

# Regulatory Analysis Form

(Completed by Promulgating Agency)



# IRRC

Independent Regulatory Review Commission

## SECTION I: PROFILE

(1) Agency:

Department of Public Welfare, Office of Mental Health and Substance Abuse Services

(2) Agency Number:

14-521

(3) Short Title: Psychiatric Rehabilitation Services (PRS)

(4) Chapter 5230. Psychiatric Rehabilitation Services

(5) Agency Contacts (List Telephone Number, Address, Fax Number and Email Address):

Primary Contact: Sabrina Tillman-Boyd, 717-772-7900, OMHSAS, PO Box 2675, DGS Complex, Harrisburg, PA 17105-2675 FAX 717-772-7964, [stillman-b@state.pa.us](mailto:stillman-b@state.pa.us)

Secondary Contact: Carol Ward-Colasante, 717-772-7900, OMHSAS, PO Box 2675, DGS Complex, Harrisburg, PA 17105-2675 FAX 717-772-7964, [ccolasante@state.pa.us](mailto:ccolasante@state.pa.us)

(6) Primary Contact for Public Comments (List Telephone Number, Address, Fax Number and Email Address) – Complete if different from #5: Noraliz Campanella, 717-772-7900 OMHSAS, PO Box 2675, DGS Complex, Harrisburg, PA 17105-2675

FAX 717-772-7964, [PsychRehab@state.pa.us](mailto:PsychRehab@state.pa.us)

(All Comments will appear on IRRC'S website)

7) Type of Rulemaking (check applicable box):

Proposed Regulation

Final Regulation

Final Omitted Regulation

Emergency Certification

Regulation;

Certification by the Governor

Certification by the Attorney

General

RECEIVED  
IRRC  
2000 OCT - 7 P 3:51

IRRC Number: 2879.

## Regulatory Analysis Form

(8) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

The proposed regulation adopts the minimum standards for the issuance of licenses for PRS in facilities operated in the Commonwealth.

(9) Include a schedule for review of the regulation including:

A. The date by which the agency must receive public comments:

30 days after publication as proposed

B. The date or dates on which public meetings or hearings will be held:

1/14/11

C. The expected date of promulgation of the proposed regulation as a final-form regulation:

9/30/11

D. The expected effective date of the final-form regulation:

9/30/11

E. The date by which compliance with the final-form regulation will be required: upon publication as final rulemaking

F. The date by which required permits, licenses or other approvals must be obtained: upon publication as final rulemaking

(10) Provide the schedule for continual review of the regulation.

OMHSAS will survey stakeholders at least annually to solicit recommendations and make revisions as needed.

## SECTION II: STATEMENT OF NEED

(11) State the statutory authority for the regulation. Include specific statutory citation.

Article IX and X of the Public Welfare Code, (62 P.S. §§ 901-922 and 1001-1059).

## Regulatory Analysis Form

(12) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

No, the regulation is not mandated by Federal or State law, court order or Federal regulation.

(13) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

PRS provides for transformation to a recovery oriented, person centered, proactive health care and human services system in Pennsylvania. Psychiatric Rehabilitation has been recognized as a viable and effective service promoting recovery, full community integration and improved quality of life for persons who have been diagnosed with serious mental illness that seriously impairs their ability to lead meaningful lives. Unique to the Psychiatric Rehabilitation process is its targeted focus on assisting people to gain and regain valued roles in their communities. PRS emphasizes values such as consumer involvement, consumer choice, consumer strengths and individual growth potential, shared decision making as well as outcome accountability.

Regulations are needed at this time to assure consistency of PRS according to nationally recognized practices and to assure best possible outcomes for individuals receiving PRS.

In 2008-09, data indicated that 5466 individuals utilized PRS and would benefit from this regulation.

## Regulatory Analysis Form

(14) If scientific data, studies, references are used to justify this regulation, please submit material with the regulatory package. Please provide full citation and/or links to internet source.

The proposed Pennsylvania regulation for PRS establishes a unified set of standards for PRS in accordance with nationally recognized best practices of PRS consistent with the principles established by the United States Psychiatric Rehabilitation Association (USPRA). The Psychiatric Rehabilitation Center at Boston University was directly consulted in the development of proposed regulations to assure congruence with established national standards. The proposed regulation was cross walked with the International Center for Clubhouse Development (ICCD) standards and certification process.

United States Psychiatric Rehabilitation Association [www.USPRA.org](http://www.USPRA.org)

The PRS Center at Boston University [www.bu.edu/cpr](http://www.bu.edu/cpr)

SAMHSA [www.samhsa.gov](http://www.samhsa.gov)

ICCD [www.iccd.org](http://www.iccd.org)

(15) Describe who and how many will be adversely affected by the regulation. How are they affected?

The Department does not project any adverse affects to consumers and stakeholders.

The slight increase in administrative costs such as paperwork for the state and providers will be outweighed by benefits.

(16) List the persons, groups or entities that will be required to comply with the regulation. Approximate the number of people who will be required to comply.

There are currently 122 PRS facilities in the Commonwealth that will be required to comply with the regulation.

2/19/10

Regulatory Analysis Form

**SECTION III: COST AND IMPACT ANALYSIS**

(17) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

Not applicable

(18) Provide a specific estimate of the costs and/or savings to **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

Not applicable

(19) Provide a specific estimate of the costs and/or savings to **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

It is anticipated that the implementation of psychiatric rehabilitation services will have no fiscal impact on the Commonwealth, as the reduction in more costly traditional mental health treatments and improved clinical and social outcomes will offset the cost of psychiatric rehabilitation services.

8/12/10

**Regulatory Analysis Form**

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
<b>SAVINGS:</b>	\$	\$	\$	\$	\$	\$
Regulated Community						
Local Government						
State Government						
<b>Total Savings</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>COSTS:</b>						
Regulated Community						
Local Government						
State Government						
<b>Total Costs</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>REVENUE LOSSES:</b>						
Regulated Community						
Local Government						
State Government						
<b>Total Revenue Losses</b>	\$0	\$0	\$0	\$0	\$0	\$0

(20a) Provide the past three year expenditure history for programs affected by the regulation.  
**(Dollar amounts in thousands)**

Program	FY -3	FY -2	FY -1	Current FY
MA-Outpatient	\$593,992	\$555,085	\$435,939	\$357,358
MA-Capitation	\$2,660,022	\$2,688,387	\$2,127,765	\$2,478,449

## Regulatory Analysis Form

(21) Explain how the benefits of the regulation outweigh any cost and adverse effects.

The proposed rulemaking will provide consistent statewide oversight of PRS to ensure the service is being implemented based upon research-driven, best practices. The proposed rulemaking provides expanded flexibility to providers and has been drafted with the approval of all of the relevant stakeholders.

(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.

To guide the development of regulatory language for the licensing of PRS facilities, the Department convened a broad-based stakeholder group. This stakeholder group consisted of individuals representing county government, behavioral health managed care organizations, provider organizations, consumers of services and their families. The workgroup met several times between May 2009 and February 2010 to assist in drafting the PRS regulatory language.

(23) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

Promulgation of regulations is needed to codify the minimum standards for the issuance of licenses for psychiatric rehabilitation services in facilities in the Commonwealth.

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

There are no provisions proposed that are more stringent than federal standards. The proposed standards closely follow the national standards set by USPRA and are written to ensure consistency with Federal standards.

(25) How does this regulation compare with those of other states? How will this affect Pennsylvania's ability to compete with other states?

As an integral part of developing the standards, a review of practices of other states including Michigan, Idaho, New York, and Maryland was conducted. It was determined that many of the states have regulations in place for PRS and the Commonwealth is one of the few states that do not have regulations in place for PRS. The proposed regulations including staffing, documentation, and services in the community that are comparable in practice and content to standards in place by USPRA, a nationally recognized professional organization for PRS.

## Regulatory Analysis Form

(26) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

The proposed rulemaking will not affect any other regulations of the promulgating agency or other state agencies.

(27) Submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

The proposed rulemaking contains the paperwork requirements for facilities that apply for licensure as PRS facilities. Required documents include:

- A facility service description.
- Provider policies, procedures and daily schedules.
- Contracts and letters of agreement.
- Quality improvement documents.
- Individual rehabilitation plans.

The proposed regulation also requires timeframes for the completion of paperwork requirements.

(28) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

There are no provisions specifically developed for minorities, elderly, small business and farmers.



RECEIVED  
IRRC

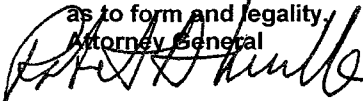
2010 OCT -1 P 3:51

CDL-1

FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU  
(Pursuant to Commonwealth Documents Law)

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved  
as to form and legality.  
Attorney General



By: \_\_\_\_\_  
(Deputy Attorney General)

SEP 24 2010

Date of Approval

Check if applicable  
Copy not approved.  
Objections attached.

Copy below is hereby certified to be a true and correct  
copy of a document issued, prescribed or promulgated  
by:

DEPARTMENT OF PUBLIC WELFARE

(Agency)

LEGAL COUNSEL: Kathleen Crogan

DOCUMENT/FISCAL NOTE NO. 14-521

DATE OF ADOPTION: \_\_\_\_\_

BY: Harriet Duhon

TITLE: SECRETARY OF PUBLIC WELFARE  
(Executive Officer, Chairman or Secretary)

Copy below is hereby approved as to  
form and legality. Executive or  
Independent Agencies



BY: Andrew C. Clark

AUG 26 2010

Date of Approval

(Deputy General Counsel)  
(~~Chief Counsel, Independent Agency~~)  
(Strike-inapplicable title)

Check if applicable. No Attorney  
General approval or objection  
within 30 days after submission.

NOTICE OF PROPOSED RULEMAKING

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

[55 Pa.Code Chapter 5230]

Psychiatric Rehabilitation Services

### *Statutory Authority*

Notice is hereby given that the Department of Public Welfare (Department) under the authority of Article IX and X of the Public Welfare Code, (62 P.S. §§ 901-922 and 1001-1059) intends to adopt the regulation set forth in Annex A.

### *Purpose of Regulation*

The purpose of this proposed rulemaking is to adopt the minimum standards for the issuance of licenses for Psychiatric Rehabilitation Services (PRS) in facilities operated in the Commonwealth.

### *Background*

Psychiatric rehabilitation is a therapeutic rehabilitative service for individuals with mental illness. PRS may decrease the need for or shorten the length of stay in inpatient, partial hospitalization, and day treatment settings. PRS helps individuals to achieve valued roles in the community in living, learning and social environments. The proposed regulation for the licensing of PRS facilities provides a unified set of standards in accordance with nationally-recognized practices consistent with the principles established by the United States Psychiatric Rehabilitation Association (USPRA). PRS emphasizes values such as consumer involvement, consumer choice, consumer strengths and individual growth potential, shared decision making, as well as, outcome accountability.

In 2006, OMHSAS issued correspondence and directives to all Pennsylvania MH/MR Administrators endorsing the benefits of PRS and encouraging the development and expansion of an array of PRS in each county mental health system. In 2007, OMHSAS conducted a statewide survey which identified over 90 PRS programs across the state. To further encourage service expansion a Medicaid State Plan Amendment was submitted to the Centers for Medicare and Medicaid Services (CMS) in May 2010 requesting the inclusion of PRS in the state plan.

To guide the development of regulatory language for the licensing of PRS facilities, the Department convened a broad-based stakeholder group. This stakeholder group consisted of individuals representing county government, behavioral health managed care organizations, provider organizations, consumers of services and their families. The workgroup met several times between May 2009 and February 2010 to assist in drafting the PRS regulatory language.

### *Requirements*

The proposed regulations provide licensing standards which include the values and practices of the United States Psychiatric Rehabilitation Association (USPRA). USPRA practices utilize Evidence Based Practices (EBPs), which are service delivery practices identified, recognized and verified by research and empirical data to be effective in producing positive outcomes and supporting recovery from mental illness. Standards for the service were developed in 2001 to implement the service within managed care.

Under the current standards, Clubhouse programs, which are one of the nationally-recognized models of PRS, must be certified by the International Committee for Clubhouse Certification (ICCD) within 2 years of licensing by the Department. The Pennsylvania Clubhouse Coalition and other stakeholders offered feedback to the Department indicating the frequent difficulties and unrealistic timeframe of obtaining certification within 2 years of licensure due to the typical challenges associated with new program startup. Therefore, under the proposed rulemaking, a certification timeframe of 3 years will be required for ICCD certification.

The proposed regulations also provide the requirement that individuals receive a statement of rights that ensures that individuals are treated with dignity and respect and receive services in a setting that fosters recovery from mental illness.

The proposed regulations provide staffing requirements which allow for minimum staff qualifications, minimum staff to individual ratios, and provision of individual and group service, and for delivery of services within a facility or in the community. The proposed regulations also allow PRS assistant staff to work independently in the community if that staff person holds a Certified Psychiatric Rehabilitation Practitioner (CPRP) credential. The proposed rulemaking also requires the PRS director and a PRS specialist to be CPRP certified, as well as at least 25% of all staff to be CPRP certified.

The proposed rulemaking requires a PRS director or delegated supervisor to meet with a staff member face-to-face on an individual basis no less than twice per month. This proposed requirement makes the employee supervision process timely and cost effective. This proposed requirement adds four methods for providing

supervision. The Department proposes language that requires all staff to complete a 12-hour orientation course and 18 hours of annual training. Under the proposed rulemaking, all new staff are required to receive 6 hours of face-to-face mentoring during the orientation period and will receive 8 hours of training on the specific PRS model or approach prior to working independently.

The proposed regulation provides requirements for facilities concerning the development and completion of the Individual Rehabilitation Plan (IRP). The proposed rulemaking also standardizes the timeframe for completing this process by day 20 of attendance, but not more than 60 calendar days after the individual begins service.

#### *Affected Individuals and Organizations*

The proposed rulemaking affects facilities that provide PRS and the individuals receiving PRS.

#### *Accomplishments and Benefits*

The proposed rulemaking establishes the minimum standards for licensure of PRS facilities. Such requirements will contribute to the development of a professionally-qualified and credentialed PRS workforce and will protect consumer health and safety while receiving PRS.

### *Fiscal Impact*

It is anticipated that the implementation of PRS will have no fiscal impact on the Commonwealth, as the reduction in more costly traditional mental health treatments and improved clinical and social outcomes will offset the cost of PRS.

The clinical and social benefits as well as the cost effectiveness of PRS can broadly be categorized as development of skills and supports related to the role functioning that promote recovery from mental illness. A review of PRS literature suggests that PRS results in improved functioning, increased employment and job retention, improved social/community adjustment, and increased independent living. Further studies documented cost offsets in community resources, hospital admissions, and days spent in the hospital. Some studies reported lower costs on a per user basis and documented lower overall system costs. There is evidence of cost offsets for PRS compared to use of more intensive and high cost services such as day treatment, partial hospital and psychiatric hospitalization.

PRS is clinically effective and results in improved consumer outcomes. In studies that analyzed cost per user, PRS resulted in lower costs per user. Most cost analysis studies suggest there are cost offsets due to reduced utilization of inpatient admissions and/or length of stay and/or day treatment. Thus there is evidence to suggest PRS offered in Pennsylvania contribute to cost savings or cost neutrality, particularly when modeled on evidence-based practices.

### *Paperwork Requirements*

The proposed rulemaking contains the paperwork requirements for facilities that apply for licensure as PRS facilities. Required documents include:

- A facility service description.
- Provider policies, procedures and daily schedules.
- Contracts and letters of agreement.
- Quality improvement documents.
- Individual rehabilitation plans.

The proposed regulation also requires timeframes for the completion of paperwork requirements.

#### *Effective Date*

The proposed rulemaking will be effective upon publication as final rulemaking in the **Pennsylvania Bulletin**.

#### *Public Comment*

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed rulemaking to the Department at the following address: Noraliz Campanella, DPW, OMHSAS, BPPD, PO Box 2675, DGS Complex, Harrisburg, PA 17105-2675 or email to [PsychRehab@state.pa.us](mailto:PsychRehab@state.pa.us) or FAX (717) 772-7964 within 30 calendar days after the date of publication of this proposed rulemaking in the **Pennsylvania Bulletin**. Reference Regulation No. *14-521* when submitting comments.

Persons with a disability who require an auxiliary aid or service may submit comments by using the AT&T Relay Service at 1-800-654-5984 (TDD users) or 1-800-654-5988 (voice users).

*Regulatory Review Act*

Under § 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on **OCT 07 2010** the Department submitted a copy of this proposed rulemaking to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare. In addition to submitting the proposed rulemaking, the Department has provided the IRRC and the Committees with a copy of a Regulatory Analysis Form prepared by the Department. A copy of this form is available to the public upon request.

Under § 5(g) of the Regulatory Review Act, if the IRRC has any comments, recommendations or objections to any portion of the proposed regulation, it may notify the Department and the Committees within 30 days after the close of the public comment period. Such notification shall specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review by the Department, the General Assembly and the Governor, of any comments, recommendations or objections raised, prior to final publication of the regulation.



**Annex A**

**TITLE 55. PUBLIC WELFARE**

**PART VII. MENTAL HEALTH MANUAL**

**Subpart D. NONRESIDENTIAL AGENCIES/FACILITIES/SERVICES**

**CHAPTER 5230. PSYCHIATRIC REHABILITATION SERVICES**

**GENERAL PROVISIONS**

- § 5230.1. Purpose.
- § 5230.2. Scope.
- § 5230.3. Definitions.
- § 5230.4. Psychiatric rehabilitation processes and practices.
- § 5230.5. Access to facility and records.

**GENERAL REQUIREMENTS**

- § 5230.10. Organizational structure.
- § 5230.11. Inspections and licenses.
- § 5230.12. Facility records.
- § 5230.13. Physical site requirements.
- § 5230.14. Service description.
- § 5230.15. Coordination of care.
- § 5230.16. Confidentiality.

## **INDIVIDUAL RECORD**

§ 5230.20. Content of individual record.

§ 5230.21. Record security, retention and disposal.

§ 5230.22. Access to individual record.

## **ADMISSION, CONTINUED STAY AND DISCHARGE REQUIREMENTS**

§ 5230.30. Admission requirements.

§ 5230.31. Continued stay requirements.

§ 5230.32. Discharge requirements.

## **INDIVIDUAL RIGHTS**

§ 5230.40. Statement of rights.

§ 5230.41. Nondiscrimination.

§ 5230.42. Complaint, grievance and appeal procedures.

## **STAFFING**

§ 5230.50. General staffing.

§ 5230.51. Individual services.

§ 5230.52. Group services.

§ 5230.53. Staff qualifications.

§ 5230.54. Supervision.

§ 5230.55. Staff training requirements.

§ 5230.56. Criminal history background check.

### **SERVICE PLANNING AND DELIVERY**

§ 5230.60. Assessment.

§ 5230.61. Individual rehabilitation plan.

§ 5230.62. Daily entry.

### **DISCHARGE**

§ 5230.70. Discharge.

§ 5230.71. Discharge summary.

### **QUALITY IMPROVEMENT**

§ 5230.80. Quality improvement requirements.

### **WAIVER OF STANDARDS**

§ 5230.90. Request for waiver.

## GENERAL PROVISIONS

### § 5230.1. Purpose.

The purpose of this chapter is to establish requirements for the licensing of facilities providing psychiatric rehabilitation services (PRS).

### § 5230.2. Scope.

This chapter applies to PRS facilities as defined in this chapter and contains the minimum requirements that shall be met to obtain a license to operate a PRS facility.

### § 5230.3. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

*Best practice* - Service delivery practice based directly on principles and standards that are generally recognized by a profession and are documented in the professional literature.

*Clubhouse* - A psychiatric rehabilitation program that is accredited by the ICCD.

*Community support principles* - The set of accepted principles for delivery of community mental health services developed by the Department and recognized by the Community Support Program of Pennsylvania.

*Coordination of care* - Direct contact by a PRS facility with other behavioral health, physical health or human service formal and natural supports, to assure continuity in service planning between service facilities.

*County MH/MR Administrator* - The Mental Health/Mental Retardation administrator who has authority in the geographic area.

*CPRP - Certified Psychiatric Rehabilitation Practitioner* - A person who has completed the required education, experience and testing, and who is currently certified as a Certified Psychiatric Rehabilitation Practitioner by the USPRA.

*CPS - Certified peer specialist* - A person who has successfully completed the Department approved training in peer support service and is currently certified as a CPS.

*Culturally competent* - The ability to provide service in a manner that shows awareness of and is responsive to the beliefs, interpersonal styles, attitudes, language, and behavior of an individual and family who are referred for or receiving service.

*Department* - The Department of Public Welfare of the Commonwealth.

*Discharge* - Discontinuation of service to an individual that is based upon established requirements.

*EBP - Evidence based practice* - Service delivery practice identified, recognized, and verified by research and empirical data to be effective in producing a positive outcome and supporting recovery.

*Face-to-face* - Contact between two or more people that occurs at the same location, in person.

*Fidelity* – The degree to which a system accurately adheres to the specified principles of evidenced based or best practice.

*Formal support* – An agency, organization or person who provides assistance or resources to others within the context of an official role.

*FTE - Full-time Equivalent* - 37.5 hours per calendar week of staff time.

*Functional impairment* - The loss or abnormality of the ability to perform necessary tasks and roles.

*GED* - Graduate Equivalency Diploma.

*Human services* - Programs or facilities designed to meet basic health, welfare and other needs of a society or group.

*ICCD* – International Center for Clubhouse Development.

*Individual* - A person, 18 years or older who has a functional impairment resulting from mental illness, who uses PRS.

*IRP - Individual rehabilitation plan* - A document that describes the current service needs based on the assessment of the individual, and identifies the individual's goals, interventions to be provided, the location, intensity and duration of services, and staff who will provide the service.

*Licensed practitioner of the healing arts* - Those professional staff currently recognized by the Department as qualified to recommend an individual for service.

*MA* - Medical Assistance.

*Mental health direct service* - Working directly with an individual to provide mental health service.

*Natural support* –A person or organization selected by an individual to provide validation, assistance or resources in the context of a personal or nonofficial role.

*Outcome* - The observable and measurable result of rehabilitation service.

*PRS - Psychiatric rehabilitation service* – A recovery- oriented service offered individually or in groups which is predicated upon the principles, values and practice standards of the ICCD, USPRA or other nationally recognized professional PRS association.

*PRS facility* – An agency or organization licensed by the Department to deliver PRS.

*Psychiatric rehabilitation principles* - A list of core values inherent in psychiatric rehabilitation as defined by nationally recognized professional associations.

*QI - Quality improvement plan* - A document outlining the ongoing formal process to assure optimal care and maximize service benefit as part of the licensing process.

*USPRA* – United States Psychiatric Rehabilitation Association

**§ 5230.4. Psychiatric rehabilitation processes and practices.**

- (a) A PRS facility shall assist an individual to develop, enhance, and retain skills and competencies in living, learning, working, and socializing so that an individual can live in the environment of choice and participate in the community.



(b) A PRS facility shall use the PRS process in delivering PRS. The PRS process consists of three phases:

(1) Assessing phase.

(i) Developing a relationship and trust.

(ii) Determining readiness.

(iii) Mutual assessment of needs.

(iv) Goal setting.

(2) Planning phase.

(i) Prioritizing needed and preferred skills and supports.

(ii) Planning for resource development.

(3) Intervening phase.

(i) Developing new skills.

(ii) Supporting existing skills.

(iii) Overcoming barriers to using skills.

(iv) Creating or modifying resources.

(c) A PRS facility shall ensure that staff training, provider and individual records include the following practices:

(1) Creating a culturally competent, recovery oriented PRS environment consistent with nationally- recognized values and practice standards.

(2) Engaging an individual in PRS.

(3) Assessing individual strengths, interests and preferences for rehabilitation service with an individual.

- (4) Developing strategies to assist an individual in identifying, achieving and maintaining valued roles.
  - (5) Developing rehabilitation plans with an individual.
  - (6) Helping an individual increase awareness of community resources and identify preferred options for the rehabilitation process.
  - (7) Educating an individual about mental illness, wellness and living in recovery.
  - (8) Providing direct or indirect skills development.
  - (9) Assisting an individual in identifying, developing and utilizing natural supports.
  - (10) Reaching out and reengaging an individual.
- (d) A facility may provide PRS concurrently with clinical treatment.
- (1) PRS shall begin as soon as clinically possible following diagnosis.
  - (2) A PRS facility shall collaborate and coordinate with other services with the consent of the individual.
- (e) A PRS facility shall follow EBP or best practices.
- (f) A PRS facility shall demonstrate fidelity to the specific PRS approach identified in the service description.
- (g) A PRS facility may offer PRS in premises or in the community, or in a combination of the two, consistent with an approved service description.

**§ 5230.5. Access to facility and records.**

- (a) A PRS facility shall provide access to the premises and records during inspection and, upon request, by the Department.
- (b) A PRS facility shall grant access to private interviews with individuals upon request by the Department and with individual consent.

**GENERAL REQUIREMENTS**

**§ 5230.10. Organizational structure.**

A PRS facility shall:

- (a) Develop a PRS advisory board that includes participation by individuals and families who utilize mental health services.
- (b) Document that the members of the PRS advisory board have been provided with an overview of PRS processes and practices.
- (c) Name a director and staff.

**§ 5230.11. Inspections and licenses.**

- (a) A PRS facility shall meet the requirements under Chapter 20 (relating to licensure or approval of facilities and agencies).

- (b) A PRS facility may appeal licensure or approval of PRS facilities in accordance with 1 PA Code Part II (relating to the General Rules of Administrative Practice and Procedure).

**§ 5230.12. Facility records.**

A PRS facility shall maintain records that contain copies of the following:

- (a) Inspection reports, certifications or licenses issued by state and local agencies.
- (b) The PRS statement of rights under §5230.40 (relating to statement of rights).
- (c) Documentation of civil rights compliance.
- (d) A detailed service description under §5230.14 (relating to service description).
- (e) PRS facility policies and procedures that address the following:
  - (1) The implementation of the PRS based upon the service description.
  - (2) Nondiscrimination statement.
  - (3) Compliance with other applicable State and Federal regulations, including the Americans with Disabilities Act and the Health Insurance Portability Accountability Act.
  - (4) Engagement and outreach to an individual to maintain participation in the IRP.
  - (5) Complaint, grievance and appeal notices.
  - (6) Crisis response.

- (7) Disaster preparedness.
- (f) Human resources policies and procedures that address the following:
  - (1) Job descriptions for positions.
  - (2) Criminal history background check requirements and protocol.
  - (3) Policies regarding transportation of individuals.
  - (4) Evidence of staff credentials or qualifications.
  - (5) Records of orientation and training, including an annual training plan for staff.
  - (6) Staff work schedules and time sheets.
- (g) PRS daily schedules.
- (h) A copy of contracts or letters of agreement with external funding sources including MCOs or County MH/MR Administrators.
- (i) Letters of agreement with mental health services and community agencies.
- (j) Quality improvement documents.
  - (1) Quality improvement plan.
  - (2) Data gathering tools.
  - (3) Evaluation reports and summaries.

**§ 5230.13. Physical site requirements.**

A PRS facility shall provide:

- (a) A physical location within the facility for record keeping and other administrative functions of the PRS regardless of where service is provided.

- (b) Space for the PRS distinct from other services offered simultaneously.
- (c) A site that is accessible to the service population.
- (d) Space, equipment and supplies that are well-maintained and sufficient to deliver the services as provided in the service description.
- (e) Private interview space.
- (f) Infection control procedures that document compliance with Occupational Safety and Health Administration.
- (g) Protocols that meet applicable Federal, State and local requirements for fire, safety and health, including protocols for the following:
  - (1) Sanitation.
  - (2) Fire drills.

**§ 5230.14. Service description.**

Prior to the initial licensing visit, and when changes occur, a PRS facility shall submit to the Department a service description that includes the following:

- (1) The governing body, advisory structure and an agency table of organization.
- (2) The philosophy of the PRS facility, incorporating psychiatric rehabilitation and community support program principles.
- (3) The population to be served, including the following:
  - (i) Anticipated daily attendance.
  - (ii) Age range.
  - (iii) Diagnostic groups.

- (iv) Plans to identify and accommodate special populations.
- (v) Plans to identify and accommodate culturally diverse populations.
- (4) The approach of PRS offered including EBPs and best practices utilized.
  - (i) A PRS facility identified as a Clubhouse must be accredited by the International Committee for Clubhouse Certification (ICCD) within 3 years of licensing.
  - (ii) A PRS facility shall demonstrate fidelity to the specific approach identified in the service description.
- (5) The location of service, whether in a facility or in the community, or a combination of both.
- (6) Expected service outcomes for individuals.
- (7) Staffing.
  - (i) Staffing patterns.
  - (ii) Staff to individual ratios.
  - (iii) Staff qualifications.
  - (iv) Staff supervision plans.
  - (v) Staff training protocols.
- (8) Service delivery patterns, including frequency, intensity and duration of service.
- (9) Days and hours of PRS operation.
- (10) Geographic limits of PRS operation.

- (11) The physical site, including copies of applicable licenses and certificates.
- (12) A process for development of an IRP with an individual.
- (13) A referral process.
- (14) Methods by which PRS staff and an individual will collaborate to identify community resources and establish linkages.
- (15) A process for developing and implementing a QI plan.
- (16) A procedure for resolving complaints and grievances.
- (17) The Department reserves the right to deny service descriptions and approaches that do not meet EBP or best practices standards.

**§ 5230.15. Coordination of care.**

A PRS facility shall have written agreements to coordinate care with other service providers, including the following:

- (a) Psychiatric inpatient facilities.
- (b) Partial hospitalization programs.
- (c) Psychiatric outpatient clinics.
- (d) Crisis intervention programs.
- (e) Case management programs.
- (f) Housing and residential programs.
- (g) Drug and alcohol programs.
- (h) Vocational, educational and social programs.



**§ 5320.16. Confidentiality.**

A PRS facility shall protect information about an individual in compliance with the Mental Health Procedures Act §§ 5100.31 – 5100.39, Health Insurance Portability and Accountability Act of 1996, (P.L. 104-191), as amended, and Drug and Alcohol Confidentiality regulations at 4 Pa. Code § 255.5 (relating to projects and coordinating bodies: disclosure of client-oriented information).

**INDIVIDUAL RECORD**

**§ 5230.20. Content of individual record.**

A PRS facility shall develop and maintain a unique record for an individual served containing the following:

- (a) Information that identifies the individual.
- (b) Eligibility for PRS, including diagnosis.
- (c) Referral source, reason for referral, and recommendation by a physician or licensed practitioner of the healing arts.
- (d) A signed:
  - (1) Consent to receive services.
  - (2) Set of individual consents to release information to other providers.
  - (3) Statement that the individual has received and had an opportunity to discuss the oral and written versions of the PRS statement of rights under §5230.40 (relating to statement of rights).

(4) Statement that the individual has received verbal and written notification of freedom of choice of providers.

- (e) An assessment and updates.
- (g) The IRP.
- (g) Staff documentation of IRP outcomes.
- (h) Staff documentation of coordination with other services and supports.
- (i) Discharge summary.

**§ 5230.21. Record security, retention and disposal.**

A PRS facility shall ensure that an individual record meets the following standards:

- (a) The record must be legible throughout.
- (b) The record shall identify the individual on each page.
- (c) Entries shall be signed and dated by the responsible licensed provider.
- (d) The record shall indicate progress at each day of service, changes in service and response to services.
- (e) Alterations of the record shall be signed and dated.
- (f) Kept in a permanent, secure and protected location.
- (g) Record shall be maintained for a minimum of 4 years.
- (h) Destroyed in a manner that protects confidentiality.

**5230.22. Access to individual record.**

An individual may review, provide written comments and sign daily entries in the individual record.

## ADMISSION, CONTINUED STAY AND DISCHARGE REQUIREMENTS

### § 5230.30. Admission requirements.

- (a) To be eligible for PRS, an individual shall meet the following:
- (1) Have a written recommendation for PRS by a physician or licensed practitioner of the healing arts acting within the scope of professional practice.
  - (2) Have the presence or history of a serious mental illness, based upon medical records, which includes one of the following diagnoses by a psychiatrist:
    - (i) Schizophrenia.
    - (ii) Major mood disorder.
    - (iii) Psychotic disorder (Not otherwise specified).
    - (iv) Schizoaffective disorder.
    - (v) Borderline personality disorder.
  - (3) As a result of the mental illness, have a moderate to severe functional impairment that interferes with or limits performance in at least one of the following domains:
    - (i) Living.
    - (ii) Learning.
    - (iii) Working.
    - (iv) Socializing.

- (4) Choose to participate in the PRS program.
- (b) A PRS facility shall document the functional impairment in an assessment.

**§ 5230.31. Continued stay requirement.**

A PRS facility shall determine eligibility for continued stay by an assessment that indicates the following:

- (a) An individual chooses additional participation in the PRS.
- (b) A continued need for service based upon one or both of the following:
  - (1) As a result of a mental illness, there is a functional impairment or skill deficit that is addressed in the IRP.
  - (2) The withdrawal of service could result in loss of rehabilitation gain or goal attained by an individual.

**§ 5230.32. Discharge requirements.**

When a PRS facility documents one of the following criteria, discharge may occur. An individual:

- (a) Has achieved a rehabilitation goal and sustained progress as designated in the IRP.
- (b) Has gained maximum rehabilitative benefit.
- (c) Will not lose rehabilitation gain or goal as a result of withdrawal of service.
- (d) Voluntarily terminates.

## RIGHTS

### § 5230.40. PRS statement of rights.

- (a) An individual has the right to be treated with dignity and respect and to be free from physical and mental harm.
- (b) An individual has the right to receive PRS in a culturally respectful and nondiscriminatory environment.
- (c) An individual has the right to receive PRS in the least restrictive setting that fosters recovery and promotes growth.
- (d) An individual has the right to access competent, timely and quality service to assist with fulfillment of a personal goal.
- (e) An individual has the right to express a goal which is individualized and reflects informed choice concerning selection, direction or termination of service and service plan.
- (f) An individual has the right to choose a service based on individual need, choice and acceptance and not dependent on compliance or participation with another treatment or rehabilitation service.
- (g) An individual has the right to keep and use personal possessions in a manner that is reasonable to the service and location. Any necessary limitations must be clearly communicated and defined, universally applied, and documented.
- (h) An individual has the right to offer an opinion and belief, to express a complaint related to service and to the IRP and to have the complaint heard in a fair manner.

- (i) An individual has the right to appeal an individual service decision.
- (j) An individual has the right to have the assistance of a personally chosen representative or advocate in expressing a complaint or grievance.
- (k) An individual has the right to be able to contribute to, have access to, and control release of the individual record.
- (l) An individual has the right to have information and records concerning service treated in a confidential manner, as required by Health Insurance Portability and Accountability Act (P.L.104 -191), as amended.
- (m) A PRS facility shall:
  - (1) Assure compliance with the PRS statement of rights.
  - (2) Develop and implement a written procedure for assuring compliance with the PRS statement of rights.
  - (3) Post the PRS statement of rights within the facility.
  - (4) Notify an individual verbally and in writing and include a signed acknowledgement of rights in the individual record.
  - (5) Make service decisions in compliance with individual rights.

**§ 5230.41. Nondiscrimination.**

A PRS facility shall not discriminate against an individual or staff on the basis of age, race, sex, religion, ethnic origin, economic status, sexual orientation or gender identity or expression, or disability.

**§ 5230.42. Complaint, grievance and appeal procedures.**

- (a) The PRS facility shall have written policies and procedures for requesting, responding, and resolving complaints and grievances.
- (b) A PRS facility shall give verbal and written notice to an individual upon admission to the service, explaining complaint, grievance and appeal procedures.
- (c) A PRS facility shall offer assistance to an individual as needed to file a complaint, grievance or appeal.

**STAFFING**

**§ 5230.50. Staff qualifications.**

- (a) A PRS director shall have one of the following:
  - (1) A bachelor's degree and CPRP certification.
  - (2) A bachelor's degree and at least 3 years work experience in mental health direct service, 2 years of which must be work experience in PRS. CPRP certification must be attained within 2 years of hire.
- (b) A psychiatric rehabilitation specialist shall have one of the following:

- (1) A bachelor's degree and 2 years work experience in mental health direct service, 1 year of which must be work experience in PRS. CPRP certification must be attained within 2 years from the date of hire as a psychiatric rehabilitation specialist.
- (2) CPRP certification.
- (c) A psychiatric rehabilitation worker shall have one of the following:
  - (1) A bachelor's degree.
  - (2) An associate's degree and 1 year work experience in mental health direct service.
  - (3) A CPS certificate and 1 additional year paid or volunteer work experience in mental health direct service.
  - (4) A high school diploma or GED and 2 years work experience in human services which must include 1 year of mental health direct service.
- (d) A psychiatric rehabilitation assistant shall have a high school diploma or GED and 6 months experience in human services.

**§ 5230.51. General staffing patterns.**

- (a) A PRS facility shall staff the service according to the following:
  - (1) The location of services is consistent with the service description.
  - (2) The service may range from individual service to group service.
  - (3) The service and the choice of service locations must be determined by the IRP of the individual.
- (b) A PRS facility shall employ a director and a specialist for the PRS.



- (c) When a service is delivered in a facility, a PRS facility shall have an overall complement of one FTE staff for every ten individuals (1:10), based upon average daily attendance.
- (d) When a service is delivered, a PRS facility shall schedule a specialist or worker to be present.
- (e) A PRS facility shall develop a schedule that includes a plan to maintain staffing requirements during:
  - (1) Staff absence.
  - (2) Deployment of staff for community service.
- (f) A PRS facility shall document staffing by maintaining work schedules, time records and daily utilization data.
- (g) When a PRS operates at more than one facility address, the PRS director shall be present at each licensed PRS facility address an average of 7.5 hours per week in a calendar month.
- (h) A minimum of 25% of the FTE staff complement shall meet specialist criteria within 1 year of initial licensing.
- (i) A minimum of 25% of the FTE staff complement shall have CPRP credential within 2 years of initial licensing.
- (j) Trained staff shall be available, or other accommodations made, to address the language needs of an individual, including American Sign Language and Braille.

**§ 5230.52. Individual services.**

A PRS facility shall provide individual PRS in a facility or in the community on a one staff to one individual (1:1) ratio.

**§ 5230.53. Group services.**

- (a) A PRS facility shall provide group PRS in a facility or in the community.
  - (1) When a group service is provided in a facility, group size may vary as long as the one staff to ten individuals (1:10) ratio for the overall service is met.
  - (2) When a service is delivered in the community, one staff may serve a group of two to five (2:5) ratio individuals.
- (b) Individuals participating in a group service shall be working on similar goals, as identified in the individual's IRP.
- (c) A PRS facility shall consider personal preferences of an individual and shall inform an individual of the following:
  - (1) The location where the group is to meet.
  - (2) Purpose of providing service in a community setting.
  - (3) The roles of individuals and PRS staff.
- (d) A PRS facility shall obtain individual consent to participate in the group activity in a community location.
- (e) A PRS facility shall not require community group participation and individual preference for one to one (1:1) ratio service shall be honored, per freedom of choice requirements.

- (f) A PRS facility shall design group community service as experiential rather than verbal, to protect confidentiality in a public location.
- (g) A PRS facility shall arrange for group discussion of the experience, before and after the service in a community setting, to occur in the privacy of the facility.

**§ 5230.54. Supervision.**

- (a) A PRS director shall supervise staff.
- (b) A PRS specialist may perform supervisory functions as delegated by the director, consistent with approved job descriptions for the two positions.
- (c) A PRS director or PRS specialist shall meet with staff individually, face-to-face, no less than two times per calendar month.
- (d) A PRS director shall provide additional supervision utilizing the following methods:
  - (1) Monitoring active PRS delivery.
  - (2) Individual case discussions.
  - (3) Staff meetings.
- (e) A PRS director shall annually evaluate staff.

**§ 5230.55. Staff training requirements.**

A PRS facility shall implement a staff training plan that ensures initial and ongoing training in PRS practices.

- (a) Staff that provides services in a PRS shall complete a 12-hour psychiatric rehabilitation orientation course approved by the Department no later than 1 year after hire. This course shall be credited to the annual training requirement listed under subsection (b) for the calendar year in which it is completed.
- (b) Staff providing services in a PRS shall complete 18 hours of training per year with 12 hours specifically focused on psychiatric rehabilitation or recovery practices, or both.
- (c) A PRS facility shall assure competency of new staff by providing an additional PRS service specific orientation that includes the following:
  - (1) Eight hours of training in the specific PRS model or approach outlined in the service description prior to new staff working independently.
  - (2) Six hours of face-to-face mentoring of service delivery by a supervisor for new staff before services are delivered independently.
- (d) A PRS facility shall assure that training has learning objectives.
- (e) A PRS facility shall maintain documentation of training hours in the PRS facility records under §5230.12 (f)(5) (relating to facility records).

**§ 5230.56. Criminal history background check.**

- (a) A PRS facility shall complete a criminal history background check for staff that will have direct contact with an individual.
- (b) A PRS facility shall develop and consistently implement written policies and procedures regarding personnel decisions based on the outcome of the criminal history background check.

**SERVICE PLANNING AND DELIVERY**

**§ 5230.60. Assessment.**

- (a) A PRS facility shall complete an assessment of an individual.
- (b) The assessment must be completed in collaboration with the individual and must:
  - (1) Include the functioning of the individual in the living, learning, working and socializing domains.
  - (2) Include strengths and needs of the individual.
  - (3) Identify existing and needed natural and formal supports, including other health care facilities and social service agencies.
  - (4) Identify the specific skills, supports and resources the individual needs and prefers to accomplish stated goals.
  - (5) Identify cultural needs and preferences of the individual.
  - (6) Be signed by the individual and staff.

- (7) Be updated annually and when one of the following occurs:
  - (i) When the individual requests an update.
  - (ii) When the individual completes a goal or objective.
  - (iii) When the individual is not progressing on stated goals.

**§ 5230.61. Individual rehabilitation plan.**

- (a) A PRS staff and an individual shall jointly develop an IRP, that is consistent with the assessment and includes the following:
  - (1) A rehabilitation goal and objective designed to achieve a measurable outcome.
  - (2) The method of service provision, including skill development and resource acquisition.
  - (3) Responsibilities of the individual and the staff.
  - (4) Action steps and timeframe.
  - (5) Expected frequency and duration of participation in the PRS.
  - (6) Intended service location.
  - (7) Dated signatures of the individual, the staff working with the individual and the PRS director.
- (b) A PRS facility shall complete an IRP by day 20 of attendance, but no more than 60 calendar days after initial contact.
- (c) A PRS facility and an individual shall review and revise the IRP no less than every 90 days, and when:
  - (1) The overall rehabilitation goal is completed.

- (2) An objective is completed.
  - (3) No significant progress is made.
  - (4) An individual requests a change.
- (d) The IRP review must include a comprehensive summary of the individual's progress that includes the following:
- (1) A description of the service in the context of the goal identified in the IRP.
  - (2) Documentation of individual participation and response to service.
  - (3) A summary of progress or lack of progress toward the goal in the IRP.
  - (4) A summary of changes made to the IRP.
  - (5) The dated signature of the individual.
  - (6) If the individual does not sign, documentation of the reason.
  - (7) The dated signature of PRS staff.

**§ 5230.62. Daily entry.**

A PRS facility shall include an entry for the day service was provided in the record of an individual as follows:

- (a) Indicates the date, time, duration, location, and type of interaction.
- (b) Documents service provided in the context of the goal.
- (c) Documents the individual response to service.
- (d) Includes the signature of the individual, or if the individual does not sign, document the reason.
- (e) Is signed and dated by staff providing the service.

## DISCHARGE

### § 5230.70. Discharge.

- (a) A PRS facility shall discuss discharge with an individual.
- (b) A decision to discharge should be a joint decision between the individual and the PRS.
- (c) When a decision to discharge is not a joint decision, the PRS facility shall document the reason for discharge.
- (d) When a decision to discharge is reached, a PRS facility shall offer the individual the opportunity to participate in future service.
- (e) When an individual voluntarily terminates from the PRS, a PRS facility shall plan and document next steps with the individual, including recommended service and referral.
- (f) When it is necessary to discharge an individual from PRS due to the individual's disengagement, prior to discharge the PRS facility shall document:
  - (1) Attempts to reengage the individual.
  - (2) The circumstances and rationale for discharge.
- (g) When an individual has a recurring or new need for PRS and meets admission criteria, the PRS facility shall reconsider the individual for readmission without regard to previous participation.



**§ 5230.71. Discharge summary.**

- (a) Upon discharge, a PRS facility shall complete a dated and signed discharge summary that must include a description of the following:
  - (1) Service provided.
  - (2) Progress.
  - (3) The reason for discharge.
  - (4) Referral or recommendation for future service.
- (b) A PRS facility shall assure that the discharge summary is:
  - (1) Completed no more than 30 days after the date of discharge.
  - (2) Reviewed and signed by the PRS director.
  - (3) Offered to the individual for review, signature and the opportunity to comment.

**QUALITY IMPROVEMENT**

**§ 5230.80. Quality improvement requirements.**

A PRS facility shall establish and implement a written quality improvement plan that meets the following:

- (a) Provides for an annual review of the quality, timeliness and appropriateness of services, including the following:
  - (1) Outcomes for PRS.
  - (2) Individual record audits.

- (3) Individual satisfaction.
- (4) Use of exceptions to admission and continued stay requirements.
- (5) Evaluation of fidelity to the service description.
- (b) Identifies reviewers, frequency and types of audits and methodology for establishing sample size.
- (c) Documents that individuals served participate in QI plan development and follow up.
- (d) Results in an annual comprehensive summary that:
  - (1) Reports on actions to address QI findings.
  - (2) Is available to the public.

## WAIVER OF STANDARDS

### § 5230.90. Request for waiver.

- (a) A PRS facility may submit a written request to the Department for a waiver of a specific requirement contained in this chapter.
- (b) The Department reserves the right to grant or deny waiver of a specific requirement contained in this chapter.
- (c) A waiver request will be considered only in exceptional circumstances.
- (d) A waiver will be granted only when the health and safety of an individual and the quality of service are not adversely affected.

- (e) The Department reserves the right to revoke a waiver if the conditions required by the waiver are not met.

TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE REGULATORY REVIEW ACT

I.D. NUMBER: 14-521
SUBJECT: PSYCHIATRIC REHABILITATION SERVICES
AGENCY: DEPARTMENT OF PUBLIC WELFARE

TYPE OF REGULATION

- X Proposed Regulation
Final Regulation
Final Regulation with Notice of Proposed Rulemaking Omitted
120-day Emergency Certification of the Attorney General
120-day Emergency Certification of the Governor
Delivery of Tolled Regulation
a. With Revisions b. Without Revisions

RECEIVED IRRC 2010 OCT - 7 P 3:51

FILING OF REGULATION

Table with columns: DATE, SIGNATURE, DESIGNATION. Rows include House Committee on Health & Human Services, Senate Committee on Public Health & Welfare, Independent Regulatory Review Commission, and Legislative Reference Bureau.