

 **HIGHLIGHTS: Behavioral Health Phase 2 and Phase 3**

- Several provisions across phases 2 and 3 of the Requirements of Participation (RoP) cover behavioral health, as well as trauma-informed care.
- Phase 2 – Nursing centers must ensure that each resident receives, and the center provides, the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being. The care must be in accordance with the comprehensive assessment and plan of care (42 § 483.40).
  - Nursing centers must:
    - Have sufficient staff who provide direct services with the appropriate competencies and skill sets, including:
      - Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment (Phase 3), and
      - Implementing non-pharmacological interventions.
    - Provide nursing and related services that seek to assure resident safety and attain or maintain the highest practicable well-being, as determined by resident assessments and individual care plans.
    - Ensure that based on a comprehensive resident assessment, residents with mental disorder, psychosocial adjustment difficulty, or a history of trauma and/or post-traumatic stress disorder (Phase 3), receive appropriate treatment and services.
      - Ensure residents with such diagnoses do not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that development of such a pattern was unavoidable.
      - Ensure residents who display or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain the highest practicable well-being.
    - Provide or obtain rehabilitative services as required in the resident's comprehensive care plan.
    - Provide medically-related social services to attain or maintain the highest practicable well-being of each resident.
- Phase 3
  - 42 § 483.21(b)(3)(iii): Comprehensive person-centered care planning must be culturally-competent and trauma informed
  - 42 § 483.25(m): Under quality of care, residents who are trauma survivors receive culturally-competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.
  - 42 § 483.40(a)(1): Subsection related to trauma-informed care - Care for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment
  - 42 § 483.95(i): Nursing centers must also ensure that their training covers behavioral health
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**ACTION BRIEF: § 483.40**  
 Behavioral Health

 **REVIEW & ACTION: Implementation Strategies and Tips**

Phase 2– by November 28, 2017

Phase 3– by November 28, 2019

- Review comprehensive person-centered care planning process to ensure it is culturally-competent and trauma informed
- Ensure sufficient staffing to provide behavioral health services with the appropriate competencies and skill sets
- Review and update as necessary the facility assessment related to behavioral health service needs, staffing, and training
- Review and ensure your current training program covers behavioral health
  - o Identify which staff need to be trained on behavioral health, culturally-competent care and trauma-informed care
  - o Update in-service training curriculum for nurse aides
- Identify areas the Quality Assurance and Performance Improvement (QAPI) process should address to ensure adequate training on and provision of behavioral health services, including care planning, direct care

**TIPS**

- Foster teamwork and support across all teams
- Examine your system for communicating resident care needs to the interdisciplinary team (IDT) and direct care staff
- Implement a system of daily huddles to improve real-time information flow between teams and shifts
- Identify areas of workflow improvement to allow staff to better understand residents’ individual needs
- Develop a consistent system for evaluating when a resident’s change in status, care needs, or goals require an update of the care plan, including new interventions
- Encourage staff to incorporate critical thinking and collaborative problem solving when there is a change in a resident’s status or needs

 **RESOURCES: Additional Materials to Help You**

- <https://educate.ahcancal.org/products/training-program-and-staff-competencies>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtaGlance.pdf>
- <https://www.samhsa.gov/>
- <https://www.samhsa.gov/ebp-resource-center>
- <https://educate.ahcancal.org/products/behavioral-health-and-trauma-informed-care>