N.C. Department of Health and Human Services

# Training on CMS Condition of Participation for PRTFs

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Presented by

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With Participation by DHHS Division of Health Services Regulation

# Agenda

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|---|---|
| • Introductions | 9:30 am – 9:45 am |
| • Goals of training | 9:45 am – 10:00 am |
| • Review of Requirements<br>42 CFR 483 Subpart G | 10:00 am – 12 Noon |
| Lunch (on your own) | 12 Noon – 1:15 pm |
| • IRIS Reporting Requirements | 1:15 pm – 2:00 pm |
| • DHSR Survey Procedures | 2:00 pm – 2:30 pm |
| Break | 2:30 pm – 2:45 pm |
| • Creating Healing Environments | 2:45 pm – 4:00 pm |
| • Adjourn | 4:00 pm |

# Agenda Packet

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|---|---|
| 42 CFR 483 Subpart G | Agenda |
| 42 CFR 441.151- 441.182 | Power Point Presentations |
| Request for Attestation of Compliance Letter (2015) | Interpretive Guidelines for PRTF Surveys |
| List of Near by restaurants | Appendix B: Criteria For Determining Level Of Response to Incidents |

# Goals of Training

- Increase PRTF and MCO understanding of CMS requirements for PRTFs in the use of seclusion and restraint, the annual Letter of Attestation and reporting requirements
- Clarify roles and scope of DHSR surveys
- Identify QA activities around the use of seclusion and restraints
- Support, energize/reenergize initiatives to reduce or eliminate use of Seclusion and Restraints with Children and Adolescents

# DHSR Sections Responsible for PRTFs

- Acute and Home Health Certification Section
  - Federally Mandated: Annually survey 20% of PRTFs for compliance with CMS COP; and in response to complaints related to COP
  - Will provide overview of survey process
- Mental Health Licensure and Certification Section
  - NC General Statutes
  - NC Administrative Code and Resources: https://www2.ncdhhs.gov/dhsr/mhlcs/rules.html
  - Referrals to DHSR Mental Health Licensure and Certification Section for observed non compliance

# 42 CFR 483 Subpart G

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|---|---|
| Basis and Scope | Monitoring during and after **seclusion** |
| Definitions | Notification of parents/guardian |
| Requirements for PRTFs | Application of time out |
| Protection of residents | Post Intervention debriefings |
| Orders for the use of S/R | Medical Treatment for injuries resulting from S/R |
| Consultation with physician | Facility reporting |
| Monitoring during and after **restraint** | Education and training |

# Sec. 483.350 Basis and Scope

- Implements Child Health Act of 2000
- Applicable to providers receiving Inpatient Psychiatric Services for Individuals under 21- Medicaid benefit for reimbursement of PRTFs
- Imposes requirements regarding the use of restraint or seclusion
  - Supersedes NCAC when more restrictive

# Sec. 483.352 Definitions

- Drug Used as a Restraint
- Emergency safety intervention
- Emergency safety situation
- Mechanical restraint
- Minor
- Personal restraint

# Sec. 483.352 Definitions (con't)

- Psychiatric Residential Treatment Facility (PRTF)
- Restraint
- Seclusion
- Serious Injury
- Staff
- Time Out

# Sec. 483.354 General (CMS) requirements for PRTF

- A PRTF must meet Federal requirements in 42 CFR 441.151 – 441.182
  - Copies of these rules in your folder
  - Covers programmatic requirements
  - Subject to audit by DHSR during Survey by MHLC and AHC Sections

# §483.356 Protection of residents

- "Each resident has the right to be free from restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation."
- No standing orders or PRN order
- No planned use of seclusion or restraint, such as including in treatment plan

# §483.356 Protection of residents (con't)

- ESI should result in no harm
- Used ONLY in an emergency situation to assure safety
- Seclusion or restraint used ONLY for as long as necessary for safety
- Seclusion and restraint must not be used at the same time.

# §483.356 Protection of residents (con't)

- Emergency safety intervention must be performed in a manner that is
  - safe, proportionate, appropriate to the behavior
- ESI must be appropriate to
  - chronological and developmental age;
  - size; gender; physical, medical, and psychiatric condition; and
  - personal history (including any history of physical or sexual abuse).

# §483.356 Protection of residents (con't)

- Notification, on admission, of facility policy on the use of Seclusion and Restraint
  - To child/adolescent and parents or legal guardian
  - In a language that is understood
  - With written acknowledgement of notification
  - Copy provided to child and parents/legal guardian with contact information for State Protection and Advocacy Organization (DRNC)

# §483.358 Orders for the use of restraint or seclusion

Must be:

- By a physician or other licensed practitioner (LP) as allowed in NC: DO, PhD Psychologist; NP, PA
  - https://www2.ncdhhs.gov/mhddsas/implementationupdates/Archive/2009/update063/implementationupdate63final11-09.pdf
- By the resident's treating physician, if present
- For least restrictive measure likely to be effective
- If verbal, received by LP while S/R is initiated or immediately after
- Ordering LP must be available for consultation

# §483.358 Orders for the use of restraint or seclusion (con't)

- Time limited to duration of emergency, never more than:
  - 4 hours for individuals ages 18 to 21
  - 2 hours for children/adolescents 9 to 17
  - 1 hour for children under 9

# §483.358 Orders for the use of restraint or seclusion (con't)

- Within 1 hour of initiation of restraint, MD, DO, NP, or RN trained in use of S/R must conduct a **face-to-face** physical and psychological assessment, including but not limited to:
  - Physical and psychological status
  - Behavior
  - Appropriateness of intervention
  - Any complications resulting from intervention

# §483.358 Orders for the use of restraint or seclusion (con't)

- Each order for restraint or seclusion must include:
  - Name of the physician or LP trained and authorized to order S/R
  - Date and time order received
  - Emergency safety intervention ordered and duration
  - If need for S/R exceeds duration of order, a NEW order must be received to continue.

# §483.358 Orders for the use of restraint or seclusion (con't)

- Documentation of emergency safety intervention must be completed by end of shift during which ESI ended and include:
  - Each order, with intervention and duration
  - Time emergency intervention began and ended
  - Time and findings of the 1 hour assessment
  - Description of emergency safety situation requiring S/R
  - Name of staff involved in the intervention

# §483.358 Orders for the use of restraint or seclusion (con't)

- PRTF Facility must maintain record of each emergency safety intervention, i.e., each incident of seclusion and restraint , the intervention used and outcomes
- The physician or other allowed LP must sign order, if verbal, as soon as possible

# §483.360 Consultation with treatment team physician

Any LP who orders S/R must :

- Consult with the child or adolescent's treatment team physician
- Document the time and date of consultation

# §483.362 Monitoring of the resident in and immediately after **restraint**.

- Clinical staff must be:
  - physically present
  - continually assessing/ monitoring physical and psychological well-being throughout emergency safety intervention.
- If S/R lasts beyond order, LP must contact ordering MD or LP for instructions
- MD or LP must evaluate child/adolescent immediately after ESI ends

# §483.364 Monitoring of the resident in and immediately after **seclusion.**

- Clinical staff must be:
  - physically present in or right outside room
  - continually assessing/ monitoring the physical and psychological well-being throughout the duration of the emergency safety intervention
- Video monitoring does not meet this requirement

# §483.364 Monitoring of the resident in and immediately after **seclusion**

- Room used for seclusion must:
  - Allow full view
  - Be free of potentially hazardous conditions
- If ESI lasts beyond ordered timeframe, LP must contact ordering MD or LP for instructions or New order
- MD or LP must evaluate child/adolescent immediately after child or adolescent is removed

# 483.366 Notification of parent(s) or legal guardian(s)

- For a minor, facility must :
  - Notify parents as soon as possible after initiation of seclusion or restraint
  - Document date and time of notification and name of staff person providing notification

# §483.368 Application of time out

- Child or adolescent must never be prevented from leaving
- May be exclusionary or inclusionary
- Staff must monitor child/adolescent while in time out.

# §483.370 Post-intervention debriefings

1. Within 24 hours with involved staff and child/adolescent
   - Face to face discussion
   - Other staff and parents may attend
   - Conducted in language understood
   - Must provide opportunity to discuss ESS
   - Strategies for staff, child/adolescent, others to prevent use of seclusion and restraint in future

# §483.370 Post-intervention debriefings

2. Within 24 hours involved staff, supervisors, facility administration debriefing to discuss:
   - Emergency Safety Intervention
   - Precipitating factors
   - Alternative techniques
   - Procedures to prevent reoccurrence
   - Outcomes of use of seclusion or restraint, including injuries

# §483.370 Post-intervention debriefings

- Required documentation in medical record
  - that both debriefing sessions took place
  - names of staff who were present
  - names of staff that were excused
  - any changes to the resident's treatment plan that result from the debriefings

# §483.372 Medical treatment for injuries resulting from ESI

- Must receive immediate medical attention
- PRTF must have affiliations/transfer agreements with Medicaid enrolled hospitals that ensure:
  - Timely transfer for medical and/or acute psychiatric care
  - Timely sharing of necessary information
  - Service availability 24/7
- Must be documented in record
- Must result in plan to prevent future injury

# §483.374 Facility reporting

## Attestation of facility compliance

- In writing, that the facility is in compliance with CMS's 42 CFR 843 Subpart G
- Signed by the facility director
- Submit annually by July 21
- Newly enrolled provider must meet this requirement and submit Attestation upon submission of Medicaid provider agreement

# §483.376 Education and training

Staff must have education, training, knowledge of

- Techniques to identify triggers
- Use of non physical interventions
- Safe use of Seclusion and Restraint
- Certification in CPR

- Training staff must be qualified

# §483.376 Education and training

- Must include training exercises with demonstration of competency
- Demonstration of competency on regular basis
- Must be documented and certified
- Programs/curricula must be available for review by CMS, DMA, State survey agency

# CMS Condition of Participation for PRTFs

QUESTIONS?

# Contact Information

- **Catharine Goldsmith, DMA Children's Behavioral Health Services Manager**

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- **DHSR Mental Health Licensure and Certification Section**

https://www2.ncdhhs.gov/dhsr/mhlcs/mhstaff.html

- **DHSR Acute and Home Care Certification Section**

https://www2.ncdhhs.gov/dhsr/ahc/index.html