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## Psychiatric Residential Treatment Facilities (PRTFs) Survey Process

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The Centers for Medicare and Medicaid Services (CMS) established protocols and interpretive guidelines to provide guidance to personnel conducting surveys. These serve to clarify, and/or explain, the intent of the federal regulations. All surveyors are required to use protocols in assessing compliance with requirements. The PRTF survey protocols, federal regulation set 42 Code of Federal Regulations (CFR) Part 483.350, Subpart G, and interpretive guidance are found in [Appendix N](#) of the CMS State Operations Manual (SOM).

Additionally, [Appendix Z](#) includes the federal statutory designation, the regulatory language, and interpretive guidance for Emergency Preparedness (EP), which is applicable to all provider and supplier types, including PRTFs.

Both Appendix N and Appendix Z are divided into a Condition for Participation (CoP or Condition) and standard level requirements.

The CoP represent the overall requirement that a PRTF must comply with. Under the CoP are the standard level regulations associated with the CoP.

A brief description of the PRTF survey process is below. Please refer to Appendix N and Appendix Z for detailed information regarding the PRTF survey process.

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### Initial Surveys

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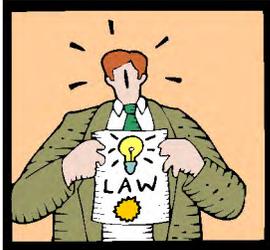
The initial certification of a PRTF is currently accomplished through an attestation process. Attestation requirements can be found in section 2832A in [Chapter 2](#) of the SOM.

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## Recertification Surveys

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Recertification surveys are conducted to validate the PRTF's attestation statements.



The State Agency (SA) conducts unannounced recertification surveys for 20 percent of all PRTFs in the state each year and for all PRTFs within a State within a 5-year period.

During the recertification survey, the SA surveyors assess the compliance with the CoP and standard level regulations.

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## Follow-up Surveys

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The SA conducts follow-up surveys to determine whether the PRTF has implemented systemic corrective actions for the deficiencies cited during the previous survey.

A follow-up survey may be conducted at the facility or by phone/mail. An unannounced on-site revisit is mandated when deficiencies are cited at the CoP level; but may be optional when cited at the standard level.

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## Complaint Surveys

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Anyone may file allegations of provider non-compliance with regulatory requirements. The SA is required to investigate all such allegations. When a complaint that alleges regulatory non-compliance is received, an unannounced complaint survey is conducted which focuses on the allegations of the complaint.

Please refer to [Chapter 5](#) of the SOM for more specific information regarding the complaint survey process.