacuation

- Verify that the emergency plan provides information for a safe evacuation.
- Plan should include:
 - Meeting evacuee care and treatment needs and staff responsibilities.
 - Transportation to and identification of evacuation locations.
 - Primary and alternate means of communicating with external assistance sources.
- Select the icons to access Title 42 CFR §485.920(b)(2) and E-Tag E-0020.



54 of 69

Transcript:

The CMHC must make provisions for safe evacuation, including consideration of care and treatment needs of evacuees, staff responsibilities, transportation to and identification of evacuation locations, and primary and alternate means of communication with external sources of assistance. During the survey, review the emergency plan to verify it includes policies and procedures for safe evacuation.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Emergency Preparedness Shelter in Place

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Emergency Preparedness Shelter in Place

- Confirm that the plan includes procedures to shelter in place patients, staff, and volunteers.
- Confirm that CMHC policies and procedures align with the emergency plan and risk assessment.
- Title 42 CFR §485.920(b)(3) and E-Tag E-0022.



55 of 69

Transcript:

A CMHC must have a means to provide shelter in place for patients, staff, and volunteers who remain in the CMHC. During your survey, verify that the emergency plan includes policies and procedures for how it will provide shelter in place for patients, staff, and volunteers. Confirm that CMHC policies and procedures are aligned with the facility's emergency plan and risk assessment.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Record Protection

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Record Protection

- Ask for a copy of the policies and procedures concerning the medical record documentation system.
- Verify if the policies and procedures:
 - Preserve patient information.
 - Protect confidentiality.
 - Secure and maintain availability of records.
- Title 42 CFR §485.920(b)(4) and E-Tag E-0023.



56 of 69

Transcript:

The CMHC must have a system of medical documentation that preserves patient information, protects confidentiality, and secures and maintains availability of records. During the survey, ask to see a copy of the policies and procedures for the medical record documentation system and verify if it meets all requirements.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Staffing and Volunteers

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Staffing and Volunteers

- Make sure that the CMHC has a policy:
 - For use of volunteers or other staffing strategies in an emergency.
 - For process and role of state and Federal healthcare professionals to meet surge needs in an emergency.
- Title 42 CFR §485.920(b)(5) and E-Tag E-0024.



57 of 69

Transcript:

The CMHC must have a policy for the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of state and Federally designated healthcare professionals to address surge needs during an emergency. During a survey, verify that the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Continuity of Service

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Continuity of Service

- Request copies of any arrangements with other facilities to provide shelter for clients during an emergency.
- Title 42 CFR §485.920(b)(6) and E-Tag E-0025.



58 of 69

Transcript:

The CMHC must develop arrangements with other facilities or providers to receive clients in the event of limitations or cessation of operations to maintain the continuity of services to facility clients. During a survey, ask to see copies of any arrangements or arrangements with other facilities to provide shelter for clients in the event the facility is not able to care for them during an emergency.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness 1135 Waiver

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness 1135 Waiver

- Verify that the CMHC emergency plan includes providing care at alternate care sites due to an 1135 waiver.
- Title 42 CFR §485.920(b)(7) and E-Tag E-0026.



59 of 69

Transcript:

The CMHC should have emergency preparedness policies and procedures to address its role in providing care at an alternate site under section 1135 of the Social Security Act, or the Act. During a survey, verify that the facility has included policies and procedures in its emergency plan describing the facility's role in providing care and at alternate care sites due to an 1135 waiver.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Communications Plan Contacts

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Communications Plan Contacts

- Verify that all necessary contacts are in the communication plan.
- Confirm information has been reviewed and updated at least every 12 months.
- Title 42 CFR §485.920(c)(1-2) and E-Tags E-0030 and E-0031.



60 of 69

Transcript:

As part of the communications plan, the CMHC must include the names and contact information of staff, contractors, physicians, other facilities, volunteers, and Federal, state, tribal, regional, and local emergency preparedness staff. During a survey, verify that all required contacts are in the emergency preparedness communication plan and that the information has been reviewed and updated at least annually.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Communication Plan Emergency Communication

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Communication Plan Emergency Communication

- Review communication plan for primary and alternate means of communicating with:
 - State, tribal, regional, and local emergency management agencies.
- Title 42 CFR §485.920(c)(3) and E-Tag E-0032



61 of 69

Transcript:

The communication plan must include the primary and alternate means for communicating with the staff and Federal, state, tribal, regional, and local emergency management agencies. During a survey, review the communication plan for primary and alternate means for communicating with facility staff, Federal, state, tribal, regional, and local emergency management agencies.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Communication of Patient Information

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Communication of Patient Information

- The emergency communication plan must include a method for sharing with other health providers:
 - Information and medical documentation of CMHC clients.
 - The general condition and location of clients.
 - Title 42 CFR §485.920(c)(4-6) and E-0033.



62 of 69

Transcript:

The CMHC communication plan must include a method for sharing information and medical documentation for clients under its care with other health providers to maintain continuity of care. In the event of an evacuation, there must also be a means of providing information about the general condition and location of clients. During your survey, verify that this information is included in the communication plan.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Communications Plan Providing Aid

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Communications Plan Providing Aid

- The emergency communication plan must have a means of providing appropriate authorities the CMHC's:
 - Occupancy.
 - Needs.
 - Ability to provide assistance.
- Title 42 CFR §485.920(c)(7) and E-Tag E-0034.



63 of 69

Transcript:

The communication plan must include a means of providing information about the CMHC occupancy, needs, and its ability to provide assistance to the appropriate authority, the Incident Command Center, or designee.



This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Training and Testing

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Training and Testing

- Verify that the CMHC has a written emergency training and testing program.
- Document if the training and testing program has been reviewed on an annual basis.
- Title 42 CFR §485.920(d) and E-Tag E-0036.



64 of 69

Transcript:

The CMHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, risk assessment, policies and procedures, and the communication plan. The training and testing program must be reviewed and updated annually. During the survey, verify that the facility has a written training and testing program and has been reviewed and updated on an annual basis.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Training Program

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Training Program

- Request copies of initial and annual emergency preparedness training.
- Look for documentation of staff demonstration of knowledge.
- Title 42 CFR §485.920(d)(1) and E-Tag E-0037.



65 of 69

Transcript:

The CMHC must provide initial and annual training in emergency preparedness policies and procedures to all new and existing staff, contractors, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. During the survey, ask for copies of the CMHC's initial and annual emergency preparedness training and documentation of staff demonstration of knowledge.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Testing

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Testing

- Request records of participation in:
 - A primary annual test of the emergency plan.
 - A secondary annual test that is either live or simulated.
- If an actual emergency event occurs, the CMHC is not required to participate in a full-scale exercise until 1 year from event onset.
- Title 42 CFR §485.920(d)(2) and E-Tag E-0039.



66 of 69

Transcript:

The CMHC must conduct exercises to test the emergency plan at least annually. It must participate in a full-scale, community-based or, if not available, facility-based exercise and a second drill that is either full scale or a meeting to discuss a simulated emergency situation. If there is an actual emergency that requires activation of the emergency plan, the CMHC is exempt from a full-scale exercise for 1 year following the onset of the event.



This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Emergency Preparedness Integrated Healthcare Systems

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Emergency Preparedness Integrated Healthcare Systems

- If the CMHC participates in a unified and integrated emergency preparedness program:
 - Look for documentation of its involvement in development and annual review of the program.
 - Review a copy of the entire program and components to ensure compliance.
- Title 42 CFR §485.920(e) and E-Tag E-0042.



67 of 69

Transcript:

If the CMHC has opted to be part of its healthcare system's unified and integrated emergency preparedness program, look for documentation that verifies it was actively involved in the development and annual review of the unified emergency preparedness program. Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components to confirm regulatory compliance.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

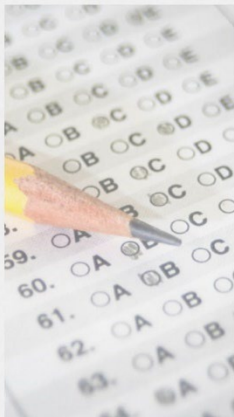
Knowledge Check 10

CMS Module 4: Information Gathering
Lesson 5: Records Review: Facility

Knowledge Check 10

Which of the following are mandatory requirements of a CMHC's emergency preparedness plan? (select all that apply)

- Must comply with all relevant Federal, state, and local requirements.
- Must describe how the CMHC will meet staff and client needs in an emergency.
- Must describe how the CMHC will coordinate with other healthcare providers.
- Must be based on an all-hazards approach and a risk assessment.
- Must include updating of the CMHC emergency preparedness plan at least every 24 months.



68 of 69

Transcript:

Which of the following are mandatory requirements of a CMHC's emergency preparedness plan? (select all that apply)

Must comply with all relevant Federal, state, and local requirements.

Must describe how the CMHC will meet staff and client needs in an emergency.

Must describe how the CMHC will coordinate with other healthcare providers.

Must be based on an all-hazards approach and a risk assessment.

Must include updating of the CMHC emergency preparedness plan at least every 24 months.

Correct Feedback:

That's right. Mandatory requirements of a CMHC's emergency preparedness plan include compliance with all relevant Federal, state, and local requirements, descriptions of how the CMHC will meet staff and client needs in an emergency, and coordinate with other healthcare providers and be based on an all-hazards approach and risk assessment.

Incorrect Feedback:

That's not quite right. Mandatory requirements of a CMHC's emergency preparedness plan include compliance with all relevant Federal, state, and local requirements, descriptions of how the CMHC will meet staff and client needs in an emergency, and coordinate with other healthcare providers and be based on an all-hazards approach and risk assessment.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Records Review: Facility: Summary

CMS Module 4: Information Gathering

Lesson 5: Records Review: Facility

Records Review: Facility: Summary

- Identify the purpose of a CMHC document review.
- Identify document types reviewed when surveying a CMHC.
- Identify what information should be included in the facility's records.
- Identify how to evaluate regulatory requirements and facility compliance.



69 of 69

Transcript:

In this lesson, you learned to identify the purpose of a document review, identify the types of documents reviewed when surveying a CMHC, identify what information should be included in the facility's records, and identify how to evaluate regulatory requirements and facility compliance.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 6: Record Review Personnel


Record Review: Personnel: Overview

CMS Module 4: Information Gathering

Lesson 6: Record Review: Personnel

Record Review: Personnel: Overview

- Adherence of personnel documents to regulations.



1 of 7

Transcript:

The purpose of this lesson is for you to learn to identify and review documentation regarding personnel records to ensure regulatory compliance.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Record Review: Personnel: Objectives

CMS Module 4: Information Gathering
Lesson 6: Record Review: Personnel

Record Review: Personnel: Objectives

- Identify documents relating to personnel qualifications.
- Determine regulatory compliance.



2 of 7

Transcript:

After completing this lesson, you will be able to identify documents relating to personnel qualifications and determine regulatory compliance.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Licenses and Qualifications

CMS Module 4: Information Gathering

Lesson 6: Record Review: Personnel

Licenses and Qualifications

- When reviewing staff records, verify staff:
 - Have current certification and licensing.
 - Are meeting state-mandated ongoing education requirements.
- Documented in Title 42 CFR §495.904(a) and referenced by M-Tag M0101.



3 of 7

Transcript:

As you begin your review of staff records you will look for records that demonstrate staff maintain up-to-date certification and licensing in their individual professions. You will also look for verification that staff maintain continuous education according to state regulatory requirements.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Training Compliance

CMS Module 4: Information Gathering
Lesson 6: Record Review: Personnel

Training Compliance

- Verify staff received:
 - Orientation training for specific duties.
 - Ongoing care and services training.
- Check personnel records to find proof of training completion and competency testing.
- Documented in Title 42 CFR §485.918(d)(1), §485.918(d)(2) and §485.918(d)(3), and referenced by M-Tags M0337, M0338, M0339, and M0340.



4 of 7

Transcript:

All staff must go through an orientation that addresses specific job duties. Staff who interact with clients and their families should receive ongoing care and services training. Check personnel records to find proof of training completion and competency testing.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Emergency Preparedness Training

CMS Module 4: Information Gathering

Lesson 6: Record Review: Personnel

Emergency Preparedness Training

- Verify staff receive training in emergency preparedness:
 - New hire training
 - Current staff training.
- Documented in Title 42 CFR §485.920(d)(1) and referenced in E-Tag E-0037.



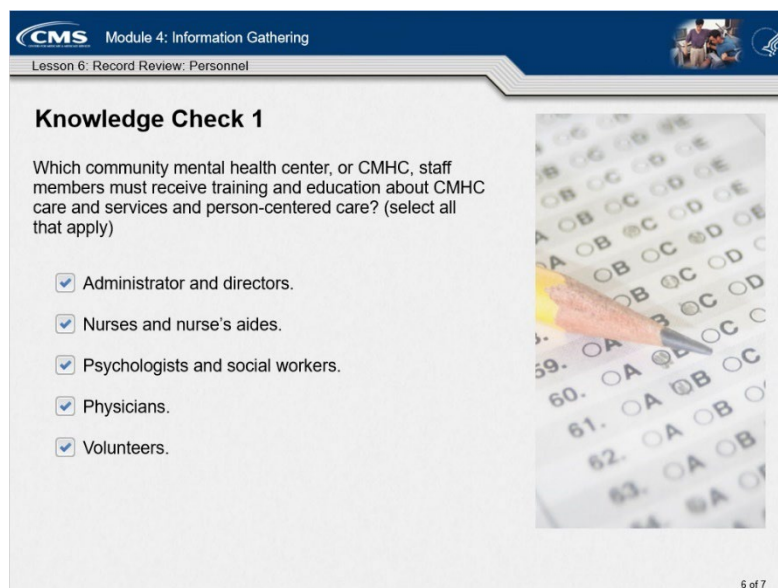
5 of 7

Transcript:

All newly hired and existing staff must receive emergency preparedness training. Check personnel training files to verify training completion. Proof of annual training may not be available if reviewed before November 2018; look for training plans as verification.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



The screenshot shows a training slide with a blue header containing the CMS logo, 'Module 4: Information Gathering', and 'Lesson 6: Record Review: Personnel'. The main content area is titled 'Knowledge Check 1' and contains a question: 'Which community mental health center, or CMHC, staff members must receive training and education about CMHC care and services and person-centered care? (select all that apply)'. Below the question is a list of five options, each with a checked checkbox: 'Administrator and directors.', 'Nurses and nurse's aides.', 'Psychologists and social workers.', 'Physicians.', and 'Volunteers.'. To the right of the text is a photograph of a pencil pointing to a multiple-choice test question. The footer of the slide indicates '6 of 7'.

Transcript:

Which community mental health center, or CMHC, staff members must receive training and education about CMHC care and services and person-centered care? (select all that apply)

Administrator and directors.

Nurses and nurse's aides.

Psychologists and social workers.

Physicians.

Volunteers.

Correct Feedback:

That's correct. All the listed staff members, contractors, and volunteers must receive training and education about care, services, and person-centered care.

Incorrect Feedback:

That's not quite right. All the listed staff members, contractors, and volunteers must receive training and education about care, services, and person-centered care.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Record Review: Personnel: Summary

CMS Module 4: Information Gathering
Lesson 6: Record Review: Personnel

Record Review: Personnel: Summary

- Identify documents relating to personnel qualifications.
- Determine regulatory compliance.



7 of 7

Transcript:

In this lesson you learned to identify documents relating to personnel qualifications and determine regulatory compliance.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Module 5: Determining Compliance

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Module 5: Determining Compliance

Lesson 1: Determining Compliance

Determining Compliance Module: Overview



The slide features a blue header with the CMS logo and the text 'Module 5: Determining Compliance' and 'Lesson 1: Determining Compliance'. The main content area has a white background with the title 'Determining Compliance Module: Overview' and a single bullet point: 'Determining compliance with the information gathered during the survey.' To the right of the text is an image of a woman in a business suit sitting at a desk with a computer monitor. Below the image is a close-up of a green highlighter marking checkboxes on a document. A 'Note' at the bottom states: 'All resources referenced in this training can be found in the Resources tab.' The slide number '1 of 9' is in the bottom right corner.

- Determining compliance with the information gathered during the survey.

Note:
All resources referenced in this training can be found in the Resources tab.

1 of 9

Transcript:

This module covers the process of determining the CMHC's compliance using the information gathered during the survey. Note: All resources referenced in this training can be found in the Resources tab. Let's begin with Lesson 1.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Determining Compliance: Overview



The slide features a blue header with the CMS logo and the text 'Module 5: Determining Compliance' and 'Lesson 1: Determining Compliance'. Below the header, the title 'Determining Compliance: Overview' is displayed. To the left of the image, there is a bulleted list. To the right, there is a photograph of a woman in a business suit sitting at a desk, talking on a phone and looking at a document. Below the photograph, there is a graphic of a green pen pointing to a checklist with three items, the first two of which are marked with green checkmarks. The slide number '2 of 9' is located in the bottom right corner.

Determining Compliance: Overview

- Process of determining compliance.
- Preparation for the exit conference.

2 of 9

Transcript:

The purpose of this lesson is for you to learn about the process of determining compliance that leads up to the exit conference, including preparation for the exit conference.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Determining Compliance: Objectives

CMS Module 5: Determining Compliance
Lesson 1: Determining Compliance

Determining Compliance: Objectives

- Identify the steps the survey team must complete prior to the exit conference.
- Identify findings of the survey to share with the CMHC administrator.



3 of 9

Transcript:

After completing this lesson, you will be able to identify the steps the survey team must complete prior to the exit conference and identify findings of the survey to share with the CMHC administrator.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Process for Determining Compliance

CMS Module 5: Determining Compliance
Lesson 1: Determining Compliance

Process for Determining Compliance

- All survey team members should:
 - Confer periodically during the information gathering process.
 - Review notes for issues or missing data.
 - Include all related paperwork for reference.
 - Outlined in SOM §2252D.4g.



4 of 9

Transcript:

It is imperative that team members understand the importance of working as a team. It is necessary for survey team members to check in with each other during the survey process to see what issues they are finding in their notes. Surveyors should review their notes to assess any concerns or missing information. Notes should include completed worksheets, dates, document reviews, interviews, observations, and records.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Process for Determining Compliance (cont.)

CMS Module 5: Determining Compliance

Lesson 1: Determining Compliance

Process for Determining Compliance (cont.)

- Share findings and evaluate CMHC based on documentation.
- Decide which deficiencies to include in exit conference.
- Support findings with evidence and interviews from several sources.
- Documented in Title 42 CFR §488.26 and SOM §2252D.4g.



5 of 9

The image shows a slide from a CMS training module. The slide title is 'Process for Determining Compliance (cont.)'. It lists four bullet points: 1. Share findings and evaluate CMHC based on documentation. 2. Decide which deficiencies to include in exit conference. 3. Support findings with evidence and interviews from several sources. 4. Documented in Title 42 CFR §488.26 and SOM §2252D.4g. To the right of the text is a photograph of three people (two women and one man) sitting around a table, looking at documents and talking. The slide footer indicates '5 of 9'.

Transcript:

When meeting with other team members, surveyors should share findings, evaluate evidence, and make team decisions regarding compliance with each requirement. Surveyors should also make team decisions about deficiencies to cite and ensure their findings are supported by documented evidence and interviews, using two sources when possible.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Meeting to Determine Compliance with Administrator

CMS Module 5: Determining Compliance
Lesson 1: Determining Compliance

Meeting to Determine Compliance with Administrator

- Information gathering session of the survey team.
- Request specific names of staff to establish context.
- Conduct prior to the exit conference.



6 of 9

Transcript:

The meeting to determine compliance is an information gathering session that is conducted in a structured manner. Additional information, such as specific names of staff members, may be needed to establish context for information collected, but should not be included in the full exit conference.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Scheduling the Exit Conference

CMS Module 5: Determining Compliance

Lesson 1: Determining Compliance

Scheduling the Exit Conference

- Schedule the meeting once all findings have been examined and documented.
- Establish a start time and inform the CMHC administrator.
- Encourage the team to keep attendance to relevant clinical staff.
- Before the exit conference:
 - Decide on who will present the findings.
 - Determine order of presentation for multiple presenters.



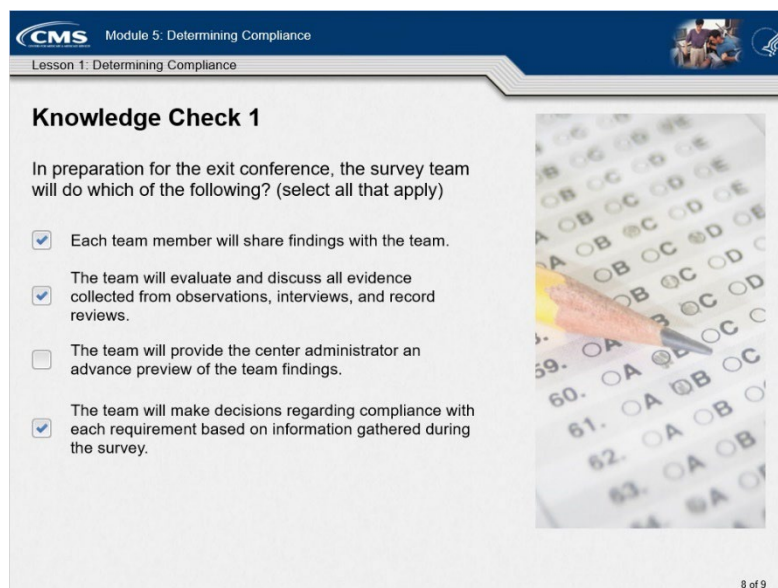
7 of 9

Transcript:

Once all survey findings have been examined and documented, it is time to schedule the exit conference. Establish a start time for the exit conference, inform the administrator, and encourage the team to keep attendance to relevant clinical staff. Before the exit conference, be sure to discuss with your team who will present the findings. If there is more than one presenter, the team should determine the order of the presentation.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1

The image is a screenshot of a training slide from CMS. The slide has a blue header with the CMS logo and the text 'Module 5: Determining Compliance' and 'Lesson 1: Determining Compliance'. The main content area is white and contains the title 'Knowledge Check 1' and a question: 'In preparation for the exit conference, the survey team will do which of the following? (select all that apply)'. There are four multiple-choice options, each with a checkbox. The first, second, and fourth options are checked, while the third is not. To the right of the text is a photograph of a pencil pointing to a multiple-choice test question. The bottom right corner of the slide shows '8 of 9'.

Transcript:

In preparation for the exit conference, the survey team will do which of the following? (select all that apply)

Each team member will share findings with the team.

The team will evaluate and discuss all evidence collected from observations, interviews, and record reviews.

The team will provide the center administrator an advance preview of the team findings.

The team will make decisions regarding compliance with each requirement based on information gathered during the survey.

Correct Feedback:

That's right. Each team member will share findings with team, and the team will evaluate and discuss all evidence collected from observations, interviews, and record reviews. The team will make decisions regarding compliance with each requirement based on information gathered during the survey.

Incorrect Feedback:

That's not quite right. Each team member will share findings with team, and the team will evaluate and discuss all evidence collected from observations, interviews, and record reviews. The team will make decisions regarding compliance with each requirement based on information gathered during the survey. The team will NOT provide the center administrator an advance preview of the team findings.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Determining Compliance: Summary

CMS Module 5: Determining Compliance

Lesson 1: Determining Compliance

Determining Compliance: Summary

- Identify the steps the survey team must complete prior to the exit conference.
- Identify findings of the survey to share with the CMHC administrator.



9 of 9

Transcript:

Now that you have completed this lesson, you should be able to identify the steps the survey team must complete prior to the exit conference and identify findings of the survey to share with the CMHC administrator.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Module 6: Exit Conference

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Module 6: Exit Conference

Lesson 1: Exit Conference

Exit Conference Module: Overview



The screenshot shows a training slide with a blue header containing the CMS logo and the text 'Module 6: Exit Conference' and 'Lesson 1: Exit Conference'. The main content area has a white background with the title 'Exit Conference Module: Overview' and a bulleted list. To the right of the list is a photograph of a woman in a black blazer holding a tablet. Below the photo is a 'Note' section. The footer of the slide indicates '1 of 11'.

Exit Conference Module: Overview

- Team leader presentation of findings and next steps.
- CMHC administrator obligations.

Note:
All resources referenced in this training can be found in the Resources tab.

1 of 11

Transcript:

In this lesson, you will become familiar with the objectives and processes, including interview techniques, for conducting an exit conference. You will have a greater understanding of how to present the findings and the next steps, as well as the obligations of the CMHC Administrator.

Note:

All resources referenced in this training can be found in the Resources tab.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


CMHC Lesson: Objectives

CMS Module 6: Exit Conference

Lesson 1: Exit Conference

CMHC Lesson: Objectives

- Identify the components of the exit conference.
- Identify all the forms that must be completed prior to ending the survey.



2 of 11

Transcript:

After completing this lesson, you will be able to identify the components of the exit conference and identify all the forms that must be completed prior to ending the survey.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Exit Conference Expectations

CMS Module 6: Exit Conference
Lesson 1: Exit Conference

Exit Conference Expectations

- The survey team lead:
 - Sets a positive meeting tone.
 - Provides a meeting agenda.
 - Encourages CMHC staff to provide additional required information.
 - Reminds CMHC staff to ask questions.



3 of 11

Transcript:

The exit conference is an important opportunity for the exchange of information. Therefore, at the beginning of the exit conference, the survey team leader should set a positive tone for the meeting and provide an agenda. Team leader should remind CMHC staff that the meeting is an opportunity for them to provide additional information when necessary or to ask any questions they may have.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Exit Conference

CMS Module 6: Exit Conference

Lesson 1: Exit Conference

Exit Conference

- Survey team will have prepared and organized survey results.
- The survey team leader will:
 - Thank the CMHC for their cooperation.
 - Report what the CMHC is doing well.



4 of 11

Transcript:

During the exit conference, the survey team must be organized and well prepared. The CMHC will be anxious to hear the survey results. The survey team leader should thank the CMHC staff for their cooperation and report what the CMHC is doing well.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Exit Conference (cont.)

CMS Module 6: Exit Conference

Lesson 1: Exit Conference

Exit Conference (cont.)

- The survey team will:
 - Communicate their findings with the CMHC staff.
 - Allow the CMHC staff to ask questions and provide proper clarifications.
- Additional information from CMHC could impact findings.
- Defined in Title 42 CFR §410.2.



5 of 11

Transcript:

During the exit conference, the survey team will communicate their findings with CMHC staff. The team will allow time for questions and provide appropriate clarifications. Also, the team will allow the CMHC to provide additional information, as needed. The team may sometimes have missed an important document that could alter their findings.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Exit Conference Findings

CMS Module 6: Exit Conference

Lesson 1: Exit Conference

Exit Conference Findings

- The team will share findings with staff if:
 - Status of immediate jeopardy if it was identified during the survey.
 - Immediate jeopardy was removed.
 - Status of corrective actions by the CMHC .



6 of 11

Transcript:

If an immediate jeopardy was identified and reported during the course of the survey, the findings and status of the Immediate Jeopardy, or IJ, will be reviewed during the exit conference. They will also learn whether the IJ was removed, and if any further corrective actions by the CMHC is needed.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Exit Conference Findings (cont.)

CMS Module 6: Exit Conference
Lesson 1: Exit Conference

Exit Conference Findings (cont.)

- Inform the staff that final decisions on any citations are made by the State Agency (SA) and possibly CMS Regional office (RO).
- Ensure that you are prepared to answer any possible questions.
- Avoid miscommunication by being patient and thorough when discussing:
 - Post survey process.
 - Completion of form CMS-2567.
 - Plan of correction, if applicable.



7 of 11

Transcript:

The survey team informs CMHC staff that the final determination concerning actual citations are made by the State Survey Agency, or SA, and possibly by the CMS Regional Office, or RO. Make sure you are prepared to answer any possible questions. There is potential for miscommunication, so remember to be patient and thorough when answering questions. The survey team will then discuss the postsurvey process, which includes the completion of Form CMS-2567 Statement of Deficiencies and any plan of correction, if applicable.

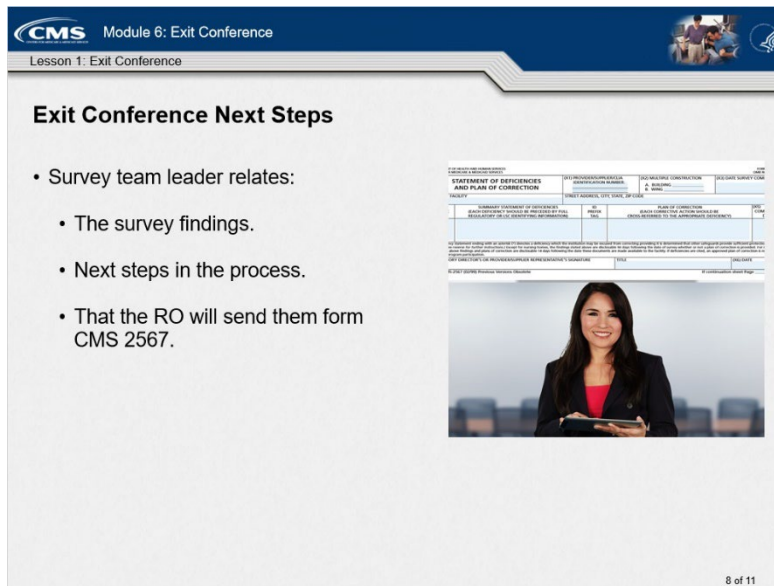
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Exit Conference Next Steps

CMS Module 6: Exit Conference
Lesson 1: Exit Conference

Exit Conference Next Steps

- Survey team leader relates:
 - The survey findings.
 - Next steps in the process.
 - That the RO will send them form CMS 2567.



The slide contains a list of bullet points on the left and a video thumbnail on the right. The video thumbnail shows a woman with long dark hair, wearing a black blazer over a red top, holding a tablet. Above the video is a small image of a document titled 'STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION' with various fields and checkboxes.

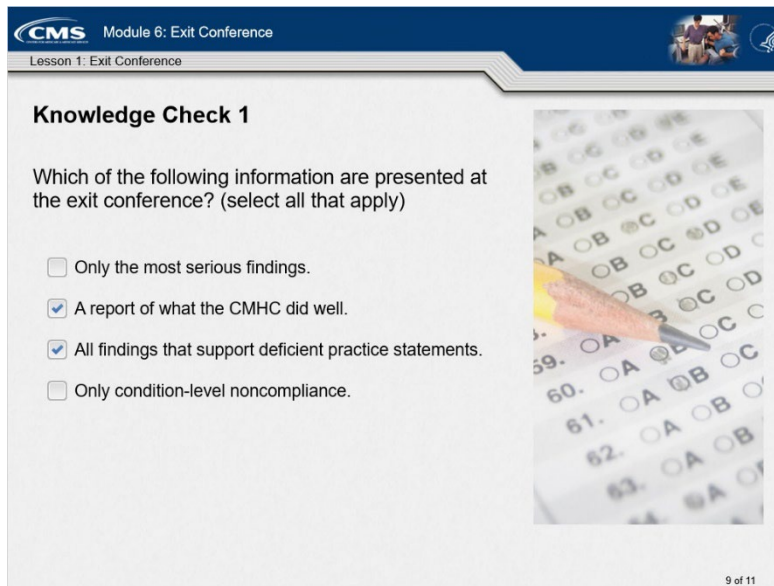
8 of 11

Transcript:

The survey team leader presents the survey findings in a firm, but friendly manner. During the exit conference, the next steps in the process leading to the CMHC receiving Form CMS-2567 are discussed. The survey team leader informs the CMHC that the applicable RO will send the form to the CMHC.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



The screenshot shows a training slide from CMS. The header includes the CMS logo, 'Module 6: Exit Conference', and 'Lesson 1: Exit Conference'. The main title is 'Knowledge Check 1'. The question asks: 'Which of the following information are presented at the exit conference? (select all that apply)'. There are four multiple-choice options: 'Only the most serious findings.', 'A report of what the CMHC did well.', 'All findings that support deficient practice statements.', and 'Only condition-level noncompliance.'. The second and third options are selected with checkmarks. To the right of the text is an image of a pencil pointing to a multiple-choice test sheet. The slide number '9 of 11' is in the bottom right corner.

Transcript:

Which of the following information are presented at the exit conference? (select all that apply)

Only the most serious findings.

A report of what the CMHC did well.

All findings that support deficient practice statements.

Only condition-level noncompliance.

Correct Feedback:

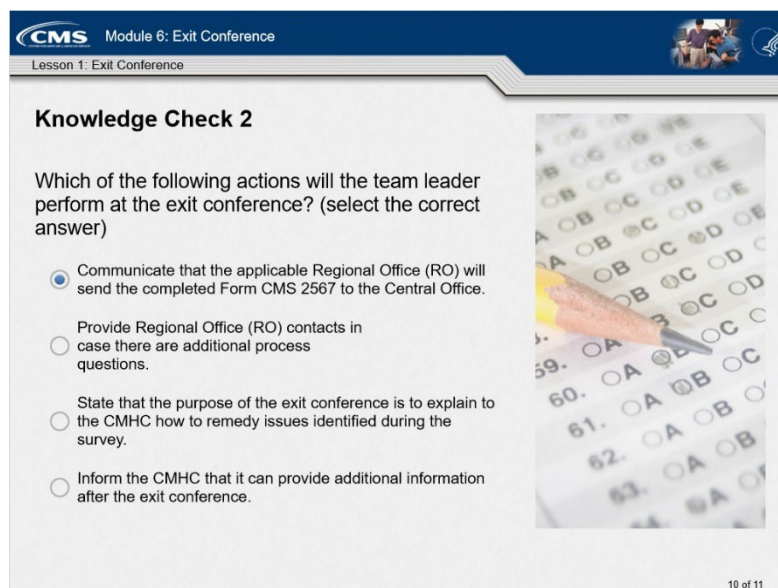
That's right. At the Exit Conference the survey team leader presents a report of what the CMHC did well and all outcomes that support deficient practice statements.

Incorrect Feedback:

That's not quite right. At the Exit Conference the survey team leader presents a report of what the CMHC did well and all survey outcomes that support deficient practice statements.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 2



The screenshot shows a slide from a training module. At the top, it says 'CMS Module 6: Exit Conference' and 'Lesson 1: Exit Conference'. The main heading is 'Knowledge Check 2'. Below this is a question: 'Which of the following actions will the team leader perform at the exit conference? (select the correct answer)'. There are four radio button options. The first option is selected. To the right of the text is a background image of a pencil pointing to a multiple-choice question on a test paper. At the bottom right of the slide, it says '10 of 11'.

Knowledge Check 2

Which of the following actions will the team leader perform at the exit conference? (select the correct answer)

- Communicate that the applicable Regional Office (RO) will send the completed Form CMS 2567 to the Central Office.
- Provide Regional Office (RO) contacts in case there are additional process questions.
- State that the purpose of the exit conference is to explain to the CMHC how to remedy issues identified during the survey.
- Inform the CMHC that it can provide additional information after the exit conference.

10 of 11

Transcript:

Which of the following actions will the team leader perform at the exit conference? (select the correct answer)

Communicate that the applicable Regional Office (RO) will send the completed Form CMS 2567 to the Central Office.

Provide Regional Office (RO) contacts in case there are additional process questions.

State that the purpose of the exit conference is to explain to the CMHC how to remedy issues identified during the survey.

Inform the CMHC that it can provide additional information after the exit conference.

Correct Feedback:

That's right. The team leader communicates that the RO will send the completed Form CMS 2567 to the central office.

Incorrect Feedback:

That's not quite right. The team leader communicates that the RO will send the completed Form CMS 2567 to the central office.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Exit Conference: Summary

CMS Module 6: Exit Conference

Lesson 1: Exit Conference

Exit Conference: Summary

- Identify the components of the exit conference.
- Identify all the forms that must be completed prior to ending the survey.



11 of 11

Transcript:

In this lesson, you learned to identify the components of the exit conference and identify all the forms that must be completed prior to ending the survey.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Lesson 2: Post Survey Tasks


Post Survey Tasks: Overview

CMS Module 6: Exit Conference

Lesson 2: Post Survey Tasks

Post Survey Tasks: Overview

- Activities that take place after the survey.
- Responsibilities of the facility to correct the deficiencies.



1 of 12

Transcript:

The purpose of this lesson is to provide an overview of the activities that take place after the survey and the responsibilities of the facility to correct the deficiencies found during the survey.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Post Survey Tasks: Objectives

CMS Module 6: Exit Conference
Lesson 2: Post Survey Tasks

Post Survey Tasks: Objectives

- Identify post survey activities.
- Identify the facility's responsibilities in addressing deficiencies recorded on Form CMS-2567.



2 of 12

Transcript:

After completing this lesson, you will be able to identify post survey activities and the facility's responsibilities in addressing deficiencies recorded on Form CMS-2567.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Completing and Sending Form CMS-2567

CMS Module 6: Exit Conference
Lesson 2: Post Survey Tasks

Completing and Sending Form CMS-2567

- At the end of the exit conference, the survey team:
 - Returns to the SA.
 - Completes Form CMS-2567 to record the deficiencies and corresponding plans of correction.
 - The RO sends the completed form to the facility.



The image contains two parts. The top part is a scan of the CMS-2567 form, titled 'STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION'. It has several columns for 'DEFICIENCY', 'CORRECTIVE ACTION', 'DATE', and 'COMPLETION DATE'. The bottom part is a photograph showing three people sitting around a table, looking at a laptop and other documents, likely the survey team completing the form.

3 of 12

Transcript:

Once the exit conference has concluded, the survey team returns to the SA where the team then completes the Form CMS-2567. The facility's deficiencies and their corresponding plans of correction are recorded on the form. After completing the form, the SA informs the CMHC that the RO will be consulted and the RO will inform the CMHC of the results of the survey investigation.

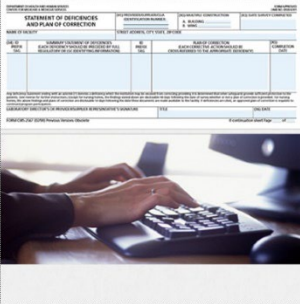
This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Plan of Correction

CMS Module 6: Exit Conference
Lesson 2: Post Survey Tasks

Plan of Correction

- Conditional level deficiencies require a plan of correction from the CMHC.
- Facilities must address the following in the plan of correction:
 - Corrective action.
 - Clients that were affected.
 - Measures or systemic changes.
 - Monitoring.
 - Staff identity.



4 of 12

Transcript:

If the deficiency is conditional level, the CMHC is required to write a plan of correction. The SA sends Form CMS-2567 to the CMHC with a cover letter, which lists five elements that the CMHC administrator must address in their plan of correction. The five elements are corrective action, clients that were affected, measures or systemic changes, monitoring, and staff identity.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Plan of Correction: Corrective Action

CMS Module 6: Exit Conference
Lesson 2: Post Survey Tasks

Plan of Correction: Corrective Action

- In the plan of correction, the CMHC facility administrator must include:
 - Corrective action to be taken for clients affected by the deficient practice.



5 of 12

Transcript:

In the plan of correction, the CMHC facility administrator must state the corrective action that the facility will take for those clients affected by the deficient practice.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Plan of Correction: Other Clients Affected

CMS Module 6: Exit Conference
Lesson 2: Post Survey Tasks

Plan of Correction: Other Clients Affected

- The facility administrator must state:
 - How the facility will identify other clients potentially affected by the deficient practice.
 - What corrective actions will be taken to address the deficient practice.



6 of 12

Transcript:

The facility administrator must state how the facility will identify other clients who were potentially affected by the deficient practices. The facility administrator must also state the corrective action the facility will take.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Plan of Correction: Systemic Changes

CMS Module 6: Exit Conference
Lesson 2: Post Survey Tasks

Plan of Correction: Systemic Changes

- In the plan of correction, the facility administrator must include:
 - Systemic changes to prevent the deficient practice from reoccurring.



7 of 12

Transcript:

In the plan of correction, the facility administrator must include the systemic changes the facility will make, to prevent the deficient practice from reoccurring.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Plan of Correction: Monitoring

CMS Module 6: Exit Conference
Lesson 2: Post Survey Tasks

Plan of Correction: Monitoring

- Establishing a corrective action is not enough on its own.
- Monitoring the corrective action must be done by the facility administrator to prevent the deficient practice from reoccurring.



8 of 12

Transcript:

It is not enough to merely establish a corrective action. In the plan, the facility administrator must also include how the facility will monitor the corrective action to ensure that the deficient practice does not occur again.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Plan of Correction: Staff Identity

CMS Module 6: Exit Conference
Lesson 2: Post Survey Tasks

Plan of Correction: Staff Identity

- The facility administrator must include:
 - Staff member designated to oversee the plan of correction for each deficiency.
 - Identification of staff member by title for smooth and uninterrupted transition of supervisor.



9 of 12

Transcript:

Finally, the facility administrator must include, by title, the identity of the staff member designated to oversee the plan of correction for each deficiency. This ensures that there is a smooth and uninterrupted handover from one supervisor to another if the person in charge leaves.


This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Plan of Correction: Timeframe

CMS Module 6: Exit Conference
Lesson 2: Post Survey Tasks

Plan of Correction: Timeframe

- The SA:
 - Must receive the plan of correction within 10 days of the facility receiving Form CMS-2567.
 - Recommends that facility start working on plan of correction when survey team leaves.



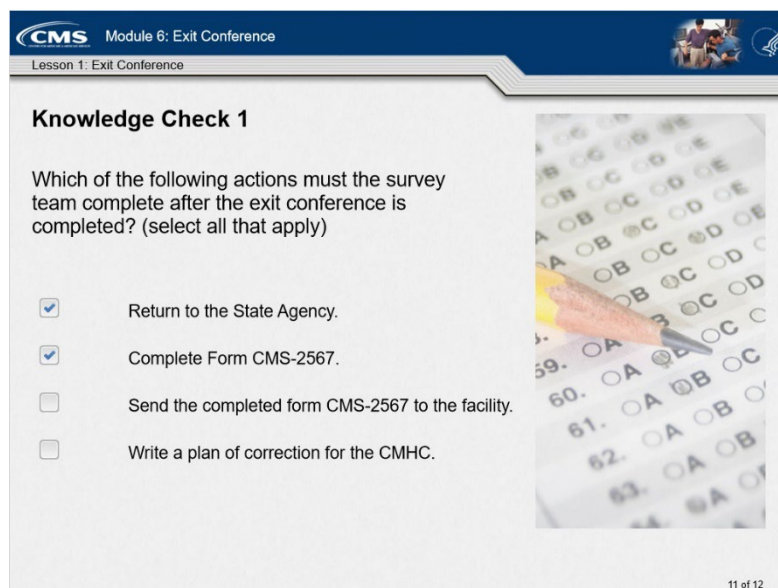
10 of 12

Transcript:

The SA must receive the plan of correction for review and approval within 10 days of the facility receiving the Form CMS-2567. Agencies usually recommend that the facility staff start working on the plan as soon as the survey team leaves. That way, they will make the best use of the interval between the team leaving and the facility receiving the form.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Knowledge Check 1



The screenshot shows a training slide with a blue header containing the CMS logo and the text 'Module 6: Exit Conference' and 'Lesson 1: Exit Conference'. The main content area is titled 'Knowledge Check 1' and contains a question: 'Which of the following actions must the survey team complete after the exit conference is completed? (select all that apply)'. Below the question are four multiple-choice options, each with a checkbox. The first two options are checked, and the last two are unchecked. To the right of the text is a photograph of a pencil pointing to a multiple-choice test form. The footer of the slide indicates '11 of 12'.

Knowledge Check 1

Which of the following actions must the survey team complete after the exit conference is completed? (select all that apply)

- Return to the State Agency.
- Complete Form CMS-2567.
- Send the completed form CMS-2567 to the facility.
- Write a plan of correction for the CMHC.

11 of 12

Transcript:

Which of the following actions must the survey team complete after the exit conference is completed? (select all that apply)

Return to the State Agency.

Complete Form CMS-2567.

Send the completed form CMS-2567 to the facility.

Write a plan of correction for the CMHC.

Correct Feedback:

That's right. After the exit conference, the survey team will return to the State Agency and complete Form CMS-2567.

Incorrect Feedback:

That's not quite right. After the exit conference, the survey team will return to the State Agency and complete Form CMS-2567.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.


Post Survey Tasks: Summary

CMS Module 6: Exit Conference

Lesson 2: Post Survey Tasks

Post Survey Tasks: Summary

- Identify post survey activities.
- Identify the facility's responsibilities in addressing deficiencies recorded on Form CMS-2567.



12 of 12

Transcript:

In this lesson, you learned to identify post survey activities and the facility's responsibilities in addressing deficiencies recorded on Form CMS-2567.

This document reflects the 11/10/2021 training release. Please [select here](#) to make sure you are viewing the latest training.

Help

Help

The image shows a video player interface with a dark blue header and a light blue background. On the left is a vertical 'Menu' with a 'Transcript' tab selected. The menu lists 12 items, including 'Structure and Characteristics of a PRITF: Overview', 'Objectives', 'What is a PRIT?', 'PRIT Provider Requirements', 'Goals of PRIT Surveys', 'Regulatory Authority for PRIT', 'Definitions of Key PRIT Terms', 'Definitions of Key PRIT Terms, Results, Sections, and Time Out', 'Surveyor Resources', 'Knowledge Check 1', 'Structure and Characteristics of a PRIT: Summary', 'Unlabeled Screen', 'Unlabeled Slide', and 'Navigating the Course'. The main player area has a progress bar with a play/pause button, a volume control icon, a closed caption icon, and 'PREV' and 'NEXT' buttons. Callout boxes provide instructions: 'Use the Table of Contents to review previously visited slides. Selecting the Transcript tab will reveal the full narration for each slide.'; 'The Resources tab includes important links and downloads related to this lesson. The Acronyms tab includes all of the acronyms used in this lesson. At any time you may select the Help tab to be taken to this tutorial. The Exit tab, exits you from the lesson.'; 'Use the Previous and Next buttons to navigate between lesson slides.'; 'Closed captions will appear here when active.'; 'Volume control.'; and 'The Progress Bar includes controls to Pause/Resume slide playback, and a button to Restart the slide from the beginning.'

Transcript:

We've designed this lesson to be simple and intuitive to navigate. Let's take a brief tour of the lesson controls. On the left side of the player window you'll find the Table of Contents, which can be used to navigate to any slide you've already visited. On the bottom of the player window you will find the primary control buttons for each lesson. Use the closed caption button to toggle caption on and off. You can adjust the audio levels using the volume control button. The progress bar includes controls to Pause, Resume, or Restart the slide playback. Note that you will be using the previous and next buttons indicated here to navigate between slides. Finally, in the top-right of the player window you'll find links for the Resources, Acronyms, Help, and Exit.