

Regulations of Connecticut State Agencies

TITLE 17. Public Assistance & Welfare Services

Agency

Department of Mental Health

Subject

Reporting of Statistics by Private Facilities

Inclusive Sections

§§ 17-183-1—17-183-2

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Reporting of Statistics by Private Facilities

Sec. 17-183-1. Reporting of statistics by private facilities

The person in charge of every private hospital for mental illness in the state shall, on a quarterly basis, supply the commissioner of mental health in writing with statistics which state the number of admissions and discharges of mentally ill persons for the preceding quarter. For the purpose of this regulation, “private hospital for mental illness” shall mean any private hospital, retreat, institution, house or place in which any mentally ill adult is received or detained as a patient and a person shall be considered “mentally ill” only if his or her primary diagnosis is one of mental illness.

(Effective July 1, 1980)

Sec. 17-183-2. Procedure for reporting statistics

(a) Said statistics shall be reported on forms provided by the department of mental health on or before February 1, May 1, August 1, and September 1 of each year. Each such report shall cover the period of the preceding quarter, i.e., the May 1 report shall cover the period from January 1 to March 31.

(b) Each report shall contain separate listings for each patient being reported. No patient shall be identified but may be listed by a non-identifying number. Each listing shall contain the primary mental illness diagnosis, secondary mental illness diagnosis (if any) and a notation stating whether the patient is a readmission or first admission. Such listings may consist of the appropriate code number, if the facility utilizes a recognized system of codes for individual diagnoses. In addition, each report of a discharge shall state where discharge was made to, e.g., home, state institution, nursing facility, etc., or that discharge was due to the death of the patient.

(c) Facilities with an average length of stay of 30 days or less may report on patients at the time of discharge only, provided that the date of admission is also included.

(Effective July 1, 1980)