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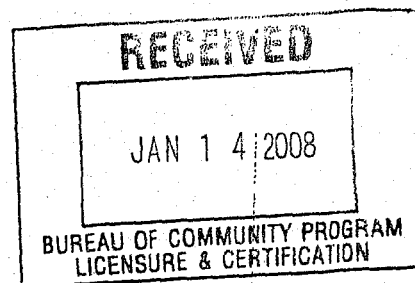
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REVIEW COMMISSION

2654



January 7, 2008

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

Dear Ms. Staloski

As the Western Regional Director of Cove Forge/White Deer Run one of Pennsylvania's largest drug and alcohol addiction treatment programs, I would like to formally state my opposition to the proposed changes in 4 PA Code Section 255.5 (b), as published in the Department's Proposed Regulation No. 10-186.

Cove Forge and the programs I have been associated with in my 25 plus years of work in the Drug and Alcohol Field have had a longstanding history of compliance with the current regulation, I can assure you that 255.5 (b) can be done and supplies all that is necessary to do competent treatment. It is my belief that altering 255.5 (b) will help perpetuate the stigma often associated with the disease of addiction, limit treatment access and in the end harm clients in need of rehabilitative services.

Currently 255.5 (b) clearly delineates information that can be shared with third party payers, managed care organizations, the legal system, etc. The proposed changes make vulnerable previously protected information based on the judgment of treatment providers. This opens the possibility that providers will be encouraged to take a more liberal position in terms of releasing previously protected information, in an effort to obtain payment and encourage contractual preference with managed care and third party payers. This release will violate the bond of confidentiality between the provider and the client which has long been the standard in the field and which has been at the base of the decisions of many an addict to seek treatment.

The proposed changes appear to be in direct conflict with Act 106 of 1989. An Act that is only recently able to be utilized to the fullest extent of its intent and which provides the best protection and coverage in the country. While the proposed changes identify the need for additional information to define medical necessity, Act 106 requires simply a certification and referral from a licensed physician or licensed psychologist. Upon receipt of that certification, mandated benefits apply and it is the

judgment of the skilled professional of the treatment program that determines the need for ongoing treatment. These changes more than likely would set up the mechanisms to deny access to treatment for those clearly in need.

Currently our medical records and utilization review departments provide limited information as established by law. It appears payers will establish new requirements beyond the current 5 points currently allowable, which will require additional resources and justification. Clients, who may be concerned about their anonymity, are more willing to seek treatment because they know what they say is protected. It is likely that all of this will be time and labor intensive. The statement in the announcement of this proposed change that there is "no fiscal impact" clearly does not take into consideration what providers experience in costs. This financial impact will be additionally compounded as third party payers use this change to mandate information related to clients eligible for services available through Act 106.

Decisions regarding access to care, lengths of stay in treatment, and levels of care will be more heavily influenced by payers and case managers. On site treating clinicians, who are among the most qualified and regulated, opinions will be more likely disregarded as payers seek avenues to quantitatively dispel the art of a clinical impression.

With the exception of releases made to prevent harm to self and others or to report a crime at the location of a treatment facility, I believe releases without consent of the client are improper and perpetuate the ideal that addiction is a choice as opposed to a disease.

Although Federal standards protect confidentiality in a general sense, 255.5 (b) is the standard by which we have practiced for many years. Until we reach a place where the Disease of Addiction is universally recognized and accepted, the proposed changes to this important regulation will expose clients to a level of subjective scrutiny by payers, the legal system, and potential employers, which is unnecessary and inappropriate.

In summary, while I understand that the Department of Health, the current Administration and Pennsylvania drug and alcohol addiction treatment programs are charged with protecting the best interest of the consumers here in the Commonwealth, changing 255.5 (b) in this manner will not further our collective mission in extending treatment to those in need.

Thank you for your time and consideration.

Respectfully,



Thomas J. Callahan, MA, LPC, CAC
Western Regional Director
White Deer Run / Cove Forge Behavioral Health

CC: Independent Regulatory Review Commission
Representative Frank Oliver
Senator Edwin Erickson
Representative George Kenney
Senator Vincent Hughes

COVE FORGE BEHAVIORAL HEALTH SYSTEM

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Tom Callahan

Subject:

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