



Accreditation Program: Behavioral Health Care
Provision of Care, Treatment, and Services

Standard PC.1.10

The organization accepts for care, treatment, or services only those individuals whose identified care, treatment, or service needs it can meet.

Note: For opioid treatment programs: If an individual eligible for treatment applies for admission to a comprehensive maintenance treatment program but cannot be placed within 14 days in a program that is within a reasonable geographic area, an opioid treatment program's Program Sponsor may place the individual in interim maintenance treatment.

Rationale for PC.1.10

For opioid treatment programs: There may be individuals in special populations who have a history of opioid use but are not currently physiologically dependent. Federal regulations waive the 1-year history of addiction for these special populations, because these individuals are susceptible to relapse to opioid addiction, leading to high-risk behaviors with potentially life-threatening consequences.

These populations include the following:

- Persons recently released from a penal institution
- Persons recently discharged from a chronic care facility
- Pregnant women
- Previously treated patients

Elements of Performance for PC.1.10

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| 1. D | The organization has a written process that includes the following: <ul style="list-style-type: none"> - The information to be gathered to determine eligibility for care, treatment, or services - The populations of individuals accepted or not accepted by the organization (for example, programs designed to treat adults that do not treat young children) - The criteria to determine eligibility for care, treatment, or services - The procedures for accepting referrals | A |
| M | 2. Individuals are screened for appropriateness at the point of first contact (including contact by phone) with the organization. | C |
| 7. | When warranted by need, separate specialized screening, assessment, and reassessment processes are identified for the various populations served. | A |
| 8. | After screening, individuals are matched with the care, treatment, or services in the organization most appropriate to their needs. | A |
| M | 9. The organization accepts individuals for care, treatment, or services according to established processes. | C |
| M | 10. When warranted, the organization provides information about the following: <ul style="list-style-type: none"> - The locations and hours during which care, treatment, or services are available - Arrangements for the care of dependents of the individual served | C |
| 11. | For acute 24-hour settings, a registered nurse plans, assigns, supervises, provides, and evaluates nursing care to individuals served.
Note: Acute care may also refer to inpatient crisis stabilization or medical detoxification. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

- M** 14. For opioid treatment programs: Patients may have access to the program after the program physician documents a diagnosis of addiction or dependence and determines that maintenance or withdrawal treatment is medically necessary. **C**
15. **D** For opioid treatment programs: The treatment program gives priority for admission to pregnant women who seek treatment and documents the reasons for denying admission to any pregnant applicant on an intake log or other accessible program records. **A**
16. For opioid treatment programs: Services are provided during hours that meet the needs of the majority of patients, including before and/or after the traditional 8:00 A.M. to 5:00 P.M. working day, when possible. **A**
17. For opioid treatment programs: Admission procedures use accepted medical criteria, such as those listed in the current Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) to determine that the person is currently addicted to or dependent on an opioid drug, and that the person became addicted or dependent at least 1 year before admission for treatment. Note: In order to determine the 1-year history of addiction or dependence, the program may accept arrest records, medical records, information from significant others and relatives, and other information. **A**
18. For opioid treatment programs: Admission procedures use criteria for determining a diagnosis of addiction or dependence based on behavior. **A**
 Note: Behavior indicative of opioid addiction includes the following:
 - Continuing use of the opiate despite known adverse consequences to self, family, or society
 - Obtaining illicit opiates
 - Using prescribed opiates inappropriately
 - Previous attempts at tapering methadone or other drugs
- M** 19. For opioid treatment programs: An individual younger than 18 years is not eligible for maintenance treatment unless he or she has two documented, unsuccessful short-term withdrawal or drug-free treatment attempts within a 12-month period. **C**
20. For opioid treatment programs: The program physician waives the admission criteria requiring a 1-year history of addiction or dependence only in the following circumstances: **A**
 - The patient has been released from a penal institution in the last six months.
 - The patient is pregnant.
 - The patient was treated with an opioid agonist treatment medication within the last two years.
21. For opioid treatment programs: Admission procedures do not exclude patients that are not currently physiologically dependent. **A**
22. For opioid treatment programs: Admission procedures include use of a central registry system (if applicable) or an alternative mechanism to prevent patients from enrolling in treatment provided by more than one clinic or individual practitioner. **A**
 Note: In some cases, the program may, after obtaining the patient's consent, contact other opioid treatment programs within a reasonable geographic distance (100 miles) to verify that the patient is not enrolled in another program.
- M** 23. For opioid treatment programs: Patients are limited to two withdrawal treatment episodes in one year. **C**

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| <p>M 24. For opioid treatment programs: When a physician makes a diagnosis and admits a patient after reviewing by telephone or fax the medical examination performed by another qualified health professional, the physician reviews and countersigns the patient record within 72 hours.
Note: Standing orders for admitting patients are not acceptable.</p> <p>25. For opioid treatment programs: Patients who are diagnosed with physical dependence and a pain disorder are eligible to receive medication-assisted treatment for maintenance or for medically supervised withdrawal in a program setting.</p> <p>26. For opioid treatment programs: Patients in medication-assisted treatment are eligible to receive both medication-assisted treatment and adequate doses of opioid analgesics for pain.</p> <p>M 27. For opioid treatment programs: If a patient is denied admission based on the results of the initial assessment, the program provides a full explanation to the patient and a referral to another program.</p> <p>28. D For opioid treatment programs: If the opioid treatment program provides interim maintenance treatment, it has written authorization to do so both by SAMHSA and by the chief public health officer in the state in which the program operates.
Note: SAMHSA may revoke its authorization if the program does not comply with the federal requirements for interim maintenance treatment. Additionally, SAMHSA will consider revoking the interim maintenance authorization of the program if the state in which the program operates is not in compliance with the requirements of 42 CFR 8.11(g).</p> <p>M 29. For opioid treatment programs: Interim maintenance treatment, if provided by the program, does not exceed the 120 day maximum allowed by federal regulations for opioid treatment programs.</p> <p>M 30. D For opioid treatment programs: The program establishes and follows written criteria for prioritizing the transfer of patients from interim maintenance treatment to comprehensive maintenance treatment. These transfer criteria include a preference for admitting pregnant women to interim maintenance treatment and transferring them from interim maintenance to comprehensive maintenance treatment.</p> | <p>C</p> <p>A</p> <p>A</p> <p>C</p> <p>A</p> <p>C</p> <p>C</p> |
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Standard PC.2.10

The organization has a screening procedure for the early detection of risk of imminent harm to self or others.

Elements of Performance for PC.2.10

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| <p>1. The initial screening process determines the need for immediate intervention to protect the individual served or others.</p> | <p>3 A</p> |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.2.30

A physical health assessment, including a medical history and physical examination, is completed within 24 hours after admission to inpatient or crisis stabilization programs and within one week after admission to residential programs.

Rationale for PC.2.30

A full physical health assessment involves obtaining relevant information from multiple sources. This may include obtaining information from the individual served, a family member, or other sources including other providers. Sources might also include mediums that the individual served has sought out to convey information to those who may provide care, treatment, or services. These include databases, medical jewelry, and paper or electronic documents. Whatever the source, information to complete a comprehensive assessment should be sought out from all available sources.

Elements of Performance for PC.2.30

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| M | 1. For inpatient crisis stabilization and residential programs: A physical health assessment is performed by a licensed independent practitioner, who is qualified and competent to do so, within 24 hours of admission to inpatient and crisis stabilization programs and within one week after admission to residential programs and settings (this time frame applies to weekend and holiday admissions as well as to weekdays). Some situations may occur in which medical needs require completion of a physical health assessment within a shorter time frame. | 3 C |
| M | 2. For inpatient crisis stabilization and residential programs: If a comprehensive medical history and physical examination have been completed by a licensed independent practitioner within 30 days before admission, a durable, legible copy of this report may be used in the clinical/case record as the physical health assessment, but any changes to the condition of the individual served since the history and physical must be recorded at the time of admission. | 3 C |
| M | 3. For opioid treatment programs: The program completes a medical evaluation within 14 days after treatment is initiated. | C |
| M | 4. For opioid treatment programs: The physical assessment includes an examination of the following:
- Clinical signs of addiction, such as old and fresh needle marks, constricted or dilated pupils, and/or an eroded or perforated nasal septum
- Observable and reported presence of withdrawal signs and symptoms, such as yawning, rhinorrhea, lacrimation, chills, restlessness, irritability, perspiration, piloerection, nausea, and diarrhea
Note: On-site "point of collection" devices may be useful in screening a patient's current physiological dependence. | C |
| M | 5. For opioid treatment programs: The program documents the patient's medical and family history to determine current chronic or acute medical conditions, such as diabetes; renal diseases; hepatitis A, B, C, and D; HIV exposure; tuberculosis; sexually transmitted diseases; other infectious diseases; sickle-cell trait or anemia; pregnancy (including past history of pregnancy and current involvement in prenatal care); and chronic cardiopulmonary disease. | C |

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| <p>M 6.</p> | <p>For opioid treatment programs: Based on the patient’s history and physical examination, the program evaluates the possibility of various conditions (such as infectious disease, liver or pulmonary conditions, cardiac abnormalities, psychiatric problems, dermatologic sequelae of addiction, and concurrent surgical problems).
Note: This may be accomplished within the program itself, or by referring the patient to a cooperating agency or a consultant clinician.</p> | <p>C</p> |
| <p>M 7.</p> | <p>For opioid treatment programs: Patients who test positive for viral hepatitis receive a referral for further evaluation and treatment, if necessary.</p> | <p>C</p> |
| <p>8.</p> | <p>For opioid treatment programs: The program immunizes the patient, or refers the patient for immunization, against hepatitis A and B if not already immune, and against other viral hepatitis strains as those vaccines become available.</p> | <p>A</p> |

Standard PC.2.40

All non–24-hour care programs have and implement written procedures requiring a physical health screening to determine the need for a physical health assessment, including a medical history and physical examination.

Elements of Performance for PC.2.40

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| <p>1. D</p> | <p>Organizations providing non–24-hour care services (such as partial hospitalization, day treatment, outpatient, intensive outpatient services, supportive living, case management, assertive community treatment, adult day care, or emergency shelters) have written procedures addressing physical health screening.</p> | <p>A</p> |
| <p>2.</p> | <p>Organizations providing non–24-hour care services have procedures that specify the data to be collected, responsible staff, a time frame, and decision criteria for determining the need for a physical examination.</p> | <p>A</p> |
| <p>3.</p> | <p>Organizations providing non–24-hour care services have a qualified licensed independent practitioner who participates in developing the physical health screening procedure.</p> | <p>A</p> |
| <p>4.</p> | <p>Organizations providing non–24-hour care services gather the following physical health data:
- Significant, known past treatment procedures
- Past and current diagnoses or problems
- Currently and recently used medications</p> | <p>A</p> |

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Standard PC.2.50

When necessary or relevant to the care, treatment, or services provided, the organization has a process to obtain medical histories, physical examinations, and diagnostic and laboratory tests not directly provided by the organization.

Rationale for PC.2.50

Diagnostic testing, including psychological, medical, and laboratory testing, can be integral to the assessment process.

Elements of Performance for PC.2.50

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| 1. | When necessary or relevant to the care, treatment, or services provided, organizations that do not provide physical health assessments or diagnostic and laboratory tests arrange for such services to be provided by an outside source that is a recognized health care organization, laboratory, or qualified and competent licensed independent practitioner. | A |
| M 2. | When the report of test results from an outside recognized health care organization, laboratory, or qualified competent practitioner requires clinical interpretation, adequate clinical information is supplied with the request for the test. | C |
| M 3. | <p>For opioid treatment programs: The program conducts initial toxicology tests as part of the admission process.</p> <p>Note: The recommended medical laboratory analysis and diagnostic evaluation may include the following as medically appropriate for the patient:</p> <ul style="list-style-type: none"> - Vital signs, including blood pressure, pulse, respirations, and temperature - TB skin test, and chest x-ray if the skin test is positive (including consideration for anergy) - Screening test for syphilis - Complete blood count (CBC) and lipid panel - Liver function tests and viral hepatitis marker tests - HIV testing and counseling - Tests appropriate for the screening or confirmation of illnesses or conditions based on concerns specific to the patient regarding renal function, electrolyte imbalance, metabolic syndromes, pain, and so forth. - Pregnancy test - Neurological or psychological testing and assessment - Chest x-ray - Electrocardiogram (EKG) - Pap smear - Screening test for sickle-cell disease - Additional diagnostic testing based on the results of baseline screening tests, especially when those results have the potential to affect treatment decisions. | C |
| 4. | For opioid treatment programs: The medical assessment addresses symptoms of and risk factors for torsades de pointes and includes any follow-up tests that are indicated, such as an EKG or comprehensive electrophysiological assessment. | A |
| M 5. | For opioid treatment programs: On admission, the program tests the patient for opiates, methadone, amphetamines, cocaine, marijuana, and benzodiazepines. The need for testing for additional substances is determined by individual patient circumstances and local drug use patterns. | C |

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- M** 6. For opioid treatment programs: The program collects toxicological specimens in a manner that demonstrates trust and respect while taking reasonable steps to prevent falsification of samples. **C**
Note: Direct observation, although necessary for some patients, is neither necessary nor appropriate for all patients.
- M** 7. For opioid treatment programs: The program uses drug and alcohol screening as aids to monitor and evaluate a patient's progress in treatment. **C**
- M** 8. For opioid treatment programs: The program performs drug tests for each patient on an ongoing basis as frequently as required by law and regulation. **C**
- M** 9. For opioid treatment programs: For patients in interim maintenance treatment, the program performs a urine screen upon admission and performs at least two additional urine screens if the patient is present for the maximum of 120 days permitted for interim treatment. **C**
- M** 10. For opioid treatment programs: The program's clinicians determine the ongoing drug-testing regime by analyzing individual circumstances and community drug use patterns. **C**
Note: Testing might include, but is not limited to, opiates, benzodiazepines, barbiturates, cocaine, marijuana, methadone and its metabolites, amphetamines, and alcohol.
- M** 11. For opioid treatment programs: Program staff discusses results of toxicology testing promptly with patients. The program documents both the results of toxicology tests and the follow-up therapeutic interventions in the patient record. **C**
12. For opioid treatment programs: The program establishes and implements procedures for addressing potentially false positive and false negative toxicology test results. **A**
Footnote: TIP 43 outlines principles for handling potentially false positive and negative test results. See TIP 43, "Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs" (CSAT 2005, chapter 9).
- M** 13. For opioid treatment programs: Clinicians determine the frequency of ongoing toxicological testing by evaluating the need for testing in relation to the patient's stage in treatment. **C**
- M** 14. For opioid treatment programs: Clinicians intervene when the patient discloses illicit drug use, has a positive drug test, or is suspected of diversion of opioid medication as evidenced by a lack of opioids or related metabolites in drug toxicology tests. **C**

Standard PC.2.60

The organization defines in writing the data and information gathered during the psychosocial assessment.

Elements of Performance for PC.2.60

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| 1. | As relevant to care, treatment, or services, the information defined by the organization to be gathered during the psychosocial assessment includes at least the following: <ul style="list-style-type: none">- Environment and living situation- Leisure and recreation- Religion and spiritual orientation- Childhood history- Military service history, if applicable- Financial issues- Usual social, peer-group, and environmental setting- Sexual history- Family circumstances | A |
| 2. | Family members' participation is considered a potential source of information for the psychosocial assessment. | A |
| 3. | When addressing bereavement, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the individual served or his or her family. | A |

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Standard PC.2.70

The organization defines in writing the data and information gathered during the emotional and behavioral assessment.

Elements of Performance for PC.2.70

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| 1. | <p>The information defined by the organization to be gathered during the emotional and behavioral assessment includes, as relevant to the care, treatment, or services, at least the following:</p> <ul style="list-style-type: none"> - History of emotional problems - History of behavioral problems - Addictive behaviors as a primary or a co-occurring condition(s), including the use of alcohol, other drugs, gambling, or other addictive behaviors by the individual served and family members - Current emotional and behavioral functioning - Maladaptive or problem behaviors - Community resources accessed by the individual served <p>Note: For certain populations, early identification of community resources is important to care, treatment, or service discharge-planning decisions. Such populations include the severely and persistently mentally ill, the severely and chronically disabled, and children and youth. Community resources for these groups encompass a wide range of services. These services are supportive (such as community mental health, sheltered living, day treatment, or activity programs) as well as commonly accessed by the general public (such as public transportation, banking or retail stores, and so on). For youth or children in foster care or in-home services, resources might include community mental health centers, teen centers, YMCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.</p> | A |
| 2. | <p>When indicated, the following evaluations are conducted:</p> <ul style="list-style-type: none"> - Mental status - Psychiatric - Psychological - Language, self-care, visual-motor, and cognitive functioning. | A |

Standard PC.2.80

As appropriate to the age of the individual served, a vocational screening is done, and when indicated, an in-depth vocational assessment is performed.

Elements of Performance for PC.2.80

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| 1. | A screening identifies individuals for whom a vocational assessment is indicated. | A |
| M 2. | Individuals for whom a vocational assessment is indicated are either assessed or referred for assessment. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.2.90

An educational status screening is done, and when indicated, an in-depth educational status assessment is performed.

Elements of Performance for PC.2.90

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| | 1. | A screening identifies individuals for whom a more in-depth educational assessment is indicated. | A |
| M | 2. | Individuals for whom a more in-depth educational assessment is indicated are either assessed or referred for assessment. | C |
| | 3. | The information defined by the organization to be gathered during the initial educational assessment includes, as relevant to care, treatment, or services, at least the following: <ul style="list-style-type: none"> - The educational background of the individual served - Preferences of areas of study and academic performance - Attitude toward academic achievement - Possibilities for future education | A |

Standard PC.2.100

A legal status screening is done, and when indicated, an in-depth legal status assessment is performed.

Elements of Performance for PC.2.100

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| | 1. | A screening identifies individuals for whom a legal assessment is indicated. | A |
| M | 2. | Individuals for whom a legal assessment is indicated are either assessed or referred for assessment. | C |
| | 3. | When conducted by the organization, the information defined by the organization to be gathered during the initial legal status assessment includes, as relevant to the care, treatment, or services, at least the following: <ul style="list-style-type: none"> - A legal history - A preliminary discussion to determine how much the individual's legal situation will influence his or her progress in care, treatment, or services, and the urgency of the legal situation - The relationship between the presenting conditions and legal involvement | A |

Standard PC.2.110

A nutritional screening is done, and when indicated, an in-depth nutritional assessment is performed.

Elements of Performance for PC.2.110



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| | 1. | A screening identifies individuals who may be at moderate or high nutritional risk. | A |
| M | 2. | Individuals who may be at moderate or high nutritional risk are either assessed or referred for assessment by a qualified professional. | C |

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Standard PC.2.140

Initial screenings and assessments are performed as defined by the organization.

Elements of Performance for PC.2.140

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| M | 1. Each individual served is assessed per organization policy. |  C |
| M | 2. Each individual's initial assessment is conducted within the time frame specified by the needs of the individual served, organization policy, and law and regulation. |  C |
| M | 3. The organization collects information during initial screenings and/or assessments about the following: The individual's perceptions of needs and preferences for care, treatment, or services. | C |
| M | 4. The organization collects information during initial screenings and/or assessments about the following: The family's perceptions, when indicated and available, and preferences for care, treatment, or services. | C |
| | 5. In acute 24-hour settings, a qualified, licensed independent practitioner is responsible for determining the degree of assessment and care for each individual treated in an emergency care area.
Note: "Acute settings" may also refer to inpatient crisis stabilization or medical detoxification. | A |
| M | 6. For opioid treatment programs: Patients receive a comprehensive evaluation that covers the following, based on the patient's condition and needs: medical, psychosocial, vocational, educational, behavioral, family, financial, legal, health, and self-care needs.
Note: For patients receiving interim maintenance treatment, the program is not required to provide rehabilitative, education, and other counseling services to the patient. | C |
| M | 7. For opioid treatment programs: The comprehensive evaluation is conducted by one or more disciplines within approximately 30 days of admission or earlier when necessary. | C |


Standard PC.2.150



Individuals served are reassessed as needed.

Note: The scope and intensity of any further assessments are based on the individual's diagnosis; the setting; the individual's desire for care, treatment, or services; and the individual's response to any previous care, treatment, or services. Each individual may be reassessed for many reasons including the following:

- To evaluate his or her response to care, treatment, or services
- To respond to a significant change in status and/or diagnosis or condition
- To satisfy legal or regulatory requirements
- To meet time intervals specified by the organization
- To meet time intervals determined by the course of the care, treatment, or services for the individual served

Elements of Performance for PC.2.150

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| M | 1. Each individual served is reassessed as needed. |  C |
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- M** 3. For opioid treatment programs: Assessments are updated quarterly during the patient’s first year of continuous treatment and semiannually during subsequent years.

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Standard PC.3.10

Individuals served who may be victims of abuse, neglect, or exploitation are assessed.

Rationale for PC.3.10

Victims of abuse, neglect, or exploitation may seek care, treatment, or services in a variety of ways. The individual may be unable or may be reluctant to speak of the abuse, and it may not be obvious to the casual observer. Staff need to be able to identify abuse, neglect, and exploitation as well as the extent and circumstances of the abuse, neglect, or exploitation to give the individual appropriate care. Criteria for identifying and assessing victims of abuse or neglect should be used throughout the organization. The assessment of the individual must be conducted within the context of the requirements of the law to preserve evidentiary materials and support future legal actions.

Elements of Performance for PC.3.10

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| <p>1. The organization develops or adopts criteria for identifying victims in each of the following situations:
 - Physical assault
 - Rape
 - Sexual molestation
 - Domestic abuse
 - Elder neglect or abuse
 - Child neglect or abuse
 - Exploitation
 Footnote: The Family Violence Prevention Fund is one resource that can be contacted for further information at www.fvpf.org.</p> | <p>A</p> |
| <p>2. Staff is educated about abuse, neglect, or exploitation and how to refer as appropriate.
 Note: Staff should be able to screen for abuse and neglect as indicated by the needs or conditions of the individual served. The organization may define who conducts the full assessment for alleged or suspected abuse or neglect or may refer to another organization.</p> | <p>A</p> |
| <p>3. D A list of private and public community agencies that provide or arrange for assessment and care of abuse victims is maintained to facilitate appropriate referrals.</p> | <p>A</p> |
| <p>4. Victims of abuse, neglect, or exploitation are identified using the criteria developed or adopted by the organization during initial screening and assessment and on an ongoing basis.</p> | <p>3 A</p> |
| <p>5. The organization's staff refers appropriately or conducts the assessment of victims of abuse, neglect, or exploitation.</p> | <p>3 A</p> |
| <p>6. All cases of possible abuse, neglect, or exploitation are reported to appropriate agencies according to organization policy and law and regulation.</p> | <p>3 A</p> |
| <p>7. All cases of possible abuse, neglect, or exploitation are immediately reported in the organization.</p> | <p>3 A</p> |

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Standard PC.3.20

For organizations providing care, treatment, or services to a child/youth: Family or guardian involvement is facilitated and coordinated throughout the assessment process.

Rationale for PC.3.20

Active participation by family members or legal guardians is essential throughout the provision of care, treatment, or services for children/youth.

Elements of Performance for PC.3.20

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| M | 1. For organizations providing care, treatment, or services to a child/youth: The family's or legal guardian's expectations for and involvement in the assessment and initial and continuing care, treatment, or services are assessed. | C |
| M | 2. For organizations providing care, treatment, or services to a child/youth: The family's role in achieving care, treatment, or service goals is made clear. | C |
| | 3. For organizations providing care, treatment, or services to a child/youth: The organization establishes procedures that facilitate ongoing communication with the family or legal guardian about their perceptions of the child's/youth's needs and other issues. | A |
| M | 4. For organizations providing care, treatment, or services to a child/youth: In conducting the assessment, the organization distinguishes between data provided by family or referral sources and data based on interaction with the child/youth. | C |

Standard PC.3.30

For organizations providing care, treatment, or services to a child/youth: The needs of children/youth are assessed.

Elements of Performance for PC.3.30

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| | 1. For organizations providing care, treatment, or services to a child/youth: Assessment information defined by the organization to be gathered during the initial assessment of a child/youth includes at least the following, as relevant to the care, treatment, or services:
<ul style="list-style-type: none"> - An assessment of the family's effect on the child's/youth's needs and the effect of those needs on the family - Legal custody status, including the clear identification of the legal guardian(s) - The use of a developmental perspective in evaluating all aspects of functioning, including the child's or youth's physical, emotional, cognitive, educational, nutritional, and social development - Assessment in relation to normative development for chronological age - The child's or youth's play, recreation, and daily activity needs - The family history and current living situation - The family dynamics and their impact on the child's/youth's current needs - Areas that should be addressed in the care, treatment, or services process - Family dynamics that should be considered in discharge planning | A |
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| 2. | For organizations providing care, treatment, or services to a child/youth: When a physical health assessment is done for a child/youth, it addresses the following: <ul style="list-style-type: none"> - Motor development and functioning - Sensorimotor functioning - Speech, hearing, and language functioning - Visual functioning - Immunization status - Oral health and oral hygiene | A |
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Standard PC.3.40

For organizations providing care, treatment, or services to individuals with intellectual disabilities: The needs of individuals with intellectual disabilities are assessed.

Rationale for PC.3.40

A thorough assessment of functioning should be considered when selecting individual program plan interventions and objectives.

Elements of Performance for PC.3.40

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| M | 1. For organizations providing care, treatment, or services to individuals with intellectual disabilities: A comprehensive assessment of individuals with intellectual disabilities is done within 30 days of admission and at regular intervals thereafter as specified in policy. | C |
| M | 2. For organizations providing care, treatment, or services to individuals with intellectual disabilities: Individuals with intellectual disabilities receive at least an annual physical examination. | C |
| M | 3. For organizations providing care, treatment, or services to individuals with intellectual disabilities: Individuals with intellectual disabilities are reassessed for social, emotional, behavioral, educational, vocational, and cognitive functioning, and recreational needs at regular intervals and at least annually, and, when indicated, reassessed for legal needs. | C |
| | 4. For organizations providing care, treatment, or services to individuals with intellectual disabilities: The organization identifies the most common instances in which a reassessment of the individual served should be done more than once a year. | A |
| | 5. For organizations providing care, treatment, or services to individuals with intellectual disabilities: Information to be gathered during the initial assessment of individuals with intellectual disabilities includes, as relevant to the care, treatment, or services, at least the following: <ul style="list-style-type: none"> - The presenting conditions - Other disabilities - Needs - When possible, the causes of the disability | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 6. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: When a physical health assessment is done for individuals with intellectual disabilities, it addresses the following:
- Motor development and functioning
- Sensorimotor functioning
- Speech, hearing, and language functioning
- Visual functioning
- Immunization status
- Oral health and oral hygiene | A |
| 7. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: The psychosocial assessment for individuals with intellectual disabilities addresses the following:
- A comprehensive social history
- Adaptive behavior, social functioning, and independent living skills, talents, aptitudes, interests, and leisure activities | A |
| 8. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: The educational and vocational functioning assessment for individuals with intellectual disabilities addresses the following:
- Education and training history
- Work history
- Work interests, skills, and work-related behavior | A |
| 9. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: The cognitive functioning assessment for individuals with intellectual disabilities addresses the following:
- Intelligence testing
- Conceptual skills
- The current level of concrete and abstract reasoning | A |

Standard PC.3.50

For organizations providing care, treatment, or services to individuals with intellectual disabilities: When the identified needs of the individual with intellectual disabilities include developing skills for activities of daily living, a training program is developed.

Elements of Performance for PC.3.50

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| 1. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: The training program for developing skills for activities of daily living specifies the following:
- The program's behavioral objectives
- The methods to be used
- The training schedule | A |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.3.60

For organizations providing care, treatment, or services to individuals with addictions: The assessment includes the individual's history of addictive behaviors.

Elements of Performance for PC.3.60

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| M | 1. For organizations providing care, treatment, or services to individuals with addictions: The individual's history of alcohol use, drug use, nicotine use, and other addictive behaviors is obtained. The information includes the following: <ul style="list-style-type: none"> - Age of onset - Duration - Patterns of use (for example, continuous, episodic, or binge use) | C |
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Standard PC.3.70

For organizations providing care, treatment, or services to individuals with addictions: The assessment includes the individual's history of mental, emotional, behavioral, legal, and social consequences of dependence or addiction; their co-occurrences with substance use problems; and their treatment.

Rationale for PC.3.70

Identifying the individual's physical, emotional, behavioral, and social functioning before the onset of substance abuse, dependence, or other addictive behaviors aids in evaluating the effects that substance abuse, dependence, and other addictive behaviors have had on the individual's physical, emotional, and social well-being. Assessing whether the individual has experienced a history of abuse (including physical or sexual abuse either as the abuser or the abused) may also affect the individual's ability to address his or her dependence.

Elements of Performance for PC.3.70

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| M | 1. For organizations providing care, treatment, or services to individuals with addictions: The individual's history of emotional, behavioral, legal, and social consequences of dependence or addiction is obtained. | C |
| M | 2. For organizations providing care, treatment, or services to individuals with addictions: Information including consequences of dependence or addiction (for example, legal problems, divorce, loss of friends, job-related incidents, financial difficulties, blackouts, memory impairment) is obtained. | C |

Standard PC.3.80

For organizations providing care, treatment, or services to individuals with addictions: The assessment includes the individual's history of physical problems associated with substance abuse, dependence, and other addictive behaviors.

Rationale for PC.3.80

Assessing the history of physical problems associated with substance abuse and dependence helps to substantiate the diagnosis, anticipate potential medical problems related to chemical withdrawal management, identify the individual's level of function, and help the individual who is minimizing the physical consequences of dependence.

For opioid treatment programs: Careful diagnostic distinctions are made between the physical dependence associated with chronic administration of opioids to relieve pain and the disease of opioid addiction. Apparent drug-seeking behaviors, typically associated with chronic opioid addiction, may occur as a response to inadequately treated or prolonged pain ("pseudo-addiction"). The physical dependence and tolerance to opioids seen in some chronic pain patients are expected physiological responses to opioid addiction therapy and do not support a diagnosis of active opioid addiction.

Elements of Performance for PC.3.80

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- M** 1. For organizations providing care, treatment, or services to individuals with addictions: The individual's history of physical problems associated with substance dependence and other addictive behaviors is obtained.

C**Standard PC.3.90**

For organizations providing care, treatment, or services to individuals with addictions: The assessment includes the individual's family history of substance abuse, dependence, or other addictive behaviors.

Rationale for PC.3.90

Assessing information about substance abuse, dependence, and other addictive behaviors by the family enhances understanding of the individual's behavioral dynamics and helps determine the potential for extended family support as well as the impact of family circumstances on treatment.

Elements of Performance for PC.3.90

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- M** 1. For organizations providing care, treatment, or services to individuals with addictions: The history of use of alcohol, other drugs, and other addictive behaviors of the individual's family is obtained.

C

Standard PC.3.100

For organizations providing care, treatment, or services to individuals with additions: The assessment includes the religion and spiritual orientation of the individual served.

Rationale for PC.3.100

The spiritual orientation of the individual served may relate to the substance abuse, dependence, and other addictive behaviors in terms of how the individual views himself or herself as a person of value and worth. Spiritual orientation is not considered synonymous with an individual's relationship with an organized religion.

Elements of Performance for PC.3.100

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| M | 1. For organizations providing care, treatment, or services to individuals with additions: The spiritual orientation and religion of the individual served are obtained as part of the assessment. | C |
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Standard PC.3.110

For organizations providing care, treatment, or services to individuals with additions: The assessment includes the history of previous treatment and relapse of the individual served.

Rationale for PC.3.110

Assessing previous treatment and the response of the individual served to previous treatment allows the clinician to see whether the individual responded appropriately to the treatment and if expected outcomes were achieved. If expected outcomes were not achieved, the clinician can also evaluate what revisions were made (if any) and whether or not revisions were successful.

Elements of Performance for PC.3.110

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| M | 1. For organizations providing care, treatment, or services to individuals with additions: Assessments of the individual served contain information about previous treatment. | C |
| M | 2. For organizations providing care, treatment, or services to individuals with additions: Assessments of the individual served contain information about the individual's response to previous treatment. | C |
| M | 3. For organizations providing care, treatment, or services to individuals with additions: Assessments of the individual served contain information about the relapse history of the individual served. | C |

Standard PC.3.140

For foster care: Each individual is assessed to determine appropriate services and placement.

Elements of Performance for PC.3.140

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| M | 1. For foster care: Each individual in foster care receives a physical status evaluation. | C |
| M | 2. For foster care: Each individual in foster care receives a developmental status evaluation. | C |
| M | 3. For foster care: Each individual in foster care receives an educational status evaluation. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

M	4.	For foster care: Each individual in foster care receives an emotional status evaluation.	C
M	5.	For foster care: Each individual in foster care receives a behavioral status evaluation.	C
M	6.	For foster care: Each individual in foster care receives a social status evaluation.	C
M	7.	For foster care: Each individual in foster care receives a legal status evaluation.	C
M	8.	For foster care: Each individual in foster care receives a spiritual status evaluation.	C
M	9.	For foster care: Each individual in foster care receives a cultural and linguistic status evaluation.	C
	10.	For foster care: Information is secured from the individual in foster care, foster parents, family of origin, and guardian to the extent possible.	A
	11.	For foster care: The agency provides for a process for a rapid assessment (triage) of the individual in foster care/family of origin and extended family resources to determine appropriateness of foster or kinship care and to develop a preliminary plan.	A
	12.	For foster care: A preliminary plan is developed based on the triage assessment to meet the needs of the individual in foster care and match the foster house to the individual.	A
M	13.	For foster care: The full assessment to ensure appropriate stable placement is done.	C
	14.	For foster care: The full assessment is done within an appropriate time frame.	A
M	15.	For foster care: Based on the full assessment, the appropriateness of the match of the individual in foster care to a foster home is determined.	C
M	16.	For foster care: The history and physical, any laboratory or diagnostic tests, dental examinations, and immunization status confirmation are performed in the time frame appropriate to comply with law and regulation, and within a time frame that accommodates the best interest and welfare of the individual in foster care.	C
	18.	For foster care: If the state or county agency has done an initial assessment, the foster care agency receives and evaluates this information.	A


Standard PC.3.150

For foster care: Criteria are developed to match a foster home to an individual.

Elements of Performance for PC.3.150

1.	For foster care: The agency develops criteria to match a foster home to an individual based on the following: - An assessment to identify the individual needs of the individual - An assessment of a foster family to identify the qualities of the family	A
2.	For foster care: The agency uses the criteria to match a foster home to an individual based on the assessment of the individual and the foster home.	A












KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required





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| 3. | For foster care: Criteria are developed to address emergency placements of individuals. | A |
| 4. | For foster care: The assessment for emergency placement in foster care contains basic information essential to the safety of the individual and to the family. |  A |

Standard PC.3.160

For foster care: Each prospective foster care family is assessed to determine its appropriateness for placement of individuals in foster care.

Elements of Performance for PC.3.160

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|  | 1. For foster care: Each prospective foster family receives an assessment of foster parent capability including the following: Physical health. | C |
|  | 2. For foster care: Each prospective foster family receives an assessment of foster parent capability including the following: Emotional capacity. | C |
|  | 3. For foster care: Each prospective foster family receives an assessment of foster parent capability including the following: Interpersonal relationships. | C |
|  | 4. For foster care: Each prospective foster family receives an assessment of foster parent capability including the following: Knowledge of developmental needs. | C |
|  | 5. For foster care: Each prospective foster family receives an assessment of foster parent capability including the following: Financial stability. | C |
|  | 6. For foster care: Each prospective foster family receives an assessment of foster parent capability including the following: Cultural and linguistic evaluations. | C |
|  | 7. For foster care: Each prospective foster family receives an assessment of foster parent capability including the following: The willingness to be trained. | C |
|  | 8. For foster care: Each prospective foster family receives an assessment of foster parent capability including the following: Appropriate criminal background checks, including background checks on any adult living in the home. |  C |
| | 9. For foster care: The assessment of a foster family establishes the following:
- That the foster parents are free from any disease or physical conditions that have been determined to be a detriment to the welfare of the individual in foster care
- That the foster family has the ability to provide care, is nurturing, and can provide supervision to the individual in foster care
- That the family demonstrates mental and emotional stability |  A |
|  | 10. For foster care: The assessment of a foster family is ongoing, but no less than annually.
Note: This assessment may occur at various times throughout service as a foster parent such as at license renewal, at placement of a new individual in foster care, when physical arrangements change in the foster home, or when background checks are necessary for any new adult who moves into the home. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard PC.3.170

For foster care: The needs of the family of origin are assessed.

Elements of Performance for PC.3.170

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| 1. | For foster care: The family of origin and the interventions necessary to be successful in order to keep children with their families or to reunify children in foster care and families are assessed.
Note: Some of the necessary interventions may include help with communication and problem-solving, parenting skills, behavior management techniques and skills, daily living skills, housing, child care, health care, mental health care, substance abuse care, family therapy, and employment. | A |
| 2. | For foster care: Based on the results of the assessment, the family of origin is provided access or referral to services or treatment that would alleviate or mitigate the causes of foster placement. | A |
| 3. | For foster care: The family-of-origin assessment occurs at intake and regularly thereafter or as directed by the case plan of the placing agency authority. | A |
| 4. | For foster care: In some jurisdictions or cases, another provider may perform the family-of-origin assessment, but the appropriate information from the assessment is furnished to the agency accepting the individual for placement. | A |
| 5. | For foster care: Assessment of the family of origin is made a part of the individual's file, and services are coordinated with the agency referring the individual. | A |

Standard PC.3.180

For foster care: The agency uses a defined process to determine out-of-home placement decisions.

Elements of Performance for PC.3.180

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| 1. | For foster care: The process for making out-of-home placement decisions is clearly delineated and may involve protective services, voluntary placement, and court orders. | A |
| 2. | For foster care: The agency defines how it plans to carry out the voluntary placement agreement or judicial determination. | A |

Standard PC.3.190

For foster care: The agency uses criteria to determine the need for foster care services.

Elements of Performance for PC.3.190

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| 1. | D For foster care: The agency defines and uses written criteria to determine the appropriateness of foster care as a suitable service. | A |
| 2. | For foster care: At a minimum, criteria to determine the appropriateness of foster care include the following: Safety. | A |
| 3. | For foster care: At a minimum, criteria to determine the appropriateness of foster care include the following: The need for care and protection. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 4. | For foster care: At a minimum, criteria to determine the appropriateness of foster care include the following: Any need for intensive out-of-home care beyond foster care. | A |
| 5. | For foster care: At a minimum, criteria to determine the appropriateness of foster care include the following: The ability to be cared for by kin or friend. | A |
| 6. | For foster care: At a minimum, criteria to determine the appropriateness of foster care include the following: The benefits of family-based care for the individual in foster care. | A |
| 7. | For foster care: Agencies accepting referrals receive and review information from the public or custodial agency as part of intake. | A |
| 8. | For foster care: Agencies accepting referrals determine if they can meet the needs of the individual in foster care. | A |

Standard PC.3.200

For foster care: The agency defines and uses criteria to identify prospective foster care families.

Elements of Performance for PC.3.200

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| 1. | D For foster care: The agency defines written criteria to identify prospective foster care families. | A |
| M 2. | For foster care: The agency uses the criteria to identify and select prospective foster care families. | C |
| 3. | For foster care: The agency determines a recruitment plan, including targeting and marketing to attract prospective foster parents. | A |

Standard PC.3.210

For foster care: Criteria are developed and used to determine the number of individuals that can be placed in each foster home.

Elements of Performance for PC.3.210

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| 1. | D For foster care: Written criteria are developed to determine the number of individuals in foster care that can be placed in each foster home.
Note: Criteria include the individual's needs (emotional, developmental, psychological, behavioral, age, history of legal involvement, history of mental needs, special restrictions, special physical care needs); resources available to the foster family (training, respite); support services (for example, extended family support, church support, community support); anticipated length of placement; special needs training for foster parents; prior experience as a foster care family; and for children/youth, the number of biological children and number of siblings. | A |
| M 2. | For foster care: Criteria are used to determine the number of individuals in foster care that can be placed in each foster home. | C |
| 3. | For foster care: The maximum number of individuals in foster care living with the foster families complies with state and federal law and regulation. | A |

Standard PC.3.220

For foster care: Criteria are developed and used to guide placement decisions.

Elements of Performance for PC.3.220

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| 1. | ⓓ For foster care: Written criteria are developed and used to guide placement decisions. | A |
| 2. | For foster care: Criteria for placement decisions include the following: <ul style="list-style-type: none"> - Considering placing the individual with kinship care providers (if an appropriate kinship house can be located) before placing in a non-relative foster care provider - Considering the proximity of the individual to the family of origin, community, schools, visitation, and placing siblings together - Being culturally responsive to the characteristics of the individual in foster care and families to the best of the agency's ability - Considering any respiratory risks to an individual from passive smoke due to existing health issues, such as asthma - Placing the safety and well-being of the individual in foster care foremost Note: For individuals in foster care who are receiving educational services: To meet educational needs and prevent exacerbation of education problems, the individual is placed, if possible, in his or her own community and school district for continuity of educational services. Placement in close proximity to the parent's home should be consistent with the individual's best interest and special needs. | A |

Standard PC.3.240

For foster care: The agency has a process to determine the competence and selection of foster families.

Elements of Performance for PC.3.240

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| 1. | For foster care: The agency has a process to determine the competence and selection of foster families. | A |
| Ⓜ 2. | For foster care: The agency follows its process to determine the competence and selection of foster families. | C |
| Ⓜ 3. | For foster care: The agency uses the application, references, criminal background checks for all adults in the household, child abuse registry checks, physical examinations, foster home inspection reports, language of the family, and interviews with foster parents. | C |
| Ⓜ 4. | For foster care: The agency uses criteria based on the applicant's ability to care for individuals with special needs, such as physical disabilities and emotional disturbances. | C |
| Ⓜ 5. | For foster care: The agency uses criteria based on competencies that match the level or type of care. | C |
| 6. | ⓓ For foster care: The agency has a written policy for circumstances under which unlicensed alternative care providers (for example, respite) must have a safety check. The policy takes into consideration the level of risk involved with the situation. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **Ⓜ** indicates Measure of Success if needed; **ⓓ** indicates that documentation is required

Standard PC.3.260

For foster care: Individuals providing therapeutic foster care services receive ongoing training and supervision to maintain competence.

Elements of Performance for PC.3.260

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| M | 1. For foster care: Individuals providing therapeutic foster care services receive ongoing training to maintain competence. | C |
| M | 2. For foster care: Individuals providing therapeutic foster care services receive ongoing supervision to maintain competence. | C |

Standard PC.4.20

The care, treatment, or services planned are appropriate to the assessed needs of the individual served.

Rationale for PC.4.20

For opioid treatment programs: Methadone has well-documented effects on several systems, including the respiratory, nervous, and cardiac systems, and liver. Additionally, many medications including methadone can act to increase the QT interval on an electrocardiogram and potentially lead to torsades de pointes, a potentially life-threatening cardiac arrhythmia. Therefore, it is important for the program physician to consider all of the medications the patient is currently taking (including actual versus prescribed doses, illicit drugs, medically active adulterants potentially present in illicit substances, and medically active over-the-counter or natural remedies). Given consideration of this information, the program physician can determine whether the treatment drug will be methadone, buprenorphine, or another medication and whether the treatment indicated for the patient is induction, detoxification, or maintenance.

Elements of Performance for PC.4.20

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| | 1. The needs of the individual served are identified based on information from the assessment. | A |
| M | 2. Care, treatment, or service decisions are collaborative and interdisciplinary when more than one discipline is involved in the care, treatment, or services of the individual served. | C |
| M | 3. Planning care, treatment, or services includes identifying specific objectives for the identified goals. | C |
| M | 4. Planning care, treatment, or services includes interventions and services necessary to meet the identified goals. | C |
| M | 5. For opioid treatment programs: Concurrent abuse of other drugs is managed. | C |
| M | 6. For opioid treatment programs: The program manages concurrent abuse of other drugs within the context of the medication-assisted treatment.
Footnote: Principles for managing concurrent abuse of other drugs are described in TIP 43, "Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs" (CSAT 2005). | C |
| M | 7. For opioid treatment programs: For patients with two or more unsuccessful withdrawal episodes within a 12-month period, the program physician assesses the patient to determine what other forms of treatment should be considered. | C |





KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required





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| 8. | For opioid treatment programs: The program includes smoking and tobacco cessation as an integral part of the treatment of patients who use tobacco. | C |
| 9. | For opioid treatment programs: Patients diagnosed with diseases that must be reported to the public health department (such as tuberculosis or sexually transmitted diseases) are either treated by the program or are referred for further evaluation and treatment elsewhere. | A |
| 10. | For opioid treatment programs: The program provides patients with free or low cost access to the immunizations recommended by the CDC either on site or through referral. | A |
| 11. | For opioid treatment programs: The program establishes linkages with community HIV/AIDS treatment programs, prevention programs, and social support services to continue opioid medication when AIDS becomes the patient's primary health concern. | A |

Standard PC.4.30

Appropriate care, treatment, or services may begin before a full plan is formulated.

Elements of Performance for PC.4.30

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|  | 1. A preliminary plan for care, treatment, or services may be formulated and interventions begun to address immediate needs while full detailed assessments and planning are done. | C |
|  | 2. The preliminary plan for care, treatment, or services is developed as soon as possible after initial contact. | C |
|  | 3. The preliminary plan for care, treatment, or services addresses the presenting needs based on information gathered during admission and initial assessment. | C |
|  | 4. The preliminary plan for care, treatment, or services addresses interventions in response to emergency needs, such as an immediate need for placement, danger to self or others, or severe personality disorder when present. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard PC.4.40

The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.

Elements of Performance for PC.4.40

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| 1. | The plan for care, treatment, or services includes the following:
- Clearly defined problems and needs statements
- Measurable goals and objectives based on the assessed needs, strengths, and the limitations of the individual served
- The frequency of care, treatment, or services
- A description of facilitating factors and possible barriers to care, treatment, or services or reaching goals
- As appropriate to the services or setting, the criteria for the transition to more independent and less restrictive environments and successful adaptation into community settings
Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.
Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required. | A |
| 2. | Objectives of the plan for care, treatment, or services are as follows:
- Sufficiently specific to evaluate the progress of the individual served
- Expressed in behavioral terms that specify measurable indices of progress | A |
| M 3. | Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy. | C |
| M 4. | Justification for deferring care, treatment, or services of specific needs is documented. | C |
| M 5. | For opioid treatment programs: Treatment plans are updated when there are changes in the patient's problems, needs or response to treatment or, if no changes occur, at least quarterly during the patient's first year of continuous treatment and semiannually during subsequent years. | C |
| 6. | For opioid treatment programs: The program offers people living with HIV/AIDS medication-assisted treatment that addresses medication side effects and toxicity. | A |
| M 7. | For opioid treatment programs: The program supports a patient's decision to breast-feed during methadone treatment, unless medically contraindicated, such as by the presence of HIV or HTLV I or II infection in the mother. | C |
| M 8. | For opioid treatment programs: Voluntary withdrawal from medication-assisted treatment is medically supervised and occurs at a rate well tolerated by the patient and in accordance with sound clinical judgment.
Note: Voluntary withdrawal can occur when the physician and patient agree to the process or when the patient requests withdrawal against medical advice. Voluntary supervised withdrawal is distinct from involuntary tapering or administrative withdrawal (refer to Standard PC.15.10). | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 9. | For opioid treatment programs: The program offers a variety of options to promote successful medically supervised withdrawal, including increased counseling prior to discharge and encouraging attendance at a 12-step or other mutual help program that accepts individuals receiving medication-assisted treatment. | A |
| M 10. | For opioid treatment programs: For medically supervised withdrawal against medical advice: The program explains the risks of leaving treatment and provides information about or referral to alternate treatment options. | C |
| M 11. | For opioid treatment programs: For medically supervised withdrawal against medical advice: When a patient leaves the program abruptly, the program allows the patient to be readmitted without repeating the initial assessment procedures if the readmission is within 30 days. | C |
| M 12. | For opioid treatment programs: For medically supervised withdrawal against medical advice: The program documents the reasons given by the patient for seeking medically supervised withdrawal against medical advice and documents all steps taken to avoid discharging the patient. | C |
| M 13. | For opioid treatment programs: For medically supervised withdrawal against medical advice: If medically supervised withdrawal fails, the physician evaluates the appropriateness of resuming maintenance treatment. | C |
| M 14. | For opioid treatment programs: For medically supervised withdrawal against medical advice: For a pregnant patient, the program informs the physician or agency providing prenatal care that the patient is undergoing medically supervised withdrawal, consistent with federal privacy standards. | C |

Standard PC.4.50

Individuals served are encouraged to participate in developing their plan for care, treatment, or services.

Elements of Performance for PC.4.50

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| 1. | The organization has a process for involving individuals served in their care, treatment, or service decisions.
Note: Documentation of the nature and extent of the involvement is often included in progress notes. It is not necessary for the individual served to sign a specific plan for care, treatment, or services because a signature alone does not testify to the degree of involvement, understanding, or agreement in this important process. | A |
| M 2. | Providers relate their conclusions and recommendations for care, treatment, or services to each individual served. | C |
| M 3. | Individuals served are encouraged to express their views and make choices about the plan for care, treatment, or services. | C |
| 4. | All interventions described in a plan for care, treatment, or services consider and respect the views of the individual served. | A |
| M 5. | The participation of the individual served in developing his or her plan for care, treatment, or services is documented. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.4.60

The plan for care, treatment, or services addresses the family's involvement as a natural support system when indicated.

Elements of Performance for PC.4.60

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| | 1. The family of the individual served is involved in developing the plan for care, treatment, or services when indicated. | A |
| | 2. The plan for care, treatment, or services reflects family participation in care, treatment, and services when indicated. | A |
| M | 3. Family participation (if any) may be documented in the plan for care, treatment, or services through problems or needs statements, goals, objectives, or interventions. | C |

Standard PC.4.70

When indicated, the plan for care, treatment, or services includes advocacy services to enhance the natural support system, facilitate environmental modifications, or create new support systems.

Elements of Performance for PC.4.70

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| | 1. The involvement and expectations of advocates are considered and documented, as appropriate, in the plan for care, treatment, or services. | A |
| | 2. The service provider is an advocate for the needs of the individual served and for improvements in the system, when needed. | A |

Standard PC.4.80

Activity services, when provided, are incorporated into the plan for care, treatment, or services.

Elements of Performance for PC.4.80

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| M | 1. Activity services, when provided, are specified in the plan for care, treatment, or services of the individual served. | C |
| | 2. The scope and depth of the activities program, when provided, are carefully matched with the needs of the individual served and balanced with free time and opportunity for additional therapeutic interaction with staff. | A |
| | 3. D Schedules of activity services, when provided, are posted in locations accessible to both staff and individuals served. | A |
| M | 4. Schedules of activity services, when provided, are implemented. | C |

Standard PC.4.90

When individuals served need additional services not offered by the organization, appropriate referrals are made and documented in the clinical/case record.

Elements of Performance for PC.4.90

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| M | 1. Individuals served are referred to an outside source when services needed are not provided directly. | C |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 2. Referrals to an outside source are based on assessment of need. | C |
| M | 3. Concurrent care, treatment, or services provided by an outside source that are integral to meeting goals and objectives are reflected in the plan for care, treatment, or services. | C |
| M | 4. Referrals of individuals served to outside sources are documented in the clinical/case record. | C |
| M | 5. For opioid treatment programs: The program helps female patients with infants that may be susceptible to neonatal abstinence syndrome to obtain a comprehensive evaluation and treatment for the infant. | C |
| | 6. For opioid treatment programs: The program offers referrals to parenting support groups or other services to patients in medication-assisted treatment who have children.
Note: Children of patients in medication-assisted treatment may also need a referral for services because they may have special mental health and cognitive needs, especially if abuse or neglect has occurred. | A |
| | 7. For opioid treatment programs: The program offers or provides referrals for child care services to patients in medication-assisted treatment who have children. | A |
| M | 8. For opioid treatment programs: If the program refers the patient elsewhere for prenatal care, it seeks reciprocity in the exchange of pertinent clinical information about compliance with the recommended course of medical care, in accordance with federal privacy regulations. | C |
| M | 9. For opioid treatment programs: If a pregnant woman refuses direct prenatal services or appropriate referral for such care, the program's treating physician or designee has the patient formally acknowledge in writing that the program offered these services but the patient refused them. | C |
| M | 10. For opioid treatment programs: The program refers the patient for appropriate treatment if the assessment identifies mental health needs. | C |

Standard PC.4.100

For organizations providing care, treatment, or services to individuals with intellectual disabilities: The needs of individuals with intellectual disabilities are addressed.

Elements of Performance for PC.4.100

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| M | 1. For organizations providing care, treatment, or services to individuals with intellectual disabilities: Entry to the program and provision of specific services are determined by the individual's needs and preferences. | C |
| M | 2. For organizations providing care, treatment, or services to individuals with intellectual disabilities: Individuals served and their families or advocates have the opportunity to participate in the planning process by expressing their opinions, preferences, questions, concerns, desires, and expectations for care, treatment, or services. | C |
| M | 3. For organizations providing care, treatment, or services to individuals with intellectual disabilities: A multidisciplinary team develops an individualized program plan within 30 days of entry, which is reviewed and revised at key decision points or at least annually. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 4. For organizations providing care, treatment, or services to individuals with intellectual disabilities: The organization makes every effort to accommodate the needs and preferences of the individual served and family or advocates. | C |
| M | 5. For organizations providing care, treatment, or services to individuals with intellectual disabilities: The plan of care, treatment, or services is reviewed as follows:
- When introducing protective devices
- When major changes occur in presenting conditions or disabilities
- The plan is revised as needed | C |
| M | 6. For organizations providing care, treatment, or services to individuals with intellectual disabilities: When the individual served reaches majority or emancipation, the need for continued care, treatment, or services and their civil and legal rights are re-evaluated. | C |
| M | 7. For organizations providing care, treatment, or services to individuals with intellectual disabilities: Notes in the clinical/case record document the involvement or lack thereof of the individual served, family, or advocate. | C |

Standard PC.4.110

For organizations providing 24-hour care, treatment, or services to individuals with intellectual disabilities: The organization has defined a mechanism to meet oral health care needs of the individual served.

Elements of Performance for PC.4.110

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| 1. | For organizations providing 24-hour care, treatment, or services to individuals with intellectual disabilities: The objectives and scope of the oral health program consider the length of stay of the individual served and include at least the following:
- The method(s) of providing or referring individuals served for regular dental care
- The method(s) for providing emergency dental care
- The proper storage and labeling of oral hygiene supplies
- As needed, labeling, cleaning, and storing of oral prostheses and appliances | A |
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Standard PC.4.120

For foster care: A case plan is developed and periodically reviewed.

Rationale for PC.4.120

To ensure a comprehensive and coordinated approach in planning and providing services, all professionals and caregivers involved in each individual's case planning work as a team and regularly communicate with each other.

Elements of Performance for PC.4.120

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| 1. | For foster care: A case plan is developed. | A |
| M | 2. For foster care: The case plan is evaluated at least every six months. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| | 3. | For foster care: Appropriate individuals are involved in evaluating the case plan.
Note: Appropriate individuals may include agency staff, the individual served, the foster family, the family of origin, and a representative of the state authority. | A |
| | 4. | For foster care: The case plan is individualized based on a study of the emotional, behavioral, developmental, educational, spiritual, social, physical, cultural, linguistic, and legal status of the individual in foster care as well as that of the family of origin. | A |
| M | 5. | For foster care: The case plan identifies the permanency goal if the individual in foster care is a child/youth. | C |
| M | 6. | For foster care: The case plan is reviewed and revised as needed for continuing necessities and appropriateness of placement. | C |
| | 7. | For foster care: The case planning process includes an assessment of preparation for independent living when older youth or adults are discharged from foster care.
Note: Services for older youth or adults to develop skills necessary for independence are employment career planning assessments, financial management, daily living skills (for example, cooking, transportation), completing high school or general educational development, job search training, and vocational training. Other possible services to prepare older youth or adults for independence include developing support systems and exploring educational needs such as college, social/relationship skills, and parenting skills, when applicable. | A |
| | 8. | For foster care: When the foster care agency has custody of the individual in foster care, the agency is responsible for case planning. | A |
| | 9. | For foster care: If the county or state agency retains custody and is responsible for the case plan, the foster care agency participates in developing and evaluating the plan. | A |

Standard PC.5.10

The organization provides care, treatment, or services for each individual served according to the plan for care, treatment, or services.

Elements of Performance for PC.5.10

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| M | 1. | The organization provides care, treatment, or services for each individual served according to the plan for care, treatment, or services. | 3 C |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.5.60

The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and consistent with the organization's scope of care, treatment, or services.

Rationale for PC.5.60

Throughout the provision of care, treatment, or services, individuals served should be matched with appropriate internal and external resources to meet their ongoing needs in a timely manner. Care, treatment, or services should be coordinated between providers and between settings, independent of whether they are provided directly or through written agreement.

Elements of Performance for PC.5.60

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| | 1. | The organization coordinates the care, treatment, or services provided through internal resources to an individual served. | A |
| M | 2. | The organization's process for hand-off communication provides for the opportunity for discussion between the giver and receiver of information regarding the individual served.
Note: Such information may include the condition, care, treatment, medications, and services of the individual served, as well as any recent or anticipated changes to any of these. | 3 C |
| | 3. | When external resources are needed, the organization participates in coordinating care, treatment, and services with these resources. | A |
| | 4. | The organization has a process to receive or share relevant patient information to facilitate appropriate coordination and continuity when patients are referred to other care, treatment, and service providers. | A |
| | 5. | There is a process to resolve duplication or conflict with either internal or external resources. | A |
| | 6. | The activities detailed in the plan of care, treatment, and services is designed to occur in a time frame that meets the patient's health needs. | A |
| M | 7. | When needs are identified for which the organization does not directly provide services, the organization refers individuals served to an outside source. | C |
| M | 8. | Before taking action on a verbal order or verbal report of a test result, staff uses a record and "read back" process to verify the information. | 3 C |
| | 9. | For opioid treatment programs: The program works with the criminal justice system to provide continuous treatment to patients who are incarcerated, on probation, or on parole. | A |
| | 10. | For opioid treatment programs: The program develops referral and consultative relationships with other agencies and providers that can provide services to treat patients for any psychiatric co-morbid conditions, medical complications, and communicable diseases. | A |
| M | 11. | For opioid treatment programs: When a patient is being treated for mental health issues, the program and the mental health provider jointly review the prescribed medications. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 12. | <p>M For opioid treatment programs: When a patient has hepatitis C, the program coordinates its treatment with the agency responsible for medical treatment. Attention is paid to the patient's adherence to the medication regimen and adverse events.</p> | C |
| 13. | <p>D For opioid treatment programs: The program notifies the state health officer both when a patient begins and leaves interim maintenance treatment and notifies the state health officer in advance when the patient is transferred to a comprehensive maintenance treatment program. All such notifications are documented.</p> | C |

Standard PC.6.10

The individual served receives education and training specific to the individual's needs and as appropriate to the care, treatment, or services provided.

Rationale for PC.6.10

Individuals served should be given sufficient information to make decisions and to take responsibility for self-management activities related to their needs. Individuals and, as appropriate, their families are educated to improve individual outcomes by promoting healthy behavior and appropriately involving individuals served in their care, treatment, or service decisions.

Elements of Performance for PC.6.10

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| 1. | Education provided is appropriate to the needs of the individual served. | A |
| M 2. | The assessment of learning needs addresses cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication as appropriate. | C |
| 3. | <p>As appropriate to the condition and assessed needs of the individual served and the organization's scope of services, the individual is educated about the following:</p> <ul style="list-style-type: none"> - The plan for care, treatment, or services - Basic health practices and safety - The safe and effective use of medications - Nutrition interventions, modified diets, or oral health - Habilitation or rehabilitation techniques to help them reach the maximum independence possible | A |
| M 4. | For opioid treatment programs: The program provides each patient with an orientation and ongoing education that includes: The nature of addictive disorders. | C |
| M 5. | For opioid treatment programs: The program provides each patient with an orientation and ongoing education that includes: The benefits of treatment and nature of the recovery process, including the phases of treatment. | C |
| M 6. | For opioid treatment programs: The program provides each patient with an orientation and ongoing education that includes: Clinic guidelines, rules, and regulations, including the requirement to sign a formal agreement of consent, and fees and billing procedures. | C |
| M 7. | For opioid treatment programs: The program provides each patient with an orientation and ongoing education that includes: Noncompliance and discharge procedures, including administrative withdrawal from medication. | C |

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M	8. For opioid treatment programs: The program provides each patient with an orientation and ongoing education that includes: Toxicology testing procedures.	C
M	9. For opioid treatment programs: The program provides each patient with an orientation and ongoing education that includes: Dispensing medication.	C
M	10. For opioid treatment programs: The program provides each patient with an orientation and ongoing education that includes: Potential drug interactions.	C
M	11. For opioid treatment programs: The program provides each patient with an orientation and ongoing education that includes: Any agreements needed in order to exchange appropriate information within the network of consultants and referral agencies (in accordance with HIPAA regulations).	C
M	12. For opioid treatment programs: The program provides each patient with an orientation and ongoing education that includes: The availability of any 12-step or other mutual help group that is accepting of medication-assisted treatment and of the benefits of peer support.	C
M	13. For opioid treatment programs: The program documents that it informed and counseled the pregnant patient about the latest patient information sheets and product inserts for methadone.	C
M	14. For opioid treatment programs: If prenatal care is not available on site or by referral, or if the pregnant patient refuses prenatal care, the treatment program offers basic prenatal instruction on maternal, physical, and dietary care. Provision of the education is documented in the clinical record.	C
	15. For opioid treatment programs: The program offers or refers the patient education and training for all patients who are parents or refers patients to parenting skills.	A
	16. For opioid treatment programs: The program offers reproductive health education and referrals for contraceptive services.	A
M	17. For opioid treatment programs: The program educates patients about HIV/AIDS, including testing procedures, confidentiality, reporting, follow-up care, counseling, safer sex, social responsibilities, universal precautions, and sharing of intravenous injection equipment.	C
M	18. For opioid treatment programs: The program provides education to patients about viral hepatitis and its effects on physical and mental health, including prevention, treatment, and the effects of treatment on dosage levels of opioid medications.	C
M	19. For opioid treatment programs: The program provides education to patients about preventing HIV infection and other prevalent infectious diseases, such as hepatitis, sexually transmitted infections, and tuberculosis.	C
















Standard PC.6.20

For foster care: The foster family receives education to meet the needs of the individuals placed in their care.

Elements of Performance for PC.6.20

M	1. For foster care: Foster families receive preservice orientation, in-service training, and ongoing education.	C
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

	2.	For foster care: Orientation of foster families includes information on the following: Philosophy and practices of the agency.	C
	3.	For foster care: Orientation of foster families includes information on the following: The foster family's role.	C
	4.	For foster care: Orientation of foster families includes information on the following: Agency policies and procedures for discipline.	C
	5.	For foster care: Orientation of foster families includes information on the following: The agency's role in helping the foster family serve individuals placed in their care.	C
	6.	For foster care: Education is provided to foster families about the following: Specific behavioral problems and health conditions.	C
	7.	For foster care: Education is provided to foster families about the following: Community resources.	C
	8.	For foster care: Education is provided to foster families about the following: First aid.	C
	9.	For foster care: Education is provided to foster families about the following: Safety.	C
	10.	For foster care: Education is provided to foster families about the following: Medications.	C
	11.	For foster care: Education is provided to foster families about the following: Infection control.	C
	12.	For foster care: Education is provided to foster families about the following: The risk of passive smoking from others.	C
	13.	For foster care: Education is provided to foster families about the following: Provision of emergency medical and psychiatric services, as needed.	C
	14.	For foster care: Education is provided to foster families about the following: Visitation policies and scheduling of the visits.	C
	15.	For foster care: Education is provided to foster families about the following: Sitter or respite provider policies.	C
	16.	For foster care: The foster family also participates in agency-approved education as required.	C

Standard PC.6.30





The individual served receives education and training specific to the individual's abilities as appropriate to the care, treatment, or services provided by the organization.

Rationale for PC.6.30

Learning styles vary, and the ability to learn can be affected by many factors including individual learning preferences and readiness to learn. Educational activities must be tailored to meet the needs and abilities of the individual served.

Elements of Performance for PC.6.30

1.	Education provided is appropriate to the abilities of the individual served.	A
2.	Education provided to the individual served is coordinated among the disciplines providing care, treatment, or services.	A
3.	The content of the education provided to the individual served is presented in an understandable manner.	A

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

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| | 4. Teaching methods accommodate various learning styles of the individuals served. | A |
| M | 5. Comprehension of the education provided to the individual served is evaluated. | C |

Standard PC.6.40

For organizations providing care, treatment, or services to children/youth: The plan for care, treatment, or services reflects appropriate educational services for every child or youth whose care, treatment, or services cause a significant absence from school.

Elements of Performance for PC.6.40

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| | 1. For organizations providing care, treatment, or services to children/youth: An individual education plan is developed for each child or youth as appropriate. | C |
| M | 2. For organizations providing care, treatment, or services to children/youth: Qualified individuals provide educational services to children/youth. | C |

Standard PC.6.50

For organizations providing care, treatment, or services to children/youth: The organization provides academic education to children and youth as needed.

Rationale for PC.6.50

Providing academic education helps maintain the educational and intellectual development of children and youth and helps to keep them from falling behind. When school-age children or youth are in the organization for long periods, state or local laws may specify the requirements for meeting their schooling needs.

Elements of Performance for PC.6.50

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| | 1. For organizations providing care, treatment, or services to children/youth: The organization defines the length of stay and absence from school that would require providing educational services in accordance with applicable law and regulation. | A |
| | 4. D For organizations providing care, treatment, or services to children/youth: The organization has a written policy that addresses the role of education as a therapeutic activity and protects children and youth from losing ground academically while receiving care, treatment, or services. | A |

Standard PC.6.60

For organizations providing care, treatment, or services to children/youth: The organization facilitates educational continuity for children and youth.

Elements of Performance for PC.6.60

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| | 1. For organizations providing care, treatment, or services to children/youth: The organization facilitates communication with the child's or youth's school about past academic functioning and achievement. | A |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required





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| 2. | For organizations providing care, treatment, or services to children/youth: The organization promotes regular communication among teachers, clinical and child-care staff, and parent or guardian. | A |
| 3. | For organizations providing care, treatment, or services to children/youth: The organization works to provide consistent intervention among teachers, clinical and child-care staff, as defined in the plan for care, treatment, or services. | A |

Standard PC.6.70

For organizations that provide employment services: The organization assists the individual served in identifying needs, strengths and goals related to preparing for, gaining, maintaining, and/or improving employment.

Elements of Performance for PC.6.70

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|  | 1. For organizations that provide employment services: The organization assists the individual served in determining his or her desire to work. | C |
|  | 2. For organizations that provide employment services: The organization assists the individual served in identifying his or her personal interests, values, and vocational preferences. | C |
|  | 3. For organizations that provide employment services: The organization assists the individual served in identifying his or her employment needs. | C |
|  | 4. For organizations that provide employment services: The organization assists the individual served in identifying his or her employment goals. | C |
|  | 5. For organizations that provide employment services: The organization assists the individual served in identifying employment opportunities (for example, reviewing want ads, browsing the Internet) and in preparations to secure employment (for example, preparing resumes, completing applications). | C |
|  | 6. For organizations that provide employment services: The organization assists the individual served in developing the skills and supports to maintain employment. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard PC.6.80

For organizations that provide vocational rehabilitation services: The organization monitors changes in the local job market and responds appropriately to facilitate employment of the individual served.

Rationale for PC.6.80

The potential for and benefits of successful employment among individuals served is gaining acceptance within communities. With acceptance, the opportunities for employment of these individuals will increase. Due to the changing climate, organizations should keep abreast of potential employment opportunities for the individuals they serve.

Elements of Performance for PC.6.80

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| 1. | For organizations that provide vocational rehabilitation services: The organization establishes and maintains relationships with other agencies providing employment services, vocational rehabilitation, and state vocational rehabilitation departments.
Note: Vocational rehabilitation is defined as a service or program designed to attain, retain, or restore vocational skills of persons experiencing limited functioning. Vocational rehabilitation services may include vocational evaluation services, employment skills training, work activities, and supportive employment. | A |
| 2. | For organizations that provide vocational rehabilitation services: The organization establishes and maintains relationships with the business community. | A |
| 3. | For organizations that provide vocational rehabilitation services: The organization makes staff available to employers upon request to address stigma issues and concerns (for example, speakers, educators, referrals). | A |
| 4. | For organizations that provide vocational rehabilitation services: The organization monitors employment and unemployment trends in the community. | A |
| 5. | For organizations that provide vocational rehabilitation services: The organization makes improvements to service design and offerings in response to employers' changing personnel and skill needs. | A |

Standard PC.6.90

For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her desire for training and assessing needs, strengths, and interests related to training.

Elements of Performance for PC.6.90

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| 1. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her desire for training. | A |
| M 2. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her potential for the following: Pre-employment education/training. | C |
| M 3. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her potential for the following: Training and education at the work site. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 4. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her potential for the following: Skill building both pre-employment and at the work site. | C |
| M | 5. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her potential for the following: Assistance coaching. | C |
| M | 6. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her potential for the following: Long term training and support needs. | C |
| M | 7. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her potential for the following: Peer and family support in these endeavors. | C |

Standard PC.6.100

For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her needs related to securing and maintaining employment.

Elements of Performance for PC.6.100

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| M | 1. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her need for help with the following: Personal grooming and appearance. | C |
| M | 2. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her need for help with the following: Need for assistive technologies or accommodations. | C |
| M | 3. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her need for help with the following: Transportation. | C |
| M | 4. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her need for help with the following: Clothing. | C |
| M | 5. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her need for help with the following: Benefits counseling and management of wages. | C |
| M | 6. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her need for help with the following: Social/cultural concerns. | C |
| M | 7. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her need for help with the following: Safety risks. | C |
| M | 8. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her need for help with the following: Flexibility in terms of scheduling and transportation. | C |
| M | 9. | For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her need for help with the following: Assessment and support planning coordination with other service providers. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 10. For organizations that provide vocational rehabilitation services: The organization assists the individual served in determining his or her need for help with the following: Family or community supports. | C |
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Standard PC.6.110

For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her skills and supports related to securing and maintaining employment.

Elements of Performance for PC.6.110

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| M | 1. For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her skills and supports through a review of the following: Previous work history including volunteer activities. | C |
| M | 2. For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her skills and supports through a review of the following: Skills and experiences in seeking employment (for example, completing applications, interviewing). | C |
| M | 3. For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her skills and supports through a review of the following: Current work skills and the potential for improving skills or developing new ones. | C |
| M | 4. For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her skills and supports through a review of the following: Educational background. | C |
| M | 5. For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her skills and supports through a review of the following: Cognitive skills and abilities. | C |
| M | 6. For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her skills and supports through a review of the following: Physical abilities. | C |
| M | 7. For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her skills and supports through a review of the following: Work habits related to tardiness, absenteeism, dependability, honesty, and relations with coworkers and supervisors. | C |

Standard PC.6.120

For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her interests related to securing and maintaining employment.

Elements of Performance for PC.6.120

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| M | 1. For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her own expectations for the personal, financial, and social benefits of working. | C |
| M | 2. For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her own aptitudes, interests, and motivations toward involvement in various job-related activities. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 3. For organizations that provide vocational rehabilitation services: The organization assists the individual served in assessing his or her own desire for career planning assistance. | C |
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Standard PC.6.130

For organizations that provide vocational rehabilitation services: The organization assists the individual served to gain employment, if part of his or her plan for care, treatment, or services.

Elements of Performance for PC.6.130

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| M | 1. For organizations that provide vocational rehabilitation services: The organization assists the individual served in developing a plan for employment that focuses on the individual's employment goals and objectives. | C |
| | 2. For organizations that provide vocational rehabilitation services: The organization develops a written employment plan.
Note: A written plan is specific to the individual served and at a minimum reflects all elements outlined in Standard PC.6.130. | A |
| | 3. For organizations that provide vocational rehabilitation services: The written employment plan includes the following: <ul style="list-style-type: none"> - The types of employment, school and/or training for which the individual served is qualified or interested - The goals of the individual served - Barriers to employment (for example, transportation, written or verbal communication skills, child care needs) - Resources available to address barriers - Assessment of employment opportunities available to the individual served based on preferences, barriers, and available positions within the local job market - A description of how wages may impact existing benefits - Alternatives to any lost benefits | A |
| M | 4. For organizations that provide vocational rehabilitation services: The organization documents decisions that the individual served has made regarding accepting or declining employment opportunities. | C |
| M | 5. For organizations that provide vocational rehabilitation services: The organization reviews opportunities and procedures for requesting changes to the employment plan with the individual served. | C |
| M | 6. For organizations that provide vocational rehabilitation services: Once employment has occurred, the organization assesses satisfaction of the individual served with his or her employment on a timetable established by the organization. | C |
| M | 7. For organizations that provide vocational rehabilitation services: The organization monitors employer satisfaction with an individual that they employ, according to a schedule determined by the organization. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.6.140

For organizations providing family support services: The plan for care, treatment, or services identifies the role of families.

Rationale for PC.6.140

Families are often a support system that assists the individual served to function within the community.

Elements of Performance for PC.6.140

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| | 1. | For organizations providing family support services: The individual served determines the role of family members and their access to information in accordance with his or her age, and law and regulation. | A |
| M | 2. | For organizations providing family support services: Family members providing support are involved in developing the plan for services when indicated by the individual served. | C |
| M | 3. | For organizations providing family support services: The plan for services reflects the roles and participation of family members providing support designated by the individual served. | C |

Standard PC.6.150

For organizations providing family support services: Family members are offered information, assistance and education as needed to facilitate their roles and participation in meeting the needs of the individual served.

Elements of Performance for PC.6.150

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| M | 1. | For organizations providing family support services: Family members providing support are offered information, assistance, and education as needed from the organization on at least the following: Their roles and responsibilities. | C |
| M | 2. | For organizations providing family support services: Family members providing support are offered information, assistance, and education as needed from the organization on at least the following: Crisis recognition. | C |
| M | 3. | For organizations providing family support services: Family members providing support are offered information, assistance, and education as needed from the organization on at least the following: Available community resources to respond to a crisis. | C |

Standard PC.6.160

For organizations providing peer support: The plan for care, treatment, or services addresses the involvement of peer support when provided.

Rationale for PC.6.160

Anyone who has had similar experiences as an individual served can often assist the individual served and provide services, support, encouragement, advocacy, and education.

Elements of Performance for PC.6.160

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| | 1. | For organizations providing peer support: The individual served determines the amount of access to information and involvement of peers providing support. | A |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 2. For organizations providing peer support: Peers providing support assist in developing the plan for services, when indicated by the individual served. | C |
| M | 3. For organizations providing peer support: The plan for services reflects the inclusion of peer support as determined by the individual served. | C |

Standard PC.6.170

For organizations providing case management/care coordination services: Case management/care coordination services are based on needs, preferences, and available community resources of the individual served.

Elements of Performance for PC.6.170

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| 1. | For organizations providing case management/care coordination services: The individual served and, as appropriate, the family are partners with organization staff in service planning. | A |
| M | 2. For organizations providing case management/care coordination services: The individual served and, as appropriate, the family, and with the assistance of staff, identifies needs and preferences for the following: <ul style="list-style-type: none"> - Housing - Employment - Education - Transportation - Crisis support - Health care and behavioral health services (for example, medication, therapy) - Financial services and benefits - Assistance with housekeeping - Assistance with personal hygiene - Assistance with the retention and improvement of other skills related to activities of daily living - Social support and adaptive skills - Support of spirituality - Schools and recreation for children and youth - Parental support for children and youth - Interaction with the criminal or juvenile justice system, if applicable | C |
| M | 3. For organizations providing case management/care coordination services: Staff coordinating case management/care coordination services assists the individual served in identifying, using, and accessing family, neighborhood, and community supports and services. | C |
| 4. | For organizations providing case management/care coordination services: Staff coordinating case management/care coordination services supports informed choice for individuals served. | A |
| M | 5. For organizations providing case management/care coordination services: Staff coordinating case management/care coordination services assists the individual served in achieving the individual's personal goals of independent living. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 6. For organizations providing case management/care coordination services: The individual served and staff coordinating case management/care coordination services evaluate all services provided directly or through referral to the individual served on a periodic basis, as defined by the organization. | C |
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Standard PC.6.180

For organizations providing community integration services: The individual served, with assistance from the organization, determines his or her needs for education, training, and supports to progress toward goals of more independent living and community integration.

Rationale for PC.6.180

Individuals served may require education and training specific to living skills that will facilitate their transitioning from dependent to more independent living arrangements. Individuals served may also require assistance with learning to function and integrate into the community in which they reside.

Elements of Performance for PC.6.180










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| M | 1. For organizations providing community integration services: Needs, preferences, and goals of the individual served guide the type of education and training provided. | C |
| M | 2. For organizations providing community integration services: Needs, preferences, and goals of the individual served guide the intensity of education, training, and supports provided. | C |
| M | 3. For organizations providing community integration services: Needs, preferences, and goals of the individual served guide the duration of education, training, and supports provided. | C |
| M | 4. For organizations providing community integration services: Needs, preferences, and goals of the individual served, and the organization's scope of services, guide the provision of educational opportunities to the individual about the following: <ul style="list-style-type: none"> - Personal grooming and hygiene - Housekeeping - Shopping for necessities - Meal preparation and healthy eating - Budgeting - Banking - Accessing public transportation - Use of community resources - Communication skills - Social skills - Leisure activity - Volunteer activity - Illness self management (for example, symptom management, medication management), including what to do in case of a crisis or health problem | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.7.10

For organizations providing food services: The organization has a process for preparing and/or distributing food and nutrition products as appropriate to the care, treatment, or services provided.

Elements of Performance for PC.7.10

	1.	For organizations providing food services: Food and nutrition products are provided for the individual served as appropriate to the care, treatment, or services.		A
	2.	For organizations providing food services: Food and nutrition products are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.		C
	3.	For organizations providing food services: Cultural, religious, and ethnic food preferences of the individual served are honored when possible unless contraindicated.		C
	5.	For organizations providing food services: Staff helps the individual served with food when necessary.		C
	11.	For organizations providing food services: Special diets and altered diet schedules are accommodated.		C
	13.	For organizations providing food services: Meals and snacks are served at times that are normal and appropriate for the age of the individual served.		A
	14.	For organizations providing food services: The organization defines and assigns responsibility for preparing, storing, distributing, and administering food and nutrition therapy products.		A
	15.	For organizations providing food services: The dining areas used by individuals served are adequately supervised as appropriate to the care, treatment, or services provided.		A
	17.	For organizations providing food services: Food and nutrition products are prepared under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.		C



Standard PC.8.10





Pain is screened in all individuals served.

Rationale for PC.8.10

The identification and treatment of pain is an important component of the plan for care, treatment, or services. Individuals are assessed based upon their clinical presentation, services sought, and in accordance with the care, treatment, or services provided.

Elements of Performance for PC.8.10

	2.	A referral for a comprehensive pain assessment is made or a comprehensive pain assessment is conducted when warranted by the screening of the individual served.		C
	4.	Reassessment and follow-up of pain occur according to the criteria developed by the organization or as required by the organization assessing or treating the pain.		C

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

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| M | 5. If conducted by the organization, the assessment and a measure of pain intensity and quality (for example, pain character, frequency, location, duration, exacerbating and relieving factors) appropriate to the age of the individual served are recorded. | C |
| M | 7. When pain is identified, the individual served is treated by the organization or referred for treatment. | 3 C |
| | 8. For opioid treatment programs: The program employs a multidisciplinary approach for treating patients with both chronic pain disorder and addiction, including both addiction medicine specialists and pain medicine specialists.
Note: The site of such treatment may be either a medical clinic or an opioid treatment program, depending on the patient's needs and the best utilization of available resources. | A |

Standard PC.8.50

For 24-hour settings: Unless contraindicated, the organization accommodates the needs of individuals served to be outdoors when individuals experience long lengths of stay.

Rationale for PC.8.50

Access to the outdoors can be therapeutic for individuals served. The organization can provide access on its own grounds or it can use community resources.

Elements of Performance for PC.8.50

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| 1. | For 24-hour settings: The organization arranges for safe access to the outdoors as appropriate to the population(s) and when individuals served experience long lengths of stay. | A |
| 2. | For 24-hour settings: Programs provide for recreational and leisure-time activities when individuals served experience long lengths of stay. | A |

Standard PC.8.60

For 24-hour settings: In accordance with the needs of the individual served, good standards of personal hygiene and grooming are taught and maintained, particularly bathing, brushing teeth, caring for hair and nails, and using the toilet, with due regard for privacy.

Elements of Performance for PC.8.60

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| M | 1. For 24-hour settings: Articles for grooming and personal hygiene appropriate to the age, developmental level, and needs of the individual served are readily available and accessible. | C |
| M | 2. For 24-hour settings: The individual served is encouraged to take responsibility for maintaining his or her own living quarters and for day-to-day housekeeping activities of the program, as appropriate. | C |
| M | 3. For 24-hour settings: An oral care program is implemented as indicated by the needs of the individual served. | C |
| M | 4. For 24-hour settings: The organization offers education on grooming activities based on the needs of the individual served. | C |
| M | 5. For 24-hour settings: The individual served has access to the services of a barber or beautician, either in the organization or community. | C |





KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 6. | For 24-hour settings: Individuals served get the help needed to perform self care activities and, when indicated, assume responsibility for self care. | C |
| 7. | For 24-hour settings: Incontinent individuals are cleaned or bathed immediately after voiding or soiling, with due regard for privacy. | A |

Standard PC.9.20

The organization responds to medical emergencies according to organization policy and procedure.


Elements of Performance for PC.9.20





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| 1. |  The organization develops written policy and procedures for responding to medical emergencies such as respiratory arrest and cardiac arrest. | A |
| 2. | Policies and procedures that address medical emergencies include the following: <ul style="list-style-type: none"> - Availability of first aid and Basic Life Support services - Emergency transfer to another organization - Placement of a phone call to 911 | A |
| 3. | The organization responds to medical emergencies according to organization policy and procedure. |  A |
| 4. |  For opioid treatment programs: The program's offices and waiting areas display the names and telephone numbers of whom to contact in case of emergency or 911 or similar local emergency resources. | A |
| 5. | For opioid treatment programs: The program has staff on duty who are trained and proficient in the following: <ul style="list-style-type: none"> - Cardiopulmonary resuscitation (CPR) through an evidence-based training program - Management of opiate overdose - Management of medical emergencies - Other appropriate techniques |  A |

Standard PC.10.10

For organizations that provide behavior management and treatment interventions: Behavior management and treatment interventions are used in accordance with a process established by care, treatment, or service leaders.

Elements of Performance for PC.10.10

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| 1. |  For organizations that provide behavior management and treatment interventions: Written policies and procedures are developed and implemented that govern the use of behavior management and treatment interventions. | A |
| 2. | For organizations that provide behavior management and treatment interventions: Policies and procedures support the use of behavior management and treatment interventions as therapeutic interventions that foster adaptive behaviors and are not used exclusively for behavior control. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

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| 3. | For organizations that provide behavior management and treatment interventions: Policies and procedures require that the selection of interventions considers both appropriateness and minimizing restrictiveness of interventions. | A |
| 4. | For organizations that provide behavior management and treatment interventions: The organization's clinical leaders approve the behavior management and treatment interventions that can be used in the organization. | A |

Standard PC.10.20

For organizations that provide behavior management and treatment interventions: Individuals served and, as appropriate, their families, participate in selecting behavior management and treatment interventions.

Elements of Performance for PC.10.20

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| M | 1. For organizations that provide behavior management and treatment interventions: At admission, the individual served and, as appropriate, his or her family are educated about and agree to the organization's use of behavior management and treatment interventions. | C |
| M | 2. For organizations that provide behavior management and treatment interventions: At admission, the individual served and, as appropriate, his or her family are told about and agree to the target behaviors for which behavior management and treatment interventions may be used. | C |
| M | 3. For organizations that provide behavior management and treatment interventions: The individual served and, as appropriate, his or her family participate in and agree to the selection of a specific behavior management and treatment intervention(s) for the individual served. | C |
| M | 4. For organizations that provide behavior management and treatment interventions: The individual served and, as appropriate, his or her family participate in identifying antecedents to and consequences of the target behavior. | C |
| M | 5. For organizations that provide behavior management and treatment interventions: When the behavior management and treatment intervention for an individual served includes an aversive procedure(s) (as defined in Standard PC.10.60), written informed consent for the procedure(s) is obtained. | 3 C |

Standard PC.10.30

For organizations that provide behavior management and treatment interventions: Behavior management and treatment interventions are individually determined based on an assessment of the individual served and the target behavior.

Elements of Performance for PC.10.30

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| M | 1. For organizations that provide behavior management and treatment interventions: Behavior management and treatment interventions are based on an assessment of the individual served. | C |
| M | 2. For organizations that provide behavior management and treatment interventions: Assessment of the individual served addresses environmental and contextual factors associated with the target behavior. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 3. | For organizations that provide behavior management and treatment interventions: Assessment of the individual served addresses skill deficits associated with the target behavior. | C |
| M | 4. | For organizations that provide behavior management and treatment interventions: Assessment of the individual served addresses performance deficits associated with the target behavior. | C |
| M | 5. | For organizations that provide behavior management and treatment interventions: Assessment of the individual served addresses the identification of strengths associated with the target behavior. | C |
| M | 6. | For organizations that provide behavior management and treatment interventions: Assessment of the individual served addresses frequency, duration, and intensity of the target behavior. | C |
| M | 7. | For organizations that provide behavior management and treatment interventions: The assessment of the effectiveness of the target behavior is ongoing. | C |

Standard PC.10.40

For organizations that provide behavior management and treatment interventions: Behavior management and treatment interventions support the acquisition and reinforcement of adaptive/replacement behaviors.

Elements of Performance for PC.10.40

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| M | 1. | For organizations that provide behavior management and treatment interventions: Behavior management and treatment interventions identify and teach appropriate adaptive/replacement behaviors. | C |
| M | 2. | For organizations that provide behavior management and treatment interventions: Adaptive/replacement behaviors are assessed to determine that appropriate behavior is exhibited. | C |

Standard PC.10.50

For organizations that provide behavior management and treatment interventions: An individualized behavior management and treatment intervention plan is aligned with the needs of the individual served and assessment results and is documented in the clinical/case record in accordance with organization policy.

Elements of Performance for PC.10.50

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| M | 1. | For organizations that provide behavior management and treatment interventions: The detailed behavior management and treatment intervention plan may be a separate document or incorporated into the overall plan for care, treatment, or services. | C |
| M | 2. | For organizations that provide behavior management and treatment interventions: The detailed behavior management and treatment intervention plan is documented in the clinical/case record and includes at least the following: Target behavior. | C |
| M | 3. | For organizations that provide behavior management and treatment interventions: The detailed behavior management and treatment intervention plan is documented in the clinical/case record and includes at least the following: Adaptive/replacement behavior. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 4. For organizations that provide behavior management and treatment interventions: The detailed behavior management and treatment intervention plan is documented in the clinical/case record and includes at least the following: Method of implementation—strategy, support, teaching methods, motivation and reward if used, frequency, and circumstances under which the plan will be implemented. | C |
| M | 5. For organizations that provide behavior management and treatment interventions: The detailed behavior management and treatment intervention plan is documented in the clinical/case record and includes at least the following: Condition for discontinuation. | C |
| M | 6. For organizations that provide behavior management and treatment interventions: The detailed behavior management and treatment intervention plan is documented in the clinical/case record and includes at least the following: All interventions attempted. | C |

Standard PC.10.60

For organizations that provide behavior management and treatment interventions: Each behavior management and treatment plan that includes the use of aversive procedures is reviewed and approved by both appropriate clinical leaders and a person(s) external to the organization, such as an outside expert, an advocate, or a human rights committee.

Elements of Performance for PC.10.60

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| 1. | For organizations that provide behavior management and treatment interventions: The use of aversive procedures is subject to internal and external review before a plan for care, treatment, or services that includes aversive procedures is implemented. | 3 A |
| 2. | For organizations that provide behavior management and treatment interventions: The review of the use of aversive procedures includes the following: Consideration of less restrictive alternatives, non-aversive procedures, and less-aversive procedures. | 3 A |
| 3. | For organizations that provide behavior management and treatment interventions: The review of the use of aversive procedures includes the following: Consideration of any rights issues. | A |
| 4. | For organizations that provide behavior management and treatment interventions: The review of the use of aversive procedures includes the following: A time frame for implementing the plan and discontinuing the plan. | A |
| 5. | For organizations that provide behavior management and treatment interventions: The review of the use of aversive procedures includes the following: Other criteria established by the organization. | A |

Standard PC.10.70

For organizations that provide behavior management and treatment interventions: Organization policy specifies procedures that are prohibited.

Elements of Performance for PC.10.70

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| 1. | For organizations that provide behavior management and treatment interventions: No procedure that physically hurts or is a psychological risk to the individual served is allowed. | 3 A |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 2. | For organizations that provide behavior management and treatment interventions: At a minimum, the following are prohibited: Procedures that deny any basic needs, such as nutritional diet, water, shelter, and essential, safe, and appropriate clothing. | 3 A |
| 3. | For organizations that provide behavior management and treatment interventions: At a minimum, the following are prohibited: Corporal punishment. | 3 A |
| 4. | For organizations that provide behavior management and treatment interventions: At a minimum, the following are prohibited: Fear-eliciting procedures. | 3 A |
| 5. | For organizations that provide behavior management and treatment interventions: At a minimum, the following are prohibited: Any behavior management and treatment intervention that is implemented by another individual served. | 3 A |
| 6. | For organizations that provide behavior management and treatment interventions: At a minimum, the following are prohibited: Mechanical restraint and seclusion.
Note: The use of mechanical restraint and seclusion as treatment interventions under these standards is prohibited other than for individuals who exhibit intractable behavior that is severely self-injurious or injurious to others, have not responded to traditional interventions, and are unable to contract with staff for safety (that is, understand the concept of, and act on, criteria for discontinuing restraint or seclusion). When restraint or seclusion is used in an emergency situation, its use needs to comply with Standards PC.12.10 through PC.12.190. | A |

Standard PC.10.90

For organizations that provide behavior management and treatment interventions: Qualified and competent staff designs and reviews behavior management and support interventions.

Note: The demonstration of competence is assessed in the "Human Resources" (HR) chapter.

Elements of Performance for PC.10.90

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| 1. | For organizations that provide behavior management and treatment interventions: Staff designing behavior management and treatment interventions have qualifications, training, experience, and knowledge related to designing behavior management and treatment interventions. | A |
| 2. | For organizations that provide behavior management and treatment interventions: Staff supervising and monitoring behavior management and treatment intervention procedures and plans have qualifications, training, experience, and knowledge related to supervising and monitoring behavior management and treatment intervention procedures and plans. | A |
| 3. | For organizations that provide behavior management and treatment interventions: Staff determining changes or discontinuation of behavior management and treatment interventions have qualifications, training, experience, and knowledge related to determining changes or discontinuation of behavior management and treatment interventions. | A |


KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.10.100

For organizations that provide behavior management and treatment interventions: Staff involved in implementing behavior management and treatment interventions are trained, competent, and supervised.

Note: The demonstration of competence is assessed in the “Human Resources” (HR) chapter.





Elements of Performance for PC.10.100





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| 1. | For organizations that provide behavior management and treatment interventions: The organization educates and assesses staff skills and knowledge to implement behavior management and treatment interventions. | A |
| 2. | For organizations that provide behavior management and treatment interventions: Staff demonstrates competence in a specific behavior management and treatment intervention procedure before implementing the procedure. |  A |
| 3. | For organizations that provide behavior management and treatment interventions: Staff is supervised.
Note: The demonstration of competence is assessed in the “Human Resources” (HR) chapter. | A |

Standard PC.10.110

For organizations that provide behavior management and treatment interventions: Policies and procedures govern the use of time-out.

Elements of Performance for PC.10.110

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| 1. |  For organizations that provide behavior management and treatment interventions: Written policies and procedures limit the use of time-out to no more than 30 minutes. | A |
| 2. | For organizations that provide behavior management and treatment interventions: Time-out occurs in an unlocked room. | A |
|  3. | For organizations that provide behavior management and treatment interventions: The use of time-out is consistent with the plan for care, treatment, or services of the individual served. | C |
| 4. |  For organizations that provide behavior management and treatment interventions: Written policies and procedures require that the individual served is educated about the conditions under which time-outs are used. | A |
| 5. | For organizations that provide behavior management and treatment interventions: Age and cognitive functioning of the individual served are considered in time-out conditions. | A |
| 6. |  For organizations that provide behavior management and treatment interventions: Written policies and procedures prohibit the use of intimidation, force, or threat in using time-out. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard PC.10.120

For organizations that provide behavior management and treatment interventions: The organization collects and analyzes data on the use of behavior management and treatment interventions to monitor and improve its performance.

Elements of Performance for PC.10.120

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| 1. | For organizations that provide behavior management and treatment interventions: Outcomes of interventions are measured for the following:
- Replacement behavior
- Problem behaviors | A |
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Standard PC.10.130

For organizations that use level systems: Level systems that apply to a group are individualized.

Elements of Performance for PC.10.130

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| 1. | For organizations that use level systems: At admission the individual served and, as appropriate, his or her family are educated about and agree to the organization's use of level systems. | A |
| 2. | For organizations that use level systems: Requirements for moving through level systems are standardized and achievable, and such requirements are equitably and fairly applied to all individuals served. | A |
| M 3. | For organizations that use level systems: Behavior of the individual served is separately monitored for compliance. | C |
| 4. | For organizations that use level systems: Group contingencies are based on collective group outcomes and not based on the behavior of a single individual. | A |
| 5. | For organizations that use level systems: Group consequences respect the rights of each individual served. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.12.10

For organizations that use restraint or seclusion: The leaders establish and communicate the organization's philosophy on restraint and seclusion to all staff with direct care responsibility.

Elements of Performance for PC.12.10

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| 1. | For organizations that use restraint or seclusion: At a minimum, the organization's philosophy addresses the following: <ul style="list-style-type: none"> - Its commitment to prevent, reduce, and strive to eliminate restraint and seclusion - Prevention of emergencies that have the potential to lead to use of restraint or seclusion - Nonphysical interventions as preferred interventions - Limitation of the use of restraint and seclusion to emergencies in which there is an imminent risk of an individual physically harming himself or herself or others, including staff - Its responsibility to facilitate the discontinuation of restraint or seclusion as soon as possible - Raising awareness among staff about how restraint or seclusion may be experienced by the individual served - Preserving safety and dignity of the individual served when restraint or seclusion is used | A |
| 2. | For organizations that use restraint or seclusion: The organization's philosophy on restraint or seclusion is communicated to all members of the organization who have direct care responsibility. | A |

Standard PC.12.20

For organizations that use restraint or seclusion: Staffing levels and assignments are set to minimize circumstances that give rise to restraint or seclusion use and to maximize safety when restraint and seclusion are used.

Note: Requirements related to ongoing education and the continuous assessment of staff competence are addressed in the "Human Resources" (HR) chapter.

Elements of Performance for PC.12.20

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| 1. | For organizations that use restraint or seclusion: The organization bases its staffing levels and assignments on a variety of factors, including the following: Staff qualifications. | A |
| 2. | For organizations that use restraint or seclusion: The organization bases its staffing levels and assignments on a variety of factors, including the following: The physical design of the environment. | A |
| 3. | For organizations that use restraint or seclusion: The organization bases its staffing levels and assignments on a variety of factors, including the following: Diagnoses. | A |
| 4. | For organizations that use restraint or seclusion: The organization bases its staffing levels and assignments on a variety of factors, including the following: Co-occurring conditions. | A |
| 5. | For organizations that use restraint or seclusion: The organization bases its staffing levels and assignments on a variety of factors, including the following: Acuity levels. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

6. For organizations that use restraint or seclusion: The organization bases its staffing levels and assignments on a variety of factors, including the following: Age and developmental functioning of individuals served.







A**Standard PC.12.30**





For organizations that use restraint or seclusion: Staff is trained and competent to minimize the use of restraint and seclusion and, when use is indicated, to use restraint or seclusion safely.

Elements of Performance for PC.12.30

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| M | 1. For organizations that use restraint or seclusion: The organization educates staff about minimizing the use of restraint and seclusion and, before they participate in any use of restraint or seclusion, assesses the competence of staff to use them safely. | 3 A |
| M | 2. For organizations that use restraint or seclusion: To minimize the use of restraint and seclusion, all direct care staff and any other staff involved in the use of restraint and seclusion receive ongoing training in and demonstrate an understanding of the following: <ul style="list-style-type: none"> - The underlying causes of threatening behaviors exhibited by individuals served - That sometimes an individual served may exhibit an aggressive behavior that is related to an individual's medical condition and not related to his or her emotional condition (for example, threatening behavior that may result from delirium in fevers) - How staff behaviors can affect the behaviors of individuals served - Escalation, mediation, self-protection, and other techniques such as time-out - How to recognize signs of physical distress in individuals who are being held, restrained, or secluded | 3 C |
| | 3. For organizations that use restraint or seclusion: Staff who are authorized to apply restraint or seclusion receive the training and demonstrate the competence cited in Standard PC.12.30, EP 2. | 3 A |
| | 4. For organizations that use restraint or seclusion: Direct care staff members receive ongoing training in and demonstrate competence in the safe use of restraint, including physical holding techniques, take-down procedures, and the application and removal of mechanical restraints. | 3 A |
| | 5. For organizations that use restraint or seclusion: Staff who are authorized to perform 15-minute assessments of individuals in restraint or seclusion receive the training and demonstrate the competence cited in Standard PC.12.30, EP 2. | 3 A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

6. For organizations that use restraint or seclusion: Staff authorized to perform 15-minute assessments receive ongoing training and demonstrate competence in the following:  **A**
- Taking vital signs and interpreting their relevance to the physical safety of the individual in restraint or seclusion
 - Recognizing nutritional and hydration needs
 - Checking circulation and range of motion in the extremities
 - Addressing hygiene and elimination
 - Addressing physical and psychological status and comfort
 - Helping individuals meet behavior criteria for discontinuing restraint or seclusion
 - Recognizing readiness for discontinuing restraint or seclusion
 - Recognizing signs of any incorrect application of restraints
 - Recognizing when to contact a medically trained licensed independent practitioner or emergency medical services to evaluate and/or treat the physical status of the individual
7. For organizations that use restraint or seclusion: Staff who, in the absence of a licensed independent practitioner, are authorized to initiate restraint or seclusion, and/or perform evaluations/re-evaluations of individuals in restraint or seclusion to assess their readiness for discontinuation or establish the need to secure a new order, receive the training and demonstrate the competence cited in Standard PC.12.30, EPs 1-6.  **A**
-  8. For organizations that use restraint or seclusion: Staff are educated in, and demonstrate competence of, the following:  **C**
- Recognizing how age, developmental considerations, gender issues, ethnicity, and history of sexual or physical abuse may affect the way in which an individual served reacts to physical contact
 - Using behavior criteria for discontinuing restraint or seclusion and how to help individuals in meeting these criteria
-  9. For organizations that use restraint or seclusion: A sufficient number of staff with direct care responsibility receives additional training so that an appropriate number of staff members are available at all times who are competent to initiate first aid and cardiopulmonary resuscitation.  **C**
10. For organizations that use restraint or seclusion: The organization has a plan for providing emergency medical services. **A**
11. For organizations that use restraint or seclusion: The viewpoints of individuals who have experienced restraint or seclusion are incorporated into staff training and education to help staff better understand all aspects of restraint and seclusion. **A**
12. For organizations that use restraint or seclusion: Whenever possible, individuals who have experienced restraint or seclusion contribute to the training and education curricula and/or participate in staff training and education. **A**
- Note: Requirements related to ongoing education and the continuous assessment of staff competence are addressed in the "Human Resources" (HR) chapter.

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard PC.12.40

For organizations that use restraint or seclusion: The initial assessment of each individual at admission or intake assists in obtaining information about the individual that could help minimize the use of restraint or seclusion.

Elements of Performance for PC.12.40

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| M | 2. | For organizations that use restraint or seclusion: The initial assessment of an individual who is at risk of harming himself or herself or others, including staff, identifies techniques that would help the individual control his or her behavior. | C |
| M | 3. | For organizations that use restraint or seclusion: The initial assessment of an individual who is at risk of harming himself or herself or others, including staff, identifies where appropriate, the individual's need for methods or tools to manage his or her aggressive behavior. | C |
| M | 4. | For organizations that use restraint or seclusion: The initial assessment of an individual who is at risk of harming himself or herself or others, including staff, identifies preexisting medical conditions or any physical disabilities and limitations that would place the individual at greater risk during restraint or seclusion. | C |
| M | 5. | For organizations that use restraint or seclusion: The initial assessment of an individual who is at risk of harming himself or herself or others, including staff, identifies any history of sexual or physical abuse that would place the individual at greater psychological risk during restraint or seclusion. | C |
| M | 6. | For organizations that use restraint or seclusion: As appropriate, the individual served and/or his or her family helps in identifying techniques that would help minimize the use of restraint or seclusion. | C |
| M | 7. | For organizations that use restraint or seclusion: The individual served and his or her family are educated about the organization's philosophy on restraint and seclusion to the extent that such information is not clinically contraindicated. | C |
| M | 8. | For organizations that use restraint or seclusion: The family's role, including their notification of a restraint or seclusion episode, is discussed with the individual served and, as appropriate, his or her family, and in conjunction with the right to confidentiality of the individual served. | C |
| | 10. | For organizations that use restraint or seclusion: The organization determines whether the individual served has an advance directive with respect to behavioral health care, and so that direct care staff is aware of the behavioral health advance directive. | A |

Standard PC.12.50

For organizations that use restraint or seclusion: Nonphysical techniques are the preferred intervention in managing behaviors of individuals served.

Elements of Performance for PC.12.50

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| 1. | For organizations that use restraint or seclusion: Nonphysical techniques are always the preferred intervention in managing behaviors of individuals served. | 3 A |
| | Note: Such interventions may include redirecting the focus of the individual served or employing verbal de-escalation. | |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.12.60

For organizations that use restraint or seclusion: Restraint or seclusion is limited to emergencies in which there is an imminent risk of an individual served physically harming himself or herself, staff, or others, and when nonphysical interventions would not be effective.

Elements of Performance for PC.12.60

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| M | 1. For organizations that use restraint or seclusion: Restraint or seclusion is used only when nonphysical interventions are ineffective or not viable and when there is an imminent risk of an individual served physically harming himself or herself, staff, or others. | 3 C |
| M | 2. For organizations that use restraint or seclusion: The type of physical intervention (restraint or seclusion) selected considers information learned from the initial assessment of the individual served. | C |
| | 3. For organizations that use restraint or seclusion: The organization does not permit restraint or seclusion for any other purpose, such as coercion, discipline, convenience, or retaliation by staff. | 3 A |
| M | 4. For organizations that use restraint or seclusion: The use of restraint or seclusion is not based on the restraint or seclusion history of an individual served or solely on a history of dangerous behavior. | 3 C |

Standard PC.12.70

For organizations that use restraint or seclusion: A licensed independent practitioner orders the use of restraint or seclusion.

Note: This standard is not to be construed to limit the authority of a doctor of medicine or osteopathy to delegate tasks to physician assistants and advanced practice nurses to the extent recognized under state law or a state's regulatory mechanism and allowed by the organization.

Elements of Performance for PC.12.70

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| 1. | For organizations that use restraint or seclusion: All restraint and seclusion are applied and continued pursuant to an order by the licensed independent practitioner who is primarily responsible for the ongoing care of the individual served, or his or her licensed independent practitioner designee, or other licensed independent practitioner.
Note: Because restraint and seclusion use is limited to emergencies (in which a licensed independent practitioner may not be immediately available), the organization may authorize qualified, trained staff members who are not licensed independent practitioners to initiate restraint or seclusion before an order is obtained from the licensed independent practitioner. In addition, restraints and seclusion may be ordered by licensed practitioners (for example, registered nurses, licensed social workers) if permitted by state law and by the organization. | A |
| 2. | For organizations that use restraint or seclusion: As soon as possible, but no longer than one hour after the initiation of restraint or seclusion, qualified staff does the following:
- Notifies and obtains an order (verbal or written) from the licensed independent practitioner
- Consults with the licensed independent practitioner about the physical and psychological condition of the individual served | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

3. For organizations that use restraint or seclusion: The licensed independent practitioner does the following: **A**
- Reviews with staff the physical and psychological status of the individual served
 - Determines whether restraint or seclusion should be continued
 - Supplies staff with guidance in identifying ways to help the individual regain control so that restraint or seclusion can be discontinued
 - Supplies an order for restraint or seclusion

Standard PC.12.80

For organizations that use restraint or seclusion: The family of the individual served is notified promptly of the initiation of restraint or seclusion.

Elements of Performance for PC.12.80

- M** 1. For organizations that use restraint or seclusion: In cases in which the individual served has consented to have the family kept informed about his or her care, treatment, or services and the family has agreed to be notified, staff attempts to contact the family promptly to notify them of the restraint or seclusion episode. **C**

Standard PC.12.90

For organizations that use restraint or seclusion: A licensed independent practitioner sees and evaluates the individual in restraint or seclusion in person.

Elements of Performance for PC.12.90

1. For organizations that use restraint or seclusion: The licensed independent practitioner primarily responsible for the ongoing care, treatment, or services of the individual served, or his or her licensed independent practitioner designee, or other licensed independent practitioner, evaluates the individual in restraint or seclusion in person within 4 hours of the initiation of restraint or seclusion for individuals ages 18 or older, and within 2 hours of initiation for children and youth ages 17 and under. **3 A**
2. For organizations that use restraint or seclusion: At the time of the in-person evaluation of the individual in restraint or seclusion, the licensed independent practitioner does the following: **A**
- Works with the individual and staff to identify ways to help the individual regain control
 - Revises the individual's plan for care, treatment, or services as needed
 - If necessary, provides a new written order
3. For organizations that use restraint or seclusion: The licensed independent practitioner evaluates the individual in restraint or seclusion in person within 24 hours of the initiation of restraint or seclusion, if the individual is no longer in restraint or seclusion when an original verbal order expires. **A**

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.12.100

For organizations that use restraint or seclusion: Written or verbal orders for initial and continuing use of restraint and seclusion are time limited.

Rationale for PC.12.100

Time-limited orders do not mean that restraint or seclusion must be applied for the entire length of time for which the order is written. The standard for periodic assessment, the standard for monitoring and assisting, and the standard for reevaluation are intended to encourage the discontinuation of restraint or seclusion as soon as the individual served meets the behavior criteria for its discontinuation. When restraint or seclusion is terminated before the time-limited order expires, the original order can be used to reapply the restraint or seclusion if the individual is at imminent risk of physically harming himself or herself or others, and nonphysical interventions are not effective. However, when the original order expires, a new order for restraint or seclusion is obtained from the licensed independent practitioner primarily responsible for the ongoing care, treatment, or services of the individual served, or his or her licensed independent practitioner designee, or other licensed independent practitioner.

Elements of Performance for PC.12.100

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| 1. | For organizations that use restraint or seclusion: Verbal and written orders for restraint and seclusion are limited to the following:
- 4 hours for adults ages 18 and older
- 2 hours for children and youth ages 9 to 17
- 1 hour for children under age 9 | A |
| 2. | For organizations that use restraint or seclusion: Orders for restraint or seclusion are not written as a standing order or on an as-needed basis (that is, PRN). | A |
| M 3. | For organizations that use restraint or seclusion: If restraint or seclusion use needs to continue beyond the expiration of the time-limited order, a new order for restraint or seclusion is obtained from the licensed independent practitioner primarily responsible for ongoing care, treatment, or services of the individual served, or his or her licensed independent practitioner designee, or other licensed independent practitioner. | C |

Standard PC.12.110

For organizations that use restraint or seclusion: Individuals in restraint or seclusion are regularly reevaluated.

Elements of Performance for PC.12.110

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| 1. | For organizations that use restraint or seclusion: By the time the order for restraint or seclusion expires, the individual served is evaluated in person by one of the following:
- The licensed independent practitioner primarily responsible for the ongoing care, treatment, or services of the individual served
- His or her licensed independent practitioner designee
- Another licensed independent practitioner or qualified, trained individual authorized by the organization to perform this function | 3 A |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| <p>M 2. For organizations that use restraint or seclusion: In conjunction with reevaluation of the individual in restraint or seclusion, a new written or verbal order is given by the licensed independent practitioner primarily responsible for the individual's ongoing care, treatment, or services, or his or her licensed independent practitioner designee, or other licensed independent practitioner if the restraint or seclusion is to be continued.</p> <p>M 3. For organizations that use restraint or seclusion: The licensed independent practitioner or other qualified, authorized staff member reevaluates the efficacy of the treatment plan of the individual served and works with the individual to identify ways to help him or her regain control.</p> <p>M 4. For organizations that use restraint or seclusion: If the licensed independent practitioner of the individual served, or his or her licensed independent practitioner designee, is not the licensed independent practitioner who gives the order, the licensed independent practitioner of the individual served is notified of the individual's status if the restraint or seclusion is continued.</p> <p>5. For organizations that use restraint or seclusion: The individual in restraint or seclusion is reevaluated as follows:
 - Every 4 hours for adults ages 18 and older
 - Every 2 hours for children and youth ages 9 to 17
 - Every hour for children under age 9</p> <p>6. For organizations that use restraint or seclusion: The licensed independent practitioner conducts an in-person reevaluation of the individual in restraint or seclusion, at least every 8 hours for adults age 18 years and older, and every 4 hours for children and youth age 17 and younger.</p> | <p>C</p> <p>C</p> <p>C</p> <p>3 A</p> <p>A</p> |
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Standard PC.12.120

For organizations that use restraint or seclusion: Clinical leaders are told of individuals who experience extended or multiple episodes of restraint or seclusion.

Rationale for PC.12.120

Information is communicated to the leadership to do the following:

- Assess whether additional resources are needed to facilitate discontinuation of restraint or seclusion, or
- Minimize recurrent instances of restraint and seclusion

Elements of Performance for PC.12.120

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| <p>1. For organizations that use restraint or seclusion: The clinical leaders are immediately notified when an individual remains in restraint or seclusion for more than 12 hours or experiences two or more separate episodes of restraint or seclusion of any duration within 12 hours.</p> <p>2. For organizations that use restraint or seclusion: Clinical leaders are notified every 24 hours if an individual remains in restraint or seclusion for more than 12 hours, or experiences two or more separate episodes of restraint or seclusion (of any duration) within 12 hours.</p> | <p>A</p> <p>A</p> |
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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.12.130

For organizations that use restraint or seclusion: Individuals in restraint or seclusion are assessed and assisted.

Elements of Performance for PC.12.130

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| M | 1. For organizations that use restraint or seclusion: A staff member who is trained and competent in accordance with standard PC.12.30 assesses the individual at the initiation of restraint or seclusion and every 15 minutes thereafter. | 3 C |
| | 2. For organizations that use restraint or seclusion: Staff assessment of the individual at initiation of restraint or seclusion and every 15 minutes thereafter includes, as appropriate to the type of restraint or seclusion, the following: <ul style="list-style-type: none"> - Signs of any injury associated with applying restraint or seclusion - Nutrition and hydration - Circulation and range of motion in the extremities - Vital signs - Hygiene and elimination - Physical and psychological status and comfort - Readiness for discontinuation of restraint or seclusion | A |
| M | 3. For organizations that use restraint or seclusion: Staff help individuals in restraint or seclusion to meet behavior criteria for discontinuing restraint or seclusion. | 3 C |

Standard PC.12.140

For organizations that use restraint or seclusion: Individuals in restraint or seclusion are monitored.

Elements of Performance for PC.12.140

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| | 1. For organizations that use restraint or seclusion: Monitoring of individuals in restraint or seclusion is done through continuous in-person observation by an assigned staff member who is competent and trained in accordance with Standard PC.12.30. | 3 A |
| M | 2. For organizations that use restraint or seclusion: After the first hour, an individual in seclusion without restraints may be continuously monitored using simultaneous video and audio equipment, if consistent with the individual's condition or wishes. | C |
| | 3. For organizations that use restraint or seclusion: If the individual is in a physical hold, a second staff person is assigned to observe the individual. | 3 A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.12.150

For organizations that use restraint or seclusion: Restraint and seclusion use are discontinued when the individual served meets the behavior criteria for their discontinuation.

Elements of Performance for PC.12.150

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| M | 1. For organizations that use restraint or seclusion: As early as feasible in the restraint or seclusion process, the individual served is made aware of the rationale for restraint or seclusion and the behavior criteria for its discontinuation.
Note: Examples of behavior criteria include the ability of an individual served to contract for safety, whether the individual is oriented to the environment, and/or cessation of verbal threats. | C |
| M | 2. For organizations that use restraint or seclusion: Restraint or seclusion is discontinued as soon as the individual served meets his or her behavior criteria. | 3 C |

Standard PC.12.160

For organizations that use restraint or seclusion: The individual served and staff participate in a debriefing about the restraint or seclusion episode.

Rationale for PC.12.160

Debriefing is important in reducing the recurrent use of restraint and seclusion.

Elements of Performance for PC.12.160

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| | 1. For organizations that use restraint or seclusion: The individual served and, if appropriate, the individual's family participate with staff members who were involved in the episode and who are available in a debriefing about each episode of restraint or seclusion. | A |
| M | 2. For organizations that use restraint or seclusion: The debriefing about each episode of restraint or seclusion occurs as soon as possible and appropriate, but no longer than 24 hours after the episode. | C |
| | 3. For organizations that use restraint or seclusion: The debriefing about each episode of restraint or seclusion is used to do the following:
- Identify what led to the incident and what could have been handled differently.
- Ascertain that the physical well-being, psychological comfort, and right to privacy of the individual served were addressed.
- Counsel the individual served for any trauma that may have resulted from the incident.
- When indicated, modify the individual's plan for care, treatment, or services. | A |
| D | 4. For organizations that use restraint or seclusion: Information obtained and documented from debriefings is used in performance improvement activities. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard PC.12.180

For organizations that use restraint or seclusion: The organization collects data on the use of restraint and seclusion.

Rationale for PC.12.180

The organization collects restraint and seclusion data to monitor and improve its performance of processes that involve risks or may result in sentinel events. It uses the data to do the following:

- Ascertain that restraint and seclusion are used only as emergency intervention
- Identify opportunities for incrementally reducing the rate and increasing the safety of restraint and seclusion use
- Identify any need to redesign care processes

Elements of Performance for PC.12.180

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| 1. | For organizations that use restraint or seclusion: The leaders determine the frequency with which data are aggregated on the use of restraint and seclusion. | A |
| 2. | For organizations that use restraint or seclusion: Individual identifiers are included in data collected on the use of restraint or seclusion. | A |
| 3. | For organizations that use restraint or seclusion: Data on all restraint and seclusion episodes are collected from and classified for all settings/locations by the following: <ul style="list-style-type: none"> - Shift - Staff who initiated the process - The length of each episode - Date and time each episode was initiated - Day of the week each episode was initiated - The type of restraint used - Whether injuries were sustained by the individual or staff - Age of the individual - Gender of the individual - Debriefing data | A |
| 4. | For organizations that use restraint or seclusion: Particular attention is paid to the following restraint and seclusion data: Multiple instances of restraint or seclusion experienced by an individual within a 12-hour time frame. | A |
| 5. | For organizations that use restraint or seclusion: Particular attention is paid to the following restraint and seclusion data: The number of episodes per individual served. | A |
| 6. | For organizations that use restraint or seclusion: Particular attention is paid to the following restraint and seclusion data: Instances of restraint or seclusion that extend beyond 12 consecutive hours. | A |
| 7. | For organizations that use restraint or seclusion: Particular attention is paid to the following restraint and seclusion data: Use of psychoactive medications as an alternative to, or to enable discontinuation of, restraint or seclusion. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

8. For organizations that use restraint or seclusion: Licensed independent practitioners participate in measuring and assessing use of restraint and seclusion for all individuals served.

A

Standard PC.12.190

For organizations that use restraint or seclusion: Organization policies and procedures address prevention of restraint and seclusion and, when employed, guide their use.

Elements of Performance for PC.12.190

1. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Staffing levels. **A**
2. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Staff competence and training. **A**
3. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Initial assessment of the individual served. **A**
4. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: The role of nonphysical techniques in behavior management. **A**
6. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Limiting restraint or seclusion to emergencies. **A**
7. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Notification of the family of the individual served when restraint or seclusion is initiated. **A**
8. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Ordering of restraint and seclusion by a licensed independent practitioner. **A**
9. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: In-person evaluations of the individual in restraint or seclusion. **A**
10. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Initiation of restraint and seclusion by staff other than a licensed independent practitioner. **A**
11. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Time-limited orders. **A**
12. **D** For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Reassessment of the individual in restraint or seclusion. **A**

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 13. | D | For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Monitoring the individual in restraint or seclusion. | A |
| 14. | D | For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Discontinuation of restraint or seclusion. | A |
| 15. | D | For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Post-restraint or seclusion practices. | A |
| 16. | D | For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Reporting injuries and deaths to the organization's leadership and appropriate external agencies consistent with applicable law and regulation. | A |
| 17. | D | For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Documentation of restraint or seclusion. | A |
| 18. | D | For organizations that use restraint or seclusion: The organization has written policies and procedures regarding restraint or seclusion that include appropriate detail about the following: Data collection and the integration of restraint or seclusion into performance improvement activities. | A |

Standard PC.14.10

For organizations providing care, treatment, or services to individuals with intellectual disabilities: The organization provides for the health maintenance of all individuals with intellectual disabilities, including early detection and remediation of health needs.

Elements of Performance for PC.14.10

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| M | 1. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: Height is recorded at least quarterly for a child or youth whose height may change rapidly over a period of time. | C |
| M | 2. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: Height is recorded at least annually for individuals who have reached the age of cessation of growth. | C |
| M | 3. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: As appropriate, weight is monitored regularly as part of the health maintenance program. | C |
| M | 4. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: Physicians or other qualified professionals participate in determining the criteria for including individuals in weight monitoring. | C |
| | 5. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: The organization responds with effective corrective action to physical limitations discovered during assessments. | A |
| M | 6. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: Needed corrective, adaptive, or prosthetic devices are supplied directly, through contractual arrangement, or by referral to an outside source. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| M | 7. For organizations providing care, treatment, or services to individuals with intellectual disabilities and seizure activity: Anticonvulsant drug levels are monitored regularly as part of the individual's health maintenance program, and the findings are documented in the clinical/case record. | C |
| M | 8. For organizations providing care, treatment, or services to individuals with intellectual disabilities and seizure activity: Physicians define the frequency and method of monitoring anticonvulsant drug levels. | C |
| M | 9. For organizations providing physical therapy to individuals with intellectual disabilities: A qualified individual supervises and coordinates the physical therapy services. | C |

Standard PC.14.20

The organization records the use of corrective, adaptive, or prosthetic supports or devices in the clinical/case record.

Elements of Performance for PC.14.20

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| M | 1. For organizations providing care, treatment, or services to individuals with intellectual disabilities needing corrective, adaptive, or prosthetic supports or devices: The organization includes the following in the clinical/case record for individuals who use corrective, adaptive, and prosthetic supports or devices: <ul style="list-style-type: none"> - The clinical condition that requires the supports or devices - The schedule or conditions for using the device or support - The intended results of their use for the given individual in a clearly specified condition - When and how the device or support will be discontinued - How the proper fit will be maintained as the individual grows | C |
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Standard PC.14.30

Organizations offering services to individuals with intellectual disabilities recognize and address their personal preferences.

Elements of Performance for PC.14.30

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| 1. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: The organization's philosophy is to recognize and support the preferences of each individual served. | A |
| 2. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: To the extent feasible for each individual served, the organization fosters a quality of life comparable to that experienced by most people. | A |
| 3. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: The setting of services enhances and supports the personal experiences, appearance, and behavior of each individual served. | A |
| 4. | For organizations providing care, treatment, or services to individuals with intellectual disabilities: The social and living environment offers a variety of social and community experiences, facilitating the development of self-awareness, independence, and use of personal strengths and skills. | A |

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5. For organizations providing care, treatment, or services to individuals with intellectual disabilities: The individual served participates in formulating policies that affect their living and social environment. **A**

Standard PC.15.10

A process addresses the needs for continuing care, treatment, or services after discharge or transfer.

Elements of Performance for PC.15.10

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| 1. | The organization has a process for addressing the needs for continuing care, treatment, or services after discharge or transfer that includes the following:
- The reason(s) for transfer or discharge
- The conditions under which transfer or discharge can occur
- Shifting responsibility for care, treatment, or services for the individual served from one clinician, organization, organizational program, or service to another (which could include transferring complete responsibility for the individual and his or her care, treatment, or services to others or referring the individual to others, such as one or more agencies or professionals, to provide one or more specific services)
- Mechanisms for internal and external transfer
- The accountability and responsibility for the safety of the individual served during transfer, for both the organization initiating the transfer and the organization receiving the individual | A |
| M 6. | When needs are identified for which the organization does not directly provide services, the organization refers individuals to an outside source. | C |
| 8. | For opioid treatment programs: The discharge planning process addresses relapse prevention. | A |
| M 9. | For opioid treatment programs: The discharge planning process addresses any physical and mental health problems following medically supervised withdrawal.
Note: For example, the program might address the need for counseling or appropriate medication to help with sleep disorders, depression, and other problems. | C |
| M 10. | For opioid treatment programs: The discharge planning process addresses referrals for continuing outpatient care after the last dose of medication and planning for re-entry to maintenance treatment if relapse occurs. | C |
| M 11. | For opioid treatment programs: Psychosocial treatment is continued for patients electing to discontinue medication-assisted therapy. | C |
| M 12. | For opioid treatment programs: The program has a process for tracking patients and reinstating medication-assisted therapy at the first sign of relapse or impending relapse.
Note: It may not be possible for the program to track each patient, especially patients that leave the program, but it is important for the program to have processes in place in order to reinstate medication-assisted therapy when possible. | C |
| 13. | For opioid treatment programs: The program provides the opportunity for patients receiving only long-term medication-assisted therapy to receive psychosocial services again if the need emerges. | A |

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| 14. | For opioid treatment programs: The program's process for administrative withdrawal is implemented on an individual basis and follows the principles involved in medically supervised withdrawal from medication.
Note: Administrative withdrawal is usually involuntary and might be initiated based on nonpayment of fees, disruptive behavior, or incarceration. The principles followed for any medically supervised withdrawal also apply for administrative withdrawal; namely, that sound clinical judgment is followed; the time frame is generally 30 days but is adjusted by the physician depending on clinical factors; and a variety of supportive options are available to the patient. | A |
| M 15. | For opioid treatment programs: When a pregnant patient is discharged, the program refers her for prenatal care and documents the name, address, and telephone number of the physician who will be caring for the patient after discharge. | C |
| 16. | For opioid treatment programs: The program makes decisions about administrative withdrawal on a case-by-case basis. | A |
| M 17. | For opioid treatment programs: When the program makes an administrative decision to discharge a patient from medication-assisted treatment, the program offers a schedule of medically supervised withdrawal that is well-tolerated by the patient and based on clinical judgment. The offer is documented. | C |
| M 18. | For opioid treatment programs: During medically supervised administrative withdrawal, the program documents the patient's condition in the clinical/case record. | C |
| M 19. | For opioid treatment programs: Upon discharge following medically supervised administrative withdrawal, the program provides the patient with referrals to an alternate treatment program. These referrals are documented. | C |

Standard PC.15.20

The transfer or discharge of an individual served to another level of care, treatment, or services, different professionals, or different settings is based on the assessed needs of the individual and the organization's capabilities.

Rationale for PC.15.20

For some individuals served, effective planning addresses how needs will be met as he or she moves to the next level of care, treatment, or services. For other individuals, planning will consist of a clear understanding of how to access services in the future should the need arise.

Elements of Performance for PC.15.20

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| M 1. | The organization identifies the physical and psychosocial needs for continuing care of the individual served. | 3 C |
| M 2. | Individuals served are told in a timely manner of the need to plan for discharge or transfer to another organization or level of care. | C |
| M 3. | Planning for transfer or discharge involves the individual served and all appropriate licensed independent practitioners, staff, and family members involved in the individual's care, treatment, or services. | C |
| M 4. | When the individual served is transferred, information provided to the individual includes the following:
- The reason he or she is being transferred
- Alternatives to transfer, if any | C |
| M 5. | The discharge planning process is initiated early in the care, treatment, or services process. | C |

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| M | 6. | When the individual served is discharged, information provided to the individual includes the following:
- The reason he or she is being discharged
- The anticipated need for continued care, treatment, or services after discharge
Note: Available services include, as appropriate, special education, adult day care, case management, home health services, hospice, long term care facilities, outpatient care, support groups, rehabilitation services, and community mental health services. | C |
| M | 7. | When indicated, the individual served is educated about how to obtain further care, treatment, or services to meet his or her identified needs. | C |
| M | 8. | When indicated and before discharge, the organization arranges for or helps the family arrange for services needed to meet the needs of the individual served after discharge. | C |
| M | 9. | D Discharge instructions in a form the individual served can understand are given to the individual and/or those responsible for providing continuing care. | C |

Standard PC.15.30

When individuals served are transferred or discharged, appropriate information related to the care, treatment, or services provided is exchanged with other service providers.

Rationale for PC.15.30

An individual served may receive care, treatment, or services in many settings and may move from one organization or provider to another. To facilitate the continuity of care, treatment, or services, information is provided to any organization or provider to which the individual served is accepted, transferred, or discharged.

Elements of Performance for PC.15.30

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| M | 1. | The organization communicates appropriate information to any organization or provider to which the individual served is transferred or discharged. | 3 C |
| M | 2. | The information shared includes the following, as appropriate to the care, treatment, or services provided:
- The reason for transfer or discharge
- Relevant biopsychosocial status at transfer or discharge
- A summary of care, treatment, or services provided and progress toward goals
- Community resources or referrals provided to the individual served | C |