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Coover, Courtney

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BUREAU OF CHILDREN'S SERVICES

From: Mitch Snider [cmsnider@hoffmanhomes.com]
Sent: Tuesday, October 26, 2010 4:18 PM
To: PW, RTFComments; jsmith@irrc.state.pa.us
Cc: connell@paproviders.org
Subject: Comments re: proposed RTF regulations

Proposed Regs response.doc (31...

I have just finished my review of the proposed RTF regulations and have attached my initial response/concerns/questions. I'm sure I will have more to report after I thoroughly re-read them and discuss them with my staff.

I have worked at an RTF for over 30 years. I hope you take what I believe to be a qualified opinion (mine) of these proposed regulations into serious consideration as I was not part of any group that met to discuss them as they were being developed. I find our exclusion from that process to be especially distressing since we are one of the largest RTF providers (141 beds) in the Commonwealth.

C. Mitchell Snider, MBA
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(717)359-7148, ext. 1400

Please remember Hoffman Homes for Youth in your estate plan.

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- The Department alleges there will be no financial impact from these regulations: *"The increased costs incurred by an RTF to meet the enhanced staffing and training requirements **may** result in higher per diem rates for **some** RTFs, but the expected aggregate reductions in length of stay due to high quality behavioral health treatment is expected to offset the fiscal impact of the higher rates."*
  - The increased costs WILL (not may) result in hgher per diem rates for ALL (not some) RTFs.
    - I expect our per diem to double or triple, based on the requirements of these proposed regulations
  - The reduced length of stay will NOT offset the higher per diem
    - If I have 12 beds that cost OMA a total of $1.2 million per year, it doesn't matter if 12 children fill those beds for an entire year or if 24 children fill those beds for 6 months each (reduced LOS), the total cost to OMA is still $1.2 million per year. The cost per child **may** go down with shorter LOS (depending on the revised per diem rate and how much the LOS is shortened), but the annual costs will INCREASE as a result of higher per diems.
    - I also take offense to the implication that these regulations will result in "high quality behavioral health treatment", inferring that we are not currently providing high quality of care. Based on recent surveys by JCAHO and others, I am confident that we are currently providing high quality care.

- Will MCOs be **mandated by contract** to accept the OMA per diem rate?
  - Currently rates with all MCOs are negotiated individually and NONE pay the existing OMA rate. 99% of the children in our program are paid by MCOs. **There is nothing in the proposed regulations to address this issue to assure providers that per diems paid by MCOs will, in fact, increase to cover the increased costs associated with these proposed regulations.**

- If total bed capacity is reduced to 48 per facility, what will happen to all the children who will not have access to services?
  - As the largest RTF in south-central PA, we currently are licensed for 141 beds, meaning **the region will lose 93 beds just at our facility.**
    - The resulting layoffs and terminations of staff members will have a significant negative financial impact on our local community, and on the state unemployment compensation program.
  - Typically we admit over 150 children per year. If other facilities are closed or downsized, the number of children being referred to our program will probably INCREASE, not decrease.
  - If bed space is reduced to a maximum of 4 residences, we will have 8 empty buildings. **Will the maintenance and utility costs for these unoccupied buildings be reimbursed as part of the per diem?**

- Even if LOS is decreased, it will not decrease enough to provide adequate bed spaces for the children needing services.
    - As a result, families will need to travel a significant distance outside of this geographic area for RTF services that will have a **direct adverse effect on family involvement** when family involvement is something the department allegedly wants to increase.
    - I assume the department hopes to meet the needs of these children through community-based services, rather than utilizing RTF. While it may make sense in theory, the fact is that in reality, these community-based services do NOT exist. We have experienced multiple situations on a **monthly basis** where children have been ready for discharge from our RTF only to find that the community-based services they need do not exist or are at their maximum capacity.

- Current regulations pay for 48 therapeutic leave days (overnight visits at home) per year. **The proposed regulations do not pay for therapeutic leaves.**
    - Again, if the department has a goal of family re-unification, how can it not support overnight home visits?
        - This provision will encourage providers to find a way to avoid sending kids home overnight to avoid the lost revenue unless there is additional revenue built into the per diem to cover the losses from projected therapeutic leave days.

- The credentials required for Mental Health Workers will disqualify a large percentage of our current employees for employment. **Will there be a "grandfather clause" for current employees or must they all be terminated if the proposed regulations go into effect?**
    - Obviously, having a large percentage of turnover as a result of the proposed regulations is counter-productive and certainly does not promote "high quality behavioral health treatment".

- Hygiene products, haircuts, and other similar items are not allowable costs under the proposed regulations. Approximately 20% of the children in our program have no family and are wards of the state. **Who/what agency will reimburse providers for these unallowable costs** since there are no family members to provide these items for these children?

- Current regulations allow 4 children per bedroom. The proposed regulations allow a maximum of 2 children per bedroom. **Will providers be reimbursed for the construction/renovation costs related to the decreased bedroom capacity?**

- The proposed regulations require a LCSW for the Clinical Director. Current regulations do not even specify/define this job title. The most similar job title in the current regulations is Child Care Supervisor, which requires a bachelors degree. It is a **significant** increase in credentials from bachelors degree to LCSW. **Is not a LSW sufficient?** It is very difficult (practically impossible?) to find enough qualified clinical supervisors to provide the supervision hours needed in order for a LSW to become a LCSW. If the proposed regulations are implemented, our current Clinical Director**, a LSW with 11 years of clinical experience would not be qualified for her position**. The resulting turnover created by these proposed regulations in a key clinical/supervisory position would certainly have an adverse effect on us providing "high quality behavioral health treatment".