

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-04-20

DATE: February 12, 2004

FROM: Director
Survey and Certification Group

SUBJECT: Resource Materials for Death Reporting in Psychiatric Residential Treatment Facilities (PRTFs)

TO: Survey and Certification Regional Office Management (G-5)

Letter Summary

This memo:

- Provides background on the PRTF interim final rule that establishes standards for the use of restraints and seclusion in PRTFs.
- Describes the roles and responsibilities of the PRTFs, Centers for Medicare & Medicaid Services (CMS) regional offices (ROs) and central office (CO) for reporting all deaths, including those as a result of restraints and seclusion.
- Describes the November 14, 2003 PRTF Satellite Broadcast.
- Provides CO Contacts.
- Provides list of PRTFs as identified by the State of residence.

Background

An interim final rule establishing standards for the use of restraint and seclusion in PRTFs providing inpatient psychiatric services for individuals under age 21 (the Psych Under 21 rule) was published on January 22, 2001. The rule established a definition of a PRTF that is not a hospital and that may furnish covered inpatient psychiatric services for individuals under age 21. The rule also established a Condition of Participation (CoP) for the use of restraint and seclusion that PRTFs must meet in order to provide, or continue to provide, this Medicaid inpatient benefit. The CoP specifies requirements designed to protect the residents against the improper use of restraint and seclusion. Both rules, the interim final and its amendment, can be accessed on www.access.gpo.gov under the published dates of January 22, 2001, and May 22, 2001. Questions and answers on the interim final rule can be found on CMS website at www.cms.hhs.gov/Medicaid/services/psyrftf2.asp. The rule can be found at 42 CFR Part 483, Subpart G, sections 483.350-483.376.

On November 14, 2003, CMS aired a Satellite Broadcast that explained the new PRTF interim regulations and requirements, as well as what the State Medicaid Agencies (SMAs), State Survey Agencies (SAs), CMS ROs and CO, and the state-designated Protection and Advocacy systems (P&A) must do to ensure that these interim regulations and requirements are enforced.

As examples, the broadcast explained how the new standards require staff to be better trained on proper restraint use, as well as require additional training on alternatives for restraint and seclusion. We also heard how the facilities put forth efforts to dramatically reduce the use of restraints and seclusion in order to meet the new requirements. The broadcast may be viewed on: <http://cms.internetstreaming.com>.

Roles and Responsibilities for Interim Death Reporting:

The interim process for reporting deaths will follow a similar process as currently in place for the death reporting process for hospitals, as indicated in a memorandum to ARAs on March 23, 2000.

PRTFs

- Report to SMA deaths, serious injuries, and attempted suicides.
- Report to the state-designated P&A system deaths, serious injuries, and attempted suicides, unless reporting this information to P&As is prohibited by state law.
- Report to CMS RO all deaths no later than close of business the next business day after the resident's death.
- Document in the resident's record that the death was reported to the RO.

CMS Regional Office

- The RO should receive the report directly from the PRTF. According to 42 CFR 483.374(b)(1), the report must include the name of the resident, a description of the occurrence, and the name, street address, and telephone number of the facility.
- The RO should make sure the SA has received the report. The SA is responsible for carrying out the investigation, in conjunction with instructions from the SMA.
- Since the PRTF is responsible for reporting to three agencies in addition to the CMS RO, the RO should obtain the completed investigation from the SA.
- The report should be received from the PRTF, according to 42 CFR 483.374(c)(1), no later than close of business the next business day after the resident's death.
- Send death report to CO via the attached Death Report Worksheet.

CMS Central Office

- The CMS CO is responsible for maintaining a central log of the death information reported from the RO.
- Death reporting information should be sent to Iris Bridge (Ibridge@cms.hhs.gov). For policy questions, please continue to contact Siera Gollan (Sgollan@cms.hhs.gov) or Carla McGregor (Cmcgregor@cms.hhs.gov).

List of PRTFs

In the late summer of 2003, we requested that each state identify through its Medicaid Management Information System (MMIS) all providers that were being reimbursed for supplying services under the Inpatient Psychiatric Services for Individuals under 21 Benefit. As part of identifying these providers, some states identified which of these providers they felt may in fact be PRTFs by definition. Upon receiving this information, we were able to identify preliminary information on the number of states that either had PRTFs within their state, or if states were sending their beneficiaries to receive services in other states, or both.

We have supplied this information as a reference only. Some of the facilities that may have been identified as PRTFs may, in fact, be psychiatric programs connected with a hospital or psychiatric hospital and may bill their services under the same provider number as the attached hospital or psychiatric hospital. Otherwise, the PRTF, if it is associated with a hospital or psychiatric hospital, and it maintains a separate billing and provider number, would constitute a PRTF according to the regulatory definition. When the SMAs begin to designate their state PRTFs with a Federal Identification number, beginning in March of this year, will we have a more concrete way of identifying PRTFs.

/s/

Thomas E. Hamilton

cc: State Survey Agency Directors

Attachment:

Death Report Worksheet

List of PRTFs by State within each Region

DEATH REPORTING WORKSHEET - PRTFS	
CONTACT INFORMATION	
RO contact's name	
Date of RO contact	
RO contact's phone number	
Facility contact	
Facility contact's phone number	
PROVIDER INFORMATION	
PRTF Name	
Medicaid Number	
Address	
Zip Code	
PATIENT INFORMATION	
Name	
Date of Birth/Age	
Medicaid Number	
Admitting Diagnoses	
Date of Admission	
Date/time of Death	
Cause of Death	
Did the facility conduct a root cause analysis	
NOTE: PRTFs may provide the following information over the telephone, or to the SA during its investigation	
Length of Time in restraints/Seclusion:	
Circumstances Surrounding the Death:	

Results of any facility investigation: _____	

RESTRAINT/SECLUSION INFO	
Type of Restraint	Personal
	Mechanical
	Seclusion

	Drug used as Restraint
Restraint Method	
Reason(s) for Restraint/Seclusion use:	_____

Less restrictive methods of behavior management considered:	_____

Restraint/Seclusion order date/time:	_____

Quote actual restraint/seclusion order(s)	_____

Restraint/seclusion ordered by: Physician _____ Other Licensed Practitioner _____ and	
Trained in use of emergency safety interventions? Yes _____ No _____	
Was the resident's treatment team physician contacted (unless same as ordering physician)	
Yes _____ No _____	
Was the resident evaluated immediately after restraint removed/removed from seclusion?	
Yes _____ No _____	
Monitoring method(s), frequency, last date/time monitored:	_____

Last date/time of assessment:	_____
Additional	
Information/Comments:	_____

Action Information	
Facility notifications	
Other agencies the provider notified: (SMA, SA, etc.)	
Agency/date/time:	_____
Agency/date/time:	_____
Agency/date/time:	_____
Agency/date/time:	_____
SA Action(s)	
Date of receipt of restraint/seclusion death report from PRTF:	_____
Date of Survey:	_____
RO Actions(s)	

Date of receipt of restraint/seclusion death report from PRTF: _____	
Date sent as complaint to SA (if applicable) _____	
Date/Method/Person notifying CO: _____	
CO Action(s)	
Date of receipt of initial restraint/seclusion death report from RO: _____	
Date of receipt of restraint/seclusion death report worksheet: _____	
Person recording the information: _____	