



State of Connecticut
Department of Social Services
Medical Care Administration
25 Sigourney Street
Hartford, CT 06106-5033

PB 2009-18

**Policy Transmittal 2009-02
May 2009**

A handwritten signature in black ink, appearing to read "Michael P. Starkowski".

Michael P. Starkowski
Commissioner

Contact: Ondria Lucky
860-424-5195

June 15, 2009
Effective Date

TO: Psychiatric Residential Treatment Facilities

SUBJECT: Clarification of Requirements for Psychiatric Residential Treatment Facilities

The Department is sending this bulletin to Psychiatric Residential Treatment Facilities (PRTF) providers to inform them of new requirements with respect to annual letters of attestation. Specifically, the Department is extending the attestation requirement to include compliance with 42 CFR Part 441, Subpart D of the Code of Federal Regulations and changing the date that letters of attestation are required to be submitted to EDS.

The Code of Federal Regulations requires that all PRTF providers meet certification of need and other requirements identified at 42 CFR Part 441, Subpart D "Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs." The requirements can be found at www.gpoaccess.gov/cfr.

The Department is also changing the due date for the submission of attestations. Annual attestation letters are now due on or before July 1st of each year. The attestation letter and facility characteristics must be submitted to EDS PO Box 2991, Hartford, CT 06104 and a copy sent to the Department of Social Services, 25 Sigourney Street, Hartford, CT 06160- attention Medical Policy. If the facility is re-enrolling, these letters are to be included in the facility's re-enrollment packet.

Attestations are to include the following information:

- Facility General Characteristics: name, address, telephone number of the facility, and a State provider identification number or "L" number (e.g., 07LXXX);
- Facility Specific Characteristics:
 - (a) bed size;
 - (b) number of individuals currently served within the PRTF who are provided service based on their eligibility for the Medicaid inpatient psychiatric services for individuals under age 21 benefit (Psych under 21)

- (c) number of individuals, if any, whose Medicaid Psych under 21 benefit was paid for by any State other than the State identified in the PRTF's attestation letter during the most recent state fiscal year; and
- (d) identify by list all States from which the PRTF has ever received Medicaid payment for the provision of Psych under 21 services.
- A statement certifying that the facility currently meets all of the requirements of 42 CFR Part 441, Subpart D "Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs" and 42 CFR Part 483, Subpart G "Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21".
- A statement acknowledging the right of the State Survey Agency (or its agents) and 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.
- A statement that the facility will submit a new attestation of compliance annually and in the event a new facility director is appointed.
- The signature of the facility director.
- The date the attestation was signed.

Please note that continued participation in the Medicaid program is contingent upon successful completion of the annual attestation and re-enrollment process. A sample letter of attestation may be obtained from Ondria Lucky at ondria.lucky@ct.gov.

Posting Instructions: Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com

Distribution: This policy transmittal is being distributed to PRTF providers enrolled in the Connecticut Medical Assistance Program. Managed Care Organizations are requested to send this bulletin to their network providers and subcontractors.

Responsible Unit: DSS, Medical Care Administration, Policy and Regulations, Ondria Lucky Medical Policy Consultant at (860) 424-5195.

Date Issued: May 2009