

Kentucky Health Survey Registry

Welcome

Good afternoon!

This application supports the entry and tracking of survey information relating to the health care utilization and service.

Please Note: 2019 was not a leap year and reported data should account for 365 days.

License #: *

Password: *

Re-enter Password: *

Contact Information

For KY Health Survey program support, please contact:

Cabinet for Health and Family Services
275 East Main St. 4 WE
Frankfort KY 40621

Contacts for survey.

Survey	Contact	Phone #	eMail Address
Ambulatory Surgery II	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Chemical Dependency	Elizabeth Tutt	(502) 564-7940 X 3156	ElizabethA.Tutt@ky.gov
Home Health II	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Hospice	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Hospital	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Long Term Care	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Megavoltage Radiation (Linear Accelerator)	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Magnetic Resonance Imaging	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Private Duty Nursing	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Positron Emission Tomography	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Psychiatric Residential Treatment Facility	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov

Survey Registration

Registration Information

License #: 123456
Facility: Test Production Sites
Street 1: *
Street 2:
City: *
State: *
Zip: *-
County: ▼ * Required if KY address

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Data Analytics at (502) 564-7940. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage Radiation, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Chemical Dependency, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 30.

Please Note: 2019 was not a leap year and reported data should account for 365 days.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
2019		<u>Ambulatory Surgery II</u>		
2019		<u>Chemical Dependency</u>		
2019		<u>Home Health II</u>		
2019		<u>Hospice</u>		
2019		<u>Hospital</u>		
2019		<u>Long Term Care</u>		
2019		<u>Magnetic Resonance Imaging</u>	<u>Equip for MRI</u>	
2019		<u>Megavoltage Radiation (Linear Accelerator)</u>		
2019		<u>Positron Emission Tomography</u>		
2019		<u>Private Duty Nursing</u>		
2019		<u>Psychiatric Residential Treatment Facility</u>		

Survey Registration

Respondent Information

Identification #: 123456

Facility: Test Production Sites

Survey: PRTF

Survey Year: 2019 ▼

Respondent First Name: *

Respondent Last Name: *

Respondent Phone: *

Respondent eMail: *

Administrator First Name: *

Administrator Last Name: *

Administrator Phone: *

Administrator eMail: *

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2019 Instructions for Survey

Psychiatric Residential Treatment Facility

This survey is for the reporting period: January 1, 2019 through December 31, 2019.

PLEASE READ THIS PAGE CAREFULLY BEFORE BEGINNING

The Kentucky Cabinet for Health and Family Services is responsible for the development of the Kentucky Annual Psychiatric Residential Treatment Facility (PRTF) Services Report. This survey is for the period January 1, 2019 through December 31, 2019.

The data requested in this document represent requirements approved by the Cabinet for Health Services pursuant to 900 KAR 6:125. Surveys are due March 30, 2020. Completion of this document is required in accordance with your Kentucky License. Failure to submit data timely and correctly may result in the Office of the Inspector General being contacted regarding a licensure deficiency. The PRTF survey must be completed and submitted via the web site: <https://prdweb.chfs.ky.gov/OHPSurvey/>.

Any changes in the services provided from the last survey period should be footnoted. When a discrepancy in services is noticed between surveys, the cause must be determined. There will be space provided on the web site to explain any changes in service. Any survey found to have errors or omissions will not be considered complete and will not be considered submitted by the deadline.

Psychiatric residential treatment facility (PRTF) has two levels of treatment. Level I community-based, and home-like facility with a maximum of nine (9) beds which provides inpatient psychiatric residential treatment to residents age six (6) to twenty-one (21) years who have an emotional disability or severe emotional disability as defined in KRS 200.503. Level II home-like facility that provides twenty-four (24) hour inpatient psychiatric residential treatment and rehabilitation to persons who:

1. Are ages four (4) to twenty-one (21) years, with an age range of no greater than five (5) years at the time of admission to the facility;
2. Have a severe emotional disability as defined by KRS 200.503 in addition to severe and persistent aggressive behaviors, intellectual disability, sexually acting out behaviors, or development disability; and

do not meet the medical necessity criteria for an acute care hospital or a psychiatric hospital and whose treatment needs cannot be met in an ambulatory care setting, Level I psychiatric residential treatment facility, or other less restrictive environment.

If there are any questions concerning the preparation of this survey, please contact Elizabeth Tutt at (502) 564-7940 or email ElizabethA.Tutt@ky.gov. The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/ohda/Pages/annualreports.aspx>.

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Survey Administrator Information

Elizabeth Tutt
Cabinet for Health and Family Services
(502) 564-7940 x 3156
ElizabethA.Tutt@ky.gov

2019 Psychiatric Residential Treatment Facility Survey

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY UTILIZATION

INSTRUCTIONS: Complete all items. If there are no data for an item, please use zero.

- Admission – Patients admitted from January 1 through December 31, including readmits.
- Inpatient Days – Number of days of care for all patients serviced during the reporting period.
- Discharges – Patients discharged from January 1 through December 31. Patients on leave where there is a bed hold, should not be counted as a readmission or discharge during reporting period.
- Discharge Days – Sum of the Length of Stay (LOS) of those discharged.
- Level I and II Age Groups – A patient should be placed in the age group in which they belong as of Dec 31, or when they were discharged. Data is by age of patient not program patient is being treated in. All of the patient days go with the child when they change age groups.

Psychiatric Residential Treatment Facility Utilization

Service Type	Beds in Operation	Admissions	Number of Inpatient Days	Number of Discharges	Number of Discharge Days
A. Level I					
1. Ages(6-11 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Ages(12-16 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Ages(17-21 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
A. Level I Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
B. Level II					
1. Ages(4-5 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Ages(6-11 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Ages(12-16 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. Ages(17-21 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
B. Level II Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

What specialty programs does this facility provide and what age groups does it cover? Please list all in the text box below.

of 500

Save

Continue

2019 Psychiatric Residential Treatment Facility Survey

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY UTILIZATION

INSTRUCTIONS: Complete all items. If there are no data for an item, please use zero.

- Level I and II Age Groups – A patient should be placed in the age group in which they belong as of Dec 31. Data is by age of patient not program patient is being treated in.
- Discharge – Is the discharge status of the patient at the time of discharge. Patients on leave where there is a bed hold should not be counted as a readmission or discharge.
- Discharge to Level I or II – If patient is transferred within the same facility to another level of care or to another facility.
- Discharge *SLC - Support for Community Living Home.
- Discharges should match previous page line by line.

Psychiatric Residential Treatment Facility Utilization

Service Type	Discharged Home or Foster Care	Discharged Juvenile Treatment Center	Discharged *SLC Home	Discharged Residential or Group Home	Discharged Psychiatric Hospital	Discharged Acute Care Hospital	Discharged Other	Discharged to Level I	Discharged to Level II
A. Level I									0
1. Ages (6-11 years)	0	0	0	0	0	0	0	0	0
2. Ages (12-16 years)	0	0	0	0	0	0	0	0	0
3. Ages (17-21 years)	0	0	0	0	0	0	0	0	0
A. Level I Total	0	0	0	0	0	0	0	0	0
B. Level II									0
1. Ages (4-5 years)	0	0	0	0	0	0	0	0	0
2. Ages (6-11 years)	0	0	0	0	0	0	0	0	0
3. Ages (12-16 years)	0	0	0	0	0	0	0	0	0
4. Ages (17-21 years)	0	0	0	0	0	0	0	0	0
B. Level II Total	0	0	0	0	0	0	0	0	0

If patient discharged other than the above, then give the number and explain below.

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Save

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2019 Psychiatric Residential Treatment Facility Survey

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY UTILIZATION

INSTRUCTIONS: Complete all items. If there are no data for an item, please use zero.

- Level I and II Age Groups – A patient should be placed in the age group in which they belong as of Dec 31. Data is by age of patient not program patient is being treated in.
- Readmit – A patient that was discharged from a PRTF level 1 or 2 and then readmitted to the facility or another PRTF. Data should be collected at the time of intake. Readmit data would not include initial admission to a PRTF. Do not include patients coming back from a bed hold.

Psychiatric Residential Treatment Facility Utilization

Service Type	Readmit to Level I 0-3 Months	Readmit to Level I 4-6 Months	Readmit to Level I 7-9 Months	Readmit to Level I 10-12 Months	Readmit to Level II 0-3 Months	Readmit to Level II 4-6 Months	Readmit to Level II 7-9 Months	Readmit to Level II 10-12 Months
A. Level I								
1. Ages (6-11 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Ages (12-16 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Ages (17-21 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
A. Level I Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
B. Level II								
1. Ages (4-5 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Ages (6-11 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Ages (12-16 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. Ages (17-21 years)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
B. Level II Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

2019 Psychiatric Residential Treatment Facility Survey

Instructions Census Data

Identification #: 123456

Facility: Test Production Sites

CENSUS AND LICENSURE DATA FOR PRTF

Census as of Midnight,	December 31, 2018	Level I	Level II
		<input type="text" value="0"/>	<input type="text" value="0"/>
	December 31, 2019	<input type="text" value="0"/>	<input type="text" value="0"/>

Beds Licensure Category

Licensure Category	Number of Licensed Beds Jan 1, 2020 (Reported to us from Licensing & Regulation)	Number of Licensed Beds Jan 1, 2019	Number of Licensed Beds Dec 31, 2019
i. Level I	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
ii. Level II	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

If number of licensed beds changed between the first day of the reporting period and the last day of the reporting period, please give date and type of change by category.

Comment

of 500

Save

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2019 Psychiatric Residential Treatment Facility Survey

Patient Origin for PRTF Data


INSTRUCTIONS:

- o Please provide the number, county of origin (county in which the patient resided before entering your facility) and age group for all Level I and Level II patients in your facility **at the midnight census on December 31, 2019.**
- o Enter your first county, then add up the number of patients, from your ending census, who came from that county and enter the total patients for each age group. Repeat this for all other counties from which your facility's patients originated. If a patient comes from another state, then indicate a state rather than a county.

Patient Origin

County / State	Ages (4-5 years)	Ages (6-11 years)	Ages (12-16 years)	Ages (17-21 years)	Total Males	Total Females	County Total	
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Patient Origin Data

County / State  *
Ages(4-5 years)
Ages (6-11 years)
Ages (12-16 years)
Ages (17-21 years)
Total Males
Total Females

Comment

of 255

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Psychiatric Residential Treatment Facility Survey for 2019

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Test Production Sites, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact the Office of Health Data Analytics so this can be corrected.

Respondent Name:
Administrator Name:
Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

Verify and Submit to State

Print

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
2019	<u>Ambulatory Surgery II</u>		Print Ambulatory Surgery II
2019	<u>Chemical Dependency</u>		Print Chemical Dependency
2019	<u>Home Health II</u>		Print Home Health II
2019	<u>Hospice</u>		Print Hospice
2019	<u>Hospital</u>		Print Hospital
2019	<u>Long Term Care</u>		Print Long Term Care
2019	<u>Magnetic Resonance Imaging</u>	<u>Equip for MRI</u>	Print Magnetic Resonance Imaging
2019	<u>Megavoltage Radiation (Linear Accelerator)</u>		Print Megavoltage Radiation (Linear Accelerator)
2019	<u>Positron Emission Tomography</u>		Print Positron Emission Tomography
2019	<u>Private Duty Nursing</u>		Print Private Duty Nursing
2019	<u>Psychiatric Residential Treatment Facility</u>		Print Psychiatric Residential Treatment Facility