Illinois Department of
Healthcare and Family Services

☐ Annual

☐ Change in Facility Director

ATTESTATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS REGARDING THE USE OF RESTRAINT AND SECLUSION BY FACILITIES PROVIDING INPATIENT PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 YEARS OF AGE

A reasonable investigation, subject to my control, having been conducted in this facility, I make the following certification. Based upon my personal knowledge and belief, I attest that the

Name of Facility

Illinois Medicaid Provider Identification Numbers (FEIN)

Address of the Facility

PRTF I.D. # (To be completed by State Medicaid Agency)

Street Address

City, State, Zip Code

Licensed Beds _____ Total Census _____

# of Out-of-State Residents _____

List of all States that have funded services in this facility.

_____ _____ _____

_____ _____ _____

hereby complies with all of the requirements set forth in the federal final rule 42 CFR Part 441 and Part 483 governing the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under 21 years of age.

I understand the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services and the Illinois Department of Healthcare and Family Services, or their representatives, may rely on this attestation in determining whether the facility is entitled to payment for its services and, pursuant to the *Code of Federal Regulations* and the *Illinois Administrative Code*, have the right to validate that this facility is in compliance with the requirements set forth in the final rule and to investigate serious occurrences as defined under that rule.

An attestation will be completed annually. I will notify the Illinois Department of Healthcare and Family Services immediately if I vacate this position so that an attestation may be submitted by my successor. I will also notify the Illinois Department of Healthcare and Family Services if it is my belief that this facility is out of compliance with the requirements set forth in the final rule.

Signature

Date

Printed Name

Telephone Number - Voice

Title

Telephone Number - Facsimile

Mailing Address (if different than facility address)

E-Mail Address

Street Address

City, State, Zip Code

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