



# EqualityCare News

June 2009

Attention EqualityCare Providers

Institutional  
09-002

## Psychiatric Residential Treatment Facility (PRTF) Services

A Centers for Medicare & Medicaid Services (CMS) interim final rule establishing standards for the use of restraint and seclusion in psychiatric residential treatment facilities (PRTFs) providing Psychiatric Services for Individuals under 21 in Psychiatric Facilities or Programs (Psych Under 21) was published on January 22, 2001 by the CMS. An amendment and clarification to this rule was published on May 22, 2001 with an immediate effective date. This rule establishes a definition of a PRTF; that these facilities are not hospitals; and, that they may furnish covered inpatient psychiatric services for individuals under age 21. The rule also establishes a Condition of Participation (CoP) for the use of restraint and seclusion that PRTFs must meet in order to continue to provide these services. The CoP specifies requirements designed to protect the residents against the improper use of restraints that include, but are not limited to:

- parental/guardian notification when restraints/seclusion are used;
- reporting of deaths and serious occurrences;
- staffing requirements for staff that order the use of restraint and seclusion;
- requirements for monitoring residents in and immediately after seclusion; etc.

The interim final rule published on January 22, 2001, and the interim final rule amendment published May 22, 2001, can be accessed on [www.access.gpo.gov](http://www.access.gpo.gov) under the published date of January 22, 2001.

Code of Federal Regulations § 483.374 (a) of the rule requires a facility enrolling as an EqualityCare (Medicaid) provider to submit a **letter of attestation** stating compliance with all of the standards governing the use of restraint and seclusion.



**PRTF's who are currently enrolling:**

When a facility enrolls as an EqualityCare provider they must meet the requirements of the Psych Under 21 rule when executing a provider agreement with EqualityCare. The facility must also submit a letter of attestation signed by an individual who has the legal authority to obligate the facility as part of the enrollment process. Attached is a sample letter of attestation containing the required components. Please transcribe the sample letter to your facility's letterhead, have the correct party sign, and submit the letter with your Wyoming EqualityCare provider enrollment packet.

**PRTF's with a current enrollment:**

For currently enrolled PRTF providers, letters of attestation are **due annually, on or before July 21<sup>st</sup>.**

Please mail or fax to ACS at:  
ACS, Inc.  
PO Box 667  
Cheyenne, WY 82003  
(307)772-8405

**Reporting of serious occurrences:**

The facility must report each serious occurrence to EqualityCare. Serious occurrences that must be reported include a resident's death, a serious injury to a resident as defined in Code of Federal Regulations §483.352 , and a resident's suicide attempt. The EqualityCare contact is:

Provider Services Manager—Sara Walk - (307)777-7257  
sara.walk@health.wyo.gov  
Office of Healthcare Financing  
6101 Yellowstone Rd., Ste. 210  
Cheyenne, WY 82002  
(307)777-7531

Code of Federal Regulations § 483.374(c) states: "In addition to the reporting requirements contained in paragraph (b) of this section, facilities must report the death of any resident to the CMS regional office. Staff 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. Staff must document in the resident's record that the death was reported to the CMS regional office." The contact for CMS Region XIII is: Helen Jewell (or most recent designee), Denver Regional Office, (303) 844-7048.

**A copy of this bulletin can be found on the EqualityCare website at  
<http://wyequalitycare.acs-inc.com>**

**If you have additional questions regarding billing or covered services, please contact the ACS Provider Relations Unit at (800) 251-1268. Call center hours are Monday through Friday from 9am-5pm.**

## Model Attestation Letter

Print on Agency's own letterhead

*(The facility director must sign this attestation.)*

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

Dear Teri Green:

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> complies with all of the requirements set out in that regulation as codified at 42 CFR §§ 483.350-483.376.

I understand that the Centers for Medicare & Medicaid Services (CMS), Wyoming EqualityCare 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 EqualityCare immediately if I vacate this position so that an attestation can be submitted by my successor.

I agree to submit this Attestation Letter annually to ACS, Inc. and include the following information:

1. The facility name and location.
2. Total number of facility beds.
3. Number of EqualityCare residents in the facility.
4. Number of residents for whom the Psych under 21 is paid for by another state.
5. A list of all states from whom the facility has ever received EqualityCare payment for the provision of the Psych under 21 benefit.
6. A statement certifying that the facility currently meets all of the requirements in Part 483, Subpart G governing the use of restraint and seclusion.
7. A statement acknowledging the right of the EqualityCare (or it's agents) and if necessary, CMS to conduct an on-site survey at any time to validate the facility's compliance with the requirements of the rule, to investigate complaints lodged against the facility, or to investigate serious occurrences.
8. A statement that the facility will submit a new attestation of compliance annually (on or before July 21), and in the event that the facility director is no longer in such position.
9. Name of individual and position of individual signing the attestation.
10. The date that the attestation was signed.



Signature

Printed Name  
Title (Facility Director)

CC: Jean McLean  
Tammy Schmitt  
Office of Healthcare Licensing & Surveys



Wyoming Department of Health  
Public Health Insurance Program



Pharmacy  
Group  
6530

## Important Changes! Please read!



**ACS**<sup>®</sup>

**ACS, Inc**  
P.O. Box 667  
Cheyenne, WY 82003-  
0667

PHONE:  
(800) 251-1268

FAX:  
(307) 772-8405

We're on the Web!  
<http://wyequalitycare.acs-inc.com>