

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-41-.16

Rule Title: Reporting of Deaths and Serious Occurrences

_____ New; X Amend; _____ Repeal; _____ Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____ no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____ yes

Is there another, less restrictive method of regulation available that could adequately protect the public? _____ no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____ no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____ no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____ yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? _____ no

Does the proposed rule have an economic impact? _____ no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer: Stephanie Lindsay

Date: 11-18-20

REC'D & FILED

NOV 18 2020

LEGISLATIVE SVC AGENCY

APA-2

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-41-.16 Reporting of Deaths and Serious Occurrences

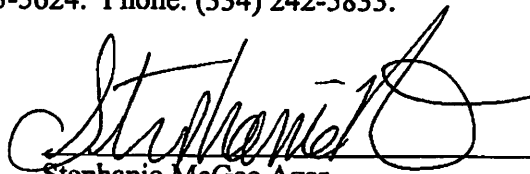
INTENDED ACTION: Amend 560-X-41-.16

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to correct the acronym for a psychiatric residential treatment facility (PRTF) as defined in CFR 483.352.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than January 4, 2021.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.


Stephanie McGee Azar
Commissioner

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.

Author: Solomon Williams, Associate Director, Institutional Services

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

History: New Rule Filed September 21, 2001; effective December 14, 2001. Amended: Filed November 18, 2020;