Training on
CMS Condition of Participation for PRTFs
March 16, 2016

Presented by
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With Participation by DHHS Division of Health Services Regulation
Agenda

• Introductions  
  9:30 am – 9:45 am

• Goals of training  
  9:45 am – 10:00 am

• Review of Requirements  
  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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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](https://www2.ncdhhs.gov/dhsr/mhlcs/rules.html)
  – Referrals to DHSR Mental Health Licensure and Certification Section for observed non compliance
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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/mhddas/implementationupdates/Archive/2009/update063/implementationupdate63final11-09.pdf](https://www2.ncdhhs.gov/mhddas/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

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§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

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§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
  catharine.goldsmith@dhhs.nc.gov

• 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