

LIMITED MENTAL HEALTH

Tag	Title	Text	Guidelines	Surveyor Information
	ELIGIBILITY STANDARDS			
L 0001		<p>The facility holds a standard ALF license and does not have any current uncorrected deficiencies or violations.</p> <p>s. 400.4075, F.S.</p>		<p>Review the Agency's facility file for evidence of a standard license. Verify that all deficiencies cited in the last biennial survey, appraisal visit, monitoring visit, or complaint investigation have been corrected.</p> <p>Facilities with uncorrected deficiencies are to correct deficiencies prior to the issuance of a LMH license.</p> <p>Facilities with a conditional license will have the LMH license denied or revoked and will relocate their mental health residents.</p>
L 0002		<p>A facility that intends to admit three or more mental health residents obtains a limited mental health license prior to obtaining the third mental health resident.</p> <p>s. 400.4075, F.S. 58A-5.029(1)(a), F.A.C.</p>	<p>Facilities currently holding a standard ALF license with 3 or more residents meeting the definition of a "mental health resident" should have applied for a limited mental health license by December 31, 1997.</p> <p>A "mental health resident" is an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation (OSS).</p> <p>There may also be residents with mental health diagnosis in the facility who are not funded through these programs. For purposes of this license these individuals will not be considered a mental health resident.</p>	<p>Review facility file prior to survey; note capacity listed on prior survey report.</p> <p>Review facility files for designation of mental health residents. Look for indicators in the files for OSS contracts signed by the mental health case manager, notes in the resident's file indicating contacts with case managers, notations of making arrangements for appointments for mental health services, mental health day treatment, or transportation for such appointments.</p> <p>Have the administrator identify which residents are mental health residents if the facility files do not have paperwork identifying the resident as being mental health residents.</p>
	FACILITY/ RESIDENT RECORDS STANDARDS			
L 0100		The facility maintains an up-to-date	A separate log or a clearly coded or marked	Review the log or coded or marked admissions

		admission and discharge log containing the names and dates of admission and discharge of all mental health residents. 58A-5.029(2)(a), F.A.C.	admission and discharge register may be used to identify each mental health resident admitted or discharged.	and discharge register to determine the number of designated mental health residents in the facility.
L 0101		Within 30 days after the mental health resident has been admitted to the ALF the facility has documentation that is provided by the Department of Children and Families that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility. s. 400.4075(3)(b), F.S. s. 400.426(6), F.S.	The Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse, or an individual who is supervised by one of these professionals that the mental health resident is appropriate to reside in an ALF. The evaluator may provide supplemental reports, evaluations, or testing results. However, these do not delete the requirement for an appropriate placement assessment. The administrator reviews the available written documentation to determine if the resident's needs can be met in the facility. The case manager may have additional pertinent information that should be considered in determining if the resident is appropriate for admission. Missing documentation shall not be considered a deficiency if the facility has made a good faith effort to obtain the required documentation and the Department of Children and Families or the mental health care provider under contract to provide mental health services to clients of the department, has failed to provide the documentation in a timely manner.	Any of the following documentation which contains the name of the resident and the name, signature, date, and license number of the person making the assessment is acceptable: 1) Completed Alternate Care Certification for Optional State Supplementation (OSS) Form, CF-ES Form 1006, March 1998; 2) Discharge Statement from a state mental hospital completed within 90 days prior to admission to the ALF provided it contains a statement that the individual is appropriate to live in an assisted living facility; 3) Assisted Living Facility Mental Health Assessment Form, DOEA Form 1850, June 1996, completed prior to the effective date of the rule; or 4) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility. The surveyor is not responsible for verifying the credentials of the evaluator. However, the signature should include the evaluator's title, and license number, as proof that the evaluation was done by a qualified mental health provider. A case manager or discharge planner, working under the direct supervision of a licensed mental health professional may not have a license number. The name and license number of the licensed professional must appear on the evaluation forms.
L 0102		The facility has documentation provided by the Department of Children and Families within 30 days of the resident's admission to the facility that the resident is a mental health resident. 58A-5.029(2)(c)1., F.A.C.	Documentation that the resident is receiving social security disability or supplemental security income, optional state supplementation and any of the following shall meet this requirement: a. An affirmative statement on the Alternate Care Certification for OSS, Form CF-ES	If the Alternate Care Certification for OSS, Form CF-ES 1006, March 1998 is used for documentation, determine whether the form is appropriately checked, signed and dated.

			<p>1006, March 1998, that the resident is receiving SSI or SSDI due to a psychiatric disorder.</p> <p>b. Verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental disorder.</p> <p>c. Verification that the resident is or has been classified as an adult with severe and persistent mental illness by the Department of Children and Families' mental health system.</p>	
	COMMUNITY LIVING SUPPORT PLAN (CLSP)			
L 0200		<p>Each limited mental health resident is covered by a community living support plan and the plan is on file in the facility.</p> <p>s. 400.4075(3)(a), F.S.</p> <p>a. The community living support plan is completed within 30 days of admission or within 30 days of receiving the mental health appropriate placement assessment whichever is later.</p> <p>58A-5.029(2)(c)3.a., F.A.C.</p> <p>b. The community living support plan is developed in consultation with the ALF administrator or designee, mental health resident, and the resident's mental health case manager.</p> <p>s. 400.402(8), F.S.</p>	<p>The plan must include information about the supports, services, and special needs of the resident, which enable the resident to live in the assisted living facility and a method by which staff can recognize and respond to the signs and symptoms of a particular resident which may indicate the need for services.</p> <p>The community living support plan should be kept in the resident's file. However, if desired, the plan or additional copies could be located elsewhere in the facility for convenience of staff.</p> <p>A mental health case manager is an individual who is employed under contract by the Alcohol, Drug, Abuse & Mental Health program to work with eligible individuals in accordance with Chapter 10E-15, F.A.C. Mental health case managers assist individuals in facilities licensed for limited mental health to gain access to needed medical, social, educational, housing, or other services, and to monitor and evaluate service delivery.</p>	<p>Review the community living support plan to verify that it is signed, and dated by the mental health resident, the residents case manager, and the ALF administrator or designee. Check for signature, address, and phone number of the case manager.</p>
L 0201		<p>The community living support plan includes:</p> <p>a) specific needs of the mental health resident which must be met in order to enable the resident to live in an ALF and the community;</p> <p>b) clinical mental health services</p>	<p>Those portions of a service plan or treatment plan prepared pursuant to Rule 65E-4.014 which address all the elements a through f may be substituted.</p> <p>If the mental health resident refuses to sign the plan, the resident's mental health case manager</p>	<p>Review the community living support plan in the resident's file.</p>

		<p>provided by the mental health provider to meet the resident's needs, and the frequency and duration of such services;</p> <p>c) any other services and activities to be provided or arranged for by the mental health care provider or mental health case manager, and the frequency and duration of such service;</p> <p>d) obligations of the ALF to facilitate and assist the resident in attending appointments and arranging transportation to appointments for the services and activities identified in the plan which have been provided or arranged for by the resident's mental health care provider or case manager;</p> <p>e) is in writing and signed by the mental health resident, the resident's mental health case manager, and the ALF administrator or designee and a copy placed in the resident's file 58A-5.029(2)(c)3.a., F.A.C.</p> <p>f) a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms particular to the resident that indicate the immediate need for professional mental health services.</p> <p>g) may include the cooperative agreement. If included, the mental health provider signs the form.</p> <p>58A-5.029(2)(c)3.a.i.ii, iii, iv, v, vi, and viii, F.A.C.</p>	<p>must add a statement to the resident's file that the resident was asked but refused to sign the plan.</p>	
L 0202		<p>The facility makes the community living support plan available for inspection by the resident, resident's legal guardian, and resident's health care surrogate, and other individuals who have a lawful reason for reviewing this document.</p> <p>s.400.4075(3) (c), F.S.</p>		<p>Review records of mental health residents to determine compliance with this standard.</p> <p>If needs are identified in addition to those in the community living support plan that indicate the need for an evaluation by the resident's mental health professional, notify the appropriate DCF contact person.</p>

L 0203		<p>The community living support plan is updated annually.</p> <p>58A-5.029(2)(c)3,a.vii, F.A.C.</p>		<p>Review the plan to ensure that the plan is complete, signed, and dated within the 12 months.</p> <p>Check the plan for proof it has been updated. Have changes occurred with the resident that indicate changes in services are needed. Has the plan been signed and dated by the appropriate persons as proof it was reviewed? If there are no revisions to the plan, ask why not?</p>
	COOPERATIVE AGREEMENT (CA)			
L 0300		<p>Each mental health resident has a cooperative agreement prepared by the mental health provider and ALF administrator or designee.</p> <p>s. 400.4075(3)(a), F.S. 58A-5.029(2)(c)4., F.A.C.</p>	<p>A cooperative agreement is a written statement of understanding between a mental health care services provider and the administrator of the assisted living facility in which the mental health resident is living.</p> <p>The agreement specifies directions for accessing emergency and after hours care for a mental health resident.</p> <p>A single cooperative agreement that covers all mental health residents in an ALF served by a single mental health provider is acceptable. Any form may be used to list the name of each mental health resident covered by the agreement, with original signatures and dates of administrator and the mental health services provider.</p>	<p>Review the cooperative agreements to verify that the agreements are written, signed, and dated.</p> <p>A mental health provider is:</p> <ul style="list-style-type: none"> an individual, agency, or organization under contract to the DCF district Substance Abuse and Mental Health program office to provide mental health services to clients of the department; an individual licensed by the state to provide mental health services; or an agency or organization employing or contracting with individuals licensed by the state to provide mental health services.
L 0301		<p>The cooperative agreement is completed within 30 days of the resident's admission or within 30 days of receiving the appropriate placement assessment whichever is later.</p> <p>58A-5.029(2)(c)4, F.A.C.</p>		<p>Review resident's file for compliance</p>
L 0302		<p>The cooperative agreement:</p> <p>a. Provides procedures and directions for accessing emergency and after-hour care. The provider furnishes the resident and the facility with the provider's 24-hour emergency crisis telephone number.</p>	<p>Cooperative agreements, such as the DOEA Model Cooperative Agreement Between Assisted Living Facility and Mental Health Provider[June 1996], already in use by the ALF provider, are acceptable if the agreement specifies directions for accessing emergency and after-hour care for the mental health resident.</p>	<p>Review the cooperative agreement and verify that the required information is contained in the agreement.</p>

		<p>b. Is signed by administrator or designee and mental health care provider or by a representative for a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services pursuant to s.409.912, F.S.</p> <p>c. May cover all mental health residents of the facility who are clients of the same provider.</p> <p>d. May be included in the community living support plan.</p> <p>58A-5.029(2)(c)4, F.A.C.</p>	<p>The facility may enter into a cooperative agreement with a private mental health provider. for the purpose of the LMH license, the private mental health provider may act as the case manager.</p> <p>If the cooperative agreement and the community living support plan are combined into one document, the document will also need to be signed by the resident and the case manager to meet the requirements for a signed community living support plan.</p> <p>If the cooperative agreement covers all mental health residents in a facility, it will need to have the new residents name added, be dated, and signed each time a new resident is admitted to the facility. This may also be handled by an addendum to the cooperative agreement that is signed and dated.</p>	
L 0303		<p>One document that serves as the community living support plan and cooperative agreement is signed by the case manager, ALF administrator, or designee and the mental health services provider.</p> <p>s. 400.4075(3)(a), F.S. s. 400.402(8)&(9), F.S. 58A-5.029(2)(c)4., F.A.C.</p>	<p>A cooperative agreement may be a component of the community living support plan.</p>	<p>Review the cooperative agreement to ensure it is fully and appropriately completed.</p>
	RESIDENT SERVICE STANDARDS			
L 0400		<p>The facility assists the mental health resident in carrying out the activities identified in the individual's community living support plan.</p> <p>s.400.4075(3)(d), F.S.</p>	<p>The community living support plan includes the obligations of the facility to facilitate and assist the resident in keeping appointments, and arranging transportation to appointments for the clinical and non-clinical services and activities provided or arranged for by the resident's mental health provider or case manager.</p> <p>If needs are identified in addition to those in the community living support plan that requires an evaluation, refer to the Department of Children and Families.</p>	<p>Interview the resident, staff, and administrator to determine their involvement with implementing the plan. Does the documentation available support the plan when implemented?</p> <p>The surveyor should provide the case manager with date, time, and brief, but detailed description of the observation resulting in the referral.</p> <p>Observe residents. Is there evidence of unmet needs i.e., signs of physical or emotional decline? Interview the residents. What has been done to address the problems? During record review, determine if the case manager, facility staff, and</p>

				<p>mental health service provider followed through on needs, services, and supports specified in community living support plan.</p> <p>Is transportation being provided to services? When was the last time a service was provided? Is the resident attending day care? Is the case manager or mental health professional seeing the resident?</p>
L 0401		<p>Facility staff observe resident's behavior and functioning in the facility to ascertain if:</p> <ul style="list-style-type: none"> a. any significant behavioral or situational changes which may signify the need for a change in the resident's professional mental health services, supports and services described in the community living support plan; or b. that the resident is no longer appropriate for residency in the facility. <p>58A-5.029(3)(c), F.A.C.</p>	<p>Staff observing such changes in behavior or situational changes should report the observation or change to the administrator.</p> <p>The administrator is responsible for contacting the case manager and/or mental health provider.</p> <p>The staff member making the observation should make an appropriate notation in the resident's file identifying the behavior or change along with the follow-up action taken.</p>	<p>Ask staff if they have observed any changes in the resident's behavior and to whom they would report the observation or change.</p> <p>Ask the administrator what procedure or action would be taken when it is determined that a resident's behavior reflects the need for additional professional mental health services.</p>
L 0402		<p>The facility discharges a resident that is no longer appropriate for residency in the facility.</p> <p>s. 400.426(8), F.S. s. 400.428(1)(k), F.S.</p>	<p>If the resident is a danger to himself or others, the resident is to be immediately relocated to a more appropriate care setting. The case manager and mental health provider will need to be involved with an emergency relocation.</p> <p>For non-emergency relocation of an inappropriate mental health resident, 30 days written notice must be given to the resident. The case manager and mental health provider will also need to be involved with this action.</p>	<p>Ask the administrator and staff for names of residents who have been discharged and review these files to determine that the facility followed its procedures.</p> <p>Was the discharge an emergency?</p> <p>Interview current residents and review files of current residents to determine that all current residents are appropriately placed.</p>
L 0403		<p>Provide an opportunity to permit private face-to-face contact between the mental health resident and the resident's mental health case manager or other treatment personnel of the resident's mental health care provider.</p> <p>58A-5.029(3)(b), F.A.C.</p>	<p>Space is made available for private visitation when needed or requested by the resident's case manager.</p>	<p>Ask residents if they are permitted private visits with their mental health case manager and others.</p>

	STAFFING STANDARDS			
L 0500		<p>Within six (6) months after receiving a limited mental health license, or within 6 months of employment in a LMH licensed facility, the administrator, manager, and staff who are in direct contact with mental health residents must receive a minimum of 6 hours training provided by or approved by the Department of Children and Family Services.</p> <p>s.400.4075(1), F.S. 58A-5.029(3)(d), F.A.C. 58A-5.0191(8), F.A.C.</p>	<p>The employee personnel records should include a copy of a certification issued by or approved by the Department of Children and Families as evidence that training has been received within the required time frames.</p> <p>Staff defined as “in direct contact” means direct care staff and staff whose duties take them into resident living areas and require them to interact with mental health resident on a daily basis. A volunteer performing any service for the purpose of meeting any staffing requirement is also included.</p>	<p>Review personnel files for verification that facility staff who are in direct contact with mental health residents have completed training.</p> <p>Training provided by the Department of Elder Affairs from 1/97 through 8/97 is acceptable.</p>