

**Supporting Statement for
Conditions of Participation for Psychiatric Residential Treatment Facilities’ (PRTFs)
Use of Restraint & Seclusion
(OMB Control No. 0938-0833/CMS-R-306)**

Background

The Centers for Medicare and Medicaid Services (CMS) is requesting an extension of the currently approved information collection from the Office of Management and Budget (OMB). This collection supports CMS’s oversight of the use of involuntary “restraint” and “seclusion” – interventions used to manage patients who pose a danger to themselves or others, in psychiatric residential treatment facilities (PRTFs) that serve individuals under age 21.

As authorized under the Social Security Act, the Medicaid program allows federal funding available for state expenditures under an approved State Medicaid plan for inpatient psychiatric services in both hospital and non-hospital settings. Non-hospital settings, defined as PRTFs, serve individuals under age 21 with psychiatric conditions that require physician-directed inpatient care in a residential setting.

The previous approval for this information collection was granted on August 19, 2022, with an estimated annual burden of 414,944 hours at a cost of \$35,024,392.¹ For this extension, CMS estimates a revised annual burden of 439,623 hours with an annual cost of \$42,562,161. These changes are primarily due to increased labor costs. Please see Section 15 for additional details regarding changes in burden hours and costs.

A. Justification

1. Need and Legal Basis

This data collection is authorized under Sections 1902(a)(9)(A), 1905(a)(16) and 1905(h) of the Social Security Act (SSA). Section 1902(a)(9)(A) requires that state health agencies or designated state medical agencies establish and maintain health and safety standards for any public or private facilities where Medicaid beneficiaries receive care; section 1905(a)(16) identifies “inpatient psychiatric hospital services for individuals under age 21” as a covered benefit; and section 1905(h) further clarifies the scope of those services. Additionally, the Children's Health Act of 2000 (Pub. L. 106-310) imposes federal procedural safeguards – including reporting requirements and staff training standards – governing the use of restraint and seclusion” in inpatient psychiatric settings for individuals under age 21. CMS has codified these requirements under 42 CFR § 483.350 et seq.

2. Information Users

The requirements under 42 CFR §483.350 et seq. are used by CMS to monitor compliance in Psychiatric Residential Treatment Facilities (PRTFs). Compliance is assessed by state surveyors

¹ U.S. Office of Management and Budget. *Information Collection Review: Restraint and Seclusion Standards for Psychiatric Residential Treatment Facilities (CMS-R-306)*. RegInfo.gov, 19 Aug. 2022, https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202204-0938-014. See Information Collection Request (ICR) identified by reference number 202204-0938-014.

through on-site surveys and is used to determine a facility's eligibility for Medicare certification and re-certification. PRTFs are typically surveyed at least once every six years.

3. Improved Information Technology

PRTFs may use various information technologies to store and manage the data collections as long as they are consistent with standard medical confidentiality practices, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Facilities are encouraged to take advantage of any technological advances that they find appropriate for their needs.

4. Duplication of Similar Information

There is no duplication of the data collections. An informal review of several state regulatory requirements governing PRTFs indicated that the information being collected under this request is not currently gathered at the State level. Additionally, we verified that the Joint Commission - an accrediting organization for many of these facilities - does not mandate the reporting of sentinel events. Any such reporting to the Joint Commission is voluntary. Furthermore, the data collection requirements are specified in a way to avoid duplication. For example, if a PRTF already maintains records that meet the data collection requirements, regardless of the format, the facility is in compliance. The general nature of the data collection allows for reasonable variation in both substance and format across facilities.

5. Small Businesses

All PRTFs affected by this data collection are considered small businesses. CMS has minimized the burden on small businesses by allowing flexibility in the format of data submissions. This flexibility enables PRTFs to comply using systems and practices consistent with their existing operations. We continue to estimate this data collection will not have a significant economic impact on small businesses.

6. Less Frequent Collection

This data collection is essential for the health and safety of individuals aged 21 or below from the risks associated with inappropriate restraint and seclusion use, while also supporting effective oversight of PRTFs.

The importance of this data collection is underscored by the Government Accountability Office (GAO) reports from 2008 and 2022, which identified serious concerns regarding the use of restraint and seclusion in PRTFs. Although PRTFs are required to report serious occurrences on an incident-by-incident basis, the GAO reports noted the absence of comprehensive reporting systems to monitor injuries, deaths, regarding restraint and seclusion. The 2022 GAO report specifically emphasized the need for states to implement additional protective measures, including improved oversight, enhanced staff training, and stronger enforcement mechanisms to

² United States, Government Accountability Office. *Residential Facilities: Improved Data and Enhanced Oversight Would Help Safeguard the Well-Being of Youth with Behavioral and Emotional Challenges*. U.S. Government Accountability Office, Sept. 2022. GAO-22-104670. <https://www.gao.gov/products/gao-22-104670>.

ensure facility accountability.

Thus, less frequent reporting by PRTFs to State Medicaid Agencies, Protection and Advocacy (P&A) organizations, and CMS regional offices would undermine timely intervention and could jeopardize the health and safety of individuals aged 21 and below.

7. Special Circumstances

There are no special circumstances.

8. Federal Register Notice/Outside Consultation

The 60-day *Federal Register* notice published on [XXXXXXXXXXXX].

9. Payment/Gift to Respondents

No payments or gifts will be given to respondents.

10. Confidentiality

Any information collected will be used only for stated purposes and disclosed only as permitted by law. Protected Health Information (“PHI”) will be kept confidential as required by the Privacy Act of 1974 (5 USC §552a) and HIPAA (45 CFR §§160, 164).

11. Sensitive Questions

There are no sensitive questions associated with this collection.

12. Burden Estimates

This section is broken out into the following three parts, Part 12-A, 12-B, and 12-C. Part 12-A explains the general assumptions we use to estimate hourly burden and costs. Part 12-B explains the data collections in detail and describes the methodology used to estimate the annual hourly burden and cost. Part 12-C summarizes the information.

Part 12-A: Assumptions

Below are the global assumptions used to estimate the annual hourly burden and costs to PRTFs.

Number of PRTFs Impacted by ICs

As shown in Table 1, according to CMS’ Certification and the Survey Provider Enhanced Reporting (CASPER) data, there were 368 active PRTFs for Calendar Year (CY) 2019, 370 for CY 2020, 361 for CY 2021, 370 for CY 2022, 345 for CY 2023 and 366 for CY 2024.³ This results in an average change of 0 PRTFs per year. To predict how many active PRTFs there will be in 2025, 2026, 2027, we use 366 as the active count for CY 2024 plus the estimate number of change or 0. This results in an estimated 366 PRTFs for 2025 ($366 + 0 = 366$). Using this

³ Certification and the Survey Provider Enhanced Reporting (CASPER), Last Date Modified: April 13, 2025, <https://qcor.cms.gov>. Accessed April 16, 2025.

methodology, we estimate 366 for each year 2026 to 2028. To predict new PRTFs we use the same methodology. See Table 2 for the number of participating and new PRTFs estimated during the PRA approval period. We use these estimates for the data collections described in Part 12-B.

Table 1. Historic Number of PRTFs per year⁴

# of PRTFs	CY 2019 (a)	CY 2020 (b)	CY 2021 (c)	CY 2022 (d)	CY 2023 (e)	CY 2024 (f)	Average
Active	368	370	361	370	345	366	-
Change (+/-)	n/a	+2	-9	9	-10	+6	0
New	22	11	23	7	9	37	-
Change (+/-)	n/a	-11	+12	-16	2	28	3

Table 2. Number of Annual PRTFs (projected)

# of PRTFs	Projected CY 2025 (a = Annual Average + Annual Average Change)	Projected CY 2026 (b = a + Annual Average Change)	Projected CY 2027 (c = b + Annual Average Chang)	Projected CY 2028 (d = c + Annual Average Chang)	Average Annual Projected (e = a + b + c + d/4)
Active	366	366	366	366	366
New	40	43	46	49	45

Labor Wages

In addition to the number of impacted PRTFs, we also use hourly wage data to estimate the burden described in Part 12-B. Our hourly wage estimates are derived from the U.S. Department of Labor, Bureau of Labor Statistics (BLS), Occupational Employment and Wage Estimates (OEWS), May 2024, data, as shown in Table 3. To estimate hourly wages, we first identified typical positions for those employed within PRTFs that would be responsible for the information collections described in Part 12-B and matched those positions with their equivalent labor title denoted in the OEWS. For example, the BLS occupation title “Medical and Health Service Manager” refers to a PRTF Administer; “Mental Health and Substance Abuse Social Worker” refers to a PRTF social worker; and “Registered Nurse” refers to a PRTF staff nurse.

Further, we then estimated a 100 percent markup to account for fringe and overhead. We also rounded the numbers up to the next dollar, see Table 3.

⁴ Id.

Table 3. Loaded Hourly Wage Data⁵

PRTF Personnel	BLS Occupation Title	BLS Occupation Code	Mean Hourly Wage (\$/hr.) <i>(a)</i>	Fringe Benefits and Overhead (\$/hr.) <i>(b = 100% x a)</i>	Adjusted Hourly Wage (\$/hr.) <i>(c = a + b)</i>
Administrator	Medical and Health Service Manager	11-9111	\$66.22	\$66.22	\$132
Social Worker	Mental Health and Substance Abuse Social Workers	21-1023	\$32.83	\$32.83	\$66
Staff Nurse	Registered Nurse	29-1141	\$47.32	\$47.32	\$95

Part 12-B: Burden Estimates

Section 441.151 - Medical Necessity Certification - Doctors must certify in writing that psychiatric treatment is necessary

Section 441.151(a)(4) requires that inpatient psychiatric services for individuals under age 21 must be certified in writing to be necessary in the setting in which the services will be provided (or are being provided in emergency circumstances) in accordance with section 441.152. While the requirement is subject to the Paperwork Reduction Act (PRA), we continue to believe the associated burden is exempt in accordance with 5 CFR 1320.3(b)(2) because the time, effort, and financial resources necessary to comply with this requirement continues to be incurred by staff in the normal course of their business activities. These activities are reasonable and customary. State practices and States continue to impose this standard for the efficient utilization of Medicaid services in the absence of a federal requirement.

IC-1: Section 483.356(c) - Admission Policy Disclosure - Facilities must inform residents about restraint/seclusion policies and get written acknowledgment

Section 483.356(c) requires facility staff to inform each incoming resident⁶ at the time of admission, of the facility's policy regarding their use of restraint or seclusion during an emergency safety situation that may occur while the resident is in their care. Staff must obtain an acknowledgment, in writing, from the resident, that he or she has been informed of the facility's policy. Staff must file the written acknowledgment in the residents' records. Copies must be provided to residents or legal guardians in a language understandable to recipient.

We refer to the **creation of policy as IC-1(a)** and the **documentation as IC-1(b)**. As shown in Table 2, we estimate IC-1(a) will impact the projected 45 “new” PRTFs annually. We continue to estimate new facilities will have a one-time 8-hour burden to draft policies. We also continue to estimate that a Medical and Health Service Manager will develop the policy materials at a loaded hourly wage of \$132 per hour, see Table 3. This results in an annual burden of 360 hours

⁵ May 2024 Cross-Industry-Specific Occupational Employment and Wage Estimates, U.S. Bureau of Labor Statistics. <https://data.bls.gov/oes/#/industry/000000>.

⁶ Or in the case of a minor, the resident's parent(s) or legal guardian(s).

(8 hours per new facility x 45 facilities) at a cost of \$47,520 (360 hours x \$132 per hour). We do not estimate a burden for existing facilities to develop their policy as, in prior years, they would have already developed their policy statement and related templated forms.

As shown in Table 2, we estimate IC-1(b) will impact 366 existing PRTFs annually. To develop the hourly burden, we continue to estimate that an average resident length-of-stay to be 9 months and that there are 95 resident admission per year per facility, or an estimated total of 34,770 residents per year (366 facilities x 95 residents per year). We also continue to assume this requirement will take 30 minutes (0.50 hours) per resident per order and will be completed by a social worker at a loaded hourly wage cost of \$66 per hour. In aggregate, we estimate IC-1(b) will take existing PRTFs an annual burden of 17,385 hours (34,770 residents x 0.5 hours per resident) at a cost of \$1,147,410 (17,385 hours x \$66 per hour).

The total annual burden for **IC-1** is 17,745 hours (360 + 17,385) at a cost of \$1,194,930 (\$47,520 + \$1,147,410). On a per facility basis, the total annual burden is 48 hours (17,745 hours ÷ 366 facilities) at a cost of \$3,265 (\$1,194,930 ÷ 366 facilities).

Section 483.358(d) - Restraint/Seclusion Order Documentation - Staff must document verbal orders

Section §483.358(d) requires that if the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must verify the verbal order in a signed written form in the resident's record. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention. The specific information requirement is for the PRTF to document and maintain a signed written order verifying the verbal order in the resident's medical record. The order must include the name of the ordering physician or licensed practitioner, the date and time the order was obtained and the emergency safety intervention ordered, including the duration.

The documentation and recordkeeping requirements for §483.358(d) are standard documentation practices for PRTF facilities ordering the use of restraint and/or seclusion. Therefore, we continue to believe the associated burden is exempt under 5 CFR 1320.3(b)(2) because documentation activities that are considered standard industry practices and are typically performed in the normal course of business. Note while this is standard practice, CMS codified this requirement to ensure all PRTFs meet the same minimum threshold this requirement provides.

IC-2: Section 483.358(h) & (i) - Restraint/Seclusion Order Documentation - Staff must maintain records of emergency interventions

Section §483.358(h) requires PRTF staff to document the intervention in the resident's record. That the documentation must be completed by the end of the shift in which the intervention occurs. If the intervention does not end during the shift in which the shift began, it must be completed during the shift in which it ends. Documentation must include all of the following: (1) each order for restraint or seclusion as required in §483.358(g); (2) the time the emergency safety intervention started and ended; (3) the time and results of the 1-hour assessment required in §483.358(f); (4) the emergency safety situation that required the resident to be restrained or put in seclusion; and (5) name of staff involved in the emergency safety intervention.

We refer to the **documentation requirements** at §483.358(h), as **IC-2(a)**. To develop the hourly burden, we continue to estimate that there are an annual average of 564 or 47 orders per month of verbal restraint and seclusion orders per PRTF. This results in an annual estimate of 206,424 orders (564 orders x 366 facilities). We continue to estimate this task to take 30 minutes (0.50 hours) per order and that the requirement would be performed by a Registered Nurse at \$95 per hour. In aggregate, we estimate an annual burden of 103,212 hours (206,424 annual orders x 0.5 hours per order) at a cost of \$9,805,140 (103,212 hours x \$95 per hour).

Section 483.358(i) requires the facility to maintain a record of each emergency safety situation, the interventions used, and their outcomes. We refer to this information collection as **IC-2(b)**. To develop the hourly burden, we continue to estimate it takes 15 minutes (0.25 hours) to maintain each record and that a Registered Nurse at a loaded hourly rate of \$95 per hour will maintain each record of each emergency safety situation. In aggregate, we estimate an annual burden of 51,606 hours (206,424 records x 0.25 hour per record) at a cost of \$4,902,570 (51,606 hours x \$95 per hour).

The total burden for **IC-2** is 154,818 hours (103,212 + 51,606) at a cost of \$14,707,710 (\$9,805,140 + \$4,902,570). The total annual burden per facility is 423 hours (154,818 hours ÷ 366 facilities) at a cost of \$40,185 (\$14,707,710 ÷ 366 facilities).

Section 483.358(j) - Restraint/Seclusion Order Documentation - Sign order of restraint

Section 483.358(j) requires the physician or other licensed practitioner permitted by the state and the facility to order restraint to sign the order in the resident's record as soon as possible. The documentation and recordkeeping requirements for §483.358(j) are standard documentation practices for PRTF facilities ordering the use of restraint and/or seclusion. Therefore, we continue to believe the associated burden is exempt under 5 CFR 1320.3(b)(2) because documentation activities that are considered standard industry practices and are typically performed in the normal course of business. Note while this is standard practice, CMS codified this requirement to ensure all PRTFs meet the same minimum threshold this requirement provides.

IC-3: Section 483.360(a) - Treatment Team Consultation - Ordering physicians must consult with the resident's treatment team and document it

Section 483.360(a) requires that, if a physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion orders the use of restraint or seclusion, that person must contact the resident's treatment team physician, unless the ordering physician is in fact the resident's treatment team physician. The person ordering the use of restraint or seclusion must: (a) Consult with the resident's treatment team physician as soon as possible, and inform the team physician of the emergency safety situation that required the resident to be restrained or placed in seclusion; and (b) Document in the resident's record the date and time the team physician was consulted.

To develop the hourly burden for the documentation and recordkeeping requirements for **IC-3**, we continue to estimate that it takes approximately 15 minutes (0.25 hours) to document the patient's physician was consulted prior to ordering restraint or seclusion. Per above, we estimate there are 564 verbal orders per PRTF per year for restraint and seclusion orders, or a total of 206,424 orders per year (564 orders x 366 facilities). For this IC, we assume half of the estimated 564 orders, or 282 orders (564 orders ÷ 2) for restraint or seclusion per PRTF per year would need to be recorded and documented under IC-3. We also continue to estimate a Registered Nurse at \$95 per hour will document and record information. Thus, the total annual burden for **IC-3** is 25,803 hours (282 orders/facility/year × 0.25 hours/order × 366 facilities) at a cost of \$2,451,285 (25,803 hours × \$95/hour). The total annual burden per facility is 71 hours (25,803 hours ÷ 366 facilities) at a cost of \$6,698 (\$2,451,285 ÷ 366 facilities).

IC-4: Section 483.366(b) - Parent/Guardian Notification - Facilities must notify and document contact with parents/guardians when restraints are used

Section 483.366(a) requires that if a resident is restrained or placed in seclusion, the facility must notify the parent(s) or legal guardian(s) as soon as possible after the intervention begins. Section 483.366(b) further requires the facility to document the notification in the residents' record, including the date and time of notification and the name of the staff member who provided it.

To develop the hourly burden for the documentation and recordkeeping requirements for **IC-4**, we continue to estimate that it takes approximately 30 minutes (0.5 hours) to document each instance. Based on an estimated 564 notifications per year per facility, we assume that all 564 notifications would require documentation. We continue to assume a Registered Nurse (RN), earning \$95 per hour, would perform this task.

The total annual burden for **IC-4** is 103,212 hours (564 notifications × 0.5 hours × 366 facilities) or 282 hours per facility (103,212 hours ÷ 366 facilities). The annual burden cost is \$9,805,140 (103,212 hours × \$95 per hour) or \$26,790 per facility (\$9,805,140 ÷ 366 facilities).

IC-5: Section 483.370(c) - Post-Incident Debriefing Sessions – Documenting meeting with staff after restraint/seclusion incidents

Section 483.370(a) requires that if a resident is restrained or placed in seclusion, the facility must have an in-person conversation with the resident. The discussion should include the resident; staff who were involved, unless someone's presence would negatively affect the resident's well-being; and the resident's parent(s) or legal guardian(s) can be included if the facility thinks it is appropriate. The purpose of this meeting is to talk about what happened and to figure out how to prevent it from happening again. Further, the discussion must be in a language the parent(s) or guardian(s) can understand. Section 483.370(b) requires that if a resident is restrained or placed in seclusion, the staff involved, along with supervisors and administrator must meet to identify: 1) the events that led up to use restraint and seclusion; 2) other ways the situation could have been handled; 3) strategies to avoid using restraint or seclusion in the future; and 4) if anyone was injured.

Section 483.370(c) requires that the facility to document in the resident's record that the debriefing took place. The record must include the following: 1) the names of staff who attended; 2) the names of staff excused from the meeting; and 3) any changes made to the resident's treatment plan based on what was discussed.

To develop the hourly burden for the documentation and recordkeeping requirements for **IC-5**, we continue to estimate that it takes approximately 15 minutes per meeting (0.25 hours). We continue to assume a Registered Nurse (RN), earning \$95 per hour, would perform this task. Based on 564 occurrences per year per facility, the total annual burden for **IC-5** is 103,212 hours (0.25 hours x 564 occurrences x 2 meetings per occurrence x 366 facilities) or 282 hours per facility (103,212 hours ÷ 366 facilities). The annual burden cost is \$9,805,140 (103,212 hours x \$95 per hour) or \$26,790 per facility (\$9,805,140 ÷ 366 facilities).

Section 483.372 - Injury Documentation and Hospital Agreements - Recording injuries from emergency interventions and maintaining hospital transfer agreements

Section 483.372(b) requires PRTFs to maintain affiliations or written transfer agreements with one or more hospitals approved for Medicaid participation. These agreements must reasonably ensure that: 1) Residents are transferred and admitted in a timely manner when medically necessary; 2) relevant medical and treatment information is exchanged between institutions in accordance with state privacy laws; and 3) services are available to each resident 24 hours a day, 7 days a week. Section 483.372(c) of this section requires that staff document in the resident's record any injuries resulting from an emergency safety intervention, including injuries to staff.

The documentation and recordkeeping requirements for §483.372(c) are standard business processes for PRTF facilities. Therefore, we continue to believe the associated burden is exempt under 5 CFR 1320.3(b)(5) because the time, effort, and financial resources necessary to comply with the requirement would be incurred by persons in the normal course of their activities.

IC-6: Section 483.374 - Facility Reporting Requirements - Written attestations to state agencies and reporting serious incidents to authorities

Section 483.374(a) requires each PRTF to state in writing that they follow the federal rules for the use of restraint and seclusion. This written statement is called an attestation and must be signed by the facility director and sent to the State Medicaid agency. We refer to this requirement as **IC-6(a)**.

We estimate this documentation and recording keeping requirement will continue to take 8 hours per newly certified facility. Because we estimate this is a one-time burden, we estimate the 45 newly certified facilities will be subject to this requirement. We continue to estimate a Medical and Health Service Manager will be responsible for this documentation and recording keeping requirement at \$132 per hour. The total burden for this requirement is 360 hours (8 hours x 45 newly certified facilities) at a cost of \$47,520 (360 hours x \$132 per hour).

Section 483.374(b) requires the facility to report “serious occurrences” involving a resident to both the State Medicaid Agency and, unless prohibited by State law, the State-designated Protection and Advocacy (P&A) organizations. Serious occurrences are when a resident dies, a resident is seriously injured as defined in § 483.352 or a resident attempts suicide. We refer to this requirement as **IC-6(b)**.

We estimate this documentation and record keeping requirement will continue to take 10 minutes (0.167 hours) per occurrence and that one report will be sent per occurrence. We continue to estimate each facility has 47 occurrences per month. This results in an annual burden of 34,473 hours (0.167 hours x 47 occurrence per month x 12 months per year x 366 facilities) or 94 hours per facility (34,473 hours ÷ 366 facilities). Assuming a Medical and Health Service Manager is responsible for this documentation and record keeping requirement at \$132 per hour, we estimate the total burden cost to be \$4,550,436 (34,473 hours x \$132 per hour) or \$12,433 per facility (\$4,550,436 ÷ 366 facilities).

Section §483.374(c) requires the facility to report the death of a resident directly to the CMS regional office by the close of business on the next business day after the resident dies. Staff must write in the resident’s medical record that the death was reported to CMS, including the date and time of the report. This information must be reported as quickly as possible to enable timely investigations by the State, Protection and Advocacy (P&A) organizations, and CMS into the cause of the occurrence and to allow states to implement safeguards to prevent further occurrences. We refer to this requirement as **IC-6(c)**.

We estimate this documentation and record keeping requirement will continue to take 5 minutes (0.083 hours). We continue to estimate there are 5 deaths annually for all 366 facilities. This results in a burden of 0.42 hours per year (0.083 hours x 5 deaths to report per year) or 0 hours per facility (0.42 hours ÷ 366). We continue to assume a Medical and Health Service Manager is responsible for this requirement at \$132 per hour. This results in an annual total cost of \$55 (0.42 hour x \$132 per hour) or \$0 per facility (\$55 ÷ 366 facilities).

The total burden for **IC-6** (IC-6a, IC-6b, and IC-6c) is 34,833 hours (360 + 34,473 + 0.42) at a cost of \$4,597,956 (34,833 hours x \$132/hour). Applying the total burden hours and costs for all 3 subparts of IC-6 across all facilities, the annual burden for IC-6 per facility is 95 hours (34,833

÷ 366 facilities) and the annual cost is \$12,562 (\$4,597,956 ÷ 366 facilities).

Section 483.376 - Staff Training Documentation - Recording completion of required staff education and competency assessments

Section 483.376(f) requires facilities to provide for assessments of staff education and training needs by requiring staff to demonstrate their competencies related to the use of emergency safety interventions on a semiannual basis. This section also provides for staff to demonstrate, on an annual basis, their competency in the use of cardiopulmonary resuscitation. Section 483.376(g) requires the facility to document in the staff personnel records that the required training was successfully completed. While these information collection requirements are subject to the PRA, we believe the burden associated with them is exempt as defined in 5 CFR 1320.3(b)(2). The time, effort, and financial resources necessary to comply with the requirement are incurred by persons in the normal course of their activities.

Part 12-C: Burden Summary

Per Table 4 below, the estimated total annual burden across all six information collection (IC) requirements is **439,623 hours** at a cost of **\$42,562,161**. These estimates are based on 366 psychiatric residential treatment facilities (PRTFs) participating annually.

Table 4. Summary of Burden Hours and Cost Estimates to Industry

IC No.	42 CFR Section	Total Annual Hours	Total Annual Cost	Annual Hours Per Facility	Annual Cost Per Facility
IC-1	483.356(c)	17,745	\$1,194,930	48	\$3,265
IC-2	483.358(h) & (i)	154,818	\$14,707,710	423	\$40,185
IC-3	483.360(a)	25,803	\$2,451,285	71	\$6,698
IC-4	483.366(b)	103,212	\$9,805,140	282	\$26,790
IC-5	483.370(c)	103,212	\$9,805,140	282	\$26,790
IC-6	483.374	34,833	\$4,597,956	95	\$12,562
Total	n/a	439,623	\$42,562,161	1,201	\$116,290

- IC-1 (Admission Documentation) accounts for 17,745 hours and \$1,194,930, averaging 48 hours and \$3,265 per facility.
- IC-2 (Restraint/Seclusion Orders & Documentation) represents the largest burden, with 154,818 hours and \$14,707,710, averaging 423 hours and \$40,185 per facility.
- IC-3 (Post-Intervention Consultations) requires 25,803 hours and \$2,451,285, averaging 71 hours and \$6,698 per facility.
- IC-4 (Physician Signatures) involves 103,212 hours and \$9,805,140, averaging 282 hours and \$26,790 per facility.
- IC-5 (Debriefing Sessions) mirrors IC-4 with the same burden of 103,212 hours and \$9,805,140, averaging 282 hours and \$26,790 per facility.

- IC-6 (Reporting to CMS) totals 34,833 hours and \$4,597,956, with per-facility estimates of 95 hours and \$12,562.

These projections reflect rounded estimates based on historical data, policy requirements, and expected reporting frequencies. The burden is weighted most heavily in the documentation and oversight of restraint/seclusion procedures, underscoring the critical focus on patient safety and regulatory compliance.

13. Capital Costs

There are no capital costs associated with the collection of this information.

14. Cost to Federal Government

The estimated burden and costs to the federal government for these ICs include the time spent by surveyors, employed by State Survey Agencies under contract with CMS, to complete in-person compliance evaluations of PRTFs. While state surveyors conduct this review, CMS funds the states through contracts to support these activities.

The burden for completing this responsibility was calculated using a loaded hourly median wage of \$71 per hour for a State Survey Agency reviewer (BLS Occupation Code 19-3022) which includes benefits and overhead.⁷ For initial compliance review, CMS estimates it takes 4 hours, with a cost of \$284 per facility (4 hours x \$71). For ongoing compliance reviews, CMS estimates it takes 1 hour with a cost of \$71 per facility (1 hour x \$71).

Per Table 5 below, the burden to the Federal government for each applicable IC is calculated based on the number of facilities that are impacted by that specific IC. For this extension, the cost to the federal government to assess PRTFs for compliance with the CoPs is 2,657 burden hours at a cost of \$207,817.

Table 5. Total Burden and Cost Estimates for Federal Government

IC No.	42 CFR Section	# of Facilities	Loaded Hourly Mean Wage ⁸	Burden Hrs./ Facility	Total Burden Hrs.	Total Burden Costs
		(a)	(b)	(c)	(d = a x c)	(e = b x d)
IC-1a	483.356(c)	45	\$71	4	180	\$12,780
IC-1b	483.356(c)	366	\$71	1	366	\$25,986
IC-2a	483.358(h)	366	\$71	1	366	\$25,986
IC-2b	483.358(i)	366	\$71	1	366	\$25,986
IC-3	483.360(a)	366	\$71	1	366	\$25,986

⁷ May 2024 Cross-Industry-Specific Occupational Employment and Wage Estimates, U.S. Bureau of Labor Statistics. <https://data.bls.gov/oes/#/industry/000000>.

⁸ Id.

IC-4	483.366(a)	366	\$71	1	366	\$25,986
IC-5	483.370(c)	366	\$71	1	366	\$25,986
IC-6a	483.374(a)	45	\$71	4	180	\$12,780
IC-6b	483.374(b)	366	\$71	1	366	\$25,986
IC-6c	483.374(c)	5	\$71	1	5	\$355
Total	n/a	2,657	n/a	n/a	2,657	\$207,817

15. Changes to Burden

This 2025 collection of information request is an Extension that does not propose any program changes. Per Table 4 above, our cost estimate has increased by \$7,537,769 - from \$35,024,392 to \$42,562,161. This increase of the program burden was primarily due to the increase in labor wage costs, based on more recent BLS wage figures, as well as an increase in the total number of PRTFs for the next PRA approval period used to estimate annual hours and costs - from 360 in the previously approved collection to 366.

16. Publication/ Tabulation Dates

This collection of information is not intended for publication.

17. Expiration Date

CMS will publish a notice in the Federal Register to inform the public of both the OMB approval and the expiration date of this information collection. The public may also view the expiration date by searching for the OMB control number on OMB's website.

18. Certification Statement

There are no exceptions to the certification statement.

B. Collection of Information Employing Statistical Methods

This collection does not employ statistical methods.