

CMS Issues a Proposed Rule to Establish CoPs for Community Mental Health Centers

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The **Centers for Medicare & Medicaid Services (CMS)** today issued a proposed rule that would establish, for the first time, **conditions of participation (CoPs) that Community Mental Health Centers (CMHCs)** would have to meet in order to participate in the Medicare program.

CMS reports that the proposed CoPs would focus on patient care, establish requirements for staff and provider operations, and encourage patients to participate in their own care plans and treatment with a focus on a short term, patient-centered, outcome-oriented process. The six new CoPs in the proposed rule address the following:

1. Personnel qualifications for CMHC employees and contractors;
2. Client rights and notification requirements;
3. Focus on comprehensive assessment in determining appropriate treatment (admission, initial evaluation, and discharge or transfer of the client) and meeting desired outcomes;
4. Client-centered interdisciplinary team approach with regard to the active treatment plan and coordination of services;
5. Creation of quality assessment and performance improvement programs (QAPI) for each CMHC; and
6. Governance structures (including organization, administration of services, and partial hospitalization services) that emphasize coordination of services.

The new CoPs would also allow CMS to survey CMHCs for compliance with health and safety requirements. However, the proposed rule does not grant deeming authority for CMHCs to accrediting organizations.

The new CoPs would go into effect twelve months following publication of a final rule in order to give CMHCs time to develop QAPI programs, educate staff, and implement the CoP requirements.

CMS is accepting comments on the proposed rule until August 16.

The proposed rule is available via the [federal register](#) (Rule CMS-3202-P).

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