Revised Requirement for Psychiatric Hospitals That Use Joint Commission Accreditation for Deemed-Status Purposes

Effective April 4, 2016. The Joint Commission has revised Provision of Care, Treatment, and Services (PC) Standard PC.01.03.01, Element of Performance (EP) 6, for psychiatric hospitals that use Joint Commission accreditation for deemed-status purposes. This revision is intended to more clearly address the Centers for Medicare & Medicaid Services (CMS) Condition of Participation (CoP) for psychiatric hospitals related to the inclusion of treatment modalities in patient treatment plans (§482.61(c)(1)(iii)).

The revision, which is the new language underlined in the box below, is currently available at http://jointcommission.org/standards_information/prepublication_standards.aspx. It will be posted in the spring E-dition® update and published in the 2016 Update 1 to the Comprehensive Accreditation Manual for Hospitals.

For more information, contact Laura Smith, project director, Department of Standards and Survey Methods, The Joint Commission, at l smith@jointcommission.org.

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**Revision to Requirement for Deemed-Status Psychiatric Hospitals**

**Applicable to Deemed-Status Psychiatric Hospitals**

**Effective April 4, 2016**

**Provision of Care, Treatment, and Services (PC)**

**Standard PC.01.03.01**
The hospital plans the patient’s care.

**Element of Performance for PC.01.03.01**

**C 6.** For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes:

The written plan of care includes the following:

- A substantiated diagnosis (The substantiated diagnosis is the diagnosis identified by the treatment team to be the primary focus upon which treatment planning will be based. It evolves from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ, based on new information and assessment.)
- Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out
- Documentation that demonstrates all active therapeutic efforts are included
- The specific treatment modalities used to treat the patient