#2878

14-522-45

Erhard, E. Shaye

From: John Zinn [jzinn@hoffmanhomes.com]
Sent: Monday, November 22, 2010 11:55 PM
To: PW, RTFComments; jsmith@irrc.state.pa.us
Cc: connell@paproviders.org
Subject: Proposed 14-522 RTF Regulations

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

Dear Mr. Erhard,

It is with concern that I write pertaining to the proposed RTF regulation changes. For over 25 years as an administrator within a JCAHO approved RTF within the Commonwealth and a current member of its management team, I am submitting my comments relevant to several of the proposed changes in association with the RTF regulations. While I fully agree it is critical to establish consistent guidelines for the provision of services by RTF providers, the potential ramifications at a comprehensive level to a large contingent of RTF facilities within the state are not being fully considered. It is my understanding that our facility was not invited to be part of the discussions on these changes although we are the first JCAHO accredited RTF in the Commonwealth and one of the largest.

(15) Describe who and how many will be adversely affected by the regulation. How are they affected?
For MA payment, accreditation is required. Non-accredited RTF's may have concerns about becoming accredited. In addition, an RTF may have some concern about the number of units per facility, the staffing ratios, staff qualifications, and training topics, however ,the benefits from these increases outweigh the costs. Further, the MA rate-setting process will address the additional cost associated with the requirements. There are 82 non-accredited RTFs with the capacity to serve 772 children and 81 accredited RTFs with the capacity to serve 2515 children. 58 of the
82 non-accredited RTFs and 17 of the 81 accredited RTFs exceed the maximum number of units per location.
We are one of the 17 accredited RTFs to be adversely affected by the regulation solely based on our size. Putting costs aside, the maximum capacity section 23.14 will reduce our capacity from 141 possible beds to
48 beds. This will certainly and greatly impact and limit local and regional referring agency with available resources at this level of care.
Are more smaller community-based RTFs being planned to provide needed services to kids requiring restrictive placement? More importantly, with a current census expected to be around 100 when the changes become effective, where will the 50 children go for the services they need. I am part of our utilization review committee that discusses and approves children for discharge and I know first hand that those transition community-based services are not in place for all kids in all areas when discharging from RTF placement. Recidivism occurs now but likely will increase unless each child leaving care receives the recommended services immediately follow departure from the RTF. If the ultimate goal is to keep kids in the community, it would be wise for the Department to first have in place a strong, comprehensive and effective community-based service system prior to reducing RTF beds.

(21) Explain how the benefits of the regulation outweigh any cost and adverse effects.
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 reduction in lengths of stay due to high quality behavioral health treatment is expected to offset the fiscal impact of the higher rates.
We believe as an accredited RTF, we already provide high quality behavioral health treatment. Our average length of stay is around 8 months. The length of stay correlation described above will be irrelevant. Even if the expected length of stay is reduced, as one child is discharged, another child is expected to be admitted. With the expected changes impacting staffing and training, operational costs will be higher and subsequently this will result in a higher per diem.

(22) Describe the communications with and input from the public and any advisory council/group in the development and drafting of the regulation. List the specific persons and/or groups who were involved.
Stakeholders including children, families, advocates, providers, county and state government representatives, and medical directors of behavioral health managed care organizations have been meeting to establish clinical guidelines and program standards for RTFs for the past decade in workgroups, through draft documents, at forums and meetings with recommendations that have been considered in drafting the proposed regulation.
We are one of the stakeholders but were not provided an opportunity to be part of any discussions in the development or finalization of these proposed changes and now are in a position where we must resort to the urgency of stating our case via public comment before a specified timeline. Based on the response in 22 above, it appears that MCO representatives, government representatives, and agencies were chief contributors to these changes but without the experience of being in the trenches providing the front line care or real world management of an RTF.

§23.41. Family participation in the treatment process. (3) Demonstrated opportunities for frequent and regular family contact including daily telephone calls and at least weekly visits at the family home or at the RTF, as well as community activities with the family within and outside the RTF to be determined as part of the treatment planning.
This indicates that visits with family must occur on a weekly basis but the regulations in 23.307 General Payment policy (c): (b) indicate that a day away from campus for a therapeutic leave will not be reimbursed.
Time at home is treatment with specific goals and expectations established by both the therapist and parent with feedback about the visit becoming part of the overall plan of treatment.

Suggestion: 23.243 on page 107 should read Content of Records instead of Contend....

23.57 refers to changes to mental health worker requirements that include a bachelor's degree and 1 year experience or HS diploma and 4 years

experience in the MH field.
With our current workforce, the new requirements will necessitate us to eliminate many of our trained and skilled child-care workers. I would appreciate strong consideration toward modifying this requirement so that facilities such as ourselves, who are decreasing in overall size, are able to keep workers previously qualified under existing requirements and that all new hiring practices are driven by the new regulations.

The stated concerns are items that come to mind when perusing the document. I would appreciate your strong consideration to these and other comments that I support currently on the Public Comment link related to the proposed changes in RTF regulations.

John Zinn
Hoffman Homes