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14-521-2

Campanella, Noraliz

From: Jason McLaughlin [jmclaughlin@wedgepc.com]
Sent: Tuesday, November 16, 2010 12:43 PM
To: Psych Rehab
Cc: Pat Palmer
Subject: Comments re: Regulation No. 14-521

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BUREAU OF POLICY AND
PROGRAM DEVELOPEMENT

Noraliz Campanella:

Please see attached comments from the Wedge Medical Center regarding the new PRS regulations (14-521).

Thank you for the opportunity for providers to give feedback. Please do not hesitate to contact me if you have questions.

Sincerely,

Jason McLaughlin

Jason R. McLaughlin, M.S., M.S.S., L.S.W., C.P.R.P.
Executive Director, Recovery & Transformational Initiatives
The Wedge Medical Center
1939 South Juniper Street
Philadelphia, PA 19148
phone: 215-271-5822
fax: 215-271-5881
mobile: 215-292-2005
jmclaughlin@wedgepc.com

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Comments, Suggestions, and Objections regarding Regulation 14-521

from The Wedge Medical Center; contact: Jason McLaughlin, Executive Director of Recovery & Transformational Initiatives

jmclaughlin@wedgepc.com or 215-292-2005

Section	Page	Item	Response
5230.4 (f)	10	Fidelity	Clarity is requested on how the PRS facility is expected to measure fidelity to a PRS "approach". It is our understanding that, besides specific models such as Clubhouse and Boston University, PRS is an approach in and of itself.
5230.4 (g)	10	location	A site-based PRS may from time-to-time require the ability to serve individuals in a community setting, in support of practicing the skills learned on-site and thus in furtherance of their goals.
5230.21 (b)	18	Record Security	The requirement to have the individual's name on each page of the record is excessive and will result in significant increases in time spent on documentation and revision of current forms.
5230.21 (c)	18	Record Security	Clarification is needed here; "licensed provider" might be too rigidly interpreted; not all PRS staff require licenses.
5230.32	20	Discharge	PRS Facility should also be able to perform an administrative discharge if the individual consistently disregards minimum participation requirements or the member-determined guidelines (regarding respect and behavior in general). For example, an individual who frequently abuses other individuals and does not accept any of the offers of support from staff or peers to help improve the situation. This individual, and the other individuals, would be best served if this individual is discharged and referred to a more appropriate level of care.
5230.50 (a)	23	PRS Director	These qualifications are too stringent; it is unlikely that a large pool of candidates with these qualifications exist. We suggest that an additional potential qualification include a Master's Degree and 2 years experience in mental health direct service.
5230.53 (a 1)	26	Site-Based Group Ratios	A 1:10 ratio in a group will be a hinderance in some cases, as some PRS activities may take the form of a lecture/storytelling by a peer, a community meeting, or a presentation from a community resource. Having a 1:10 staff/member ratio for the site in general is resonable, but is excessive for specific groups.
5230.54 (c)	27	Supervision	Requirement for individual supervision twice per month is excessive. An allowance for group supervision and service delivery monitoring to count as part of the monthly requirement would be more conducive to managing a fast-paced PRS environment, and maximizing the time spent with individuals.

5230.55 (c)	28	Training	New staff training and mentoring requirements are reasonable, with the exception that they occur prior to independent service delivery. Most staff learn best by performing the functions independently, with close supervision initially. This is the standard for most human service practices.
5230.62	31	Daily Entry	This requirement is excessive and will effectively hamper the delivery of service by creating a focus on documenting, rather than providing direct service. This was one of the issues that made Partial Hospitalization Programs so ineffective; it would be unfortunate to see PRS services degraded by excessive documentation requirements.