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DEPARTMENT OF HEALTH

**CITY OF PHILADELPHIA**  
Promoting Recovery, Resilience & Self Determination

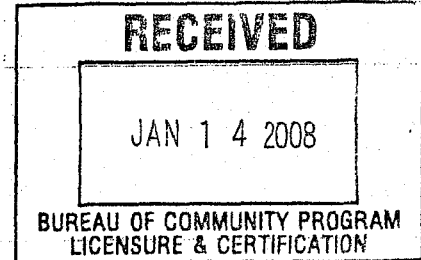
**Julia Danzy, Director**  
Division of Social Services

**Arthur C. Evans, Jr., Ph.D., Director**  
Department of Behavioral Health and  
Mental Retardation Services  
1101 Market Street, 7<sup>th</sup> Floor  
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January 14, 2008

Janice Staloski, Director  
Bureau of Community Program Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104



Dear Ms. Staloski:

I am writing in support of the proposed amendments to 4 PA Code § 255.5 (b). Though the regulation had and has represented the need to ensure important protections for a very vulnerable population as it is written today it undermines the efforts to afford everyone regardless of impairment access to clinically appropriate care. When considering its relevance it is important to note the many changes that have occurred in the treatment of those suffering from the disease of addiction.

When the regulation was enacted there was:

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INDEPENDENT REGULATORY  
REVIEW COMMISSION

1. No HealthChoices Carve-Out giving the counties the ability to oversee and coordinate the managed care of the behavioral health needs of their respective constituencies;
2. A lack of recognition of the emergence of Co-occurring disorders and the need to address addiction assessment and treatment in more ways that is comprehensive; and finally
3. Not a recovery focused environment of care that requires greater accountability around ensuring the quality of care throughout a continuum and beyond as well as promoting the empowerment of the client.

Certainly there are more changes that can be pointed to such as the movement of clients from uninsured to Insured services and the different requirements for information and adolescents coming from the child welfare system seeking addiction treatment. The point is, are we ensuring that those in need have access to clinically appropriate care and are supported in their recovery plans.

4 PA Code § 255.5 (b) and its subsequent interpretations have put those seeking treatment, providers of care, payers and regulators at unnecessary odds with one another, caused delays in accessing care and disrupted the continuity of care.

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The Interpretations of 4 PA Code § 255.5 (b), restricting information to the five (5) areas of

- Whether the client is or is not in treatment
- The prognosis of the client
- The nature of the project
- A brief description of the progress of the client
- A short statement as to whether the client has relapsed into drug, or alcohol abuse and the frequency of such relapse.

The regulation does just that, restrict the provision of services. In it's interpretation, the clients drug of choice as well as the other medications they may be taking were not made available to those who authorize care with the rationale that information would be used to deny services when in fact it is necessary for the provision of clinically appropriate services within the context of a client centered recovery plan. This is especially true with respect to special populations such as pregnant women, women with children, people in medicated assisted treatment, as well as those who are co-occurring. It is the opinion of the Office of Addiction Services of the Department of Behavioral Health and Mental Retardation Services in Philadelphia, that providers have been hampered in their ability to openly advocate to payers and regulators about the needs of their clients for different and more diversified services because they have historically been cited for violating the interpretation of the regulation and thus restricted from giving the necessary information.

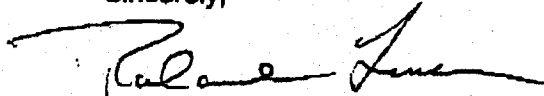
No one wants to see a return to the days when the overriding fear around confidentiality was the stigmatization of and retaliation against those who were addicted and their families. The potential for the abuse of their rights and denial of their access to good quality care was and is a reality and we need to do a better job holding those that violate it accountable. However, restricted access to care should not be a result of a restrictive interpretation of 4 PA Code § 255.5 (b), perpetuating the stigma by not allowing the sharing of information necessary to the continuity of care because of ones addiction to alcohol and/or other drugs.

The proposed regulations though in the spirit of the Code of Federal Regulations 42 CFR CH. 1 §2.13 Confidentiality Restrictions: "Any Disclosure made under these regulations must be limited to that information which is necessary to carry out the purpose of the disclosure". ...is still an interpretation as per it's retention

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of the now seven restrictions (c)(2)(i) but it is a good start and we support the addition of adding (C) **The patient's vital signs, specific medical conditions to include pregnancy, specific medications taken and laboratory test results.** And (D) **The patient's specific diagnosis, mental status, level of functioning and treatment history.**

Sincerely,



Roland Lamb  
Director of Addiction Services

RL/kv

cc: Arthur C. Evans, Ph.D.  
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