

STANDARDS FOR INSTITUTIONS

Revised: August 1, 2004

1. The health related standards setting authority, Arkansas Department of Health (in cooperation with the Arkansas Division of Medical Services), shall be responsible for:
 - a. Establishing and maintaining health standards for private or public institutions in which recipients of medical assistance under the State Plan receive care of services;
 - b. Establishing a plan for review by professional health personnel for appropriateness and quality of care and services furnished to recipients and where applicable, for providing guidance to Arkansas Division of Medical Services.
 - c. Performing the function of determining whether institutions and agencies meet the requirements for participation under Title XIX;
 - d. Cooperating in full with Arkansas Division of Medical Services in application of provider standards;
 - e. Promptly taking steps to insure full compliance with federal/state laws, rules and regulations and shall report the results of these efforts to the Arkansas Division of Medical Services; and
 - f. Licensing rehabilitative hospitals.
2. The non-health related standard setting authority Arkansas Division of Medical Services (in cooperation with the Arkansas Department of Health), shall be responsible for:

STANDARDS FOR INSTITUTIONS

Revised: August 1, 2004

- a. Establishing and maintaining standards and procedures for all Long Term Care Facilities participating in the Medicaid Program (Title XIX); procedures shall be developed as follows:
 1. Establishing procedures for Utilization Control for Title XIX facilities;
 2. Establishing procedures for management of personal allowance funds for Title XIX recipients;
 3. Establishing procedures for Reasonable Cost-Related Reimbursement to Title XIX Long Term Care Facilities
- b. Providing consultation to institution providers to enable them to qualify for payments under Title XIX
- c. Recording and reporting evidence of non-compliance with federal/state laws, rules and regulations relating to non-health care, environmental conditions and deficiencies in the physical plant observed during the performance of visits to Long Term Care Facilities. Repeat deficiencies will be subject to the sanctions listed in Arkansas Division of Medical Services Administrative Remedies and Sanctions (including the withholding of all or part of the monthly vendor payment). The withheld vendor payment(s) may be returned to the provider if so determined as a result of the appropriate appeal procedures specified in said regulations
- d. The Division of Medical Services will conduct, via a contract with a QIO-like entity, validation and complaint surveys of Psychiatric Residential Treatment Facilities (PRTFs) to establish whether the facilities are in compliance with federal regulations regarding the use of restraint and seclusion.



Arkansas Department of Human Services

Division of Medical Services

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Internet Website: www.medicaid.state.ar.us

Telephone: (501) 682-8292 TDD: (501) 682-6789 or 1-877-708-8191 FAX: (501) 682-1197

OFFICIAL NOTICE

DMS-2004-N-2

TO: Health Care Provider – Inpatient Psychiatric Services for Under 21

DATE: July 1, 2004

SUBJECT: Federal Regulations on the use of Restraint and Seclusion and on Survey Activity for Psychiatric Residential Treatment Facilities (PRTFs)

I. Background

An interim final rule establishing standards for the use of restraint and seclusion in Psychiatric Residential Treatment Facilities (PRTF) providing inpatient psychiatric services for individuals under age 21 (the Psych Under 21 rule) was published on January 22, 2001. A definition of a PRTF is a freestanding residential treatment facility or a residential treatment unit within an inpatient psychiatric hospital. The rule established a Condition of Participation (CoP) for the use of restraint and seclusion that PRTFs must meet in order to provide, or to 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. The questions and answers on the interim final rule can be found on the Centers for Medicare and Medicaid (CMS) website at cms.hhs.gov/Medicaid/services/psyrft2.asp. The rule is codified and is located at 42 CFR Part 483 Subpart G §§ 483.350-483.376.

II. Letter of Attestation Requirement

A. Current Medicaid Providers

CMS expects facilities to have implemented the interim final rule, including the attestation requirements as of July 21, 2001. CMS conducted satellite training on November 14, 2003 based on interim final requirements. The training can be accessed via the CMS website at <http://cms.internetstreaming.com>. Additional training will be provided by CMS after publication of the final rule.

During the current year, a letter of attestation must be received by the Enrollment Unit of the Division of Medical Services (DMS) from each PRTF no later than close of business October 31, 2004. A letter of attestation must be submitted no later than July 21st of each year thereafter. Attestations must be sent to each state Medicaid agency (SMA) where the PRTF has established a provider agreement. If the attestation is not received by July 21st, the provider will be terminated from participation in the Arkansas Medicaid Program. Exception: If July 21st occurs on a weekend or holiday, the attestation is due on the first business day following the weekend or holiday.

If the facility director chooses, the provider may use the attached model attestation letter to meet this requirement.

Attestation letters must be sent to:

Division of Medical Services
Utilization Review Unit
P.O. Box 1437, Slot S410
Little Rock, Arkansas 72203

B. New Medicaid Provider Applicants

A facility that applies to enroll as a new Medicaid provider must attest that the facility meets these requirements at the time it files an application. Failure to meet this requirement will result in denial of the enrollment application.

III. Federal Provider Identification Numbers

A federal provider identification number is assigned to each provider who meets the attestation requirement. The identification numbers for PRTFs will have five digits and one letter. The first two digits identify the state in which the facility is located. This number is then followed by the letter L and is then followed by three digits and is numbered according to the order in which a facility was identified.

A. Federal provider numbers are assigned by the State Medicaid Agency.

B. A provider number is coded based on where the PRTF is physically located.

IV. 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. The roles and responsibilities of the appropriate entities are outlined below.

A. PRTFs

1. Report to the state Medicaid agency (SMA) deaths, serious injuries, and attempted suicides at (501) 682-6173.
2. Report to the state-designated protection and advocacy agencies (P & A) deaths, serious injuries, and attempted suicides, unless reporting this information to P & As is prohibited by state law. The protection and advocacy agency in Arkansas is:

Disability Rights Center, Inc.
Evergreen Place, Suite 201
1100 North University
Little Rock, Arkansas 72207

Phone: (501) 296-1775 Voice/TDD or
(800) 482-1174 nationwide
Fax: (501) 296-1779

E-mail:

panda@arkdisabilityrights.org

In addition, out-of-state facilities must also report to their state's protection and advocacy agency if such a report is not prohibited by state law.

3. Report to the Centers for Medicare and Medicaid Services (CMS) regional office (RO) all deaths no later than close of business the next business day after the resident's death. Death reporting information should be reported to CMS at (214) 767-4434.
4. Document in the resident's record that the death was reported to the CMS regional office.

B. CMS Regional Office

1. The regional office 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.

2. The CMS regional office should make sure the survey agency (SA) has received the report. The survey agency is responsible for carrying out the investigation, in conjunction with instructions from the state Medicaid agency.
3. Since the PRTF is responsible for reporting to the agencies listed previously in addition to the CMS RO, the regional office should obtain the completed investigation from the survey agency.
4. 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.
5. The CMS regional office will send the death report to the Centers for Medicare and Medicaid Central Office (CMS-CO).

C. CMS Central Office (CMS-CO)

The CMS CO is responsible for maintaining a central log of the death information reported from the RO.

If a PRTF is found to be out of compliance with the condition of participation and fails to report a death, the PRTF will be terminated from the Medicaid program.

V. Survey Agency (SA) Responsibilities

The state survey agency (SA) will work in conjunction with the subcontractor, APS Healthcare, to conduct the following surveys:

A. Validation Surveys

The SA will conduct yearly validation surveys of 20 percent of enrolled facilities (in addition to conducting complaint surveys due to the improper use of restraint and seclusion). The 20 percent will be pro-rated in federal fiscal year (FFY) 2004 ending September 30, 2004.

A PRTF found to be out of compliance with the restraint and seclusion procedures will be terminated from participation in the Arkansas Medicaid Program.

B. Complaint Surveys

The facility must report each serious occurrence to both the State Medicaid agency and the state-designated Protection and Advocacy agency by no later than close of business the next business day after a serious occurrence. Serious occurrences that must be reported include a resident's death, a serious injury to a resident, as defined in 42 CFR §483.352, and a resident's suicide attempt.

The PRTF must also notify the resident's parent(s) or legal guardian(s) as soon as possible and, in no case, later than 24 hours after the serious occurrence.

Complaints may also be filed by the general public, parent(s)/legal guardian(s) or other family members of the resident or any other concerned person at (501) 682-6173.

The survey agency will conduct a survey after receipt of each complaint that involves the use of restraints or seclusion.

C. Death Surveys

The facility must report the death of any resident to the CMS regional office by no later than close of business the next business day after the resident/s death. The report must be documented in the resident's medical record.

The survey agency will conduct a survey after receipt of each report of a death that involves the use of restraints or seclusion.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 and 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Model Attestation Letter
(The facility director must sign this attestation.)

Name of the Psychiatric Residential Treatment Facility
Address
City, State, Zip Code
Telephone Number
Fax Number

State Provider Number
Federal Provider Number

Dear <State Medicaid Director>:

A reasonable review has been conducted in the subject facility. Based upon my best knowledge, information, belief, and reasonable interpretation and understanding of the requirements set forth in the interim final rule governing the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under age 21 published on January 22, 2001, and amended with the publication of May 22, 2001, on behalf of <Name of the Facility>, I hereby attest that <Name of the Facility> complies with all of the requirements set out in that regulation as codified at 42 CFR §§ 483.350-483.3.76.

I understand that the Centers for Medicare & Medicaid Services (CMS), (formerly the Health Care and Financing Administration (HCFA)), the State Medicaid Agency or their representatives may survey <Name of the Facility> to determine compliance with the requirements set forth in the Condition of Participation as established by the interim final rule in accordance with and to the extent authorized by 42 CFR § 431.610.

In addition, the <Name of the Facility> will notify the <Name of State Medicaid Agency> immediately if I vacate this position so that an attestation can be submitted by my successor.

Signature
Printed Name
Title (Facility Director)
Date