

“Restraint” means a personal hold of any duration, a mechanical restraint, or a drug used as a restraint.

“Serious injury” means any significant impairment of the physical condition of the resident as determined by qualified medical personnel, including, but not limited to, burns, lacerations, bone fractures, substantial hematoma(s), and injuries to internal organs. (See 42 C.F.R. 483.352.)

“Serious occurrence” means the death, suicide attempt or serious injury of a resident. (See 42 C.F.R. 483.374(b).)

“Therapeutic leave” means an absence from the facility, greater than 24 consecutive hours, deemed therapeutic, approved by the treatment team and included in the resident’s plan of care. Reasons for such absence include, but are not limited to, visits with parents or other caregivers, attendance at a residential camp or residence in a temporary shelter.

“Utilization control” means an approved program instituted, implemented and operated by or under the authorization of a utilization review organization (URO) which effectively safeguards against unnecessary or inappropriate Medicaid services and assesses the quality of those services to Medicaid and NJ FamilyCare fee-for-service beneficiaries.

#### 10:75-1.3 Program participation criteria

(a) A psychiatric residential treatment facility (PRTF) that is not licensed as a hospital, but meets the requirements in 42 C.F.R. part 441 subpart D and 42 C.F.R. part 483 subpart G, shall be eligible for participation as a PRTF in the New Jersey Medicaid/NJ FamilyCare program.

(b) All PRTF providers shall be enrolled in the New Jersey Medicaid/NJ FamilyCare program as a residential treatment center providing services to children under the age of 21. This includes the filing of a Medicaid/NJ FamilyCare Provider Application (FD-20), the signing of a Provider Agreement MCNH-38, and submittal of the CMS-1513, Ownership and Control Interest Disclosure. Provider applications and required forms can be obtained from and should be submitted to:

Division of Medical Assistance and Health Services  
Office of Provider Enrollment, Mail Code #9  
PO Box 712  
Trenton, New Jersey 08625-0712

(c) A PRTF located in New Jersey that provides services for New Jersey Medicaid/NJ FamilyCare or PFC beneficiaries under the age of 21 shall, in order to participate in the Medicaid/NJ FamilyCare program:

1. Be licensed by the New Jersey Division of Youth and Family Services as a residential child care facility in accordance with N.J.A.C. 10:127 or by the Division of Mental Health Services as a psychiatric community resi-

dence for youth in accordance with N.J.A.C. 10:37B or by the New Jersey Department of Health and Senior Services or other State agencies with the authority to license such facilities to provide care to children;

2. Be accredited as a PRTF by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and

3. Provide a copy of their license and a copy of their JCAHO Accreditation to DMAHS, at the address in (b) above, as a condition of enrollment as a Medicaid/NJ FamilyCare provider.

(d) A PRTF located out of New Jersey that provides services for New Jersey Medicaid, NJ FamilyCare or NJ PFC beneficiaries under the age of 21 shall, in order to participate in the New Jersey Medicaid/NJ FamilyCare program:

1. Be licensed as a health care provider by the appropriate State agency (NJ DYFS), or be enrolled as a provider of inpatient psychiatric services for children in the Medicaid program in the State in which they are located;

2. Be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a provider of inpatient psychiatric services for children; and

3. Provide a copy of their license, or their Medicaid enrollment agreement, and a copy of their JCAHO Accreditation to the New Jersey DMAHS, at the address in (b) above, as a condition of enrollment as a Medicaid/NJ FamilyCare provider.

(e) As a condition of enrollment, all PRTF providers shall complete an Attestation of Compliance, indicating that all requirements related to the use of emergency safety interventions in PRTFs as described in 42 C.F.R. 483, Subpart G, are met. The form will be included in the enrollment package provided by the Division. If additional copies of this form are needed, they can be obtained from the Office of Provider Enrollment by writing the Division at the address in (b) above.

1. Out-of-State providers who are enrolled in the New Jersey Medicaid/NJ FamilyCare program as a PRTF and are not enrolled within their own state Medicaid agency shall file their attestation with the NJ DMAHS at the address in (b) above.

2. Out-of-State providers who are enrolled in the New Jersey Medicaid/NJ FamilyCare program as a PRTF and are also enrolled as a PRTF with their own state Medicaid agency shall file a copy of their state agency’s attestation form with the NJ DMAHS at the address in (b) above.

(f) Upon approval as a Medicaid/NJ FamilyCare provider, providers shall comply with the provisions of N.J.A.C. 10:49, in addition to this chapter.

(g) All providers, in-State or out-of-State, shall notify the DMAHS Office of Provider Enrollment (Provider Enrollment) at the address in (b) above, if their license or JCAHO accreditation is terminated, suspended or not renewed, within five business days of the action taken against their license or accreditation.

1. The provider will be disenrolled as a Medicaid/NJ FamilyCare provider until such time as the license or accreditation is restored.

2. Once the provider's license and/or accreditation is restored by the appropriate agency, the provider shall notify Provider Enrollment, who will reinstate the provider as a Medicaid/NJ FamilyCare provider as long as the requirements of N.J.A.C. 10:49 and this chapter are met and continue to be met. The notification to Provider Enrollment shall be in writing and shall include documentation from the licensing or accreditation agency that the provider's license or accreditation has been restored, as well as the specific facts and circumstances regarding the action against the license or accreditation, and the restoration.

3. A PRTF provider shall be held liable for recoupment of any monies paid for services during the time that the provider did not possess a valid license and accreditation.

#### 10:75-1.4 Beneficiary eligibility

(a) Medicaid/NJ FamilyCare beneficiaries under age 21, and those non-Medicaid/NJ FamilyCare-eligible children who are enrolled in the Partnership for Children (PFC) who require PRTF services, shall be eligible to receive services in a psychiatric residential treatment facility (PRTF).

(b) A Medicaid/NJ FamilyCare or PFC resident who was receiving services immediately prior to attaining age 21 may continue to receive services until they are no longer needed or until the resident reaches age 22, whichever occurs first.

#### 10:75-1.5 Recordkeeping

(a) PRTFs shall keep such legible individual records for each resident as are necessary to fully disclose the kind and extent of services provided, as well as the medical necessity for those services. This information shall be available upon the request of the DHS or its authorized agents, including, but not limited to, DMAHS, the Care Management Organization (CMO) and/or the Contracted Systems Administrator (CSA), as well as the Department of Health and Senior Services (DHSS) and the Centers for Medicare and Medicaid Services (CMS).

(b) An individual record shall be maintained for each Medicaid/NJ FamilyCare/NJ FamilyCare/PFC resident. The record shall include the individual's medical, nursing, social and related treatment and care in accordance with this chapter and all accepted professional standards.

(c) All clinical records of discharged residents shall be completed promptly and shall be filed and retained for a period of five years after the discharge of the resident.

(d) If the resident is transferred to or from another PRTF or program, a copy of the resident clinical record, or a summary of the record, shall accompany the resident.

(e) All information contained in the clinical records shall be treated as confidential and shall be disclosed only to authorized persons, including the Department and its agents, the CSA and the CMO.

#### 10:75-1.6 Serious occurrences

(a) A serious occurrence is defined as the death, suicide attempt or serious injury of a resident. A serious injury is defined as any significant impairment of the physical condition of the resident as determined by qualified medical personnel, including, but not limited to, burns, lacerations, bone fractures, substantial hematoma(s) and injuries to internal organs, whether self-inflicted or inflicted by someone else. In the event of any serious occurrence, all PRTF providers shall report the occurrence to the appropriate authorities in accordance with 42 C.F.R. 483.374(b) and (b) through (d) below.

(b) All reports of serious occurrences shall include, at a minimum, the following information:

1. The name of the resident;
2. A detailed description of the occurrence;
3. The name, street address and telephone number of the facility; and
4. Any other information the PRTF is able to provide regarding the occurrence.

(c) In-State PRTF providers who are licensed by, and under contract with, the Division of Youth and Family Services (DYFS) or the Division of Mental Health Services (DMHS) shall report all serious occurrences as follows:

1. All serious occurrences shall be reported to the provider's respective licensing and contracting agency in accordance with agreed upon reporting procedures between the provider and the agency.
2. All serious occurrences shall be reported to the New Jersey Protection and Advocacy Agency no later than the next business day after the incident. Reports shall be mailed to:

NJ Protection and Advocacy  
210 South Broad Street, 3rd Floor  
Trenton, NJ 08608

3. If the resident is a minor (under age 18), the parents or legal guardians shall be notified as soon as reasonably possible, but no later than 24 hours after the incident.

4. If the resident dies as a result of the serious occurrence, the incident shall additionally be reported to the Centers for Medicare & Medicaid Services as soon as reasonably possible, but the report should be mailed no later than the next business day after the incident. Reports shall be mailed to:

Regional Administrator  
Division of Medicaid and State Operations  
Centers for Medicare & Medicaid Services  
Room 3800  
26 Federal Plaza  
New York, NY 10278

(d) In-State PRTF providers who are licensed by, and under contract with, agencies other than DYFS or DMHS shall report all serious occurrences as follows:

1. All serious occurrences must be reported to DMAHS via phone call and by completing and filing (Fax and hard copy) an "Initial Serious Occurrence Incident Report Form" (FD-400).

i. The report must be filed by telephone and Fax as soon as reasonably possible, but no later than 24 hours after the incident.

ii. The report must be mailed no later than the close of business on the next regular business day. Providers shall mail the report to:

DMAHS Incident Report Coordinator  
PO Box 712  
Mail Code #18  
Trenton, NJ 08625-0712

2. All serious occurrences shall be reported to the New Jersey Protection and Advocacy Agency no later than the next business day after the incident. Reports shall be mailed to:

NJ Protection and Advocacy  
210 South Broad Street, 3rd Floor  
Trenton, NJ 08608

3. If the resident is a minor (under age 18), the parents or legal guardians shall be notified as soon as reasonably possible, but no later than 24 hours after the incident.

4. If the resident dies as a result of the serious occurrence, the incident shall additionally be reported to the Centers for Medicare & Medicaid Services as soon as reasonably possible, but the report should be mailed no later than the next business day after the incident. Reports shall be mailed to the CMS Regional Office at the address in (c)4 above.

(e) Out-of-State PRTF providers licensed by, and under contract with, NJ DYFS or DMHS shall report all serious occurrences as follows:

1. In addition to any other procedures required by the State in which the provider is located, all serious occurrences shall be reported to the New Jersey agency that licenses and contracts with the provider, in accordance with the agreed-upon reporting procedures between the provider and the agency;

2. All serious occurrences shall be reported to the designated Protection and Advocacy agency in the State in which the provider is located;

3. If the resident is a minor (under age 18), the parents or legal guardians shall be notified as soon as reasonably possible, but no later than 24 hours after the incident; and

4. If the resident dies, the provider shall also notify the Centers for Medicare & Medicaid Services Regional Office serving the state in which the provider is located. The incident shall be reported as soon as reasonably possible, but the report should be mailed no later than the next business day after the incident.

(f) Out-of-State PRTF providers who are not licensed by and under contract with NJ DYFS or DMHS shall report all serious occurrences as follows:

1. All serious occurrences must be reported to DMAHS via phone call and by completing and filing (Fax and hard copy) an "Initial Serious Occurrences Incident Report Form" (FD-400).

i. The report must be made by telephone and Fax as soon as reasonably possible, but no later than 24 hours after the incident, to the DMAHS Incident Report Coordinator at the phone and Fax numbers in (c) above.

ii. The report must be mailed no later than the close of business on the next regular business day. Providers shall mail the report to the DMAHS Incident Report Coordinator at the address in (d)1 above.

2. All serious occurrences must be reported to the designated Protection and Advocacy agency in the state in which the provider is located.

3. If the resident is a minor (under age 18), the parents or legal guardians shall be notified as soon as reasonably possible, but no later than 24 hours after the incident.

4. If the resident dies, the provider shall also notify the Centers for Medicare & Medicaid Services Regional Office serving the state in which the provider is located. The incident shall be reported as soon as reasonably possible, but the report shall be mailed no later than the next business day after the incident.

(g) All PRTF providers, both in-State and out-of-State, who are licensed by and under contract with NJ agencies other than DYFS or DMHS, shall conduct an internal review of the serious occurrence. The provider shall submit

a written follow-up report to the DMAHS Incident Report Coordinator at the address in (d)1 above. This report shall be filed no later than 45 working days following the incident. A complete follow-up report shall include, at a minimum:

1. A description of methods used to gather information during the agency's internal review;
2. A more extensive description of the incident, including the date and any and all additional information obtained during the internal review process;
3. Copies of all reports prepared by outside agencies regarding the incident, such as police reports and emergency room reports;
4. A summary of the review of the incident and actions taken by staff during and immediately after the incident, including, but not limited to, any actions that could have been taken to avoid the incident;
5. A description of any and all actions taken by the agency including, but not limited to: staff education, review and revision of policies and procedures, staff debriefing and quality improvement initiatives; and
6. Pertinent findings/conclusions.

(h) The names of all individuals or entities notified of the serious occurrence shall be documented in the resident's record as soon as possible, but no later than 24 hours after the incident occurs. This documentation shall include, at a minimum, the name(s) and agency affiliation of the person making the report, the name(s) and agency affiliation of the individuals who received the report and the time and date the report was made.

For example: "John Doe, child care worker, notified Jane Smith, of Region II CMS, of the serious occurrence that occurred on 02/01/03 at 9:00 P.M., which involved resident Bill Jones."

- (i) All entries into the record shall be legible and the person entering the information shall print and sign their name in ink, including their title and the date that the entry was made.

## SUBCHAPTER 2. PROGRAM REQUIREMENTS

### 10:75-2.1 General requirements

(a) Reimbursable PRTF services under the Medicaid/NJ FamilyCare/Partnership for Children programs shall be those services determined to be medically necessary, using professionally developed criteria and standards of care, and shall be provided under the direction of a physician in a facility that meets the requirements of N.J.A.C. 10:75-1.3.

(b) PRTF services for Medicaid/NJ FamilyCare/PFC beneficiaries under age 21 shall meet the requirements of 42 C.F.R. 441.151. The services shall be provided:

1. Under the direction of a physician;
2. By a facility which is JCAHO accredited; and
3. Before the beneficiary reaches age 21, or, if the beneficiary was receiving such services immediately before he or she reached age 21, services may be provided until the beneficiary no longer requires the services or the beneficiary reaches age 22, whichever event occurs earlier.

### 10:75-2.2 Certification of need for PRTF services

(a) Prior to admission to the facility, PRTF services shall be certified in writing to be necessary, in accordance with 42 C.F.R. 441.152. Certification of the need for services shall be made by an interdisciplinary team, composed of Department of Human Services (DHS), Care Management Organization (CMO) or the State's Contracted Systems Administrator (CSA) staff, who have knowledge of the child/youth/young adult's situation, are competent in the diagnosis and treatment of mental illness, preferably in child psychiatry and include a physician.

1. For a beneficiary enrolled in the Medicaid/NJ FamilyCare/PFC program before the admission to the PRTF, the certification of need may be completed up to 45 days before admission. The form must be received by the facility prior to the admission of the child/youth/young adult.

2. For children/youth/young adults receiving services coordinated by the PFC, this certification may be completed by the child's CMO or the CSA, if the teams assembled by the CMO or the CSA meet the requirements of 42 C.F.R. 441.152.

(b) The interdisciplinary team shall certify, in writing, that:

1. Ambulatory care resources available in the community do not meet the treatment needs of the child/youth/young adult;
2. Proper treatment of the child/youth/young adult's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
3. Treatment provided in a PRTF can reasonably be expected to improve the child/youth/young adult's condition, or prevent further regression, so that inpatient services would no longer be needed.

### 10:75-2.3 Authorization for PRTF services

(a) Authorization shall be required for all PRTF services rendered to children/youth/young adults who are enrolled in the PFC. The agency arranging for the child/youth/young adult's admission to the PRTF shall secure the authorization as indicated in (b) and (c) below, and shall document the authorization in the agency record.