

Model Attestation Letter

(This model letter is provided as an example only to insure that all information is included; if you are in compliance with the requirements as stipulated below, it must be retyped on your letterhead and signed by an individual who has the legal authority to obligate the facility)

Dear Mr. Fogarty:

A reasonable investigation subject to my control having been conducted in the subject facility, I make the following certification. Based upon my personal knowledge and belief, I attest the (enter name of facility) hereby complies with all of the requirements set forth in the interim final rule governing the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under age 21 published on January 22, 2001, and amended with the publication of May 22, 2001 (Psych Under 21 rule).

I understand that the Centers for Medicare and Medicaid Services (formerly HCFA), the State Medicaid Agency or their representatives may rely on this attestation in determining whether the facility is entitled to payment for its services and, pursuant to Medicaid regulations at 431.610, have the right to validate that (enter name of the facility) is in compliance with the requirements set forth in the Psych Under 21 rule, and to investigate serious occurrences as defined under this rule.

In addition, I will notify the Oklahoma Health Care Authority and the department of Health immediately if I vacate this position so that an attestation can be submitted by my successor. I will also notify the Oklahoma Health Care authority and the department of Health if it is my belief that (enter the name of the facility) is out of compliance with the requirements set forth in the Psych Under 21 rule. Page Two (2) of this correspondence provides all the requisite information referent to (enter name of the facility).

Signature

Printed Name

Title

Date

Name of the Psychiatric Residential Treatment Facility

Address

City, State. Zip Code

Telephone Number

Fax Number

E-mail Address

Provider Number

Number of PRTF Beds

Number of Medicaid children currently in PRTF Treatment from the State of Oklahoma

Number of Medicaid children currently in PRTF treatment from other states (specify states)

Does your State offer Medicaid reimbursement for PRTF treatment?

If yes, are you a contracted Medicaid PRTF Provider?

If yes, number of Medicaid children currently in PRTF Treatment that are residents of your State.