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**From:** GShopland@e-csc.org  
**Sent:** Monday, November 22, 2010 4:48 PM  
**To:** PW, RTFComments  
**Cc:** irrc@irrc.state.pa.us  
**Subject:** Comments on Proposed RTF Regulations  
**Attachments:** New Regs - comment.docx

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BUREAU OF CHILDREN'S SERVICES

Attached please find comments regarding the proposed RTF regulations from the BridgeView RTF in Wilkes-Barre, Pa. Please notify us when the regulations are finalized.

Thank You,  
George Shopland  
Vice President of Residential Services

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Section	Comment
23.307	<p>Sub-section (c) part (b) number (v), indicates that Therapeutic leaves will not be reimbursed as they are in the current 3800 regulations where 48 days of leave are reimbursable. Therapeutic leaves are critical to the treatment of children in residential care and Section 23.32 Sub-section (f) indicates that is a child's right "to visit with family at least one a week, at a time and location convenient for the family, the child and the RTF," It is unreasonable to expect an RTF to increase visits between the family and child, which at times will meet the conditions of therapeutic leave, and not have them reimbursed as this will create a significant negative fiscal impact.</p> <p>If an RTF had a daily rate of \$300.00/day, not being reimbursed for the 48 therapeutic days would create a fiscal shortfall of \$14,400.00 (48 days X \$300/day) for each child within the RTF as compared to current regulatory standards. The proposed regulation sets a maximum capacity of 48 children, this results in a possible \$691,200.00 fiscal shortfall (48 children X \$14,400) for the RTF as compared to current regulatory standards. Under the current rate structure, an RTF would not be fiscally viable given the above scenario unless the daily rate would be increased by 15% or approximately \$45.00/day to cover the possible shortfall. There is no guarantee that a rate increase of this degree would be approved by the state of Pennsylvania or the Managed Care Organizations.</p>
23.58	<p>Sub-section (b) number (4), establishes a new staff ratio for Mental Health Professionals (MHP) of "at least one MHP for every 6 children present at the RTF during waking hours." Assuming waking hours are 8am to 9pm or 13 hours/day, there would be a weekly requirement of 91 hours (13 hours/day X 7days/week) of MHP staff hours available for every 6 children present at the RTF each week. A unit of 12, as established in Section 23.14 sub-section (a), would then require 182 hours/week of MHP staff hours or 4.55 FTE (Full Time Equivalents). For a 48 bed RTF, maximum set by Section 23.14 subsection (a), there would be a required 18.2 FTEs for the MHP position. This would necessitate the hiring of a minimum of 19 Mental Health Professionals (18 full time and 1 part time).</p> <p>The current MHP staffing for a 48 bed RTF is 5-6 MHPs, this new regulation would increase that number by more than 300% and the hiring of this number of Masters prepared professionals with "at least 1 year of clinical experience working with children in a behavioral program..." (Section 23.56 sub-section (b) number (2)) would not be feasible as our facility has recent difficulty hiring 1 full time MHP. There is also the increase in expense related to these additional FTEs. Average salary for an MHP at our facility is \$32,000; the additional 12 MHPs would increase salary expense by \$384,000 annually, as compared to current ratios and assuming a census of 48 children. Under the current rate structure, an RTF would not be fiscally viable given the above scenario unless</p>

	<p>this additional cost was offset through an increase in the daily rate of approximately \$25.00/day. There is no guarantee that a rate increase of this degree would be approved by the state of Pennsylvania or the Managed Care Organizations.</p>
<p><b>23.59</b></p>	<p>This section sets forth the specific responsibilities of the Primary contact that is assigned to each child upon admission. The scope of these responsibilities is very broad and encompassing, assuming responsibilities from at least three existing positions at out facility (Mental Health Professional, Case Manager and Mental Health Worker). With the amount of time required to complete these responsibilities, which include liaison activities with all involved parties, treatment through promotion of resiliency and participation in the high-fidelity wraparound, aftercare planning to include writing a discharge summary and ensuring medications are covered by MA and prepared for discharge, it is not feasible for one staff member to perform this function and complete their other required duties – the section indicates that the Primary contact shall be a Mental Health Professional (MHP) or Mental Health Worker (MHW)– resulting in the need to hire additional staff. Assuming the responsibilities of this position require 5 hours/week to complete, an RTF with a census of 48, would need an additional 240 hours/week or 6 FTEs of staff resources to compensate. The expense related to these additional positions would depend on what position would assume this role, MHP or MHW.</p> <p>Further, it is unreasonable for a section of the regulation to so detail the function of a position that it constitutes a job description. Regulations should set forth the expectations and requirements of the RTF and allow the facility to determine who and how these items will be completed.</p>