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# CMS Manual System

## Pub. 100-07 State Operations Provider Certification

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 100

Date: February 14, 2014

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**NOTE: Transmittal 100, dated February 14, 2014, is being re-issued to include revision information in the affected section that was erroneously omitted. All other information remains the same.**

**SUBJECT: State Operations Manual (SOM) Appendix AA revisions for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).**

**I. SUMMARY OF CHANGES:** Revisions have been made to Appendix AA-Psychiatric Hospitals-Interpretive Guidelines and Survey Procedures under §482.61(b)(2) to reflect the federally mandated ICF/IID nomenclature (the nomenclature is no longer ICF/MR). In addition, a grammatical error was fixed in the Appendix AA title to reflect interpretive not interpretative guidelines.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: February 14, 2014**

**IMPLEMENTATION DATE: February 14, 2014**

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)**  
**(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix AA/ Psychiatric Hospitals-Interpretive Guidelines and Survey Procedures/Title
R	Appendix AA-Psychiatric Hospitals-Interpretive Guidelines and Survey Procedures/B112/§482.61(b)(2) Include a Medical History

**III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.**

**IV. ATTACHMENTS:**

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification

	<b>One-Time Notification -Confidential</b>
	<b>Recurring Update Notification</b>

**\*Unless otherwise specified, the effective date is the date of service.**

**State Operations Manual**  
**Appendix AA - Psychiatric Hospitals – *Interpretive***  
**Guidelines and Survey Procedures –**  
*(Rev.100, Issued 02-14-14)*

**B112**

*(Rev.100, Issued: 02-14-14, Effective: 02-14-14, Implementation: 02-14-14)*

**§482.61(b)(2) Include a medical history;**

**Guidance §482.61(b)(2)**

The psychiatric evaluation must include the non-psychiatric medical history including physical disabilities, *intellectual disabilities* and treatment.

**Probes §482.61(b)(2)**

Does the evaluation include:

Relevant past surgery? Past medical conditions and disabilities especially those of a chronic nature?

Have these contributed to the patient's psychiatric condition? How?

Are any of these conditions still present to any significant degree? Are they likely to impact on the patient's recovery/remission? Should they be addressed immediately? Does the facility have the capability to intervene? If not, how is the need to be met?