

## 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;	<b>LD.04.01.01, EP 16</b> 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.	<b>NPG.12.03.01, EP 1</b> 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;	<b>LD.04.01.01, EP 16</b> 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	<b>NPG.12.03.01, EP 1</b> 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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		<p>patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61.</p> <ul style="list-style-type: none"> <li>- The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62.</li> </ul>	<ul style="list-style-type: none"> <li>- Meets the staffing requirements specified in 42 CFR 482.62.</li> </ul>
§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	<p><b>LD.04.01.01, EP 16</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- The psychiatric hospital maintains clinical records on all patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61.</li> <li>- The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62.</li> </ul>	<p><b>RC.11.01.01, EP 5</b></p> <p>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.</p>
§482.60(d)	§482.60(d) Meet the staffing requirements specified in §482.62.	<p><b>LD.04.01.01, EP 16</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- The psychiatric hospital maintains clinical records on all patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61.</li> </ul>	<p><b>NPG.12.03.01, EP 1</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital does the following:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- Meets the Medicare Conditions of Participation specified in 42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57.</li> <li>- Meets the staffing requirements specified in 42 CFR 482.62.</li> </ul>

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		- The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62.	
§482.61	§482.61 Condition of Participation: Special medical record requirements for psychiatric hospitals. The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.	<b>LD.04.01.01, EP 16</b> 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.	<b>RC.11.01.01, EP 5</b> 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.
§482.61(a)	§482.61(a) Standard: Development of assessment/diagnostic data. Medical records must stress the psychiatric components of the record, including history of findings and treatment provided for the psychiatric condition for which the patient is hospitalized.	<b>PC.01.02.13, EP 1</b> Patients 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.  <b>PC.01.02.13, EP 2</b> 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	<b>RC.11.01.01, EP 6</b> For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The medical record contains the following information: - History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized - Identification data, including the patient's legal status - Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of intercurrent diseases as well as the psychiatric diagnoses - Reasons for admission, as stated by the patient and/or others significantly involved - Social service records, including reports of interviews with patients, family members, and others; an assessment of home plans, family attitudes, and community resource contacts; and a social history

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		<p>involved in the patient’s care</p> <ul style="list-style-type: none"><li>- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient’s illness and circumstances leading to admission</li><li>- 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</li></ul> <p><b>RC.02.01.01, EP 2</b></p> <p>The medical record contains the following clinical information:</p> <ul style="list-style-type: none"><li>- The reason(s) for admission for care, treatment, and services</li><li>- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)</li><li>- Any findings of assessments and reassessments</li><li>- Any allergies to food</li><li>- Any allergies to medications</li><li>- Any conclusions or impressions drawn from the patient’s medical history and physical examination</li><li>- 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.</li><li>- Any consultation reports</li></ul>	<ul style="list-style-type: none"><li>- When indicated, record of a complete neurological examination, recorded at the time of the admission physical examination</li><li>- Documentation of treatment received, including all active therapeutic efforts</li><li>- 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</li></ul>

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		<ul style="list-style-type: none"><li>- Any observations relevant to care, treatment, and services</li><li>- The patient’s response to care, treatment, and services</li><li>- Any emergency care, treatment, and services provided to the patient before their arrival</li><li>- Any progress notes</li><li>- All orders</li><li>- Any medications ordered or prescribed</li><li>- Any medications administered, including the strength, dose, route, date and time of administration</li></ul> <p>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.</p> <p>Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"><li>- Any access site for medication, administration devices used, and rate of administration</li><li>- Any adverse drug reactions</li><li>- Treatment goals, plan of care, and revisions to the plan of care</li><li>- Results of diagnostic and therapeutic tests and procedures</li><li>- Any medications dispensed or prescribed on discharge</li><li>- Discharge diagnosis</li><li>- Discharge plan and discharge planning evaluation</li></ul>	
§482.61(a)(1)	(1) The identification data must include the patient's legal status.	<p><b>RC.02.01.01, EP 1</b></p> <p>The medical record contains the following demographic information:</p> <ul style="list-style-type: none"><li>- The patient's name, address, and date of birth and the name of any legally authorized representative</li><li>- The patient’s sex</li><li>- The legal status of any patient receiving behavioral health care services</li><li>- The patient's communication needs, including preferred</li></ul>	<p><b>RC.11.01.01, EP 6</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The medical record contains the following information:</p> <ul style="list-style-type: none"><li>- History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized</li><li>- Identification data, including the patient’s legal status</li><li>- Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of</li></ul>

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		language for discussing health care Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.	intercurrent diseases as well as the psychiatric diagnoses - Reasons for admission, as stated by the patient and/or others significantly involved - Social service records, including reports of interviews with patients, family members, and others; an assessment of 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 diagnosis must be made on every patient at the time of admission, and must include the diagnoses of intercurrent diseases as well as the psychiatric diagnoses.	<b>RC.01.01.01, EP 5</b> 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.  <b>RC.02.01.01, EP 2</b> The medical record contains the following clinical	<b>RC.11.01.01, EP 6</b> For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The medical record contains the following information: - History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized - Identification data, including the patient’s legal status - Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of intercurrent diseases as well as the psychiatric diagnoses - Reasons for admission, as stated by the patient and/or others significantly involved - Social service records, including reports of interviews with patients, family members, and others; an assessment of home plans, family attitudes, and community resource contacts; and a social history - When indicated, record of a complete neurological

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		<p>information:</p> <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, and services</li> <li>- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the patient’s medical history and physical examination</li> <li>- 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.</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, and services</li> <li>- The patient’s response to care, treatment, and services</li> <li>- Any emergency care, treatment, and services provided to the patient before their arrival</li> <li>- Any progress notes</li> <li>- All orders</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, route, date and time of administration</li> </ul> <p>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.</p>	<p>examination, recorded at the time of the admission physical examination</p> <ul style="list-style-type: none"> <li>- Documentation of treatment received, including all active therapeutic efforts</li> <li>- 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</li> </ul>

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		<p>Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"><li>- Any access site for medication, administration devices used, and rate of administration</li><li>- Any adverse drug reactions</li><li>- Treatment goals, plan of care, and revisions to the plan of care</li><li>- Results of diagnostic and therapeutic tests and procedures</li><li>- Any medications dispensed or prescribed on discharge</li><li>- Discharge diagnosis</li><li>- Discharge plan and discharge planning evaluation</li></ul>	
§482.61(a)(3)	(3) The reasons for admission must be clearly documented as stated by the patient and/or others significantly involved.	<p><b>PC.01.02.13, EP 2</b></p> <p>Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:</p> <ul style="list-style-type: none"><li>- Current mental, emotional, and behavioral functioning</li><li>- Maladaptive or other behaviors that create a risk to the patient or others</li><li>- Mental status examination</li><li>- 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</li><li>- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient’s illness and circumstances leading to admission</li><li>- 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</li></ul> <p><b>RC.02.01.01, EP 2</b></p>	<p><b>RC.11.01.01, EP 6</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The medical record contains the following information:</p> <ul style="list-style-type: none"><li>- History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized</li><li>- Identification data, including the patient’s legal status</li><li>- Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of intercurrent diseases as well as the psychiatric diagnoses</li><li>- Reasons for admission, as stated by the patient and/or others significantly involved</li><li>- Social service records, including reports of interviews with patients, family members, and others; an assessment of home plans, family attitudes, and community resource contacts; and a social history</li><li>- When indicated, record of a complete neurological examination, recorded at the time of the admission physical examination</li><li>- Documentation of treatment received, including all active therapeutic efforts</li><li>- Discharge summary of the patient’s hospitalization that</li></ul>



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		<p>The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, and services</li> <li>- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the patient’s medical history and physical examination</li> <li>- 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.</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, and services</li> <li>- The patient’s response to care, treatment, and services</li> <li>- Any emergency care, treatment, and services provided to the patient before their arrival</li> <li>- Any progress notes</li> <li>- All orders</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, route, date and time of administration</li> </ul> <p>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</p>	<p>includes recommendations from appropriate services concerning follow-up or aftercare, as well as a brief summary of the patient's condition on discharge</p>

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		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, including reports of interviews with patients, family members, and others, must provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history.	<b>PC.01.02.13, EP 3</b> 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 - Financial status - Vocational or educational background - Legal history - Communication skills  <b>PC.01.02.13, EP 4</b> Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:	<b>RC.11.01.01, EP 6</b> For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The medical record contains the following information: - History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized - Identification data, including the patient’s legal status - Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of intercurrent diseases as well as the psychiatric diagnoses - Reasons for admission, as stated by the patient and/or others significantly involved - Social service records, including reports of interviews with patients, family members, and others; an assessment of 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

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		<ul style="list-style-type: none"><li>- Any history of physical or sexual abuse as either the abuser or abused</li><li>- The patient’s sexual history</li><li>- Childhood history</li><li>- Emotional and health care issues</li><li>- Visual-motor functioning</li><li>- Self care</li></ul> <p><b>PC.01.02.13, EP 5</b> Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:</p> <ul style="list-style-type: none"><li>- The patient's family circumstances, including the composition of the family group</li><li>- The community resources currently used by the patient</li><li>- The need for the family members' participation in the patient’s care</li><li>- 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</li></ul> <p><b>RC.02.01.01, EP 2</b> The medical record contains the following clinical information:</p> <ul style="list-style-type: none"><li>- The reason(s) for admission for care, treatment, and services</li><li>- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)</li><li>- Any findings of assessments and reassessments</li><li>- Any allergies to food</li><li>- Any allergies to medications</li><li>- Any conclusions or impressions drawn from the patient’s</li></ul>	<ul style="list-style-type: none"><li>- 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</li></ul>

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		<p>medical history and physical examination</p> <ul style="list-style-type: none"><li>- 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.</li><li>- Any consultation reports</li><li>- Any observations relevant to care, treatment, and services</li><li>- The patient’s response to care, treatment, and services</li><li>- Any emergency care, treatment, and services provided to the patient before their arrival</li><li>- Any progress notes</li><li>- All orders</li><li>- Any medications ordered or prescribed</li><li>- Any medications administered, including the strength, dose, route, date and time of administration</li></ul> <p>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.</p> <p>Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"><li>- Any access site for medication, administration devices used, and rate of administration</li><li>- Any adverse drug reactions</li><li>- Treatment goals, plan of care, and revisions to the plan of care</li><li>- Results of diagnostic and therapeutic tests and procedures</li><li>- Any medications dispensed or prescribed on discharge</li></ul>	

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		<ul style="list-style-type: none"> <li>- Discharge diagnosis</li> <li>- Discharge plan and discharge planning evaluation</li> </ul>	
§482.61(a)(5)	(5) When indicated, a complete neurological examination must be recorded at the time of the admission physical examination.	<p><b>PC.01.02.03, EP 4</b></p> <p>The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.</p> <p>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.</p> <p>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.</p> <p><b>PC.01.02.03, EP 5</b></p> <p>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.</p> <p>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.</p> <p>Note 2: For law and regulation guidance pertaining to the medical history and physical examination, refer to 42 CFR</p>	<p><b>PC.11.02.03, EP 1</b></p> <p>The assessment for patients who receive treatment for emotional and behavioral disorders includes the following, based on their age and needs:</p> <ul style="list-style-type: none"> <li>- Psychiatric evaluation</li> <li>- Psychological assessments, including intellectual, projective, neuropsychological, and personality testing</li> <li>- 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.11.02.01, EP 2)</li> </ul> <p><b>RC.11.01.01, EP 6</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The medical record contains the following information:</p> <ul style="list-style-type: none"> <li>- History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized</li> <li>- Identification data, including the patient's legal status</li> <li>- Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of intercurrent diseases as well as the psychiatric diagnoses</li> <li>- Reasons for admission, as stated by the patient and/or others significantly involved</li> <li>- Social service records, including reports of interviews with patients, family members, and others; an assessment of home plans, family attitudes, and community resource contacts; and a social history</li> <li>- When indicated, record of a complete neurological examination, recorded at the time of the admission physical</li> </ul>

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		<p>482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to “Appendix A: Medicare Requirements for Hospitals” (AXA) for full text.</p> <p><b>PC.01.02.13, EP 6</b> Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:</p> <ul style="list-style-type: none"><li>- A psychiatric evaluation</li><li>- Psychological assessments, including intellectual, projective, neuropsychological, and personality testing</li><li>- 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)</li></ul> <p><b>RC.02.01.01, EP 2</b> The medical record contains the following clinical information:</p> <ul style="list-style-type: none"><li>- The reason(s) for admission for care, treatment, and services</li><li>- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)</li><li>- Any findings of assessments and reassessments</li><li>- Any allergies to food</li><li>- Any allergies to medications</li><li>- Any conclusions or impressions drawn from the patient’s medical history and physical examination</li><li>- 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</li></ul>	<p>examination</p> <ul style="list-style-type: none"><li>- Documentation of treatment received, including all active therapeutic efforts</li><li>- 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</li></ul>

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		<p>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.</p> <ul style="list-style-type: none"><li>- Any consultation reports</li><li>- Any observations relevant to care, treatment, and services</li><li>- The patient’s response to care, treatment, and services</li><li>- Any emergency care, treatment, and services provided to the patient before their arrival</li><li>- Any progress notes</li><li>- All orders</li><li>- Any medications ordered or prescribed</li><li>- Any medications administered, including the strength, dose, route, date and time of administration</li></ul> <p>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.</p> <p>Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"><li>- Any access site for medication, administration devices used, and rate of administration</li><li>- Any adverse drug reactions</li><li>- Treatment goals, plan of care, and revisions to the plan of care</li><li>- Results of diagnostic and therapeutic tests and procedures</li><li>- Any medications dispensed or prescribed on discharge</li><li>- Discharge diagnosis</li><li>- Discharge plan and discharge planning evaluation</li></ul>	
§482.61(b)	§482.61(b) Standard: Psychiatric evaluation. Each patient must receive a		<p><b>PC.11.02.03, EP 2</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Each patient receives a psychiatric evaluation completed within 60 hours</p>

## Psychiatric Hospital Crosswalk – Current State Compared to Future State

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	psychiatric evaluation that must—		of admission. The psychiatric evaluation includes the following: <ul style="list-style-type: none"> <li>- Medical history</li> <li>- Record of mental status</li> <li>- Description of the onset of illness and the circumstances leading to admission</li> <li>- Description of attitudes and behavior</li> <li>- Estimation of intellectual functioning, memory functioning, and orientation</li> <li>- Inventory of the patient's assets in descriptive, not interpretative, fashion</li> </ul>
§482.61(b)(1)	(1) Be completed within 60 hours of admission;	<b>PC.01.02.13, EP 7</b> For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Each patient receives a psychiatric evaluation completed within 60 hours of admission.	<b>PC.11.02.03, EP 2</b> 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: <ul style="list-style-type: none"> <li>- Medical history</li> <li>- Record of mental status</li> <li>- Description of the onset of illness and the circumstances leading to admission</li> <li>- Description of attitudes and behavior</li> <li>- Estimation of intellectual functioning, memory functioning, and orientation</li> <li>- Inventory of the patient's assets in descriptive, not interpretative, fashion</li> </ul>
§482.61(b)(2)	(2) Include a medical history;	<b>PC.01.02.03, EP 4</b> The patient receives a medical history and physical examination no more than 30 days prior to, or 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	<b>PC.11.02.03, EP 2</b> 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: <ul style="list-style-type: none"> <li>- Medical history</li> </ul>



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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>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.</p> <p>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.</p> <p><b>PC.01.02.03, EP 5</b></p> <p>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.</p> <p>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.</p> <p>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.</p>	<ul style="list-style-type: none"><li>- Record of mental status</li><li>- Description of the onset of illness and the circumstances leading to admission</li><li>- Description of attitudes and behavior</li><li>- Estimation of intellectual functioning, memory functioning, and orientation</li><li>- Inventory of the patient's assets in descriptive, not interpretative, fashion</li></ul>
§482.61(b)(3)	(3) Contain a record of mental status;	<p><b>PC.01.02.13, EP 2</b></p> <p>Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:</p> <ul style="list-style-type: none"><li>- Current mental, emotional, and behavioral functioning</li><li>- Maladaptive or other behaviors that create a risk to the patient or others</li><li>- Mental status examination</li></ul>	<p><b>PC.11.02.03, EP 2</b></p> <p>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:</p> <ul style="list-style-type: none"><li>- Medical history</li></ul>

## Psychiatric Hospital Crosswalk – Current State Compared to Future State

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<ul style="list-style-type: none"> <li>- 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</li> <li>- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient's illness and circumstances leading to admission</li> <li>- 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</li> </ul>	<ul style="list-style-type: none"> <li>- Record of mental status</li> <li>- Description of the onset of illness and the circumstances leading to admission</li> <li>- Description of attitudes and behavior</li> <li>- Estimation of intellectual functioning, memory functioning, and orientation</li> <li>- Inventory of the patient's assets in descriptive, not interpretative, fashion</li> </ul>
§482.61(b)(4)	(4) Note the onset of illness and the circumstances leading to admission;	<p><b>PC.01.02.13, EP 1</b> Patients 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.</p> <p><b>PC.01.02.13, EP 2</b> Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:</p> <ul style="list-style-type: none"> <li>- Current mental, emotional, and behavioral functioning</li> <li>- Maladaptive or other behaviors that create a risk to the patient or others</li> <li>- Mental status examination</li> <li>- 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</li> <li>- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient's illness and circumstances leading to admission</li> </ul>	<p><b>PC.11.02.03, EP 2</b> 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:</p> <ul style="list-style-type: none"> <li>- Medical history</li> <li>- Record of mental status</li> <li>- Description of the onset of illness and the circumstances leading to admission</li> <li>- Description of attitudes and behavior</li> <li>- Estimation of intellectual functioning, memory functioning, and orientation</li> <li>- Inventory of the patient's assets in descriptive, not interpretative, fashion</li> </ul>

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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 plan	
§482.61(b)(5)	(5) Describe attitudes and behavior;	<p><b>PC.01.02.13, EP 1</b>                      Patients 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.</p> <p><b>PC.01.02.13, EP 2</b>                      Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:</p> <ul style="list-style-type: none"> <li>- Current mental, emotional, and behavioral functioning</li> <li>- Maladaptive or other behaviors that create a risk to the patient or others</li> <li>- Mental status examination</li> <li>- 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</li> <li>- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient’s illness and circumstances leading to admission</li> <li>- 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</li> </ul>	<p><b>PC.11.02.03, EP 2</b>                      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:</p> <ul style="list-style-type: none"> <li>- Medical history</li> <li>- Record of mental status</li> <li>- Description of the onset of illness and the circumstances leading to admission</li> <li>- Description of attitudes and behavior</li> <li>- Estimation of intellectual functioning, memory functioning, and orientation</li> <li>- Inventory of the patient's assets in descriptive, not interpretative, fashion</li> </ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
§482.61(b)(6)	(6) Estimate intellectual functioning, memory functioning, and orientation; and	<p><b>PC.01.02.13, EP 2</b></p> <p>Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:</p> <ul style="list-style-type: none"><li>- Current mental, emotional, and behavioral functioning</li><li>- Maladaptive or other behaviors that create a risk to the patient or others</li><li>- Mental status examination</li><li>- 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</li><li>- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient’s illness and circumstances leading to admission</li><li>- 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</li></ul> <p><b>PC.01.02.13, EP 6</b></p> <p>Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:</p> <ul style="list-style-type: none"><li>- A psychiatric evaluation</li><li>- Psychological assessments, including intellectual, projective, neuropsychological, and personality testing</li><li>- 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)</li></ul>	<p><b>PC.11.02.03, EP 2</b></p> <p>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:</p> <ul style="list-style-type: none"><li>- Medical history</li><li>- Record of mental status</li><li>- Description of the onset of illness and the circumstances leading to admission</li><li>- Description of attitudes and behavior</li><li>- Estimation of intellectual functioning, memory functioning, and orientation</li><li>- Inventory of the patient's assets in descriptive, not interpretative, fashion</li></ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
§482.61(b)(7)	(7) Include an inventory of the patient's assets in descriptive, not interpretative, fashion.	<p><b>PC.01.02.13, EP 2</b></p> <p>Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:</p> <ul style="list-style-type: none"><li>- Current mental, emotional, and behavioral functioning</li><li>- Maladaptive or other behaviors that create a risk to the patient or others</li><li>- Mental status examination</li><li>- 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</li><li>- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient’s illness and circumstances leading to admission</li><li>- 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</li></ul> <p><b>PC.01.02.13, EP 3</b></p> <p>Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:</p> <ul style="list-style-type: none"><li>- The patient’s religion and spiritual beliefs, values, and preferences</li><li>- Living situation</li><li>- Leisure and recreational activities</li><li>- Military service history</li><li>- Peer group</li><li>- Social factors</li><li>- Ethnic and cultural factors</li></ul>	<p><b>PC.11.02.03, EP 2</b></p> <p>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:</p> <ul style="list-style-type: none"><li>- Medical history</li><li>- Record of mental status</li><li>- Description of the onset of illness and the circumstances leading to admission</li><li>- Description of attitudes and behavior</li><li>- Estimation of intellectual functioning, memory functioning, and orientation</li><li>- Inventory of the patient's assets in descriptive, not interpretative, fashion</li></ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<div>- Financial status</div> <div>- Vocational or educational background</div> <div>- Legal history</div> <div>- Communication skills</div> <div><b>PC.01.02.13, EP 4</b></div> <div>Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:</div> <div>- Any history of physical or sexual abuse as either the abuser or abused</div> <div>- The patient’s sexual history</div> <div>- Childhood history</div> <div>- Emotional and health care issues</div> <div>- Visual-motor functioning</div> <div>- Self care</div> <div><b>PC.01.02.13, EP 5</b></div> <div>Based on the patient’s age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:</div> <div>- The patient's family circumstances, including the composition of the family group</div> <div>- The community resources currently used by the patient</div> <div>- The need for the family members' participation in the patient’s care</div> <div>- 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</div> <div><b>PC.01.02.13, EP 6</b></div> <div>Based on the patient’s age and needs, the assessment for</div>	

## Psychiatric Hospital Crosswalk – Current State Compared to Future State

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>patients who receive treatment for emotional and behavioral disorders includes the following:</p> <ul style="list-style-type: none"> <li>- A psychiatric evaluation</li> <li>- Psychological assessments, including intellectual, projective, neuropsychological, and personality testing</li> <li>- 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)</li> </ul>	
§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—	<p><b>PC.01.03.01, EP 1</b> 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.</p> <p><b>PC.01.03.01, EP 5</b> 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.</p> <p><b>PC.01.03.01, EP 23</b> The hospital revises plans and goals for care, treatment, and services based on the patient's needs.</p>	<p><b>PC.11.03.01, EP 3</b> 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:</p> <ul style="list-style-type: none"> <li>- Substantiated diagnosis</li> <li>- Short-term and long-term goals</li> <li>- Specific treatment modalities utilized</li> <li>- Responsibilities of each member of the treatment team</li> <li>- Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li> </ul>
§482.61(c)(1)(i)	(i) A substantiated diagnosis;	<p><b>PC.01.03.01, EP 6</b> For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following:</p> <ul style="list-style-type: none"> <li>- A substantiated diagnosis (The substantiated diagnosis is</li> </ul>	<p><b>PC.11.03.01, EP 3</b> 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.</p>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>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.)</p> <ul style="list-style-type: none"><li>- Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li><li>- Documentation that demonstrates all active therapeutic efforts are included</li><li>- The specific treatment modalities used to treat the patient</li></ul> <p><b>RC.01.01.01, EP 5</b> The medical record includes the following:</p> <ul style="list-style-type: none"><li>- Information needed to support the patient’s diagnosis and condition</li><li>- Information needed to justify the patient’s care, treatment, and services</li><li>- Information that documents the course and result of the patient's care, treatment, and services</li><li>- Information about the patient’s care, treatment, and services that promotes continuity of care among staff and providers</li></ul> <p>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.</p> <p><b>RC.02.01.01, EP 2</b> The medical record contains the following clinical information:</p> <ul style="list-style-type: none"><li>- The reason(s) for admission for care, treatment, and services</li><li>- The patient’s initial diagnosis, diagnostic impression(s), or</li></ul>	<p>The written plan includes the following:</p> <ul style="list-style-type: none"><li>- Substantiated diagnosis</li><li>- Short-term and long-term goals</li><li>- Specific treatment modalities utilized</li><li>- Responsibilities of each member of the treatment team</li><li>- Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li></ul>



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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>condition(s)</p> <ul style="list-style-type: none"><li>- Any findings of assessments and reassessments</li><li>- Any allergies to food</li><li>- Any allergies to medications</li><li>- Any conclusions or impressions drawn from the patient’s medical history and physical examination</li><li>- 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.</li><li>- Any consultation reports</li><li>- Any observations relevant to care, treatment, and services</li><li>- The patient’s response to care, treatment, and services</li><li>- Any emergency care, treatment, and services provided to the patient before their arrival</li><li>- Any progress notes</li><li>- All orders</li><li>- Any medications ordered or prescribed</li><li>- Any medications administered, including the strength, dose, route, date and time of administration</li></ul> <p>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.</p> <p>Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"><li>- Any access site for medication, administration devices used, and rate of administration</li></ul>	

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<ul style="list-style-type: none"><li>- Any adverse drug reactions</li><li>- Treatment goals, plan of care, and revisions to the plan of care</li><li>- Results of diagnostic and therapeutic tests and procedures</li><li>- Any medications dispensed or prescribed on discharge</li><li>- Discharge diagnosis</li><li>- Discharge plan and discharge planning evaluation</li></ul>	
§482.61(c)(1)(ii)	(ii) Short-term and long-range goals;	<p><b>PC.01.03.01, EP 1</b> 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.</p> <p><b>PC.01.03.01, EP 5</b> 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.</p> <p><b>RC.02.01.01, EP 2</b> The medical record contains the following clinical information:</p> <ul style="list-style-type: none"><li>- The reason(s) for admission for care, treatment, and services</li><li>- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)</li><li>- Any findings of assessments and reassessments</li><li>- Any allergies to food</li><li>- Any allergies to medications</li><li>- Any conclusions or impressions drawn from the patient’s medical history and physical examination</li><li>- Any diagnoses or conditions established during the patient’s</li></ul>	<p><b>PC.11.03.01, EP 3</b> 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:</p> <ul style="list-style-type: none"><li>- Substantiated diagnosis</li><li>- Short-term and long-term goals</li><li>- Specific treatment modalities utilized</li><li>- Responsibilities of each member of the treatment team</li><li>- Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li></ul>

Psychiatric Hospital Crosswalk – Current State Compared to Future State

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>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.</p> <ul style="list-style-type: none"><li>- Any consultation reports</li><li>- Any observations relevant to care, treatment, and services</li><li>- The patient’s response to care, treatment, and services</li><li>- Any emergency care, treatment, and services provided to the patient before their arrival</li><li>- Any progress notes</li><li>- All orders</li><li>- Any medications ordered or prescribed</li><li>- Any medications administered, including the strength, dose, route, date and time of administration</li></ul> <p>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.</p> <p>Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"><li>- Any access site for medication, administration devices used, and rate of administration</li><li>- Any adverse drug reactions</li><li>- Treatment goals, plan of care, and revisions to the plan of care</li><li>- Results of diagnostic and therapeutic tests and procedures</li><li>- Any medications dispensed or prescribed on discharge</li><li>- Discharge diagnosis</li><li>- Discharge plan and discharge planning evaluation</li></ul>	

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
§482.61(c)(1)(iii)	(iii) The specific treatment modalities utilized;	<p><b>PC.01.03.01, EP 6</b>  For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following:</p> <ul style="list-style-type: none"> <li>- 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.)</li> <li>- Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li> <li>- Documentation that demonstrates all active therapeutic efforts are included</li> <li>- The specific treatment modalities used to treat the patient</li> </ul>	<p><b>PC.11.03.01, EP 3</b>  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:</p> <ul style="list-style-type: none"> <li>- Substantiated diagnosis</li> <li>- Short-term and long-term goals</li> <li>- Specific treatment modalities utilized</li> <li>- Responsibilities of each member of the treatment team</li> <li>- Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li> </ul>
§482.61(c)(1)(iv)	(iv) The responsibilities of each member of the treatment team; and	<p><b>PC.01.03.01, EP 43</b>  For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The plan of care includes the responsibilities of each member of the treatment team.</p> <p><b>PC.02.01.01, EP 1</b>  The hospital provides the patient with care, treatment, and services according to the patient's individualized plan of care.</p> <p><b>PC.02.01.05, EP 1</b>  Care, treatment, and services are provided to the patient in an interdisciplinary, collaborative manner.</p> <p><b>RC.01.01.01, EP 5</b>  The medical record includes the following:</p> <ul style="list-style-type: none"> <li>- Information needed to support the patient's diagnosis and</li> </ul>	<p><b>PC.11.03.01, EP 3</b>  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:</p> <ul style="list-style-type: none"> <li>- Substantiated diagnosis</li> <li>- Short-term and long-term goals</li> <li>- Specific treatment modalities utilized</li> <li>- Responsibilities of each member of the treatment team</li> <li>- Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li> </ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>condition</p> <ul style="list-style-type: none"><li>- Information needed to justify the patient’s care, treatment, and services</li><li>- Information that documents the course and result of the patient's care, treatment, and services</li><li>- Information about the patient’s care, treatment, and services that promotes continuity of care among staff and providers</li></ul> <p>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.</p> <p><b>RC.02.01.01, EP 2</b></p> <p>The medical record contains the following clinical information:</p> <ul style="list-style-type: none"><li>- The reason(s) for admission for care, treatment, and services</li><li>- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)</li><li>- Any findings of assessments and reassessments</li><li>- Any allergies to food</li><li>- Any allergies to medications</li><li>- Any conclusions or impressions drawn from the patient’s medical history and physical examination</li><li>- 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.</li></ul>	

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<ul style="list-style-type: none"><li>- Any consultation reports</li><li>- Any observations relevant to care, treatment, and services</li><li>- The patient’s response to care, treatment, and services</li><li>- Any emergency care, treatment, and services provided to the patient before their arrival</li><li>- Any progress notes</li><li>- All orders</li><li>- Any medications ordered or prescribed</li><li>- Any medications administered, including the strength, dose, route, date and time of administration</li></ul> <p>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.</p> <p>Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"><li>- Any access site for medication, administration devices used, and rate of administration</li><li>- Any adverse drug reactions</li><li>- Treatment goals, plan of care, and revisions to the plan of care</li><li>- Results of diagnostic and therapeutic tests and procedures</li><li>- Any medications dispensed or prescribed on discharge</li><li>- Discharge diagnosis</li><li>- Discharge plan and discharge planning evaluation</li></ul> <p><b>RI.01.04.01, EP 1</b></p> <p>The hospital informs the patient of the following:</p> <ul style="list-style-type: none"><li>- The name of the physician, clinical psychologist, or other licensed practitioner who has primary responsibility for the patient's care, treatment, and services</li><li>- The name of the physician(s), clinical psychologist(s), or other licensed practitioner(s) who will provide the patient's</li></ul>	

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		care, treatment, and services Note: The definition of “physician” is the same as that used by the Centers for Medicare & 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.	<p><b>PC.01.03.01, EP 6</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following:</p> <ul style="list-style-type: none"><li>- 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.)</li><li>- Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li><li>- Documentation that demonstrates all active therapeutic efforts are included</li><li>- The specific treatment modalities used to treat the patient</li></ul> <p><b>RC.01.01.01, EP 5</b></p> <p>The medical record includes the following:</p> <ul style="list-style-type: none"><li>- Information needed to support the patient’s diagnosis and condition</li><li>- Information needed to justify the patient’s care, treatment, and services</li><li>- Information that documents the course and result of the patient's care, treatment, and services</li><li>- Information about the patient’s care, treatment, and services that promotes continuity of care among staff and providers</li></ul> <p>Note: For hospitals that elect The Joint Commission Primary</p>	<p><b>PC.11.03.01, EP 3</b></p> <p>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:</p> <ul style="list-style-type: none"><li>- Substantiated diagnosis</li><li>- Short-term and long-term goals</li><li>- Specific treatment modalities utilized</li><li>- Responsibilities of each member of the treatment team</li><li>- Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li></ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>Care Medical Home option: This requirement refers to care provided by both internal and external providers.</p> <p><b>RC.02.01.01, EP 2</b></p> <p>The medical record contains the following clinical information:</p> <ul style="list-style-type: none"><li>- The reason(s) for admission for care, treatment, and services</li><li>- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)</li><li>- Any findings of assessments and reassessments</li><li>- Any allergies to food</li><li>- Any allergies to medications</li><li>- Any conclusions or impressions drawn from the patient’s medical history and physical examination</li><li>- 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.</li><li>- Any consultation reports</li><li>- Any observations relevant to care, treatment, and services</li><li>- The patient’s response to care, treatment, and services</li><li>- Any emergency care, treatment, and services provided to the patient before their arrival</li><li>- Any progress notes</li><li>- All orders</li><li>- Any medications ordered or prescribed</li><li>- Any medications administered, including the strength, dose,</li></ul>	



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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>route, date and time of administration</p> <p>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.</p> <p>Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"><li>- Any access site for medication, administration devices used, and rate of administration</li><li>- Any adverse drug reactions</li><li>- Treatment goals, plan of care, and revisions to the plan of care</li><li>- Results of diagnostic and therapeutic tests and procedures</li><li>- Any medications dispensed or prescribed on discharge</li><li>- Discharge diagnosis</li><li>- Discharge plan and discharge planning evaluation</li></ul>	
§482.61(c)(2)	(2) The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.	<p><b>PC.01.03.01, EP 6</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following:</p> <ul style="list-style-type: none"><li>- 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.)</li><li>- Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out</li><li>- Documentation that demonstrates all active therapeutic efforts are included</li><li>- The specific treatment modalities used to treat the patient</li></ul>	<p><b>RC.11.01.01, EP 6</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The medical record contains the following information:</p> <ul style="list-style-type: none"><li>- History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized</li><li>- Identification data, including the patient’s legal status</li><li>- Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of intercurrent diseases as well as the psychiatric diagnoses</li><li>- Reasons for admission, as stated by the patient and/or others significantly involved</li><li>- Social service records, including reports of interviews with patients, family members, and others; an assessment of home plans, family attitudes, and community resource contacts; and a social history</li><li>- When indicated, record of a complete neurological</li></ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p><b>RC.01.01.01, EP 5</b></p> <p>The medical record includes the following:</p> <ul style="list-style-type: none"><li>- Information needed to support the patient’s diagnosis and condition</li><li>- Information needed to justify the patient’s care, treatment, and services</li><li>- Information that documents the course and result of the patient's care, treatment, and services</li><li>- Information about the patient’s care, treatment, and services that promotes continuity of care among staff and providers</li></ul> <p>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.</p> <p><b>RC.02.01.01, EP 2</b></p> <p>The medical record contains the following clinical information:</p> <ul style="list-style-type: none"><li>- The reason(s) for admission for care, treatment, and services</li><li>- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)</li><li>- Any findings of assessments and reassessments</li><li>- Any allergies to food</li><li>- Any allergies to medications</li><li>- Any conclusions or impressions drawn from the patient’s medical history and physical examination</li><li>- 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</li></ul>	<p>examination, recorded at the time of the admission physical examination</p> <ul style="list-style-type: none"><li>- Documentation of treatment received, including all active therapeutic efforts</li><li>- 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</li></ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses.</p> <ul style="list-style-type: none"><li>- Any consultation reports</li><li>- Any observations relevant to care, treatment, and services</li><li>- The patient’s response to care, treatment, and services</li><li>- Any emergency care, treatment, and services provided to the patient before their arrival</li><li>- Any progress notes</li><li>- All orders</li><li>- Any medications ordered or prescribed</li><li>- Any medications administered, including the strength, dose, route, date and time of administration</li></ul> <p>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.</p> <p>Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"><li>- Any access site for medication, administration devices used, and rate of administration</li><li>- Any adverse drug reactions</li><li>- Treatment goals, plan of care, and revisions to the plan of care</li><li>- Results of diagnostic and therapeutic tests and procedures</li><li>- Any medications dispensed or prescribed on discharge</li><li>- Discharge diagnosis</li><li>- Discharge plan and discharge planning evaluation</li></ul>	
§482.61( d)	Element Deleted	<p><b>PC.01.03.01, EP 22</b></p> <p>Based on the goals established in the patient’s plan of care, staff evaluate the patient’s progress.</p> <p><b>PC.01.03.01, EP 23</b></p>	

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>The hospital revises plans and goals for care, treatment, and services based on the patient’s needs.</p> <p><b>RC.02.01.01, EP 2</b></p> <p>The medical record contains the following clinical information:</p> <ul style="list-style-type: none"><li>- The reason(s) for admission for care, treatment, and services</li><li>- The patient’s initial diagnosis, diagnostic impression(s), or condition(s)</li><li>- Any findings of assessments and reassessments</li><li>- Any allergies to food</li><li>- Any allergies to medications</li><li>- Any conclusions or impressions drawn from the patient’s medical history and physical examination</li><li>- 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.</li><li>- Any consultation reports</li><li>- Any observations relevant to care, treatment, and services</li><li>- The patient’s response to care, treatment, and services</li><li>- Any emergency care, treatment, and services provided to the patient before their arrival</li><li>- Any progress notes</li><li>- All orders</li><li>- Any medications ordered or prescribed</li><li>- Any medications administered, including the strength, dose,</li></ul>	

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>route, date and time of administration</p> <p>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.</p> <p>Note 2: For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"><li>- Any access site for medication, administration devices used, and rate of administration</li><li>- Any adverse drug reactions</li><li>- Treatment goals, plan of care, and revisions to the plan of care</li><li>- Results of diagnostic and therapeutic tests and procedures</li><li>- Any medications dispensed or prescribed on discharge</li><li>- Discharge diagnosis</li><li>- Discharge plan and discharge planning evaluation</li></ul> <p><b>RC.02.01.01, EP 7</b></p> <p>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:</p> <ul style="list-style-type: none"><li>- Doctor(s) of medicine or osteopathy or other licensed practitioner(s) who is responsible for the care of the patient</li><li>- Nurse(s)</li><li>- Social worker(s) or social service staff involved in the care of the patient</li><li>- When appropriate, others significantly involved in the patient’s active treatment modalities</li></ul> <p>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,</p>	

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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 progress. Progress notes for the patient 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) and social worker(s) (or social service staff) involved in the care of the patient; and, 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, and must contain recommendations for revisions in the treatment plan as indicated as well as a precise assessment of the patient's	<b>RC.02.01.01, EP 7</b> 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, 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.	<b>RC.12.01.01, EP 4</b> For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Progress notes are 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 patient's condition determines the frequency of progress notes, but they must be recorded at least weekly for the first 2 months and at least once a month thereafter. The progress notes 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.

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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 planning and discharge summary. The record of each patient who has been discharged must have a discharge summary that includes a recapitulation of the patient's hospitalization and recommendations from appropriate services concerning follow-up or aftercare as well as a brief summary of the patient's condition on discharge.	<p><b>RC.02.04.01, EP 3</b></p> <p>In order to provide information to other caregivers and facilitate the patient’s continuity of care, the medical record contains a concise discharge summary that includes the following:</p> <ul style="list-style-type: none"><li>- The reason for hospitalization</li><li>- The procedures performed</li><li>- The care, treatment, and services provided</li><li>- The patient’s condition and disposition at discharge</li><li>- Information provided to the patient and family</li><li>- Provisions for follow-up care</li></ul> <p>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.</p> <p>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.</p> <p>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.</p>	<p><b>RC.11.01.01, EP 6</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The medical record contains the following information:</p> <ul style="list-style-type: none"><li>- History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized</li><li>- Identification data, including the patient’s legal status</li><li>- Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of intercurrent diseases as well as the psychiatric diagnoses</li><li>- Reasons for admission, as stated by the patient and/or others significantly involved</li><li>- Social service records, including reports of interviews with patients, family members, and others; an assessment of home plans, family attitudes, and community resource contacts; and a social history</li><li>- When indicated, record of a complete neurological examination, recorded at the time of the admission physical examination</li><li>- Documentation of treatment received, including all active therapeutic efforts</li><li>- 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</li></ul>
§482.61(e)	Element Deleted	<p><b>RC.02.04.01, EP 3</b></p> <p>In order to provide information to other caregivers and facilitate the patient’s continuity of care, the medical record</p>	

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>contains a concise discharge summary that includes the following:</p> <ul style="list-style-type: none"><li>- The reason for hospitalization</li><li>- The procedures performed</li><li>- The care, treatment, and services provided</li><li>- The patient’s condition and disposition at discharge</li><li>- Information provided to the patient and family</li><li>- Provisions for follow-up care</li></ul> <p>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.</p> <p>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.</p> <p>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.</p>	
§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		



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

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

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		(or other electronic administrative system) sends notifications directly, or through an intermediary that facilitates exchange of health information, either immediately prior to or at the time of the patient’s discharge or transfer from the hospital’s emergency department or inpatient services.	(or other electronic administrative system) sends notifications directly, or through an intermediary that facilitates exchange of health information, either immediately prior to or at the time of the patient’s discharge or transfer from the hospital’s emergency department or inpatient services.
§482.61(f)(4)(ii)	(ii) The patient’s discharge or transfer from the hospital’s inpatient services (if applicable).	<b>IM.02.02.07, EP 4</b> For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the patient’s expressed privacy preferences and applicable laws and regulations, the hospital’s electronic health records system (or other electronic administrative system) sends notifications directly, or through an intermediary that facilitates exchange of health information, either immediately prior to or at the time of the patient’s discharge or transfer from the hospital’s emergency department or inpatient services.	<b>IM.13.01.05, EP 4</b> For hospitals that use Joint Commission accreditation for deemed status purposes: In accordance with the patient’s expressed privacy preferences and applicable laws and regulations, the hospital’s electronic health records system (or other electronic administrative system) sends notifications directly, or through an intermediary that facilitates exchange of health information, either immediately prior to or at the time of the patient’s discharge or transfer from the hospital’s emergency department or inpatient services.
§482.61(f)(5)	(5) The hospital has made a reasonable effort to ensure that the system sends the notifications to all applicable post-acute care services providers and suppliers, as well as to any of the following practitioners and entities, which need to receive notification of the patient’s status for treatment, care coordination, or quality improvement purposes:	<b>IM.02.02.07, EP 5</b> For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable post-acute care services providers and suppliers, as well as any of the following who need to receive notification of the patient’s status for treatment, care coordination, or quality improvement purposes: <ul style="list-style-type: none"> <li>- The patient’s established primary care licensed practitioner</li> <li>- The patient’s established primary care practice group or entity</li> <li>- Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care</li> </ul>	<b>IM.13.01.05, EP 5</b> For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable post-acute care service providers and suppliers, as well as any of the following who need to receive notification of the patient’s status for treatment, care coordination, or quality improvement purposes: <ul style="list-style-type: none"> <li>- Patient’s established primary care licensed practitioner</li> <li>- Patient’s established primary care practice group or entity</li> <li>- Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care</li> </ul> Note: The term “reasonable effort” means that the hospital

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>Note: The term “reasonable effort” means that a hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which a hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with a hospital system’s capabilities.</p>	<p>has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which the hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with the hospital system’s capabilities.</p>
§482.61(f)(5)(i)	(i) The patient’s established primary care practitioner;	<p><b>IM.02.02.07, EP 5</b></p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable post-acute care services providers and suppliers, as well as any of the following who need to receive notification of the patient’s status for treatment, care coordination, or quality improvement purposes:</p> <ul style="list-style-type: none"><li>- The patient’s established primary care licensed practitioner</li><li>- The patient’s established primary care practice group or entity</li><li>- Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care</li></ul> <p>Note: The term “reasonable effort” means that a hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which a hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to</p>	<p><b>IM.13.01.05, EP 5</b></p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable post-acute care service providers and suppliers, as well as any of the following who need to receive notification of the patient’s status for treatment, care coordination, or quality improvement purposes:</p> <ul style="list-style-type: none"><li>- Patient’s established primary care licensed practitioner</li><li>- Patient’s established primary care practice group or entity</li><li>- Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care</li></ul> <p>Note: The term “reasonable effort” means that the hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which the hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event</p>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		receive patient event notifications in a manner consistent with a hospital system’s capabilities.	notifications in a manner consistent with the hospital system’s capabilities.
§482.61(f)(5)(ii)	(ii) The patient’s established primary care practice group or entity; or	<p><b>IM.02.02.07, EP 5</b></p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable post-acute care services providers and suppliers, as well as any of the following who need to receive notification of the patient’s status for treatment, care coordination, or quality improvement purposes:</p> <ul style="list-style-type: none"> <li>- The patient’s established primary care licensed practitioner</li> <li>- The patient’s established primary care practice group or entity</li> <li>- Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care</li> </ul> <p>Note: The term “reasonable effort” means that a hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which a hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with a hospital system’s capabilities.</p>	<p><b>IM.13.01.05, EP 5</b></p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable post-acute care service providers and suppliers, as well as any of the following who need to receive notification of the patient’s status for treatment, care coordination, or quality improvement purposes:</p> <ul style="list-style-type: none"> <li>- Patient’s established primary care licensed practitioner</li> <li>- Patient’s established primary care practice group or entity</li> <li>- Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care</li> </ul> <p>Note: The term “reasonable effort” means that the hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which the hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with the hospital system’s capabilities.</p>
§482.61(f)(5)(iii)	(iii) Other practitioner, or other practice group or entity, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care.	<p><b>IM.02.02.07, EP 5</b></p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable post-acute care services</p>	<p><b>IM.13.01.05, EP 5</b></p> <p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable post-acute care service</p>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>providers and suppliers, as well as any of the following who need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes:</p> <ul style="list-style-type: none"> <li>- The patient's established primary care licensed practitioner</li> <li>- The patient's established primary care practice group or entity</li> <li>- Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care</li> </ul> <p>Note: The term "reasonable effort" means that a hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which a hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with a hospital system's capabilities.</p>	<p>providers and suppliers, as well as any of the following who need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes:</p> <ul style="list-style-type: none"> <li>- Patient's established primary care licensed practitioner</li> <li>- Patient's established primary care practice group or entity</li> <li>- Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care</li> </ul> <p>Note: The term "reasonable effort" means that the hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which the hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with the hospital system's capabilities.</p>
§482.62	§482.62 Condition of Participation: Special staff requirements for psychiatric hospitals. The hospital must have adequate numbers of qualified professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures, and engage in discharge planning.	<p><b>LD.03.06.01, EP 2</b>  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.</p> <p><b>LD.03.06.01, EP 3</b>  Those who work in the hospital are competent to complete their assigned responsibilities.</p> <p><b>LD.04.01.01, EP 16</b>  For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes:  - The psychiatric hospital is primarily engaged in providing, by</p>	<p><b>NPG.12.03.01, EP 4</b>  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:</p> <ul style="list-style-type: none"> <li>- Evaluate patients</li> <li>- Formulate written individualized, comprehensive treatment plans</li> <li>- Provide active treatment measures</li> <li>- Engage in discharge planning</li> <li>- Provide the nursing care necessary under each patient's</li> </ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons.</p> <ul style="list-style-type: none"><li>- 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.</li><li>- The psychiatric hospital maintains clinical records on all patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61.</li><li>- The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62.</li></ul> <p><b>PC.01.03.01, EP 1</b> 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.</p> <p><b>PC.01.03.01, EP 5</b> 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.</p> <p><b>PC.01.03.01, EP 22</b> Based on the goals established in the patient’s plan of care, staff evaluate the patient’s progress.</p> <p><b>PC.01.03.01, EP 23</b> The hospital revises plans and goals for care, treatment, and services based on the patient’s needs.</p>	<p>active treatment program</p> <ul style="list-style-type: none"><li>- Maintain progress notes on each patient</li><li>- Provide essential psychiatric services</li></ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p><b>PC.02.01.01, EP 1</b> The hospital provides the patient with care, treatment, and services according to the patient's individualized plan of care.</p> <p><b>PC.04.01.03, EP 1</b> The hospital begins the discharge planning process early in the patient’s episode of care, treatment, and services.</p> <p><b>PC.04.01.03, EP 2</b> The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.</p> <p>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.</p> <p><b>PC.04.01.03, EP 3</b> 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</p>	



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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>care, and developing mechanisms for exchange of information with sources outside the hospital.</p> <p>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.</p> <p>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.</p>	
§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;	<p><b>LD.03.06.01, EP 2</b></p> <p>Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.</p> <p>Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.</p> <p><b>LD.03.06.01, EP 3</b></p> <p>Those who work in the hospital are competent to complete their assigned responsibilities.</p> <p><b>PC.01.02.15, EP 2</b></p>	<p><b>NPG.12.03.01, EP 4</b></p> <p>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:</p> <ul style="list-style-type: none"><li>- Evaluate patients</li><li>- Formulate written individualized, comprehensive treatment plans</li></ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>Diagnostic testing and procedures are performed as ordered within time frames defined by the hospital.</p> <p><b>PC.01.03.01, EP 1</b> 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.</p> <p><b>PC.01.03.01, EP 5</b> 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.</p> <p><b>PC.01.03.01, EP 22</b> Based on the goals established in the patient’s plan of care, staff evaluate the patient’s progress.</p> <p><b>PC.01.03.01, EP 23</b> The hospital revises plans and goals for care, treatment, and services based on the patient’s needs.</p> <p><b>PC.02.01.01, EP 1</b> The hospital provides the patient with care, treatment, and services according to the patient's individualized plan of care.</p>	<ul style="list-style-type: none"> <li>- Provide active treatment measures</li> <li>- Engage in discharge planning</li> <li>- Provide the nursing care necessary under each patient’s active treatment program</li> <li>- Maintain progress notes on each patient</li> <li>- Provide essential psychiatric services</li> </ul>
§482.62(a)(2)	(2) Formulate written individualized, comprehensive treatment plans;	<p><b>LD.03.06.01, EP 2</b> 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.</p>	<p><b>NPG.12.03.01, EP 4</b> 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</p>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p><b>LD.03.06.01, EP 3</b> Those who work in the hospital are competent to complete their assigned responsibilities.</p> <p><b>PC.01.03.01, EP 1</b> 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.</p> <p><b>PC.01.03.01, EP 5</b> 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.</p> <p><b>PC.01.03.01, EP 22</b> Based on the goals established in the patient’s plan of care, staff evaluate the patient’s progress.</p> <p><b>PC.01.03.01, EP 23</b> The hospital revises plans and goals for care, treatment, and services based on the patient’s needs.</p> <p><b>PC.02.01.01, EP 1</b> The hospital provides the patient with care, treatment, and services according to the patient's individualized plan of care.</p> <p><b>PC.04.01.05, EP 1</b> When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the</p>	<p>practical nurses, and mental health workers) to do the following:</p> <ul style="list-style-type: none"><li>- Evaluate patients</li><li>- Formulate written individualized, comprehensive treatment plans</li><li>- Provide active treatment measures</li><li>- Engage in discharge planning</li><li>- Provide the nursing care necessary under each patient’s active treatment program</li><li>- Maintain progress notes on each patient</li><li>- Provide essential psychiatric services</li></ul>

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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 measures; and	<p><b>LD.03.06.01, EP 2</b> 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.</p> <p><b>LD.03.06.01, EP 3</b> Those who work in the hospital are competent to complete their assigned responsibilities.</p> <p><b>PC.01.03.01, EP 1</b> 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.</p> <p><b>PC.01.03.01, EP 5</b> 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.</p> <p><b>PC.01.03.01, EP 22</b> Based on the goals established in the patient’s plan of care, staff evaluate the patient’s progress.</p> <p><b>PC.01.03.01, EP 23</b> The hospital revises plans and goals for care, treatment, and services based on the patient’s needs.</p>	<p><b>NPG.12.03.01, EP 4</b> 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:</p> <ul style="list-style-type: none"><li>- Evaluate patients</li><li>- Formulate written individualized, comprehensive treatment plans</li><li>- Provide active treatment measures</li><li>- Engage in discharge planning</li><li>- Provide the nursing care necessary under each patient’s active treatment program</li><li>- Maintain progress notes on each patient</li><li>- Provide essential psychiatric services</li></ul>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<b>PC.02.01.01, EP 1</b> 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 planning.	<b>LD.03.06.01, EP 2</b> 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.  <b>LD.03.06.01, EP 3</b> Those who work in the hospital are competent to complete their assigned responsibilities.  <b>PC.01.03.01, EP 1</b> 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.  <b>PC.01.03.01, EP 5</b> 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.  <b>PC.01.03.01, EP 22</b> Based on the goals established in the patient’s plan of care, staff evaluate the patient’s progress.  <b>PC.01.03.01, EP 23</b> The hospital revises plans and goals for care, treatment, and services based on the patient’s needs.	<b>NPG.12.03.01, EP 4</b> 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 - Provide the nursing care necessary under each patient’s active treatment program - Maintain progress notes on each patient - Provide essential psychiatric services

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p><b>PC.02.01.01, EP 1</b> The hospital provides the patient with care, treatment, and services according to the patient's individualized plan of care.</p> <p><b>PC.04.01.03, EP 1</b> The hospital begins the discharge planning process early in the patient’s episode of care, treatment, and services.</p> <p><b>PC.04.01.03, EP 2</b> The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.</p> <p>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.</p> <p><b>PC.04.01.03, EP 3</b> 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,</p>	

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the hospital.</p> <p>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.</p> <p>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.</p> <p><b>PC.04.01.05, EP 1</b></p> <p>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.</p>	
§482.62(b)	§482.62(b) Standard: Director of inpatient psychiatric services; medical staff. Inpatient psychiatric services must be under the supervision of a clinical director, service chief, or equivalent who is qualified to provide the leadership required for an intensive treatment program.	<p><b>MS.06.01.03, EP 7</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inpatient psychiatric services are under the direction of a clinical director, service chief, or equivalent who meets the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.</p>	<p><b>MS.17.01.03, EP 6</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inpatient psychiatric services are under the direction and supervision of a clinical director, service chief, or equivalent who is qualified to provide the leadership required for an intensive treatment program and who meets the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. The number</p>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	The number and qualifications of doctors of medicine and osteopathy must be adequate to provide essential psychiatric services.		and qualifications of doctors of medicine and osteopathy are adequate to provide essential psychiatric services.
§482.62(b)	Element Deleted	<p><b>LD.03.06.01, EP 2</b> 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.</p> <p><b>LD.03.06.01, EP 3</b> Those who work in the hospital are competent to complete their assigned responsibilities.</p> <p><b>MS.03.01.03, EP 1</b> 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).</p> <p><b>MS.03.01.03, EP 3</b> 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</p>	



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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 chief, or equivalent must meet the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.	<p><b>MS.06.01.03, EP 7</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inpatient psychiatric services are under the direction of a clinical director, service chief, or equivalent who meets the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.</p>	<p><b>MS.17.01.03, EP 6</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inpatient psychiatric services are under the direction and supervision of a clinical director, service chief, or equivalent who is qualified to provide the leadership required for an intensive treatment program and who meets the training and 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.</p>
§482.62(b)(2)	(2) The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.	<p><b>LD.04.01.05, EP 3</b></p> <p>The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.</p> <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This includes the full-time employee who directs and manages dietary services.</p> <p><b>MS.01.01.01, EP 36</b></p> <p>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:</p> <p>Qualifications:</p> <ul style="list-style-type: none"> <li>- Certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process</li> </ul>	<p><b>MS.16.01.01, EP 8</b></p> <p>For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes : The clinical director, service chief, or equivalent for inpatient psychiatric services monitors and evaluates the medical staff's treatment and services for quality and appropriateness.</p>

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>Roles and responsibilities:</p> <ul style="list-style-type: none"><li>- Clinically related activities of the department</li><li>- Administratively related activities of the department, unless otherwise provided by the hospital</li><li>- Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges</li><li>- Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department</li><li>- Recommending clinical privileges for each member of the department</li><li>- 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</li><li>- Integration of the department or service into the primary functions of the organization</li><li>- Coordination and integration of interdepartmental and intradepartmental services</li><li>- Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services</li><li>- Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services</li><li>- 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</li><li>- Continuous assessment and improvement of the quality of care, treatment, and services</li><li>- Maintenance of quality control programs, as appropriate</li></ul>	

**Psychiatric Hospital Crosswalk – Current State Compared to Future State**

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

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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	and surgical diagnostic and treatment services are not available within the institution, the institution must have an agreement with an outside source of these services to ensure that they are immediately available or a satisfactory agreement must be established for transferring patients to a general hospital that participates in the Medicare program.	<p>which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.</p> <p>Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital has an agreement with an outside source for these services to make sure that the services are immediately available or an agreement needs to be established for transferring patients to a general hospital that participates in the Medicare program.</p> <p><b>LD.04.03.09, EP 2</b> The hospital describes, in writing, the nature and scope of services provided through contractual agreements.</p> <p><b>MS.03.01.03, EP 3</b> 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.</p> <p><b>MS.03.01.03, EP 4</b> 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.</p>	source for these services to ensure that they are immediately available, or the hospital establishes an agreement for transferring patients to a general hospital that participates in the Medicare program.

## Psychiatric Hospital Crosswalk – Current State Compared to Future State

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p><b>MS.03.01.03, EP 12</b> 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.</p> <p><b>PC.04.01.01, EP 1</b> 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, hospital, program, or service to another</p>	
§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 progress notes on each patient.	<p><b>HR.01.01.01, EP 30</b> 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.</p> <p><b>LD.03.06.01, EP 2</b> 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.</p> <p><b>LD.03.06.01, EP 3</b> Those who work in the hospital are competent to complete</p>	<p><b>HR.11.02.01, EP 2</b> 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.</p> <p><b>NPG.12.03.01, EP 4</b> 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</p>

## Psychiatric Hospital Crosswalk – Current State Compared to Future State

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>their assigned responsibilities.</p> <p><b>LD.04.03.01, EP 14</b>  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.</p>	<p>following:</p> <ul style="list-style-type: none"> <li>- Evaluate patients</li> <li>- Formulate written individualized, comprehensive treatment plans</li> <li>- Provide active treatment measures</li> <li>- Engage in discharge planning</li> <li>- Provide the nursing care necessary under each patient's active treatment program</li> <li>- Maintain progress notes on each patient</li> <li>- Provide essential psychiatric services</li> </ul>
§482.62(d)(1)	(1) The director must demonstrate 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.	<p><b>HR.01.01.01, EP 30</b>  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.</p>	<p><b>HR.11.02.01, EP 2</b>  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.</p>
§482.62(d)(1)	(1) The director of psychiatric nursing services must be 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 be qualified by education and	<p><b>HR.01.01.01, EP 30</b>  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</p>	<p><b>HR.11.02.01, EP 2</b>  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</p>

## Psychiatric Hospital Crosswalk – Current State Compared to Future State

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, monitor, and evaluate the nursing care furnished.	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.
§482.62(d)(2)	(2) The staffing pattern must insure the availability of a registered professional nurse 24 hours each day.	<p><b>LD.03.06.01, EP 2</b>  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.</p> <p><b>NR.02.03.01, EP 4</b>  The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week.</p> <p><b>NR.02.03.01, EP 7</b>  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.</p>	<p><b>NPG.12.03.01, EP 2</b>  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.</p>
§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.	<p><b>LD.03.06.01, EP 2</b>  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.</p> <p><b>LD.03.06.01, EP 3</b>  Those who work in the hospital are competent to complete their assigned responsibilities.</p>	<p><b>NPG.12.03.01, EP 4</b>  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:</p> <ul style="list-style-type: none"> <li>- Evaluate patients</li> <li>- Formulate written individualized, comprehensive treatment plans</li> <li>- Provide active treatment measures</li> <li>- Engage in discharge planning</li> </ul>

## Psychiatric Hospital Crosswalk – Current State Compared to Future State

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
			<ul style="list-style-type: none"> <li>- Provide the nursing care necessary under each patient's active treatment program</li> <li>- Maintain progress notes on each patient</li> <li>- Provide essential psychiatric services</li> </ul>
§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.	<p><b>LD.04.03.01, EP 14</b></p> <p>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.</p>	<p><b>LD.13.03.01, EP 18</b></p> <p>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.</p>
§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.	<p><b>LD.04.01.05, EP 2</b></p> <p>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.</p> <p><b>LD.04.01.05, EP 3</b></p> <p>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.</p> <p><b>LD.04.01.05, EP 10</b></p> <p>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</p>	<p><b>NPG.12.03.01, EP 6</b></p> <p>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.</p>



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CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		<p>accepted standards of practice and established policies and procedures.</p> <p><b>LD.04.01.07, EP 1</b>  Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, and services.</p> <p><b>LD.04.03.01, EP 14</b>  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.</p>	
§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.	<p><b>HR.01.01.01, EP 31</b>  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.</p>	<p><b>HR.11.02.01, EP 5</b>  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.</p>
§482.62(f)(2)	(2) Social service staff responsibilities must include, but are not limited to, participating in discharge	<p><b>PC.04.01.03, EP 3</b>  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</p>	<p><b>PC.14.01.01, EP 4</b>  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</p>

## Psychiatric Hospital Crosswalk – Current State Compared to Future State

CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
	planning, arranging for follow-up care, and developing mechanisms for exchange of appropriate, information with sources outside the hospital.	<p>the patient’s discharge or transfer.</p> <p>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).</p> <p>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 care, and developing mechanisms for exchange of information with sources outside the hospital.</p> <p>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.</p> <p>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.</p>	<p>care, treatment, and services participate in planning the patient’s discharge or transfer. The patient and their caregiver(s) or support person(s) are included as active partners when planning for postdischarge care.</p> <p>Note 1: The definition of “physician” is the same as that used by the Centers for Medicare &amp; Medicaid Services (refer to the Glossary).</p> <p>Note 2: 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. The notice is in writing, in a language and manner they understand, and includes the items described in 42 CFR 483.15(c)(5). 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.</p>
§482.62(g)	§482.62(g) Standard: Therapeutic activities. The hospital must provide a therapeutic activities program.	<p><b>LD.04.03.01, EP 14</b></p> <p>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.</p> <p>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.</p>	<p><b>LD.13.03.01, EP 18</b></p> <p>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.</p> <p>Note: The therapeutic activities program is appropriate to the needs and interests of patients and is directed toward</p>

## Psychiatric Hospital Crosswalk – Current State Compared to Future State

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 appropriate to the needs and interests of patients and be directed toward restoring and maintaining optimal levels of physical and psychosocial functioning.	<p><b>LD.03.03.01, EP 1</b> Planning activities focus on the following:</p> <ul style="list-style-type: none"> <li>- Improving patient safety and health care quality</li> <li>- Adapting to changes in the environment</li> </ul> <p><b>LD.03.03.01, EP 2</b> Planning is hospitalwide, systematic, and involves designated individuals and information sources.</p> <p><b>LD.04.01.05, EP 10</b> 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.</p> <p><b>LD.04.03.01, EP 14</b> 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.</p>	<p><b>LD.13.03.01, EP 18</b> 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.</p>
§482.62(g)(2)	(2) The number of qualified therapists, support personnel, and consultants must be adequate to provide	<p><b>LD.03.06.01, EP 2</b> 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</p>	<p><b>NPG.12.03.01, EP 3</b> For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The number of qualified therapists, support personnel, and consultants is</p>

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