

Psychiatric Residential Treatment Facilities (PRTF)

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Glossary of Terms

- 42CFR – The Federal Conditions of Participation fall under section 42 of the Code of Federal Regulations.
- Accreditation - An evaluative process in which a healthcare organization undergoes an examination of its policies, procedures and performance by an external organization ("accrediting body") to ensure that it is meeting predetermined criteria. It usually involves both on- and off-site surveys.
- Accredited - Means having a seal of approval. Being accredited means that a facility or healthcare organization has met certain quality standards. These standards are set by private, nationally recognized groups that check on the quality of care at healthcare facilities and organizations
- Agents of Centers for Medicare and Medicaid Services (CMS) - Any individual or organization, public or private, with whom CMS has a contractual arrangement to contribute to or participate in the Medicare/Medicaid survey and certification process. The State Survey Agency (SSA) is the most common example of a "CMS" agent as established through the partnership role in the survey process under the provisions of 1864 of the Act. A private physician serving a contractual consultant role with the SA or CMS regional office as part of a survey and certification activity is another example of a "CMS agent". In Connecticut, the Department of Public Health functions as agents of CMS. The Department's team of surveyors are all registered nurses with experience in working within a healthcare facility or staff trained in Life Safety Code to review the environment of care. They are also required to have specified training from CMS.
- Care Plan/Treatment Plan - A written plan for your care. It tells what services you will get to reach and keep your best physical, mental, and social well-being. The patient and treatment interdisciplinary team collaboratively develop the patient's treatment plan. The treatment plan is patient centered and the outline of what the hospital has committed itself to do for the patient, based on an assessment of the patient's needs. The plan should include data collection, goals, objectives, interventions and outcomes with input from the interdisciplinary team.

Glossary of Terms

- CMS – Federal Centers for Medicare and Medicaid Services. CMS is responsible for oversight of HIPAA administrative simplification transaction and code sets, health identifiers, and security standards. CMS also maintains the HCPCS medical code set and the Medicare Remittance Advice Remark Codes administrative code set. The federal agency that runs the Medicare program. In addition, CMS works with the States to run the Medicaid program. CMS works to make sure that the beneficiaries in these programs are able to get high quality healthcare
- Certification - This means a healthcare entity has passed a survey done by a State government agency. Being certified is not the same as being accredited. Medicare/Medicaid only covers care in healthcare institutions that are licensed, certified and/or accredited. In order for a PRTF to receive reimbursement from Medicaid they must be certified by the CMS
- Condition level deficiencies – Noncompliance with requirements in a single standard or several standards within the condition representing a severe or critical health or safety breach. Condition level findings are measured by the manner and degree of the non-compliance
- Conditions of Participation - CMS develops Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) that healthcare organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. CMS also ensures that the standards of accrediting organizations recognized by CMS (through a process called "deeming") meet or exceed the Medicare standards set forth in the CoPs / CfCs
- Directed Plan of Correction (DPoC)- means to take action within specified time frames. The purpose of the DPoC is to achieve correction and continued compliance with the Condition(s) of Participation. A DPoC differs from a traditional Plan of Correction in that the State and/or enforcement agency (in the case of PRTF's, Department of Social Services as the State Medicaid Agency), not the facility, develops the Plan of Correction. Achieving compliance is the provider's responsibility, whether or not a DPoC was followed. If the facility fails to achieve substantial compliance after complying with the DPoC, the State may impose another alternative sanction (or sanctions) until the facility achieves substantial compliance or it is terminated from the Medicare/Medicaid program. The DPoC includes all elements of a traditional plan of correction as well as when the corrective action must be accomplished, and how substantial compliance will be measured

Glossary of Terms

- Drug used as a restraint means any drug that—
 - (1) Is administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others;
 - (2) Has the temporary effect of restricting the resident's freedom of movement; and
 - (3) Is not a standard treatment for the resident's medical or psychiatric condition
- Emergency Safety Intervention-means the use of restraint or seclusion as an immediate response to an emergency safety situation
- Emergency safety situation- means an unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention
- Immediate Jeopardy - A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. This can be found in 42 CFR Part 489.3. If immediate jeopardy is not removed there is a 23-day termination of the Medicare contract
- Joint Commission (TJC) - is an independent, not-for-profit group in the United States that administers voluntary accreditation programs for hospitals and other healthcare organizations. TJC is an approved accreditation organization program for hospitals, psychiatric hospitals, critical access hospitals, home health agencies, hospice, and ambulatory surgery centers
- Life Safety Code (LSC) - The LSC is a set of fire protection requirements designed to provide a reasonable degree of safety from fire. It covers construction, protection, and operational features designed to provide safety from fire, smoke, and panic. The healthcare Facilities Code is a set of requirements intended to provide minimum requirements for the installation, inspection, testing, maintenance, performance and safe practices for facilities, material, equipment and appliances
- Mechanical restraint- means any device attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body
- Personal restraint- means the application of physical force without the use of any device, for the purposes of restraining the free movement of a resident's body. The term personal restraint does not include briefly holding without undue force a resident in order to calm or comfort him or her, or holding a resident's hand to safely escort a resident from one area to another

Glossary of Terms

- Plan of Correction - Measures such as the requirements for an acceptable plan of correction emphasize the ability to achieve and maintain compliance leading to improved quality of care. The provider may or may not be required to submit a written response to deficiencies. This response is known as the Plan of Correction (POC). The POC must identify the steps that have been or will be taken to attain compliance with the regulation and must identify the time that correction has been or will be achieved by the provider. DPH and/or CMS must accept the POC in order to allow the provider to continue in the federal certification program
- Psychiatric Residential Treatment Facility-means a facility other than a hospital, that provides psychiatric services, as described in subpart D of part 441 of the CFR, to individuals under age 21, in an inpatient setting
- Restraint-means a “personal restraint,” “mechanical restraint,” or “drug used as a restraint”
- Seclusion-means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving
- Serious injury means any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else
- Standard level deficiencies - Noncompliance with any single requirement or several requirements within a particular standard. Standard level deficiencies do not substantially limit a facility’s capacity to furnish adequate care, or doesn’t jeopardize the health or safety of patients if the deficient practice recurred
- State Licensure - means a healthcare institution has met the requirements for a license to operate from the State of Connecticut pursuant to chapter 386v of the General Statutes. The facilities operated under the Department of Children and Families are exempt from this chapter

Glossary of Terms

- Surveys:
 - Full Certification Survey- The activity conducted by State survey agency or other CMS agents under the direction of CMS and within the scope of applicable regulations and operating instructions and under the provisions of the 1864 Agreement whereby surveyors determine compliance or noncompliance of Medicare providers with applicable Medicare requirements for participation
 - Re-certification survey –same as above for a renewal
 - Complaint investigations- A complaint survey is a more focused survey to investigate compliance with Conditions of Participation related to the nature of the complaint
 - Validation survey-A survey conducted pursuant to a facility's attestation indicating they are meeting all the requirements of Part 483, Subpart G, governing the use of restraint and seclusion



Facility Licensing & Investigations Section ("FLIS")

- Section within the DPH which is responsible for healthcare facility licensure and certification inspection
- Conducts inspections of healthcare institutions as defined in the General Statutes of Connecticut, section 19a-490
 - Licensure inspections
 - Complaint inspections
 - Life safety code inspections during licensure inspections and when renovation/construction is being completed
- Focus:
 - Assess for compliance with state and federal laws and regulation
 - Survey teams are comprised of registered nurses, however, not mental health specialists/practitioners/experts
- Licenses 28 different levels of institutions (2087 total licenses) and frequency established in statute and/or federal regulations
- Contractor for the Centers for Medicare and Medicaid Services ("CMS") for certification, recertification and complaint surveys for Medicare/Medicaid certified entities, including in part, hospitals, psychiatric hospitals, nursing home, and PRTF's

Connecticut Law

- Connecticut General Statutes section 19a-490
 - Sec. 19a-490. (Formerly Sec. 19-576). Licensing of institutions. Definitions. As used in this chapter and sections 17b-261e, 38a-498b and 38a-525b:
 - (a) “Institution” means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, healthcare facility for the handicapped, nursing home facility, home healthcare agency, homemaker-home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency; and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disability. “Institution” does not include any facility for the care and treatment of persons with mental illness or substance use disorder operated or maintained by any state agency, except Whiting Forensic Hospital.
- Albert J. Solnit Children’s Center’s South Campus PRTF units and all other Department of Children and Families facilities are not licensed by the Department of Public Health (“DPH”)

Definition of a PRTF

A facility other than a hospital that provides psychiatric services to individuals under age 21 in an inpatient setting.

- PRTF's must comply with the Condition of Participation (COP) for the use of restraint and seclusion
- Within the COP, eleven standards have been developed that assure quality and safety with the use of restraint and seclusion

What is a PRTF

A PRTF is a provider of inpatient psychiatric services

- Can be a Medicare or accredited psychiatric hospital or an accredited psychiatric facility that is not a hospital
- Has a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid eligible individuals under the age of 21
- Provides PRTF services under the direction of a physician
- Must be accredited by approved Accrediting Organizations (AO), The Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation of Services for Families and Children or any AO with comparable standards recognized by the state
- Meet requirements in 42 CFR, Subpart D, 441.151 to 441.182 which has its focus on the application of restraint and seclusion
- Annual attestation to DSS confirming compliance with COP, restraint and seclusion, due July 21st of each year

PRTF-Voluntary State Participation

- Optional benefit under Medicaid state plans
- Voluntary state participation
 - Individuals in need can obtain it from another state that participates in the PRTF program, when their home state does not provide the service
- CMS Region 1 participation:
 - Connecticut: is the only New England state to provide/cover PRTF services

COP and 11 standards

1. General requirements
2. Resident protections
3. Orders for restraint and seclusion
4. Consultation with treatment team MD
5. Monitoring during utilization of restraint and seclusion and immediately following restraint and seclusion
6. Requirements for notification to parents or guardian
7. Application of time out
8. Post intervention debriefing
9. Medical treatment for injuries
10. Facility reporting requirements
11. Facility responsibility for staff training to ensure safety of individuals

Importance of PRTF Requirements

- Key aspects for vulnerable children:
 - Ensures monitoring of restraint and seclusion
 - Improved staff training
 - Guarantees the appropriate people & agencies are notified when a serious incident occurs
 - Orders for restraint & seclusion are appropriate and in accordance with requirements
 - Ensures timely reporting when injuries occur as a result of restraint & seclusion

PRTF differences from other certified programs



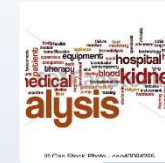
PRTF

- 1 COP
- Attestation
- NOT licensed



Hospital

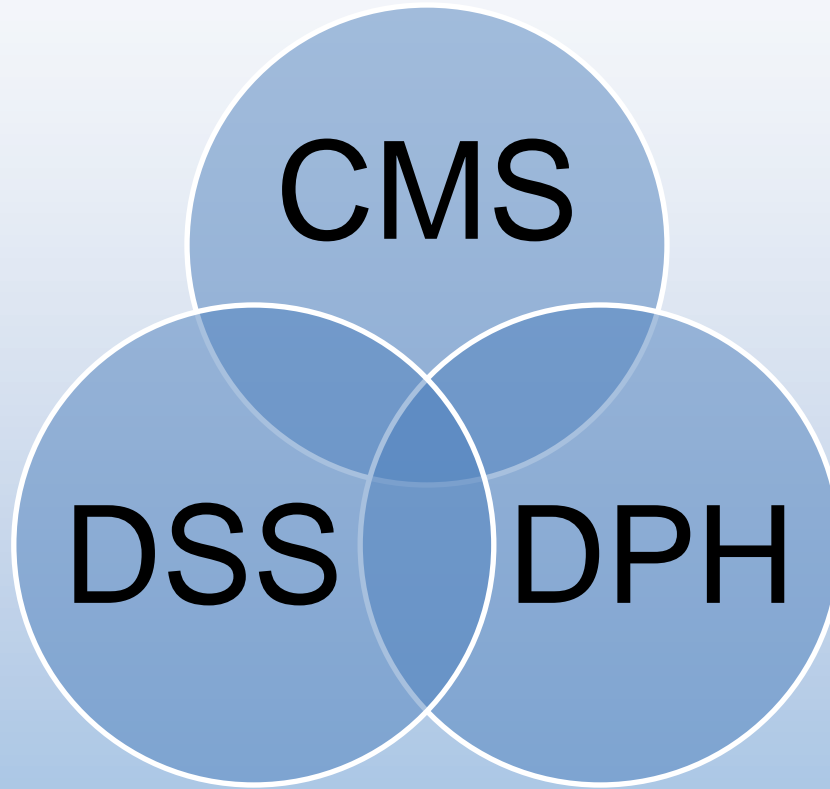
- 23 COP's
- Certified through inspection
- Licensed



Outpatient Dialysis

- 6 CFC's
- 26 standards
- Certified through inspection
- Licensed

Relationship between CMS/DSS/DPH



Roles & Responsibilities

- CMS
 - Develop and disseminate survey protocols
 - Update training as necessary
 - Provide guidance to the state survey agency (DPH)
- DSS (State Medicaid Agency)
 - Receives attestation from the PRTF which indicates the facility meets all the requirements of Part 483, Subpart G governing the use of restraint and seclusion
 - Reviews certification/complaint inspection findings completed by DPH and sends to the provider requesting plan of correction
 - Receives all serious occurrence reports and forwards to DPH
- DPH (State Survey Agency)
 - Survey in accordance with PRTF protocol and standards
 - Required to conduct 20% of the state's total number of PRTF facilities
 - CT currently has 5 PRTF's (soon to be 4 with one closing the end of September), therefore, 1 PRTF validation survey is conducted annually

483.374(h) Reporting of Serious Occurrences

- The facility must report each serious occurrence to both the State Medicaid agency and, unless prohibited by state law, the State designated Protection and Advocacy system.
 - Serious occurrences that must be reported include:
 - A resident's death;
 - A serious injury to a resident as defined in section 483.352
 - A resident's suicide attempt

483.352, Serious Injury

Any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self inflicted or inflicted by someone else. Serious injuries also include abuse and neglect.

PRTF Survey/Inspection Activities

- State survey agency (DPH) is required to conduct recertification surveys for all PRTF's within a 5 year period. Survey activities include:
 - Survey team varies according to the size of the facility
 - All team members have successfully completed the PRTF survey training course
 - Resident sample selected based on census of facility and includes residents of various age groups and who have experienced restraint/seclusion/time out in the last 12 months
 - Includes tour of the facility, record review, review of facility policy and procedures, observations, and interviews with residents/family members/responsible parties/staff
 - All resident deaths and serious occurrence reports from last 12 months reviewed
 - Compliance determination
 - Exit conference
- Complaint surveys do not count towards the 20%
- Complaint surveys are most often initiated by DPH after reviewing a serious occurrence report
- At the conclusion of the survey, a deficiency statement is issued detailing the non-compliance with the CMS conditions of participation
- As a result of the statutory exemption, Solnit South is not licensed by DPH, however certified through CMS and accredited through Joint Commission, therefore
 - No licensure inspections
 - No ability to investigate all complaints, jurisdiction limited

PRTF Surveys

- Upon identification of Federal non-compliance, a Plan of Correction (“POC”) may be requested by the State Medicaid Agency
- Condition or Standard level non-compliance
 - POC required

Elements of a POC

- Six elements
 1. Plan for correcting each specific deficiency
 2. Plan for process improvement
 3. Procedure for implementing the POC
 4. Completion date
 5. Monitoring and tracking to ensure that POC is effective
 6. Title of the person responsible for implementing the POC

Immediate Jeopardy (“IJ”)

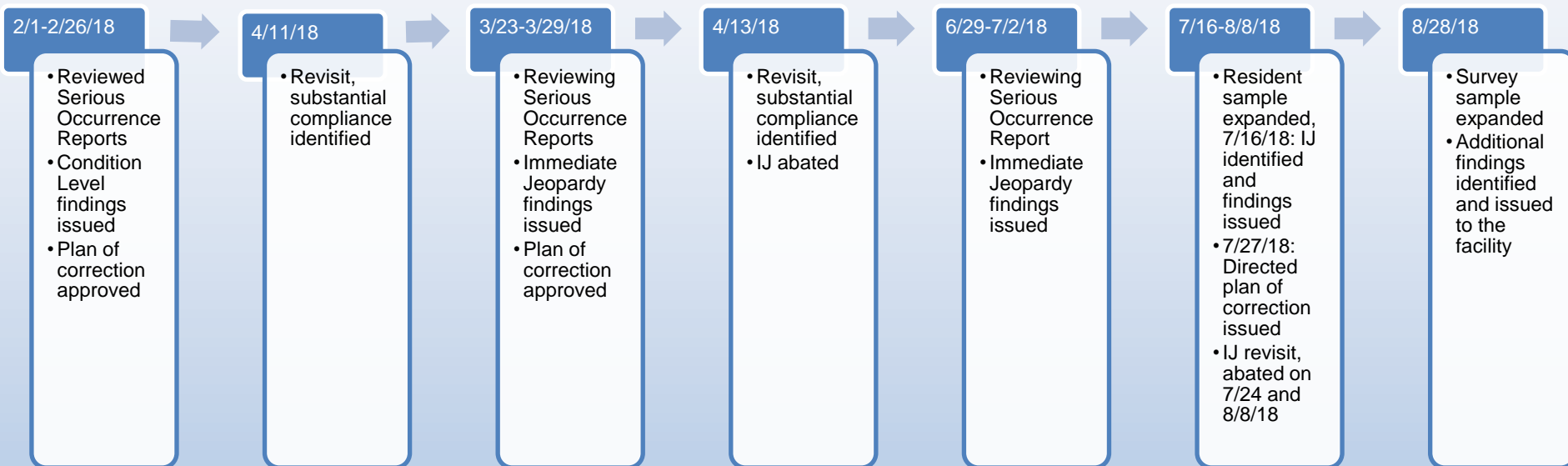
“A situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.” (See 42 CFR Part 489.3.)

» Source: Appendix Q, CMS State Operations Manual

- Three Elements must be demonstrated:
 - Immediacy
 - Culpability
 - Actual or potential for harm
- Collaboration with CMS when determining if an IJ situation exists
- Starts a 23 day termination track if allegation of IJ is not removed

- Certified through the Centers for Medicare and Medicaid Services (“CMS”) for 24 beds,
- Accredited through Joint Commission (“JC”)

Timeline: DPH/Solnit South Visits 2018



Questions

