

# Behavioral Health: Regulatory Overview

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# Objectives



01

Understand the regulation, definitions, and guidance surrounding Behavioral Health regulations and caring for those with mental disorders and substance use disorders (SUD).

02

Apply regulation changes with real-life case study examples related to caring for those with mental disorders and substance use disorders.

03

Recognize the operational changes needed to meet updated guidance and regulatory requirements.





# F-Tags/Regulatory Guidance





# Citation Trends

Since 2019, CMS has focused on:

- F744 Treatment/Service for Dementia
- F740 Behavioral Health Services
- F745 Provision of Medically Related Social Services

More recently CMS has started to focus on:

- F741 Sufficient Staff, Competent Staff – Behavioral Health Needs
- F949 Behavioral health training for all staff
- F838 Facility Assessment





## F740 Behavioral Health Services

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





# F740 Behavioral Health Services

Behavioral health is an integral part of the **person-centered** environment

**Interdisciplinary**  
approach

**Qualified staff** that demonstrate **competencies and skills**

**Individualized approaches** to care (direct care and activities)

Provided as part of a supportive physical, mental, and psychosocial environment





## F740 Behavioral Health Services

If the resident **does not qualify** for specialized services under Preadmission Screening and Resident Review, but **requires more behavioral health services**, the facility must **demonstrate reasonable attempts** to provide for and/or arrange for such services.

Ensure that the type of service(s) needed is **clearly identified** based on the **individual assessment, care plan,** and **strategies to arrange such services.**





# F740 Behavioral Health Services

Services are **person-centered**

Reflect the resident's **goals for care**

**Maximize** the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety

Direct care staff interact and communicate in a manner that **promotes mental and psychosocial well-being**

Meaningful activities







## F740- Case Study

Resident, Joe, sent to the Emergency Room last week, due to increased behaviors. He threw tantrums throughout the day, and slammed his door so hard that it cracked in two.

The facility has completed four Facility Reported Incidents related to Joe, and his continued behaviors.

These behaviors include hitting other residents.

Other behaviors include yelling, screaming, throwing clothing at other residents, biting his arm, crying, kicking his feet, and getting out of his wheelchair and sitting on his floor.





## F740- Case Study

Yesterday, Joe was observed grabbing another resident's arm. The nurse documented that the intervention used was to "instruct him to stop." The nurse documented that this intervention was effective, and the outcome was, no injuries or bruising noted.

*What, non-pharmacological, interventions should the facility put in place to protect the resident and the other residents?*

*What would be your next step, as the facility Administrator?*





## F740-Potential Actions to Consider

- Ensure the facility assessment includes identified services and/or diagnoses applicable to the care being provided
- Educate staff on any areas identified in the facility assessment
- Evaluate each resident's care plan to ensure their diagnoses are included, as applicable, and any person-centered interventions may apply
- Examine the Preadmission Screening and Resident Review process to ensure all residents qualifying for specialized Level II services are receiving the services as prescribed





## F740-Potential Actions to Consider

- The facility may want to examine the:
  - Process for referring residents for behavioral health services, either identified through the Preadmission Screening and Resident Review process or other behaviors/diagnoses/medication management needs
  - Activity program to ensure residents are provided activities that promote engagement and positive relationships between other residents and staff
  - Pharmacological interventions used, and ensure they are only used when non-pharmacological interventions are ineffective





## F741- Sufficient/Competent Staff Behavioral Health Needs

The facility must have **sufficient staff who provide direct services** to residents with the appropriate **competencies and skills sets** to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, **as determined by resident assessments and individual plans of care** and considering the **number, acuity and diagnoses** of the facility's resident population.





## F741- Sufficient/Competent Staff Competencies and Skills

Caring for residents with mental and psychosocial disorders.

Caring for residents with a history of trauma and/or post-traumatic stress disorder.

Implementing non-pharmacological interventions.





## F741- Case Study

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Resident, Sara, was admitted with documented anxiety and depression. She has also had behaviors of being verbally abusive and aggressive towards the staff of the facility.

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The facility assessment states- The facility provides care and services based upon the needs of our resident population, which includes the following, behavioral health, psychosocial support, and dementia care. It also acknowledged needing staff education regarding these topics.

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An agency nurse just started working at the facility, and she is assigned to care for Sara today.





## F741- Case Study

**What education should the agency nurse receive before working with Sara?**







## F741-Potential Actions to Consider

- Examine the facility assessment to determine staffing levels needed to care for residents, and what is appropriate competencies and skills they need to provide care to residents with physical, mental, and psychosocial needs.
- Examine staff training to ensure all required training was completed by staff who are providing care to residents with mental, psychosocial disorders, SUDs, as well as residents with a history of trauma and/or Post Traumatic Stress Disorder

### Training should include:

- Knowledge and skillset to effectively interact with residents (communication, resident rights, meaningful activities)
  - Forms of non-pharmacological interventions for residents with mental health diagnoses, and/or uncontrolled behaviors
  - Signs and symptoms of substance use in residents with SUD
- Ensure reasonable attempts have been made to secure professional behavioral health services





## F742 Treatment/Services Mental/Psychosocial Concerns

Based on the comprehensive assessment of a resident, the facility must ensure:

- A resident who displays or is diagnosed with a mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, **receives appropriate treatment and services to correct** the assessed problem or to **attain the highest practicable mental and psychosocial well-being**
- The resident must receive **appropriate person-centered and individualized treatment and services** to meet their assessed needs.





## F742- Treatment/Services Mental/Psychosocial Concerns

Ensure a resident who is diagnosed upon admission:

1. Was assessed
  - Displayed or was diagnosed with a mental or psychosocial adjustment difficulty, or
  - History of trauma and/or post-traumatic stress disorder
2. Receives appropriate treatment and services to correct initial assessed problem to attain the highest practicable mental and psychosocial well-being
3. Must receive person-centered and individualized treatment and services to meet their needs





## F742 Treatment/ Services Mental/ Psychosocial Concerns

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Residents who experience mental or psychosocial adjustment difficulty or who have a history of trauma and/or PTSD require specialized care and services to meet their individual needs.

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Facility must ensure that an IDT (including the resident, resident's family and/or representative, whenever possible), develops and implements approaches to care that are both clinically appropriate and person-centered.

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Expressions or indication of distress, lack of improvement or decline in resident functioning should be documented in the resident's record and steps taken to determine the underlying cause of the negative outcome.





## F742- Case Study

- Resident, Billy, was admitted to the facility with a history of PTSD related to his time in the military.
- Resident, Susan, admitted to the facility, had a history of depression.





## F742- Case Study

What steps should a facility take, when a resident is admitted with a history of a psychiatric or serious mental illness diagnosis, or a history of trauma?





## F742-Potential Actions to Consider

- Ensure the facility's Interdisciplinary Team, resident, the resident's family and/or representative, whenever possible, develop and implement approaches to care that are both clinically appropriate and person-centered
- Examine nursing documentation to ensure any indications of distress, lack of improvement, or decline in resident function, are documented in the resident's record, and steps are being taken to determine the underlying cause of the negative outcomes
- Ensure services are provided, and individualized for the resident's needs and are within the scope of the resources in the facility assessment
- Ensure resident care plans address the assessed emotional and psychosocial needs of residents





# F743 No Behavior Difficulties Unless Unavoidable

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

After admission, if the resident is diagnosed with a condition that typically manifests a similar pattern of behaviors, **documentation must validate** why the pattern was unavoidable (e.g., symptoms did not initially manifest, family was unaware of previous trauma or were unavailable for interview, etc.) Development of an unavoidable pattern of behaviors refers to a situation where the interdisciplinary team, including the resident, their family, and/or resident representative, has completed comprehensive assessments, developed and implemented individualized, **person-centered approaches** to care through the care-planning process, revised care plans accordingly, and behavior patterns still manifest.







# F743 No Behavior Difficulties Unless Unavoidable



Care plan should include goals specific to the resident's diagnosis/needs



Care plans should be Person-centered



Care plans should be Individualized to reflect and maximize resident's Dignity, Autonomy, Privacy, Socialization, Independence, Choice, and Safety.





## F743-Potential Actions to Consider

### Facility staff must:

- Monitor the resident closely for expression or indication of distress;
- Assess and plan care for concerns identified in the resident's assessment;
- Accurately document the changes, including the frequency of occurrence and potential triggers in the resident's record;
- Share concerns with the IDT to determine underlying causes, including differential diagnosis;
- Ensure appropriate follow-up assessment, if needed; and
- Discuss potential modifications to the care plan.





## F743-Potential Actions to Consider

- Ensure residents receive necessary psychosocial support to prevent them from experiencing “a pattern of decreased social interaction” and/or becoming increasingly withdrawn or exhibiting angry or depressive behaviors by ensuring a person-centered care plan
- Ensure care plan includes individualized approaches and are reviewed and revised to continually support resident needs
- Staff should have skills to monitor and assess residents to ensure they do not experience decline r/t behaviors unless it is unavoidable based on resident’s clinical condition.





## F744 Treatment/Service for Dementia

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





## F744 Treatment/Service for Dementia

Fundamental principles of care for persons living with dementia involve an interdisciplinary approach.

- The IDT approach focuses holistically on the needs of the resident living with dementia, as well as the needs of the other residents in the nursing home.

It includes **qualified staff** that demonstrate the **competencies and skills** to support residents.

Care is achieved through the implementation of **individualized approaches to care** (including direct care and activities).

- These are directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities.





## F744 Treatment/Service for Dementia

The facility **must provide dementia treatment and services** which may include, but are not limited to, the following:

- Ensure **adequate medical care**, diagnosis, and supports based on diagnosis;
- Ensuring that the necessary **care and services are person-centered** and reflect the **resident's goals**, while maximizing the **resident's dignity, autonomy, privacy, socialization, independence, choice, and safety**; and
- Utilizing individualized, **non-pharmacological** approaches to care (e.g., purposeful and meaningful activities).
- Ensure all person-centered approaches are documented accordingly in the resident's care plan, and communicated appropriately





## F744 Treatment/Service for Dementia

- Residents living with dementia require **specialized services** and supports varying based on **individual abilities and challenges** related to their condition.
- Some individuals living with dementia may have co-existing symptoms, such as:
  - Paranoia
  - Delusions or hallucinations or psychiatric conditions
    - Depression or bipolar
  - Progressive dementia may exacerbate these symptoms and conditions.





## F744- Case Study

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Resident, Nate, was admitted with a diagnosis of dementia. He was found to have a BIMs of 7.

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Nate's Care Plan did not mention his diagnosis of dementia and did not provide any interventions related to it.

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Nate was also noted to wander, and family reported they had asked for a stop sign to be placed on his door so he would know to stop wandering into the hallway.

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**What steps should a facility take when a resident admits with a diagnosis of dementia?**







## F744-Potential Actions to Consider

- Ensure a holistic approach when identifying the needs of a resident living with dementia
- Ensure all staff demonstrate competencies and skills to support residents through implementing individualized approaches to care
- Ensure meaningful activities for residents that address resident's customary routines, interests, preferences, and choices to enhance their well-being





## F745 Provision of Medically Related Social Services

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

To assure that **sufficient and appropriate social services** are provided to meet the resident's needs.





# F745 Provision of Medically Related Social Services

All facilities are required to provide medically-related social services for each resident.

Facilities must identify the need for medically-related social services and ensure that these services are provided.



It is not required that a qualified social worker necessarily provide all of these services, except as required by state law.





# F745 Provision of Medically Related Social Services

Making referrals and obtaining needed services from outside entities (audio books, absentee ballots, community wheelchair transportation)

Assisting residents with financial and legal matters

Transition of care services

Arranging for needed mental and psychosocial counseling services

Identifying and seeking ways to support residents' individual needs through the assessment and care planning process

Encouraging staff to maintain or enhance each resident's dignity in recognition of each resident's individuality





# F745 Provision of Medically Related Social Services

Assist with advance care planning, including advance directives

Identifying and promoting individualized, non-pharmacological approaches to care that meet the mental and psychosocial needs of each resident; and

Meeting the needs of residents who are grieving from losses and coping with stressful events





## F745-Potential Actions to Consider

- Ensure residents are aware of:
  - Resident Rights
  - Process for voicing grievances and obtaining resolutions
- Ensure staff/social service training on:
  - Referrals and obtaining services provided by outside entities
  - Arranging for transition of care services (Skilled discharge to community)
  - Providing and/or arranging mental and psychosocial health counseling
  - Assisting with advance care planning
  - Identifying and promoting individualized, non-pharmacological approaches to meet residents needs
  - Assisting with financial and legal matters
- Ensure care planning to encompass any needs listed above





# Behavioral Health Training F949





## Tying it together F838 & F949

Serious mental disorders and SUD should be part of the **facility assessment**.

Facility  
Assessment

Facility should determine if they have capacity, services, and **staff skills** to meet the requirements in **F741**.







# Facility Assessment Process

Facility assessment process include:

- Set a specific date and time yearly at the beginning of the fourth quarter, to review:
  - The facility assessment
  - QAPI
  - Emergency Plan
- Identified trainings need to meet the current patient population
  - Set up trainings for the year
  - Trainings should be discipline specific
- Review the facility assessment quarterly and update as necessary
- Any change in the governing body warrants a review of the facility assessment and QAPI plan, with amendments as warranted.





# Facility Assessment

Facility assessment is used to determine:

- What types of **behavioral health services** it may be able to provide
- Examples include:
  - Providing residents with **opportunities for autonomy**
  - Arrangements to keep residents in **touch with their communities, cultural heritage, former lifestyle, and religious practices**
  - **Maintaining contact** with friends and family
- **Assessment of symptoms** and implementation of care strategies should be **individualized**.
- Use **evidence-based interventions**, if possible.





## F949-Behavioral Health Training

All facilities must develop, implement, and maintain **an effective training program for all staff**, which includes, at a minimum, **training on behavioral health care and services** that is appropriate and effective, as **determined by staff need and the facility assessment**.

Staff includes all facility staff, (direct and indirect care functions), contracted staff, and volunteers  
(training topics as appropriate to role)





# F949-Behavioral Health Training

- A behavioral health training course as determined by the facility assessment should include, at a minimum, the competencies and skills necessary to provide the following:
  - **Person-centered care and services** that reflect the resident's goals for care
  - **Interpersonal communication** that promotes mental and psychosocial well-being
  - **Meaningful activities** which promote engagement and positive meaningful relationships
  - An **environment and atmosphere that is conducive to mental and psychosocial well-being**
  - **Individualized, non-pharmacological approaches** to care
  - **Care specific to the individual needs** of residents that are diagnosed with a mental, psychosocial, or substance use disorder, a history of trauma and/or posttraumatic stress disorder, or other behavioral health condition
  - **Care specific to the individual needs** of residents that are diagnosed with dementia
  - **Care specific to residents with** ethnic, cultural, or religious factors that may need to be considered
    - Activities
    - Food preferences
    - Other aspects of care





## Facility Assessment – Action Steps

- Examine existing policy and/or process of staff training programs to ensure behavioral health trainings are incorporated
- Determine when policies/procedures are updated, how you will transition them to the training
- Review the facility assessment and update training programs as needed based on the facility assessment
- Review nurse aide performance reviews to identify areas of weakness or opportunities for improvement and tailor training to meet staff needs
- Ensure all staff are trained and you have a method in place to track attendance at each training
- Identify areas of opportunity that may help further strengthen the education and training
  - Measure effectiveness through QAPI





Resources





# Resources

[Facility Assessment Elements](#)

[Behavioral Health Services](#)

[Training Requirements](#)

[Appendix PP SOM](#)

[F740 - §483.40 Behavioral Health Services](#)

[F949 - §483.95 Behavioral health training for all staff](#)





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