



Department of Pediatrics
Maternal Addiction Treatment
Education and Research

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Ms. Staloski,

In response to your request regarding PA Code, Title 4 – Administration, Part XI. Governor’s Council on Drug and Alcohol Abuse, Chapter 255. Management Information, Research, and Evaluation, I would appreciate some clarity on a few issues.

Under (c) Consensual release of information from patient records. (2)(ii)(c). the patient’s vital signs, specific medical conditions to include pregnancy, specific medications taken and laboratory results.

As I read this proposal, it appears that non-medical residential drug and alcohol programs are going to be expected to provide vital signs, etc. on request by third party payers for admission and concurrent reviews? If this is correct, this appears to place an undue burden on non-medical facilities. Currently, third party payers are currently requiring D & A residential providers to provide the height and weight of clients in residential treatment for every concurrent review. And despite the clinical significance, failure to do so or even questioning this request, places your revenue in jeopardy.

As part of the program’s admission-criteria and the current licensing regulations, physicals are required within the 7-day time frame. However, the program is not administering the physical or PPD tests. It would seem reasonable, that any medical information, shared with a 3rd party payer is extremely limited and guarded, and **must** have clinical/behavioral significance.

Is it possible to limit this information and not place an undue burden on the D & A Providers to act in the capacity of medical personnel? These on-going physical conditions should be the responsibility of the primary care physician and patient.

Under (c) Consensual release of information from patient records. (4) and (5)
This issue has more to do with probation offices, judges, parole officers expecting information about a client when there is no consent and the client’s treatment is not a condition of sentencing.

Programs encounter a great deal of difficulty from both the legal and child welfare systems because the client refuses to sign the consent form. This is a solid proposal, but needs to be communicated to the legal and child welfare systems so that programs are not harassed by workers and legal representatives who refuse, or are simply not educated, to accept these regulations.

Very truly yours,

Kate Vandegrift, MA, CAC, LPC
Program Director