2022 Guidance for Behavioral Health Services and Food and Nutrition Services

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| **Regulation** | **F-Tag** | **Title** | **Updates to Appendix PP** | **Change or Technical Correction** | **Applicable Handouts** | |
| 483.40  Behavioral Health Services | **F-740** | Behavioral Health Services | * Removed reference to Appendix PP and added reference to Psychosocial Outcome Severity Guide * Definitions Updated:   + "Mental disorder" is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. *Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.*   + "Substance use disorder" *("SUD")* is defined as recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems, disability, *and failure to meet major responsibilities at work, school, or home.* * Four Takeaways:   + Identify SUD population on your facility assessment (staffing ratios, training/competencies, services provided/offered to support).   + Review activities to meet the needs of individuals with SUD.   + Ensure documentation identifies SUD (MOS, care plan, interventions, assessment, behavior contracts. \*Behavioral contracts should not punish or deprive the resident of goods/services (see abuse/neglect/exploitation.   + Ensure identified interventions are implemented (counseling services, increased monitoring, etc.) * Actions the Facility May Take if Substance Use is Suspected, Which May Include:   + Increased monitoring and supervision in the facility to maintain the health and safety of the resident suspected of substance use as well as all residents.   + Restricted or supervised visitation if the resident's visitor(s) are deemed to be a danger to the resident, other residents, and/or staff (See F563 - Right to receive/deny visitors).   + Voluntary drug testing if there are concerns that suspected drug use could adversely affect the resident's condition.   + Voluntary inspections if there is reasonable suspicion of possession of illegal drugs, weapons, or other unauthorized items which could endanger the resident or others (See F557- Respect, Dignity/Right to have Personal Property).   + Referral to local law enforcement for suspicion of a crime in accordance with state laws, such as possession of illegal substances, paraphernalia, or weapons. (See F557- Respect,   Dignity/Right to have Personal Property). | Significant Change | * Behavioral Contracts Policy * Behavioral Services Policy * Opioid Overdose Management Policy * Resident Possession and Use of Illegal Substances Policy * Safety for Residents with Substance | |
|  | **F-741** | Sufficient Competent Staff- Behavioral Health Needs | * Updated definitions:   + Mental disorder - See above   + Substance use disorder - See above   + Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life- threatening physical, social, emotional, or spiritual well-being.   + Post-traumatic stress disorder (PTSD) occurs in some individuals who have encountered a shocking, scary, or dangerous situation. Symptoms usually begin early, within three months of the traumatic incident, but sometimes they begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD. * The skills and competencies needed to care for residents should be identified through the facility assessment.   + The facility assessment must include an evaluation of the overall number of facility staff needed to ensure that a sufficient number of qualified staff are available to meet each resident's needs.   + The assessment should include a competency-based approach to determine the knowledge and skills required among staff to ensure residents are able to maintain or attain their highest practicable physical, functional, mental, and psychosocial well-being and meet current professional standards of practice.   + This also includes any ethnic, cultural, or religious factors that may need to be considered to meet resident needs, such as activities, food preferences, and any other aspect of care identified. * Added examples of non-pharmacological interventions:   + Assisting the resident outdoors in the sunshine and fresh air (e.g. in a non- smoking area for a non-smoking resident)   + Providing access to pets or animals for the resident who enjoys pets (e.g. a cat for a resident who used to have a cat of their own)   + Assisting the resident to participate in activities that support their spiritual needs   + Assisting with the opportunity for meditation and associated physical activity (e.g. chair yoga) * Focusing the resident on activities that decrease stress and increase awareness of actual surroundings, such as familiar activities; offering verbal reassurance, especially in terms of keeping the resident safe; and acknowledging that the resident's experience is real to her/him * Utilizing techniques such as music, art, electronics/computer technology systems, massage, essential oils, reminiscing * Assisting residents with SUDs to access counseling (e.g., individual or group counseling services, 12-step programs, and support groups) to the fullest degree possible | Significant Change | * Behavioral Contracts Policy * Behavioral Services Policy * Opioid Overdose Management Policy * Resident Possession and Use of Illegal Substances Policy * Safety for Residents with Substance * F 949 Behavioral Health Training | |
|  | **F-741** | Sufficient Competent Staff-Behavioral Health Needs (Cont.) | * Assisting residents with access to therapies, such as psychotherapy, behavior modification, cognitive behavioral therapy, and problem-solving therapy * Providing support with skills related to verbal de-escalation, coping skills, and stress management * Critical steps to take:   + Step 1:     - Determine your resident population. Who do you serve7     - Review resident assessments (PASARR, MDS, care plans, other...)     - Review your facility assessment and update as needed (to include population served, staffing needed and competencies to support the population)   + Step 2:     - Review your current programming     - Review your psychosocial-wellness programming, even if you are not a center who specializes in behavioral health     - Review the activity calendar and 1:1 activities to ensure activities meet the needs of all residents     - Request feedback from resident council, HOA meetings, and the resident council president     - Review staff competencies and training (specific diagnoses, cultural/ethnic factors to consider, interventions, crisis mitigation) and conduct frequent observation of staff   + Step 3:     - Create a Performance Improvement Project (PIP) and review in the Quality Assurance     - Performance Improvement Committee.     - Conduct a gap analysis and create a plan for implementation     - Ensure compliance and utilize the survey pathway tools. |  | |  | |
| **§483.95**  **Training Requirements** | **F949** | **Behavioral Health Training** | * The training, which must be appropriate and effective as determined by staff need and the facility assessment, should include competencies and skills necessary to provide the following:   + Person‐centered care that reflects the resident’s goals for care.   + Interpersonal communication that promotes mental and psychosocial well‐being.   + Meaningful activities that promote engagement and positive relationships.   + An environment or atmosphere that promotes mental and psychosocial well‐being.   + Individualized, nonpharmacological approaches to care.   + Care tailored to the individual needs of residents diagnosed with a mental, psychosocial, or substance use disorder; a history of trauma and/or post‐ traumatic stress disorder; or other behavioral health condition.   + Care specific to the individual needs of residents diagnosed with dementia. | Significant Change | | * F 949 Behavioral Health Training | |