

§482.61(c)(1)(iii) The specific treatment modalities utilized;**Interpretive Guidelines §482.61(c)(1)(iii)**

This requirement refers to all of the planned treatment modalities used to treat the patient during hospitalization. Having identified the problems requiring treatment, and defining outcome goals to be achieved, appropriate treatment approaches must be identified.

Modalities include all of the active treatment measures provided to the patient. It describes the treatment that will be provided to the patient. It describes the treatment that will be provided by various staff.

A daily schedule of unit activities does not, in itself, constitute planned modalities of treatment. It is expected that when a patient attends various treatment modalities/activities, it is a part of individualized planning with a specific purpose and focus for that patient.

Simply “naming” modalities (i.e., individual therapy, group therapy, occupational therapy, medication education) is not acceptable. The focus of the treatment must be included.

Simply “stating” modality approaches (i.e., “set limits,” “encourage socialization,” “discharge planning as needed”) is not acceptable. Modality approaches must be specifically described in order to assure consistency of approach.

Observation of staff implementing treatment, both in structured and non-structured settings, is a major criterion to determine whether active treatment is being provided in accordance with planned treatment.

It must be clear to you that the active treatment received by the patient is internally consistent and not simply a series of disconnected specific modalities delivered within certain scheduled intervals.

Survey Procedures §482.61(c)(1)(iii)

Are qualified staff observed following the methods, approaches and staff intervention as stated?

Can staff explain the focus of the modality they have provided?

Are observed treatment methods, approaches and interventions from all disciplines included in the plan?

Do the pieces of the treatment plan work together to achieve the greatest possible gain for the patient?

Does the hospital integrate its activities, therapies, treatments, and patient routines to work for the patient's therapeutic interest first, and its own convenience second?

Do the disciplines present at observed treatment planning meetings represent all of the patient's needs?

If the patient attends treatment planning, how do the staff prepare the patient to participate?

If the patient does not attend, what reasons do staff give to explain the absence?
Is there a process to enable staff to reach a consensus regarding how treatment will be carried out?

Is the patient included in the decision-making, whenever possible?

Are the final decisions regarding treatment approaches defined clearly by the end of the discussion?

How does the patient get to know his/her treatment regime?

How does the treatment team encourage the patient to accept responsibility for engaging in the treatment regime, rather than accepting it passively?