



DEPARTMENT OF HEALTH CARE SERVICES

Licensing and Certification Division
Institutions for Mental Diseases (IMD)
Facility Assessment Tool

NAME OF FACILITY:

REVIEWED BY:

DATE:

SECTION A: FACILITY SIZE

1: Facility has 16 beds or less?	Y	N	Comments:	<u>Interpretation:</u> Count the total number of beds in the building: 16 beds or less? Go to B1. More than 16 beds? go to Section C
2: Facility shares a building or campus with other facility(ies) providing treatment to persons with mental illness?	Y	N	Comments:	<u>Interpretation:</u> If the facility has 16 beds or less, but shares a building or campus with another facility providing treatment to persons with a mental illness, <u>complete Section B for each component.</u>

SECTION B: FACILITIES WITH MULTIPLE COMPONENTS WITHIN A COMMON FACILITY OR CAMPUS

“Component” is defined as each program/facility evaluated at a particular location or campus.

Total number of components____

Name of component_____

Component is licensed by_____ as a_____

Component bed size_____

1. Are all components controlled by one owner or one governing body?	Y	N	Comments:	<u>Interpretation:</u> Each component either has a separate owner or is operated by a separate and distinct governing body
2. Is one chief medical officer responsible for the medical staff activities in all components?	Y	N	Comments:	<u>Interpretation:</u> Each component must have its own clinical administration/chief medical officer or equivalent position not shared with the other components.

3. Does one chief executive officer control all administrative activities in all components?	Y	N	Comments:	<u>Interpretation:</u> Each component must be controlled by a different and distinct chief executive officer or equivalent position (based on review of org chart).
4. Are any of the components separately licensed?	Y	N	Comments:	<u>Interpretation:</u> Each component in the building or on the campus has a distinct state license, e.g., PHF or MHRC.
5. Are the components so organizationally and geographically separate that it is not feasible to operate as a single entity?	Y	N		<u>Interpretation:</u> <ul style="list-style-type: none"> • Each component has separate accounting oversight and file management; • Each component has distinct and separate staff; • Each component is independently licensed for 16 beds or less; • Each component has separate entrances and addresses (if the same street address, may have separate suite numbers). • Admission Criteria: Each entity has independent control over client admissions. • Levels of Care: if two components share the same facility/building, and together they add up to more than 16 beds, then the components must provide different levels of care (e.g., MHRC and PHF) or have different populations (e.g., adolescent and adult). • Physical Plant: The components do not share common treatment, recreation, sleeping, or outdoor areas with other facilities and have no intermingling of patient populations.
6. If two or more of the components are participating under the same provider category (such as nursing facilities), can each component meet the conditions of participation independently?	Y	N	Comments:	<u>Interpretation:</u> Each component holds a distinct certification, e.g., MHRC Crisis Residential Treatment Program or PHF CMS Certification/Short-Doyle Medical Certification. The facilities may not be certified for the same service.

SECTION C: OVERALL CHARACTER OF A FACILITY (For quick reference, please see the attached CMS guidelines: Assessing Patient Population)

1. Facility is licensed as a psychiatric facility.	Y	N	Comments:	<u>Interpretation:</u> The overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases regardless of licensure.
2. Facility is accredited as a psychiatric facility.	Y	N	Comments:	<u>Interpretation:</u> Facility is accredited by a nationally recognized commission, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation (COA), that accredits every mental health facility as either a psychiatric facility, a hospital, or a behavioral health provider
3. The facility is under the jurisdiction of the State's mental health authority. (This criterion does not apply to facilities under mental health authority that are not providing services to mentally ill persons.).	Y	N	Comments:	<u>Interpretation:</u> Facility advertises or holds itself out as a mental institution or psychiatric facility.
4. The facility specializes in providing psychiatric/psychological care and treatment. This may be ascertained through review of patients' records. It may also be indicated by the fact that an unusually large proportion of the staff has specialized psychiatric/psychological training or that a large proportion of the patients are receiving psychopharmacological drugs.	Y	N	Comments:	<u>Interpretation:</u> This guidance is specific for facilities providing mental health treatment (such as SNFs with Special Treatment Programs). The facility is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services.
5. The current need for	Y	N	Comments:	<u>Interpretation:</u>

<p>institutionalization for more than 50 percent of all the patients in the facility results from mental diseases.</p>				<p>Medical record review is only required if the IMD determination is still not clear.</p> <ul style="list-style-type: none"> • Review medical records per CMS guidelines issued in Sections 4390(C)(5) of the State Medicaid to determine if more than 50 percent of the clients have current mental diseases requiring treatment (historical mental health diagnoses are not applicable). • "Mental disease" is defined as a mental disorder in the current International Classification of Diseases, modified for clinical applications with the exception of mental retardation, senility, and organic brain syndrome, or the current Diagnostic and Statistical Manual (DSM). • When review of client records is not possible, staff or physician's report of current mental health diagnoses is sufficient. • The number of clients in the facility admitted because of their mental disease is the numerator and the total number of clients in the facility on the day that the state's determination is the denominator. A facility may appeal and be re-determined if the patient population changes.
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SECTION D: EVALUATING TEAM'S DISPOSITION:

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