



Department of Medicaid

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TO: Potential OhioRISE Psychiatric Residential Treatment Facility Providers

FROM: Marisa Weisel, Deputy Director
Office of Strategic Initiatives

DATE: September 14, 2023

SUBJECT: Psychiatric Residential Treatment Facility (PRTF) Seclusion and Restraint

The Department is issuing this memo to provide clarification around federal and state regulations related to Psychiatric Residential Treatment Facilities (PRTFs). Following establishment of Ohio Medicaid's in-state PRTF service in November 2023, Ohio PRTF providers will need to follow applicable Medicaid provider and PRTF rules, as well as Ohio Mental Health and Addiction Services (OhioMHAS) rules for certification and licensure in order to be eligible for Medicaid reimbursement. There are some areas with respect to restraint and seclusion where Medicaid rules rely on federal regulations and require PRTFs to meet additional requirements beyond those outlined in the OhioMHAS restraint and seclusion rules. We want to ensure that providers seeking to become PRTFs in Ohio understand the expectations for Medicaid reimbursement.

In addition to being certified as a PRTF provider by OhioMHAS, eligibility for Medicaid reimbursement of PRTF services requires, in part, that Code of Federal Regulations (C.F.R.) standards governing restraint and seclusion, 42 C.F.R. 483 Subpart G, be met. States may exceed the standards contained in the C.F.R., but must, at minimum, meet the standards specified in the regulations. ODM's Medicaid PRTF rule, [OAC 5160-59-03.6](#), incorporates 42 C.F.R. 483 Subpart G in its entirety. To the extent that OhioMHAS' PRTF certification and seclusion and restraint rules exceed the C.F.R. requirements, OhioMHAS' rules should be followed. In those areas where OhioMHAS' rules do not reflect the minimum standards in the C.F.R., the C.F.R. standards must be met, per ODM's PRTF rules.

Examples of items in the OhioMHAS restraint and seclusion rules where the C.F.R. standards are not minimally met include:

- 42 C.F.R. 483.358(b) requires that orders for restraint or seclusion are issued by the treatment team physician if the treatment team physician is available.
- 42 C.F.R. 483.358(d) requires that a verbal order for restraint or seclusion must be received by a registered nurse or other licensed staff such as a licensed practical nurse.
- 42 C.F.R. 483.358(d) requires verbal orders to be verified in a signed, written form in the client's record by the ordering practitioner.
- 42 C.F.R. 483.358(d) requires the ordering practitioner to be available to staff for consultation, at least by telephone, throughout the period of restraint or seclusion.
- 42 C.F.R. 483.358(g) requires the order for restraint or seclusion to include
 - (1) The name of the ordering practitioner;
 - (2) The date and time the order was obtained;
 - (3) The emergency safety intervention that was ordered; and
 - (4) The length of time for which ordering practitioner authorized its use.

- 42 C.F.R. 483.358(j) requires the ordering practitioner to sign the restraint or seclusion order in the client's record as soon as possible.
- 42 C.F.R. 483.360 requires that, if the treating physician is not the individual who ordered the restraint or seclusion, the individual who ordered the restraint or seclusion must contact the treatment team physician as soon as possible to inform the team physician of the emergency safety situation that required the client to be restrained or placed in seclusion, and document in the client's record the date and time the team physician was consulted.
- 42 C.F.R. 483.372(b) requires the PRTF to have affiliations or written transfer agreements in effect with one or more hospitals approved for participation under the Medicaid program that reasonably ensure that –
 - (1) A resident will be transferred from the facility to a hospital and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care;
 - (2) Medical and other information needed for care of the resident in light of such a transfer, will be exchanged between the institutions in accordance with State medical privacy law, including any information needed to determine whether the appropriate care can be provided in a less restrictive setting; and
 - (3) Services are available to each resident 24 hours a day, 7 days a week.

If you have any questions, please reach out to ODM at OhioRISEPolicy@medicaid.ohio.gov.

The information in this communication does not, and is not intended to, constitute legal advice. If you have questions about legal compliance with rules and regulations, please consult an attorney.