

Psychiatric Hospital Crosswalk – Current State Compared to Future State

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
§482.60	 §482.60 Special provisions applying to psychiatric hospitals. Psychiatric hospital must— 		
§482.60(a)	\$482.60(a) Be primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons;	 LD.04.01.01, EP 16 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital is primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons. The psychiatric hospital meets the Medicare Conditions of Participation specified in 42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57. The psychiatric hospital maintains clinical records on all patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61. The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62. 	 NPG.12.03.01, EP 1 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital does the following: Is primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons. Meets the Medicare Conditions of Participation specified in 42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57. Meets the staffing requirements specified in 42 CFR 482.62.
§482.60(b)	§482.60(b) Meet the conditions of participation specified in §§482.1 through 482.23 and §§482.25 through 482.57;	 LD.04.01.01, EP 16 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital is primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons. The psychiatric hospital meets the Medicare Conditions of Participation specified in 42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57. The psychiatric hospital maintains clinical records on all 	 NPG.12.03.01, EP 1 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital does the following: Is primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons. Meets the Medicare Conditions of Participation specified in 42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57.

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		patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61.	- Meets the staffing requirements specified in 42 CFR 482.62.
		- The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62.	
§482.60(c)	§482.60(c) Maintain clinical records on all patients, including records sufficient to permit CMS to determine the degree and intensity of treatment furnished to Medicare beneficiaries, as specified in §482.61; and	 LD.04.01.01, EP 16 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital is primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons. The psychiatric hospital meets the Medicare Conditions of Participation specified in 42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57. The psychiatric hospital maintains clinical records on all patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61. The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62. 	RC.11.01.01, EP 5 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital maintains clinical records on all patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61.
§482.60(d)	\$482.60(d) Meet the staffing requirements specified in \$482.62.	 LD.04.01.01, EP 16 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital is primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons. The psychiatric hospital meets the Medicare Conditions of Participation specified in 42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57. The psychiatric hospital maintains clinical records on all patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61. 	 NPG.12.03.01, EP 1 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital does the following: Is primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons. Meets the Medicare Conditions of Participation specified in 42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57. Meets the staffing requirements specified in 42 CFR 482.62.

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		- The psychiatric hospital meets the staffing requirements	
		specified in 42 CFR 482.62.	
§482.61	§482.61 Condition of	LD.04.01.01, EP 16	RC.11.01.01, EP 5
	Participation: Special medical	For psychiatric hospitals that use Joint Commission	For psychiatric hospitals that use Joint Commission
	record requirements for	accreditation for deemed status purposes:	accreditation for deemed status purposes: The psychiatric
	psychiatric hospitals. The	- The psychiatric hospital is primarily engaged in providing, by	hospital maintains clinical records on all patients to
	medical records maintained by	or under the supervision of a doctor of medicine or	determine the degree and intensity of treatments, as
	a psychiatric hospital must	osteopathy, psychiatric services for the diagnosis and	specified in 42 CFR 482.61.
	permit determination of the	treatment of mentally ill persons.	
	degree and intensity of the	- The psychiatric hospital meets the Medicare Conditions of	
	treatment provided to	Participation specified in 42 CFR 482.1 through 482.23, and	
	individuals who are furnished	42 CFR 482.25 through 482.57.	
	services in the institution.	- The psychiatric hospital maintains clinical records on all	
		patients to determine the degree and intensity of treatments,	
		as specified in 42 CFR 482.61.	
		- The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62.	
§482.61(a)	§482.61(a) Standard:	PC.01.02.13, EP 1	RC.11.01.01, EP 6
3402.01(0)	Development of	Patients who receive treatment for emotional and behavioral	For psychiatric hospitals that use Joint Commission
	assessment/diagnostic data.	disorders receive an assessment that includes a history of	accreditation for deemed status purposes: The medical
	Medical records must stress	mental, emotional, behavioral, and substance use problems,	record contains the following information:
	the psychiatric components of	their co-occurrence, and their treatment.	- History of findings and treatment provided for the
	the record, including history of		psychiatric condition for which the patient is hospitalized
	findings and treatment	PC.01.02.13, EP 2	- Identification data, including the patient's legal status
	provided for the psychiatric	Patients who receive treatment for emotional and behavioral	- Provisional or admitting diagnosis for the patient at the
	condition for which the patient	disorders receive an assessment that includes the following:	time of admission that includes the diagnoses of
	is hospitalized.	- Current mental, emotional, and behavioral functioning	intercurrent diseases as well as the psychiatric diagnoses
		- Maladaptive or other behaviors that create a risk to the	- Reasons for admission, as stated by the patient and/or
		patient or others	others significantly involved
		- Mental status examination	- Social service records, including reports of interviews with
		- For psychiatric hospitals that use Joint Commission	patients, family members, and others; an assessment of
		accreditation for deemed status purposes: Reason for	home plans, family attitudes, and community resource
		admission as stated by the patient and/or others significantly	contacts; and a social history

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		involved in the patient's care	- When indicated, record of a complete neurological
		- For psychiatric hospitals that use Joint Commission	examination, recorded at the time of the admission physical
		accreditation for deemed status purposes: Onset of the	examination
		patient's illness and circumstances leading to admission	- Documentation of treatment received, including all active
		- For psychiatric hospitals that use Joint Commission	therapeutic efforts
		accreditation for deemed status purposes: Inventory of the	- Discharge summary of the patient's hospitalization that
		patient's strengths and disabilities (such as psychiatric,	includes recommendations from appropriate services
		biopsychosocial problems requiring treatment/intervention)	concerning follow-up or aftercare, as well as a brief
		written in a descriptive manner on which to base a treatment	summary of the patient's condition on discharge
		plan	
		RC.02.01.01, EP 2	
		The medical record contains the following clinical	
		information:	
		- The reason(s) for admission for care, treatment, and	
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	
		intercurrent diseases (diseases that occur during the course	
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
		psychiatric diagnoses.	
		- Any consultation reports	

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		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		- Any medications ordered or prescribed	
		- Any medications administered, including the strength, dose,	
		route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		hospital defines in policy the urgent/emergent situations in	
		which block charting would be an acceptable form of	
		documentation.	
		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
§482.61(a)(1)	(1) The identification data must	RC.02.01.01, EP 1	RC.11.01.01, EP 6
	include the patient's legal	The medical record contains the following demographic	For psychiatric hospitals that use Joint Commission
	status.	information:	accreditation for deemed status purposes: The medical
		- The patient's name, address, and date of birth and the name	record contains the following information:
		of any legally authorized representative	- History of findings and treatment provided for the
		- The patient's sex	psychiatric condition for which the patient is hospitalized
		- The legal status of any patient receiving behavioral health	- Identification data, including the patient's legal status
		care services	- Provisional or admitting diagnosis for the patient at the
		- The patient's communication needs, including preferred	time of admission that includes the diagnoses of

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		language for discussing health care	intercurrent diseases as well as the psychiatric diagnoses
		Note: If the patient is a minor, is incapacitated, or has a	- Reasons for admission, as stated by the patient and/or
		designated advocate, the communication needs of the	others significantly involved
		parent or legal guardian, surrogate decision-maker, or legally	- Social service records, including reports of interviews with
		authorized representative is documented in the medical	patients, family members, and others; an assessment of
		record.	home plans, family attitudes, and community resource
			contacts; and a social history
			- When indicated, record of a complete neurological
			examination, recorded at the time of the admission physical
			examination
			- Documentation of treatment received, including all active
			therapeutic efforts
			- Discharge summary of the patient's hospitalization that
			includes recommendations from appropriate services
			concerning follow-up or aftercare, as well as a brief
			summary of the patient's condition on discharge
§482.61(a)(2)	(2) A provisional or admitting	RC.01.01, EP 5	RC.11.01.01, EP 6
	diagnosis must be made on	The medical record includes the following:	For psychiatric hospitals that use Joint Commission
	every patient at the time of	- Information needed to support the patient's diagnosis and	accreditation for deemed status purposes: The medical
	admission, and must include	condition	record contains the following information:
	the diagnoses of intercurrent	- Information needed to justify the patient's care, treatment,	- History of findings and treatment provided for the
	diseases as well as the	and services	psychiatric condition for which the patient is hospitalized
	psychiatric diagnoses.	- Information that documents the course and result of the	- Identification data, including the patient's legal status
		patient's care, treatment, and services	- Provisional or admitting diagnosis for the patient at the
		- Information about the patient's care, treatment, and	time of admission that includes the diagnoses of
		services that promotes continuity of care among staff and	intercurrent diseases as well as the psychiatric diagnoses
		providers	- Reasons for admission, as stated by the patient and/or
		Note: For hospitals that elect The Joint Commission Primary	others significantly involved
		Care Medical Home option: This requirement refers to care	- Social service records, including reports of interviews with
		provided by both internal and external providers.	patients, family members, and others; an assessment of
		BC 02 01 01 ED 2	home plans, family attitudes, and community resource
		RC.02.01.01, EP 2	contacts; and a social history - When indicated, record of a complete neurological
		The medical record contains the following clinical	- when mulcaled, record of a complete neurological

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		information:	examination, recorded at the time of the admission physical
		- The reason(s) for admission for care, treatment, and	examination
		services	- Documentation of treatment received, including all active
		- The patient's initial diagnosis, diagnostic impression(s), or	therapeutic efforts
		condition(s)	- Discharge summary of the patient's hospitalization that
		- Any findings of assessments and reassessments	includes recommendations from appropriate services
		- Any allergies to food	concerning follow-up or aftercare, as well as a brief
		- Any allergies to medications	summary of the patient's condition on discharge
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	
		intercurrent diseases (diseases that occur during the course	
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
		psychiatric diagnoses.	
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		- Any medications ordered or prescribed	
		- Any medications administered, including the strength, dose,	
		route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		hospital defines in policy the urgent/emergent situations in	
		which block charting would be an acceptable form of	
		documentation.	

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		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
§482.61(a)(3)	(3) The reasons for admission	PC.01.02.13, EP 2	RC.11.01.01, EP 6
	must be clearly documented as	Patients who receive treatment for emotional and behavioral	For psychiatric hospitals that use Joint Commission
	stated by the patient and/or	disorders receive an assessment that includes the following:	accreditation for deemed status purposes: The medical
	others significantly involved.	- Current mental, emotional, and behavioral functioning	record contains the following information:
		- Maladaptive or other behaviors that create a risk to the	- History of findings and treatment provided for the
		patient or others	psychiatric condition for which the patient is hospitalized
		- Mental status examination	- Identification data, including the patient's legal status
		- For psychiatric hospitals that use Joint Commission	- Provisional or admitting diagnosis for the patient at the
		accreditation for deemed status purposes: Reason for	time of admission that includes the diagnoses of
		admission as stated by the patient and/or others significantly	intercurrent diseases as well as the psychiatric diagnoses
		involved in the patient's care	- Reasons for admission, as stated by the patient and/or
		- For psychiatric hospitals that use Joint Commission	others significantly involved
		accreditation for deemed status purposes: Onset of the	- Social service records, including reports of interviews with
		patient's illness and circumstances leading to admission	patients, family members, and others; an assessment of
		- For psychiatric hospitals that use Joint Commission	home plans, family attitudes, and community resource
		accreditation for deemed status purposes: Inventory of the	contacts; and a social history
		patient's strengths and disabilities (such as psychiatric,	- When indicated, record of a complete neurological
		biopsychosocial problems requiring treatment/intervention)	examination, recorded at the time of the admission physical
		written in a descriptive manner on which to base a treatment	examination
		plan	- Documentation of treatment received, including all active
			therapeutic efforts
		RC.02.01.01, EP 2	- Discharge summary of the patient's hospitalization that

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		The medical record contains the following clinical	includes recommendations from appropriate services
		information:	concerning follow-up or aftercare, as well as a brief
		- The reason(s) for admission for care, treatment, and	summary of the patient's condition on discharge
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	
		intercurrent diseases (diseases that occur during the course	
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
		psychiatric diagnoses.	
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		- Any medications ordered or prescribed	
		- Any medications administered, including the strength, dose,	
		route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		hospital defines in policy the urgent/emergent situations in	
		which block charting would be an acceptable form of	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		documentation.	
		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
§482.61(a)(4)	(4) The social service records,	PC.01.02.13, EP 3	RC.11.01.01, EP 6
	including reports of interviews	Based on the patient's age and needs, the assessment for	For psychiatric hospitals that use Joint Commission
	with patients, family members,	patients who receive treatment for emotional and behavioral	accreditation for deemed status purposes: The medical
	and others, must provide an	disorders includes the following:	record contains the following information:
	assessment of home plans and	- The patient's religion and spiritual beliefs, values, and	- History of findings and treatment provided for the
	family attitudes, and	preferences	psychiatric condition for which the patient is hospitalized
	community resource contacts	- Living situation	- Identification data, including the patient's legal status
	as well as a social history.	- Leisure and recreational activities	- Provisional or admitting diagnosis for the patient at the
		- Military service history	time of admission that includes the diagnoses of
		- Peer group	intercurrent diseases as well as the psychiatric diagnoses
		- Social factors	- Reasons for admission, as stated by the patient and/or
		- Ethnic and cultural factors	others significantly involved
		- Financial status	- Social service records, including reports of interviews with
		- Vocational or educational background	patients, family members, and others; an assessment of
		- Legal history	home plans, family attitudes, and community resource
		- Communication skills	contacts; and a social history
			- When indicated, record of a complete neurological
		PC.01.02.13, EP 4	examination, recorded at the time of the admission physical
		Based on the patient's age and needs, the assessment for	examination
		patients who receive treatment for emotional and behavioral	- Documentation of treatment received, including all active
		disorders includes the following:	therapeutic efforts

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		- Any history of physical or sexual abuse as either the abuser	- Discharge summary of the patient's hospitalization that
		or abused	includes recommendations from appropriate services
		- The patient's sexual history	concerning follow-up or aftercare, as well as a brief
		- Childhood history	summary of the patient's condition on discharge
		- Emotional and health care issues	
		- Visual-motor functioning	
		- Self care	
		PC.01.02.13, EP 5	
		Based on the patient's age and needs, the assessment for	
		patients who receive treatment for emotional and behavioral	
		disorders includes the following:	
		- The patient's family circumstances, including the	
		composition of the family group	
		- The community resources currently used by the patient	
		- The need for the family members' participation in the	
		patient's care	
		- For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: A social history	
		and reports of interviews with patients, family members, and	
		others	
		RC.02.01.01, EP 2	
		The medical record contains the following clinical	
		information:	
		- The reason(s) for admission for care, treatment, and	
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	

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		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	
		intercurrent diseases (diseases that occur during the course	
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
		psychiatric diagnoses.	
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		 Any medications ordered or prescribed 	
		- Any medications administered, including the strength, dose,	
		route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		hospital defines in policy the urgent/emergent situations in	
		which block charting would be an acceptable form of	
		documentation.	
		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
§482.61(a)(5)	(5) When indicated, a complete	PC.01.02.03, EP 4	PC.11.02.03, EP 1
	neurological examination must	The patient receives a medical history and physical	The assessment for patients who receive treatment for
	be recorded at the time of the	examination no more than 30 days prior to, or within 24 hours	emotional and behavioral disorders includes the following,
	admission physical	after, registration or inpatient admission, but prior to surgery	based on their age and needs:
	examination.	or a procedure requiring anesthesia services.	- Psychiatric evaluation
		Note 1: For hospitals that use Joint Commission	- Psychological assessments, including intellectual,
		accreditation for deemed status purposes: Medical histories	projective, neuropsychological, and personality testing
		and physical examinations are performed as required in this	- For psychiatric hospitals that use Joint Commission
		element of performance, except any specific outpatient	accreditation for deemed status purposes: Complete
		surgical or procedural services for which an assessment is	neurological examination at the time of the admission
		performed instead.	physical examination, when indicated (For more information
		Note 2: For law and regulation guidance pertaining to the	on physical examination, see PC.11.02.01, EP 2)
		medical history and physical examination, refer to 42 CFR	
		482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A:	RC.11.01.01, EP 6
		Medicare Requirements for Hospitals" (AXA) for full text.	For psychiatric hospitals that use Joint Commission
			accreditation for deemed status purposes: The medical
		PC.01.02.03, EP 5	record contains the following information:
		For a medical history and physical examination that was	- History of findings and treatment provided for the
		completed within 30 days prior to registration or inpatient	psychiatric condition for which the patient is hospitalized
		admission, an update documenting any changes in the	- Identification data, including the patient's legal status
		patient's condition is completed within 24 hours after	- Provisional or admitting diagnosis for the patient at the
		registration or inpatient admission, but prior to surgery or a	time of admission that includes the diagnoses of
		procedure requiring anesthesia services.	intercurrent diseases as well as the psychiatric diagnoses
		Note 1: For hospitals that use Joint Commission	- Reasons for admission, as stated by the patient and/or
		accreditation for deemed status purposes: Medical histories	others significantly involved
		and physical examinations are performed as required in this	- Social service records, including reports of interviews with
		element of performance, except any specific outpatient	patients, family members, and others; an assessment of
		surgical or procedural services for which an assessment is	home plans, family attitudes, and community resource
		performed instead.	contacts; and a social history
		Note 2: For law and regulation guidance pertaining to the	- When indicated, record of a complete neurological
		medical history and physical examination, refer to 42 CFR	examination, recorded at the time of the admission physical

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		482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A:	examination
		Medicare Requirements for Hospitals" (AXA) for full text.	- Documentation of treatment received, including all active
			therapeutic efforts
		PC.01.02.13, EP 6	- Discharge summary of the patient's hospitalization that
		Based on the patient's age and needs, the assessment for	includes recommendations from appropriate services
		patients who receive treatment for emotional and behavioral	concerning follow-up or aftercare, as well as a brief
		disorders includes the following:	summary of the patient's condition on discharge
		- A psychiatric evaluation	
		- Psychological assessments, including intellectual,	
		projective, neuropsychological, and personality testing	
		- For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: Complete	
		neurological examination at the time of the admission	
		physical examination, when indicated (For more information	
		on physical examination, see PC.01.02.03, EP 4)	
		RC.02.01.01, EP 2	
		The medical record contains the following clinical	
		information:	
		- The reason(s) for admission for care, treatment, and	
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		intercurrent diseases (diseases that occur during the course	
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
		psychiatric diagnoses.	
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		- Any medications ordered or prescribed	
		- Any medications administered, including the strength, dose,	
		route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		hospital defines in policy the urgent/emergent situations in	
		which block charting would be an acceptable form of	
		documentation.	
		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
§482.61(b)	§482.61(b) Standard:		PC.11.02.03, EP 2
	Psychiatric evaluation. Each		For psychiatric hospitals that use Joint Commission
	patient must receive a		accreditation for deemed status purposes: Each patient
			receives a psychiatric evaluation completed within 60 hours

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	psychiatric evaluation that		of admission. The psychiatric evaluation includes the
	must—		following:
			- Medical history
			- Record of mental status
			- Description of the onset of illness and the circumstances
			leading to admission
			- Description of attitudes and behavior
			- Estimation of intellectual functioning, memory
			functioning, and orientation
			- Inventory of the patient's assets in descriptive, not
			interpretative, fashion
§482.61(b)(1)	(1) Be completed within 60	PC.01.02.13, EP 7	PC.11.02.03, EP 2
	hours of admission;	For psychiatric hospitals that use Joint Commission	For psychiatric hospitals that use Joint Commission
		accreditation for deemed status purposes: Each patient	accreditation for deemed status purposes: Each patient
		receives a psychiatric evaluation completed within 60 hours	receives a psychiatric evaluation completed within 60 hours
		of admission.	of admission. The psychiatric evaluation includes the
			following:
			- Medical history
			- Record of mental status
			- Description of the onset of illness and the circumstances
			leading to admission
			- Description of attitudes and behavior
			- Estimation of intellectual functioning, memory
			functioning, and orientation
			- Inventory of the patient's assets in descriptive, not
			interpretative, fashion
§482.61(b)(2)	(2) Include a medical history;	PC.01.02.03, EP 4	PC.11.02.03, EP 2
		The patient receives a medical history and physical	For psychiatric hospitals that use Joint Commission
		examination no more than 30 days prior to, or within 24 hours	accreditation for deemed status purposes: Each patient
		after, registration or inpatient admission, but prior to surgery	receives a psychiatric evaluation completed within 60 hours
		or a procedure requiring anesthesia services.	of admission. The psychiatric evaluation includes the
		Note 1: For hospitals that use Joint Commission	following:
		accreditation for deemed status purposes: Medical histories	- Medical history

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		and physical examinations are performed as required in this	- Record of mental status
		element of performance, except any specific outpatient	- Description of the onset of illness and the circumstances
		surgical or procedural services for which an assessment is	leading to admission
		performed instead.	- Description of attitudes and behavior
		Note 2: For law and regulation guidance pertaining to the	- Estimation of intellectual functioning, memory
		medical history and physical examination, refer to 42 CFR	functioning, and orientation
		482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A:	- Inventory of the patient's assets in descriptive, not
		Medicare Requirements for Hospitals" (AXA) for full text.	interpretative, fashion
		PC.01.02.03, EP 5	
		For a medical history and physical examination that was	
		completed within 30 days prior to registration or inpatient	
		admission, an update documenting any changes in the	
		patient's condition is completed within 24 hours after	
		registration or inpatient admission, but prior to surgery or a	
		procedure requiring anesthesia services.	
		Note 1: For hospitals that use Joint Commission	
		accreditation for deemed status purposes: Medical histories	
		and physical examinations are performed as required in this	
		element of performance, except any specific outpatient	
		surgical or procedural services for which an assessment is	
		performed instead.	
		Note 2: For law and regulation guidance pertaining to the	
		medical history and physical examination, refer to 42 CFR	
		482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A:	
		Medicare Requirements for Hospitals" (AXA) for full text.	
§482.61(b)(3)	(3) Contain a record of mental	PC.01.02.13, EP 2	PC.11.02.03, EP 2
	status;	Patients who receive treatment for emotional and behavioral	For psychiatric hospitals that use Joint Commission
		disorders receive an assessment that includes the following:	accreditation for deemed status purposes: Each patient
		- Current mental, emotional, and behavioral functioning	receives a psychiatric evaluation completed within 60 hours
		- Maladaptive or other behaviors that create a risk to the	of admission. The psychiatric evaluation includes the
		patient or others	following:
		- Mental status examination	- Medical history

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		- For psychiatric hospitals that use Joint Commission	- Record of mental status
		accreditation for deemed status purposes: Reason for	- Description of the onset of illness and the circumstances
		admission as stated by the patient and/or others significantly	leading to admission
		involved in the patient's care	- Description of attitudes and behavior
		- For psychiatric hospitals that use Joint Commission	- Estimation of intellectual functioning, memory
		accreditation for deemed status purposes: Onset of the	functioning, and orientation
		patient's illness and circumstances leading to admission	- Inventory of the patient's assets in descriptive, not
		- For psychiatric hospitals that use Joint Commission	interpretative, fashion
		accreditation for deemed status purposes: Inventory of the	
		patient's strengths and disabilities (such as psychiatric,	
		biopsychosocial problems requiring treatment/intervention)	
		written in a descriptive manner on which to base a treatment	
		plan	
§482.61(b)(4)	(4) Note the onset of illness and	PC.01.02.13, EP 1	PC.11.02.03, EP 2
	the circumstances leading to	Patients who receive treatment for emotional and behavioral	For psychiatric hospitals that use Joint Commission
	admission;	disorders receive an assessment that includes a history of	accreditation for deemed status purposes: Each patient
		mental, emotional, behavioral, and substance use problems,	receives a psychiatric evaluation completed within 60 hours
		their co-occurrence, and their treatment.	of admission. The psychiatric evaluation includes the
			following:
		PC.01.02.13, EP 2	- Medical history
		Patients who receive treatment for emotional and behavioral	- Record of mental status
		disorders receive an assessment that includes the following:	- Description of the onset of illness and the circumstances
		- Current mental, emotional, and behavioral functioning	leading to admission
		- Maladaptive or other behaviors that create a risk to the	- Description of attitudes and behavior
		patient or others	- Estimation of intellectual functioning, memory
		- Mental status examination	functioning, and orientation
		- For psychiatric hospitals that use Joint Commission	- Inventory of the patient's assets in descriptive, not
		accreditation for deemed status purposes: Reason for	interpretative, fashion
		admission as stated by the patient and/or others significantly	
		involved in the patient's care	
		- For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: Onset of the	
		patient's illness and circumstances leading to admission	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inventory of the patient's strengths and disabilities (such as psychiatric, biopsychosocial problems requiring treatment/intervention) written in a descriptive manner on which to base a treatment	
§482.61(b)(5)	(5) Describe attitudes and behavior;	planPC.01.02.13, EP 1Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes a history of mental, emotional, behavioral, and substance use problems, their co-occurrence, and their treatment.PC.01.02.13, EP 2Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following: - Current mental, emotional, and behavioral functioning - Maladaptive or other behaviors that create a risk to the patient or others - Mental status examination - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Reason for admission as stated by the patient and/or others significantly involved in the patient's care - For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient's illness and circumstances leading to admission 	PC.11.02.03, EP 2 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Each patient receives a psychiatric evaluation completed within 60 hours of admission. The psychiatric evaluation includes the following: - Medical history - Record of mental status - Description of the onset of illness and the circumstances leading to admission - Description of attitudes and behavior - Estimation of intellectual functioning, memory functioning, and orientation - Inventory of the patient's assets in descriptive, not interpretative, fashion

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
\$482.61(b)(6)	(6) Estimate intellectual functioning, memory functioning, and orientation; and	 PC.01.02.13, EP 2 Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following: Current mental, emotional, and behavioral functioning Maladaptive or other behaviors that create a risk to the patient or others Mental status examination For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Reason for admission as stated by the patient and/or others significantly involved in the patient's care For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient's illness and circumstances leading to admission For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inventory of the patient's strengths and disabilities (such as psychiatric, biopsychosocial problems requiring treatment/intervention) written in a descriptive manner on which to base a treatment plan 	 PC.11.02.03, EP 2 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Each patient receives a psychiatric evaluation completed within 60 hours of admission. The psychiatric evaluation includes the following: Medical history Record of mental status Description of the onset of illness and the circumstances leading to admission Description of attitudes and behavior Estimation of intellectual functioning, memory functioning, and orientation Inventory of the patient's assets in descriptive, not interpretative, fashion
		 PC.01.02.13, EP 6 Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following: A psychiatric evaluation Psychological assessments, including intellectual, projective, neuropsychological, and personality testing For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Complete neurological examination at the time of the admission physical examination, when indicated (For more information on physical examination, see PC.01.02.03, EP 4) 	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
§482.61(b)(7)	(7) Include an inventory of the	PC.01.02.13, EP 2	PC.11.02.03, EP 2
	patient's assets in descriptive,	Patients who receive treatment for emotional and behavioral	For psychiatric hospitals that use Joint Commission
	not interpretative, fashion.	disorders receive an assessment that includes the following:	accreditation for deemed status purposes: Each patient
		- Current mental, emotional, and behavioral functioning	receives a psychiatric evaluation completed within 60 hours
		- Maladaptive or other behaviors that create a risk to the	of admission. The psychiatric evaluation includes the
		patient or others	following:
		- Mental status examination	- Medical history
		- For psychiatric hospitals that use Joint Commission	- Record of mental status
		accreditation for deemed status purposes: Reason for	- Description of the onset of illness and the circumstances
		admission as stated by the patient and/or others significantly	leading to admission
		involved in the patient's care	- Description of attitudes and behavior
		- For psychiatric hospitals that use Joint Commission	- Estimation of intellectual functioning, memory
		accreditation for deemed status purposes: Onset of the	functioning, and orientation
		patient's illness and circumstances leading to admission	- Inventory of the patient's assets in descriptive, not
		- For psychiatric hospitals that use Joint Commission	interpretative, fashion
		accreditation for deemed status purposes: Inventory of the	
		patient's strengths and disabilities (such as psychiatric,	
		biopsychosocial problems requiring treatment/intervention)	
		written in a descriptive manner on which to base a treatment	
		plan	
		PC.01.02.13, EP 3	
		Based on the patient's age and needs, the assessment for	
		patients who receive treatment for emotional and behavioral	
		disorders includes the following:	
		- The patient's religion and spiritual beliefs, values, and	
		preferences	
		- Living situation	
		- Leisure and recreational activities	
		- Military service history	
		- Peer group	
		- Social factors	
		- Ethnic and cultural factors	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		- Financial status	
		- Vocational or educational background	
		- Legal history	
		- Communication skills	
		PC.01.02.13, EP 4	
		Based on the patient's age and needs, the assessment for	
		patients who receive treatment for emotional and behavioral	
		disorders includes the following:	
		- Any history of physical or sexual abuse as either the abuser	
		or abused	
		- The patient's sexual history	
		- Childhood history	
		- Emotional and health care issues	
		- Visual-motor functioning	
		- Self care	
		PC.01.02.13, EP 5	
		Based on the patient's age and needs, the assessment for	
		patients who receive treatment for emotional and behavioral	
		disorders includes the following:	
		- The patient's family circumstances, including the	
		composition of the family group	
		- The community resources currently used by the patient	
		- The need for the family members' participation in the	
		patient's care	
		- For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: A social history	
		and reports of interviews with patients, family members, and	
		others	
		PC.01.02.13, EP 6	
		Based on the patient's age and needs, the assessment for	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		 patients who receive treatment for emotional and behavioral disorders includes the following: A psychiatric evaluation Psychological assessments, including intellectual, projective, neuropsychological, and personality testing For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Complete neurological examination at the time of the admission physical examination, when indicated (For more information on physical examination, see PC.01.02.03, EP 4) 	
§482.61(c)	§482.61(c) Standard: Treatment plan.		
§482.61(c)(1)	(1) Each patient must have an individual comprehensive treatment plan that must be based on an inventory of the patient's strengths and disabilities. The written plan must include—	 PC.01.03.01, EP 1 The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. PC.01.03.01, EP 5 The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The patient's goals include both short- and long-term goals. PC.01.03.01, EP 23 The hospital revises plans and goals for care, treatment, and services based on the patient's needs. 	 PC.11.03.01, EP 3 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Each patient has an individual comprehensive treatment plan that is based on an inventory of the patient's strengths and disabilities. The written plan includes the following: Substantiated diagnosis Short-term and long-term goals Specific treatment modalities utilized Responsibilities of each member of the treatment team Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out
§482.61(c)(1)(i)	(i) A substantiated diagnosis;	 PC.01.03.01, EP 6 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following: A substantiated diagnosis (The substantiated diagnosis is 	PC.11.03.01, EP 3 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Each patient has an individual comprehensive treatment plan that is based on an inventory of the patient's strengths and disabilities.

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		the diagnosis identified by the treatment team to be the	The written plan includes the following:
		primary focus upon which treatment planning will be based.	- Substantiated diagnosis
		It evolves from the synthesis of data from various disciplines.	- Short-term and long-term goals
		The substantiated diagnosis may be the same as the initial	- Specific treatment modalities utilized
		diagnosis or it may differ, based on new information and assessment.)	 Responsibilities of each member of the treatment team Adequate documentation to justify the diagnosis and the
		- Documentation to justify the diagnosis and the treatment	treatment and rehabilitation activities carried out
		and rehabilitation activities carried out	
		- Documentation that demonstrates all active therapeutic	
		efforts are included	
		- The specific treatment modalities used to treat the patient	
		RC.01.01.01, EP 5	
		The medical record includes the following:	
		- Information needed to support the patient's diagnosis and	
		condition	
		- Information needed to justify the patient's care, treatment,	
		and services	
		- Information that documents the course and result of the	
		patient's care, treatment, and services	
		- Information about the patient's care, treatment, and	
		services that promotes continuity of care among staff and	
		providers	
		Note: For hospitals that elect The Joint Commission Primary	
		Care Medical Home option: This requirement refers to care	
		provided by both internal and external providers.	
		RC.02.01.01, EP 2	
		The medical record contains the following clinical	
		information:	
		- The reason(s) for admission for care, treatment, and	
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	
		intercurrent diseases (diseases that occur during the course	
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
		psychiatric diagnoses.	
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		 Any medications ordered or prescribed 	
		- Any medications administered, including the strength, dose,	
		route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		hospital defines in policy the urgent/emergent situations in	
		which block charting would be an acceptable form of	
		documentation.	
		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
§482.61(c)(1)(ii)	(ii) Short-term and long-range	PC.01.03.01, EP 1	PC.11.03.01, EP 3
	goals;	The hospital plans the patient's care, treatment, and services	For psychiatric hospitals that use Joint Commission
		based on needs identified by the patient's assessment,	accreditation for deemed status purposes: Each patient has
		reassessment, and results of diagnostic testing.	an individual comprehensive treatment plan that is based
			on an inventory of the patient's strengths and disabilities.
		PC.01.03.01, EP 5	The written plan includes the following:
		The written plan of care is based on the patient's goals and	- Substantiated diagnosis
		the time frames, settings, and services required to meet	- Short-term and long-term goals
		those goals.	- Specific treatment modalities utilized
		Note: For psychiatric hospitals that use Joint Commission	- Responsibilities of each member of the treatment team
		accreditation for deemed status purposes: The patient's	- Adequate documentation to justify the diagnosis and the
		goals include both short- and long-term goals.	treatment and rehabilitation activities carried out
		RC.02.01.01, EP 2	
		The medical record contains the following clinical	
		information:	
		- The reason(s) for admission for care, treatment, and	
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	
		intercurrent diseases (diseases that occur during the course	
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
		psychiatric diagnoses.	
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		 Any medications ordered or prescribed 	
		- Any medications administered, including the strength, dose,	
		route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		hospital defines in policy the urgent/emergent situations in	
		which block charting would be an acceptable form of	
		documentation.	
		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
\$482.61(c)(1)(iii)	(iii) The specific treatment	PC.01.03.01, EP 6	PC.11.03.01, EP 3
	modalities utilized;	For psychiatric hospitals that use Joint Commission	For psychiatric hospitals that use Joint Commission
		accreditation for deemed status purposes: The written plan	accreditation for deemed status purposes: Each patient has
		of care includes the following:	an individual comprehensive treatment plan that is based
		- A substantiated diagnosis (The substantiated diagnosis is	on an inventory of the patient's strengths and disabilities.
		the diagnosis identified by the treatment team to be the	The written plan includes the following:
		primary focus upon which treatment planning will be based.	- Substantiated diagnosis
		It evolves from the synthesis of data from various disciplines.	- Short-term and long-term goals
		The substantiated diagnosis may be the same as the initial	- Specific treatment modalities utilized
		diagnosis or it may differ, based on new information and	- Responsibilities of each member of the treatment team
		assessment.)	- Adequate documentation to justify the diagnosis and the
		- Documentation to justify the diagnosis and the treatment	treatment and rehabilitation activities carried out
		and rehabilitation activities carried out	
		- Documentation that demonstrates all active therapeutic	
		efforts are included	
		- The specific treatment modalities used to treat the patient	
§482.61(c)(1)(iv)	(iv) The responsibilities of each	PC.01.03.01, EP 43	PC.11.03.01, EP 3
	member of the treatment team;	For psychiatric hospitals that use Joint Commission	For psychiatric hospitals that use Joint Commission
	and	accreditation for deemed status purposes: The plan of care	accreditation for deemed status purposes: Each patient has
		includes the responsibilities of each member of the	an individual comprehensive treatment plan that is based
		treatment team.	on an inventory of the patient's strengths and disabilities.
			The written plan includes the following:
		PC.02.01.01, EP 1	- Substantiated diagnosis
		The hospital provides the patient with care, treatment, and	- Short-term and long-term goals
		services according to the patient's individualized plan of care.	- Specific treatment modalities utilized
			- Responsibilities of each member of the treatment team
		PC.02.01.05, EP 1	- Adequate documentation to justify the diagnosis and the
		Care, treatment, and services are provided to the patient in	treatment and rehabilitation activities carried out
		an interdisciplinary, collaborative manner.	
		RC.01.01.01, EP 5	
		The medical record includes the following:	
		- Information needed to support the patient's diagnosis and	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		condition	
		- Information needed to justify the patient's care, treatment,	
		and services	
		- Information that documents the course and result of the	
		patient's care, treatment, and services	
		- Information about the patient's care, treatment, and	
		services that promotes continuity of care among staff and	
		providers	
		Note: For hospitals that elect The Joint Commission Primary	
		Care Medical Home option: This requirement refers to care	
		provided by both internal and external providers.	
		RC.02.01.01, EP 2	
		The medical record contains the following clinical	
		information:	
		- The reason(s) for admission for care, treatment, and	
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	
		intercurrent diseases (diseases that occur during the course	
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
L		psychiatric diagnoses.	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		- Any medications ordered or prescribed	
		- Any medications administered, including the strength, dose,	
		route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		hospital defines in policy the urgent/emergent situations in	
		which block charting would be an acceptable form of	
		documentation.	
		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
		RI.01.04.01, EP 1	
		The hospital informs the patient of the following:	
		- The name of the physician, clinical psychologist, or other	
		licensed practitioner who has primary responsibility for the	
		patient's care, treatment, and services	
		- The name of the physician(s), clinical psychologist(s), or	
		other licensed practitioner(s) who will provide the patient's	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		care, treatment, and services Note: The definition of "physician" is the same as that used by the Centers for Medicare & amp; Medicaid Services (CMS) (refer to the Glossary).	
\$482.61(c)(1)(v)	(v) Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out.	 PC.01.03.01, EP 6 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following: A substantiated diagnosis (The substantiated diagnosis is the diagnosis identified by the treatment team to be the primary focus upon which treatment planning will be based. It evolves from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ, based on new information and assessment.) Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out Documentation that demonstrates all active therapeutic efforts are included The specific treatment modalities used to treat the patient RC.01.01.01, EP 5 The medical record includes the following: Information needed to support the patient's diagnosis and condition Information that documents the course and result of the patient's care, treatment, and services Information about the patient's care, treatment, and services that promotes continuity of care among staff and providers 	PC.11.03.01, EP 3 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Each patient has an individual comprehensive treatment plan that is based on an inventory of the patient's strengths and disabilities. The written plan includes the following: - Substantiated diagnosis - Short-term and long-term goals - Specific treatment modalities utilized - Responsibilities of each member of the treatment team - Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		Care Medical Home option: This requirement refers to care	
		provided by both internal and external providers.	
		RC.02.01.01, EP 2	
		The medical record contains the following clinical	
		information:	
		- The reason(s) for admission for care, treatment, and	
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	
		intercurrent diseases (diseases that occur during the course	
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
		psychiatric diagnoses.	
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		- Any medications ordered or prescribed	
		- Any medications administered, including the strength, dose,	

CoP Requirement CoP Text	Current EP Mapping	Future EP Mapping
\$482.61(c)(2) (2) The tre \$482.61(c)(2) (2) The tre document assure that	route, date and time of ac Note 1: When rapid titrati hospital defines in policy which block charting wou documentation. Note 2: For the definition charting, refer to the Glos - Any access site for medi used, and rate of adminis - Any adverse drug reactio - Treatment goals, plan of care - Results of diagnostic an - Any medications dispen - Discharge diagnosis - Discharge plan and disc PC.01.03.01, EP 6 For psychiatric hospitals accreditation for deemed of care includes the follow - A substantiated diagnos the diagnosis identified by primary focus upon which It evolves from the synthe The substantiated diagno diagnosis or it may differ, assessment.) - Documentation to justifi and rehabilitation activitie	 Inistration In of a medication is necessary, the e urgent/emergent situations in d be an acceptable form of Ind a further explanation of block ary. ation, administration devices ation is are, and revisions to the plan of therapeutic tests and procedures end or prescribed on discharge arge planning evaluation at use Joint Commission tatus purposes: The written plan ing: (The substantiated diagnosis is the treatment team to be the treatment planning will be based. is of data from various disciplines. s may be the same as the initial ased on new information and the diagnosis and the treatment

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		RC.01.01.01, EP 5	examination, recorded at the time of the admission physical
		The medical record includes the following:	examination
		- Information needed to support the patient's diagnosis and	- Documentation of treatment received, including all active
		condition	therapeutic efforts
		- Information needed to justify the patient's care, treatment,	- Discharge summary of the patient's hospitalization that
		and services	includes recommendations from appropriate services
		- Information that documents the course and result of the	concerning follow-up or aftercare, as well as a brief
		patient's care, treatment, and services	summary of the patient's condition on discharge
		- Information about the patient's care, treatment, and	
		services that promotes continuity of care among staff and	
		providers	
		Note: For hospitals that elect The Joint Commission Primary	
		Care Medical Home option: This requirement refers to care	
		provided by both internal and external providers.	
		RC.02.01.01, EP 2	
		The medical record contains the following clinical	
		information:	
		- The reason(s) for admission for care, treatment, and	
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	
		intercurrent diseases (diseases that occur during the course	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
		psychiatric diagnoses.	
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		- Any medications ordered or prescribed	
		- Any medications administered, including the strength, dose,	
		route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		hospital defines in policy the urgent/emergent situations in	
		which block charting would be an acceptable form of	
		documentation.	
		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
§482.61(d)	Element Deleted	PC.01.03.01, EP 22	
		Based on the goals established in the patient's plan of care,	
		staff evaluate the patient's progress.	
		PC.01.03.01, EP 23	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		The hospital revises plans and goals for care, treatment, and	
		services based on the patient's needs.	
		RC.02.01.01, EP 2	
		The medical record contains the following clinical	
		information:	
		- The reason(s) for admission for care, treatment, and	
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	
		- Any diagnoses or conditions established during the patient's	
		course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric hospitals using Joint Commission accreditation	
		for deemed status purposes: The diagnosis includes	
		intercurrent diseases (diseases that occur during the course	
		of another disease; for example, a patient with AIDS may	
		develop an intercurrent bout of pneumonia) and the	
		psychiatric diagnoses.	
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		- Any medications ordered or prescribed	
	<u> </u>	- Any medications administered, including the strength, dose,	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		hospital defines in policy the urgent/emergent situations in	
		which block charting would be an acceptable form of	
		documentation.	
		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
		RC.02.01.01, EP 7	
		For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: Progress notes	
		must be documented in accordance with applicable state	
		scope-of-practice laws and hospital policies by the following	
		qualified practitioners:	
		- Doctor(s) of medicine or osteopathy or other licensed	
		practitioner(s) who is responsible for the care of the patient	
		- Nurse(s)	
		- Social worker(s) or social service staff involved in the care of	
		the patient	
		- When appropriate, others significantly involved in the	
		patient's active treatment modalities	
		The frequency of progress notes is determined by the	
		condition of the patient but must be recorded at least weekly	
		for the first 2 months and at least once a month thereafter,	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		and must contain recommendations for revisions in the	
		treatment plan as indicated as well as a precise assessment	
		of the patient's progress in accordance with the original or	
		revised treatment plan.	
§482.61(d)	§482.61(d) Standard: Recording	RC.02.01.01, EP 7	RC.12.01.01, EP 4
	progress. Progress notes for	For psychiatric hospitals that use Joint Commission	For psychiatric hospitals that use Joint Commission
	the patient must be	accreditation for deemed status purposes: Progress notes	accreditation for deemed status purposes: Progress notes
	documented, in accordance	must be documented in accordance with applicable state	are documented in accordance with applicable state scope-
	with applicable State scope-of-	scope-of-practice laws and hospital policies by the following	of-practice laws and hospital policies by the following
	practice laws and hospital	qualified practitioners:	qualified practitioners:
	policies, by the following	- Doctor(s) of medicine or osteopathy or other licensed	- Doctor(s) of medicine or osteopathy or other licensed
	qualified practitioners:	practitioner(s) who is responsible for the care of the patient	practitioner(s) who is responsible for the care of the patient
	Doctor(s) of medicine or	- Nurse(s)	- Nurse(s)
	osteopathy, or other licensed	- Social worker(s) or social service staff involved in the care of	- Social worker(s) or social service staff involved in the care
	practitioner(s), who is	the patient	of the patient
	responsible for the care of the	- When appropriate, others significantly involved in the	- When appropriate, others significantly involved in the
	patient; nurse(s) and social	patient's active treatment modalities	patient's active treatment modalities
	worker(s) (or social service	The frequency of progress notes is determined by the	The patient's condition determines the frequency of
	staff) involved in the care of the	condition of the patient but must be recorded at least weekly	progress notes, but they must be recorded at least weekly
	patient; and, when appropriate,	for the first 2 months and at least once a month thereafter,	for the first 2 months and at least once a month thereafter.
	others significantly involved in	and must contain recommendations for revisions in the	The progress notes must contain recommendations for
	the patient's active treatment	treatment plan as indicated as well as a precise assessment	revisions in the treatment plan as indicated, as well as a
	modalities. The frequency of	of the patient's progress in accordance with the original or	precise assessment of the patient's progress in accordance
	progress notes is determined	revised treatment plan.	with the original or revised treatment plan.
	by the condition of the patient		
	but must be recorded at least		
	weekly for the first 2 months		
	and at least once a month		
	thereafter, and must contain		
	recommendations for revisions		
	in the treatment plan as		
	indicated as well as a precise		
	assessment of the patient's		

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	progress in accordance with the original or revised treatment		
	plan.		
§482.61(e)	§482.61(e) Standard: Discharge	RC.02.04.01, EP 3	RC.11.01.01, EP 6
	planning and discharge	In order to provide information to other caregivers and	For psychiatric hospitals that use Joint Commission
	summary. The record of each	facilitate the patient's continuity of care, the medical record	accreditation for deemed status purposes: The medical
	patient who has been	contains a concise discharge summary that includes the	record contains the following information:
	discharged must have a	following:	- History of findings and treatment provided for the
	discharge summary that	- The reason for hospitalization	psychiatric condition for which the patient is hospitalized
	includes a recapitulation of the	- The procedures performed	- Identification data, including the patient's legal status
	patient's hospitalization and	- The care, treatment, and services provided	- Provisional or admitting diagnosis for the patient at the
	recommendations from	- The patient's condition and disposition at discharge	time of admission that includes the diagnoses of
	appropriate services	- Information provided to the patient and family	intercurrent diseases as well as the psychiatric diagnoses
	concerning follow-up or	- Provisions for follow-up care	- Reasons for admission, as stated by the patient and/or
	aftercare as well as a brief	Note 1: A discharge summary is not required when a patient	others significantly involved
	summary of the patient's	is seen for minor problems or interventions, as defined by the	- Social service records, including reports of interviews with
	condition on discharge.	medical staff. In this instance, a final progress note may be	patients, family members, and others; an assessment of
		substituted for the discharge summary provided the note	home plans, family attitudes, and community resource
		contains the outcome of hospitalization, disposition of the	contacts; and a social history
		case, and provisions for follow-up care.	- When indicated, record of a complete neurological
		Note 2: When a patient is transferred to a different level of care within the hospital, and caregivers change, a transfer	examination, recorded at the time of the admission physical examination
		summary may be substituted for the discharge summary. If	- Documentation of treatment received, including all active
		the caregivers do not change, a progress note may be used.	therapeutic efforts
		Note 3: For psychiatric hospitals that use Joint Commission	- Discharge summary of the patient's hospitalization that
		accreditation for deemed status purposes: The record of	includes recommendations from appropriate services
		each patient discharged needs to include a discharge	concerning follow-up or aftercare, as well as a brief
		summary with the above information. The exceptions in	summary of the patient's condition on discharge
		Notes 1 and 2 are not applicable. All patients discharged	
		need to have a discharge summary.	
\$482.61(e)	Element Deleted	RC.02.04.01, EP 3	
		In order to provide information to other caregivers and	
		facilitate the patient's continuity of care, the medical record	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		contains a concise discharge summary that includes the	
		following:	
		- The reason for hospitalization	
		- The procedures performed	
		- The care, treatment, and services provided	
		- The patient's condition and disposition at discharge	
		- Information provided to the patient and family	
		- Provisions for follow-up care	
		Note 1: A discharge summary is not required when a patient	
		is seen for minor problems or interventions, as defined by the	
		medical staff. In this instance, a final progress note may be	
		substituted for the discharge summary provided the note	
		contains the outcome of hospitalization, disposition of the	
		case, and provisions for follow-up care.	
		Note 2: When a patient is transferred to a different level of	
		care within the hospital, and caregivers change, a transfer	
		summary may be substituted for the discharge summary. If	
		the caregivers do not change, a progress note may be used.	
		Note 3: For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: The record of	
		each patient discharged needs to include a discharge	
		summary with the above information. The exceptions in	
		Notes 1 and 2 are not applicable. All patients discharged	
		need to have a discharge summary.	
§482.61(f)	§482.61(f) Standard: Electronic		
	notifications. If the hospital		
	utilizes an electronic medical		
	records system or other		
	electronic administrative		
	system, which is conformant		
	with the content exchange		
	standard at 45 CFR		

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	170.205(d)(2), then the hospital		
	must demonstrate that—		
§482.61(f)(1)	(1) The system's notification	IM.02.02.07, EP 1	IM.13.01.05, EP 1
	capacity is fully operational and	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	the hospital uses it in	deemed status purposes: The hospital demonstrates that its	deemed status purposes: The hospital demonstrates that its
	accordance with all State and	electronic health records system (or other electronic	electronic health records system's (or other electronic
	Federal statutes and	administrative system) has a fully operational notification	administrative system's) notification capacity is fully
	regulations applicable to the	capacity and is used in accordance with applicable state and	operational and is used in accordance with applicable state
	hospital's exchange of patient	federal laws and regulations for the exchange of patient	and federal laws and regulations for the exchange of patient
	health information.	health information.	health information.
§482.61(f)(2)	(2) The system sends	IM.02.02.07, EP 2	IM.13.01.05, EP 2
	notifications that must include	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	at least patient name, treating	deemed status purposes: The hospital demonstrates that its	deemed status purposes: The hospital demonstrates that its
	practitioner name, and sending	electronic health records system (or other electronic	electronic health records system (or other electronic
	institution name.	administrative system) sends notifications that include at	administrative system) sends notifications that include, at a
		least the patient's name, treating licensed practitioner's	minimum, the patient's name, treating licensed
		name, and sending institution's name.	practitioner's name, and sending institution's name.
§482.61(f)(3)	(3) To the extent permissible	IM.02.02.07, EP 3	IM.13.01.05, EP 3
	under applicable federal and	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	state law and regulations, and	deemed status purposes: In accordance with the patient's	deemed status purposes: In accordance with the patient's
	not inconsistent with the	expressed privacy preferences and applicable laws and	expressed privacy preferences and applicable laws and
	patient's expressed privacy	regulations, the hospital's electronic health records system	regulations, the hospital's electronic health records system
	preferences, the system sends	(or other electronic administrative system) sends	(or other electronic administrative system) sends
	notifications directly, or through	notifications directly, or through an intermediary that	notifications directly, or through an intermediary that
	an intermediary that facilitates	facilitates exchange of health information, at the time of the	facilitates exchange of health information, at the following
	exchange of health information,	patient's emergency department registration or inpatient	times, when applicable:
	at the time of:	admission.	- The patient's emergency department registration
			- The patient's inpatient admission
§482.61(f)(3)(i)	(i) The patient's registration in	IM.02.02.07, EP 3	IM.13.01.05, EP 3
	the hospital's emergency	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	department (if applicable).	deemed status purposes: In accordance with the patient's	deemed status purposes: In accordance with the patient's
		expressed privacy preferences and applicable laws and	expressed privacy preferences and applicable laws and
		regulations, the hospital's electronic health records system	regulations, the hospital's electronic health records system

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		(or other electronic administrative system) sends	(or other electronic administrative system) sends
		notifications directly, or through an intermediary that	notifications directly, or through an intermediary that
		facilitates exchange of health information, at the time of the	facilitates exchange of health information, at the following
		patient's emergency department registration or inpatient	times, when applicable:
		admission.	- The patient's emergency department registration
			- The patient's inpatient admission
§482.61(f)(3)(ii)	(ii) The patient's admission to	IM.02.02.07, EP 3	IM.13.01.05, EP 3
	the hospital's inpatient services	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	(if applicable).	deemed status purposes: In accordance with the patient's	deemed status purposes: In accordance with the patient's
		expressed privacy preferences and applicable laws and	expressed privacy preferences and applicable laws and
		regulations, the hospital's electronic health records system	regulations, the hospital's electronic health records system
		(or other electronic administrative system) sends	(or other electronic administrative system) sends
		notifications directly, or through an intermediary that	notifications directly, or through an intermediary that
		facilitates exchange of health information, at the time of the	facilitates exchange of health information, at the following
		patient's emergency department registration or inpatient	times, when applicable:
		admission.	- The patient's emergency department registration
			- The patient's inpatient admission
§482.61(f)(4)	(4) To the extent permissible	IM.02.02.07, EP 4	IM.13.01.05, EP 4
	under applicable federal and	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	state law and regulations, and	deemed status purposes: In accordance with the patient's	deemed status purposes: In accordance with the patient's
	not inconsistent with the	expressed privacy preferences and applicable laws and	expressed privacy preferences and applicable laws and
	patient's expressed privacy	regulations, the hospital's electronic health records system	regulations, the hospital's electronic health records system
	preferences, the system sends	(or other electronic administrative system) sends	(or other electronic administrative system) sends
	notifications directly, or through	notifications directly, or through an intermediary that	notifications directly, or through an intermediary that
	an intermediary that facilitates	facilitates exchange of health information, either immediately	facilitates exchange of health information, either
	exchange of health information,	prior to or at the time of the patient's discharge or transfer	immediately prior to or at the time of the patient's discharge
	either immediately prior to, or	from the hospital's emergency department or inpatient	or transfer from the hospital's emergency department or
	at the time of:	services.	inpatient services.
§482.61(f)(4)(i)	(i) The patient's discharge or	IM.02.02.07, EP 4	IM.13.01.05, EP 4
	transfer from the hospital's	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	emergency department (if	deemed status purposes: In accordance with the patient's	deemed status purposes: In accordance with the patient's
	applicable).	expressed privacy preferences and applicable laws and	expressed privacy preferences and applicable laws and
		regulations, the hospital's electronic health records system	regulations, the hospital's electronic health records system

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		(or other electronic administrative system) sends	(or other electronic administrative system) sends
		notifications directly, or through an intermediary that	notifications directly, or through an intermediary that
		facilitates exchange of health information, either immediately	facilitates exchange of health information, either
		prior to or at the time of the patient's discharge or transfer	immediately prior to or at the time of the patient's discharge
		from the hospital's emergency department or inpatient	or transfer from the hospital's emergency department or
		services.	inpatient services.
§482.61(f)(4)(ii)	(ii) The patient's discharge or	IM.02.02.07, EP 4	IM.13.01.05, EP 4
	transfer from the hospital's	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	inpatient services (if	deemed status purposes: In accordance with the patient's	deemed status purposes: In accordance with the patient's
	applicable).	expressed privacy preferences and applicable laws and	expressed privacy preferences and applicable laws and
		regulations, the hospital's electronic health records system	regulations, the hospital's electronic health records system
		(or other electronic administrative system) sends	(or other electronic administrative system) sends
		notifications directly, or through an intermediary that	notifications directly, or through an intermediary that
		facilitates exchange of health information, either immediately	facilitates exchange of health information, either
		prior to or at the time of the patient's discharge or transfer	immediately prior to or at the time of the patient's discharge
		from the hospital's emergency department or inpatient	or transfer from the hospital's emergency department or
		services.	inpatient services.
§482.61(f)(5)	(5) The hospital has made a	IM.02.02.07, EP 5	IM.13.01.05, EP 5
	reasonable effort to ensure that	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	the system sends the	deemed status purposes: The hospital makes a reasonable	deemed status purposes: The hospital makes a reasonable
	notifications to all applicable	effort to confirm that its electronic health records system (or	effort to confirm that its electronic health records system (or
	post-acute care services	other electronic administrative system) sends the	other electronic administrative system) sends the
	providers and suppliers, as well	notifications to all applicable post-acute care services	notifications to all applicable post–acute care service
	as to any of the following	providers and suppliers, as well as any of the following who	providers and suppliers, as well as any of the following who
	practitioners and entities,	need to receive notification of the patient's status for	need to receive notification of the patient's status for
	which need to receive	treatment, care coordination, or quality improvement	treatment, care coordination, or quality improvement
	notification of the patient's	purposes:	purposes:
	status for treatment, care	- The patient's established primary care licensed practitioner	- Patient's established primary care licensed practitioner
	coordination, or quality	- The patient's established primary care practice group or	- Patient's established primary care practice group or entity
	improvement purposes:	entity	- Other licensed practitioners, or other practice groups or
		- Other licensed practitioners, or other practice groups or	entities, identified by the patient as primarily responsible for
		entities, identified by the patient as primarily responsible for	the patient's care
		the patient's care	Note: The term "reasonable effort" means that the hospital

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		Note: The term "reasonable effort" means that a hospital has	has a process to send patient event notifications while
		a process to send patient event notifications while working	working within the constraints of its technology
		within the constraints of its technology infrastructure. There	infrastructure. There may be instances in which the hospital
		may be instances in which a hospital (or its intermediary)	(or its intermediary) cannot identify an applicable recipient
		cannot identify an applicable recipient for a patient event	for a patient event notification despite establishing
		notification despite establishing processes for identifying	processes for identifying recipients. In addition, some
		recipients. In addition, some recipients may not be able to	recipients may not be able to receive patient event
		receive patient event notifications in a manner consistent	notifications in a manner consistent with the hospital
		with a hospital system's capabilities.	system's capabilities.
§482.61(f)(5)(i)	(i) The patient's established	IM.02.02.07, EP 5	IM.13.01.05, EP 5
	primary care practitioner;	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
		deemed status purposes: The hospital makes a reasonable	deemed status purposes: The hospital makes a reasonable
		effort to confirm that its electronic health records system (or	effort to confirm that its electronic health records system (or
		other electronic administrative system) sends the	other electronic administrative system) sends the
		notifications to all applicable post-acute care services	notifications to all applicable post–acute care service
		providers and suppliers, as well as any of the following who	providers and suppliers, as well as any of the following who
		need to receive notification of the patient's status for	need to receive notification of the patient's status for
		treatment, care coordination, or quality improvement	treatment, care coordination, or quality improvement
		purposes:	purposes:
		- The patient's established primary care licensed practitioner	- Patient's established primary care licensed practitioner
		- The patient's established primary care practice group or	- Patient's established primary care practice group or entity
		entity	- Other licensed practitioners, or other practice groups or
		- Other licensed practitioners, or other practice groups or	entities, identified by the patient as primarily responsible for
		entities, identified by the patient as primarily responsible for	the patient's care
		the patient's care	Note: The term "reasonable effort" means that the hospital
		Note: The term "reasonable effort" means that a hospital has	has a process to send patient event notifications while
		a process to send patient event notifications while working	working within the constraints of its technology
		within the constraints of its technology infrastructure. There	infrastructure. There may be instances in which the hospital
		may be instances in which a hospital (or its intermediary)	(or its intermediary) cannot identify an applicable recipient
		cannot identify an applicable recipient for a patient event	for a patient event notification despite establishing
		notification despite establishing processes for identifying	processes for identifying recipients. In addition, some
		recipients. In addition, some recipients may not be able to	recipients may not be able to receive patient event

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		receive patient event notifications in a manner consistent	notifications in a manner consistent with the hospital
		with a hospital system's capabilities.	system's capabilities.
§482.61(f)(5)(ii)	(ii) The patient's established	IM.02.02.07, EP 5	IM.13.01.05, EP 5
	primary care practice group or	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	entity; or	deemed status purposes: The hospital makes a reasonable	deemed status purposes: The hospital makes a reasonable
		effort to confirm that its electronic health records system (or	effort to confirm that its electronic health records system (or
		other electronic administrative system) sends the	other electronic administrative system) sends the
		notifications to all applicable post-acute care services	notifications to all applicable post–acute care service
		providers and suppliers, as well as any of the following who	providers and suppliers, as well as any of the following who
		need to receive notification of the patient's status for	need to receive notification of the patient's status for
		treatment, care coordination, or quality improvement	treatment, care coordination, or quality improvement
		purposes:	purposes:
		- The patient's established primary care licensed practitioner	- Patient's established primary care licensed practitioner
		- The patient's established primary care practice group or	- Patient's established primary care practice group or entity
		entity	- Other licensed practitioners, or other practice groups or
		- Other licensed practitioners, or other practice groups or	entities, identified by the patient as primarily responsible for
		entities, identified by the patient as primarily responsible for	the patient's care
		the patient's care	Note: The term "reasonable effort" means that the hospital
		Note: The term "reasonable effort" means that a hospital has	has a process to send patient event notifications while
		a process to send patient event notifications while working	working within the constraints of its technology
		within the constraints of its technology infrastructure. There	infrastructure. There may be instances in which the hospital
		may be instances in which a hospital (or its intermediary)	(or its intermediary) cannot identify an applicable recipient
		cannot identify an applicable recipient for a patient event	for a patient event notification despite establishing
		notification despite establishing processes for identifying	processes for identifying recipients. In addition, some
		recipients. In addition, some recipients may not be able to	recipients may not be able to receive patient event
		receive patient event notifications in a manner consistent	notifications in a manner consistent with the hospital
		with a hospital system's capabilities.	system's capabilities.
§482.61(f)(5)(iii)	(iii) Other practitioner, or other	IM.02.02.07, EP 5	IM.13.01.05, EP 5
	practice group or entity,	For hospitals that use Joint Commission accreditation for	For hospitals that use Joint Commission accreditation for
	identified by the patient as the	deemed status purposes: The hospital makes a reasonable	deemed status purposes: The hospital makes a reasonable
	practitioner, or practice group	effort to confirm that its electronic health records system (or	effort to confirm that its electronic health records system (or
	or entity, primarily responsible	other electronic administrative system) sends the	other electronic administrative system) sends the
	for his or her care.	notifications to all applicable post-acute care services	notifications to all applicable post–acute care service

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		providers and suppliers, as well as any of the following who	providers and suppliers, as well as any of the following who
		need to receive notification of the patient's status for	need to receive notification of the patient's status for
		treatment, care coordination, or quality improvement	treatment, care coordination, or quality improvement
		purposes:	purposes:
		- The patient's established primary care licensed practitioner	- Patient's established primary care licensed practitioner
		- The patient's established primary care practice group or	- Patient's established primary care practice group or entity
		entity	- Other licensed practitioners, or other practice groups or
		- Other licensed practitioners, or other practice groups or	entities, identified by the patient as primarily responsible for
		entities, identified by the patient as primarily responsible for	the patient's care
		the patient's care	Note: The term "reasonable effort" means that the hospital
		Note: The term "reasonable effort" means that a hospital has	has a process to send patient event notifications while
		a process to send patient event notifications while working	working within the constraints of its technology
		within the constraints of its technology infrastructure. There	infrastructure. There may be instances in which the hospital
		may be instances in which a hospital (or its intermediary)	(or its intermediary) cannot identify an applicable recipient
		cannot identify an applicable recipient for a patient event	for a patient event notification despite establishing
		notification despite establishing processes for identifying	processes for identifying recipients. In addition, some
		recipients. In addition, some recipients may not be able to	recipients may not be able to receive patient event
		receive patient event notifications in a manner consistent	notifications in a manner consistent with the hospital
		with a hospital system's capabilities.	system's capabilities.
§482.62	§482.62 Condition of	LD.03.06.01, EP 2	NPG.12.03.01, EP 4
	Participation: Special staff	Leaders provide for a sufficient number and mix of individuals	For psychiatric hospitals that use Joint Commission
	requirements for psychiatric	to support safe, quality care, treatment, and services.	accreditation for deemed status purposes: There is an
	hospitals. The hospital must	Note: The number and mix of individuals is appropriate to the	adequate number of qualified professional, technical, and
	have adequate numbers of	scope and complexity of the services offered.	consultative staff (including but not limited to doctors of
	qualified professional and		medicine and/or osteopathy, registered nurses, licensed
	supportive staff to evaluate	LD.03.06.01, EP 3	practical nurses, and mental health workers) to do the
	patients, formulate written,	Those who work in the hospital are competent to complete	following:
	individualized comprehensive	their assigned responsibilities.	- Evaluate patients
	treatment plans, provide active		- Formulate written individualized, comprehensive
	treatment measures, and	LD.04.01.01, EP 16	treatment plans
	engage in discharge planning.	For psychiatric hospitals that use Joint Commission	- Provide active treatment measures
		accreditation for deemed status purposes:	- Engage in discharge planning
		- The psychiatric hospital is primarily engaged in providing, by	- Provide the nursing care necessary under each patient's

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		or under the supervision of a doctor of medicine or	active treatment program
		osteopathy, psychiatric services for the diagnosis and	- Maintain progress notes on each patient
		treatment of mentally ill persons.	- Provide essential psychiatric services
		- The psychiatric hospital meets the Medicare Conditions of	
		Participation specified in 42 CFR 482.1 through 482.23, and	
		42 CFR 482.25 through 482.57.	
		- The psychiatric hospital maintains clinical records on all	
		patients to determine the degree and intensity of treatments,	
		as specified in 42 CFR 482.61.	
		- The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62.	
		PC.01.03.01, EP 1	
		The hospital plans the patient's care, treatment, and services	
		based on needs identified by the patient's assessment,	
		reassessment, and results of diagnostic testing.	
		PC.01.03.01, EP 5	
		The written plan of care is based on the patient's goals and	
		the time frames, settings, and services required to meet	
		those goals.	
		Note: For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: The patient's	
		goals include both short- and long-term goals.	
		DC 01 02 01 ED 22	
		PC.01.03.01, EP 22 Based on the goals established in the patient's plan of care,	
		staff evaluate the patient's progress.	
		PC.01.03.01, EP 23	
		The hospital revises plans and goals for care, treatment, and	
		services based on the patient's needs.	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		PC.02.01.01, EP 1	
		The hospital provides the patient with care, treatment, and	
		services according to the patient's individualized plan of care.	
		PC.04.01.03, EP 1	
		The hospital begins the discharge planning process early in	
		the patient's episode of care, treatment, and services.	
		PC.04.01.03, EP 2	
		The hospital identifies any needs the patient may have for	
		psychosocial or physical care, treatment, and services after	
		discharge or transfer.	
		For hospitals that use Joint Commission accreditation for	
		deemed status purposes: The identification of needs also	
		includes hospice care, post-hospital extended care, home health, and non–health care services, as well as the need for	
		community-based care providers. The hospital determines	
		the availability of the post-hospital services as well as the	
		patient's access to those services.	
		PC.04.01.03, EP 3	
		The patient, the patient's family, physicians, other licensed	
		practitioners, clinical psychologists, and staff involved in the	
		patient's care, treatment, and services participate in planning the patient's discharge or transfer.	
		Note 1: The definition of "physician" is the same as that used	
		by the Centers for Medicare & amp; Medicaid Services (CMS)	
		(refer to the Glossary).	
		Note 2: For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: Social service	
		staff responsibilities include, but are not limited to,	
		participating in discharge planning, arranging for follow-up	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		care, and developing mechanisms for exchange of	
		information with sources outside the hospital.	
		Note 3: For hospitals that use Joint Commission	
		accreditation for deemed status purposes and have swing	
		beds: The hospital notifies the resident and, if known, a	
		family member or legal representative of the resident of the	
		transfer or discharge and reasons for the move in writing. The	
		hospital also provides sufficient preparation and orientation	
		to residents to make sure that transfer or discharge from the	
		hospital is safe and orderly. The hospital sends a copy of the	
		notice to a representative of the office of the state's long-term	
		care ombudsman.	
		Note 4: For hospitals that use Joint Commission	
		accreditation for deemed status purposes: Discharge	
		planning is performed by, or under the supervision of, a	
		registered nurse, social worker, or other qualified person.	
§482.62(a)	§482.62(a) Standard:		
	Personnel. The hospital must		
	employ or undertake to provide		
	adequate numbers of qualified		
	professional, technical, and		
	consultative personnel to:		
§482.62(a)(1)	(1) Evaluate patients;	LD.03.06.01, EP 2	NPG.12.03.01, EP 4
		Leaders provide for a sufficient number and mix of individuals	For psychiatric hospitals that use Joint Commission
		to support safe, quality care, treatment, and services.	accreditation for deemed status purposes: There is an
		Note: The number and mix of individuals is appropriate to the	adequate number of qualified professional, technical, and
		scope and complexity of the services offered.	consultative staff (including but not limited to doctors of
			medicine and/or osteopathy, registered nurses, licensed
		LD.03.06.01, EP 3	practical nurses, and mental health workers) to do the
		Those who work in the hospital are competent to complete	following:
		their assigned responsibilities.	- Evaluate patients
			- Formulate written individualized, comprehensive
		PC.01.02.15, EP 2	treatment plans

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		Diagnostic testing and procedures are performed as ordered	- Provide active treatment measures
		within time frames defined by the hospital.	- Engage in discharge planning
			- Provide the nursing care necessary under each patient's
		PC.01.03.01, EP 1	active treatment program
		The hospital plans the patient's care, treatment, and services	- Maintain progress notes on each patient
		based on needs identified by the patient's assessment,	- Provide essential psychiatric services
		reassessment, and results of diagnostic testing.	
		PC.01.03.01, EP 5	
		The written plan of care is based on the patient's goals and	
		the time frames, settings, and services required to meet	
		those goals.	
		Note: For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: The patient's	
		goals include both short- and long-term goals.	
		PC.01.03.01, EP 22	
		Based on the goals established in the patient's plan of care,	
		staff evaluate the patient's progress.	
		PC.01.03.01, EP 23	
		The hospital revises plans and goals for care, treatment, and	
		services based on the patient's needs.	
		PC.02.01.01, EP 1	
		The hospital provides the patient with care, treatment, and	
		services according to the patient's individualized plan of care.	
§482.62(a)(2)	(2) Formulate written	LD.03.06.01, EP 2	NPG.12.03.01, EP 4
	individualized, comprehensive	Leaders provide for a sufficient number and mix of individuals	For psychiatric hospitals that use Joint Commission
	treatment plans;	to support safe, quality care, treatment, and services.	accreditation for deemed status purposes: There is an
		Note: The number and mix of individuals is appropriate to the	adequate number of qualified professional, technical, and
		scope and complexity of the services offered.	consultative staff (including but not limited to doctors of
			medicine and/or osteopathy, registered nurses, licensed

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		LD.03.06.01, EP 3	practical nurses, and mental health workers) to do the
		Those who work in the hospital are competent to complete	following:
		their assigned responsibilities.	- Evaluate patients
			- Formulate written individualized, comprehensive
		PC.01.03.01, EP 1	treatment plans
		The hospital plans the patient's care, treatment, and services	- Provide active treatment measures
		based on needs identified by the patient's assessment,	- Engage in discharge planning
		reassessment, and results of diagnostic testing.	- Provide the nursing care necessary under each patient's
			active treatment program
		PC.01.03.01, EP 5	- Maintain progress notes on each patient
		The written plan of care is based on the patient's goals and	- Provide essential psychiatric services
		the time frames, settings, and services required to meet	
		those goals.	
		Note: For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: The patient's	
		goals include both short- and long-term goals.	
		PC.01.03.01, EP 22	
		Based on the goals established in the patient's plan of care,	
		staff evaluate the patient's progress.	
		PC.01.03.01, EP 23	
		The hospital revises plans and goals for care, treatment, and	
		services based on the patient's needs.	
		PC.02.01.01, EP 1	
		The hospital provides the patient with care, treatment, and	
		services according to the patient's individualized plan of care.	
		PC.04.01.05, EP 1	
		When the hospital determines the patient's discharge or	
		transfer needs, it promptly shares this information with the	
		ן ממוזגופו חפפטג, וג פוטוווף גנץ גומופג נווג וווטוווומנוטון with the	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		patient, and also with the patient's family when it is involved	
		in decision making or ongoing care.	
§482.62(a)(3)	(3) Provide active treatment	LD.03.06.01, EP 2	NPG.12.03.01, EP 4
	measures; and	Leaders provide for a sufficient number and mix of individuals	For psychiatric hospitals that use Joint Commission
		to support safe, quality care, treatment, and services.	accreditation for deemed status purposes: There is an
		Note: The number and mix of individuals is appropriate to the	adequate number of qualified professional, technical, and
		scope and complexity of the services offered.	consultative staff (including but not limited to doctors of
			medicine and/or osteopathy, registered nurses, licensed
		LD.03.06.01, EP 3	practical nurses, and mental health workers) to do the
		Those who work in the hospital are competent to complete	following:
		their assigned responsibilities.	- Evaluate patients
			- Formulate written individualized, comprehensive
		PC.01.03.01, EP 1	treatment plans
		The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment,	- Provide active treatment measures
		reassessment, and results of diagnostic testing.	- Engage in discharge planning - Provide the nursing care necessary under each patient's
			active treatment program
		PC.01.03.01, EP 5	- Maintain progress notes on each patient
		The written plan of care is based on the patient's goals and	- Provide essential psychiatric services
		the time frames, settings, and services required to meet	
		those goals.	
		Note: For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: The patient's	
		goals include both short- and long-term goals.	
		PC.01.03.01, EP 22	
		Based on the goals established in the patient's plan of care,	
		staff evaluate the patient's progress.	
		PC.01.03.01, EP 23	
		The hospital revises plans and goals for care, treatment, and	
		services based on the patient's needs.	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		PC.02.01.01, EP 1	
		The hospital provides the patient with care, treatment, and	
		services according to the patient's individualized plan of care.	
§482.62(a)(4)	(4) Engage in discharge	LD.03.06.01, EP 2	NPG.12.03.01, EP 4
	planning.	Leaders provide for a sufficient number and mix of individuals	For psychiatric hospitals that use Joint Commission
		to support safe, quality care, treatment, and services.	accreditation for deemed status purposes: There is an
		Note: The number and mix of individuals is appropriate to the	adequate number of qualified professional, technical, and
		scope and complexity of the services offered.	consultative staff (including but not limited to doctors of
			medicine and/or osteopathy, registered nurses, licensed
		LD.03.06.01, EP 3	practical nurses, and mental health workers) to do the
		Those who work in the hospital are competent to complete	following:
		their assigned responsibilities.	- Evaluate patients
			- Formulate written individualized, comprehensive
		PC.01.03.01, EP 1	treatment plans
		The hospital plans the patient's care, treatment, and services	- Provide active treatment measures
		based on needs identified by the patient's assessment,	- Engage in discharge planning
		reassessment, and results of diagnostic testing.	- Provide the nursing care necessary under each patient's
			active treatment program
		PC.01.03.01, EP 5	- Maintain progress notes on each patient
		The written plan of care is based on the patient's goals and	- Provide essential psychiatric services
		the time frames, settings, and services required to meet	
		those goals.	
		Note: For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: The patient's	
		goals include both short- and long-term goals.	
		PC.01.03.01, EP 22	
		Based on the goals established in the patient's plan of care,	
		staff evaluate the patient's progress.	
		PC.01.03.01, EP 23	
		The hospital revises plans and goals for care, treatment, and	
		services based on the patient's needs.	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		PC.02.01.01, EP 1 The hospital provides the patient with care, treatment, and services according to the patient's individualized plan of care.	
		PC.04.01.03, EP 1 The hospital begins the discharge planning process early in the patient's episode of care, treatment, and services.	
		PC.04.01.03, EP 2 The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.	
		For hospitals that use Joint Commission accreditation for deemed status purposes: The identification of needs also includes hospice care, post-hospital extended care, home health, and non–health care services, as well as the need for community-based care providers. The hospital determines the availability of the post-hospital services as well as the patient's access to those services.	
		 PC.04.01.03, EP 3 The patient, the patient's family, physicians, other licensed practitioners, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & amp; Medicaid Services (CMS) (refer to the Glossary). Note 2: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Social service staff responsibilities include, but are not limited to, 	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		participating in discharge planning, arranging for follow-up	
		care, and developing mechanisms for exchange of	
		information with sources outside the hospital.	
		Note 3: For hospitals that use Joint Commission	
		accreditation for deemed status purposes and have swing	
		beds: The hospital notifies the resident and, if known, a	
		family member or legal representative of the resident of the	
		transfer or discharge and reasons for the move in writing. The	
		hospital also provides sufficient preparation and orientation	
		to residents to make sure that transfer or discharge from the	
		hospital is safe and orderly. The hospital sends a copy of the	
		notice to a representative of the office of the state's long-term	
		care ombudsman.	
		Note 4: For hospitals that use Joint Commission	
		accreditation for deemed status purposes: Discharge	
		planning is performed by, or under the supervision of, a	
		registered nurse, social worker, or other qualified person.	
		PC.04.01.05, EP 1	
		When the hospital determines the patient's discharge or	
		transfer needs, it promptly shares this information with the	
		patient, and also with the patient's family when it is involved	
		in decision making or ongoing care.	
§482.62(b)	§482.62(b) Standard: Director	MS.06.01.03, EP 7	MS.17.01.03, EP 6
	of inpatient psychiatric	For psychiatric hospitals that use Joint Commission	For psychiatric hospitals that use Joint Commission
	services; medical staff.	accreditation for deemed status purposes: Inpatient	accreditation for deemed status purposes: Inpatient
	Inpatient psychiatric services	psychiatric services are under the direction of a clinical	psychiatric services are under the direction and supervision
	must be under the supervision	director, service chief, or equivalent who meets the training	of a clinical director, service chief, or equivalent who is
	of a clinical director, service	and experience requirements for examination by the	qualified to provide the leadership required for an intensive
	chief, or equivalent who is	American Board of Psychiatry and Neurology or the American	treatment program and who meets the training and
	qualified to provide the	Osteopathic Board of Neurology and Psychiatry.	experience requirements for examination by the American
	leadership required for an		Board of Psychiatry and Neurology or the American
	intensive treatment program.		Osteopathic Board of Neurology and Psychiatry. The number

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	The number and qualifications		and qualifications of doctors of medicine and osteopathy
	of doctors of medicine and		are adequate to provide essential psychiatric services.
	osteopathy must be adequate		
	to provide essential psychiatric		
	services.		
§482.62(b)	Element Deleted	LD.03.06.01, EP 2	
		Leaders provide for a sufficient number and mix of individuals	
		to support safe, quality care, treatment, and services.	
		Note: The number and mix of individuals is appropriate to the	
		scope and complexity of the services offered.	
		LD.03.06.01, EP 3	
		Those who work in the hospital are competent to complete	
		their assigned responsibilities.	
		MS.03.01.03, EP 1	
		Physicians and clinical psychologists with appropriate	
		privileges manage and coordinate the patient's care,	
		treatment, and services.	
		Note: The definition of "physician" is the same as that used	
		by the Centers for Medicare & amp; Medicaid Services (CMS)	
		(refer to the Glossary).	
		MS.03.01.03, EP 3	
		A patient's general medical condition is managed and	
		coordinated by a doctor of medicine or osteopathy. For	
		hospitals that use Joint Commission accreditation for	
		deemed status purposes: A doctor of medicine or osteopathy	
		manages and coordinates the care of any Medicare or	
		Medicaid patient's psychiatric problem that is not specifically	
		within the scope of practice of a doctor of dental surgery,	
		dental medicine, podiatric medicine, or optometry; a	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a	
		clinical psychologist.	
§482.62(b)(1)	(1) The clinical director, service	MS.06.01.03, EP 7	MS.17.01.03, EP 6
	chief, or equivalent must meet	For psychiatric hospitals that use Joint Commission	For psychiatric hospitals that use Joint Commission
	the training and experience	accreditation for deemed status purposes: Inpatient	accreditation for deemed status purposes: Inpatient
	requirements for examination	psychiatric services are under the direction of a clinical	psychiatric services are under the direction and supervision
	by the American Board of	director, service chief, or equivalent who meets the training	of a clinical director, service chief, or equivalent who is
	Psychiatry and Neurology or the	and experience requirements for examination by the	qualified to provide the leadership required for an intensive
	American Osteopathic Board of	American Board of Psychiatry and Neurology or the American	treatment program and who meets the training and
	Neurology and Psychiatry.	Osteopathic Board of Neurology and Psychiatry.	experience requirements for examination by the American
			Board of Psychiatry and Neurology or the American
			Osteopathic Board of Neurology and Psychiatry. The number
			and qualifications of doctors of medicine and osteopathy are adequate to provide essential psychiatric services.
§482.62(b)(2)	(2) The director must monitor	LD.04.01.05, EP 3	MS.16.01.01, EP 8
3402.02(0)(2)	and evaluate the quality and	The hospital defines, in writing, the responsibility of those	For psychiatric hospitals that use Joint Commission
	appropriateness of services	with administrative and clinical direction of its programs,	accreditation for deemed status purposes : The clinical
	and treatment provided by the	services, sites, or departments.	director, service chief, or equivalent for inpatient psychiatric
	medical staff.	Note: For hospitals that use Joint Commission accreditation	services monitors and evaluates the medical staff's
		for deemed status purposes: This includes the full-time	treatment and services for quality and appropriateness.
		employee who directs and manages dietary services.	
		MS.01.01.01, EP 36	
		The medical staff bylaws include the following requirements:	
		If departments of the medical staff exist, the qualifications	
		and roles and responsibilities of the department chair, which	
		are defined by the organized medical staff, include the	
		following:	
		Qualifications:	
		- Certification by an appropriate specialty board or	
		comparable competence affirmatively established through the credentialing process	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		Roles and responsibilities:	
		- Clinically related activities of the department	
		- Administratively related activities of the department, unless	
		otherwise provided by the hospital	
		- Continuing surveillance of the professional performance of	
		all individuals in the department who have delineated clinical	
		privileges	
		- Recommending to the medical staff the criteria for clinical	
		privileges that are relevant to the care provided in the	
		department	
		- Recommending clinical privileges for each member of the	
		department	
		- Assessing and recommending to the relevant hospital	
		authority off-site sources for needed patient care, treatment,	
		and services not provided by the department or the	
		organization	
		- Integration of the department or service into the primary	
		functions of the organization	
		- Coordination and integration of interdepartmental and	
		intradepartmental services	
		- Development and implementation of policies and	
		procedures that guide and support the provision of care,	
		treatment, and services	
		- Recommendations for a sufficient number of qualified and	
		competent persons to provide care, treatment, and services	
		- Determination of the qualifications and competence of	
		department or service staff who provide patient care,	
		treatment, and services but are not licensed to practice	
		independently	
		- Continuous assessment and improvement of the quality of	
		care, treatment, and services	
		- Maintenance of quality control programs, as appropriate	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		- Orientation and continuing education of all persons in the	
		department or service	
		- Recommending space and other resources needed by the	
		department or service	
		Note: For hospitals that use Joint Commission accreditation	
		for deemed status purposes: When departments of the	
		medical staff do not exist, the medical staff is responsible for	
		the development of policies and procedures that minimize	
		medication errors. The medical staff may delegate this	
		responsibility to the organized pharmaceutical service.	
		MS.05.01.01, EP 2	
		The medical staff is actively involved in the measurement,	
		assessment, and improvement of the following: Medical	
		assessment and treatment of patients.	
		MS.05.01.01, EP 7	
		The medical staff is actively involved in the measurement,	
		assessment, and improvement of the following:	
		Appropriateness of clinical practice patterns.	
		MS.05.01.01, EP 8	
		The medical staff is actively involved in the measurement,	
		assessment, and improvement of the following: Significant	
		departures from established patterns of clinical practice.	
§482.62(c)	§482.62(c) Standard Availability	LD.03.06.01, EP 2	NPG.12.03.01, EP 5
	of Medical Personnel Doctors	Leaders provide for a sufficient number and mix of individuals	For psychiatric hospitals that use Joint Commission
	of medicine or osteopathy and	to support safe, quality care, treatment, and services.	accreditation for deemed status purposes: Doctors of
	other appropriate professional	Note: The number and mix of individuals is appropriate to the	medicine or osteopathy and other appropriate professional
	personnel must be available to	scope and complexity of the services offered.	staff are available to provide necessary medical and surgical
	provide necessary medical and		diagnostic and treatment services. If medical and surgical
	surgical diagnostic and	LD.04.03.01, EP 1	diagnostic and treatment services are not available within
	treatment services. If medical	The needs of the population(s) served guide decisions about	the hospital, the hospital has an agreement with an outside

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	and surgical diagnostic and	which services will be provided directly or through referral,	source for these services to ensure that they are
	treatment services are not	consultation, contractual arrangements, or other	immediately available, or the hospital establishes an
	available within the institution,	agreements.	agreement for transferring patients to a general hospital that
	the institution must have an	Note: For psychiatric hospitals that use Joint Commission	participates in the Medicare program.
	agreement with an outside	accreditation for deemed status purposes: If medical and	
	source of these services to	surgical diagnostic and treatment services are not available	
	ensure that they are	within the hospital, the hospital has an agreement with an	
	immediately available or a	outside source for these services to make sure that the	
	satisfactory agreement must be	services are immediately available or an agreement needs to	
	established for transferring	be established for transferring patients to a general hospital	
	patients to a general hospital	that participates in the Medicare program.	
	that participates in the		
	Medicare program.	LD.04.03.09, EP 2	
		The hospital describes, in writing, the nature and scope of	
		services provided through contractual agreements.	
		MS.03.01.03, EP 3	
		A patient's general medical condition is managed and	
		coordinated by a doctor of medicine or osteopathy. For	
		hospitals that use Joint Commission accreditation for	
		deemed status purposes: A doctor of medicine or osteopathy	
		manages and coordinates the care of any Medicare or	
		Medicaid patient's psychiatric problem that is not specifically	
		within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a	
		chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a	
		clinical psychologist.	
		MS.03.01.03, EP 4	
		The organized medical staff, through its designated	
		mechanism, determines the circumstances under which	
		consultation or management by a doctor of medicine or	
		osteopathy, or other licensed practitioner, is required.	
	<u> </u>	ישנטיףמנווץ, טו טנוופו ווטפוושפט ףומטנונוטוופו, וש ופעווופט.	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		 MS.03.01.03, EP 12 For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy is on duty or on call at all times. PC.04.01.01, EP 1 The hospital describes the following: The reason(s) for and conditions under which the patient is 	
		discharged or transferred - The method for shifting responsibility for a patient's care from one provider bespital, program, or service to another	
§482.62(d)	§482.62(d) Standard: Nursing services. The hospital must have a qualified director of psychiatric nursing services. In addition to the director of nursing, there must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide nursing care necessary under each patient's active treatment program and to maintain	from one provider, hospital, program, or service to another HR.01.01.01, EP 30 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The director of psychiatric nursing is a registered nurse who has a master's degree in psychiatric or mental health nursing, or its equivalent, from a school of nursing accredited by the National League for Nursing, or is qualified by education and experience in the care of the mentally ill. The director of psychiatric nursing demonstrates competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.	HR.11.02.01, EP 2 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a director of psychiatric nursing that is a registered nurse who has a master's degree in psychiatric or mental health nursing, or its equivalent, from a school of nursing accredited by the National League for Nursing or is qualified by education and experience in the care of the mentally ill. The director of psychiatric nursing demonstrates competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care provided.
	progress notes on each patient.	 LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to complete 	NPG.12.03.01, EP 4 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: There is an adequate number of qualified professional, technical, and consultative staff (including but not limited to doctors of medicine and/or osteopathy, registered nurses, licensed practical nurses, and mental health workers) to do the

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		their assigned responsibilities.	following:
			- Evaluate patients
		LD.04.03.01, EP 14	- Formulate written individualized, comprehensive
		For psychiatric hospitals that use Joint Commission	treatment plans
		accreditation for deemed status purposes: The psychiatric	- Provide active treatment measures
		hospital provides psychological services, social work	- Engage in discharge planning
		services, psychiatric nursing, and therapeutic activities.	- Provide the nursing care necessary under each patient's
		Note: The therapeutic activities program is appropriate to the	active treatment program
		needs and interests of patients and is directed toward	- Maintain progress notes on each patient
		restoring and maintaining optimal levels of physical and	- Provide essential psychiatric services
		psychosocial functioning.	
§482.62(d)(1)	(1) The director must	HR.01.01.01, EP 30	HR.11.02.01, EP 2
	demonstrate competence to	For psychiatric hospitals that use Joint Commission	For psychiatric hospitals that use Joint Commission
	participate in interdisciplinary	accreditation for deemed status purposes: The director of	accreditation for deemed status purposes: The hospital has
	formulation of individual	psychiatric nursing is a registered nurse who has a master's	a director of psychiatric nursing that is a registered nurse
	treatment plans; to give skilled	degree in psychiatric or mental health nursing, or its	who has a master's degree in psychiatric or mental health
	nursing care and therapy; and	equivalent, from a school of nursing accredited by the	nursing, or its equivalent, from a school of nursing
	to direct, monitor, and evaluate	National League for Nursing, or is qualified by education and	accredited by the National League for Nursing or is qualified
	the nursing care furnished.	experience in the care of the mentally ill. The director of	by education and experience in the care of the mentally ill.
		psychiatric nursing demonstrates competence to participate	The director of psychiatric nursing demonstrates
		in interdisciplinary formulation of individual treatment plans;	competence to participate in interdisciplinary formulation
		to give skilled nursing care and therapy; and to direct,	of individual treatment plans; to give skilled nursing care
		monitor, and evaluate the nursing care furnished.	and therapy; and to direct, monitor, and evaluate the nursing
			care provided.
§482.62(d)(1)	(1) The director of psychiatric	HR.01.01.01, EP 30	HR.11.02.01, EP 2
	nursing services must be a	For psychiatric hospitals that use Joint Commission	For psychiatric hospitals that use Joint Commission
	registered nurse who has a	accreditation for deemed status purposes: The director of	accreditation for deemed status purposes: The hospital has
	master's degree in psychiatric	psychiatric nursing is a registered nurse who has a master's	a director of psychiatric nursing that is a registered nurse
	or mental health nursing, or its	degree in psychiatric or mental health nursing, or its	who has a master's degree in psychiatric or mental health
	equivalent from a school of	equivalent, from a school of nursing accredited by the	nursing, or its equivalent, from a school of nursing
	nursing accredited by the	National League for Nursing, or is qualified by education and	accredited by the National League for Nursing or is qualified
	National League for Nursing, or	experience in the care of the mentally ill. The director of	by education and experience in the care of the mentally ill.
	be qualified by education and	psychiatric nursing demonstrates competence to participate	The director of psychiatric nursing demonstrates

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	experience in the care of the mentally ill.	in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct,	competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care
		monitor, and evaluate the nursing care furnished.	and therapy; and to direct, monitor, and evaluate the nursing care provided.
§482.62(d)(2)	(2) The staffing pattern must insure the availability of a registered professional nurse 24 hours each day.	 LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. NR.02.03.01, EP 4 The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week. NR.02.03.01, EP 7 A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse is immediately available for the provision of care of any patient. 	NPG.12.03.01, EP 2 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes certain a registered professional nurse is available 24 hours a day.
§482.62(d)(2)	(2) There must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide the nursing care necessary under each patient's active treatment program.	 LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. LD.03.06.01, EP 3 Those who work in the hospital are competent to complete their assigned responsibilities. 	 NPG.12.03.01, EP 4 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: There is an adequate number of qualified professional, technical, and consultative staff (including but not limited to doctors of medicine and/or osteopathy, registered nurses, licensed practical nurses, and mental health workers) to do the following: Evaluate patients Formulate written individualized, comprehensive treatment plans Provide active treatment measures Engage in discharge planning

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
			- Provide the nursing care necessary under each patient's
			active treatment program
			- Maintain progress notes on each patient
			- Provide essential psychiatric services
§482.62(e)	§482.62(e) Standard: Psychological services. The hospital must provide or have available psychological services to meet the needs of the patients.	LD.04.03.01, EP 14 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital provides psychological services, social work services, psychiatric nursing, and therapeutic activities. Note: The therapeutic activities program is appropriate to the needs and interests of patients and is directed toward restoring and maintaining optimal levels of physical and psychosocial functioning.	LD.13.03.01, EP 18 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides psychological services, social work services, psychiatric nursing, and therapeutic activities to meet the needs of its patients. Note: The therapeutic activities program is appropriate to the needs and interests of patients and is directed toward restoring and maintaining optimal levels of physical and psychosocial functioning.
§482.62(f)	§482.62(f) Standard: Social services. There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished. The services must be furnished in accordance with accepted standards of practice and established policies and procedures.	 LD.04.01.05, EP 2 Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges. LD.04.01.05, EP 3 The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services. LD.04.01.05, EP 10 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a director of social work services who monitors and evaluates the social work services furnished. Note: Social work services are furnished in accordance with 	NPG.12.03.01, EP 6 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a director of social services who monitors and evaluates the quality and appropriateness of social services. Note: Social services are provided in accordance with accepted standards of practice and established policies and procedures.

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		accepted standards of practice and established policies and procedures. LD.04.01.07, EP 1 Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, and services.	
		LD.04.03.01, EP 14 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital provides psychological services, social work services, psychiatric nursing, and therapeutic activities. Note: The therapeutic activities program is appropriate to the needs and interests of patients and is directed toward restoring and maintaining optimal levels of physical and psychosocial functioning.	
§482.62(f)(1)	(1) The director of the social work department or service must have a master's degree from an accredited school of social work or must be qualified by education and experience in the social services needs of the mentally ill. If the director does not hold a masters degree in social work, at least one staff member must have this qualification.	HR.01.01.01, EP 31 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The director of the social work department or service has a master's degree from an accredited school of social work or is qualified by education and experience in the social services needs of the mentally ill. Note: If the director does not hold a master's degree in social work, at least one staff member has this qualification.	HR.11.02.01, EP 5 For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The director of social services has a master's degree from an accredited school of social work or is qualified by education and experience in the social services needs of the mentally ill. Note: If the director does not hold a master's degree in social work, at least one staff member has this qualification.
§482.62(f)(2)	(2) Social service staff responsibilities must include, but are not limited to, participating in discharge	PC.04.01.03, EP 3 The patient, the patient's family, physicians, other licensed practitioners, clinical psychologists, and staff involved in the patient's care, treatment, and services participate in planning	PC.14.01.01, EP 4 The patient, the patient's caregiver(s) or support person(s), physicians, other licensed practitioners, clinical psychologists, and staff who are involved in the patient's

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	planning, arranging for follow-	the patient's discharge or transfer.	care, treatment, and services participate in planning the
	up care, and developing	Note 1: The definition of "physician" is the same as that used	patient's discharge or transfer. The patient and their
	mechanisms for exchange of	by the Centers for Medicare & amp; Medicaid Services (CMS)	caregiver(s) or support person(s) are included as active
	appropriate, information with	(refer to the Glossary).	partners when planning for postdischarge care.
	sources outside the hospital.	Note 2: For psychiatric hospitals that use Joint Commission	Note 1: The definition of "physician" is the same as that
1		accreditation for deemed status purposes: Social service	used by the Centers for Medicare & amp; Medicaid Services
1		staff responsibilities include, but are not limited to,	(refer to the Glossary).
		participating in discharge planning, arranging for follow-up	Note 2: For hospitals that use Joint Commission
1		care, and developing mechanisms for exchange of	accreditation for deemed status purposes and have swing
		information with sources outside the hospital.	beds: The hospital notifies the resident and, if known, a
1		Note 3: For hospitals that use Joint Commission	family member or legal representative of the resident of the
		accreditation for deemed status purposes and have swing	transfer or discharge and reasons for the move. The notice is
1		beds: The hospital notifies the resident and, if known, a	in writing, in a language and manner they understand, and
1		family member or legal representative of the resident of the	includes the items described in 42 CFR 483.15(c)(5). The
1		transfer or discharge and reasons for the move in writing. The	hospital also provides sufficient preparation and orientation
1		hospital also provides sufficient preparation and orientation	to residents to make sure that transfer or discharge from the
1		to residents to make sure that transfer or discharge from the	hospital is safe and orderly. The hospital sends a copy of the
		hospital is safe and orderly. The hospital sends a copy of the	notice to a representative of the office of the state's long-
		notice to a representative of the office of the state's long-term	term care ombudsman.
		care ombudsman.	
		Note 4: For hospitals that use Joint Commission	
		accreditation for deemed status purposes: Discharge	
		planning is performed by, or under the supervision of, a	
		registered nurse, social worker, or other qualified person.	
§482.62(g)	§482.62(g) Standard:	LD.04.03.01, EP 14	LD.13.03.01, EP 18
	Therapeutic activities. The	For psychiatric hospitals that use Joint Commission	For psychiatric hospitals that use Joint Commission
	hospital must provide a	accreditation for deemed status purposes: The psychiatric	accreditation for deemed status purposes: The hospital
	therapeutic activities program.	hospital provides psychological services, social work	provides psychological services, social work services,
		services, psychiatric nursing, and therapeutic activities.	psychiatric nursing, and therapeutic activities to meet the
		Note: The therapeutic activities program is appropriate to the	needs of its patients.
		needs and interests of patients and is directed toward	Note: The therapeutic activities program is appropriate to
1		restoring and maintaining optimal levels of physical and	the needs and interests of patients and is directed toward
1		psychosocial functioning.	

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
			restoring and maintaining optimal levels of physical and
			psychosocial functioning.
§482.62(g)(1)	(1) The program must be	LD.03.03.01, EP 1	LD.13.03.01, EP 18
	appropriate to the needs and	Planning activities focus on the following:	For psychiatric hospitals that use Joint Commission
	interests of patients and be	- Improving patient safety and health care quality	accreditation for deemed status purposes: The hospital
	directed toward restoring and	- Adapting to changes in the environment	provides psychological services, social work services,
	maintaining optimal levels of		psychiatric nursing, and therapeutic activities to meet the
	physical and psychosocial	LD.03.03.01, EP 2	needs of its patients.
	functioning.	Planning is hospitalwide, systematic, and involves designated	Note: The therapeutic activities program is appropriate to
		individuals and information sources.	the needs and interests of patients and is directed toward
			restoring and maintaining optimal levels of physical and
		LD.04.01.05, EP 10	psychosocial functioning.
		For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The hospital has a	
		director of social work services who monitors and evaluates	
		the social work services furnished.	
		Note: Social work services are furnished in accordance with	
		accepted standards of practice and established policies and	
		procedures.	
		LD.04.03.01, EP 14	
		For psychiatric hospitals that use Joint Commission	
		accreditation for deemed status purposes: The psychiatric	
		hospital provides psychological services, social work	
		services, psychiatric nursing, and therapeutic activities.	
		Note: The therapeutic activities program is appropriate to the	
		needs and interests of patients and is directed toward	
		restoring and maintaining optimal levels of physical and	
		psychosocial functioning.	
§482.62(g)(2)	(2) The number of qualified	LD.03.06.01, EP 2	NPG.12.03.01, EP 3
	therapists, support personnel,	Leaders provide for a sufficient number and mix of individuals	For psychiatric hospitals that use Joint Commission
	and consultants must be	to support safe, quality care, treatment, and services.	accreditation for deemed status purposes: The number of
	adequate to provide	Note: The number and mix of individuals is appropriate to the	qualified therapists, support personnel, and consultants is

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	comprehensive therapeutic	scope and complexity of the services offered.	adequate to provide therapeutic activities consistent with
	activities consistent with each		each patient's active treatment program.
	patient's active treatment	LD.03.06.01, EP 3	
	program.	Those who work in the hospital are competent to complete	
		their assigned responsibilities.	