

Prepublication Requirements

• Issued May 26, 2021 •



Editorial Changes to Care, Treatment, and Services Chapter

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE BEHAVIORAL HEALTH CARE AND HUMAN SERVICES ACCREDITATION PROGRAM

Effective January 1, 2022

Care, Treatment, and Services (CTS) Chapter

CTS.02.02.01

The organization collects assessment data on each individual served.

Element(s) of Performance for CTS.02.02.01

Moved and revised from CTS.02.02.03, EP 1

1. **The organization collects information about the individual's needs, strengths, preferences, and goals.**
4. As relevant to care, treatment, or services, the organization collects the following assessment data about each individual served:
 - Environment and living situation(s)
 - Leisure and recreational interests
 - Religion or spiritual orientation
 - Cultural preferences
 - Childhood history
 - Military service history, if applicable
 - Financial issues
 - Usual social, peer-group, and environmental setting(s)
 - Language preference and language(s) spoken
 - Ability to self-care
 - Family circumstances, including but not limited to bereavement, divorce, or incarceration of a family member
 - Current and past trauma
 - Community resources accessed by the individual served

Note 1: Relevance to care, treatment, or services may be determined by the individual's presenting needs and the organization's scope of care, treatment, or services.

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

Note 2: For certain populations, early identification of community resources is important to care, treatment, or services. Such populations include individuals with severe mental illness or disabilities 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). For youth or children in foster care or in-home services, resources might include community mental health centers, teen centers, YMCA/YWCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.

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| <p>2- As relevant to care, treatment, or services, the assessment data collected about the individual's emotional and behavioral functioning include at least the following:</p> <ul style="list-style-type: none"> - History of emotional functioning - History of behavioral functioning - 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 functioning - Current behavioral functioning | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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| <p>6- For organizations that elect The Joint Commission Behavioral Health Home option: The assessment data collected include the individual's short- and long-term physical health care goals.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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Key: **D** indicates that documentation is required;

R indicates an identified risk area;

7. For organizations that elect The Joint Commission Behavioral Health Home option: The assessment data collected include screening and/or assessment results for, at a minimum, the following chronic physical health conditions:

- Diabetes
- Hypertension
- Heart disease
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Hepatitis C
- HIV/AIDS
- Obesity
- Any additional chronic physical health condition(s) the behavioral health home may regularly find in the population(s) it serves
- Metabolic syndrome

Note: Refer to <https://www.heart.org/en/health-topics/metabolic-syndrome> for more information on metabolic syndrome.

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8. For organizations that elect The Joint Commission Behavioral Health Home option: The assessment data collected include screening and/or assessment results for, at a minimum, the following chronic physical health conditions:

- Diabetes
- Hypertension
- Heart disease
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Hepatitis C
- HIV/AIDS
- Obesity
- Any additional chronic physical health condition(s) the behavioral health home may regularly find in the population(s) it serves
- Metabolic syndrome

Note: Refer to <https://www.heart.org/en/health-topics/metabolic-syndrome> for more information on metabolic syndrome.

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8. For organizations that elect The Joint Commission Behavioral Health Home option: The assessment data collected include the individual's ability to self-manage chronic behavioral and physical health conditions.

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9. For organizations that elect The Joint Commission Behavioral Health Home option: The assessment data collected include the individual's ability to self-manage chronic behavioral and physical health conditions.

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CTS.02.02.03

~~A complete and accurate assessment drives the identification and delivery of the care, treatment, or services needed by the individual served.~~

Element(s) of Performance for CTS.02.02.03

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

Moved and revised to CTS.02.02.01, EP 1

1. ~~The organization collects information about the individual's emotional and behavioral functioning and his or her needs, strengths, preferences, and goals.~~

Moved to CTS.03.01.01, EP 1

3. ~~In collaboration with the individual served and, as appropriate, his or her family, the organization makes care, treatment, or service decisions that are based on information it has collected about the individual's needs, strengths, preferences, and goals.~~

4. ~~The organization matches the individual with care, treatment, or services that will meet his or her needs, strengths, preferences, and goals.~~

CTS.03.01.01

The organization bases the planned care, treatment, or services on the needs, strengths, preferences, and goals of the individual served.

Note: For opioid treatment programs: Methadone has well-documented effects on several systems, including the respiratory, nervous, and cardiac systems, and the liver. In addition, 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.

Element(s) of Performance for CTS.03.01.01

1. ~~The needs, strengths, preferences, and goals of the individual served are identified based on the screening and assessment and are used in the plan for care, treatment, or services.~~

Moved from CTS.02.03.03, EP 3

1. **In collaboration with the individual served and, as appropriate, his or her family, the organization makes care, treatment, or service decisions that are based on information it has collected about the individual's needs, strengths, preferences, and goals.**

Concept moved into CTS.03.01.03, EP 3

3. ~~Planning for care, treatment, or services includes identifying objectives for the identified goals. (See also CTS.03.01.03, EP 3)~~

CTS.03.01.03

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

Element(s) of Performance for CTS.03.01.03

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

3. The objectives of the plan for care, treatment, or services meet the following criteria:
- They include identified steps to achieve the goal(s) (See also CTS.03.01.01, EP 3)
 - They are sufficiently specific to assess the progress of the individual served
 - They are expressed in terms that provide indices of progress



3. **The objectives of the plan for care, treatment, or services meet the following criteria:**
- **They are based on identified goals**
 - **They include identified steps to achieve the goal(s) (See also CTS.03.01.01, EP 3)**
 - **They are sufficiently specific to assess the progress of the individual served**
 - **They are expressed in terms that provide indices of progress**

