

Rule No. 560-X-41-.16 Reporting of Deaths and Serious Occurrences

(1) PRTFs seeking enrollment with Medicaid must meet the requirements of 42 CFR, Part 483, Subpart G, regarding the reporting of serious occurrences.

(2) PRTFs shall submit a written attestation of compliance with the federal rules at the time of enrollment. The written attestation must be signed by an individual who has the legal authority to obligate the facility.

(3) At a minimum, the attestation shall include:

(a) The name, address, telephone number of the facility, and provider number (if applicable);

(b) The signature and title of the individual who has the legal authority to obligate the facility;

(c) The date the attestation is signed;

(d) A statement certifying that the facility currently meets all of the requirements of 42 CFR, Part 483, Subpart G, governing the use of restraint and seclusion;

(e) A statement acknowledging the right of the State Survey Agency (or its agents) and, if necessary, the Centers for Medicare and Medicaid Services (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;

(f) A statement that the facility will notify Medicaid if it no longer complies with the requirements of the rule; and

(g) A statement that the facility will submit a new attestation of compliance in the event the individual who has the legal authority to obligate the facility is no longer in such position.

(4) PRTFs may use the PRTF Attestation Letter to fulfill this requirement. This form may be downloaded from the "Mental Health Forms" section on the Medicaid website www.medicaid.alabama.gov/state-al.us. The information in the form letter should be submitted to Medicaid on the facility's letterhead.

(5) Participating PRTFs shall be required to report a resident's death, serious injury, or suicide attempt to Medicaid and the state-designated Protection and Advocacy system. In addition to the reporting requirements to Medicaid, PRTFs shall report the death of any resident to the CMS Regional Office in Atlanta, Georgia. These reports shall be filed with the agencies noted above no later than the close of business the next business day after the occurrence.

(6) PRTFs shall report to the CMS Regional Office the death of any resident no later than the close of business the next business day after the resident's death. This report shall include:

(a) Name of the deceased resident;

(b) Description of the occurrence;

(c) Name, address, telephone number of the PRTF; and

(d) Any other information the PRTF is able to provide regarding the death.

(7) PRTFs shall document in the resident's medical record that the death was reported to the CMS Regional Office.

(8) PRTFs shall document in the resident's medical record that any serious occurrence, such as death, serious injury, or suicide attempt, was reported to Medicaid and the state-designated Protection and Advocacy system.

(9) Medicaid shall validate the attestations for a random sample of 20 percent of participating PRTFs on an annual basis. The selected sample will be transmitted to the State Survey Agency in order to conduct on-site surveys to ensure the facilities have policies and procedures in place consistent with the attestation and are complying with the requirements of 42 CFR, Part 483, Subpart G.

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Statutory Authority: State Plan, Attachment 3.1-A, pp. 7, 7.16; 42 CFR, Part 483, Subpart G

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