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Glade Run Lutheran Services  
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Zelienople, PA 16063  
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11/23/10  
TRC

November 11, 2010

Shay Erhard  
OMHSAS  
233 Beechmont Bldg  
DGS-Complex  
PO Box 2675  
Harrisburg, PA 17105-2675

Dear Ms. Erhard,

This letter is written as Glade Run Lutheran Services' response to the 55 PA Code Chapter 23 Regulations pertaining to Residential Treatment Facilities.

Glade Run Lutheran Services has operated a Joint Commission accredited RTF since 1993. Although our capacity peaked at 117 beds, we have, as many nonprofit organizations can attest to in the current economic state, experienced a recent downsizing and currently operate a 95 bed RTF in western Pennsylvania.

As a brief summary, Glade Run opposes the capacity cap of 48 beds, has concerns with the provisions around restraints that are more restrictive than the Federal guidelines and has serious fiscal and clinical concerns with the proposal in general related to staffing levels.

It goes without saying that we support improved quality across the *entire* continuum of services available to consumers, not just specific to RTFs. We hope that as more children are denied access to RTFs, the community-based services are prepared to meet the significant needs of these families. As it stands today, we often experience difficulty in discharge planning due to a lack of available services in the community. One could expect this problem to worsen as more and more RTFs close their doors.

We will outline our response by identified regulation:

### **23.14 Maximum Capacity**

*An RTF shall not exceed 4 units of 12 beds each for a total of 48 beds.*

#### **Comment:**

The State has not communicated to the providers the rationale for the 48 bed cap or the 12 bed unit mandate. If the State is assuming that smaller RTFs equate to better outcomes or improved quality of care, we counter that successful outcomes are a direct result of the *quality of the program* being delivered, not the size of the program.

Glade Run has been successfully operating 7 distinct and separate units that range in capacity from 11 to 14 beds per unit. Our success is supported by our data.

Some highlights:

- an overall restraint rate that typically ranges from 2% to 4%
- a length of stay average of 280 days
- 90% of clients successfully discharged to a less restrictive level of care
- 80% of clients remain in their less restrictive discharge place of residence within 180 days of discharge
- 80% of clients successfully complete treatment goals that were deemed barriers to discharge

Our downsizing to 48 beds will result in lay-offs that will have a significant negative impact on our local community and will systematically deny access to our quality service to many young people who need our help. (We serve on average 235 children per year in our RTF).

If we experience this proposed cap and the per diem rates don't make up for the lost revenue, we have grave concerns that we will be able to continue operations. How will the new per diem rates be calculated and how will the initial rate be set? Providers cannot operate an entire fiscal year with all of the additional costs being imposed upon them under the new regulations. An initial increased per diem will have to be given to each RTF provider in advance of operating under the new RTF regulations. Providers cannot wait for a formal rate setting review (MA Cost Report/BFO Audit etc.) process to occur. Glade Run is estimating an additional \$100 per day needed to fully implement all of the new RTF regulations currently not being adhered to. *What is the plan for the new per diem rate and how and when will it be determined?*

### **23.58 Staff Ratios**

*(b)(4) For RTFs serving 6 or more children, whenever 6 or more children are present at the RTF, there shall be at least one mental health professional for every 6 children present at the RTF during awake hours.*

**Comment:**

If we are interpreting this proposed regulation correctly, this mandate equates to 5+ mental health professionals per unit, or at least 20 MHPs for the four units. This equates to a ratio of 1 MHP to 2 clients. This ratio seems excessive and will be very costly. It is our estimate that the increase in required Mental Health Professionals will result in a minimum per diem increase of \$59.93. We doubt very highly that we will even be able to find the clinicians to fill these positions.

This amount combined with additional costs related to the mandated Family Advocate position and the increase in Mental Health Workers/Aides needed during sleep hours (estimated \$15.27 per diem increase) indicates the need for a *substantially greater RTF per diem currently being offered.*

*(b) (5) During sleep hours 1 mental health worker or mental health aide shall be present with every 6 children.*

**Comment:**

This proposal will result in two staff per unit overnight once the unit census reaches 7 children. Again, this level of staffing seems excessive. It is more imperative that the staffing ratios be adjusted as indicated by the population served and the severity and complexity of the presenting behavior. We must continually evaluate the staffing needs and adjust accordingly so that we are always providing the safest environment as possible.

**23.102 Child Bedrooms**

*(c) No more than two children may share a bedroom.*

**Comment:**

We currently have one room on campus that has a capacity of four. We would request a waiver for this room to remain allowable under these proposed regulations.

**23.205 Emergency Safety Intervention and 23.206 Restrictive Procedure Records**

**Comments:**

Our main concern in this section:

- the expectation that there be a third debriefing following every restraint. This expectation is overly-burdensome and is more restrictive than the CMS federal rules governing restraints.
- a separate record of each use of restrictive procedure is to be kept. All incident reports are kept in the child's clinical record. To have to maintain separate records for every restraint again is overly burdensome. We maintain a database for all incident reports and hopefully will not have to add a third record keeping mechanism.

## **Other Items to Consider:**

### ***Therapeutic Bed Days Not Allowable***

It is estimated that Glade Run Lutheran Services will have to absorb \$95,000 for not being compensated for the 48 Therapeutic Leave Days currently allowed. This item being considered an unallowable item is contradictory to the concept of integrating the client back into the community setting and/or home. The therapeutic leave days are a vital component to the successful transition of the client. Glade Run Lutheran Services will still have to incur operating costs related to the RTF programming (staffing costs, occupancy costs etc.), in addition to the costs of transportation, regardless of the absence of several clients on any given day. How are providers supposed to handle this additional cost? **New per diem rates will need to factor this component into the formula.**

### **Unallowable Items**

There is still a question surrounding who will cover the costs of unallowable items such as personal care products, clothing, allowances, haircuts etc. It is estimated that we will incur \$52,000 worth of these costs needed to provide adequate residential care. When there is no county CYF or JPO involvement, the provider is often left without adequate compensation for these costs since many parents are unable to provide any monetary reimbursement for such items. In addition, when billing CYF for these costs, some counties refuse to pay the monies stating that we cannot bill for them. They claim the provider must accept the MCO's payment as "payment in full" and not request additional funds above the MCO's payment. **Can we get further clarity around why these items are unallowable and/or whether or not providers can bill others for these unallowable items?**

In closing, it is our sincere hope that State officials will read our comments with an open mind and an understanding that we remain committed to providing the highest quality of care. If the State mandates these changes, it is our strong request that the related costs are fully understood and compensated through fair, equitable rate setting.

Respectfully,

Beth Hines, MA  
Director of Residential Services  
Glade Run Lutheran Services

**Erhard, E. Shaye**

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**From:** Beth Hines [bhines@gladerun.org]  
**Sent:** Friday, November 19, 2010 1:21 PM  
**To:** PW, RTFComments  
**Cc:** bernadette@pccyfs.org; Charles Lockwood  
**Subject:** RTF Proposed Regulations  
**Attachments:** RTF Proposed Regulations.doc

**RECEIVED**

NOV 19 2010

**BUREAU OF CHILDREN'S SERVICES**

Attached please find Glade Run Lutheran Services' comments regarding the proposed RTF regulations.  
Thank you for the opportunity to provide feedback.

Regards,

Beth Hines  
Director of Residential Services  
Glade Run Lutheran Services  
**[bhines@gladerun.org](mailto:bhines@gladerun.org)**  
*Linking Faith and Service*

**RECEIVED**  
NOV 23 2010  
INDEPENDENT REGULATORY  
REVIEW COMMISSION