

“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.